Subject: FAH comment on NQF Measure #1789: Hospital-Wide All-Cause Unplanned

The Federation of American Hospitals (FAH) appreciates the opportunity to comment on the expansion of Measure #1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) to Accountable Care Organizations (ACOs). We note that the evidence review provided is solely focused on studies demonstrating a link between processes that can drive reductions in readmissions limited to the inpatient setting. We would expect to see this review broadened to include processes that can drive reductions in readmission beyond the inpatient setting to include ACOs or other integrated delivery systems. In addition, FAH requests that the Standing Committee consider the recently published article, which identified that interventions by the hospital are more likely to prevent readmissions within the first week after discharge and those that occur in the remaining 30 days post-discharge were more responsive when provided by outpatient clinics (Graham, 2018). While this is just one study, it leads us to question the strength of evidence supporting the 30-day timeframe, which may be more appropriate for ACOs and less for hospitals.

FAH would like to again reiterate our disappointment in the minimal set of variables used to test whether social risk factors should be included in the risk adjustment model. As experience is gained and additional factors are available such as information on access to transportation or pharmacies, level of education and other relevant data, we hope to see further analysis and testing be completed in the near future.

Reference:

Graham, Auerbach, Schnipper, et al. Preventatility of Early Versus Late Hospital Readmissions in a National Cohort of General Medicine Patients. Ann Int Med. 2018. doi:10.7326/M17-1724 . Published online May 1, 2018.