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Cost and Efficiency Spring 2021 Measure Review Cycle

Post-Comment Standing Committee Meeting

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Welcome

Housekeeping Reminders

- This is a WebEx meeting with audio and video capabilities:
 - ▣ **Meeting link:**
<https://nqf.webex.com/nqf/j.php?MTID=m73950e433b199ec8e9c80bd3d841de21>
 - ▣ **Meeting number:** 2344 248 2437
 - ▣ **Password:** QMEvent
- **Optional:** Dial 1-844-621-3956 and enter passcode 234 424 82437
- Please place yourself on mute when you are not speaking.
- We encourage you to use the following features:
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct Standing Committee roll call once the meeting begins.

If you are experiencing technical issues, please contact the NQF project team at efficiency@qualityforum.org



Project Team — Cost & Efficiency

- Matthew Pickering, PharmD, Sr. Director
- LeeAnn White, MS, BSN, Director
- Monika Harvey, MBA, PMP, Project Manager
- Karri Albanese, BA, Analyst
- Tristan Wind, BS, ACHE-SA, Coordinator
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Agenda

- Attendance
- Review and Discuss Comments Received on Draft Report
- Related and Competing Measures
- NQF Member and Public Comment
- Activities and Timelines
- Adjourn

Attendance

Cost and Efficiency Spring 2021 Cycle Standing Committee

- Kristine Martin Anderson, MBA (Co-chair)
- Sunny Jhamnani, MD (Co-chair)
- Cheryl Damberg, PhD
- Robert Bailey, MD
- Bijan Borah, MSc, PhD
- John Brooks, PhD
- Cory Byrd
- Amy Chin, MS
- Lindsay Erickson, MPH
- Risha Gidwani, DrPH
- Emma Hoo
- Sean Hopkins, BS
- Jonathan Jaffery, MD, MS, MMM
- Dinesh Kalra, MD (*inactive*)
- Donald Klitgaard, MD, FAAFP
- Suman Majumdar, PhD
- Alefiyah Mesiwala, MD, MPH
- Pamela Roberts, PhD, MSHA, OTR/L
- Mahil Senathirajah, MBA
- Matthew Titmuss, DPT
- Sophia Tripoli, MPH
- Danny van Leeuwen, RN, MPH

Spring 2021 Cycle Measures

■ Five Maintenance Measures

▣ Measures Recommended for Endorsement

- » **NQF #1598** *Total Resource Use Population-based Per Member Per Month (PMPM) Index (HealthPartners)*
- » **NQF #1604** *Total Cost of Care Population-based PMPM Index (HealthPartners)*
- » **NQF #2431** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (Centers for Medicare & Medicaid Services/Yale CORE)*
- » **NQF #2436** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (Centers for Medicare & Medicaid Services/Yale CORE)*
- » **NQF #2579** *Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN) (Centers for Medicare & Medicaid Services/Yale CORE)*

Review and Discuss Comments Received on Draft Report



Themed Comments

Number of Comments Received: Three comments were received on the following measures:

- **NQF #2431** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)*
- **NQF #2436** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)*
- **NQF #2579** *Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)*

Themed Comments (cont'd)

Summary of Comments Received: Three major themes were identified in the post-evaluation comments:

- Reliability and Minimum Reliability Thresholds (NQF #2431 and 2436)
 - » Concern regarding reliability results
- Social Risk and Risk Adjustment (NQF #2431, 2436, 2579)
 - » Concern with the way testing was conducted for social risk factors after adjusting for clinical risk factors and the adequacy of the risk model due to the R-squared results.
- Cost and Quality Correlation (NQF #2431, 2436, 2579)
 - » Concern with the correlation between the cost measures and any one quality measure within the hospital's quality programs when the specifications note that cost measures should not be evaluated alone.

NQF #2431 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)

- **Measure Steward:** Centers for Medicare & Medicaid Services/Yale CORE
 - ▣ Maintenance

- **Brief Description of Measure:**
 - ▣ This measure estimates hospital-level, risk-standardized payment for an AMI episode-of-care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older with a principal discharge diagnosis of AMI.

NQF #2431 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)

■ Summary of comments received: [1 comment]

- The American Medical Association voices concern with the signal-to-noise ratio value ranges specified in measure #2431 (median- 0.404; 0.298-0.594).
- AMA raised concern with testing for social risk factors after adjusting for clinical risk factors and questioned the adequacy of the risk model due to the R-squared results specified in measure #2431 ($r\text{-squared}=0.078$).
- The AMA voiced concern related to the lack of demonstrated correlation between cost measures and any one quality measure within the hospital's quality programs.

NQF #2436 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)

- **Measure Steward:** Centers for Medicare & Medicaid Services/Yale CORE
 - ▣ Maintenance

- **Brief Description of Measure:**
 - ▣ This measure estimates hospital-level, risk-standardized payment for a HF episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older with a principal discharge diagnosis of HF.

