



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

The National Quality Forum (NQF) convened the All-Cause Admissions and Readmissions (ACR) Standing Committee for a web meeting on [June 24, 2022](#), to evaluate two measures for the spring 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

LeeAnn White, NQF director, welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. No Standing Committee members were recused from the measures under review. Additionally, Isaac Sakyi, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

During the meeting, the quorum required for live voting was not achieved (14 Standing Committee members). Therefore, the Standing Committee discussed all relevant criteria and voted after the meeting using an online voting tool. The Standing Committee received a recording of the meeting and a link to submit online votes. Voting closed after 48 hours with the minimum number of votes required for quorum. Voting results are provided below.

Measure Evaluation

During the meeting, the ACR Standing Committee evaluated two maintenance measures for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria that did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting. Since the quorum for live voting was not achieved, the Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and will have the opportunity to do so during the post-comment call.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement:* Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria for Which the Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #2827 PointRight® Pro Long Stay™ (American Health Care Association [AHCA]/PointRight Inc.)

Description: The PointRight Pro Long Stay Hospitalization Measure is an MDS-based, risk-adjusted measure of the rate of hospitalization of long-stay patients (also known as “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Post-Acute Care; **Data Source:** Electronic Health Records: Electronic Health Records, Assessment Data

Measure Steward/Developer Representatives at the Meeting

- Kiran Sreenivas, MS CPHQ
- Marsida Domi, MPH
- David Gifford, MD, MPH
- Janine Savage, RN, RAC-CT, CHC

Standing Committee Votes

- **Evidence:** Total Votes-18; Pass-18; No Pass-0 (18/18 – 100%, Pass)
- **Performance Gap:** Total Votes-18; H-2; M-16; L-0; I-0 (18/18 – 100%, Pass)
- **Reliability:** Total Votes-18; H-1; M-17; L-0; I-0 (18/18 – 100%, Pass)
- **Validity:** Total Votes-18; H-1; M-17; L-0; I-0 (18/18 – 100%, Pass)
- **Feasibility:** Total Votes-18; H-1; M-17; L-0; I-0 (18/18 – 100%, Pass)
- **Use:** Total Votes-18; Pass-18; No Pass-0 (18/18 – 100%, Pass)
- **Usability:** Total Votes-18; H-2; M-15; L-1; I-0 (17/18 – 94%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-18; Yes-18; No-0 (18/18 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This facility-level measure was originally endorsed in 2016. It is publicly reported on the American Health Care Association (AHCA) website and is used in the New Mexico Value-Based Purchasing (VBP), Colorado Medicaid Nursing Facilities Pay-for-Performance, and Hawaii Nursing Facility Pay-for-Performance programs.

The developer attested that no change had occurred in the evidence since its last endorsement. The Standing Committee agreed that the evidence continues to support structural and process interventions that accountable entities can take to reduce hospitalizations. One Standing Committee member noted that the developer included antipsychotic use within the logic model and questioned whether there was new evidence to support the addition of antipsychotic medications. The developer confirmed that there is evidence that the use of antipsychotic medications increases the risk of hospitalization over time. The Standing Committee accepted the developer’s response and passed the measure on evidence.

During the discussion on performance gap, the Standing Committee noted that the difference in average readmission rates between high and low social vulnerability index (SVI) facilities has narrowed over time. The developer replied that it is unclear what is driving the change in readmission rates between populations. The Standing Committee emphasized the importance of knowing which factors have influence on readmission rates and what interventions are proving to be successful. The Standing Committee agreed that a gap exists in care that warrants a national performance measure.

The Standing Committee reviewed the scientific acceptability of the measure. A Standing Committee member noted that the previous testing data were from 2013-2014 and questioned why the developer did not use more recent data for the maintenance endorsement review. The developer explained that insignificant changes have occurred in facility demographics data (e.g., part of chain, for profit, government, hospital-based, Medicare-certified facilities, and resident count) since the measure's initial endorsement review; therefore, it did not perform new testing. Next, the Standing Committee reviewed validity testing and noted that while 98 percent of acute inpatient Medicare Fee-for-Service (FFS) claims found near a Minimum Data Set (MDS) discharge have an MDS discharge code of acute hospitalization, only 86 percent of hospitalizations of Medicare FFS patients identified by the MDS are confirmed by Medicare FFS claims. The Standing Committee questioned whether observation stays would cause an overstating of the MDS readmission rate and whether planned readmissions were captured as a readmission in the measure, which the developer subsequently confirmed. A Standing Committee member questioned whether planned readmissions could be parsed from the overall readmission data. The developer replied that overall, there are very few planned hospitalizations for long-stay residents (i.e., residents with a cumulative length of stay in the facility of more than 100 days); therefore, it is unlikely for those types of residents to be included in the measure. Ultimately, the Standing Committee passed the measure on reliability and validity.

