



NATIONAL  
QUALITY FORUM

# All-Cause Admissions and Readmissions Measures

Post-Comment Call Web Meeting

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*May 16, 2017*

# Standing Committee

- John Bulger, DO, MBA (*co-chair*)
- Cristie Travis, MSHA (*co-chair*)
- Katherine Auger, MD, MSc
- **Susan Craft, RN**
- Frank Briggs, PharmD, MPH
- Jo Ann Brooks, PhD, RN
- Mae Centeno, DNP, RN, CCRN, CCNS, ACNS-BC
- Helen Chen, MD
- William Wesley Fields, MD, FACEP
- Steven Fishbane, MD
- Paula Minton Foltz, RN, MSN
- Brian Foy, MHA
- Laurent Glance, MD
- Anthony Grigonis, PhD
- Bruce Hall, MD, PhD, MBA
- Leslie Kelly Hall
- Paul Heidenreich, MD, MS, FACC, FAHA
- Karen Joynt, MD, MPH
- Sherrie Kaplan, PhD
- Keith Lind, JD, MS, BSN
- Paulette Niewczyk, PhD, MPH
- Carol Raphael, MPA
- **Mathew Reidhead, MA**
- Pamela Roberts, PhD, MSHA, ORT/L, SCFES, FAOTA, CPHQ
- Derek Robinson, MD, MBA, FACEP, CHCQM
- Thomas Smith, MD, FAPA

**\*Bold = new members**

# Call Agenda

- Welcome & Introduction
- Review and Discuss Comments Received
- Public Comment
- Next Steps

# Measures Status: Recommended

## Recommended

- **2515:** Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery (Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE))

## Consensus Not Reached

- **3188:** 30-Day Unplanned Readmissions for Cancer Patients (Alliance of Dedicated Cancer Centers)

# **3188: 30-Day Unplanned Readmissions for Cancer Patients (Alliance of Dedicated Cancer Centers)**

# #3188 Theme 1 – Support for Validity

- **Lead Discussants:**

- *Bruce Hall*

- Consensus was not reached on the validity of measure #3188: 30-Day Unplanned Readmissions for Cancer Patients. Public commenters expressed support for measure 3188. Commenters noted that currently endorsed readmission measures do not include cancer patients and this measure would fill a critical measurement gap. Commenters recognized the need to improve cancer care quality and believe that use of this measure could help avoid unnecessary hospitalizations.

Commenters believed the measure is valid. Commenters expressed support for the statistical model of the measure, the specified exclusions, and the risk adjustment strategy.

- **Developer Response:** We appreciate commenters' support for this measure, as currently specified and validated. We will continue to work with stakeholders to identify opportunities to refine the risk adjustment in the future.
- **Proposed Committee Response:** Thank you for your feedback on measure #3188. The committee will take these comments into account during the post-comment conference call.
- **Action Item:** *The Committee will discuss and vote on the validity of #3188 and its overall suitability for endorsement.*

**2515:** Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery (Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE))

# #2515 Theme 1 – Adjustment for Social Risk Factors

- **Lead Discussants:**

- *Paul Heidenreich*

- Commenters expressed concern regarding potentially insufficient adjustments made for sociodemographic status (SDS) factors for measure #2515. Commenters disagreed with the measure developer's assertion that sociodemographic adjustment is unnecessary, and questioned the potential disagreement with recent findings by ASPE as well as the developer's interpretation of the decomposition analysis. Comments noted that CABG readmission rates are higher among patients who are dually eligible for Medicare and Medicaid, as well as those scoring highly on the AHRQ SES index. As a result, commenters expressed concern that "hospital effects" may be a result of community-level variables, such as hospital location and population, reducing the ability for the measure to accurately assess quality of care within the hospital's control. Commenters called for new analyses to assess the impact of SDS factors that they felt were not adequately addressed by the developer in the measure submission. Some commenters also noted the importance of having the capacity to update the factors used for SDS adjustment in the future, allowing measures to factor in new information and changing methods as the SDS adjustment field evolves.



# #2515 Theme 1 – Adjustment for Social Risk Factors

- **Developer Response:**

- We performed the decomposition analysis to assess whether the effects of specific socioeconomic status (SES) variables were primarily at the patient level (within hospital) or at the hospital level (between hospital). We did this assessment to evaluate the appropriateness of including SES variables as patient level factors in the model. Our results showed that the effects of SES variables were primarily exerted at the hospital level and thus it may not be appropriate to include as patient level variables. We did not address the question of whether the corresponding hospital level factor should be included in the model. We agree that the large hospital effects could represent a larger community context and note that hospitals can influence the community factors in important ways. We performed the decomposition analyses for only a sample of the clinical risk variables for the CABG readmission measure because these analyses require significant time and resources. As noted by the AHA, our findings do suggest that most variables have some mixed hospital-level and patient-level effect. However, the conceptual model is what is unique for SES compared to clinical variables. In contrast to clinical and basic sociodemographic variables like age, there is evidence and a strong conceptual framework that supports concerns about differential access to high quality care for low SES populations. For example, there is no evidence that older patients tend to cluster in poor quality hospitals.

