



NATIONAL QUALITY FORUM

Memo

TO: Executive Committee
 FR: Helen Burstin, Chief Scientific Officer
 Marcia Wilson, Senior Vice President, Quality Measurement
 RE: Ratification of Measures for the All-Cause Admissions and Readmissions Project 2015-2017
 DA: November 21, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Readmissions Project. All of the recommended measures approved by the CSAC are listed below.

Measures Evaluated:

The Readmissions [Standing Committee](#) evaluated 17 measures: 11 new measures and six measures undergoing maintenance review against NQF's standard measure evaluation criteria.

Consensus Process

Standing Committee: Sixteen measures were recommended for endorsement and one measure was not recommended for endorsement.

Member Voting: A total of 19 member organizations voted on the measures. One of the recommended measures was approved, with 67 percent approval or higher by the councils. No votes were received from the Consumer, Supplier/Industry, or Public/Community Health Agency Councils.

CSAC: The CSAC recommended all 16 measures for endorsement. The CSAC recommended two measures be endorsed with SDS variables in their risk adjustment models: #2827 PointRight® Pro Long Stay (TM) Hospitalization Measure (payer) and #2858 Discharge to Community (marital status).

Additionally, the CSAC voted to include a statement with its voting results highlighting its concerns with endorsing measures without risk adjustment for sociodemographic (SDS) status. The recommendations (described below) accompany the CSAC's endorsement decisions of the readmissions measures. A vote by the Executive Committee to ratify the CSAC's endorsement would also indicate that the Executive Committee accepts the accompanying recommendations. The recommendations would be included in an NQF media statement and posted on the readmission project pages on the NQF web site.

CSAC Recommendations

At this time, CSAC supports continued endorsement of the hospital readmission measures without SDS adjustment based on available measures and risk adjusters. The CSAC recognizes the complexity of the issue and that it is not resolved.

CSAC recommends the following:

- 1) SDS adjustor availability be considered as part of the annual update process;
- 2) NQF should focus efforts on the next generation of risk adjustment, including social risk as well as consideration of unmeasured clinical complexity;
- 3) Given potential unintended effects of the readmission penalty program on patients, especially in safety net hospitals, CSAC encourages MAP and the NQF Board to consider other approaches; and
- 4) Directs the Disparities Standing Committee to address unresolved issues and concerns regarding risk adjustment approaches, including potential for adjustment at the hospital and community-level.

The CSAC memo and Member voting results for this project may be accessed at this [link](#); the project report may be accessed at this [link](#).

Measures Recommended:

- [0171](#): **Acute Care Hospitalization During the First 60 Days of Home Health.** Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.
- [0173](#): **Emergency Department Use without Hospitalization During the First 60 Days of Home Health.** Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.
- [0330](#): **Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization.** Estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF).
- [0506](#): **Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization.** Estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA).
- [1789](#): **Hospital-Wide All-Cause Unplanned Readmission Measure (HWR).** Estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge.
- [1891](#): **Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization.** Estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD.
- [2827](#): **PointRight® Pro Long Stay (TM) Hospitalization Measure.** Rate of hospitalization of long-stay patients (aka “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter.
- [2858](#): **Discharge to Community.** Percentage of all new admissions from a hospital who are discharged back to the community alive and remain out of any skilled nursing center for the next 30 days.

- [2860](#): **Thirty-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)**. Estimates an all-cause, unplanned, 30-day, risk-standardized readmission rate for adult Medicare fee-for-service (FFS) patients with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease.
- [2879](#): **Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data**. Estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge.
- [2880](#): **Excess days in acute care (EDAC) after hospitalization for heart failure**. Assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for heart failure to provide a patient-centered assessment of the post-discharge period.
- [2881](#): **Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction**. Assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for acute myocardial infarction (AMI) to provide a patient-centered assessment of the post-discharge period.
- [2882](#): **Excess days in acute care (EDAC) after hospitalization for pneumonia**. Assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for pneumonia to provide a patient-centered assessment of the post-discharge period.
- [2886](#): **Risk-Standardized Acute Admission Rates for Patients with Heart Failure**. Rate of risk-standardized acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients 65 years and older with heart failure.
- [2887](#): **Risk-Standardized Acute Admission Rates for Patients with Diabetes**. Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) patients 65 years and older with diabetes.
- [2888](#): **Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions**. Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) patients 65 years and older with multiple chronic conditions (MCCs).

Measure(s) Not Recommended:

- [2884](#): **30-Day Unplanned Readmissions for Cancer Patients**. Rate at which all adult cancer patients (= 18 years old), regardless of payer type, have an unplanned re-hospitalization within 30 days of an index admission.