NATIONAL QUALITY FORUM

Meeting Summary

All-Cause Admissions & Readmissions Standing Committee Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the All-Cause Admissions & Readmissions Standing Committee on June 22, 2020.

Welcome, Introductions, and Review of Web Meeting Objectives

Matthew Pickering, PharmD, NQF senior director, welcomed the Standing Committee and participants to the web meeting, conducting a Committee roll call and providing a brief overview of the meeting objectives:

- Provide an overview of NQF measure #3495
- Review and discuss public and NQF member comments

NQF Measure #3495 Overview

The measure developer, Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation (CORE), provided an introduction to NQF measure #3495 *Hospital-Wide 30-Day, All-Cause, Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS)*, recommended for endorsement by the All-Cause Admissions & Readmissions Standing Committee during the Fall 2019 cycle.

The developer stated that the measure is an adaption and a re-specified version of the hospital-level measure, #1789 *Hospital-Wide All-Cause, Unplanned Readmission Measure*. The measure has been modified to report a single summary risk-adjusted readmission rate (RARR) derived from the attribution of readmissions to eligible clinician groups to ensure shared readmission accountability. The intent of the measure is to incentivize collaboration of care across both inpatient and outpatient settings by considering joint attribution for up to three clinician groups/practices.

The three participating MIPS-eligible clinician groups ("providers") include primary inpatient, discharge, and outpatient clinicians who are further divided into the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology; general medicine; cardiorespiratory; cardiovascular; and neurology. These cohorts account for both case and service mix through adjustments for age and comorbidities in addition to the types of conditions and procedures within each specialty cohort.

The measure assesses each provider's rate of 30-day readmission, which is defined as unplanned, all-cause readmission within 30 days of hospital discharge for any eligible condition. The rates are only be reported to clinician groups with at least 16 National Provider Identification (NPI) and 200 cases. The developer reported that the signal-to-noise reliability testing resulted in range of 0.82 to 0.92 across the five specialty cohorts. The developer further stated that the 7-25.1% variation in clinician group performance demonstrates a clear gap in

performance, serving as additional evidence for attribution of readmissions to the clinician group.

Review and Discuss Public Comments Received

Dr. Pickering reported that NQF received 10 comments across eight organizations centering around three themes:

- Reliability at minimum case volumes
- Evidence to support attribution
- Risk adjustment testing and social risk factors

Dr. Pickering provided a summary of the comments received across the three themes for NQF #3495 and summarized the proposed Committee responses. Commenters expressed concerns about the reliability of the measure scores across the MIPS-eligible clinician groups at case volumes of 25 and noted that the results were lower than optimal at a minimum case volume of 200. Dr. Pickering mentioned that the developer confirmed a minimum case volume of 200 during the fall 2019 measure evaluation meeting and that the Standing Committee and Scientific Methods Panel passed the measure on reliability.

Some concerns focused on the supporting evidence related to the measure's attribution to three types of clinician groups. Commenters stated that the evidence relied on general statements, expressing that the studies are inadequate to support attribution logic to discharging clinicians. There was concern that certain specialties might be inappropriately impacted according to the attribution logic. Commenters further recommended the developer include a broader range of specialties.

One Committee member asked if the concerns over impact on certain specialties was based on the developer's threshold of considering provider groups with at least 16 National Provider Identifiers (NPI) in a practice. The developer responded that there was no evidence to support this claim, reminding the Committee that attribution would allow for responsibility to be spread across three clinician groups. Another Committee member expressed appreciation for the case volume of 200 and expansion of attribution but raised concerns on the relevance of the evidence to the measure. In addition, concerns were expressed about the ability of the quality measure to be upheld in the recent COVID-19 climate, where all clinicians are already struggling to effectively manage care coordination. One Committee member wondered whether the measure might require more patient-facing contact than can be reasonably achieved in this climate, particularly if there is a second wave of the virus.

For the last theme, Dr. Pickering shared that a commenter expressed concerns regarding the risk adjustment model, stating the testing was not robust, especially regarding risk factors. One of the Committee co-chairs recalled that they previously held a robust discussion concerning the measure's social risk factors. Dr. Pickering also mentioned that risk adjustment is a component of validity and that the Scientific Methods Panel and Committee passed the measure on validity.

Dr. Pickering reviewed the proposed Standing Committee responses by thanking the commenters and the developer. He summarized that the Standing Committee discussed these

issues raised by Commenters during the Fall 2019 measure evaluation meeting on February 4, 2020. During this meeting, the Committee agreed to accept the Scientific Methods Panel rating of "moderate" and unanimously voted to pass the measures on evidence. With respect to risk adjustment, the Committee agreed that social risk factors, including community and personal factors, can have a strong impact on readmissions. The Committee held a robust discussion and determined that the measure should pass on validity to which risk adjustment is a component. There were no objections from Committee members to the responses, nor requests to reconsider or revote on NQF measure #3495.

Public Comment

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

Next Steps

Ms. Igwe reviewed next steps, informing the Committee the CSAC Review of the Committee's endorsement recommendations would be held from November 17 to 18, 2020, and the Appeals Period would last for 30 days from November 23 to December 23, 2020.