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All-Cause Admissions & Readmissions, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Matthew Pickering, PharmD, Senior Director

Poonam Bal, MSHA, Director

Oroma Igwe, MPH, Project Manager

Funmilayo Idaomi, Project Analyst

Taroon Amin, PhD, MPH, Consultant

June 22, 2020

Welcome

Welcome

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Project Team All-Cause Admissions and Readmissions Committee



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Senior
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Taroon Amin, PhD,
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Agenda

- Introductions and Disclosures of Interest
- Measures Under Review & Overview of Evaluation Process
- Profile Interunit Reliability Discussion
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest



All-Cause Admissions & Readmissions Standing Committee

- John Bulger, DO, MBA (co-chair)
- Cristie Travis, MSHA (co-chair)
- Frank Briggs, PharmD, MPH
- Mae Centeno, DNP, RN, CCRN, CCNS, ACNS-BC
- Helen Chen, MD
- Edward Davidson, PhD, MPH, FASCP
- Richard James Dom Dera, MD, FAAFP
- Paula Minton Foltz, RN, MSN
- Brian Foy, MHA
- Lisa Freeman
- Faith Green, MSN, RN, CPHQ, CPC-A
- Leslie Kelly Hall
- Michelle Lin, MD, MPH, MS
- Kenneth McConnochie, MD, MPH
- Dheeraj Mahajan, MD, CIC, CMD
- Zeyno Nixon, PhD, MPH
- Amy O'Linn, DO, FHM, FACP
- Gaither Pennington, RN, BSN
- Carole Pulaski, MSA, BSN, CPHQ
- Pamela Roberts, PhD, MSHA, ORT/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
- Sheila Roman, MD, MPH
- Teri Sholder, RN, BSN, MHA, CPHQ, CPC
- Chloe Slocum, MD, MPH
- Anthony White

Measures Under Review



Spring 2020 Cycle Measures

■ (3) Maintenance Measures for Committee Review

- **1463** NQF 1463: Standardized Hospitalization Ratio for Dialysis Facilities (SHR) – (UM Kidney Epidemiology and Cost Center/CMS)
- **2496** Standardized Readmission Ratio (SRR) for Dialysis Facilities – (UM Kidney Epidemiology and Cost Center/CMS)
- **2539** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy – (Yale CORE/CMS)

■ (2) New Measures for Committee Review

- **3565** Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities – (UM Kidney Epidemiology and Cost Center/CMS)
- **3566** Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities – (UM Kidney Epidemiology and Cost Center/CMS)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ NQF 1463: Standardized Hospitalization Ratio for Dialysis Facilities
 - ▣ NQF 2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities
 - ▣ NQF 3565: Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities
 - ▣ NQF 3566: Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities
 - ▣ NQF 2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy



NQF Scientific Methods Panel Review (continued)

- 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.



NQF Scientific Methods Panel Review (continued)

- 1 of 5 measures did not pass the SMP Review
 - ▣ 2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities, did not pass validity.
- Scientific Acceptability is a must-pass criteria. The Panel had concerns regarding the adequacy of the correlations presented for 2496 score validity testing.
- This measure is eligible for consideration by the Admissions & Readmissions Standing Committee for the Spring 2020 cycle and has been pulled for discussion and re-vote.



Renal Technical Expert Panel (TEP)

- NQF convened a Renal Technical Expert Panel (TEP) to provide input on the clinical aspects of the four renal-focused readmissions measures (i.e., measures specifications, inclusion and exclusion criteria, risk adjustment), as there were concerns that the clinical aspect of the measure required additional input.
- The input from the Renal TEP will be provided to the Committee for consideration as part of the measure evaluation process.
- Measures 1463, 2496, 3565 & 3566

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of All-Cause Admissions & Readmissions measures



Ground Rules for Today's Meeting

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 (e.g., 16 of 23 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
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting



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 the missed measures.

Questions?

