



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

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The National Quality Forum (NQF) convened the All Cause Admissions and Readmissions Standing Committee for a web meeting on February 4, 2020 to evaluate one measure.

#### Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting; the Committee co-chairs also provided welcoming remarks. Apryl Clark, Acting Vice President of Quality Measurement, conducted a roll call, during which Committee members each introduced themselves and were asked to disclose any conflicts of interest; no conflicts were disclosed.

#### Overview of Evaluation Process

NQF staff provided a brief overview of the steps in the Consensus Development Process (CDP), the measure evaluation criteria, and the voting process. Following this overview, Committee co-chair Dr. John Bulger provided a brief history of the measure under review, 3495 Hospital-Wide 30-Day, All-Cause, Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System. Dr. Bulger explained the measure had come to the Committee during the previous cycle (Spring 2019), but due to quorum issues on the part of the Committee and a verbal mis-reading of reliability results by the developer during the 2019 post-comment call, which lead to some confusion by the Committee, it was determined that the measure should come back to the Committee for review in the Fall 2019 cycle. NQF staff noted that the Scientific Methods Panel and the Standing Committee generally supported the measure during the last review. The developer then provided a brief introduction to the measure, noting it is a revision of a measure already in use in the Merit-based Incentive Payment System (MIPS). In addition, they noted the measure has a minimum case volume of 200, in response to questions raised by the Committee during their preliminary review.

#### Measure Evaluation

During the meeting, the All Cause Admissions and Readmissions Standing Committee evaluated one new measure 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 March 18, 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

#### **3495 Hospital-Wide 30-Day, All-Cause, Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (Centers for Medicare & Medicaid Services/Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation)**

##### *Measure Steward/Developer Representatives at the Meeting*

- Helen Dollar-Maples
- Karen Dorsey
- Jeph Herrin

- Lisa Suter
- Victoria Taiwo

### *Standing Committee Votes*

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-2; M-14; L-1; I-0
- Reliability: Yes-17; N-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel in Spring 2019. The Methods Panel rated the measure as Moderate. The Committee voted unanimously to uphold the Methods Panel rating of Moderate.
- Validity: H-0; M-14; L-3; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel in Spring 2019. The Methods Panel rated the measure as Moderate.
- Feasibility: H-7; M-7; L-1; I-1
- Use: Pass-15; No Pass-2
- Usability: H-3; M-12; L-2; I-0

### *Standing Committee Recommendation for Endorsement: Yes-16; No-1*

This is a re-specified version of the hospital-level measure, *Hospital-Wide All-Cause, Unplanned Readmission Measure* (NQF 1789). The Committee began the discussion by considering the evidence for the measure. Committee members asked the developers for clarification of the types of hospitalization included in the measure. The developers noted that the measure includes inpatient stays only and that observation stays or emergency department visits are not included. After some discussion of the potential uses of the measure and whether it is appropriate for quality improvement or value-based purchasing, the Chairs recommended that the Committee focus their evaluation on evidence that there are interventions that physician groups can make to reduce readmission rates. The Committee unanimously agreed that research supports interventions physician groups can take to influence this outcome and the measure passed Evidence. The Committee agreed there is a gap in care and evidence of disparities in performance rates, and the measure passed this criterion with limited discussion, and moved on to Reliability. The Committee agreed to accept the Scientific Methods Panel (SMP) rating of “moderate” for reliability. During the Validity discussion, the Committee noted the issue of the use of hospitalists and how that might impact validity as a primary inpatient care provider. They also noted that the lack of social determinants of health (SDOH) in the risk adjustment model raised some concerns. Further questions for validity focused on appropriateness of the attribution model, the lack of a paired mortality measure, and concerns on how patients at the end of life are considered.

The Committee asked clarifying questions of NQF staff on the role of the SMP, and ultimately decided to make their own recommendation on the validity of the measure. Committee members continued to discuss SDOH and how this may impact the decision on whether to readmit, noting that community and personal factors can play a strong role on this decision, such as if someone lives alone or the reliability of the patients’ caretaker. The developer explained that they had run the risk adjustment model using Agency for Healthcare Research and Quality (AHRQ)’s SES index based on the 9-digit zip code and based on dual eligible status. They found limited change with both the AHRQ and dual status adjustment. The correlation was found to be 0.99. The developer continues to monitor for unintended consequences.

Ultimately the measure passed Validity. During the Feasibility discussion, no major concerns were raised, as there is a very low occurrence of missing data. The Committee then turned to Use and Usability and some of their earlier questions around how the measure will be used were raised again. Several Committee members stated this is a great quality improvement measure, but they were uncertain of whether it should be used in value-based purchasing programs such as MIPS, and the developer was asked to respond. The developer noted that they understand these concerns but that the measure is already in use. Further clarification by NQF Staff was provided that the CDP Committees are expected to evaluate the measure objectively based on the measure evaluation criteria, regardless of what program the measure will be used. . The Committee agreed the measure passes both the Use and Usability criteria.

The Standing Committee recommended the measure for endorsement.

### **Public Comment**

For this evaluation cycle, the commenting period opened on December 5, 2019 and will close on April 24, 2020. As of January 31, 2020, one NQF member comment was received during the pre-commenting period, from the American Medical Association. The commenter expressed concerns over the reliability at case volumes of 25 patients and asserted that the evidence supporting the attribution methodology to the three types of clinician groups relies on general statements and only two additional studies are cited specific to attribution to the discharging clinician. No public or NQF member comments were provided during the measure evaluation meeting.

### **Next Steps**

NQF will post the draft technical report on March 26, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on April 24, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on April 28, 2020.