NATIONAL QUALITY FORUM

Moderator: Readmissions Standing Committee
January 26, 2015
2:00 p.m. ET

Taroon Amin: Good afternoon, everyone. This is Taroon Amin and the rest of the NQF staff welcoming you to today's call, which is the All-Cause Admissions and Readmissions Measure Endorsement Project Standing Committee Call Follow-Up Meeting, Follow-Up Web Meeting.

I would like to just turn it over quickly to our co-chairs, Bruce Hall and Sherrie Kaplan for a quick welcome to the group. And then I will walk through the agenda for today's call. Bruce?

Bruce Hall: Thank you. Bruce Hall. I'm again thrilled to be on the call with all of you experts. And Sherrie?

Sherrie Kaplan: (Inaudible) and welcome to …

(Crosstalk)

Taroon Amin: OK, great. Sorry Sherrie. Thank you. And before we get on with the roll call, I just wanted to remind you up here at your office with the webinar link, there is a one- to two-second delay in the sound. So if you're on the phone and also have the webinar online, it may cause some feedback for the call. So I would please encourage you if you are dialed in to turn down your speakers so we don't have that delay in the call line.

So, with that, Zehra, if you would please just do a quick roll call in the committee and we'll get started.

Zehra Shahab: OK. So Bruce Hall?

Bruce Hall: Yes.

Zehra Shahab: Sherrie Kaplan?

Sherrie Kaplan: Yes.

Zehra Shahab: Katherine Auger?

Katherine Auger: Yes.

Zehra Shahab: Frank Briggs?

Frank Briggs: Yes.

Zehra Shahab: Jo Ann Brooks?

Jo Ann Brooks: Yes.

Zehra Shahab: John Bulger?

John Bulger: Yes.

Zehra Shahab: Mae Centeno?

Mae Centeno: Yes.

Zehra Shahab: Helen Chen?

Helen Chen: Yes.

Zehra Shahab: Ross Edmundson? Wes Field?

Wesley Field: Here.

Zehra Shahab: Steven Fishbane?

Steven Fishbane: Hello.

Zehra Shahab: Laurent Glance?

Laurent Glance: Here.

Zehra Shahab: Antony Grigonis?

Antony Grigonis: Here.

Zehra Shahab: Leslie Kelly Hall?

Leslie Kelly Hall: Here.

Zehra Shahab: Paul Heidenreich?

Paul Heidenreich: Here.

Zehra Shahab: Karen Joynt?

Karen Joynt: Here.

Zehra Shahab: Paula Minton-Foltz? Paulette Niewczyk? Pamela Roberts?

Pamela Roberts: Here.

Zehra Shahab: Thomas Smith?

Thomas Smith: Here.

Zehra Shahab: Ronald Stettler? Thank you, everyone.

Taroon Amin: OK, great. So I'd like to again welcome you all to the call and thank you again for all your participation and your volunteered time for this effort. I just want to orient you to a few materials on your web link. You will see on the left side of your screen, there are four items that are easily able to be linked. The first is the agenda, which I'll walk through first.

The All Developer Responses, these are the responses we received from the developers as it relates to this call. The third is the PowerPoint that we'll be using for today's call. And then fourth is the link to the SurveyMonkey,

which we'll ask you to complete at the close of this call, based on the information that we've discussed today.

So the first thing we'll is I just want to walk us through quickly in the agenda for today's call. The agenda is, you know, I'll walk through the – I will walk through the background and where we are up to this point with this project and review for all of you the current NQF socio-demographic status trial period and how the deliberations of this workgroup.

I'll then turn it over to our co-chairs Bruce and Sherrie, who will walk us through lead of discussion, obviously of the lead discussants, summarizing the information that we've heard from the developers, focusing on the areas where there maybe a difference of opinion on whether the measures should enter the trial period.

Again, I will ask Bruce and Sherrie to highlight that as we get to that portion of the agenda. You'll find that the discussion of the measures has broken out similarly to our in-person meeting in which we have two- to three-lead discussants per measure with the Pediatric Readmissions starting us off, moving to the Condition and then Procedures, specifically Admissions, and then to Settings Specific Readmissions, and then concluding with the Population-Level Admission and Readmission Measures.

As you can see, we have quite a number of measures to get through during today's discussion. We will close out this meeting with public and member comment period and then a discussion around the next step and time line.

So with that, I will get started on just going through the PowerPoint and a little bit of a background discussion of the (SDS) period. So just as a reminder, three maintenance measures in this phase of the project and 15 new measures were evaluated for endorsement considerations across the four topic areas that I just discussed for admissions and readmissions. Additionally, we review length of stay measures. The CSAC recommended 17 of the 18 measures for endorsement.

Moving on, I just want to point out that the NQF trial period for socio-demographic status adjustment. The committee began its review of the

admissions and readmissions measures for endorsement at the same time that NQF had convened a risk adjustment expert panel, which was (charged) with reviewing our current guidance related to risk adjusting measures for socio-demographic factors.

This expert panel was guided by NQF staff, specifically the staff on the call. That measures that were submitted into this project should not include (SDS) factors in its risk adjustment model.

In August of 2014, NQF ratified the recommendations of this expert panel, which recommended that the current ban on (SDS) factors for risk adjustment models be lifted and implement a robust two-year trial period in which NQF would assess the impact of risk adjusting relevant quality measures of which the measures in this project would obviously be affected.

This policy change and the trial period begin, starting January 1st, 2015 and clearly has a – will have (affected) deliberations throughout this project. Just as how the (SDS) factors, how that was brought into consideration during this project, the standing committee and the subsequent vote did not come to strong consensus on many of the admissions and readmission measures under review.

As you may recall, the membership vote also represented a lack of consensus around these issues, mainly drawing the (SDS) factors as a main concern across all the measures in the project. Before the CSAC made a recommendation on these measures, they requested that NQF do additional consensus building in which we had an all-member call, of which 130 individuals joined us for that call and voice concerns. And when (polled) in real time on the main issues related to this project, (SDS) was the highest priority rate. CSAC recommended and approved these measures to move forward with the condition that NQF consider these measures during its upcoming trial period.

Moving forward from the (SDS) – I mean from the CSAC recommendations, the NQF board executive committee and the board, the NQF board, both opined on these issues and these measures. Specifically, they unanimously

ratified CSAC's recommendation to endorse the 17 measures only with the following two conditions. First, that the admissions and readmission standing committee determine which of these measures enter the NQF trial period for considerations of (SDS) adjustment. And additionally, there will be a one-year look back period for an assessment of unattended consequences. So I would just point out that the NQF board did move these measures forward with the recommendations that these measures come back to you, the NQF admissions and readmission standing committee for a consideration of whether these measures enter the trial period.

On the next slide, you'll find a graphic depiction and abbreviated depiction of exactly where we are in the process. You will see that step one, two and three are steps that have been completed. Those are the steps that have been shaded in blue. We're currently in the fourth step here where the admissions and readmission standing committee will consider which of the measure should enter the trial period. For measures that the committee agrees do not need to enter the trial period, that's where we'll end up at (5B), where the individual measures will maintain endorsement.

For the measures that the standing committee recommends do enter the trial period, this specific group will conduct a targeted review of the measures during the (SDS) trial period using the current NQF ad hoc review process. We'll go into that in much more detail at the next step portion of our call.