NQF #2436 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (Continued)

■ Summary of comments received: [1 comment]

- The American Medical Association voices concern with the signal-to-noise ratio value ranges specified in measure #2436 (median- 0.679; 0.528-0.801).
- AMA raised concern with testing for social risk factors after adjusting for clinical risk factors and questioned the adequacy of the risk model due to the R-squared results specified in measure #2436 ($r\text{-squared}=0.031$).
- The AMA voiced concern related to the lack of demonstrated correlation between cost measures and any one quality measure within the hospital's quality programs.

NQF #2579 Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)

- **Measure Steward:** Centers for Medicare & Medicaid Services/Yale CORE
 - ▣ Maintenance

- **Brief Description of Measure:**
 - ▣ This measure estimates hospital-level, risk-standardized payment for an eligible pneumonia episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years or older with a principal discharge diagnosis of pneumonia or principal discharge diagnosis of sepsis (not including severe sepsis) that have a secondary discharge diagnosis of pneumonia coded as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA.

NQF #2579 Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN) (Continued)

- **Summary of comments received: [1 comment]**
 - ▣ AMA raised concern with testing for social risk factors after adjusting for clinical risk factors and questioned the adequacy of the risk model due to the R-squared results specified in measure #2579 ($r\text{-squared}=0.076$).
 - ▣ The AMA voiced concern related to the lack of demonstrated correlation between cost measures and any one quality measure within the hospital's quality programs.

Proposed Standing Committee Response

Theme: Reliability and Minimum Reliability Thresholds

- Thank you for your comments. During the Standing Committee initial review of the measures under consideration, concern was raised regarding the signal-to-noise reliability statistics for entities with low case volume. The Committee acknowledged challenges with achieving reliability thresholds for measure score reliability while balancing the trade-off of including more facilities or providers within the measure to promote transparency across the health care system. The Standing Committee also considered the Scientific Methods Panel (SMP)'s decision to pass the measure on reliability and their input on the reliability testing results when voting to recommend these measures for endorsement.



Proposed Standing Committee Response (Continued)

Theme: Social Risk and Risk Adjustment

- Thank you for your comments. The Standing Committee acknowledges the commenter's concern that cost, and resource use measure can be influenced by care received in a healthcare setting but also by clinical processes and social risk factors (SRF). While the developers did test for the impact of SRF in the risk models for these measures, some of the measures did not include SRF in the final model. While the Standing Committee notes that it is important to maximize the predictive value of a risk adjustment model, elements of a risk model should be included based on a conceptual and empirical rationale. The Standing Committee considered the SMP's decision to pass the measure on validity and their input on the validity testing, and the approach to the risk adjustment modeling and agreed to recommend these measures for endorsement.



Proposed Standing Committee Response

Theme: Cost and Quality Correlation

- Thank you for your comments. The Standing Committee and NQF recognize that cost and resource use measures should be used in the context of and reported with quality measures. The Standing Committee discussed the relationship between cost and quality measures, emphasizing the importance of reporting performance to demonstrate improvements in cost while ensuring similar or higher levels of care quality. Additionally, the current NQF cost and efficiency endorsement criteria do not require specifications or testing of a paired quality measure.

Related and Competing Measures

Related and Competing Measures

If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus target process, condition, event, outcome	Different concepts for measure focus target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

Related and Competing Measures (*continued*)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

NQF #2431 Related Measures

- **NQF #0230** *Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization*
- **NQF #0505** *Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.*
- **NQF #2158** *Medicare Spending Per Beneficiary (MSPB) Hospital*
- **NQF #2436** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)*
- **NQF #2579** *Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)*
- **NQF #3474** *Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)*

NQF #2436 Related Measures

- **NQF #0229** *Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization*
- **NQF #0330** *Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization*
- **NQF #2158** *Medicare Spending Per Beneficiary (MSPB) Hospital*
- **NQF #2431** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)*
- **NQF #2579** *Hospital-level, risk-standardized payment associated with a 30-day episode of care for pneumonia (PN)*
- **NQF #3474** *Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)*



NQF #2579 Related Measures

- **NQF #0230** *Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization*
- **NQF #0468** *Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization*
- **NQF #0506** *Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization*
- **NQF #2158** *Medicare Spending Per Beneficiary (MSPB) Hospital*
- **NQF #2436** *Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)*
- **NQF #3474** *Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA)*

Activities and Timelines

Activities and Timeline – Spring 2021 Cycle

***All times ET**

Meeting	Date, Time*
CSAC Review	November 30 (9:00 AM – 5:00 PM) December 1 (9:00 AM – Noon)
Appeals Period (20 days)	December 7 – January 5



Project Contact Info

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- Project page: [http://www.qualityforum.org/Cost and Efficiency.aspx](http://www.qualityforum.org/Cost_and_Efficiency.aspx)
- SharePoint site:
<https://share.qualityforum.org/portfolio/CostEfficiency/SitePages/Home.aspx> -

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