



TO: NQF Executive Committee
FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement
RE: Appeal of Measure #2502 for the Readmissions 2015-2017 Project
DA: February 28, 2017

ACTION REQUIRED

The Executive Committee will discuss an appeal of the endorsement of #2502: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (CMS) and determine whether to ratify the Consensus Standards Approval Committee's (CSAC's) decision to uphold endorsement.

BACKGROUND

In accordance with the National Quality Forum (NQF) Consensus Development Process (CDP), the measures recommended by the Admissions and Readmissions Standing Committee were released for a 30-day appeals period, which closed on January 11, 2017. The readmissions project remains under the existing appeals process. NQF received one appeal of its endorsement of #2502 from Association of Rehabilitation Nurses (ARN).

- [Appendix A](#) – Appeal Letter from the ARN
- [Appendix B](#) – Measure Developer Response to the Appeal

APPEAL OF ENDORSEMENT

The ARN raised concerns that this measure is used by Centers for Medicare & Medicaid Services (CMS) in the Inpatient Rehabilitation Facility Quality Reporting Program (IRFQR) but that limited data is provided to facilities to allow them to improve on this measure. In particular, the appellant noted that patient level data is not available from CMS on the readmission measure. In response to the appellant, NQF staff clarified that NQF has endorsed all-cause readmission measures across a wide variety of settings. While NQF supports the timely receipt of quality measure results to drive usefulness of the measures (e.g., quality improvement efforts), NQF does not require access to patient-level data.

The appeal of this measure was presented to CSAC on February 14, 2017. CSAC considered this appeal and ultimately voted to uphold endorsement of this measure. CSAC was sympathetic to the concerns raised by the appellant and recognized the need for CMS to provide better data to inpatient rehabilitation facilities. Additionally, CMS staff was on the CSAC call and were able to hear from the appellant directly regarding the concerns. CMS staff noted they are in the process of resolving the legal concerns that currently limit the data they are able to provide to IRFs and plan to have more granular data available in the future.

The CSAC agreed, but noted that IRFs could reduce readmission rates with the information currently available. The CSAC also noted that usability is not a must-pass criterion for NQF endorsement.

APPENDIX A: APPEAL LETTER FROM THE ASSOCIATION OF REHABILITATION NURSES

Measure 2502 Appeal Request

Association of Rehabilitation Nurses, Submitted January 20, 2017

On behalf of the Association of Rehabilitation Nurses (ARN) – representing more than 5,400 rehabilitation nurses and more than 13,000 Certified Registered Rehabilitation Nurses (CRRN) that work to enhance the quality of life for those affected by physical disability and/or chronic illness - we appreciate the opportunity to provide comments on the National Quality Forum's (NQF) All-Cause Admissions and Readmissions 2015- 2017 Draft Report.

ARN supports efforts to ensure people with physical disability and chronic illness have access to comprehensive, quality care in whichever care setting is most appropriate for them. Rehabilitation nurses take a holistic approach to meeting patients' medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. We continue to provide support and care, including patient and family education, which empowers these individuals when they return home, to work, or to school. Rehabilitation nurses often teach patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including freestanding rehabilitation facilities, hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), comprehensive outpatient rehabilitation facilities, home health, and private practices, just to name a few.

ARN appreciates the work of NQF in its review and recommendation of performance measures focused on all-cause admissions and readmission. ARN has serious concerns with requiring post-acute care providers to utilize Medicare claims data to calculate their 30-day readmission rates. Using claims data to calculate readmission rates is difficult for health care providers, as claims data are cumbersome to use and access. The Centers for Medicare and Medicaid Services stated while they are working on the issue, patient level data is not yet available on the readmission measure which disallows facilities from having the opportunity to identify trends or causes. Employing a 30-day readmission rate measure will not provide meaningful insight or have an impact on quality improvement efforts if the PAC settings do not have unrestricted access to the data. We also disagree with the use of an all-cause measure because even if the discharge planning process went as planned, the patient could get into a car accident or slip on ice and break a hip and the facility would be penalized for that as an all-cause readmission. ARN recommends that the all-cause admission and readmission measure be replaced with a process measure such as comprehensive coordination or evidence of care transition and follow up.

Conclusion

ARN very much appreciates the opportunity to appeal NQF's All-Cause Admissions and Readmissions 2015-2017 measures for endorsement. We are available to work with you, your colleagues, the rehabilitation community, and other stakeholders to develop meaningful and useful quality measures. We thank you for your consideration of our concerns, recommendations and requests. Should you have any questions, please do not hesitate to contact me or have your staff contact our NQF Liaisons Terrie Black (terriern518@yahoo.com) or Michele Cournan (Michele.cournan@sphp.com).

Sincerely,
Stephanie Vaughn, PhD RN CRRN FAHA
President

i Centers for Medicare & Medicaid Services. (2016). *MLN connects national provider call transcript*. Retrieved from <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2016-12-01-IRF-LTCH-Transcript.pdf>.

APPENDIX B: MEASURE DEVELOPER RESPONSE TO THE APPEAL

CMS appreciates the opportunity to respond to the appeal of the decision to endorse All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502). We understand the primary objections to be the following:

- a. Unrestricted access to the data is necessary for readmission measures to have an impact on quality improvement efforts.
- b. All-cause measures are inappropriate because a patient could get into a car accident or slip on ice and break a hip and the facility would be penalized for that as an all-cause readmission.
- c. The measure should be replaced with a process measure such as comprehensive coordination or evidence of care transition and follow-up.

Below, we present our responses for NQF's consideration.

Responses

1. *Unrestricted access to the data is necessary for readmission measures to have an impact on quality improvement efforts.*

CMS recognizes the desire for more detailed patient-level data and is working toward an approach to make such information available to inpatient rehabilitation facilities. However, unrestricted access to the Medicare claims and enrollment data used to calculate this measure is not feasible nor reasonable given these data contain protected health information and are covered by HIPAA.

It is our understanding that the NQF endorsement process does not require data access, and we are aware of no reason why it should be considered a factor for the endorsement of this particular measure. Facilities are given feedback via public reporting of quality performance, for which this measure has been implemented in the IRF Quality Reporting Program. Operational limitations of the programs in which a quality measure may be implemented do not, by our understanding, bear upon the endorsement criteria published and applied by the NQF through its endorsement process.

2. *All-cause measures are inappropriate because a patient could get into a car accident or slip on ice and break a hip and the facility would be penalized for that as an all-cause readmission.*

Considerable effort has been expended in discussing the relative merits of all-cause vs. more narrowly targeted readmission measures. That said, the endorsement of all-cause measures has been occurring through the NQF for more than a decade. To the concerns raised by the Association of Rehabilitation Nurses (ARN), we readily agree that random events unrelated to treatment by an IRF will be captured by an all-cause measure and counted as a readmission.

However, as has been successfully argued in the past at NQF and elsewhere, truly random and unrelated events will by definition be random and not events that will systematic impact providers' performance on the measure.

CMS would like to note that there are two potentially preventable hospital readmission measures adopted for the IRF QRP, related to the IMPACT Act of 2014. These measures are similar, but limits consideration of readmissions to those identified as "potentially preventable". These measures will be submitted to NQF for consideration of endorsement in the future.

3. *The measure should be replaced with a process measure such as comprehensive coordination or evidence of care transition and follow-up.*

CMS appreciates the feedback about other measures that may be useful for the IRF QRP, but believe this feedback is also unrelated to the NQF endorsement of the all-cause unplanned hospital readmission measure (NQF #2502). We suggest that requests for consideration of other measures be placed through the rulemaking process.