At that point in time, this committee will make a decision about whether to maintain endorsement of these measures or whether the measures should loss endorsement. Again, step (5A) and its decision about (5A) or (6A) and (B) will be for future discussion. The decision in from of this committee is whether the measure should enter the trial period for further consideration.

In order to support this decision-making, NQF requested additional information for measure developers. This information was solicited to help the standing committee make this initial determination of whether the measure should enter the trial period. Measure developers were asked to submit information about the conceptual relationship between their measure and possible (SDS) factors.

Additionally, we offer the opportunity for measure developers to provide empirical data on the measure in the literature or the measure concept in the literature or the measure specified in the empirical relationship between the (SDS) factors and the outcome. Again, I just want to point out that this was an optional request for measure developers, recognizing that this analytic – first of all, we offered a very short time turnaround time for measure developers. And so again, we appreciate all of the hard work the measure developers put in to providing these responses.

And so that was one of the reasons why this information was optional. The second was that many of – much of this analytic work may not have been already completed by measure developers. In given the short turnaround, we wanted to make sure that measure developers had enough time to do this work thoughtfully.

And finally, we ask the measure developers to provide their recommendations on whether this measure should be, their measure should enter the trial period. So that's what the information that we provided to the committee, under the title of the PDF, All Measured Developer Responses.

If we could just quickly, before we go on to that, if, Zehra, can you just open up that PDF, I just want to point out to the group. I know many of you obviously have had time to look through this, given that, you know, we have lead discussants. I just want to point out that many of these responses that are organized, you'll see a table of content. You can quickly link to any of the measures on the table of content and then bring yourself back to the beginning for ease of navigation. The internal organization of the document is on how we – in the order that we receive them. And so, this navigation document will help us to organize our conversation today.

So moving quickly back to what we are here to discuss today, I just want to point out what's under the standing committee consideration for today. We've assigned lead discussants for each of the measures. And the lead discussants follow very similar assignments that we had during our in-person meeting. We'll have four minutes to have the lead discussants provide their reflections

on the measure and the information that was provided by the developer to answer the following three questions -- again, is there a conceptual relationship between the outcome measure and the (SDS) factors?; again, with the optional, if the information was provided by the developer, if there is – if this conceptual relationship is supported by (larger_ or other empirical data; and finally, their opinion of whether the measure would be reevaluated during the trial period for consideration for (SDS) adjustment.

And I would just – with that, I would turn it over to our co-chairs, Bruce Hall and Sherrie Kaplan, to begin the discussion of the measures, beginning with 2393. And again, we may want to focus the discussion given the volume of measures that we have in front of us on the measures in which the lead discussants may agree or disagree with – or on whether there may be disagreement between the information that was presented by the developer and the initial lead discussants review. But again, I would welcome Bruce Hall's or Sherrie's opinion about how best to (lead) the discussion on the individual measures.

(Crosstalk)

Taroon Amin: I would just point out in – oh sorry. Just one quick thing, just point out that – well, you have the SurveyMonkey, which we'll ask you to complete at the end of these call. So if you want to just keep track of your preliminary thoughts, that will help to probably complete the SurveyMonkey, again, given the volume of measures.

And with that, I'll turn it over to Bruce Hall and Sherrie Kaplan.

Bruce Hall: Great. Sherrie, I'll jump right in and then I'll turn back to you as well. So for the fist measure 2393, we have listed as lead discussants, Auger and Joynt. And I just want to point out on behalf of Sherrie, and as Taroon indicated, it kind of seems to us like we have a very, very full agenda and we might want to focus ourselves where maybe there's more debate to be had.

If you look through the 17 measures that we have to look at once again, basically, roughly 12 of them have been volunteered in by their developer, more or less. Only three are kind of equivocal with no recommendation, can

only two where actually measures where the developers ask for it, not to enter that trial. So keeping in mind the 12 of the 17 have sort of been volunteered in. I just asked everybody, "If possible, let's focus out efforts where we need more debate." And I know we'll get faster as we go.

So for 2393, according to my accounting, this was more or less voted in by its own developer. But I would ask Auger, Joynt to chime in with perspectives on that, and then we'll ask anyone else for quick comments. Fire away.

Karen Joynt: I'm going to defer to Katherine on this. She does a lot of great pre-work with which I agree completely.

Bruce Hall: Thank you.

Taroon Amin: Is Katherine with us yet?

Zehra Shahab: Kathie Auger?

Taroon Amin: Operator, can you make sure Kathie Auger got an open line.

Operator: Yes, sir, she does.

Katherine Auger: Hello?

Female: Hi, Kathie, we can hear you.

Katherine Auger: OK, thank you. So I agree with the measure developers that this should be a measure that is, (as first), that adjusted for (SDS) status. My concern is primarily on the fact that measure developer is focused on Medicaid as the only measure of (SDS), from what I can read.

And there are several things about this that is potentially (problematic), is that Medicaid and eligibility varies from state to state. So obviously, if you're comparing hospitals in different states, that potentially would be a different comparator. Readmission – and if the readmission metric was used by a state Medicaid agency, then all of the children would be considered uniformly high risk.

And then also there's a significant heterogeneity within the Medicaid populations. So there are different ways to get on Medicaid, some could be because of poverty, but also in some states you can qualify due to medical complexity. So I think that this is actually a pretty heterogeneous measured to use for socioeconomic adjustment.

I know that other developers also included (race). And certainly there are several papers, I can find five offhand, that show that races associated with pediatric readmission, even when (payer is) included into the model. So among kids of Medicaid, African-American kids will have higher readmission rates than white children. And then also I know that there's more and more literature about neighborhood level, (SDS) markers. So using media and household interim based on either the ZIP code or the census check that the child lives in, it's becoming more widely use in the pediatric literature. Specifically it's been associated within hospital mortality, it's been associated within patient cost, and it has been associated with readmission as well.

So I think because of those things, because of the heterogeneity and the Medicaid population. And some of – just to quickly highlight about some of the work that we've done is shown that kids who live in – if you have Medicaid, might live in neighborhoods that the media and hospital range, income might range anywhere from $7,000 to $122,000 per year. So it's a huge variability even in a population of like only 500 children. So I'm just curious if the developers thought of other metrics to use as opposed to just Medicaid alone.

Taroon Amin: Thanks, Kathie. Just before we go to the developer, we just wanted to remind folks who are listening on their computers to please mute your computer monitors. Or if you're listening on the conference line, we're getting a lot of feedback and echo.

(Crosstalk)

Taroon Amin: And, operator, if there's anything you can do to help remove that feedback, that would be helpful as well. And I just, again, want to point out that the main goal of today's call is to just determine if the measure should enter the

trial period in which – additionally these questions are a lot of helpful related to what data is available and which variables are available for analysis. We will have the opportunity to do additional work around this during our next meeting when we actually get a chance to, you know, be in the trial period. But if there are additional initial thoughts that the committee members have about these from variables that they would recommend the developer consider, please free to include that in the SurveyMonkey notes as we get to that portion of the agenda. And, you know, if that would be OK, then I would say, you know, it will be helpful to basically see what the thoughts are about 2014 since these are the closely related measures.

(Crosstalk)

Bruce Hall: Thank you, Taroon. I think that's a great point. We do – we have a decision in front of us and that's just, do we agree – in this case, do we agree with the developer to allow the measure to enter into trial, where various issues would be re-examined? And it's not so much our task today to decide whether exactly the factors that the developers have talked about or whether we think we know what the factors are. The task for today is just to decide whether we want the measures to enter the period or not.