# #2515 Theme 1 – Adjustment for Social Risk Factors

- **Proposed Committee Response:**

- The Committee has reviewed your comment and appreciates your input. The Committee agrees that research shows the impact social risk factors can have but recognizes that the challenge developers face in getting accurate data on these factors can lead to a discrepancy between the conceptual basis for including social risk factors and the empirical analyses demonstrating their impact. The Committee recognizes that developers may make a determination about whether or not to include SDS factors based on whether the factors was related to hospital quality versus a person's intrinsic risk of readmission. However, the Committee also notes the need to maximize the predictive value of a risk adjustment model and ensure that hospitals serving vulnerable populations are not penalized unfairly.

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.

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

# #2515 Theme 2 – Acceptable Levels of Reliability

- **Proposed Committee Response:** The Committee has reviewed your comment and appreciates your input. The Committee struggled with determining what acceptable thresholds for reliability testing should be. Although NQF does not maintain set thresholds for reliability, the Committee has discussed the need to ensure measures are acceptable for accountability purposes and do distinguish performance between hospitals to identify quality improvement opportunities. The Committee recognized the payment implications of several measures used in the Hospital Readmissions Reduction Program and stressed the need to ensure measures accurately reflect and distinguish performance.

The Committee believes the level of reliability demonstrated for measure #2515 represents an acceptable benchmark and sufficient levels of agreement for use for accountability purposes.

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

# Debrief on SDS Trial Period

# Trial Period Update

- Since April 2015, NQF's Standing Committees were asked to consider the potential role of SDS risk factors in their evaluation of all submitted outcome measures.
- Readmission and cost/resource use measures that were endorsed with the condition that additional analyses be performed to determine the need for inclusion of SDS factors in risk adjustment models were also considered.

# Trial Period Update

- The trial has highlighted a number of challenges for risk adjustment for SDS factors.
- Although a significant number of outcome measures have been submitted with a conceptual basis for SDS adjustment, empirical analyses with available adjustors have not generally led to inclusion of those factors.
- To support the trial period, NQF has monitored progress in the field on risk adjustment for sociodemographic status.

# Evaluation Plan

- The trial period ended in April 2017. The CSAC approved an initial evaluation plan for the trial period in September 2014.
- NQF staff are currently gathering information from the trial period to assess:
  - Measures submitted with SDS adjustment;
  - Measures with a conceptual basis for potential SDS adjustment but an empirical analysis did not support inclusion;
  - Measures submitted without any discussion of SDS factors but raised as a concern during evaluation;
  - SDS data variables used across all submissions
- General key questions will be explored

# Trial Period Next Steps

- **June 14-15: Disparities Standing Committee Meeting**
  - *NQF staff will present the results of the trial period evaluation. The Disparities Standing Committee will review the trial period evaluation and offer further input to NQF.*
- **July 11-12: Consensus Standards Approval Committee**
  - *The CSAC will consider the input from Disparities Standing Committee and offer further input to the NQF Board of Directors.*
- **July 20, 2017: NQF Board of Directors**
  - *The NQF Board will receive input from the Disparities Standing Committee, and the CSAC, and NQF leadership regarding the future policy directions.*



# Standing Committee's Guidance on Social Risk

- Readmissions are influenced by a number of factors including variation in hospital quality and availability of community resources
  - *Readmissions reflect health system and community health quality as well as hospital quality*
  - *Additional work is needed to explore the impact of community-level variables*
- Data is a limitation to examining the impact of social risk factors on readmissions measures.
  - *Limited information in claims data; underlying data elements should be improved*
  - *Need ways to assess factors such as homelessness, community resources, available home supports, and other social risk factors.*
  - *Geographic proxy data should represent the actual SDS characteristics of the patient as accurately as possible, and at this time, attributes of the nine-digit ZIP-code may be the closest data available because the five-digit ZIP-code or county is too heterogeneous.*

# Standing Committee's Guidance on Social Risk

- There is a high risk of unintended consequences related to adjustment for SDS factors:
  - *Providers serving the vulnerable should not be unfairly penalized*
  - *Disparities should not be worsened*
- It can be challenging to disentangle clinical and social risk
  - *The methodology of adding social risk factors after clinical factors can result in the majority of the impact loading on the clinical factors*
  - *This can be particularly challenging for issue like functional status and behavioral health*
- Measures should be re-evaluated as new information becomes available

# Committee Discussion

- Does the Committee have any other input on adjustment for social risk for the Disparities Committee?

# Public Comment

# Next Steps/Committee Timeline

# Next Steps

- **Member Vote**

- ▣ June 5-19, 2017

- **CSAC Review (In-Person Meeting)**

- ▣ July 11-12, 2017

- **Appeals**

- ▣ July 14-August 14, 2017

# Project Contact Info

- **Email:** [readmissions@qualityforum.org](mailto:readmissions@qualityforum.org)
- **NQF Phone:** 202-783-1300
- **Project page:**  
[http://www.qualityforum.org/Project Pages/All-Cause Admissions and Readmissions 2015-2017.aspx](http://www.qualityforum.org/Project_Pages/All-Cause_Admissions_and_Readmissions_2015-2017.aspx)
- **SharePoint site:**  
[http://share.qualityforum.org/Projects/admissions\\_readmissions/SitePages/Home.aspx](http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx)

# Thank You!