



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 February 6, 2018, 12:00 pm - 2:00 pm ET.

Welcome, Introductions, and Review of Web Meeting Objectives

Miranda Kuwahara, project manager, NQF, welcomed participants to the web meeting. Ms. Kuwahara provided opening remarks and reviewed the following meeting objectives:

- Obtain feedback from the Readmissions Standing Committee regarding the SES annual update for readmissions measures
- Introduce NQF's Equity Program and SES Trial 2.0
- Obtain feedback from the Readmissions Standing Committee on ongoing NQF work related to attribution

Feedback on SES Annual Update for Readmissions Measures

Erin O'Rourke, senior director, NQF, presented on the SES annual update for readmissions measures. She reviewed the history of adjustment for sociodemographic factors over the last three years. During the 2015-2017 project, the Committee recommended a reexamination of the measures using available SDS variables through the NQF annual update process.

Ms. O'Rourke reviewed adjustment for sociodemographic factors in the Readmissions Portfolio:

- All 17 measures evaluated by the Committee in the 2015 project analyzed SES factors; one (2858) included a social risk factor in the final risk-adjustment model.
- Each of the two measures evaluated by the Committee in the 2017 project analyzed SES factors, but one (3188) included a social risk factor in the final risk-adjustment model.
- There are two measures with adjustment for social risk:
 - 3188 30-Day Unplanned Readmissions for Cancer Patients
 - Adjusted for dual-eligible status
 - 2858 Discharge to Community
 - Adjusted for marital status

Ms. O'Rourke reviewed the annual review process and posed the following questions to the Committee:

- Was this measure endorsed with conditions based on the need for review under the NQF Trial Period or SES adjustment?
 - If so:
 - Have the conditions been met?
- Have any SES variables become available for analysis since the last time this measure has gone through the annual update process?

- If so:
 - What are the variables?
 - What is the conceptual rationale for using the variable in adjustment?
 - What is the data source?
 - Are there any concerns regarding the data source?
 - What are the results of exploratory adjustment using the variable?
 - Is it recommended that the variable be included in the measure specifications?
 - Why or why not?

Committee members sought clarification on their role in annual updates. Staff noted that if the annual update led to a change in measure specifications, the measure would be brought back to the Committee for an ad hoc review. Committee members recommended building a framework to define conceptual rationales for determining appropriate factors for adjustment. A Committee member also noted that ICD-10 codes could be potential data sources for risk-adjustment variables. Another Committee member inquired about standardization in SES adjustments between measures and asked about potential work to harmonize these measures moving forward. Staff noted that this is a potential focus of the new SES trial period. Committee members expressed an interest in regular updates related to the Methods Panel work and ongoing initiatives related to adjustment for sociodemographic factors. Staff agreed to keep members apprised of NQF's ongoing work.

Introduction to the Equity Program

Drew Anderson, senior director, NQF, provided an introduction to the NQF Equity Program. Health equity has been an important part of NQF work in recent years. NQF created a roadmap, funded by HHS, for promoting health equity and reducing disparities that served as a foundation for the current Health Equity Program. The roadmap defines what an equitable health system is and provides recommendations on how to understand if a health system is performing to meet equity objectives.

Mr. Anderson reviewed the following aims of the NQF Equity Program with the aim of helping stakeholders implement the roadmap.

There are four program areas with the following aims:

- Identify disparities and those affected by health inequity
 - Promote a common understanding and standardized language around health equity to address data and infrastructure challenges
 - Gather innovative strategies for social risk factor data collection and use
- Influence performance measurement
 - Facilitate development of needed measures to promote health equity and reduce disparities
 - Drive toward the systematic approach laid out in the NQF Health Equity Roadmap for using measures to eliminate disparities and promote health equity

- Inspire implementation of best practices through innovative approaches
 - Lead and engage strategic partners to implement effective interventions and best practices
 - Disseminate effective interventions, best practices, and lessons learned
 - Facilitate use of innovative, successful interventions
- Inform payment
 - Convene experts to address the impact of payment on health equity
 - Spur resource allocation to those meaningfully effecting change
 - Create tools and resources to facilitate uptake of payment models that promote health equity
 - Explore emerging issues related to risk adjusting performance measures for social risk factors

Committee members were supportive of the Health Equity Program, noting that it applies the Committee's work on SES adjustment to the broader healthcare environment beyond measurement and federal payment programs. Committee members were interested in receiving progress updates on the Health Equity Program.

