



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

All-Cause Admissions and Readmissions Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Matthew Pickering, PharmD, Senior Director

Poonam Bal, MSHA, Director

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Welcome



Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
 - ▣ **Optional:** Dial 1 (470) 869-2200
 - ▣ **Meeting ID:** Day 1 - 148 050 3472
 - ▣ **Meeting ID:** Day 2 - 149 704 8146
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at readmissions@qualityforum.org.

Project Team All-Cause Admissions and Readmissions Committee



Matthew Pickering,
PharmD, **Senior Director**



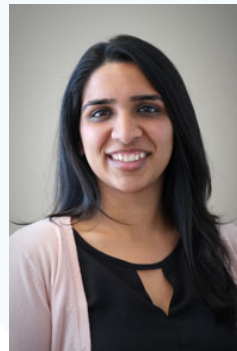
Oroma Igwe, MPH,
Project Manager



Funmilayo Idaomi,
Project Analyst



Yemsrach Kidane,
PMP, **Project Manager**



Poonam Bal,
MSHA, **Director**



Taroon Amin, PhD,
MPH **Consultant**



Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

All-Cause Admissions and Readmissions Fall 2020 Cycle Standing Committee

* New members marked by asterisk

- John Bulger, DO, MBA (co-chair)
- Chloe Slocum, MD, MPH (co-chair)
- Edward Davidson, PhD, MPH, FASCP
- Richard James Dom Dera, MD, FAAFP
- Victor A. Ferraris, MD, PhD*
- Lisa Freeman
- Kellie Goodson, MS, CPXP*
- Faith Green, MSN, RN, CPHQ, CPC-A
- Dinesh Kalra, MD*
- Michelle Lin, MD, MPH, MS
- Dheeraj Mahajan, MD, CIC, CMD
- Kenneth McConnochie, MD, MPH
- Jack Needleman, PhD, FAAN*
- Zeyno Nixon, PhD, MPH
- Amy O'Linn, DO, FHM, FACP
- Janis Orlowski, MD, MACP*
- Sonya Pease, MD, MBA*
- Gaither Pennington, RN, BSN
- Rebecca Perez, MSN, RN, CCM*
- Sheila Roman, MD, MPH
- Teri Sholder, RN, BSN, MHA, CPHQ, CPC
- Lalita Thompson, MSN, RN, CRRN*
- Cristie Travis, MSHA
- Milli West, MBA, CPHQ*

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of All-Cause Admissions and Readmissions measures

Meeting Ground Rules

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.



Achieving Consensus

- Quorum: 66% of active committee members (16 of 24 members).

Vote	Outcome
Greater than 60% yes (greater than or equal to 15 members)	Pass/Recommended
40% - 60% yes (between 10 and 14 members)	Consensus Not Reached (CNR)
<40% yes (less than 10 members)	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

Fall 2020 Cycle Measures

■ 7 Maintenance Measures for Committee Review

- NQF 2888 ACO Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions (Yale CORE/CMS)
- NQF 3597 Clinician-Group Risk-Standardized Acute Hospital Admission Rate for Patients w Multiple Chronic Conditions under MIPS (Yale CORE/CMS)
- NQF 0330 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization (Yale CORE/CMS)
- NQF 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization. (Yale CORE/CMS)
- NQF 0506 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization (Yale CORE/CMS)

Fall 2020 Cycle Measures

- **7 Maintenance Measures for Committee Review** (continued)
 - ▣ NQF 1891 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization (Yale CORE/CMS)
 - ▣ NQF 2515 Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery (Yale CORE/CMS)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ NQF 2888 ACO Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions
 - ▣ NQF 3597 Clinician-Group Risk-Standardized Acute Hospital Admission Rate for Patients w Multiple Chronic Conditions under MIPS
 - ▣ NQF 0330 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization
 - ▣ NQF 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.
 - ▣ NQF 0506 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
 - ▣ NQF 1891 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
 - ▣ NQF 2515 Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery
- The SMP did not reach consensus on reliability for:
 - ▣ NQF 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.

Consideration of Candidate Measures



2888 Accountable Care Organization Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions

- **Measure Steward:** Yale Center for Outcomes Research and Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) beneficiaries 65 years and older with multiple chronic conditions (MCCs) who are assigned to an Accountable Care Organization (ACO).



3597 Clinician-Group Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions under the Merit-based Incentive Payment System

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services (CMS)
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ Risk-Standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).



0330 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Heart Failure (HF) Hospitalization

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services (CMS)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm. The target population is patients age 65 and over. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older and are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.

NQF Member and Public Comment

Next Steps

Measure Evaluation Meeting Day 2

- The **Fall 2020 Readmissions Measure Evaluation Meeting** will resume on **Tuesday, February 16, 2021** from 9 AM – 5 PM ET and will cover the following measures:
 - ▣ **NQF 0505** Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization. (Yale CORE/CMS)
 - ▣ **NQF 0506** Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization (Yale CORE/CMS)
 - ▣ **NQF 1891** Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization (Yale CORE/CMS)
 - ▣ **NQF 2515** Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery (Yale CORE/CMS)



Agenda Day 2

- Welcome and Review of Meeting Objectives
- Recap of Day 1
- Voting Test
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn



Project Contact Info

- Email: readmissions@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[http://www.qualityforum.org/All Cause Admissions and Readmissions.aspx](http://www.qualityforum.org/All_Cause_Admissions_and_Readmissions.aspx)
- SharePoint site:
http://share.qualityforum.org/portfolio/admissions_readmissions/SitePages/Home.aspx

Questions?

THANK YOU.

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