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QUALITY FORUM**

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

## Measure Evaluation Standing Committee Meeting

LeeAnn White, Director  
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Matilda Epstein, Associate

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# Welcome

## Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities.
- Please mute your computer when not speaking.
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- We encourage you to keep the video on throughout the event
- 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 Standing Committee roll call once the meeting begins.

If you are experiencing technical issues, please contact the NQF project team at [readmissions@qualityforum.org](mailto:readmissions@qualityforum.org)

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



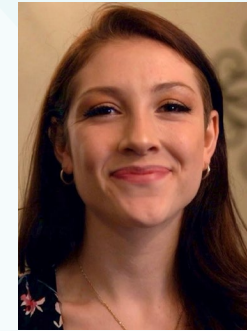
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**Victoria Quinones  
AA, PMP  
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**Taroon Amin,  
PhD  
Consultant**

## 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 Spring 2022 Cycle Standing Committee

- Chloe Slocum, MD, MPH Co-Chair)
- Amy O'Linn, DO, FHM, FACP (Co-Chair)
- John Bulger, DO, MBA
- Edward Davidson, PharmD, MPH, FASCP
- 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
- Janis Orłowski, 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, MSHHA
- 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 ACR 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 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 (**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 committee members (14 of 20 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.
- 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.

***\*The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***

## 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 its absence.



# Evaluation Process Questions?

# Voting Test

# Measures Under Review

## Spring 2022 Cycle Measures

- **Two Maintenance Measures for Standing Committee Review**
  - ▣ **#2827** PointRight® Pro Long Stay™ Hospitalization Measure (American Health Care Association/PointRight Inc.)
  - ▣ **#2375** PointRight® Pro 30™ (American Health Care Association/PointRight Inc.)

## NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.

# NQF Scientific Methods Panel Review

- No measures were reviewed by the SMP.

# Consideration of Candidate Measures

## #2827 PointRight® Pro Long Stay™ Hospitalization Measure

- **Measure Steward:** American Health Care Association/PointRight Inc.
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ The PointRight® Pro Long Stay™ Hospitalization Measure is a minimum data set (MDS) based, risk-adjusted measure of the rate of hospitalization of long-stay patients (also known as “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter.



## #2375 PointRight® Pro 30™

- **Measure Steward:** American Health Care Association/PointRight Inc.
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ PointRight® Pro 30™ is an all-cause, risk adjusted rehospitalization measure. It provides the rate at which a patient (regardless of payer status or diagnosis) who enters a skilled nursing facility (SNF) from an acute hospital and is subsequently re-hospitalized during their SNF stay, within 30 days from their admission to the SNF.

# 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.

Target Population	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 harmonization nor competing measure issue.

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after 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.

## Competing Measures

- #2375 PointRight® Pro 30™
- #2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)

## Competing Measure (continued)

Category	#2510 Skilled Nursing Facility 30- Day All Cause Readmissions Measures (SNFRM)
Steward/Developer	Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation- Center for Outcomes Research and Evaluation (CORE)
Description	<p>The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for Skilled Nursing Facility (SNF) Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, psychiatric, or cancer hospital. The measure is risk-adjusted for patient demographics, principal diagnosis from the prior hospitalization, comorbidities, and other health status variables that affect the probability of a hospital readmission. The SNFRM includes Medicare FFS beneficiaries who were admitted to a SNF within 1 day of discharge from a hospital. The measure is calculated annually using a 12-month period.</p>

## Competing Measure (continued-2)

Category	#2510 Skilled Nursing Facility 30- Day All Cause Readmissions Measures (SNFRM)
Numerator	The outcome for this measure is 30-day unplanned all-cause hospital readmissions of SNF patients.
Denominator	The measure includes admissions for SNF Medicare fee for service (FFS) beneficiaries who have been admitted to a SNF within 1 day of discharge from a prior proximal hospitalization.
Target Population	Elderly (Age > 65)
Care Setting	Post-Acute Care, Other
Level of Analysis	Facility

## # 2375 Competing Measure Discussion

- Do you agree that the measures have both the same measure focus and target population?
- Should both measures be endorsed? Are two or more measures justified?
- Is one measure superior to the other (e.g., a more valid or efficient way to measure quality)?



