NATIONAL QUALITY FORUM

Memo

May 5, 2019

To: Patient Experience and Function Standing Committee

From: NQF staff

Re: Post-comment web meeting

Purpose of the Call

The Patient Experience and Function Standing Committee will convene via web meeting on May 15, 2019 from 2:00 pm – 4:00 pm ET. The purpose of this call is to:

- Discuss and revote on NQF 3480 *Discharge to Community - Post Acute Care for Long-Term Care Hospitals*, which did not reach consensus;
- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and the draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: **1-800-768-2983**
Access code #: **1097819**
Web link: https://cc.callinfo.com/r/1jhhem3q076ui&eom

Background

Ensuring that all patients and family members are engaged partners in healthcare is one of the core priorities of the National Quality Strategy and NQF. The current healthcare system needs measures to support the new paradigm in which patients are empowered to participate actively in their own care. In this new healthcare paradigm, high-quality performance measures are

essential to provide insight on how providers are responding to the needs and preferences of patients and families, and how healthcare organizations can create effective care practices that support positive patient experience and improved function.

The 20-member Patient Experience and Function Standing Committee has been charged with overseeing the NQF patient experience and function measure portfolio. The Committee evaluates both newly submitted and previously endorsed measures against NQF's measure evaluation criteria, identifies gaps in the measurement portfolio, provides feedback on how the portfolio should evolve, and serves on any ad hoc or expedited projects in its designated topic areas.

During three web meetings on February 11, 13, and 15, 2019, the Patient Experience and Function Standing Committee evaluated five newly submitted measures. The Standing Committee recommended four measures for endorsement and did not reach consensus on one measure. The measures recommended for endorsement are:

- 3455 Timely Follow-Up After Acute Exacerbations of Chronic Conditions
- 3477 Discharge to Community-Post Acute Care Measure for Home Health Agencies
- 3479 Discharge to Community-Post Acute Care Measure for Inpatient Rehabilitation Facilities (IRF)
- 3481 Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)

The Committee did not reach consensus on the following measure:

- 3480 Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (LTCH)

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from December 5, 2018 to February 1, 2019 for the measures under review. No pre-evaluation comments were received.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 18, 2019, for 30 calendar days. During this commenting period, NQF received eight comments from two member organizations:

Member Council	# of Member Organizations Who Commented
Health Professional	1
Provider Organization	1

We have included all comments that we received in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this before the meeting and consider the individual comments received and the proposed responses to each.

The post-evaluation comments conformed to one major topic area. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the May 15 post-comment call. Instead, we will spend the majority of the time considering the theme discussed below, and the set of comments as a whole. Please note that the identification of a major topic area is not an attempt to limit Committee discussion. Additionally, please note that measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

Comments and their Disposition

Themed Comments

One major theme was identified in the post-evaluation comments, as follows:

1. Concern over the risk-adjustment model for the discharge to community measures, particularly the exclusion of dual-eligible beneficiaries.

Theme 1 – Risk-Adjustment Model Concerns

All eight comments submitted (two comments per measure for the four discharge-to-community measures) echoed one theme: a concern that the risk-adjustment models for the measures were not adequately tested and that people with dual eligible status were not included in the risk model due to a CMS policy decision, rather than empiric evidence.

Measure Steward/Developer Response:

CMS, RTI International and Abt Associates Inc. thank the American Medical Association (AMA)/the Federation of American Hospitals (FAH) for their comments. We agree that quality measures must be specified to ensure reliable and valid comparisons of providers. We believe we have empirically demonstrated a high level of reliability and validity of the Discharge to Community (DTC) measures. In addition to policy considerations impacting our approach, we conducted an extensive and thoughtful empirical assessment of the need for social risk factor adjustment. We first assessed the impact of dual status adjustment on provider scores. We found that dual-adjusted and non-dual-adjusted DTC scores were very strongly associated in all post-acute care (PAC) settings, both for providers with low and high proportions of dual eligible beneficiaries with full Medicaid benefit (full-dual). Pearson and Spearman correlations between dual-

adjusted and non-dual-adjusted DTC scores were close to 1, while intraclass correlation coefficients were between 0.9 and 1, with most being close to 1. Further, we found that amongst providers with the highest proportions of full-dual beneficiaries, nearly 71% of home health agencies (HHAs), nearly 50% of inpatient rehabilitation facilities (IRFs), over 25% of long-term care hospitals (LTCHs), and over 10% skilled nursing facilities (SNFs) had DTC measure scores above the national rate. The strong association between dual-adjusted and non-dual-adjusted scores demonstrates that the measure provides reliable and valid assessment of provider performance without adjustment for dual status. The presence of high performing providers amongst those with high proportions of full-dual beneficiaries shows that it is possible for providers serving dual eligible beneficiaries to achieve high DTC rates, without adjustment for dual status. Based on these findings, we do not believe that dual status risk adjustment is indicated at this time. On the contrary, dual status adjustment poses the risk of disincentivizing providers from working towards successfully discharging dual eligible beneficiaries to the community.

