



# Readmissions Spring 2018 Measure Review Cycle

***Standing Committee Meeting Post-Comment Call  
September 24, 2018***

Erin O'Rourke  
Taroon Amin  
Miranda Kuwahara  
Suzanne Theberge

# NQF Staff

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

# Agenda for the Call

- Welcome
- Review and Discuss Comments
- 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

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

# Review and Discuss Comments

# Review and Discuss Comments

- Six Comments were received during the post-evaluation comment period:
  - ▣ *America's Essential Hospitals*
  - ▣ *Association of American Medical Colleges (AAMC)*
  - ▣ *Henry Ford Health System*
  - ▣ *Ms. Janice E. Tufte*
  - ▣ *American Academy of Family Physicians*
  - ▣ *American College of Surgeons (ACS)*

# Review and Discuss Comments

Organization /Member	Comment Summary
America's Essential Hospitals	<ul style="list-style-type: none"><li>• Suggests risk adjustment for social risk factors that reflect the challenges involved in caring for disadvantaged populations. Also suggests that access to transportation or pharmacies should be included in the risk-adjustment model before expanding its use.</li><li>• Notes concerns about the unintended consequences of expanding #1789 to assess ACO quality, including the potential for ACOs to avoid enrolling low-income or underserved beneficiaries as well as the potential penalties for ACOs caring for vulnerable patients.</li><li>• Notes that the Committee relies on evidence that focuses on studies limited to the inpatient setting.</li></ul>
Association of American Medical Colleges (AAMC)	<ul style="list-style-type: none"><li>• Notes concerns in regard to the lack of adjustment for social risk factors with hospital readmission measures and stressed the importance of endorsing measures that focus on patient outcomes within providers' locus of control.</li><li>• Agrees with the Committee that the measure requires continued monitoring for potential unintended consequences.</li></ul>



# Review and Discuss Comments

Organization/ Member	Comment Summary
Henry Ford Health System	<ul style="list-style-type: none"><li>• Support for NQF attention to risk adjustment.</li><li>• Notes that analytic methods exist to separate the effects of quality of care differences among hospitals (or ACOs) from effects of social and economic factors independent of quality, so concerns about "masking disparities" can be addressed.</li></ul>
Ms. Janice E. Tufte	<ul style="list-style-type: none"><li>• Concern regarding risk-adjustment modeling or lack thereof, especially when looking at SES and or social determinants of health.</li><li>• Notes this should be taken into account to avoid unfair burdens and/or lack of treatment.</li></ul>
American Academy of Family Physicians	<ul style="list-style-type: none"><li>• Does not support applying measures at levels for which they were not endorsed and encourages NQF to emphasize this point.</li><li>• Suggests that the reliability testing results are not sufficiently high enough to be used for payment purposes.</li><li>• Poses several inquiries about the measure's applicability to critical access hospitals.</li></ul>

# Review and Discuss Comments

Organization/ Member	Comment Summary
American College of Surgeons (ACS)	<ul style="list-style-type: none"><li>• Notes concerns about the measure's validity and reliability due to the lack of socioeconomic (SES) factors.</li><li>• Notes concerns that providers serving disadvantaged populations may be unfairly impacted by this measure.</li><li>• Encourages NQF to consider ACOs' potentially inequitable resource allocation based on patient mix.</li><li>• Suggests the measure would be strengthened if SES variables were included in the risk-adjustment model.</li><li>• Notes that #1789 does not account for diagnosis codes related to acute trauma and unrelated acute illnesses and highlights the potentially negative impact on provider attribution.</li></ul>

# Theme 1 - Adjustment for Social Risk Factors and Unintended Consequences

- **Proposed Committee Response:** The Committee has reviewed your comment and appreciates your input. The Committee agrees that research supports the association between social risk factors and patient outcomes but recognizes the challenge developers face in obtaining accurate 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 make a determination about whether or not to include SDS factors based on whether the factors were related to a provider's quality versus a person's intrinsic risk of readmission. However, the Committee also recognizes the need to maximize the predictive value of a risk-adjustment model and ensure that accountable care organizations 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 in an effort to better understand unmeasured patient risk.

- ***Action Item: Does the Committee agree with the proposed response?***

## Theme 2 – Use Inconsistent with Endorsement

- **Proposed Committee Response:** The Committee agrees that measures should only be used in a manner consistent with their endorsement. The Committee reiterates that this measure as previously endorsed for the facility level of analysis and this expansion only addresses ACOs. This measure is not endorsed for the clinician level of analysis. The Committee would encourage CMS to submit this measure for review at the clinician and clinician group level of analysis.
- ***Action Item: Does the Committee agree with the proposed response?***

# NQF Member and Public Comment

# Next Steps

# Upcoming Dates

Meeting	Date/Time
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](mailto: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](http://share.qualityforum.org/Projects/admissions_readmissions/SitePages/Home.aspx)



# Thank You