Introduction to the SES Trial 2.0

Ms. O'Rourke presented on NQF's trial period to adjust for social risk factors and NQF's new initiatives to promote health equity. In April 2015, NQF began a two-year, self-funded trial of a policy change that allowed risk adjustment of performance measures for social risk factors. The initial trial (April 2015 to April 2017) found that adjustment may be feasible but remains challenging; there is limited availability of adequate social risk factors data; and there is significant heterogeneity of social risk data and modeling approaches.

The NQF Board approved a new three-year initiative, in which NQF will continue to allow the inclusion of social risk factors in outcome measures.

Through the continuation of the SDS Trial, NQF will:

- Identify preferred methodologies to link the conceptual basis for adjustment with the analyses to support it
- Develop guidance for measure developers
- Explore alternative data sources and provide guidance to the field on how to obtain and use advanced social risk factors data
- Evaluate risk models for appropriate social and clinical factors
- Explore the impact of social risk adjustment on reimbursement and access to care

As part of the implementation of the SDS Trial, NQF will:

- Continue to consider if an outcome measure includes the appropriate social and clinical factors in its risk model
- Convene the new Scientific Methods Panel and Disparities Standing Committee to provide guidance on the methodological questions that arose during the initial trial period

Committee members had questions about how this work would be harmonized with the 21st Century Cures Act, noting that risk adjustment will be required for work funded under that initiative. Staff noted that this process is evolving and that although risk adjustment consideration is required, the final measure does not require risk adjustment if the developer does not believe it is appropriate. Committee members noted that risk adjustment decisions are still subjective due to a lack of consensus on effect and model fit. The Committee acknowledged that measures using SES adjustment should be evaluated more consistently.

Feedback on the Attribution Project

Ms. O'Rourke and Taroon Amin, consultant, NQF, presented on the first and current phases of the NQF Attribution Project. Recent legislation such as the IMPACT Act and MACRA demonstrate the continued focus on value-based purchasing to drive improvements in quality and cost by re-aligning incentives. Implementing pay-for-performance models requires knowing who can be held responsible for the results of the quality and efficiency measures used to judge performance.

NQF is moving to develop a new white paper on this topic, which will build on NQF's first phase of attribution work. NQF will convene a multistakeholder Advisory Panel to guide and provide input on the direction of the white paper, which will summarize existing evidence, interviews, and recommendations.

Specifically, the Advisory Panel will build upon its previous work to help identify:

- Current approaches and best practices for testing attribution models;
- Unintended consequences of attribution;
- The challenges that data integrity and collection pose to developing attribution models;
- Approaches to attributing care in team-based care delivery models;
- Challenges in attributing complex patients and those in special populations;
- The evaluation of attribution models as part of the endorsement and selection processes; and
- Recommendations for improving the Attribution Selection Guide, its dissemination, and use.

Committee members noted the importance of accurate attribution as the system shifts to tying measurement to payment. Committee members noted the need to partition attribution models by care setting or level. It is also necessary to consider how the nested nature of care levels can lead to challenges in evaluating distinct levels of attribution. A Committee member also suggested that there could be a way to allow for provider feedback on how attribution models are implemented.

Public Comment

Ms. Kuwahara opened the web meeting to allow for public comment. Four public comments were received via the webinar's chat function. One commenter submitted three comments. The first was an inquiry about the use of dual-eligible status as a proxy for SES in the Bundled Payments for Care Improvement Advanced program and the impact on measures related to

social determinants of health. The second comment was a question regarding further exploration into the potentially inappropriate attribution of complex patients to the primary care physician. Finally, the commenter expressed concern about the effect of attribution inaccuracies on physician payment and encouraged more collaborative efforts among common caregivers to work towards a solution. Another commenter noted that their organization risk adjusts performance measures; however, different targets often emerge for different populations. The commenter sought guidance on how to conceptualize this phenomenon.

Next Steps

Ms. Kuwahara presented on the Committee's next steps and upcoming meetings, included below.

Meeting	Date/Time
Measure evaluation tutorial web meeting (1 hour)	Tuesday, May 8, 2018, 1-2 pm ET
Measure evaluation web meeting #1 (2 hours)	Thursday, June 21, 2018, 12-2 pm ET
Measure evaluation web meeting #2 (2 hours)	Friday, June 22, 2018, 12-2 pm ET
Measure evaluation web meeting #3 (2 hours)	Tuesday, June 26, 2018, 12-2 pm ET
Measure evaluation post-meeting web meeting (2 hours)	Tuesday July 10, 2018, 12-2 pm ET
Post-comment web meeting (2 hours)	Tuesday, August 21, 2019, 11 am - 1 pm EST