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# All-Cause Admissions and Readmissions, Fall 2022 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Udara Perera, Director  
Hannah Ingber, Manager  
Tristan Wind, Analyst  
Kate Murphy, Associate

*February 22, 2023*

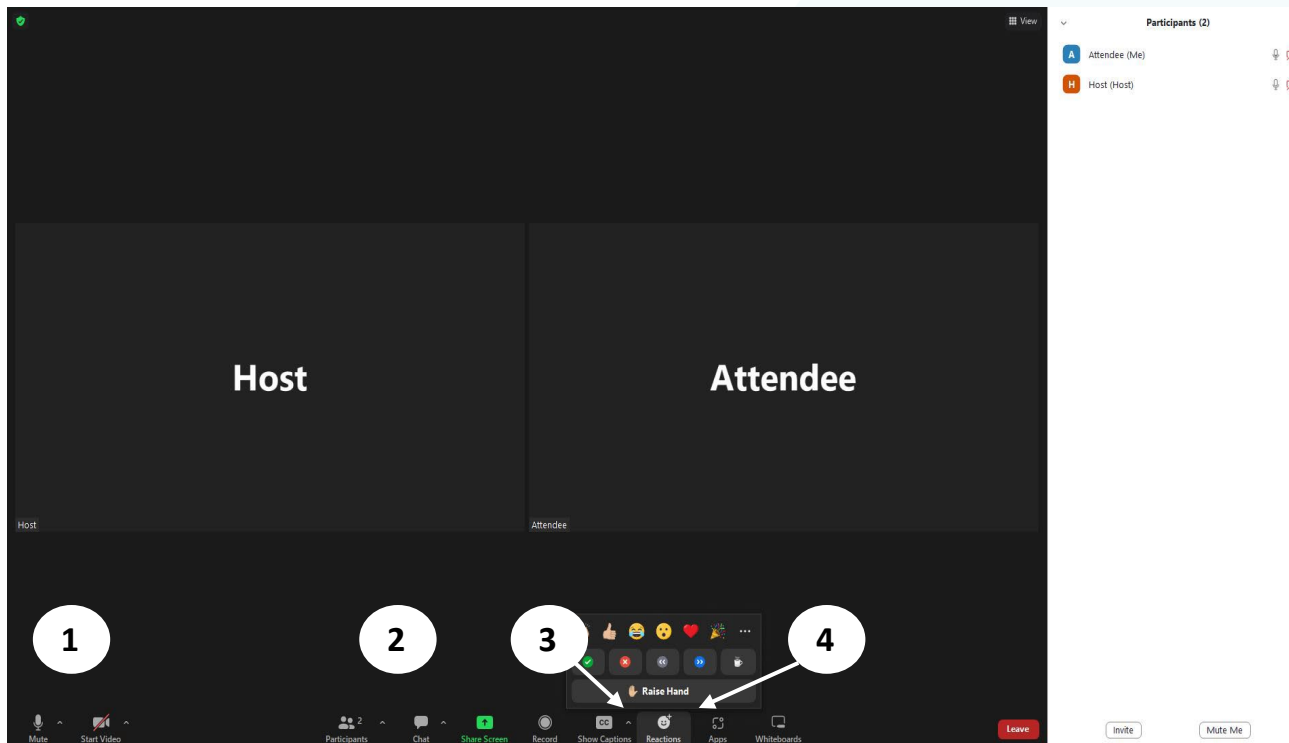
*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# Welcome

# Welcome to Today's Meeting!

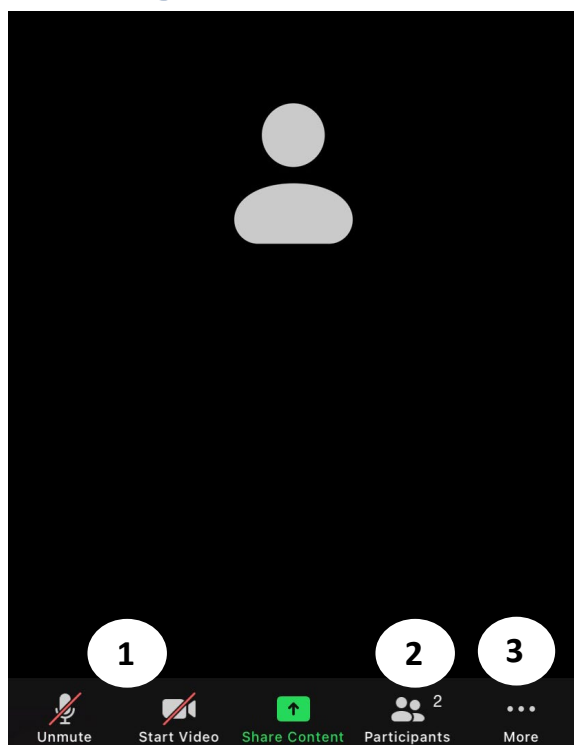
- Housekeeping reminders:
  - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - ▣ Please raise your hand and unmute yourself when called on
  - ▣ Please lower your hand and mute yourself following your question/comment
  - ▣ Please state your first and last name if you are a Call-In-User
  - ▣ We encourage you to keep your video on throughout the event
  - ▣ Feel free to use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at [readmissions@qualityforum.org](mailto:readmissions@qualityforum.org)

