NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

All-Cause Admissions and Readmissions Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the All-Cause Admissions and Readmissions Standing Committee for a web meeting on June 22, 2020 to evaluate five measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Apryl Clark, NQF acting vice president of Quality Measurement, conducted a roll call, during which Committee members each introduced themselves and disclosed any conflicts of interest; no conflicts were disclosed. Several Committee members were unable to attend the entire meeting. There were early departures and late arrivals. Quorum was achieved during various points of the call but not maintained throughout the entire duration of the call. In the absence of quorum, and in order to complete voting for all measures under review, an asynchronous offline voting survey, accompanied by an audio recording of the web meeting, was made available to the Standing Committee on June 24, 2020. The total votes reflect members present and eligible to vote as well as those who submitted their votes using the offline survey.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 40 in the All-Cause Admissions and Readmissions portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the All-Cause Admissions and Readmissions Standing Committee evaluated five measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 5, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

1463 Standardized Hospitalization Ratio for Dialysis Facilities (SHR) ([Centers for Medicare & Medicaid Services / University of Michigan Kidney Epidemiology and Cost Center])

Measure Steward/Developer Representatives at the Meeting

Claudia Dahlerus, PhD

Standing Committee Votes

- Evidence: 18-Pass; 0-No Pass
- Performance Gap: H-5; M-12; L-1; I-0
- Reliability: H-2; M-6; L-1; I-0 [SMP]

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

- Validity: H-3; M-5; L-1; I-0 [SMP]
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-13; M-5; L-0; I-0
- Use: Pass-17; No Pass-1
- Usability: H-4; M-12; L-1; I-1

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee began with a comprehensive review of the measure's evidence submission. The Committee agreed that the evidence supported interventions that can be undertaken to reduce the risk of unplanned hospital visits and that there is a gap in care that warrants a national performance measure. Members of the Committee did not have any comments for discussion regarding the evidence criterion. The Committee accepted the Scientific Methods Panel (SMP) rating for reliability. A Committee member requested clarification on the exclusive use of inpatient claims for Medicare Advantage (MA) beneficiaries. The Committee discussed that the use of inpatient claims for Medicare Advantage beneficiaries was due to the unavailability of outpatient claims and inability to capture comorbidities for most MA patients. Therefore, the developer used inpatient claims to adjust for comorbidities for both fee-for-service and Medicare Advantage. The Committee discussed several topics related to the validity of the measure, including the use of hospitalists as a primary inpatient care provider and the lack of social factors in the risk adjustment model. The Committee noted that there was limited change in the measure scores based on the social risk factors identified, which may reflect that there is a lack of the appropriate data for social risk adjustment. Ultimately, it upheld the SMP rating for validity. The Committee did not share any comments for discussion regarding feasibility, use, and usability and passed the measure on these criteria.

2496 Standardized Readmission Ratio (SRR) for Dialysis Facilities ([Centers for Medicare & Medicaid Services / University of Michigan Kidney Epidemiology and Cost Center])

Measure Steward/Developer Representatives at the Meeting

Joe Messana, MD

Standing Committee Votes

- Evidence: 18-Pass; 0-No Pass
- Performance Gap: H-5; M-13; L-0; I-0
- Reliability: H-1; M-15; L-2; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-1; M-5; L-3; I-0 [SMP]
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

- Feasibility: The Standing Committee did not vote on this since the measure did not pass scientific acceptability.

- Use: The Standing Committee did not vote on this since the measure did not pass scientific acceptability.

- Usability: The Standing Committee did not vote on this since the measure did not pass scientific acceptability.

Standing Committee Recommendation for Endorsement: N/A

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the validity sub-criterion of Scientific Acceptability —a must-pass criterion. The Standing Committee evaluated the updated evidence and agreed that the evidence provided supported interventions that can be undertaken to reduce the risk of unplanned readmissions and there is a gap in care that warrants a national performance measure. The Standing Committee considered the Scientific Methods Panel (SMP)'s discussion on the standards of acceptable reliability for inter-unit reliability, as well as its comparison to profile inter-unit reliability (PIUR) and passed the measure on reliability based on the PIUR. For validity, the SMP raised concerns regarding the adequacy of the correlations of the measure score to other renal-focused quality measures. The Standing Committee agreed with the SMP concerns and upheld the SMP's vote to not pass the measure on validity.

2539 Standardized Readmission Ratio (SRR) for Dialysis Facilities ([Centers for Medicare & Medicaid Services / University of Michigan Kidney Epidemiology and Cost Center])

Measure Steward/Developer Representatives at the Meeting

Elizabeth Drye, MD, MS
Craig Parzynski, MS
Sheng Zhou, MD, ScM
Anna Sigler, MPH
Doris Peter, PhD

Standing Committee Votes

- Evidence: 18-Pass; 0-No Pass

- Performance Gap: H-5; M-13; L-0; I-0

- Reliability: H-1; M-15; L-2; I-0

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

- Validity: H-1; M-5; L-3; I-0 [SMP]

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.

