Response to Appeal of NQF #2496

We appreciate the opportunity to respond to the appeal request of the conditional endorsement of the Standardized Readmission Ratio (SRR) for dialysis facilities. While the appellant's main concerns are related to the NQF CSAC endorsement process, we wanted to briefly respond to a few of the underlying issues related to the review of the SRR measure.

Methodological issues

In the course of the NQF review, we received many comments and criticisms that span all aspects of the SRR measure. These comments have been very helpful to us in making some refinements to the measure and in defining areas where further development is needed, as happens with all measures. We responded carefully and thoroughly to all of the comments during the public comment period prior to the August 6, 2014, meeting of the Steering Committee. (Note: For our detailed responses to the public comments that were submitted by the appellant with their complaint, please see the public comment and response documents that should be included as part of the background materials for this appeal review.)

A selection of comments and questions are summarized in italics, followed by our response. We are available to speak to these and our other responses at the committee's request.

- *Readmissions should be restricted to those that are related to ESRD or modifiable by facilities*. The 2012 CMS TEP concluded that an all-cause measure is appropriate for two main reasons. First, it was very difficult to establish agreeable and exhaustive conditions that are deemed modifiable by the facility. Second, an all-cause measure of readmission may be more valuable as it supports a paradigm of shared accountability, in which providers from different care settings are, as a group, accountable for the overall care of the patient

- *There is no adjustment for the nephrologist/physician who actually makes the readmission decision.* It is a CMS policy decision not to adjust for physician in the model for the following reasons. First, implementation and harmonization of such adjustment would affect many CMS measures and would raise many questions as to which physicians should be adjusted for. Second, the facilities have a legal obligation to oversee the quality of care provided by the interdisciplinary team, including physicians working in the dialysis unit.

- *The measure should exclude early readmissions in days 1 to 3 following discharge.* CMS made a policy decision to include the early readmissions in the measure because the measure is meant to encourage interaction between hospitals and facilities from the time of discharge. As specified, this measure encourages dialysis facilities to move up the time at which they first see patients after hospital discharge. In addition, excluding the first three days could allow gaming of the measure in moving up readmissions to the early time to avoid penalty. CMS conducted sensitivity analyses examining the change in SRR if the first three days post-discharge are dropped from the measure. The correlation between the two versions of the measure is 0.96. We also see a high degree of agreement (97.3%) between the two measures in terms of how facilities are classified under the measure (performing as expected, better than expected or worse than expected) Approximately 0.8% of dialysis facilities were classified as expected when early readmissions were included and worse than expected when early readmissions were removed; 0.7% of dialysis facilities moved in the other direction. These relatively small changes in facilities' performance on

readmission between the two versions of the measure provide empirical support for CMS' decision to consider early admissions in the SRR.

- *The denominator of this measure based on number of discharges is inappropriate.* There is in place a measure that evaluates admissions (SHR); this SHR is an important complement to the SRR in providing a full picture of dialysis facility management of hospitalization. Commenters have given artificial examples to show that the SRR could give very misleading results, in a case where the dialysis facility has a very low SHR. We have investigated this concern and find that there are no occurrences of situations where a facility has a better than expected admission rate and worse than expected readmission rate, as postulated in these examples. An abstract that thoroughly investigates the relationships between SHR and SRR was presented at the American Society of Nephrology Annual Meeting in November 2014.

- *The method of adjustment for hospital may disadvantage rural facilities with fewer choices of hospital.* We have carefully investigated this issue and, contrary to what has been conjectured by the commenters, the data show that rural facilities have lower adjusted readmission rates (median rural SRR=0.91; median non-rural SRR=1.02; 2012 data).

- *The model makes adjustment for too many variables and also does not adjust for certain comorbidities that would be appropriate.* The variables in the model have been selected on the basis of scientific and statistical relevance. Nonetheless, the model will be under regular review and additional adjustments will be made as appropriate – suggestions received will help guide these reviews. Based on earlier input, we did include an adjustment for high risk diagnoses empirically defined as diagnoses leading to readmission at least 40% of the time. This adjustment helps to avoid penalty for readmissions with these diagnoses.

- *The SRR has a c-statistic of less than 0.65 which indicates that the model is inadequate.* A 0.65 c-statistic is similar to that obtained by other readmission measures, some of which NQF reviewed and endorsed alongside the SRR. It should be noted that the c-statistic is a measure of model relative predictiveness and not of model adequacy; irrespective of its c-statistic, a model can be very useful in identifying facilities that have poor outcomes as compared to the national norm.

NQF review process

The complaint registered by the appellant focuses on the belief that the NQF CSAC disregarded the opinion of the steering committee and membership when granting conditional endorsement to the SRR. While we cannot comment on the process or rationale behind the CSAC decision, we would like to reiterate our concerns with the steering committee review process, given that the appellants cite the "widespread consensus agreement that the measure should not move forward" based on the final steering committee and member votes.

We provide a brief summary of our main concerns below.

1. ***There was no consensus agreement that the measure should not move forward.*** As NQF emphasized at both the initial Steering Committee vote and following the public comment meeting in August, the votes received by the SRR indicated a lack of consensus around the measure, since it received between 40% and 60% of the counted votes in support of

endorsement. By this measure, we believe the appellants' assertion inaccurately summarizes the deliberations of the Steering Committee.

2. ***Insufficient opportunity for developer response to measure issues and concerns raised by Steering Committee.*** During the in-person meeting and subsequent public comment discussion, the lead workgroup discussant for the SRR measure provided extensive comments without sufficient opportunity for developer response. This was not observed in the course of the review and deliberation for the other measures.
3. ***Lack of feedback on committee concerns prior to the public comment meeting on August 6, 2014.*** There were no proposed committee responses in the memo that accompanied the materials for the public comment meeting. We are concerned that our comment responses did not receive the proper attention of the committee, especially since the final vote took place immediately after the comment call.
4. ***Lack of preparation for discussion of the SRR.*** The workgroup lead discussant for the SRR was not properly prepared for the discussion of public comments that took place on August 6, 2014. Specifically, he had not read the carefully constructed and informative responses provided by UM-KECC to each public comment. The lead discussant was then allowed time to express his detailed views on all aspects of the measure, without apparently having reviewed the responses provided by UM-KECC. More importantly, the discussion did not recognize the responses addressing those public comments.
5. ***Lack of rationale for committee votes.*** Throughout the review process, rationale was not provided for either of the two committee votes (both of which resulted in "consensus not reached" status).

We would also like to note that while the vote of the NQF membership was negative for all of the readmission measures, the main concern raised by the membership (adjustment for sociodemographic status) has been appropriately mitigated by the conditional endorsement status that was granted to the measures by the CSAC. CMS has recommended that the SRR be included in the SDS trial and we expect that the steering committee will concur with this recommendation.