# Using the Zoom Platform

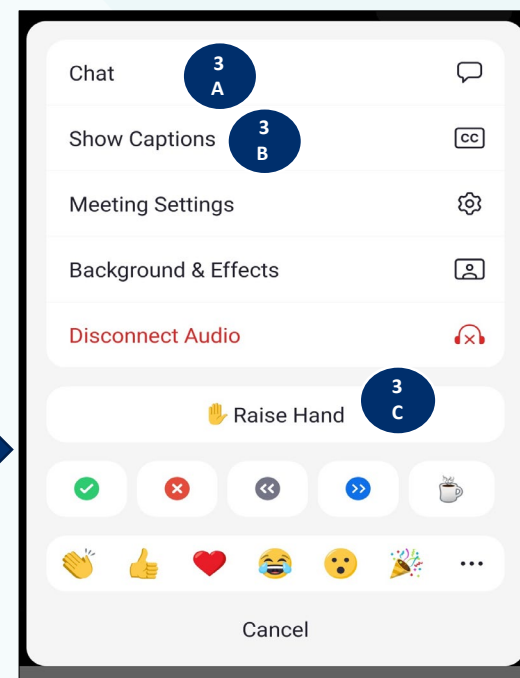


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 Click on show captions to enable closed captions
- 4 To raise your hand, select the raised hand function under the reactions tab

## Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on "more" button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



## Project Team — All-Cause Admissions and Readmissions Committee



**Udara Perera,**  
DrPHc, MPH  
Director



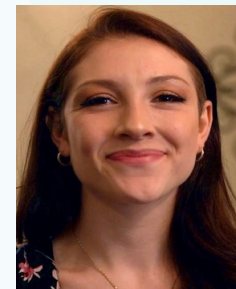
**Isaac Sakyi,**  
MSGH  
Manager



**Hannah Ingber,**  
MPH  
Manager



**Tristan Wind,**  
BS, ACHE-SA  
Analyst



**Matilda Epstein,**  
MPH  
Associate



**Kate Murphy,**  
BS  
Associate



**Laura Blum Meisnere,**  
MA  
Sr. Director



**Matthew Pickering,**  
PharmD  
Managing Director



**Victoria Quinones,**  
AA, PMP  
Project Manager



**Taroon Amin,**  
PhD  
Consultant

## Agenda

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

# Introductions and Disclosures of Interest



# All-Cause Admissions and Readmissions Fall 2022 Cycle Standing Committee

- Chloe Slocum, MD, MPH (Co-Chair)
- Amy O'Linn, DO, FHM, FACP (Co-Chair)
- John Bulger, DO, MBA
- Richard James Dom Dera, MD, FAAFP
- Lisa Freeman
- Kellie Goodson, MS, CPXP
- Dinesh Kalra, MD
- Michelle Lin, MD, MPH, MS
- Dheeraj Mahajan, MD, MBA, MPH, FACP
- Jack Needleman, PhD, FAAN
- 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, MSHHA
- Milli West, MBA, CPHQ

## **Cancer Standing Committee Members**

- Shelley Fuld Nasso, MPP
- Karen Fields, MD
- Dr. David Sher MD, MPH
- Steven L. Chen, MD, MBA, FACS

## **Cost & Efficiency Standing Committee Members**

- Kristin Martin Anderson, MBA
- Matthew Titmuss, DPT
- Sunny Jhamnani, MD

# 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 the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of All-Cause Admissions and Readmissions measures

## Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing 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; and noting, if needed, the preliminary rating by NQF staff.
    - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing 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 (use is **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 (must pass)
- **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
- **Overall Suitability for Endorsement**

## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.



## Achieving Consensus

- Quorum: 66% of active Standing Committee members (17 of 25 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

## Committee Quorum and Voting

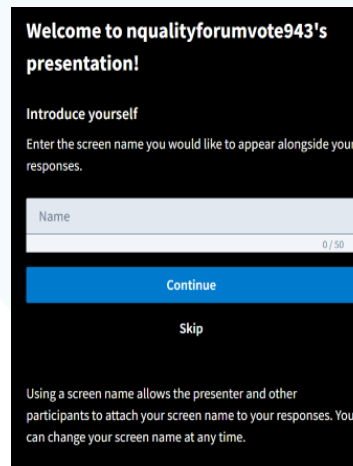
- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.

# Evaluation Process Questions?

# Voting Test

## Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.
- Please alert an NQF staff member if you are having difficulty with our electronic voting system.

A screenshot of a web-based voting interface. At the top, it says "Welcome to nqualityforumvote943's presentation!". Below that, it says "Introduce yourself" and "Enter the screen name you would like to appear alongside your responses." There is a text input field labeled "Name" with a character count "0 / 50" on the right. Below the input field are two buttons: "Continue" (in blue) and "Skip". At the bottom, there is a small text block: "Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time."