## Related Measures

- #2827 PointRight® Pro Long Stay™ Hospitalization Measure
- #2375 PointRight® Pro 30™
- #2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)

## Related Measures-1

Category	#2375 PointRight® Pro 30™
Steward/Developer	American Health Care Association/PointRight Inc.
Description	PointRight® Pro 30™ is an all-cause, risk adjusted rehospitalization measure. It provides the rate at which a patient (regardless of payer status or diagnosis) who enters a skilled nursing facility (SNF) from an acute hospital and is subsequently re-hospitalized during their SNF stay, within 30 days from their admission to the SNF.
Numerator	The numerator is the number of patients sent back to any acute care hospital (excluding emergency room only visits) during their SNF stay within 30 days from a SNF admission, as indicated on the MDS 3.0 discharge assessment during a 12-month measurement period.
Denominator	The denominator is the number of all admissions, regardless of payer status and diagnosis, with an MDS 3.0 admission assessment to a SNF from an acute hospital during the 12-month measurement period.
Target Population	Elderly (Age >65)
Care Setting	Post-Acute Care
Level of Analysis	Facility

## Related Measure-2

<b>Category</b>	<b>#2827 PointRight® Pro Long Stay™ Hospitalization Measure</b>
Steward/Developer	American Health Care Association/PointRight Inc.
Description	The PointRight Pro Long Stay Hospitalization Measure is an MDS-based, risk-adjusted measure of the rate of hospitalization of long-stay patients (also known as “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter.
Numerator	The sum over four quarters of the counts of hospitalizations of the quarterly denominator populations, where hospitalizations comprise discharges directly from the SNF to an acute care hospital.
Denominator	Patients present in the SNF on the first day of the quarter (the “snapshot date”) who meet the criterion for long stay on that date.
Target Population	Elderly (Age>65)
Care Setting	Post-Acute Care
Level of Analysis	Facility

## Related Measures-3

<b>Category</b>	<b>#2510 Skilled Nursing Facility 30- Day All Cause Readmissions Measures (SNFRM)</b>
Steward/Developer	Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation- Center for Outcomes Research and Evaluation (CORE)
Description	<p>The SNFRM estimates the risk-standardized rate of all-cause, unplanned hospital readmissions for Skilled Nursing Facility (SNF) Medicare fee-for-service (FFS) beneficiaries within 30 days of discharge from a prior proximal acute hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, psychiatric, or cancer hospital. The measure is risk-adjusted for patient demographics, principal diagnosis from the prior hospitalization, comorbidities, and other health status variables that affect the probability of a hospital readmission. The SNFRM includes Medicare FFS beneficiaries who were admitted to a SNF within 1 day of discharge from a hospital. The measure is calculated annually using a 12-month period.</p>

## Related Measures-4

Category	#2510 Skilled Nursing Facility 30- Day All Cause Readmissions Measures (SNFRM)
Numerator	The outcome for this measure is 30-day unplanned all-cause hospital readmissions of SNF patients.
Denominator	The measure includes admissions for SNF Medicare fee for service (FFS) beneficiaries who have been admitted to a SNF within 1 day of discharge from a prior proximal hospitalization.
Target Population	Elderly (Age > 65)
Care Setting	Post-Acute Care, Other
Level of Analysis	Facility

## 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 table, 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 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 – Spring 2022 Cycle

**\*All times ET**

Meeting	Date, Time
Measure Evaluation Follow-up Web Meeting	June 29, 2022 1 pm- 4pm
Draft Report Comment Period	August 3, 2022 - September 1, 2022
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

## Project Contact Info

- Email: [readmissions@qualityforum.org](mailto:readmissions@qualityforum.org)
- NQF phone: 202-783-1300
- Project  
page: [https://www.qualityforum.org/All\\_Cause\\_Admissions\\_and\\_Readmissions.aspx](https://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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