



All-Cause Admissions and Readmissions Standing Committee Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the All-Cause Admissions and Readmissions Standing Committee on September 24, 2018 from 12:00 pm to 2:00 pm ET.

Welcome, Introductions, and Review of Web Meeting Objectives

Ms. Erin O'Rourke, senior director, opened the web meeting with a welcome and an introduction of the NQF team. She then reviewed the call agenda. Co-Chairs, Cristie Travis and John Bulger, welcomed the Committee to the call, and Ms. O'Rourke conducted a roll call. Ms. Travis noted that the measure under discussion—NQF #1789 *Hospital-Wide All-Cause Unplanned Readmission Measure*—is the version of the measure expanded to the accountable care organization (ACO) level of analysis. Ms. O'Rourke re-oriented the Committee by noting that it evaluated the ACO-expansion version of NQF #1789 and recommended it for endorsement in June 2018. She also mentioned that NQF #1789 was originally endorsed at the facility level of analysis and that the Standing Committee will have an opportunity to review the facility-level version of the measure during maintenance review in a future evaluation cycle.

Review and Discussion of Comments

Miranda Kuwahara, project manager, summarized the comments received in the spring 2018 phase of work. In total, eight comments were received: two during the pre-evaluation comment period, which were shared and discussed at the measure evaluation meeting in June and six during the post-evaluation comment period, which were the focus of the meeting. NQF adjudicated all six comments and identified two central themes: adjustment for social risk factors and unintended consequences and use of the measure in a manner inconsistent with its endorsement. Ms. Kuwahara summarized each of the six comments, then turned the call over to Ms. Travis to moderate the discussion.

Ms. Travis summarized the proposed response for the first theme that NQF staff prepared for the Committee, and launched the discussion by noting that the issue of risk adjustment for social risk factors is under discussion in projects across NQF's endorsement portfolios. Ms. Travis requested that the proposed Committee response be revised to acknowledge this as challenge for all NQF standing committees. Ms. O'Rourke agreed and noted that the revised response will highlight NQF's Social Risk Trial.

Standing Committee members directed several questions to the measure developers, including requests for clarifications about the denominator calculation and factors included in the risk adjustment model. One member inquired about ACOs' risk under multiple federal payment programs. Developers responded to all inquiries.

Several Committee members suggested that NQF consider standardizing risk factor requirements for measures submitted for endorsement review. They also requested that the

proposed Committee response be revised to indicate that the Committee expects, rather than encourages, the developer to test more risk factors when the measure is brought forth for maintenance review. Further, in response to concerns about data collection burden, Committee members highlighted dual-eligible status or nine-digit zip codes as high-value factors that are feasible to collect. NQF noted that the Scientific Methods Panel is considering whether NQF needs greater consistency on testing for social risk factors, and the Social Risk Trial panel is also considering this topic. NQF staff reiterated the importance of not penalizing facilities that disproportionately serve high-risk patients.

NQF staff and Ms. Travis clarified that Committee members were not required to vote on this measure, or on the draft response, but voting services were available should the Committee have elected to formally reconsider the measure.

One Committee member asked if NQF would mandate use of a risk adjustment factor, if the perfect factor were identified. NQF responded by noting that the Standing Committee would ultimately make such a decision in an effort to avoid making the Consensus Development Process (CDP) overly prescriptive.

The Committee emphasized the important role ACOs have in improving care coordination and reducing avoidable readmissions. The Committee recommended that users of this measure utilize appropriate benchmarks and consider how accountability programs could overlap to avoid potentially duplicative penalties or rewards.

The second major theme of the comments focused on use of the measure in the Merit-Based Incentive Payment System (MIPS) at the clinician and clinician-group level, levels of analysis for which it is not endorsed. This measure was previously endorsed at the facility level of analysis, and this current review focused on an expansion to include ACOs. The Committee reiterated that measures should be used at the level for which they are endorsed, and members encouraged CMS to submit the clinician-level measure for endorsement. Committee members noted that some ACOs are physician-based and are required to meet a minimum size for reporting this measure.

The Committee supported the proposed response for the second theme.

Public Comment

NQF received one public comment. Ms. Janice Tufte, a patient partner in measurement, stated that she appreciated the Committee's comments about the Medicare Shared Savings Program (MSSP) Quality Score. She shared concerns about need to balance small hospitals and large health systems, and supported the Committee's plan to monitor the measure to determine if the measure's risk adjustment model requires refinement.

Next Steps

Senior project manager, Suzanne Theberge, reviewed next steps and the forthcoming timeline. Most immediately, the Consensus Standards Approval Committee (CSAC) will convene for an in-person meeting on October 23-24. Thereafter, NQF #1789 will enter an appeals period, and NQF

will issue the final report in late January. After confirming that the Committee had no questions, Cristie Travis and Ms. O'Rourke thanked the Committee for their time and adjourned the meeting.