Sherrie Kaplan: So just to reiterate – this is Sherrie – the decision is binary; yes or no into the trial period. But if the steering committee members have recommendations, then they can enter those in the SurveyMonkey after the calls. Is that correct, Taroon?

Bruce Hall: Yes.

Taroon Amin: That is correct.

(Crosstalk)

Bruce Hall: Yes. And so in this case for 2393, we have developers kind of volunteering to do so and our lead discussants agreeing, if not with each detail that certainly that re-examination is warranted. Does anyone in the group objects to that notion?

Not hearing anything on my end.

Sherrie Kaplan: The vote will ultimately be inclusion and – Taroon, you want to clarify that a little bit. The vote on SurveyMonkey will be inclusion in the trial or exclusion from the trial, right?

Taroon Amin: Correct, whether rational. And we don't need to have a vote right now. We'll send that, you know, afterwards to save time. So if there's no additional conversation, feel free to just move on to 2414. And many of these same issues may be applicable there given the similarity in terms of how they're designed. But I'll turn it back to you, guys.

Bruce Hall: Yes. Thank you, Taroon. I didn't – I wasn't trying to recreate votes so much as make sure that no one objected to us in moving on to the next item. So with that, Sherrie, do you want to toss 2414 onto the table?

Sherrie Kaplan: Yes. 2414 is Pediatric Lower Respiratory Infection Measure, and the lead discussants are – minor numerically ordered, (I'll go with Brooks again).

(Crosstalk)

Bruce Hall: And in this case, again, we have measure that the developers have volunteered forward.

Sherrie Kaplan: Correct.

Katherine Auger: Yes, I don't have anything else from my standpoint. They are …

(Crosstalk)

Jo Ann Brooks: I don't either. This is Jo Ann Brooks.

Sherrie Kaplan: OK. So once again, Taroon, you'll be invited to vote on the inclusion/exclusion from the trial for (SDS) at the conclusion of this meeting. And then any additional recommendations that people feel like they can make for the variables that would be included in the (SDS) risk adjustment can be put in some kind of comment, saying at the – on the SurveyMonkey.

Taroon Amin: Yes.

Sherrie Kaplan: OK, moving on. Bruce, are you next? 2503 and 04.

Bruce Hall: I'm next. I'll defer to my partner rather than having everyone always having to listen to me.

Sherrie Kaplan: OK, so am I your partner or is Dr. Smith your partner? The other two reviewers are …

(Crosstalk)

Thomas Smith: Yes. I'm here. It's Tom Smith. I can summarize. I'm on for 2503. I wonder if we should start with 2504, because the developer submitted their responses with data related to the readmission measure. These are the measures of all-cause admission and readmission for our population of Medicare beneficiaries by geographic area.

Bruce Hall: So can we – this is Bruce Hall again. Can we just check our agenda? I have 2513 next.

Taroon Amin: Yes, I think Sherrie might have misspoke. I apologize, I should've corrected her. Yes, 2513 and 2514, the Hospital 30-Day All-Cause Risk Standardized following Vascular Procedure and then following CABG surgery.

Thomas Smith: OK, never mind.

Sherrie Kaplan: My bad. So these are 2513 and 2514, correct?

Taroon Amin: Correct.

Sherrie Kaplan: So those are Hospital 30-Day All Cost Risk Standardized Readmission following the Vascular Procedures and the CABG readmission rate is 2514. And so …

Bruce Hall: All right, so I will jump start 2513. But if my partner who is on the discussion wish to chime in, please stop me. For 2513, following vascular procedures, this is (inaudible) core measure in conjunction with CMS. And this was a

measure that we all will recall Yale did very nice work on even early in submission regarding Dual Eligibles as well as looking at black race. And very early on, asking some of these questions. As we've already heard on today's call, Dual Eligibles may not be a perfect way to go, but at least say has given some thought to these very important issues.

Yale has this team – development team has this measure with "No recommendation." And I think what they've done in their paper work, which is again well-prepared, is that they've said, "Look, we understand, there may or may not be issues with (SDS). The things that we looked that in the past and have already submitted to you in the past, do not look like they're making a large impact." And yet this is an area that no one knows perfectly. So basically, Yale moves forward with a no recommendation for 2513. My concern with that was just that, since this is a measure that's being sponsored by CMS through Yale, the Yale team, I worry about CMS setting the president of not reexamining an important measure.

It seemed like CMS has volunteered some other efforts in to this trial period. And I just would think that of all of the developers, CMS and Yale certainly bring to the table major intellectual fire power in data access. So I would think that they would be well-equipped to look deeper in to some of these questions. But that's where it stands. Their developer recommendation was no recommendation. Do my lead discussant partners want to throw in any additional color commentary for 2513?

Sherrie Kaplan: So, Bruce, are we – the vote would be so, if the answer is no on participation on the trial, the vote would be, do not endorse or to endorse the non-entry into the trial because it begins to sound like a double negative.

Bruce Hall: I'm assuming when we get to the SurveyMonkey, that we'll be answering a question, should this measure move in to the trial or not? Is that correct, Taroon?

Taroon Amin: That is correct. And I will go to the decision logic again at the end of the call just to make sure everyone is on the same page.

(Crosstalk)

Taroon Amin: And Bruce …

(Crosstalk)

John Bulger: Yes, this is John Bulger. Just to be clear, because I believe it's the same for 2515, and I believe you said it correctly, was that their recommendation – they did not have a recommendation for the (first three).

(Crosstalk)

Bruce Hall: No recommendation for their …

(Crosstalk)

John Bulger: Correct. It wasn't – the recommendation was not to be in the trial. They just had no recommendation.

Bruce Hall: That's right. So they weren't stating either way. And, again, my concerns were just that (inaudible) setting group (and a) very high powered group.

Male: Yes.

Bruce Hall: Anyone else in the entire, in our entire group, want to throw any thoughts on that?

Paul Heidenreich: This is Paul. And I was – I'm on some of the other core ones that Yale is doing. My read on them is that they felt it was – there was that factor but that they were reluctant to be able to say that they could in the end disentangle all of the different social factors and make sense of them all. So that's why – that's how I read their reluctance. Not that it wasn't associated but they weren't confident, they could do an adequate job for risk adjustment.

Bruce Hall: I agree, I agree, which I think is common to everything we will talk about.

Wesley Fields: Bruce and Sherrie, this is Wes, do you mind if I ask a process question?

Bruce Hall: Please.

Sherrie Kaplan: Sure.

Wesley Fields: To this point, the way I'm understanding the change and expectations for measure developers, if both of these CABG measures were approved as requested by the developers without the inclusion of (SDS), I'm assuming going forward because where NQF is going with this high level issue that if – even if there's no change in how it's originally offered, when it comes back to us in a few years, it would probably be (revised) to reflect (SDS)? Or is that an incorrect assumption?

Bruce Hall: I think it would be revised to, again, make a very strong argument, whether (SDS) needs to be included or not included. So I don't think the NQF stances that everything in the future will have to have (SDS) adjustment. I think that stances that the (SDS) adjustment will have to be thoughtfully considered and there will need to be evidence for its exclusion if it's not included. Taroon, correct me if I'm wrong.