Voting Test



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All-Cause Admissions and Readmissions

Reliability Testing Overview

Matthew Pickering, PharmD

Jack Kalbfleisch, PhD

**Kidney Epidemiology and Cost Center
University of Michigan**

June 22, 2020

Measures Under Evaluation

Measures submitted in this cycle included the use of Inter-Unit Reliability (IUR) methods and Profile Inter-Unit Reliability (PIUR) methods. A summary of the results are as follows:

Measure	IUR result	PIUR result
NQF 1463: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)	0.53	0.75
NQF 2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities	0.35	0.61
NQF 3565: Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities	0.62	0.89
NQF 3566: Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities	0.45	0.57



Inter-unit Reliability (IUR)

- The IUR can be interpreted as the proportion of the total variation in measure scores that can be attributed to between provider variation
 - ▣ The variation can be attributed to unmeasured confounding factors to quality of care
 - ▣ The variation can be a reflection of the quality of care, and thus a measure a reliability (Adams, 2009)



Profile IUR (PIUR)

- Supplementary measure to IUR and more sensitive to extreme or outlying values.
- Assess a measure by its probability of identifying the same providers as extreme when data are replicated.
- The PIUR depends on
 - ▣ the method of flagging being used (e.g. empirical null, random effects, fixed effects)
 - ▣ the p-value chosen for flagging (e.g. 5%, 10%)
- Emphasizes the tail of the distribution; whereas IUR places more emphasis on the center.
- If the PIUR is relatively large and the IUR smaller, the measure may be most useful for identifying providers with more extreme outcomes.



Discussion

- PIUR can be a useful addition to characterizations of reliability.
- Indicates usefulness of the measure for identifying providers that are better or worse than expected.
- Measures with medium to large PIUR still provide a ranking of all facilities, but most attention should be paid to the tails.
- With any quality measure, ranking providers in the center of the measure distribution is almost always difficult due to unmeasured confounders.

Questions?

Break

Consideration of Candidate Measures



1463: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)

- **Measure Developer/Steward:** UM Kidney Epidemiology and Cost Center/CMS
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The SHR is defined to be the ratio of the number of hospital admissions that occur for Medicare end-stage renal disease (ESRD) dialysis patients treated at a particular facility to the number of hospitalizations that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities.
 - ▣ This measure is calculated as a ratio but can also be expressed as a rate.
 - ▣ This measure was reviewed by a Renal Technical Expert Panel.



2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities

- **Measure Developer/Steward:** UM Kidney Epidemiology and Cost Center/CMS
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The SRR for a dialysis facility is the ratio of the number of observed index discharges from acute care hospitals to that facility that resulted in an unplanned readmission to an acute care hospital within 4-30 days of discharge to the expected number of readmissions given the discharging hospitals and the characteristics of the patients and based on a national norm.
 - ▣ The measure is based on Medicare-covered dialysis patients.
 - ▣ This measure was reviewed by a Renal Technical Expert Panel.



3565: Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities

- **Measure Developer/Steward:** UM Kidney Epidemiology and Cost Center/CMS
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The SEDR is defined to be the ratio of the observed number of emergency department (ED) encounters that occur for adult Medicare ESRD dialysis patients treated at a particular facility to the number of encounters that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities.
 - ▣ An “emergency department encounter” refers to an outpatient encounter that does not end in a hospital admission.
 - ▣ This measure is calculated as a ratio but can also be expressed as a rate.
 - ▣ This measure was reviewed by a Renal Technical Expert Panel.



3566: Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities

- **Measure Developer/Steward:** UM Kidney Epidemiology & Cost Center/CMS
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The ED30 is defined to be the ratio of observed over expected events within 4-30 days after discharge for eligible adult Medicare dialysis patients treated at a particular dialysis facility.
 - ▣ Acute care hospital includes critical access hospitals and “emergency department encounter” refers to an outpatient encounter that does not end in a hospital admission.
 - ▣ This measure is calculated as a ratio but can also be expressed as a rate.
 - ▣ This measure was reviewed by a Renal Technical Expert Panel.

Lunch

Consideration of Candidate Measures



2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

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

- ▣ Maintenance measure

- **Brief Description of Measure:**

- ▣ Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a colonoscopy procedure performed at a hospital outpatient department (HOPD) or ambulatory surgical center (ASC) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
- ▣ The measure is calculated separately for ASCs and HOPDs.

NQF Member and Public Comment

Next Steps



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Activities and Timeline –Spring 2020 Cycle

***All times ET**

Meeting	Date, Time*
Committee Post-Measure Evaluation Web Meeting (if needed)	July 2, 2020, 11:00 – 1:00pm
Draft Report Comment Period	July 28 –September 1, 2020
Committee Post-Comment Web Meeting	September 24, 2020, 1:00 – 3:00pm
CSAC Review	November 17-18, 2020, 9am-5pm & 9am-1pm
Appeals Period (30 days)	November 23 – December 22, 2020



Fall 2020 Cycle Updates

- Intent to submit deadline is August 3, 2020
- Measure Submission is November 9, 2020



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/Projects/admissions_readmissions/SitePages/Home.aspx

Questions?

THANK YOU.

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