



Readmissions Fall 2018 Measure Review Cycle

Post-Comment Web Meeting

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NQF Staff

- Project staff
 - ▣ Erin O'Rourke, Senior Director
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- NQF Quality Measurement leadership staff
 - ▣ Elisa Munthali, Senior Vice President

Housekeeping

- Please do not put this call on hold.
- Mute the microphones on your computer to eliminate feedback.
- Before you speak, please say your name.
- When you are not speaking, mute your phone line with *6. To unmute press *7.
- NQF will be monitoring the chat room, but participants are encouraged to speak as the webinar is being recorded.

Agenda for the Call

- Welcome
- Review and Revote on Measure 3366 (consensus not reached)
- Review and Discuss Comments
- Review and Discuss Requests for Reconsideration
- NQF Member and Public Comment
- Next Steps/Committee Timeline

Standing Committee

- John Bulger, DO, MBA (co-chair)
- Cristie Travis, MSHA (co-chair)
- Katherine Auger, MD, MSc
- Frank Briggs, PharmD, MPH
- Jo Ann Brooks, PhD, RN
- Mae Centeno, DNP, RN, CCRN, CCNS, ACNS-BC
- Helen Chen, MD
- Susan Craft, RN
- 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

Measure Status

Recommended for Endorsement

- 3449 Hospitalization for Ambulatory Care Sensitive Conditions for Dual Eligible Beneficiaries
- 3457 Minimizing Institutional Length of Stay
- 3470 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

Consensus Not Reached for Endorsement

- 3366 Hospital Visits after Urology Ambulatory Surgical Center Procedures

Not Recommended for Endorsement

- 3443 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCNs)
- 3445 All-Cause Inpatient Admission Rate for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCNs)
- 3456 Admission to an Institution from the Community

Quorum and Minimum Agreement—Update

- Quorum: 66 percent of the Committee
 - ▣ *Committee Quorum is 17*
- Pass/Recommended: Greater than 60 percent “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Does Not Pass/Not Recommended: Less than 40 percent “Yes” votes of the quorum

Re-vote on “Consensus Not Reached” (CNR) Measures

Voting—Update

Votes will be taken after the discussion of each criterion via Poll Everywhere

- Validity
- Feasibility
- Usability
- Use
- Recommendation for Endorsement

If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.

Vote on the measure as specified.

Consensus Not Reached (CNR) Measures

- **3366** Hospital Visits after Urology Ambulatory Surgical Center Procedures

Comments on #3366

- Under the validity subcriterion commenters questioned the lack of adjustment for social risk factors.
 - ▣ *Specifically, commenters questioned the developer's decision to test the impact of social risk factors after the clinical factors had been added to the model.*
- Concerns about the usability of this measure related to the narrow range of performance across facilities.
 - ▣ *Specifically, commenters questioned if this measure gave useful information for accountability purposes.*

Review and Discuss Comments

Comments and Expressions of Support

- 9 Comments received from 4 member organizations
- Expressions of support:
 - ▣ *3366: Two expressions of nonsupport*
 - ▣ *3470: One expression of nonsupport*
 - ▣ *No members supported any of the measures under review*

Comments: Themes

- Theme 1: Adjustment for Social Risk Factors
- Theme 2: Adequate Variation in Performance for Accountability Applications
- Action items:
 - ▣ *Review and discuss the comments and the developers' responses*
 - ▣ *Review and approve or revise the Committee response*

Comments: Measure-Specific Comments

Action items:

- Review and discuss the comments and the developers' responses
- Review and approve or revise the Committee response
- Does the Committee wish to reconsider their recommendations on 3470 or 3456?

Theme 1 – Adjustment for Social Risk Factors

- Concerns about the adequacy of the testing of the impact of social risk factors
 - ▣ *Social risk factors were tested after adjustments were made for clinical risk factors.*
 - ▣ *Continue to test new social risk variables.*
- Support for the Standing Committee's discussion on adjustment of social risk factors
 - ▣ *Best approach (adjustment versus stratification) as it applies to different measures intended for different purposes*
 - ▣ *Concerns that developers may hold social risk factors to a higher standard for inclusion in risk models*
 - ▣ *How to minimize the unintended consequences of measurement for patients*

Theme 1 - Committee Response

- The Committee has reviewed your comment and appreciates your input. The Committee agrees that the relationship between social risk factors and patient outcomes is an important area of emerging research. It is critical that developers examine the conceptual relationship between social risk factors and the empirical relationship together.
- However, the Committee recognizes the challenge developers face in obtaining precise social risk data, which 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 decide about whether to include social risk factors based on whether the factors were related to a provider's quality versus a person's intrinsic risk. However, the Committee also recognizes the need to maximize the predictive value of a risk-adjustment model and ensure that providers 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 social risk factors to understand their independent contribution to explaining variation in patient outcomes.

