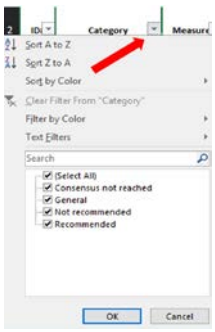
National Quality Forum - Comment Report for Cost and Efficiency Fall 2020 Project

Post-Evaluation Comments received through April 30, 2021

All comments received during the Member and Public Comment Period have been included in this table, as well as the pre-evaluation public comment period.

Important Links: Cost and Efficiency Measures Project Page

To sort or filter your view of comments by category in the



List of Measures that were Recommended

2158: Medicare Spending Per

Council Acronyms

HPL	Health Plan
HPR	Health Professions
PRO	Providers
SPI	Supplier/Industry
QMRI	Quality Measurement, Research, and Improvement
CON	Consumers
PUR	Purchasers
PCHA	Public/Community Health Agency

Commenting Period	ID#	Date Submitted	Category	Measure	Comment	Commenter	Council/ Public	Response	Theme
Pre-evaluation	8588	1.28.2021	General	General	The American Medical Association (AMA) requests that the Standing Committee discuss the revisions made to the measure as described in S.7.2, specifically the change to equally weigh all risk-adjusted hospital episodes by the average ratio of observed to expected costs, and the expansion of episodes to include re-hospitalizations within 30 days of discharge of any admission that opens an episode. No rationale was provided for any of these changes, which makes it difficult for the AMA to provide input and determine whether we agree with the changes. The AMA is particularly concerned that the expansion to include re-hospitalizations will now double count the costs attributed to a hospital.	Submitted by American Medical Association (AMA)	HPR		General
Post-evaluation	8661	4.28.21	General	2158: Medicare Spending Per Beneficiary (MSPB) Hospital	The Federation of American Hospitals (FAH) questions whether the revisions to the measure specifications are appropriate and if the testing results produce performance scores that are reliable and valid for facility-level reporting. Specifically, the FAH is concerned that the developer provided no explanation on why the weighting of all risk-adjusted hospital episodes was changed nor was any rationale provided on the expansion of episodes to include re-hospitalizations within 30 days of discharge of any admission that opens an episode. We are particularly concerned with the inclusion of re-hospitalizations as a trigger episode since the same costs will now be attributed twice to a hospital and do not see any discussion by the Standing Committee about these changes.	Submitted by Federation of American Hospitals (FAH)	PRO		Measure Specifications, Risk Adjustment, Scientific Acceptability, Social Risk Factors
					The scientific acceptability of the measure is also called into question on review of the risk model's fit with the unadjusted and adjusted R-squared ranging from 0.11 to 0.67 across the Major Diagnostic Categories. The FAH does not believe that the reasons for this result are adequately addressed and risk adjustment must be improved prior to re-endorsement. In addition, while the FAH appreciates that social risk factors were reviewed, we remain concerned with the risk adjustment approach to determine whether inclusion of social risk factors. The FAH believes that the risk adjustment approach should not consider the identification and testing of social risk factors as supplementary to clinical risk factors. This approach was identified as a concern by the NQF Disparities Standing Committee and developers must begin to include these factors within the testing of the model rather than the approach of "adding on" factors after the model is developed.				
					This type of analysis would assist facilities and others in understanding how their inclusion could impact the model and provide additional information for groups examining this issue such as the NQF and Office of the Assistant Secretary for Planning and Evaluation. In addition, in Table 2b34b.c Impact of Social Risk Factors, hospitals measure scores shift when some or all of the social risk factors are applied within the risk model and particularly just over 15% of safety-net hospitals move above or below the delta in Model 13. The developer did not adequately explain why these results did not result in inclusion of some or all of the variables in the risk model. The FAH appreciates that the developer completed correlation analyses of this measure with several of the hospital quality measures. This work is extremely useful to understand how costs may or may not correlate with the quality of care provided and we encourage them to continue to perform these analyses with other costs measures.				
					Thanks you for the opportunity to comment.				