



TO: All-Cause Admissions & Readmissions Standing Committee
FR: NQF Staff
RE: Post-Comment Call to Discuss Public and Member Comments
DA: October 5, 2016

Purpose of the Call

The All-Cause Admissions & Readmissions Standing Committee will meet via conference call on October 5, 2016 from 12:00-2:00pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period.
- Provide input on proposed responses to the post-evaluation comments.
- Determine whether reconsideration of any measures or other courses of action is warranted.

Standing Committee Actions

1. Review this briefing memo and [Draft Report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments [link to comment table].
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: (877) 433-9089 (*NO CONFERENCE CODE REQUIRED*)
Web Link: <http://nqf.commpartners.com/se/Rd/Mt.aspx?344434>
Registration Link: <http://nqf.commpartners.com/se/Rd/Rg.aspx?344434>

Background

For this project, the 24-member Admissions and Readmissions Standing Committee evaluated 11 newly submitted measures and 6 measures undergoing maintenance of endorsement review against NQF's standard evaluation criteria. The Committee recommended 16 measures for endorsement and did not recommend 1 measure.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public

after measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open from April 5 to May 5, 2016 for all 17 of the measures under review. A total of 14 pre-evaluation comments were received, which largely pertained to advised ICD-10 translations and modeling approaches and the potential need for the inclusion of sociodemographic variables in the risk adjustment model of the measures. All pre-evaluation comments were provided to the Committee prior to their deliberations during the in-person meeting on June 8-9, 2016.

Post-evaluation comments

The [Draft Report](#) went out for Public and Member comment from August 1 to August 30, 2016. During this commenting period, NQF received 60 comments from 28 member organizations:

Consumers – 0	Professional – 22
Purchasers – 0	Health Plans – 1
Providers – 5	QMRI – 0
Supplier and Industry – 0	Public & Community Health - 0

Although all comments are subject to discussion, the intent is not to discuss each individual comment on the October 5th post-comment call. Instead, we will spend the majority of the time considering the five themes discussed below, and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion. Additionally, please note measure developers were asked to respond where appropriate.

We have included all comments that we received in the excel spreadsheet posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and the developer or NQF response, where appropriate. ***Please review this table in advance of the call and consider the individual comments received and the proposed responses to each.***

Comments and their Disposition

Five major themes were identified in the post-evaluation comments, as follows:

1. Consideration of Sociodemographic Factors
2. Level-of-Analysis & Implementation
3. Data Limitations
4. Potentially Competing Measures
5. Potential Negative Unintended Consequences

Theme 1 – Consideration of Sociodemographic Status Factors

Many commenters expressed concern regarding potentially insufficient adjustments made for sociodemographic status (SDS) factors. The comments submitted to NQF urged the Committee to take a more in-depth look at the need for SDS adjustment, given the potentially negative impact these measures could have on providers practicing in low-resource regions. Some commenters noted that the findings presented by measure developers who did not include these factors in their measure contradict common knowledge and findings from other research.

Commenters encouraged additional testing of SDS factors and stratifying measure results by SDS factors such as dual eligibility for Medicare and Medicaid.

Proposed Committee Response: The Committee has reviewed your comment and appreciates your input. Consideration of sociodemographic factors in risk adjustment models is a critical issue in measurement science. The Committee takes the concerns raised by the commenters seriously. The Committee was charged with evaluating the measure specifications and testing submitted on the measure as developed by the measure developer. The Committee recognizes that there continues to be limitations in the available data elements to capture unmeasured clinical and socio-demographic risk. Given the constraints on the current data elements available, the Committee relied on the methods used by the measure developers to test the conceptual and empirical relationship between SDS factors and readmissions.

While the Committee generally accepted the findings of the analyses conducted by the developer, the Committee agrees that more work is needed to identify more robust data elements and methods to isolate and account for unmeasured clinical and social risk for patients. The Committee encourages the developer to continue testing the risk adjustment model with additional SDS factors in an effort to better understand unmeasured patient risk. Additionally, the Committee agrees that stratification may be a useful technique for displaying performance for different categories of risk. However, the Committee generally agreed that the risk adjustment method used in these measures met the NQF criteria given the data available to the developer, and the measure testing results presented.

Action Item: Does the Committee agree with the proposed responses?

Additionally, one commenter disagreed with the developer's use of race as a SDS risk adjustor. The commenter expressed concerns that race should not be used as a proxy for socioeconomic status.