Theme 1: Action Item

- Does the Committee agree with the proposed response?

Theme 2 – Adequate Variation in Performance for Accountability Applications

- Relatively limited amount of variation across applicable ambulatory surgical centers (ASCs) found during testing of 3366 and 3470
- Concerns about whether these measures provide useful information for accountability and informing patients of the quality of care provided.

Theme 2: Committee Response

The Committee has reviewed your comment and appreciates your input. The Committee agrees that these measures demonstrate relatively limited variation across ambulatory surgery centers. However, the Committee believe that the measures provide important information on outliers despite a narrow distribution and the odds ratios provided may indicate overall less than optimal performance on this measure.

Theme 2: Action Item

- Does the Committee agree with the proposed response?

3470 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

- Commenters raised concerns about the validity and usability of this measure.
- Under the validity sub criterion commenters questioned the lack of adjustment for social risk factors.
 - ▣ *Specifically, commenters questioned the developer's decision to test the impact of social risk factors after the clinical factors had been added to the model.*
- Concerns about the usability of this measure related to the narrow range of performance across facilities.

3470 Proposed Response

- The Committee has reviewed your comment and appreciates your input. The Committee agrees that the relationship between social risk factors and patient outcomes is an important area of emerging research. It is critical that developers examine the conceptual relationship between social risk factors and the empirical relationship together. However, the Committee recognizes the challenge developers face in obtaining precise social risk data, which can lead to a discrepancy between the conceptual basis for including social risk factors and the empirical analyses demonstrating their impact. However, the Committee also recognizes the need to maximize the predictive value of a risk-adjustment model and ensure that providers 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. It is critical that developers examine the conceptual relationship between social risk factors and the empirical relationship together in an effort to better understand unmeasured patient risk.
- The Committee agrees that this measure demonstrates relatively limited variation across ambulatory surgery centers. However, the Committee believes that this measure provides important information on outliers despite a narrow distribution and potentially overall less than optimal performance. Specifically, the Committee notes that the measure developer reported a measure performance range of 1.6 percent to 4.4 percent and a median measure performance of 2.5 percent. Moreover, developers noted a median odds ratio of 1.22 that would suggest that the odds of an unplanned hospital visit are 22 percent higher at a higher-risk ASC versus a lower-risk ASC.

3470 Action Item

- Does the Committee agree with the proposed response?

3456 Admission to an Institution from the Community

- The measure developer provided several clarifications about the measure and the Standing Committee's deliberations on it.
- Intention of the measure is to reduce unnecessary admissions to nursing homes and other facilities by delivering appropriate long-term services and supports in the community.
 - ▣ *Concept is important to patients and families and that MLTSS plans can reduce unnecessary admissions by increasing the use and quality of home and community-based services*
 - ▣ *Rate of zero on this measure is not desirable or possible but that the measure's intent is to gauge the strength and performance of health plans' ability to provide timely access to high-quality HCBS, not discourage the use of all institutional care.*
- Measure is designed to compare performance of MLTSS plans within states, not across them.
 - ▣ *Specified at the health plan level of analysis and would allow each state to compare the performance of the MLTSS plans with which they are contracting. In addition, the measure will give beneficiaries the chance to compare plan performance when choosing plans in which to enroll.*

3456 Admission to an Institution from the Community

- Developer provided clarifications on the measure's risk-adjustment strategy.
 - *Age stratification approach was based on the recommendations of their risk-adjustment workgroup and other experts*
 - *They believe this is the best option for this measure in that it provides an easily understandable method for reporting plan performance across relevant age groups.*
- Finally, the developer provided a response to the Committee's concerns about lowering quality and access.
 - *In most states Medicaid beneficiaries enrolled in managed care plans, including MLTSS plans, are required to enroll in such plans to receive services. Mandatory enrollment does not eliminate the potential for plans to avoid high-risk enrollees (that is, to cherry-pick), but it greatly reduces their ability to engage in such behavior.*
 - *This measure could help identify areas where HCBS services are in short supply and MLTSS plans can use several proven strategies to improve access to HCBS.*
 - *Lowering rates of institutionalization should not be assumed to lower quality of outcomes as the evidence does show that institutionalization has uniformly better effects than HCBS. This measure would allow for within-state plan comparisons that could help states identify best practices in balancing access to HCBS with access to institutions.*

#3456 Action Item

- Does the Committee wish to reconsider its recommendation for 3456?