Taroon Amin: Yes, that's an appropriate characterization.

Sherrie Kaplan: So are we at a point where we can move to – are we – I think we've (inaudible) the 2513 and 2514 discussions. So are we all set with 2513? And are there additional things that we need to talk about for 2514? Or have we finished up with both?

Bruce Hall: So, let me say, 2513, to remind everyone, vascular procedures developed by Yale CORE. That's what we're primarily talking about. 2514, CABG developed by the (STS). And the (STS) is volunteering to move their 2514 into the trial, voluntarily. And then when we move on to the next 2415, that's CABG, developed again by Yale CORE team.

So for 2513 vascular, I think we're done for 2514 CABG by the (STS) they're volunteering in unless any members of the group want to object or bring up anything. And then 2515, CABG developed by Yale CORE, and the Yale CORE, again, has – as Paul pointed out a second ago, the Yale CORE has for this measure also said we have no recommendation, one way or another. So that's where we are right now, 2515.

John Bulger: Yes. And this is John Bulger. I'd made that comment earlier. And I think comments are the same for 2515 is they were for 2513. So I – and I don't have any other comments.

Bruce Hall: So, I think, you know, just in general, there are – we have one more Yale CORE team measure coming where, again, they've made no recommendation. Just in general on this, is everyone on the group comfortable that each of us can come to some judgment around those because, again, fortunately we do have 12 all together where the developers are volunteering? But for these three, from Yale CORE where there was no recommendation, does anyone want to draw that out anymore, or?

Female: Could you clarify …

Leslie Kelly Hall: This is Leslie. I had a question. If (inaudible) went forward and then in future (SDS) was added, is that a high degree of complexity and on difficulty in operational setting to move a particular quality measure and the operational impacts of successfully implementing change to affect quality and then redo that later when (SDS) is being added (inaudible)?

Bruce Hall: That's a good point. Thank you.

Female: Could you just clarify, so when they don't have a recommendation, if we vote yes, what exactly are we saying? And we vote no, what exactly are we saying?

Sherrie Kaplan: Yes, that is going to come up again, Taroon, because if it feels a bit like a double negative, so, yes, these two measures, 2513 and 2515, are, according to the measures developer, not being included in the trials, correct?

Taroon Amin: Yes.

Sherrie Kaplan: So that – so when Taroon comes back up to the scoring at the end, we have to understand what a no vote means in the context of measures where the developer is opted for not including them in the trial.

John Bulger: Yes. This is John Bulger again. Just to be – the developers for 2513 and 2515 did not say, "No, they shouldn't be included in the trial." The developers did not have a recommendation, yes or no?

Taroon Amin: So, this is Taroon …

(Crosstalk)

Taroon Amin: I'm sorry, go ahead, John.

John Bulger: I just say it's important clarification because that's, you know, what I said when Bruce stated before. But the last couple of times it's come up, but it wouldn't be a double negative. They didn't give a recommendation. They said it's up to us to recommend. It's essentially what they said for those two. So, you know, we need to make up or down which we'll have a choice on later.

Taroon Amin: Right.

Sherrie Kaplan: That's important, Taroon, because that's confusing.

Taroon Amin: OK. So just to address this, I don't mean to interrupt the conversation about specific measures, but I just want to be really clear about what the question is that's in front of us. And I also want to be clear that the developers – we've asked the developers to provide their own recommendation. I just want to be clear that the standing committee is, by the NQF board, is the ultimate decision-maker of this decision, you know. So we've asked for this input, we want the developers to participate willingly in this trial period, and, you know, we would like this to be a collaborative decision. But ultimately the decision really is in the standing committee's hand.

So with that being said, I just want to – if you can go back to the webinar, you'll see that I just brought up slide six again, which is the abbreviated process flow. I just want to point out that the question that's in front of you, which will be what the SurveyMonkey is, like the structure of the SurveyMonkey, by measure, the question in front of you is whether it should enter the trial period. And if the answer is yes, then we will go into a detail of

review of the measures during the trial period, and I'll describe what that means.

But at a high level, we'll have a much more robust – you know, we'll ask them what type of data was available to them, to Leslie's point, ensuring that the testing shows that this data can be reliably collected and is a valid indicator, you know, and when we'll do the conceptual piece and then the empirical piece, which we haven't required up to this point, empirical as the measure specified.

And so, that's where we would go if you decide yes, that should enter the trial period. It doesn't mean – I just want to point out that it doesn't mean the measure have to be (SDS) adjusted, it just means that we will do a more detailed review and give developers more time to do the type of analysis that would be required to decide whether a measure, the variable should be included in the measure or not.

So if you go down to the (yes) pathway, you'll be a (5A). And then on (5A), you'll decide whether or not the measure should discontinue to the maintain endorsement or the measure is going to loss endorsement based on the information that is presented by the developer.

Now, going to back up again, if you decide to go down to (5B), which is that you decide the measures do not need to enter the trial period, then the individual measures maintain endorsement and there's no additional action on these measures until they're up for re-review, you know, which is typically three years from now.

So that's the decision in front of you. You're not making an endorsement decision, yes or no. That decision has already been made. What you're really just deciding in front of you is should they enter the trial period for additional examination or not. And the additional examination will happen at a later date. And we will do a much more detail of evaluation at that point. So …

Bruce Hall: And, Taroon, I just want to reemphasize that – so of the 17 measures on the table, 12 of them have been volunteered by the developer into the (S arm). So really for 12, unless we have a reason to object, there's not a lot for us to

worry about today. But there are five, three of which the developer said, we don't have an opinion, one way or another. And two for which, the developer said, we do not think we should have to go down that arm. And so that's where we are right now, we've seen two measures, 2513 and 2515, which are two of the ones where the Yale CORE team said, we do not have an appending, one way or another.

Taroon Amin: Right.

Bruce Hall: So that brings us to …

Paul Heidenreich: This is …

Bruce Hall: I'm sorry. Go ahead.

Paul Heidenreich: No, no, I wasn't sure if you are still taking comments on that. This is Paul. I would say that having review 2514, the arguments made by CORE and (STS) are almost identical. (STS) said, yes, go into trial period, and CORE said, you know, came to a different conclusion. So I don't see any reason in my mind to treat them differently, they all seem like good candidates for the trial.

Bruce Hall: Great. Thank you. Any other comments on the first five? I'll pause for a second.

OK, the sixth measure is 2539, Facility 7-Day Risk-Standardized Visit after Outpatient Colonoscopy. This is a measure also developed by Yale CORE. And this was their one measure where they felt they should or not go down the (SDS) adjustment arm. So I will invite our lead discussants to elaborate.

Tom Smith, I think you're the only discussant that's available for this. If you're able to speak on this, we'd welcome that.

Thomas Smith: Well, I just summarized a little bit their argument. This is readmission following a colonoscopy procedure. You know, the developers do a good job of laying out the conceptual group framework for how socio-demographic factors might influence admissions and readmissions in general and that was very helpful.

When they get a colonoscopy and colonoscopy admission – admission following colonoscopy, they make the point that following their conceptual models, the odds of (SDS) having a significant impact appear to be significantly lower, you know, its indirect association between (SDS) and quality of care at hospitals. And if you think of admission following colonoscopy, what you think of is quality issues and adverse events, et cetera.

