NATIONAL QUALITY FORUM

Meeting Summary

# All-Cause Admissions and Readmissions Standing Committee—Measure Evaluation In-Person Meeting

The National Quality Forum (NQF) convened the All-Cause Admissions and Readmissions Standing Committee for an in-person meeting on February 7, 2019 at the NQF offices in Washington, DC to evaluate seven measures.

## Welcome and Introductions

Erin O'Rourke, NQF Senior Director, provided welcoming remarks and reviewed housekeeping items. Co-chairs John Bulger and Cristie Travis provided opening remarks.

## Introduction and Overview of Evaluation Process

Elisa Munthali, NQF Senior Vice President, Quality Measurement, conducted disclosures of interest as members of the Readmissions Standing Committee provided introductions. Thereafter, Ms. O'Rourke provided an overview of the Scientific Methods Panel's preliminary review of the seven measures slated for review, as well as two additional measures which did not pass Scientific Acceptability: NQF 2539 *Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy* and NQF 3458 *Successful Transition after Long-Term Institutional Stay*. Ms. O'Rourke followed with an overview of the measure evaluation criteria and process.

## Measure Evaluation

The Standing Committee considered seven measures during the in-person meeting using NQF's Measure Evaluation Criteria. The Standing Committee did not reach quorum; therefore, members conducted voting via Survey Monkey after the meeting. Seventeen Standing Committee members submitted votes on all measures. Two Committee members are also members of NQF's Scientific Methods Panel and are thus ineligible to submit votes on the Scientific Acceptability Criteria (Reliability and Validity) but contributed to the discussion of the measures during the in-person meeting. The Committee's measure-specific deliberations are provided below.

**Measure Evaluation Criteria Rating Key:** H – High; M – Medium; L – Low; I – Insufficient

### NQF 3366 Hospital Visits after Urology Ambulatory Surgical Center Procedures

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

- Doris Peter
- Elizabeth Drye

This measure of hospital visits after urology ambulatory surgical center procedures captures adverse patient outcomes associated with ASC care and an important area for quality improvement. The developer provided a logic model demonstrating interventions that can be undertaken by ASC, including patient education, medication reconciliation, technical quality of surgery, and other ASC interventions to prevent unplanned hospital visits. Additionally, the developer noted a measure performance range of 3.7 percent to 10.1 percent, with median

measure performance of 5.8 percent. The Standing Committee agreed there was evidence to support that ambulatory survey centers could reduce a patient's risk of requiring a hospital visit after urology procedures. The developer demonstrated measure score reliability in two ways: signal-to-noise ratio (SNR) analysis and split-sample. The Committee agreed that the measure demonstrated reliability, but Committee members raised questions about whether the testing of the measure matched the specifications as the developer did limit testing to facilities with greater than or equal to 30 cases. Validity testing was conducted using face validity, which is the minimum requirement for new measures submitted to NQF. With respect to the risk-adjustment model, the Standing Committee noted concerns with the low c-statistic (0.61) and lack of SDS risk adjustment, but acknowledged that NQF does not define absolute thresholds. The Committee agreed that the measure is highly feasible to report given that it is a claims-based measure. Committee members did not identify issues related to the measure's potential use and usability. The Standing Committee could not reach consensus on the measure's validity. As such, 3366 will be available for NQF member and public comment through April 16, 2019. The Standing Committee will review all submitted comments and re-vote on the measure during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-17; Do Not Pass-0

Performance Gap: H-0; M-12; L-5; I-0

Reliability: H-0; M-10; L-5; I-0

Validity: H-0; M-8; L-6; I-1

Feasibility: H-14; M-3; L-0; I-0

Use**:** Pass-17; Do Not Pass-0

Usability: H-1; M-6; L-6; I-4

Overall Suitability for Endorsement: Yes-X; No-X

## NQF 3470 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

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

- Doris Peter
- Elizabeth Drye

With respect to Evidence, the developer provided a logic model demonstrating interventions that can be undertaken by ASC, including appropriate patient selection, patient education, medication reconciliation, technical quality of surgery, and other ASC interventions to prevent unplanned hospital visits. One Committee member inquired about patient selection, noting that some patients are more likely to have complications. In these instances, hospital care may be more appropriate than care delivered at an ambulatory surgical center. Committee members also noted

that the information provided on performance gap showed important outliers despite a narrow distribution. Developers noted that the reliability construct for this measure is similar to 3366, yielding slightly different results, however. Regarding the risk-adjustment model, Committee members noted concerns about how accurately *Tobacco Use*—a social risk factor included in the model—can be captured. The Committee agreed that the measure is highly feasible to report given that it is a claims-based measure. Committee members did not identify issues related to the measure's potential use and usability. Globally, the Committee discussed data adequacy, noting that there are important data elements worth capturing which are not necessarily reliable and/or valid (e.g., weight, hybrid data, etc.). The Standing Committee recommends this measure for endorsement and will review measure-specific comments during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-17; Do Not Pass-0