# Measures Under Review

## Fall 2022 Cycle Measures

- **Two Maintenance Measures for Standing Committee Review**
  - ▣ **#3474** Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) (Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (Yale CORE))
  - ▣ **#3490** Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (CMS/Yale CORE)

# Consideration of Candidate Measures



## #3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary THA/TKA

- **Measure Steward/Developer:** CMS/Yale CORE

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ This measure estimates hospital-level, risk-standardized payments for an elective primary total THA/TKA episode of care, starting with an inpatient admission to a short-term acute care facility and extending 90 days post admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older.

## #3490 Admission and ED Visits for Patients Receiving Outpatient Chemotherapy

- **Measure Steward/Developer:** CMS/Yale CORE
  - ▣ Maintenance Measure
- **Brief Description of Measure:**
  - ▣ Assesses the quality of care provided to cancer patients receiving outpatient chemotherapy to reduce potentially preventable inpatient hospital admissions and ED visits for this population. The target population for this measure is Medicare Fee-for-Service patients aged 18 years or older with a diagnosis of cancer who received chemotherapy treatment in a hospital outpatient setting. The measure evaluates two outcomes: inpatient admissions and ED visits occurring within 30 days of any chemotherapy treatment. The measure score is calculated separately for PPS-exempt Cancer Hospitals (PCH-HOPDs) and for HOPDs that are not PPS-exempt.

# Related and Competing Discussion

## Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

* Same concepts for measure focus-target process, condition, event, outcome		Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures - Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures - Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures - Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue

\*Cell intentionally left blank

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

## **#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA): Related Measures**

- #1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- #1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

## **#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) Related Measure**

- **#1550** Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
  - Steward/Developer: CMS/Yale CORE
  - Description: The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in Medicare FFS beneficiaries who are age 65 and older
  - Numerator: The outcome for this measure is any complication occurring during the index admission to 90 days post-date of the index admission
  - Denominator: The target population for the publicly reported measure includes admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.
  - Target Population: Elderly; Populations at Risk
  - Care Setting: Inpatient/Hospital
  - Level of Analysis: Facility

## **#3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) Related Measure**

- **#1551** Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
  - ▣ Steward/Developer: CMS/Yale CORE
  - ▣ Description: The measure estimates a hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare FFS beneficiaries who are 65 years and older. A specified set of planned readmissions do not count in the readmission outcome.
  - ▣ Numerator: 30-day readmissions defined as inpatient admissions for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge of the index hospitalization. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. If the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission, because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.
  - ▣ Denominator: Admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.
  - ▣ Target Population: Elderly; Populations at Risk
  - ▣ Care Setting: Inpatient/Hospital
  - ▣ Level of Analysis: Facility



## **Measure #3474 Hospital-level, risk-adjusted payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

## **#3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy: Related Measures**

- #0383 Oncology: Medical and Radiation - Plan of Care for Pain
- #0384 Oncology: Medical and Radiation - Pain Intensity Quantified

## #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy Related Measure

- **#0383** Oncology: Medical and Radiation - Plan of Care for Pain
  - ▣ Steward/Developer: American Society of Clinical Oncology/American Society of Clinical Oncology
  - ▣ Description: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.
  - ▣ Numerator: Patient visits that include a documented plan of care to address pain. A documented plan of care may include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.
  - ▣ Denominator: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain.
  - ▣ Target Population: Elderly
  - ▣ Care Setting: Outpatient Services
  - ▣ Level of Analysis: Clinician: Group/Practice

## #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy Related Measure:

- **#0384** Oncology: Medical and Radiation - Pain Intensity Quantified
  - ▣ Steward/Developer: American Society of Clinical Oncology
  - ▣ Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.
  - ▣ Numerator: Patient visits in which pain intensity is quantified.
  - ▣ Denominator: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.
  - ▣ Target Population: Elderly
  - ▣ Care Setting: Outpatient Services
  - ▣ Level of Analysis: Clinician: Group/Practice; Clinician: Individual

## **Measure #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy Related Measures Discussion**

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

# NQF Member and Public Comment

# Next Steps

## Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing Committee's discussion and recommendations
  - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment brief, which is shared with the developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



# Activities and Timeline – Fall 2022 Cycle

**\*All times ET**

Meeting	Date, Time*
Measure Evaluation Web Meeting #2	February 28, 2023; 2PM-4PM EST
Draft Report Comment Period	TBD
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

## Next Cycle - Spring 2023 Cycle Updates

- Intent to submit deadline was January 5, 2023
- 14 measures have been submitted.

## Project Contact Info

- Email: [readmissions@qualityforum.org](mailto: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: [https://share.qualityforum.org/portfolio/admissions\\_readmissions/SitePages/Home.aspx](https://share.qualityforum.org/portfolio/admissions_readmissions/SitePages/Home.aspx)

# Questions?

# THANK YOU.

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