



NATIONAL
QUALITY FORUM

All-Cause Admissions and Readmissions Spring 2018 Measure Review Cycle

***Standing Committee Meeting
June 26, 2018***

Erin O'Rourke
Taroon Amin
Kate McQueston
Miranda Kuwahara

NQF Staff

- Project staff
 - Erin O'Rourke, Senior Director
 - Kate McQueston, Senior Project Manager
 - Miranda Kuwahara, Project Manager
 - Taroon Amin, Consultant
- NQF Quality Measurement leadership staff
 - Elisa Munthali, Senior Vice President

Introductions and Disclosures of Interest

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

Measures Under Review

Measure Number	Measure Title
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

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 portfolio of 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
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Measure Discussion and Voting

- Brief introduction by developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
 - *Providing a brief summary of the pre-meeting evaluation comments and/or Workgroup discussion*
 - *Emphasizing areas of concern or differences of opinion*
 - *Noting, if needed, the preliminary rating by NQF*
 - » 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
- Full Committee will discuss

Overview on Voting

- Voting is by criterion in the order presented on the Measure Worksheet
 - *Evidence (must pass)*
 - *Performance Gap (must pass)*
 - ***Reliability (must pass)***
 - ***Validity (must pass)***
 - *Usability and Use (must pass for maintenance measures)*
 - *Feasibility*
 - ***Overall Suitability for Endorsement***
- 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; we move to the next measure.

Voting During Today's Meeting

- An email was sent to you from CommPartners with an individual link.
- During the measure discussions, we will be voting on the criteria reviewed on the previous slide.
- You will be able to make a selection directly within the slide presentation. Votes will be displayed in real time.
- If you have difficulty voting at any time during the presentation, please alert staff verbally or through the chat box.

Achieving Consensus

- **Quorum: 66% of the Committee**
 - *To be recommended, measures must have greater than 60% of the Committee vote Yes (high + moderate)*
- **40%-60%: Consensus Not Reached (CNR) status**
 - *CNR measures move forward to comment and the Committee will revote*
- **Less than 40%: Not Recommended**

Questions?

Consideration of Candidate Measures

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

- **Measure Steward:**

- Centers for Medicare & Medicaid Services

- **Measure Developer:**

- Yale CORE
 - Developer Representatives:
 - » Karen Dorsey, Leora Horwitz, Chohreh Partovian, Zhenqiu Lin, Jeph Herrin, Jacqueline Grady, Mitchell Conover, Julia Montague, Chloe Dillaway, Kathleen Bartczak, Lisa Suter, Joseph Ross, Susannah Bernheim, Harlan Krumholz, Elizabeth Drye

- **Lead Discussants:**

- Sherrie Kaplan
 - Bruce Hall

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

■ Measure Description:

- For the hospital-wide readmission (HWR) measure that was previously endorsed and is used in the Hospital Inpatient Quality Reporting Program (IQR), the measure estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology; general medicine; cardiorespiratory; cardiovascular; and neurology, each of which will be described in greater detail below. The measure also indicates the hospital-level standardized risk ratios (SRR) for each of these five specialty cohorts. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). A specified set of planned readmissions do not count in the readmission outcome. CMS annually reports the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare, and hospitalized in non-federal hospitals.
- For the All-Cause Readmission (ACR) measure version used in the Shared Savings Program (SSP), the measure estimates an Accountable Care Organization (ACO) facility-level RSRR of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge. The ACR measure is calculated using the same five specialty cohorts and estimates an ACO-level standardized risk ratio for each. CMS annually reports the measure for patients who are 65 years or older, are enrolled in FFS Medicare and are ACO assigned beneficiaries.

Related and Competing Measures

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.

Related and Competing Measures

NQF #	1789	1768
Title	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Plan All-Cause Readmissions (PCR)
Steward	CMS	National Committee for Quality Assurance
Measure focus	The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). A specified set of planned readmissions do not count in the readmission outcome.	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator)2. Count of 30-Day Readmissions (numerator)3. Average Adjusted Probability of Readmission *An acute inpatient stay with a discharge during the first 11 months of the measurement year (e.g., on or between January 1 and December 1).
Patient population	Elderly	Elderly
Exclusions	The measure excludes index admissions for patients: 1. Admitted to Prospective Payment System (PPS)-exempt cancer hospitals; 2. Without at least 30 days post-discharge enrollment in FFS Medicare; 3. Discharged against medical advice (AMA); 4. Admitted for primary psychiatric diagnoses; 5. Admitted for rehabilitation; or 6. Admitted for medical treatment of cancer.	Exclusions are included in the definition of the denominator (see S.9). Exclusions include discharges for death, pregnancy, preinatal condition, or a discharge that is followed by a planned admission within 30 days.
Level of analysis	Facility, Integrated Delivery System	Health Plan, Integrated Delivery System
Setting	Inpatient/Hospital, Outpatient Services	Other
Data source	Claims	Instrument-Based Data

NQF Member and Public Comment

Next Steps

Next Steps/Upcoming Dates

Meeting	Date/Time
Measure Evaluation Post-Meeting Webinar	July 10, 2018
Continuous Comment with Member Support	Closes August 29, 2018
Post-Comment Web Meeting	September 24, 2018
CSAC In-Person Meeting	October 23-24, 2018
Appeals	November 11 - December 5, 2018
Publish Final Report – Project Close	January 25, 2018

Project Contact Info

- Email: readmissions@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:
<http://www.qualityforum.org/All-Cause Admissions and Readmissions 2017.aspx>
- SharePoint site:
http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx

Adjourn