NATIONAL QUALITY FORUM
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Meeting Summary

All-Cause Admissions and Readmissions Standing Committee – Spring 2021 Post-Comment Web Meeting

The National Quality Forum (NQF) held a web meeting for the All-Cause Admissions and Readmissions Standing Committee on Friday, October 15, 2021, from 2:00 – 5:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, NQF senior director, welcomed the participants to the web meeting. Standing Committee Co-Chairs Dr. Chloe Slocum and Dr. John Bulger welcomed the Standing Committee to the web meeting. Karri Albanese, NQF analyst, conducted the Standing Committee roll call. Dr. Pickering provided an overview of the meeting objectives:

- Review and discuss comments received during the post-evaluation public and member commenting period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expression of support of the measures under consideration
- Determine whether reconsideration of any measures or other courses of action is warranted

During the spring 2021 review cycle, the All-Cause Admissions and Readmissions Standing Committee reviewed four measures during the measure evaluation meeting on June 6, 2021. The Standing Committee recommended all four measures for endorsement. NQF posted the draft report on the project webpage for public and NQF member comment on August 19, 2021, for 30 calendar days. During this commenting period, NQF received two public comments.

Review and Discuss Public Comments

Dr. Pickering presented the public comments for two of the four measures by introducing each measure and describing the comments received, including the developer's responses. The following measures received comments:

- NQF #2880 Excess Days in Acute Care (EDAC) After Hospitalization for Heart Failure (HF)
- NQF #3612 Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients With Heart Failure Under the Merit-Based Incentive Payment System

To introduce the discussion, Dr. Pickering reviewed the comment for NQF #2880 *Excess Days in Acute Care (EDAC) After Hospitalization for Heart Failure (HF*), which expressed concern about HF patients being discharged too early from acute care, with unstable blood pressure, or with an unresolved fluid overload. Additionally, the financial burden to hospitals due to an increased length of stay (LOS) from patients was of particular concern. Dr. Pickering summarized the developer's response, which stated that the intent of the measure is to capture a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. Regarding the increased LOS concern, the developer noted that this measure incentivizes care transitions so that patients with HF receive adequate follow-up and post-

discharge ambulatory care to reduce the risk of a post discharge hospital visit.

Dr. Pickering then reviewed the proposed Standing Committee response, which can be found in the comment narrative. One of the Standing Committee members added that unintended consequences need to be closely monitored for negative correlation, specifically readmissions and 30-day post-discharge mortality. Another Standing Committee member noted that unintended consequences are captured in the measure but questioned the measure's rationale, considering that one of the components being monitored is part of the measure itself. The developer did not have a response to this inquiry. A member of the Standing Committee expressed concern about increased costs associated with at-home care. In response, the developer stated that a payment measure exists that is also a resource use measure for the same condition. The developer noted that post-acute care is captured within the measure, in addition to at-home care costs, with the caveat being that it only includes payments captured by the Centers for Medicare & Medicaid Services (CMS). The Standing Committee did not have any concerns with the developer's response.

Lastly, Dr. Pickering summarized the comment for NQF #3612 *Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients With Heart Failure Under the Merit-Based Incentive Payment System*. The commenter raised concerns regarding the appropriateness of assigning hospitalization rates per capita to a single clinician or clinician group, particularly when the current healthcare system is increasingly team based. The commenter also noted that this measure does not seem to account for the competing risk of death. Moreover, the risk adjustment methodology associated with this measure is inadequate because it relies exclusively on claims data and on generally rigid variables that do not fully account for the severity of illness, medical complexity, and social determinants of health, all of which are critical drivers of HF admissions. The commenter also raised concern regarding the measure because it does not adjust for social determinants and other risk factors.

To address the concerns the commenter brought forward, Dr. Pickering provided a summary of the developer's response. The developer emphasized that the measure focuses on acute, unplanned, cardiovascular-related admissions because they represent an actionable subset of admissions influenced by primary care providers (PCPs) and cardiologists. The developer stated that strong evidence supports the assertion that ambulatory care clinicians can influence acute, unplanned, cardiovascular-related admission rates by providing high quality care (specific examples can be found in the comment narrative). The developer continued to mention that they considered the concerns related to the competing risk of death during the development of the measure. Lastly, the developer noted that ambulatory providers might not be able to control all factors that influence cardiovascular-related acute hospital admissions among patients diagnosed with HF. This measure is carefully risk-adjusted for comorbid conditions and the severity of HF, frailty, and disability. The developer also mentioned that the risk adjustment model includes the Agency for Healthcare Research and Quality (AHRQ) Socioeconomic Status (SES) Index, a marker of socioeconomic disadvantage. A Standing Committee member agreed with the concern regarding the metric being attributed to a provider rather than team-based care and noted that it is a valid concern; however, this is currently how all metrics are measured. The Standing Committee agreed with this comment and did not provide any further remarks.

NQF Member and Public Comments

Ms. Albanese opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Ms. Albanese reviewed the next steps for the project. Ms. Albanese informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's endorsement recommendations during its meetings on November 30 – December 1, 2021. Following the CSAC meeting, NQF will hold the 30-day Appeals period from December 7 – January 5, 2022.