The Standing Committee agreed that the data elements required for the measure are readily available and could be captured without undue burden. After confirming that measure results are provided on the AHCA website, a Standing Committee member noted that patients and families might have challenges understanding the raw data and recommended the developer incorporate a more user-friendly format to present data for consumer use. In terms of usability, the Standing Committee questioned how the developer will account for coronavirus disease 2019 (COVID-19) and its impact on determining future progress toward achieving the goal of high quality, efficient healthcare for long-term residents. The developer explained that data collection has continued throughout the pandemic without interruption. Additionally, the developer noted that they would consider an update to the scientific acceptability testing, which would include acute infection and a history of previous COVID-19 infection within the risk adjustment model. The Standing Committee did not have any further questions and ultimately passed the measure on feasibility, use, usability, and overall suitability for endorsement.

NQF #2375 PointRight® Pro 30™ (AHCA/PointRight Inc.)

Description: PointRight Pro-30 is an all-cause, risk adjusted rehospitalization measure. It provides the rate at which a patient (regardless of payer status or diagnosis) who enters a skilled nursing facility (SNF) from an acute hospital and is subsequently rehospitalized during their SNF stay, within 30 days from their admission to the SNF; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Post-Acute Care; **Data Source:** Assessment Data, Electronic Health Records: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Kiran Sreenivas, MS CPHQ
- Marsida Domi, MPH
- David Gifford, MD, MPH

Janine Savage, RN, RAC-CT, CHC

Standing Committee Votes

- **Evidence:** Total Votes-16; Pass-16; No Pass-0 (16/16 – 100%, Pass)
- **Performance Gap:** Total Votes-16; H-1; M-15; L-0; I-0 (16/16 – 100%, Pass)
- **Reliability:** Total Votes-16; H-0; M-16; L-0; I-0 (16/16 – 100%, Pass)
- **Validity:** Total Votes-16; H-1; M-15; L-0; I-0 (16/16 – 100%, Pass)
- **Feasibility:** Total Votes-16; H-0; M-16; L-0; I-0 (16/16 – 100%, Pass)
- **Use:** Total Votes-16; Pass-16; No Pass-0 (16/16 – 100%, Pass)
- **Usability:** Total Votes-16; H-1; M-15; L-0; I-0 (16/16 – 100%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-16; Yes-16; No-0 (16/16 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement. This facility-level measure was originally endorsed in 2014 and retained endorsement in 2016. It is publicly reported on the AHCA website and is utilized in two state Medicaid programs (California and Hawaii) as part of their VBP or pay-for-performance programs.

The developer attested that no change had occurred in the evidence since its last endorsement. The Standing Committee agreed that the evidence continues to support structural and process interventions that accountable entities can take to reduce the likelihood of rehospitalizations. One Standing Committee member highlighted two recent peer-reviewed publications; one focuses on 30-day readmissions among Medicare Advantage versus Medicare FFS beneficiaries, and the other focuses on racial disparities, which supported the previous evidence and aligned with the current disparities data provided by the developer. While the Standing Committee did note that the gap in disparities is narrowing, it agreed that a performance gap exists in care that warrants a national performance measure. The Standing Committee ultimately passed the measure on evidence and performance gap.

The Standing Committee agreed that the reliability testing provided by the developer was sufficient. During the discussion on validity, the Standing Committee requested clarification on whether the c-statistic of 0.67 for the Pro30 model was adequate. The developer confirmed the adequacy of the risk model's c-statistic of 0.67 to predict that a case (i.e., a person who is readmitted to an acute inpatient facility from the SNF) has a higher predicted risk than a non-case. The Standing Committee agreed that the validity testing was sufficient and passed the measure on reliability and validity.

The Standing Committee agreed that the data elements required for the measure are readily available and could be captured without undue burden. Similar to the Standing Committee's previous discussion during the review of NQF #2827, a Standing Committee member noted that the use criterion goes beyond the facility; it is a way to communicate useful information to residents and their families. The developer appreciated the Standing Committee's feedback from the patient perspective and agreed that it is important to consider consumers and patient feedback when making improvements to the measure. Regarding usability, the Standing Committee recommended that the developer further assess the impact of COVID-19 on the measure, specifically for the next maintenance review. Ultimately, the Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement. Since the quorum for live voting was not achieved, the Standing Committee was unable to

discuss related and competing measures during the measure evaluation meeting but will have the opportunity to do so during the post-comment call in the fall of 2022.

Public Comment

Ms. White opened the lines for NQF member and public comments. No public or NQF member comments were provided at this time or during the measure evaluation meeting.

Next Steps

Tristan Wind, NQF analyst, provided an overview of the remaining activities and upcoming project timelines. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on August 3, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 6, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting in the fall of 2022.