So there's a potential link there. They think that link, however, is quite small in terms of all of the other factors going on. And so, their overall judgment is that it's really unlikely that (SDS) should play a significant role. They do cite some literature that they've looked at admission rates following colonoscopy. They cited 25 to 27 studies, I can't remember. And only one to two even mentioned the (SDS') potential intermediate or mediating factors. And, of course, they don't have any actual data.

In their – from their sample size, they're claiming that the sample – the overall sample size of individuals with colonoscopy is quite low and would really present some problems in terms of doing the analyses. I think that's basically it. So they came out with a clear no.

Bruce Hall: Thank you, Tom. Anyone else want to throw in any additional comments?

Thank you, Tom.

Sherrie Kaplan: Bruce, I'm a little bit worried that if we go and order now, we may be should skip to the other measure that had a definite no on it just because we've got 12 minutes left in the call.

Bruce Hall: I thought we were going until 2:30.

Sherrie Kaplan: Oh, yes …

Bruce Hall: I'm sorry, 3:30.

(Crosstalk)

Taroon Amin: Yes, 3:30. We …

Bruce Hall: Sorry.

Taroon Amin: Yes, I think we have enough time if we …

Sherrie Kaplan: OK.

Taroon Amin: You got it.

Bruce Hall: But, Sherrie, do you want to lead the way on 0505?

Sherrie Kaplan: This is a – yes, this is a hospital 30-day all-cause risk-standardized readmission rate following acute M.I. hospitalization. And I'm not sure who we have on the call.

Laurent Glance: I'm on the call, Larry Glance.

Sherrie Kaplan: OK, Larry, you want to take …

Paul Heidenreich: Paul Heidenreich, too.

Sherrie Kaplan: OK.

Laurent Glance: Sure.

Sherrie Kaplan: So, Paul …

(Crosstalk)

Laurent Glance: So this is one of the Yale CORE measures. And I think the logic is the same as what we've already heard. Again, they had no recommendation. But I think it is very reasonable to enter this particular measure into the trial period. They present some data that there is a small gap between safety net hospitals and non-safety net hospitals as defined using the proportion of a dual eligibles. But they don't really do a very comprehensive analysis and they're certainly using what they present. You cannot rule out that (SDS) adjustment would not be appropriate. So I think it's reasonable to recommend that this particular measure enter the trial period.

Paul Heidenreich: This is Paul. I agree with that. And my only general comment on some of these and maybe (probably) more of the colonoscopy is I'm not very satisfied when they say studies didn't talk about social status quos. And the few studies that do look at it, then it usually is a factor but often it's difficult to measure and/or people just don't bother and measure it. But I agree with this that I don't see any reason not to include in the trial.

Sherrie Kaplan: Great. Thank you. Others? Any other comment? OK. Bruce, you want to take 0695 or do you want me to do that?

Bruce Hall: I'll grab it. 0695 coming from the NCDR and it is risk-standardized readmission following PCI. And this rounds out the second of the two measures in our entire group where the developer recommended against. So, 0695 and who do we have on to discuss?

Laurent Glance: I'm here, Bruce.

(Crosstalk)

Bruce Hall: Oh, Larry again. OK, great. All right. Take it away.

Laurent Glance: Happy to take that. So, in this case, the developers did do some more detailed analysis, and they compared the risk-standardized readmission rates across income quintiles as a proxy for (SDS). And there was a small gap, again, 12.3 percent readmissions versus 11.6 percent. And then based on that, they recommended no trial. But I would counter that by saying that currently, the way the CMS Hospital Readmission Reduction Program is set up, if your readmission rates, your risk-standardized readmission rates are above the median, then you fall in the penalty group.

So the results of their analysis suggest that low (SDS) hospitals would, in fact, be more likely to be penalized. So, I would go against their recommendation and I would suggest that this particular measure be entered into the trial period.

Paul Heidenreich: And this is Paul, I completely agree. I think they gave a good argument for why it should be in the trial period.

Mae Centeno: And this is Mae. I agree as well.

Bruce Hall: Thank you all. That's a great commentary. Anyone else in the group want to throw in any thoughts?

Thank you, (three), that was a great commentary. And I'll throw it back to Sherrie, 2375.

Sherrie Kaplan: 2375 is the PointRight OnPoin-30-day skilled-nursing facility rehospitalizations. And we have Dr. Chen and Dr. Briggs.

Helen Chen: Hi, Sherrie, it's Helen. I was wondering if it might be in the interest of efficiency taking 2375, 2510, and maybe even 2502 together. Some of the literature that's out there is fairly similar across all three, although the developer cited some specific IRF papers for 2502. Is that right?

Sherrie Kaplan: Yes, I would be a little more comfortable. I think we do have enough time …

(Crosstalk)

Sherrie Kaplan: … to just kind of (pull up through them) one by one.

Helen Chen: OK.

Sherrie Kaplan: Otherwise – I think that probably we're going to end up with the same issues over and over again. But I think then we can just refer back to our prior discussion.

Helen Chen: Sure. OK.

Bruce Hall: And let me toss in as well, that everything that remains on our agenda now has been volunteered in.

Helen Chen: Right, right.

Bruce Hall: So go ahead, fire away.

Helen Chen: So, 2375, obviously, they've volunteered in. Speak to some of the literature that's out there that supports the conceptual model that there are racial disparities in skilled-nursing facility care. Mainly in terms of (SDS), what they are focused on is race into a lesser extent funding vis-à-vis Medicare versus Medicaid versus duals. And (actually) – I mean, I would argue that there are other things, but the fact that they've opted in is terrific. And I would agree with that.

Sherrie Kaplan: Great, thank you. (Inaudible).

Frank Briggs: Hi, this is Frank. I would agree. I would just like to see them consider other factors possibly income and such. But the fact that they're in is a good start.

Sherrie Kaplan: Bruce, you want to take 2380?

Bruce Hall: Sure. 2380, as we said, everything moving forward is volunteered in. Are discussants want to throw in any thoughts?

Wesley Fields: Well, this is Wesley. Measures 2380 as well as 2505, I'm (genuinely) supportive at the developers' recommendation that they opt in.

Bruce Hall: Great. Thank you.

Anybody else? OK. Moving right along, Sherrie, 2496.

Sherrie Kaplan: 2496 is the Standardized Readmission Ratio for the Dialysis Facilities. Steve, are you on the line?

Zehra Shahab: (Brandy), can you please open Steven Fishbane's line?

Steven Fishbane: Hi, can you hear me?

Sherrie Kaplan: Yes.

Zehra Shahab: Yes, we can hear you.

Steven Fishbane: Great, thank you. Yes, the developer here has volunteered this measure, the conceptual framework, I think, certainly makes sense. These patients are

being discharged not to a structured facility but rather to their homes where to the extent that socio-demographic factors are important, they're likely to play out.

I also want to applaud the developer for conducting some initial analyses which were not tremendously revealing in terms of a relationship although at least partially suggest that it should go forward. So, yes, I would like to suggest that we go forward as the developer has suggested.

Sherrie Kaplan: Yes, this is Sherrie, I second it. I mean their median ZIP code – median income for ZIP codes isn't really its measure of income, but at least they gave it a shot, so I'm on board.

Sherrie Kaplan: Anyone else?

Bruce Hall: I reviewed this measure, too. I agree.

Sherrie Kaplan: (Inaudible). Bruce, 2502.

