



**NATIONAL
QUALITY FORUM**

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

Post-Comment Standing Committee Meeting

Matthew Pickering, PharmD, Senior Director

Poonam Bal, MSHA, Director

Oroma Igwe, MPH, Project Manager

Funmilayo Idaomi, Project Analyst

Yemsrach Kidane, PMP, Project Manager

Taroon Amin, PhD, MPH, Consultant

September 24, 2020

Welcome

Welcome

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Project Team All-Cause Admissions and Readmissions Committee



Matthew Pickering,
PharmD, **Senior Director**



Oroma Igwe, MPH,
Project Manager



Funmilayo Idaomi,
Project Analyst



Yemsrach Kidane,
PMP, **Project Manager**



Poonam Bal,
MSHA, **Director**



Taroon Amin, PhD,
MPH **Consultant**



Agenda

- Attendance
- Review and Discuss Public Comments
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

All-Cause Admissions & Readmissions Spring 2020 Cycle 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
- 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

Reconsideration Request



Reconsideration Request Process

- A reconsideration request was received for NQF #2496 - Standardized Readmission Ratio (SRR) for Dialysis Facilities
 - ▣ The Committee did not pass the measure on validity. The Committee agreed to uphold the Scientific Methods Panel rating of not passing the measure on validity.
- **Action:** The Committee will vote on whether they would like to reconsider the measure based on comments received and the request received by the developer.
 - ▣ If greater than 60% of the Committee votes “yes”, the Committee will continue their review of the measure starting with the criterion the measure did not pass.
 - ▣ If greater than 60% of the Committee does not vote yes, the Committee will not reconsider the measure. There is no grey zone for reconsiderations.



Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the Committee post-comment web meeting

Voting Test

Review and Discuss Public Comments

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.
- **Summary of Comments Received: One Comment**
 - ▣ Concern with reliability scores for certain facilities and use of the profile inter-until reliability (PIUR)
 - ▣ Medicare Advantage patient variation and use of in-patient comorbidities
 - ▣ Validity testing; risk adjustment c-statistic
 - ▣ Harmonization of SHR and SRR



2496: Standardized Readmission Ratio (SRR) for Dialysis Facilities

- **Measure Developer/Steward:** UM Kidney Epidemiology and Cost Center/CMS
 - ▣ Maintenance measure
- **Summary of Reconsideration Request:**
 - ▣ The developer is requesting reconsideration of the Standardized Readmission Ratio (SRR) on the basis that the measure evaluation criteria were not applied appropriately.
 - ▣ The developer stated that the Admissions/Readmissions Committee voted 18-0 in favor of upholding the Scientific Methods Panel (SMP) recommendation not to pass the measure on validity because of inadequate demonstration of measure score validity based on correlations with other outcome measures.
 - ▣ The developer contends that the results from validity testing are sufficient for achieving a moderate score on validity.



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.
- **Summary of Comments Received:** Two comments
 - ▣ Concern with reliability scores for certain facilities and use of the profile inter-until reliability (PIUR)
 - ▣ Medicare Advantage patient variation and use of in-patient comorbidities
 - ▣ Validity testing; multicollinearity; risk adjustment c-statistic
 - ▣ Harmonization of SHR and SRR

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.
- **Summary of Comments Received:** Three comments
 - ▣ Approach to risk adjustment approach
 - ▣ Change in national performance across categories with social risk adjustment

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.
- **Summary of Comments Received:** One comment
 - ▣ Concerns with reliability and appropriateness of PIUR
 - ▣ Exclusion of Medicare Advantage patients; Risk Adjustment
 - ▣ Meaningful Differences in Performance

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.
- **Summary of Comments Received:** One comment
 - ▣ Concerns with reliability and appropriateness of PIUR
 - ▣ Exclusion of Medicare Advantage patients; Risk Adjustment
 - ▣ Meaningful Differences in Performance

Reconsideration Vote



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.

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 (Table 8).

	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.

NQF Member and Public Comment

Next Steps



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All Cause Admissions and Readmissions Committee Members: Terms Ending

*Thank you for your expertise and contribution to
the work of quality measurement*

- Frank Briggs, PharmD, MPH
- Mae Centeno, DNP, RN, CCRN, CCNS, ACNS-BC
- Helen Chen, MD
- Paula Minton Foltz, RN, MSN
- Brian Foy, MHA
- Leslie Kelly Hall
- Pamela Roberts, PhD, MSHA, ORT/L, SCFES, FAOTA, CPHQ, FNAP, FACRM



Activities and Timeline – Spring 2020 Cycle

***All times ET**

Meeting	Date, Time
CSAC Review	November 17 – 18, 2020 <ul style="list-style-type: none">• Nov 17: 9:00 AM – 5:00 PM• Nov 18: 12:00 PM
Appeals Period (30 days)	November 23 – December 22, 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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