



All-Cause Admissions and Readmissions Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the All-Cause Admissions and Readmissions Standing Committee on June 26, 2018 12:00 pm - 2:00 pm ET.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members introduced themselves and disclosed any conflicts of interest (if applicable).

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the measure under review for the meeting. 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 one currently endorsed measure for expansion to a new setting and level of analysis. NQF staff will compose a draft technical report summarizing the Committee's deliberations, which will be posted on July 31, 2018 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

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

1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) (Center for Medicare and Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Thalia Farietta (YaleCORE)
- Karen Dorsey (YaleCORE)
- Susannah Bernheim (YaleCORE)
- Jackie Grady (YaleCORE)
- Christ Beadles (RTI)
- Kim Spaulding Bush (CMS)
- Rebecca Mao (CMS)
- John Pilotte (CMS)
- Fiona Larbi (CMS)

Standing Committee Votes

- Evidence: Yes-18; No-0
 - The Standing Committee members acknowledged the late comments from the American Medical Association (AMA) and the Federation of American Hospitals

(FAH), which suggested that the evidence presented by developers was more applicable to hospitals as opposed to Accountable Care Organizations (ACOs). Overall, the Standing Committee determined that the evidence provided by developers was acceptable and appropriate for the measure.

- Committee members noted that the 30-day attribution period is potentially more appropriate for an ACO, whereas a shorter period may be more appropriate at the facility level. Staff clarified that the Committee should focus its discussion on the measure as specified at the ACO-level. NQF staff acknowledged the Committee's concerns and noted that the measure is due for maintenance review in 2019 at the hospital level.
- Performance Gap: H-1; M-14; L-3; I-0
 - The lead discussant found the information presented by the developers to be ACO-based and thus appropriate. Committee members noted that the performance gap is shrinking; however, an opportunity for improvement still remains.
 - Some Committee members expressed concern about double-counting patients during a single reporting period if patients move across payment structures. In response, one Committee member referred to the developer's materials that indicate ACO patients exhibit more stability than hospital patients.
- Reliability: H-0; M-18; L-0; I-0
 - NQF #1789 was evaluated by the NQF Scientific Methods Panel.
 - The Committee noted that the reliability testing results differed between the ACO-level and the hospital level. However, the ACO-level measure produced an intraclass correlation coefficient (ICC) score of 0.62, which the Committee deemed sufficient. Some members expressed concern about the population's stability but noted that 70 percent of beneficiaries remain in the same ACO the next year, which is higher than the hospital level.
- Validity: H-0; M-13; L-5; I-0
 - NQF #1789 was evaluated by the NQF Scientific Methods Panel.
 - The Committee discussed the potential impact dual eligible status could have on change in rating. Ultimately, the Committee noted that ACOs are incentivized to work with communities to address underlying factors that affect health.
- Feasibility: H-14; M-4; L-0; I-0
 - The Committee noted that NQF staff preliminarily scored Feasibility as 'High' largely because the measure is derived from administrative claims data. The Committee determined that the measure is feasible to implement for performance measurement.
- Use: Pass-18; No Pass-0
 - The Committee noted the measure's use in several programs including the Medicare Shared Savings Program, Pioneer ACO model, and the Next Generation ACO model.
- Usability: H-0; M-18; L-0; I-0

- Some Committee members expressed concerns about the measure's unintended consequences in their pre-evaluation comments. Specifically, Committee commenters noted potential disincentives for ACOs to enroll low-income, underserved beneficiaries as well as potential penalties for ACOs caring for safety-net patients. Ultimately, the Committee determined that the measure's performance results could be leveraged to drive efficient care.

Public Comment

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

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

The Standing Committee recommended the measure for NQF endorsement.

Next Steps

NQF will post the draft technical report on July 31, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on August 29, 2018. NQF will reconvene the Standing Committee for the post-comment web meeting on September 24, 2018.