Bruce Hall: 2502, All-Cause Readmission 30 Days Post Discharge from IRFs.

Helen Chen: Do you want to go ahead?

Sherrie Kaplan: This is Sherrie. I mean the developer recommended that this should be entered into the trial. And, you know, they have some, they've tried to use some things with it, but it's basically – since they're entering it into the trial, I think that decision is – I applaud that decision.

Helen Chen: And I applaud it, too. There isn't that much literature out there on the disparities in IRF, and I appreciate they pulled any papers on this, frankly, thanks.

Sherrie Kaplan: I agree.

Bruce Hall: Anyone else? Any additional concerns or comments?

All right, 2505, we've already heard another endorsement again. Everything's been volunteered in at this point. Any other additional comments on 2505? This is Emergency Department Without Hospital Readmission …

Pamela Roberts: This is Pam. They've already actually looked at some. And they have some disparities especially for E.D. and home health readmissions for (inaudible) and (disabled) in insurance, so I would definitely agree with putting it in.

Bruce Hall: All right, Sherrie, why don't you run the list?

Sherrie Kaplan: All right, this is – there's – all the way to the population measures? OK …

Bruce Hall: We're on – we're still on 2510 …

(Crosstalk)

Bruce Hall: Yes, yes.

Sherrie Kaplan: 2510, the Skilled-Nursing Facility with 30-Day All-Cause Readmission Measures is Helen.

Helen Chen: They are volunteering. I don't have a whole lot more to say than what I said for 2375. A lot of the papers and the conceptual model are the same. It'd be nice to look at perhaps neighborhood and ZIP codes for access issues, but beyond that, I applaud their willingness to be in it.

Sherrie Kaplan: Frank?

Frank Briggs: I don't have anything to add.

Sherrie Kaplan: Excellent. All right. Anybody else?

OK. 2512, All-Cause Unplanned Readmission Measures for 30 Days Post Discharge from Long-Term Care Hospitals.

Who do we have on the line?

Antony Grigonis: Hi, this is Tony Grigonis. I couldn't agree more on the basis of – the fact that there's been no literature reporting any effects, (SDS) effects, and also – well,

even for the overall measure, there hasn't been anything of the literature. And the RTI did look at Medicaid (buy-in) as a proxy for income differences and did find a small impact. So I think their recommendation is appropriate.

Sherrie Kaplan: Thank you. Anyone else? Other thoughts? OK. Moving on, Bruce, you want to take the last two?

Bruce Hall: Sure thing. Population level, two measures. First is 2503, Hospitalizations Per 1,000 Medicare Fee-for-Service. When I read this, I kind of thought it was being volunteered in, so let's have our lead discussants confirm their impression or deny that impression.

Leslie Kelly Hall: This is Leslie. And I would agree that we support this being included, and that although they were not as strong in their recommendation, their desire to go forward and update based on the 2010 census and other items (inaudible) (supportive) going forward with the trial period.

Bruce Hall: Thank you, Leslie. And was it Tom also listed? Any other comments?

(Crosstalk)

Taroon Amin: Bruce, I would just point – sorry, just point out that Alison Shippy, one of the lead discussants, wasn't able to join us during the call, but did send us some thoughts. And, basically, the recommendation was to include the trial – or include the measure in the trial.

Bruce Hall: Thank you, Taroon.

Thomas Smith: Yes. And this is Tom. I just want to throw something up for a couple of minutes. Yes – and my gut feeling is yes as well for both these measures. These are the population-based measures; so, admissions and readmissions for Medicaid beneficiaries, you know, for geographic regions. And, you know, obviously, there's some data on (SDS) and service use – obviously, we don't know that.

They also – the developers did present some of their own data on an area deprivation index that they (inaudible) that suggests a pre-significant

neighborhood level impact on – in this metric. So I think there's good data there.

But I think back to when we originally endorsed these measures, there was a lot of controversy because as people can remember, these measures are not risk-adjusted. And the argument put forth was that these are not measures that are going to be out there for comparison purposes across regions. But these are really measures that are going to be useful for comparisons within a particular region overtime. And it was based upon that logic that we allow, we lowered the bar and we allowed endorsement without risk adjustment.

Now, all of a sudden, the question comes up, OK, should there be potentially adjustment for (SDS)? And certainly, (SDS) can have an impact. And certainly, if the measure was going to be used to compare regions, that would make sense. But going back to our original endorsement, where we lowered the bar on risk adjustment, and again, maybe my logic is too convoluted here, should we also advocate for a lower bar on (SDS)?

Bruce Hall: I think those are great comments. I think those are great comments. Others' thoughts?

Paula Minton-Foltz: This is – can you hear me? This is Paula from Harborview, and I have 2504. So it's similar. And I think the neighborhood index, deprivation index, even looking over time, I think would be helpful when neighborhoods do look at their progress overtime. As we know in any state, the neighborhoods are better resourced than others. So, I still feel strongly that these – that this should go forward with (SDS).

Leslie Kelly Hall: This is Leslie again, and I also agree. Both of these should go forward. And this is might be an area where (SDS) actually make the most long-term impact in understanding the hospitalizations and rehospitalizations overall. So we definitely support going forward.

Sherrie Kaplan: This is Sherrie. Taroon, can you clarify for the group whether now we're adding things that weren't originally in the proposal? So, in addition to adding variables in, how the risk-adjustment method is going to be done has to be addressed, too, correct?

Taroon Amin: Absolutely. The developers would need to demonstrate, you know, how they would use it and actually put forward the risk-adjustment model. But that's what we would evaluate during the trial period.

Sherrie Kaplan: So, inclusive in the trial for the groups, benefits was inclusive in the trial period will be how this is intended to be used because what was just addressed is very important if it – one can imagine, I guess you could, that it changed over-time situation within a very small unit. But otherwise, you're ending up with a comparison to something. So, the idea …

Taroon Amin: Well …

Sherrie Kaplan: … you're going to have to figure out how to model that for the purpose that's going to be put to gets us a little bit into murky waters when we're trying to steer away from the, you know, purpose issue.

Taroon Amin: Well, that's a little bit challenging, Sherrie. I mean, in some sense, the purpose or what the characterization or how this measure would be used, I don't think would be changed. I mean there's no reason to believe that that's the case. So, given that the developers stated in the past that this measure would be used to track provider or regional performance over time, I guess the question would be in front of the committee whether it would be appropriate under that context to include this measure in the trial period for further examination of these community level factors. You know, it is a little bit of a complex question given that there wasn't, there isn't other risk adjuster or there's no other risk-adjustment method included. But that is the question that's in front of the committee.

Male: Right.

Taroon Amin: Whether given the construct of how this measure would be used based on the input from the developer during the initial evaluation, whether it would still make sense to consider (SDS) factors in the future or in as far as (they're testing).

Thomas Smith: Right. So this is Tom. So, I think the developer was rather vague. They didn't say no. They don't think it should be. And I think they were vague leaning towards yes. I think if we say, "Yes, put it in," then the onus – this is my understanding of what I'm hearing – the onus goes back on the developer to explain the rationale for – or maybe the developer would come back and say that we would propose that there'd be no controlling for (SDS). Similar to the argument they put forward for risk adjustment back then. So, I like that. It goes back to the developer to (wrestle) with that issue.

Taroon Amin: Right, absolutely. Just because it's going in a trial period does not mean that the measure needs to be adjusted for (SDS) factors. It would be a further examination. And I will go through exactly what we'll be looking at during the trial period, during the closing of this call.