- Feasibility: H-11; M-7; L-0; I-0

- Use: Pass-17; No Pass-1

- Usability: H-3; M-15; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee began with a summary of the measure and a comprehensive review of the measure's evidence submission. The Standing Committee evaluated the updated evidence and agreed that the evidence provided supported interventions that can be undertaken to reduce the risk of unplanned hospital visits and there is a gap in care that warrants a national performance measure. The Committee did not have any comments for discussion regarding the evidence criterion. The Committee accepted the Scientific Methods Panel (SMP) rating for reliability. For validity, the Committee echoed the SMP's concerns that only face validity was conducted despite this being a maintenance measure. The developer noted that empirical validity testing was not possible at this this time because no existing measures were comparable to the ASC General Surgery measure. Ultimately, the Committee agreed to uphold the SMPs rating and passed the measure on validity. The Committee stated that the SMP had recommended the developer consider "Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs (ASC General Surgery)" for facilities that have adequate volumes of target procedures. The developer responded that many ASCs specialize in a single procedure and that few ASCs performing colonoscopies are the same facilities that would be measured in the *ASC General Surgery* measure. The Committee did not discuss concerns regarding feasibility, use, and usability and passed the measure on these criteria.

3565 Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities ([Centers for Medicare & Medicaid Services / University of Michigan Kidney Epidemiology and Cost Center])

Measure Steward/Developer Representatives at the Meeting

Jon Segal, MD

Standing Committee Votes

- Evidence: 18-Pass; 0-No Pass
- Performance Gap: H-5; M-12; L-1; I-0
- Reliability: H-2; M-6; L-1; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-1; M-5; L-3; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-9; M-9; L-0; I-0
- Use: Pass-18; No Pass-0
- Usability: H-1; M-13; L-3; I-1

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing recommended the measure for NQF endorsement. The Committee discussed little to no concern associated with the evidence for the measure and the performance gap and passed the measure on these criteria. The measure was reviewed by NQF's Scientific Methods Panel (SMP) and the Committee accepted the rating for reliability. Before upholding the SMP rating for validity, the Committee requested the developer respond to a pre-evaluation comment that recommended two additional exclusions be added to the measure (i.e., end-stage renal disease [ESRD] patients who seek

care in an emergency department (ED) for any reason after a missed dialysis appointment and ESRD patients who reside in a long-term care facility or nursing home facility), and that Medicare Advantage patients not be excluded from the measure. The comment also raised concerns about the risk model and its ability to discriminate performance. The developer stated that these factors were considered during development and the specifications were finalized based on the goals of the measure and the availability of data. The Committee recognized that the measure is not yet implemented in a federal program, but the developer noted that CMS may consider implementing the measure in CMS' Dialysis Facility public reporting program. The Committee did not discuss concerns regarding feasibility, use, and usability and passed the measure on these criteria.

3566 Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities ([Centers for Medicare & Medicaid Services / University of Michigan Kidney Epidemiology and Cost Center])

Measure Steward/Developer Representatives at the Meeting

Jon Segal, MD

Standing Committee Votes

- Evidence: 18-Pass; 0-No Pass
- Performance Gap: H-7; M-7; L-4; I-0
- Reliability: H-1; M-12; L-4; I-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: H-1; M-4; L-2; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-8; M-9; L-1; I-0
- Use: Pass-18; No Pass-0
- Usability: H-2; M-14; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-0

The Standing recommended the measure for NQF endorsement. The Standing Committee reviewed the evidence presented by the developer demonstrating that dialysis facilities can implement various interventions to reduce the risk of unplanned ED encounters. The Committee agreed that the evidence provided supported interventions that can be undertaken to reduce the risk of unplanned ED encounters within 30 days of a hospital discharge and that there is a gap in care that warrants a national performance measure. The measure was reviewed by NQF's Scientific Methods Panel (SMP). The Committee considered the differences in the inter-unit reliability (IUR) and profile inter-unit reliability (PIUR) statistics, noting that the IUR is less than 0.5. The Committee sought clarity from the developer in how this measure may be used, as the PIUR reflects how well the measure reliably flags outliers rather than between provider variation. The developer stated that it is up to CMS on how they intend to use the measure, noting that other measures are used by CMS to flag expected versus unexpected providers. The Committee ultimately passed the measure on reliability and upheld the SMP decision to pass the measure on validity. The Committee did not have any concerns regarding feasibility, use, and

usability and passed the measure on these criteria. The Committee recognized that the measure is not yet implemented in a federal program, but the developer noted that CMS may consider implementing the measure in CMS' Dialysis Facility public reporting program.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on August 5, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on September 3, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 17, 2020.