NATIONAL QUALITY FORUM

Call for Nominations

Admissions and Readmissions Standing Committee

BACKGROUND

The unpredictable nature of a patient's path once they are discharged from the hospital is a byproduct of a fragmented healthcare delivery system. This is especially true for patients who suffer from chronic and comorbid conditions. Previous studies have shown that nearly one in five Medicare patients are readmitted to the hospital within 30 days of discharge, including many patients returning via the emergency room, costing upwards of $26 billion annually.[1,2]

The causes of readmissions are complex and not well understood. One report by the Robert Wood Johnson Foundation suggests that communities and health systems with higher underlying admission rates also have higher readmission rates, since patients in these communities are more like likely to rely on the hospital as a site of care in general.[3] Other risk factors include environmental and patient characteristics, including socioeconomic status.[4,5] A 2013 MedPAC report suggests that to succeed in reducing readmissions, policies must encourage hospitals to look beyond their walls and improve care coordination (i.e. medication reconciliation, use of case managers, discharge planning) across providers. The report suggests that reducing avoidable readmissions by 10 percent could achieve a savings of $1 billion or more.[6]

NQF has undertaken a number of projects addressing admissions and readmissions that are condition or setting-specific. Past measure endorsement projects have included the consideration of six condition-specific readmission measures, as well as measures of acute care hospitalization from the home health and dialysis settings. NQF's most recent work in this area, which concluded in April 2015, was the Readmissions Endorsement Maintenance project.

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[1] Dartmouth Atlas Project, PerryUndem Research & Communications. The Revolving Door: A Report on U.S. Hospital Readmissions. Princeton, NJ:Robert Wood Johnson Foundation; 2013. Available at http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/02/the-revolving-door--a-report-on-u-s--hospital-readmissions.html

[2] Medicare Payment Advisory Committee (MEDPAC). Report to the Congress: Medicare and the Health Care Delivery System, DC: MedPAC; 2013. Available at http://medpac.gov/documents/Jun13_EntireReport.pdf.

[3] Dartmouth Atlas Project, PerryUndem Research & Communications. The Revolving Door: A Report on U.S. Hospital Readmissions. Princeton, NJ:Robert Wood Johnson Foundation; 2013. Available at http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/02/the-revolving-door--a-report-on-u-s--hospital-readmissions.htmlRWJF

[4] Joynt KE, Orav EJ, Jha AK. Thirty-day readmission rates for Medicare beneficiaries by race and site of care. JAMA 2011 Feb 16;305(7):675-81.

[5] Arbaje AI, Wolff JL, Yu Q, Powe NR, Anderson GF, Boult C. Postdischarge environmental and socioeconomic factors and the likelihood of early hospital readmission among community-dwelling Medicare beneficiaries. Gerontologist 2008 Aug;48(4):495-504.

[6] Medicare Payment Advisory Committee (MEDPAC). Report to the Congress: Medicare and the Health Care Delivery System, DC: MedPAC; 2013. Available at http://medpac.gov/documents/Jun13_EntireReport.pdf.

In addition to measure endorsement projects, NQF has pursued other work related to admissions and readmissions. NQF's Measure Applications Partnership (MAP) recommended that readmission measures should be part of a suite of measures promoting a system of patient-centered care coordination. This conclusion recognized that multiple entities and individuals are jointly accountable for reducing avoidable readmissions, that assessment of performance should include measures of both avoidable admissions and readmissions, and additionally should address important care coordination processes and readmissions.[7]

As we move towards a model of accountable care organizations using readmissions measures as part of a suite in conjunction with quality measures looking at admissions and length of stay, we can achieve greater efficiencies (Lower LOS) and improvements in quality (reductions in readmissions and mortality).

This project will evaluate measures related to all-cause admissions and hospital readmissions that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including, but not limited to:

- All-Cause and condition specific admission measures
- Condition-specific readmissions measures
- Unplanned admission-related measures from all settings (i.e., hospitalization for patients on dialysis)
- Measures following hospitalization from heart failure, pneumonia, total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

The Admissions and Readmissions project will also review eight maintenance measures, using the most recent NQF measure evaluation criteria, including measures targeting readmissions of patients with heart failure, acute myocardial infarction (AMI), and pneumonia.

COMMITTEE CHARGE

A multi-stakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee works to identify and endorse new performance measures for accountability and quality improvement that specifically address admissions and readmissions, across multiple care settings. Additionally, the Committee continues to evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement. The Committee will also continue to:

[7] MAP Pre-Rulemaking Report: 2013 Recommendations on Measures Under Consideration by HHS. Washington, DC: National Quality Forum; 2013 Feb. Available at http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72746

- oversee the portfolio of admissions and readmissions measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our Committee Guidebook

COMMITTEE STRUCTURE

This Committee is an existing standing committee comprised of 22 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the Standing Committee Policy.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Review measure submission forms during each cycle of measure review
- Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation at the in-person meeting
- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary

- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

Table of scheduled meeting dates

The in-person meeting date is scheduled and listed below. The remaining meeting dates will be finalized based on Committee availability.

Meeting	Date/Time
Orientation Call (2 hours)	TBD
Measure Evaluation Q & A	TBD
In-person Meeting (2 days in Washington, D.C.)	June 8-9, 2016
Post-meeting Follow-up Call (2 hours)	TBD
Post Draft Report Comment Call (2 hours)	TBD

PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

We are looking to fill 3 committee member seats for the Admissions and Readmissions Standing Committee. Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with admissions and readmissions, across multiple care settings. NQF is specifically seeking two consumers and/or purchasers and one health plan representative.

Please review the NQF Conflict of Interest Policy to learn about NQF's guidelines for actual or perceived conflicts of interest. All potential Steering Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a

potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. [Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is *not permitted.*] Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individuals with relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise associated with admissions and readmissions, across multiple care settings. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- a completed online nomination form, including:
    - a brief statement of interest
    - a brief description of nominee expertise highlighting experience relevant to the committee
    - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
    - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on November 18, 2015.**

QUESTIONS

If you have any questions, please contact Erin O'Rourke or Zehra Shahab, at 202-783-1300 or readmissions@qualityforum.org. Thank you for your interest.