Karen Joynt: This is Karen Joynt. I would just add that I think this, in fact, maybe one of the most important measures to have go into the trial period because it is so different from the others. And it is fundamentally trying to reconcile some of the differences we see between communities that are maybe not explained by a typical sort of patient level factors. So I thought it was really interesting on their part that they actually proposed to adjust for neighborhood level deprivation as opposed to, say, patient poverty or Medicaid eligibility. So from the standpoint of sort of what can we learn from this, I think it's super important that this is going to be included as part of the trial because it is so different than the others.

Sherrie Kaplan: Well said. So, Taroon, where are we?

Taroon Amin: I think there's no other conversation related to these final two measures, I would just open it up to see if there's any other questions, and then we'll open it up for public and member comment. And then I'll walk through, along with Zehra, the next steps and what we'll actually be doing during the trial period. So, if there are any other comments on these measures.

Sherrie Kaplan: Let me just clarify one thing because it circles back on these two measures particularly, when there was no original risk-adjustment strategy provided, we're just underscoring this from my own clarification, not only are you

including variables, but you're including the risk-adjustment strategy, right, for the purposes it's being (clipped to). So it's not just the variables but how you're going to analyze them. That has to be included …

(Crosstalk)

Taroon Amin: Absolutely, yes. Yes, absolutely. And I'll walk through that in just a moment, Sherrie, but yes.

Sherrie Kaplan: Thank you.

Zehra Shahab: If there are no other questions, then (Brandy), can you please open up for public comment? And we would welcome the developers to provide any comments or responses if they would like during this time as well.

Operator: Certainly. And at this time, if you would like to post a public comment, please press star one.

Zehra Shahab: (Brandy), can you open up the line for (Shenida Freeman), she's a developer and she would like to make a comment.

Operator: Yes, ma'am. You do have a public comment from Jane Brock.

Zehra Shahab: OK.

Jane Brock: Hello, can you hear me?

Zehra Shahab: Yes, we can hear you.

Jane Brock: OK. Yes. So we're the developers of the population-based readmissions and admissions measures. So just to clarify around the recent discussion, we – this measure is intended to track change in a place overtime. So, we are still not interested in adjusting for individual (SDS). But we don't know if – because neighborhood deprivation is associated with readmission rates based on our previous work. And that model was adjusted for a personal (SDS) which fell out of the model. So, we believe that there's an infrastructure-related nature of neighborhoods that gives neighborhoods the capacity to manage people after discharge or not. So, the adjustment we are proposing is

to adjust neighborhoods for this basic characteristic, whether or not they meet the qualifications of extreme deprivation. Because what we want to know is whether or not deprivation is associated with a neighborhood's capacity to change.

Taroon Amin: Thank you.

Zehra Shahab: Are there any other public comments?

Operator: Yes, ma'am, from Elizabeth Drye.

Zehra Shahab: OK.

Elizabeth Drye: Hi, this is Elizabeth Drye from Yale. (I am) director of the development of the colonoscopy measure. I just wanted to clarify a couple of points that were noted earlier, that the content of this measure was, the other measure is that this group of patients is primarily in pre-screening colonoscopy, these are all outpatients getting their colonoscopies in the outpatient setting, or in – either in a hospital office department or ambulatory surgery centers. So, they are not expected to need any hospital care following their procedure. And the outcome is different, it's acute visit. So it's emergency department (operation phase) or hospital visits within seven days of the procedure.

And as the reviewer pointed out, we did think through our conceptual models about whether these really fit and also look back at our literature review, our expert panel discussions and our public comment period we held and we developed the measure. And (SDS) is a potential adjuster did not come up in any of the studies we looked at or was not raised by any of the gastroenterologist or other expert patients, (project) (inaudible), et cetera. And so, it is different in kind. And that (SDS) really is not specific – the conceptual model does not suggest that it would be a strong predictor and that'd be raised there as an issue. It's obviously (inaudible) committee what you want to do with the measure. But the cost of, you know, doing the work and really pursuing it, and there is a cost there for every measure you bring into the pilot and we just felt like, "This isn't probably the place where you're going to get the best learning done."

And then on top of that, we are moving the measure – the measure will have national data that run numbers on the measure later in the year because CMS is using the measure on a national testing, confidential dry-run. But right now, we don't have that data. And so, we don't really have the means to do any analysis. But (inaudible) will help us, and again, we're not really sure how to frame this question given that we don't think this is great focus. So just to see a little more background on why we made an active recommendation not to pull this particular measure into the pilot.

Taroon Amin: Thank you, Elizabeth.

Bruce Hall: Thank you, Elizabeth.

Operator: And as well from Ms. Emma Kopleff.

Emma Kopleff: Hi, thank you. This is Emma Kopleff from National Partnership for Women & Families. My question, I think, is more to NQF staff, but I would encourage that the committee to consider this.

I'm a little concerned that slide six, which shows the slow of the process today through potential inclusion in the (SDS) trial, doesn't account for two things, the first is the other condition that was sent back to this committee which is the year look-back period, such as the point Elizabeth just made about the timing resource intensity into putting all measures in the trial. I would ask that the committee consider using their discretion about which measures are the highest leverage for inclusion in the trial. And that NQF potentially consider updating the flowchart to demonstrate what happens if a developer is unable or unwilling to enter the trial and they're asked to do so based on the committee's discussion today. Thanks.

Taroon Amin: Thank you, Emma. I might be able to address some of these questions. The first is that NQF is actively working with CMS and other partners to understand exactly the best approach to address the one-year look-back period for addressing unintended consequences, recognizing that additional data may be needed for developers to be able to do this, and quite honestly, a funding structure to be able to do this.

So, we are working on that. I think one of the – what we have taken away from the NQF board is that the admissions and readmissions committee should move quickly to identify which measure should enter the trial period and then move forward on additional analyses at that point.

I would just point out on the second, if measure developers are unwilling or unable to – I think those are two different issues. If they are unable to be able to enter the trial period, I would just point out that NQF is working, will be working with developers to really understand when they would reasonably be able to provide this data to the committee given other competing priorities that they may have, but recognizing that stakeholders have made it clear that additional analysis here is needed.

If they are unwilling, that's another issue because these measures have only been endorsed with the recognition that they would be entering the trial period. If that's the case, if developers are unwilling to enter the trial period, we will need to consider with CSAC, what their final disposition really is given that that was the recommendation of the board, that they do not move forward unless they, you know, enter the trial period for those measures that have been recommended so by the standing committee.

So that is pretty forceful guidance from the NQF board on this major issue as it particularly relates to this content area. I would just point out that, you know, this recommendation in this type of condition has not traditionally been used very frequently. It's really mainly these measures and these projects, and the cost and resource use project. Those have been the main areas where the NQF board has weighed in specifically.

So with that, I would welcome other comments.

Sherrie Kaplan: Taroon, can you – this is Sherrie. Can you clarify that if there are hard stops like beginning January 1st, 2015, where we're off on this one-year look-back period and ending December 31st, 2015, we screeched to a halt and there's no more additional data that – could the reviewers and the developers ask for an extension and what the consequences of that would be?

Taroon Amin: So, Sherrie, that's a – so, I would say that the NQF trial period began January 1st 2015. That means that the "ban" on (SDS) factors and risk model has been lifted and we're in that period – we're in that point for the future, you know, for at least the two years.