Performance Gap: H-0; M-14; L-2; I-1

Reliability: H-0; M-11; L-3; I-1

Validity: M-11; L-3; I-1

Feasibility: H-13; M-4; L-0; I-0

Use**:** Pass-17; Do Not Pass-0

Usability: H-0; M-8; L-4; I-5

Overall Suitability for Endorsement: Yes-13; No-4

## NQF 3449 Hospitalization for Ambulatory Care Sensitive Conditions for Dual Eligible Beneficiaries

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

- Samantha Penoyer
- Alex Bohl

This is a composite measure of hospitalizations for ambulatory care sensitive conditions for dual eligible beneficiaries. The developer provided evidence that improvement on this outcome will require early identification of complications from acute or chronic conditions and initiation of treatment or referral to treatment. The Standing Committee did not raise concerns related to the measure's importance to measure and report. Reliability was tested at the measure score level, which is an NQF requirement for composite measures. The Committee did not note any concerns about the reliability of the measure. The measure developers conducted empirical validity testing of both the overall composite measure score and the component measure scores. However, Committee members raised concerns about the validity of the measure. The Committee's concerns related to state variability (in patient population and in Medicaid data), churn in the

Medicaid population, and the measure's basis on the beneficiary as opposed to the hospital. The Committee agreed that the measure is highly feasible to report given that it is a claims-based measure. During the Use and Usability discussion, members highlighted that the potential for negative unintended consequences is lower given the vulnerable target population. The Standing Committee recommends this measure for endorsement and will review measure-specific comments during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-17; Do Not Pass-0

Performance Gap: H-11; M-6; L-0; I-0

Importance to Measure and Report (Composite): H-9; M-8; L-0; I-0

Reliability: H-8; M-6; L-1; I-0

Validity: H-6; M-8; L-1; I-0

Scientific Acceptability (Composite): H-1; M-14; L-0; I-0

Feasibility: H-11; M-6; L-0; I-0

Use**:** Pass-17; Do Not Pass-0

Usability: H-3; M-12; L-0; I-2

Overall Suitability for Endorsement: Yes-17; No-0

## NQF 3456 Admission to an Institution from the Community

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

- Debra Lipson
- Jessica Ross

The Committee agreed there is a strong need for measures similar to NQF 3456, but that the state-to-state variability presents challenges. The Committee had mixed options on the evidence for this measure, noting that while it met the NQF criteria for evidence for an outcome—there is at least one intervention a health plan can do to influence the outcome—there are also concerns regarding the concept of the measure. Committee members noted that this measure may never reach zero as there are appropriate admissions, and the idea that all individuals prefer being home rather than in an institution should not be assumed. Committee members agreed there was a gap in care. This measure was reviewed by the Methods Panel and passed their review of both reliability and validity.

The Committee noted that the results of the signal-to-noise analysis was very good for longer stays but showed more variability for shorter stay groups. The Committee discussed the risk adjustment extensively. The measure is adjusted using an age stratification. The Standing

Committee was not clear what the conceptual basis was to develop the strata presented by the developer. The Committee suggested that stratification by clinical condition should be considered for this measure. The developer noted a lack of data as one the reasons that the measure is not risk adjusted. One Committee member noted that the primary predictor of needing to move to institutionalized care is functional status, but that the measure does not account for that, and there are indices available that could be used. Further, the Committee member noted the measure does not distinguish appropriate vs. inappropriate admissions to an institution from the community. Committee members were concerned that a lack of risk adjustment for the measure could set up incentives to "cherry pick/lemon drop" and noted that it is important to avoid incentives that do not foster a healthier population.

Finally, Committee members noted every state has its own definitions of institutionalization and of nursing facilities, which affects the ability of the measure to be compared across health plans operating in different states. Committee members generally agreed that the measure is feasible, although it may require some manually recorded data. Committee members noted that this measure may be more useful as a quality improvement tool than a publicly reported measure, and that data collected at this time could be used to help improve the measure. Committee members flagged concerns on unintended consequences, highlighting the risk of the measure causing people to lose access to care. Finally, they noted the limited ability of the measure to compare across health plans due to the unevenness of access to services and the lack of harmonization across states for what services are available in the home compared to facilities. Finally, they noted general concerns about whether the measure is assessing quality or access, and flagged that driving down institutionalization may end up leading to lower quality outcomes for patients. The Standing Committee does not recommend this measure for endorsement due to concerns about the measure's validity. Because quorum was not reached during the meeting, each criterion was discussed and voting was completed later. Validity is a must-pass criterion; therefore, subsequent votes for remaining criteria are not captured. The Committee will review measure-specific comments during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-15; Do Not Pass-2