In addition to dual eligibility, we assessed the impact of three other social risk factors: race, urbanicity of beneficiary residence, and socioeconomic status (SES) of beneficiary residence area (Agency of Healthcare Research and Quality (AHRQ) SES Index) (see Appendix). We found an inconsistent impact of these social risk factors across PAC settings. We also found that these additional social risk factors had little impact on scores beyond dual status adjustment (i.e., there was little difference in scores based on dual adjustment only vs. adjustment for all four social risk factors) (data not shown).

We will continue to monitor outcomes of dually eligible beneficiaries and those with other social risk factors as part of measure monitoring and evaluation and will assess the need for social risk factor adjustment in the future.

We provide a conceptual model for social risk factors in section 2b3.3b of the testing form and statistical results of social risk factor testing in section 2b3.4a.

Proposed Committee Response:
TBD – the Committee will discuss a response on the May 15 call.

Action Item:
The Committee should discuss the comments and the developer's response. The Committee has the option to let its recommendation to endorse for 3477, 3479, and 3481 stand, or the Committee may reconsider and vote again on whether the measures should be recommended for endorsement.

Measure-Specific Comments

3480 Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (LTCH)

One commenter noted that the report provided limited information on why the Committee did not reach consensus on this measure.

The Committee voted Yes-10 and No-7 for the measure to pass evidence, a 59/41 split (consensus is achieved at greater than 60%). The draft report posted for comment summarized the discussion as follows:

- Many of the Committee's comments on this measure resembled those for the previous two measures, but Committee members noted that the literature on LTACs is quite limited and there are only 400 LTACs in the United States. Committee members noted that people with better functional status are more likely to go home, but that we also know therapy makes a difference in discharge rates.
- The Committee noted that for patients, it is extraordinarily important to know the rate of discharge to home and community-based settings from an LTAC, because this population is severely compromised and there is a large variability in the outcomes between different facilities.
- The Committee did not reach consensus on the evidence criteria.
- They did agree there is a gap in care and disparities for this area.

For an outcome measure to pass Evidence, a yes/no vote, NQF's requirements are:

- *Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available,* ***wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias****.*

According to the developer, overall, 83.8% of LTCHs (n = 351) had performance scores that were significantly different from the national rate, with 43.7% (n = 183) being worse and 40.1% (n = 168) being better than the national rate, indicating a substantial performance gap.

NQF Response:

NQF will add the following additional text to the report to provide more information on the vote: *The Committee did not reach consensus on the evidence due to the limited evidence available in the field. While Committee members noted that studies done in post-acute care situations do provide data that can be extrapolated to this setting, the actual evidence for this specific setting is limited, due in part to the small number of LTACs.* In addition, the text will be updated with the Committee's final decision following the post-comment call.

Proposed Committee Response:

TBD – the Committee will discuss and revote on the measure on the May 15 call.

Action Item:

After discussing the comment, the Committee should revote on the Evidence criterion in an attempt to reach consensus. If the measure passes this vote, the Committee will vote on an overall recommendation for endorsement.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Committee's recommendations. Two NQF members expressed their nonsupport. One NQF member did not support 3477; two NQF members did not support 3479; and one did not support 3480. No members expressed support or lack of support for 3481.

Appendix A: NQF Member Expression of Support Results

Two NQF members provided their expressions of nonsupport. NQF members did not support any of the four measures under consideration; one measure did not receive any expressions of support/nonsupport. Results for each measure are provided below.

3477 Discharge to Community-Post Acute Care Measure for Home Health Agencies (CMS/RTI)

Member Council	Support	Do Not Support	Total
Health Professional	0	1	1

3479 Discharge to Community-Post Acute Care Measure for Inpatient Rehabilitation Facilities (IRF) (CMS/RTI)

Member Council	Support	Do Not Support	Total
Health Professional	0	1	1
Provider Organization	0	1	1

3480 Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (LTCH) (CMS/RTI)

Member Council	Support	Do Not Support	Total
Health Professional	0	1	1