Now, when do developers need to come back with this information? Again, this is an area where we've received strong guidance from the NQF board that it needs to be, you know, at a risk pace, but we also want to be respectful that our developer and colleagues will need time and direction on exactly when – you know, when they would have this – you know, when they have the capacity to be able to do this. This was a requirement that was put forward by the board at the end of December. And we recognize that the measure development life cycle is a lot longer than a few weeks; obviously, longer than a few months in some cases.

And so, we will be working with developers individually to understand exactly when that would be reasonable to bring this information back to the committee, recognizing that we would like to have some action on this within a year. Now, again, that's a little bit vague because, right now, we haven't had the chance or the opportunity to work with our developers to understand what would be reasonable given this request by the NQF board and without having the opportunity to look at the various measures and the conceptual appropriateness of including these factors until today with the admissions and readmissions committee, which ultimately has first authority on these measures as it relates to this portfolio.

So, again, that's a long-winded answer to your short question, Sherrie, but we will be working with the developers to identify when that would be, when they would be able to bring this information back and then also find availability of the standing committee to reconsider this information.

Zehra Shahab: Operator, are there anymore public comments?

Operator: None at this time. And Ms. (Freeman's) line is not dialed in on the phone line. If she is – if she could please press star zero.

Zehra Shahab: OK.

Operator: Yes, ma'am, she's not dialed in on the phone line.

Taroon Amin: So, we see Ms. (Freeman) on the web chat. If you would like to raise your question on the web chat or if you can press star zero and we'll be happy to acknowledge you. But at this point, we are unclear on how to acknowledge you. We see you on the web chat. But with that, maybe we can go to the next steps and if we're able to bring this last comment up, we'll be happy to do so during our time.

Zehra Shahab: OK. So this is Zehra and I'm going to quickly review the immediate next steps, and then I'll turn it over to Taroon for the future next steps. So the immediate next steps for the standing committee are to please review the developer responses and then also take into consideration the discussions that took place on the call today, and cast your final votes on the SurveyMonkey.

And the SurveyMonkey is available on the webinar platform as number four. And I can also send an e-mail out to the whole standing committee with the link. And this will be due on Friday, January 30th.

Also, to date, we have received one measure appeal, and this is for measure 2496, standardized readmission ratio for dialysis facilities. So, CSAC will discuss this measure on February 10th from 3:00 to 4:00 p.m. Eastern Time. So, standing committee members are welcome to dial in and provide any input if there's any questions regarding the standing committee's recommendations and comments.

Bruce Hall: This is Bruce Hall. Can I add one comment to that?

Zehra Shahab: Sure, Bruce. Go ahead.

Bruce Hall: And maybe either, Zehra, Taroon, maybe you want to give more info. But to the rest of the committee, that appeal – again, correct me if I'm wrong on this, guys. That appeal was more procedural within NQF issues. So, there's not a requirement that our committee join that call. Sherrie and/or I will try to take part in that call in case we can provide any context. But, that appeal is more or less on a procedural basis. Is that fair to say?

Zehra Shahab: Yes, Bruce, that's correct. We just wanted to let everyone know further information if they want to join the call. And the appeals period is still open, so it'll close on Wednesday the 28th. So, as of right now, there's only one we have received. But if we do receive any others, we will follow up with the committee and keep you posted. So, yes, it's just for their information, and NQF will be happy to, you know, discuss with the CSAC.

Taroon Amin: OK. Thank you again, Bruce. Yes, those are good points. Again, I just wanted to point out where we are. We've had the opportunity to consider which measure to enter the trial period. We've asked you to look at the SurveyMonkey, and basically think about these individual measures and decide whether they should enter the trial period or not.

And I just want to point out what will happen in the (Box 5A) which we will conduct a targeted review of measures submitted during the trial period. Ultimately, the decision among – we haven't scheduled that, I just want to be clear about that. Again, like I put it out, we're still going to work with developers to understand exactly when they could bring this information back. But, ultimately, the decision at that point will be to determine whether the measures should maintain endorsement or make an alternative decision.

So I just want to move to the next slide of what exactly we'll be asking for during the trial period. This will be the information that's reviewed by the standing committee. And the elements that will be requested from the measure developers. First, we'll be asking whether the patient level or, quite honestly, any level, it could be for the person – you know, many of them or some – two of the measures in this project. They may not be patient level, I just want to be clear about that. I guess I should have made that clear.

So, patient level associated demographic factors or variables that were available and analyzed. So, really, what data was available to the developer during, in their analysis so that we're able to be sure that the data can be collected in a systematic way. The conceptual description of the causal pathway, many of that – much of that information has already been presented in the standing committee. And then analysis and interpretation resulting in

the decision to include or not to include (SDS) factors, and we've provided some initial perspectives about approaches that one could use for this portion of the analysis. Just want to point again that this empirical work needs to be done what the measure has specified not using, you know, additional analysis that may be available in the field and then a discussion of the risk, for misuse of the specified measure which is in our usability criteria.

And then, finally, if a performance measure includes the (SDS) factors in its risk-adjustment model, the measure developer needs to provide the information required to stratify a clinically adjusted only version of the measures for those – for the (SDS) – for those (SDS) adjusted measures. Again, I apologize for the small typo here at the last bullet. And so that's what will be required in the trial period.

So with that, again, I want to thank both – well, first of all, I want to thank the developers who were able to turn around a lot of these information in a very short period of time, particularly getting the holiday period. And again, thank all of you committee members and particularly, Sherrie and Bruce for their leadership on this effort. And Sherrie and Bruce, if you have anything else to add, feel free and then we can go ahead and close out the call.

(Crosstalk)

Bruce Hall: I'm good. I just thank everybody again for their time and their effort.

Sherrie Kaplan: Yes, me, too. Just go over one more time to (run) the – what a yes means.

Taroon Amin: Yes. OK. I'll go back to that. A yes means that the measure will enter the trial period for a targeted review during the (SDS) trial period. A no means that the measures just maintain their endorsement and that there's no further action on these measures. And then we'll explore the measures that have a majority yes during the trial period evaluation, in which will be determined based on some additional conversations with the developers.

Sherrie Kaplan: And if yes, then these measures will come back to this committee after a year's time?

Taroon Amin: All right, within a year's time. But, yes, it'll come back to the standing committee, absolutely.

(Shenida Freeman): Hi, can I ask a question?

Taroon Amin: Yes, go ahead. Can you just announce who you are and …

(Shenida Freeman): Sure, my name is (Shenida Freeman), you guys know me very well from the chat.

Taroon Amin: Ah, OK, thank you. Yes, sorry, we didn't catch you. Go ahead.

(Shenida Freeman): That's OK. My question is actually regarding what you just said. So, if we don't go forward with the trial period for our measures, does that mean we are endorsed already or no, or how does that work?

Taroon Amin: It means that the measure maintained its endorsement. There's no condition. Meaning – there's no condition. While there is only – yes, there's no condition as it relates to the (SDS) trial period.

(Shenida Freeman): OK.

Taroon Amin: OK. Thank you, everybody.

Sherrie Kaplan: Thank you, Taroon. Bye.

Female: Thank you. Bye.

Male: Thank you. Bye.

Male: Bye.

Female: Bye.

Female: Bye.

END