NATIONAL QUALITY FORUM

Memo

TO: NQF Members

FR: NQF Staff

RE: Voting Draft Report: *NQF-Endorsed Measures for All-Cause Admissions and Readmissions*

DA: October 17, 2016

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

A complete table of comments submitted pre- and post-evaluation, along with the responses to each comment and the actions taken by the Standing Committee, is posted to the project page on the NQF website, along with the measure submission forms.

The Committee reviewed all comments received and considered the pre-meeting comments prior to making an endorsement recommendation. The Committee also responded to all post-evaluation comments. Revisions to the draft report and the accompanying measure specifications are identified as red-lined changes. (Note: Typographical errors and grammatical changes have not been red-lined, to assist in reading.)

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.

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. The Committee's deliberations on the need for SDS adjustment were challenging.

The Committee noted particular limitations for measures that were conditionally endorsed based on the need for review under the NQF trial period for SDS adjustment. The committee acknowledged that measure developers were not required to address social determinants in the original analyses required for NQF review and endorsement, which contributed to the relative lack of data to ensure robust assessment of the impact of SDS in many of the post-hoc analyses.

The Committee reiterated that their focus was on the adjustments the developer was able to put forward at this time given the data currently available. While the adjustments put forward for these measures at this time did not reach a threshold of significance the Committee was comfortable with the Committee recognizes that risk adjustment for SDS factors is a rapidly progressing area and that more work is needed to appreciate the effects of social risk, understand the most relevant patient-and community level risk factors, collect data on these

risk factors, and determine the best methods to incorporate these risk factors into performance measures.

The Committee stressed the high risk of unintended consequences related to adjustment of these measures for SDS factors and the need to reevaluate these measures as the field continues to move forwards. The Committee recognized the need to ensure facilities serving vulnerable populations are not penalized unfairly while at the same time balancing concerns about worsening healthcare disparities. The Committee looks forward to continued deliberations on these issues and to reexamining these measures as better data emerges. The Committee recommends a reassessment of the availability of SDS variables and a reexamination of these measures through the NQF annual update process.

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.

Committee Action: The Committee reviewed the comments and the developer responses, and then discussed during the call. The response was changed from the proposed response based on the Committee's discussion. Their final response to these comments is reflected above. No changes were recommended to the developers at this time.

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.

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 support by reliability and validity testing.

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.

Committee Action: The Committee reviewed the comments and the proposed responses, and then discussed during the call. The Committee agreed measures should not be implemented at levels at which they have not been endorsed and encouraged the developer to submit additional testing to NQF at the level of implementation.

Theme 3 – Data Limitations

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

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.

Committee Action: The Committee reviewed the comments and the proposed responses, and then discussed during the call. No changes were recommended to the developer at this time.

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.

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.

Committee Action: The Committee reviewed the comments and the proposed response, and then discussed during the call. No changes were recommended to developers at this time.

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.

Committee Response: The Committee has reviewed your comment and appreciates your input. The Committee recognizes the potential for negative unintended consequences of admissions and readmissions measures and recommends careful monitoring of their implementation. Above all, the Committee agreed that use of these measures should be monitored to ensure they do not inadvertently reduce access to necessary care. The Committee noted the inverse relationship between mortality and readmission for heart failure and recognized the need for careful surveillance and balancing of these measures. The Committee also reiterated its concerns about the need to carefully balance implementation of measures addressing psychiatric readmissions to prevent the risk of higher suicidality.

On the other hand, the Committee has noted the desire to understand a patient's need for any subsequent acute care after a hospitalization. In particular, the Committee recognized the need understand if patients are being seen in the Emergency Department after discharge or being

placed in observation. The Committee recommends continued work to ensure that the use of readmissions measures does not result in unnecessary or avoidable use of the emergency department or observation status while ensuring that all patients have access to any necessary care. The Committee noted that a number of measures recommended for endorsement in this project could help to balance these concerns, in particular the measures addressing excess days in acute care and population-based admission measures.

Committee Action: The Committee reviewed the comments and the proposed response, and then discussed during the call. The response was changed from the proposed response based on the Committee's discussion. Their final response to these comments is reflected above. No changes were recommended to developers at this time.

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on October 31, 2016 at 6:00 pm ET – no exceptions.