NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes
Summary of the Main Outcomes Steering Committee Conference Call
March 24, 2010

Steering Committee members present: Joyce Dubow, MUP (co-chair); Lee Fleisher, MD (co-chair); Ruben Amarasingham, MD, MBA; Larry Becker; Anne Deutsch, PhD, RN; Linda Gerbig, RN, MSPH; Edward Gibbons, MD; Sheldon Greenfield, MD; Linda Groah, RN, MSN, CNOR, FAAN; Patricia Haugen; David Herman, MD; David Hopkins, PhD, MS; Dianne Jewell, PT, DPT, PhD, CCS; David Johnson, MD, FACP, FACG, FASGE; Iver Juster, MD; Pauline McNulty, PhD; Amy Rosen, PhD; Barbara Yawn, MD

NQF staff present: Reva Winkler, MD, MPH; Helen Burstin, MD, MPH; Heidi Bossley, MNA, MBA; Sarah Fanta; Hawa Camara

Measure Developers present: Christopher Tompkins (Brandeis University); Shaheen Halim (CMS)
Consultant Biostatistician: Sean O'Brien, PhD

INTRODUCTION

A conference call of the National Voluntary Consensus Standards for Patient Outcomes Main Steering Committee was held on Wednesday, March 24, 2010. Co-Chairs, Joyce Dubow and Lee Fleisher, opened the meeting with introductions of the Committee members, NQF staff, and measure developers present on the call. Committee members were requested to disclose any specific interests pertaining to the measures being evaluated. None of the Steering Committee members offered any disclosures.

Joyce Dubow advised the Committee that this call was a continuation of the call on March 17, 2010 for the Steering Committee to discuss another six measures in the patient outcomes project and decide whether the measures should be recommended for endorsement. For logistical reasons, the Steering Committee did not vote during this call; the votes were captured electronically afterwards. All of the measures discussed were reviewed by the cardiovascular TAP, and summaries were provided to the Steering Committee members. Due to the complexity of outcomes measure, a consultant biostatistician, Dr. Sean O'Brien, provided evaluation of the risk models to assist the Committee. The measure developers were present to respond to questions from the Committee.

MEASURE DISCUSSION

OT1-002-09: 30-Day post-hospital AMI discharge ED visit rate

OT1-006-09: 30-Day post-hospital HF discharge ED visit rate

These two measures were discussed together because they were developed using the same methodology as the previously endorsed readmission measures. . They are part of the composite that describes the post hospitalization care of patients with AMI and heart failure. The Committee considered these measures both as a stand-alone and as part of the composite.

Importance to measure and report

- The cardiovascular TAP identified the biggest concern with these measures is the wide variety of reasons patients seek care in the ED. Use of the ED varies by local conditions such as availability of primary care and the relationship between clinicians and the ED particularly after hours. Many ED visits would not have any relationship to the antecedent hospitalization so the data for "all cause" ED visits is very noisy and not necessarily specific to AMI or heart failure.

- The committee discussed other aspects of ED care that contribute to noisiness including:
  - use of 23 hour 59 minute ED stays to avoid admission; and
  - patients may take themselves to the ER, as a preference to be seen immediately.

Steering Committee vote on importance: OT1-002-09 yes -17 no -1

OT1-006-09 yes -16 no -0

Scientific Acceptability of the Measure Properties

- The Committee noted that these measures are specified for Medicare only. The Committee urged the developers to broaden the applicability of the measure to all populations.
- The Committee also suggested stratifying by co-morbidities.

Steering Committee vote on scientific acceptability:

OT1-002-09 completely – 7 partially -10 minimally -1 not at all -0

OT1-006-09 completely – 5 partially -10 minimally -1 not at all -0

Usabilty

- A Committee member noted that the hierarchal model allows smaller hospitals to be closer to the mean; the small hospitals will never show up as worse than average
- The developer noted that their primary goal had been to produce a composite of care trajectories. The same methodology was used in all three components (readmission, ED visits, and E&M service). The measures speak to each other and there are different ways to dampen the noise aside from shrinkage.

Steering Committee vote on usability:

OT1-002-09 completely –8 partially -9 minimally -1 not at all -0

OT1-006-09 completely – 7 partially -8 minimally -1 not at all -0

Feasibility

- The Committee asked the developer to clarify that the measure could be applied to other than Medicare populations.

