



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

All-Cause Admissions and Readmissions Spring 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome



Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities
- <https://nqf.webex.com/nqf/j.php?MTID=mb2f6d68bcd26dd5a1a37aea6df194a22>
- Optional: Dial **1-844-621-3956** and enter passcode **173 314 8591**
- Please place yourself on mute when you are not speaking
- 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 Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at readmissions@qualityforum.org.

Project Team All-Cause Admissions and Readmissions Committee



**Matthew
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PharmD,
Senior Director**



**Oroma Igwe,
MPH,
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PMP,
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**Taroon Amin,
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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 2021 Cycle Standing Committee

- **John Bulger, DO, MBA** (co-chair)
- **Chloe Slocum, MD, MPH** (co-chair)
- Edward Davidson, PhD, MPH, FASCP
- Richard James Dom Dera, MD, FAAFP
- Victor A. Ferraris, MD, PhD
- Lisa Freeman
- Kellie Goodson, MS, CPXP
- Faith Green, MSN, RN, CPHQ, CPC-A
- Dinesh Kalra, MD (*inactive*)
- Michelle Lin, MD, MPH, MS
- Dheeraj Mahajan, MD, CIC, CMD
- Jack Needleman, PhD, FAAN
- Amy O'Linn, DO, FHM, FACP
- 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, MSHA
- 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 All-Cause Admissions and Readmissions measures



Meeting Ground Rules

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 (14 of 21 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.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the 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.
- 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 measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review

NQF Scientific Methods Panel

- 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.

Spring 2021 Cycle Measures

■ Three Maintenance Measures for Committee Review

- **2860** Thirty-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF) – (Yale Center for Outcomes Research Evaluation [CORE])
- **2880** Excess days in acute care (EDAC) after hospitalization for heart failure (HF) – (Yale CORE)
- **2882** Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (Yale CORE)

■ One New Measures for Committee Review

- **3612** Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System – (Yale CORE)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of all four measures:
 - ▣ 2860 Thirty-Day all-cause unplanned readmission following psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)
 - ▣ 2880 Excess Days in Acute care (EDAC) after Hospitalization for Heart Failure (HF)
 - ▣ 2882 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia
 - ▣ 3612 Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System
- The Panel passed these measures on both reliability and validity.

Consideration of Candidate Measures

2860 Thirty-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)

- **Measure Steward:** Yale CORE/Centers for Medicare and Medicaid Services (CMS)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ This facility-level measure estimates an all-cause, unplanned, 30-day, risk-standardized readmission rate for adult Medicare fee-for-service (FFS) patients with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease.
 - ▣ The performance period for the measure is 24 months.



2880 Excess days in Acute care (EDAC) after hospitalization for heart failure (HF)

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

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ The measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for HF to provide a patient-centered assessment of the post-discharge period.
- ▣ This measure is intended to capture the quality-of-care transitions provided to discharged patients who had a HF hospitalization by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. Each is measured in terms of days.
- ▣ The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older, are enrolled in Medicare Fee-For-Service (FFS) and are hospitalized in non-federal short-term acute care hospitals.

Lunch

2882 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia

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

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for pneumonia, including aspiration pneumonia or for sepsis (not severe sepsis) with a secondary discharge diagnosis of pneumonia coded in the claim as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.
 - ▣ This measure is intended to capture the quality-of-care transitions provided to discharge patients hospitalized for an eligible pneumonia condition by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. Each is measured in terms of days.
 - ▣ The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older, are enrolled in Medicare fee-for-service (FFS) and are hospitalized in non-federal short-term acute care hospitals.

3612 Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System

- **Measure Steward:** Yale CORE/CMS
 - ▣ New
- **Brief Description of Measure:**
 - ▣ Risk-standardized rate of acute, unplanned cardiovascular-related hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with heart failure (HF) or cardiomyopathy.

Break

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	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine 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.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



2860 Related Measures

- 1768: Plan All-Cause Readmissions (PCR) (National Committee for Quality Assurance)
- 1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
- 2502: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)
- 2504: 30-day Rehospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries
- 2510: Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)



2880 Related Measures

- 0229: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
- 0230: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization
- 0330: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization
- 0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.
- 0506: Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
- 1551: Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)



2880 Related Measures

- 1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
- 1891: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
- 2515: Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery
- 2881: Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)
- 2882: Excess days in acute care (EDAC) after hospitalization for pneumonia

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- 2881: Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)



3612 Related Measures

- 2886: Risk-Standardized Acute Admission Rates for Patients with Heart Failure

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the 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 developers and Committee members
- Post-comment call: The 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
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Spring 2021 Cycle

*All times ET

Meeting	Date, Time
Committee Post-Measure Evaluation Web Meeting (if needed)	TBD
Draft Report Comment Period	August 19 – September 17, 2021
Committee Post-Comment Web Meeting	October 15, 2021, 2 – 5 PM
CSAC Review	November 30 – December 1, 2021
Appeals Period (30 days)	December 7, 2021 – January 5, 2022



Project Contact Info

- Email: 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/SharePages/Home.aspx

Questions?

THANK YOU.

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