

All-Cause Admissions and Readmissions, Spring 2021 Measure Review Cycle

Post-Comment Standing Committee Meeting

October 15, 2021

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Welcome



Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities:
 - Meeting link:

https://nqf.webex.com/nqf/j.php?MTID=mda7d6af24dd1b791784faaf9e60eb940

- Meeting number: 2340 190 4928
- Password: QMEvents
 - » Optional: Dial 1-844-621-3956 and enter passcode 234 019 04928
 - » 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 Standing 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

- Matthew Pickering, PharmD, Sr. Director
- LeeAnn White, MS, BSN, Director
- Monika Harvey, MBA, PMP, Project Manager
- Karri Albanese, BA, Analyst
- Tristan Wind, BS, ACHE-SA, Coordinator
- Taroon Amin, PhD, Consultant, Quality Measurement



Agenda

- Attendance
- Review and Discuss Comments Received on Draft Report
- NQF Member and Public Comment
- Activities and Timelines
- Adjourn

Attendance



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 Orlowski, 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



Spring 2021 Cycle Measures

- Four measures were evaluated this cycle and all four were recommended for endorsement
 - Measures Recommended for Endorsement
 - » 2860 30 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

Review and Discuss Comments Received on Draft Report



NQF #2880 Excess days in acute care (EDAC) after hospitalization for heart failure (HF)

- Measure Steward: Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
 - Maintenance Measure

Brief Description of Measure:

- The measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for heart failure 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 an 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. In order to aggregate all three events, the developer measured each in terms of days.
- 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 shortterm acute care hospitals.



NQF #2880 Excess days in acute care (EDAC) after hospitalization for heart failure (HF)

- Summary of Comments Received: [1 comment]
 - The Heart Failure Society of America (HFSA) raised concern about this measure in regards to heart failure patients being discharged too early from acute care, when their blood pressure is still unstable or their fluid overload is far from resolved.
 - In addition, HFSA states that this would add additional financial burden to hospitals due to the length of stay from patients.

Proposed Committee Response:

Thank you for your comment. The Standing Committee considered the unintended consequences of the measure and acknowledges the need to assess the potential for unintended consequences. The Standing Committee considered this in its vote to recommend the measure for endorsement. The Standing Committee further recommends that the developer and CMS continue to monitor the measure for unintended consequences as results of its use.



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

- Measure Steward/Developer: Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
 - New Measure

Brief Description of Measure:

This measure estimates the risk-standardized rate of acute, unplanned cardiovascular-related hospital admissions among Medicare Fee-for-Service (FFS) patients ages 65 years and older with heart failure (HF) or cardiomyopathy.



NQF #3612 Risk-Standardized Acute **Cardiovascular-Related Hospital Admission Rates** for Patients with Heart Failure under the Meritbased Incentive Payment System

Summary of Comments Received: [1 comment]

- HFSA raised concerns in regard to the appropriateness of assigning hospitalization rates per capita to a single clinician (or clinician groups), particularly when the current healthcare system is increasingly teambased.
- HFSA also recognizes that this measure does not seem to account for the competing risk of death.
- Lastly, HFSA posits that the risk adjustment methodology associated with this measure is inadequate in that it relies exclusively on claims data and on generally rigid variables that do not fully account for severity of illness, medical complexity, and social determinants of health, all of which are critical drivers of heart failure admissions. HFSA also raised concern that this measure does not adjust for social determinants and other risk factors.



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

Proposed Committee Response:

Thank you for your comment. The Standing Committee and NQF Scientific Methods Panel (SMP) considered the attribution and the risk adjustment model for the measure. Both the SMP and Standing Committee reviewed this information during the measure evaluation proceedings. The SMP passed the measure on both reliability and validity, in which attribution and risk adjustment are considered. The Standing Committee upheld the SMP's rating for reliability and validity and voted to recommend this measure for endorsement. NQF criteria considers unintended consequences in the usability criterion. However, for new measures that are not in use, data on unintended consequences is often not available due to the measure not being used. Therefore, the Standing Committee acknowledges the need to assess the potential for unintended consequences and considered this in its vote to recommend the measure for endorsement. The Standing Committee further recommends that the developer and CMS continue to monitor the measure for unintended consequences as results of its use.

NQF Member and Public Comment

Activities and Timelines



Activities and Timeline – Spring 2021 Cycle *All times ET

Meeting	Date, Time*
CSAC Review	November 30 – December 1
Appeals Period (30 days)	December 7 – January 5



Project Contact Info

■ Email: <u>readmissions@qualityforum.org</u>

NQF phone: 202-783-1300

Project page:

» https://www.qualityforum.org/All Cause Admissions and Read missions.aspx

SharePoint site:

» https://prod.qualityforum.org/portfolio/admissions-readmission-s/SitePages/Home.aspx



Thank You for Your Participation!

- John Bulger, DO, MBA (co-chair)
- Cristie Travis, MSHA (former co-chair)

THANK YOU.

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