Developer Response: Concerning the issue of using race as a proxy for socioeconomic status (SES), we agree with the AHA and with the NQF's guidance suggesting that race should not be used as a proxy for SES. Race was not used in the analyses as a proxy for SES but as an important comparator with SES variables. Although the NQF Expert Panel on Risk Adjustment for Sociodemographic (SDS) Factors did not provide clear guidance regarding the inclusion of race in measure's risk models, the panel did broaden the term from SES to SDS to account for consideration of racial disparities, and we feel it is useful to understand the pattern of racial disparities along with SES disparities. Therefore, we believe it is helpful to show analyses with race, not because it should be included in risk-adjustment models, but as a point of comparison with SES variables. The conceptual rationale for not including SES variables in the measures' risk models has important parallels with race in that both SES and race are associated with access to differential quality hospitals and can lead to differential care within hospitals. These comparisons can be helpful in understanding causal pathways and for making decisions about incorporating SES variables in risk-adjustment models.

Proposed Committee Response: The Committee has reviewed your comment and appreciates your input. The Committee agrees that race should not be used as a proxy for SDS factors. Risk adjustment should always consider the conceptual and empirical rationale for including a variable in the risk model. If a proxy is used, the developer should demonstrate how the proxy operates in the causal pathway to the outcome being measured.

Action Item: Does the Committee agree with the proposed responses?

Theme 2 – Level-of-Analysis & Implementation

Commenters raised concerns about the use of NQF-endorsed measures at a different level of analysis than the one for which they are endorsed. In particular, a number of commenters

raised concerns that NQF #1789 *Hospital-wide all-cause unplanned readmission measure* is being used at the clinician level of analysis in the Physician Value-Based Payment Modifier program and is proposed to be used in the Merit-Based Incentive Payment System in a similar way. These commenters expressed concern that testing at this level of analysis was not provided to the Standing Committee for review. Commenters expressed concerns that other measures could also be used at a different level of analysis than the one for which they are endorsed.

Proposed NQF Staff Response: Thank you for your comment. NQF endorses measures specifically for the level of analysis indicated in the measure specifications. Additionally, the level of analysis must be supported by reliability and validity testing.

Proposed Committee Response: Thank you for your comment. The Committee endorsed this measure for hospital-level analysis based on the testing results submitted for review. The Committee agrees that this measure should not be used for individual or group practices unless updated testing and specifications are provided to the Standing Committee to support endorsement for that use case. The Committee encourages the measure developer to bring additional testing results for alternative use cases to NQF for multistakeholder review.

Action Item: Does the Committee agree with the proposed response?

Theme 3 – Data Limitations

Commenters raised some particular concerns about applying measures that incorporate electronic clinical data at the health plan level.

Proposed Committee Response:

The Committee has reviewed your comment and appreciates your input. The Committee agrees that the measure should be applied at the facility-level, as it is specified and tested. The Committee believes that linking claims and EHR data is an important advancement in quality measurement.

Action Item: Does the Committee agree with the proposed response?

Theme 4 – Potentially Competing Measures

One commenter expressed concern that the current NQF portfolio of readmission measures contains unnecessary overlap in condition or setting assessment. The commenter urged the Committee to select “best in class” measures and implored NQF to facilitate opportunities to do so.

Proposed Committee Response:

The Committee followed NQF’s guidance on measure harmonization throughout the evaluation process. Prior to the in-person meeting, the Committee received materials regarding these competing measures, and held a separate call after the in-person meeting on September 1 to discuss harmonization issues and allow the developers to answer questions from Committee members. The Committee then voted via survey to recommend both measures. The Committee considered the added value and burden of recommending both measures and agreed that the differences in measure specifications added sufficient value to offset any potential negative impact. The Committee will revisit harmonization issues during the Post Comment Call on October 5. Information regarding the call, including dial-in information, is available on our project page. All are encouraged to attend and make comments during the Public and Member Comment Portion of the call.

Action Item: Does the Committee agree with the proposed response?

Theme 5 – Potential Negative Unintended Consequences

Commenters raised a number of concerns related to potential negative unintended consequences of the use of readmissions measures. Commenters noted the inverse correlation between readmissions and mortality. Commenters also raised concerns about the relationship between decreasing admission rates and the readmission measures.

Proposed Committee Response:

The Committee has reviewed your comment and appreciates your input. The Committee recognizes the potential for negative unintended consequences of these measures and recommends careful monitoring of their implementation. The Committee will revisit potential negative unintended consequences during the Post Comment Call on October 5. Information regarding the call, including dial-in information, is available on our project page. All are encouraged to attend and make comments during the Public and Member Comment Portion of the call.

Action Item: Does the Committee agree with the proposed response?