Request for Reconsideration

Request for Reconsideration

- Developers are able to request a reconsideration of any measure the Standing Committee did not recommend for endorsement during the in-person meeting.
- There are two reasons that may justify a request to reconsider a measure that is not recommended for endorsement:
 - ▣ *NQF's measure evaluation criteria were not applied appropriately*
 - ▣ *NQF's consensus development process (CDP) was not followed*
- The measure steward and developer team for measures 3443 and 3445 have requested that the Committee reconsider their decision not to recommend these measures.
 - ▣ *Request based on concern the validity criterion was not applied appropriately*
 - ▣ *Responded to the Committee's concern about difference in Medicaid populations across states, whether the measure was tested with a representative data sample, and concerns about the data quality.*

Reconsideration Process

- Staff will explain the developer's rationale for reconsideration
- Measure developer will be given a chance to comment
- Lead discussants will share their reactions
- Co-chairs will open up full Committee discussion
- After discussion, the Committee will complete a formal vote on whether they would like to reconsider the measure.
 - ▣ *If greater than 60% of the Committee votes yes, the Committee will continue their review of the measure starting with the criterion the measure did not pass.*
 - ▣ *If greater than 60% of the Committee does not vote yes, the Committee will not reconsider the measure. There is no grey zone for reconsiderations.*

Developer Rationale for Reconsideration

- Clarifications regarding the differences in Medicaid populations across states.
 - ▣ *Variations are due to the design of Medicaid of federal-state partnership*
 - ▣ *Committee's emphasis on state variation in Medicaid program created an unrealistic standard for validity.*
- Measure was tested using a robust data sample for assessing measure performance.
 - ▣ *States providing data varied in location, geography, size, and delivery system while still providing high quality data.*
 - ▣ *Goal of testing is to select a diverse group of states that have high-quality data and whose populations capture, for the key variables in question, the majority of the variation that also occurs within other states.*
 - ▣ *Specifications were designed to maximize the likelihood that states could define the denominator population consistently.*
- Committee's concerns about data quality.
 - ▣ *Evaluated the quality of relevant data in all the states and selected those states whose data met quality standards.*
 - ▣ *States chosen for testing had indicators that aligned with national inpatient and emergency utilization benchmarks and did not have data anomalies that would raise analytic problems*
 - ▣ *NQF has endorsed measures in the past that were tested with Medicaid data from the same data source.*

3443 Request for Reconsideration

- **Lead Discussants:** Katherine Auger, Paul Heidenreich, Helen Chen
- **Action Item:** Based on the information provided by the developer, would the Committee like to reconsider this measure?

Voting: If the Committee wishes to Reconsider

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- Validity
- Feasibility
- Usability
- Use
- Recommendation for Endorsement

If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.

Vote on the measure as specified.

3445 Request for Reconsideration

- **Lead Discussants:** Katherine Auger, Paul Heidenreich, Helen Chen
- **Action Item:** Based on the information provided by the developer, would the Committee like to reconsider this measure?

Voting: If the Committee wishes to Reconsider

Votes will be taken after the discussion of each criterion via Poll Everywhere

- Validity
- Feasibility
- Usability
- Use
- Recommendation for Endorsement

If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.

Vote on the measure as specified.

NQF Member and Public Comment

Next Steps

Upcoming Dates

- CSAC Review of Fall 2018 Measures: June 5-6, 2019
- Measure Evaluation Web Meetings for Spring 2019 Measures:
 - ▣ June 20, 12-2 pm ET
 - ▣ June 21, 12-2 pm ET
 - ▣ June 27, 2-4 pm ET

Project Contact Info

- Email: readmissions@qualityforum.org
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- Project page:
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http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx

Thank You