Performance Gap: H-2; M-12; L-2; I-1

Reliability: H-1; M-11; L-3; I-0

Validity: H-1; M-1; L-9; I-4

Feasibility: H-X; M-X; L-X; I-X

Use**:** Pass-X; Do Not Pass-X

Usability: H-X; M-X; L-X; I-Z

Overall Suitability for Endorsement: Yes-X; No-X

## NQF 3457 Minimizing Institutional Length of Stay

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

- Debra Lipson
- Jessica Ross

The prior discussion of NQF 3456 addressed many of the same issues affecting NQF 3457. The Committee agreed that the evidence for this measure is stronger than the companion measure of 3456. They noted that incentives currently exist in Medicaid managed long-term care plans to keep patients out of long-term care facilities. Generally, the Committee had no concerns with feasibility. During the use and usability discussion, Committee members noted a potential upstream unintended consequence: Specifically, nursing homes may not accept patients without a clear discharge plan leading to reduced access to care. The Standing Committee recommends this measure for endorsement and will review measure-specific comments during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-16; Do Not Pass-1

Performance Gap: H-4; M-11; L-1; I-1

Reliability: H-7; M-5; L-2; I-1

Validity: H-3; M-9; L-2; I-1

Feasibility: H-9; M-4; L-3; I-1

Use**:** Pass-15; Do Not Pass-2

Usability: H-0; M-10; L-3; I-4

Overall Suitability for Endorsement: Yes-12; No-5

## NQF 3443 All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCNs)

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

- Melissa Azur
- Anna Collins
- Cara Stepanczuk

The Committee agreed there was evidence that the measured entity could influence the outcome. Specifically, the Committee noted that the developer cited several studies demonstrating that emergency department visits in complex patients could be reduced through improved care management and agreed there was variation in performance. The developer conducted signal-to-noise (SNR) reliability testing for this measure using MAX data from 10 states. Committee members noted that they did not have any concerns about the reliability of the

measure. The Committee raised points under the validity subcriterion. The Committee noted that the developer assessed face validity systematically, which met the testing requirement for a new measure, and noted that the risk-adjustment model demonstrated adequate discrimination and calibration. However, the Committee expressed concerns that the variability of the underlying data elements could present a threat to validity. The Committee agreed that the measure is highly feasible to report given that it is a claims-based measure. During the Use and Usability discussion, the Committee members raised concerns about the generalizability of the data and the impact that may have on the usefulness of the measure. The Standing Committee does not recommend this measure for endorsement due to concerns about the measure's validity. Because quorum was not reached during the meeting, each criterion was discussed, and voting was completed later. Validity is a must-pass criterion; therefore, the Committee did not vote on remaining. The Committee will review measure-specific comments during the post-comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-17; Do Not Pass-0

Performance Gap: H-4; M-13; L-0; I-0

Reliability: H-3; M-11; L-1; I-0

Validity: H-0; M-3; L-8; I-4

Feasibility: H-X; M-X; L- X; I- X

Use**:** Pass-X; Do Not Pass-X

Usability: H-X; M-X; L-X; I-X

Overall Suitability for Endorsement: Yes-X; No-X

## NQF 3445 All-Cause Inpatient Admission Rate for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCNs)

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

- Melissa Azur
- Anna Collins
- Cara Stepanczuk

The Committee member noted that #3445 is intended to be paired with #3443 and a number of issues discussed applied to both measures. Again, the Committee agreed there was evidence the measure entity could influence outcome, citing evidence showing multiple interventions that could decrease inpatient utilization complex patients with appropriate managed care. To support the existence of a performance gap, the developers cite both disparities in terms of race and ethnicity in performance for admission rates. The Committee also noted variation in performance across states. The developer provided conducted signal-to-noise (SNR) reliability testing using

MAX data from 10 states. Committee members noted the scores ranged from 0.95 to 0.99 and agreed that the measure was adequately reliable. The developer conducted convergent validity testing by examining the correlation between this measure and the HEDIS inpatient hospital utilization measure (IHU). However, the Committee raised concerns that the generalizability of the data could present a threat to validity. The Committee agreed the measure is highly feasible to report given it is a claims-based measure. During the Use and Usability discussion, the committee members again raised concerns about the generalizability of the data and the noted the potential for negative unintended consequences. The Standing Committee does not recommend this measure for endorsement due to concerns about the measure's validity. Because quorum was not reached during the meeting, each criterion was discussed and voting was completed later. Validity is a must-pass criterion; therefore, subsequent votes for remaining criteria are not captured. The Committee will review measure-specific comments during the Post-Comment web meeting scheduled to take place May 16, 2019.

### *Standing Committee Votes:*

Evidence: Pass-17; Do Not Pass-0

Performance Gap: H-4; M-13; L-0; I-0

Reliability: H-3; M-12; L-0; I-0

Validity: H-0; M-6; L-7; I-2

Feasibility: H-X; M-X; L-X; I-X

Use**:** Pass-X; Do Not Pass-X

Usability: H-X; M-X; L-X; I-X

Overall Suitability for Endorsement: Yes-X; No-X

## Public Comment

No public comments were presented during the in-person meeting.

## Next Steps

The Standing Committee reviewed all seven measures slated for discussion. As such, NQF cancelled the post-evaluation web meeting originally scheduled for February 14 from 2-4 pm ET. NQF staff will collate all measure votes and capture the Committee's deliberations in a draft report for public and member commenting. The commenting period will open March 18 and close April 16.