Steering Committee vote on feasibility :

OT1-002-09 completely –12 partially -5 minimally -1 not at all -0

OT1-006-09 completely – 9 partially -6 minimally -1 not at all -0

Recommendation for endorsement:

Steering Committee vote on OT1-002-09:

recommend as a stand-alone measure – 8

recommend as part of the composite only – 9

do not recommend -1

Steering Committee vote on OT1-006-09:

recommend as a stand-alone measure – 6

recommend as part of the composite only – 7

do not recommend -3

OT1-003-09: 30-Day post-hospital AMI discharge evaluation and management service measure

OT1-004-09: 30-Day post-hospital HF discharge evaluation and management service measures

These two measures were discussed together because they were developed using the same methodology as the previously endorsed readmission measures and the ED visit measures. These measures are part of the composite that describes the post hospitalization care of patients with AMI and heart failure. The Committee considered these measures both as a stand-alone and as part of the composite.

Importance to Measure and Report

- The TAP highlighted some confusion as to the meaning of this measure. The developer indicated that an E&M visit is generally desirable after a hospitalization but it may also be a sign of deteriorating condition. The bi-directionality is hard to interpret.
- Committee members referred to an analysis of Medicare readmission by Steve Jencks and others (Jencks SF, Williams MV, Coleman EA, Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med*. 2009 Apr 2;360(14):1418-28.) noting that 50 percent of patients readmitted had not seen a physician.
- Committee members noted that some institutions are testing a variety of follow-up activities to reduce readmissions which would not be captured as an E&M visit but would serve the same purpose but would not be credited.

Steering Committee vote on importance: OT1-003-09 yes -16 no -0

OT1-004-09 yes -14 no -0

Scientific Acceptability of the Measure Properties

- Some Committee members thought this is really a process measure – something that should happen without risk adjustment.
- Only validity assessment is face validity.

Steering Committee vote on scientific acceptability:

OT1-003-09 completely – 5 partially -9 minimally -2 not at all -0

OT1-004-09 completely – 5 partially -9 minimally -9 not at all -0

Usability

- No disagreement if this measure as reported is an accurate depiction of care coordination.
- An E & M service claim does not indicate whether appropriate follow-up care was rendered.
- Other avenues of contact such as phone calls or nurse visits may be effective also. By concentrating solely on E&M service, innovative approaches to care coordination and prevention of readmissions may be stifled.

Steering Committee vote on usability:

OT1-003-09 completely –7 partially -6 minimally -2 not at all -0

OT1-004-09 completely –5 partially 9 minimally -2 not at all -0

Feasibility

- Again, the measure should apply as broadly as possible.
- Committee members raised the concern that some CMS carriers do not accept certain billing codes for nurse visits—this is variable region to region.

Steering Committee vote on feasibility :

OT1-003-09 completely –9 partially -5 minimally -2 not at all -0

OT1-004-09 completely – 6 partially -8 minimally -1 not at all -0

Recommendation for Endorsement:

Steering Committee vote on OT1-003-09:

recommend as a stand-alone measure –6

recommend as part of the composite only – 5

do not recommend -5

Steering Committee vote on OT1-004-09:

recommend as a stand-alone measure – 7

recommend as part of the composite only – 3

do not recommend -6

OT1-016-09: 30-day post-hospital AMI discharge care transition composite measure

OT1-017-09: 30-daypost-hospital HF discharge care transition composite measure

Both composite measures use a weighted scoring for each component: readmissions (-4); ED visit (-2) and E&M service (+1). The developers provided a table that demonstrated how the various components performed for sample results on the composite in each quintile.

- The developer advised that the weightings were determined by the developers and their expert panel. While arbitrary, the weightings reflect the value of the desirable care trajectory for patients after hospitalization.
- Some Committee members felt that only the readmission and ED visit measures would be a better composite.

Steering Committee vote on importance: OT1-016-09 yes -16 no -0

OT1-017-09 yes -16 no -0

Steering Committee vote on scientific acceptability:

OT1-016-09 completely –4 partially -11 minimally -1 not at all -0

OT1-017-09 completely – 4 partially -11 minimally -1 not at all -0

Steering Committee vote on usability:

OT1-016-09 completely –6 partially -9 minimally -1 not at all -0

OT1-017-09 completely –6 partially -8 minimally -2 not at all -0

Steering Committee vote on feasibility :

OT1-016-09 completely –8 partially -8 minimally -0 not at all -0

OT1-017-09 completely – 8 partially -8 minimally -0 not at all -0

Recommendation for Endorsement:

Steering Committee vote on OT1-016-09:

recommend composite measure –10

do not recommend -5

abstain -1

Steering Committee vote on OT1-017-09:

recommend composite measure –9

do not recommend -6

abstain -1

Public comment

No comments were offered.