TO: Consensus Standards Approval Committee (CSAC)

FR: Reva Winkler, Kathryn Streeter and Jessica Weber

RE: Result of Voting for Pulmonary and Critical Care Follow-up

DA: February 7, 2013

The CSAC will consider the Steering Committee's recommendations for two remaining measures within the *Pulmonary and Critical Care Endorsement Maintenance Project* during its February 12th conference call. The complete voting draft addendum report and detailed measure information are available on the project webpage.

This project followed the National Quality Forum's (NQF) version 1.9 of the Consensus Development Process (CDP). Member voting on the two recommended measures ended on February 6, 2013.

NQF MEMBER VOTING RESULTS

All two of the recommended measures were approved with 71% approval or higher. Representatives of 54 member organizations voted; no votes were received from the Public/Community Health Agency Council. Results for each measure are provided below. (Links are provided to the full measure summary evaluation tables.)

Measure #0506 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following pneumonia hospitalization

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	10	0	0	10	100%
Health Plan	5	0	0	5	100%
Health Professional	8	0	0	8	100%
Provider Organizations	3	12	0	15	20%
Public/Community Health Agency	0	0	0	0	
Purchaser	7	0	0	7	100%
QMRI	1	2	2	5	33%
Supplier/Industry	2	1	1	4	67%
All Councils	**36**	**15**	**3**	**54**	**71%**
Percentage of councils approving (>50%)					71%
Average council percentage approval					74%

Voting Comments:

- Henry Medical Group: "Need to consider social adjustors for measures like this."

- Harborview Medical Center: "They seem quite reasonable, except for one criteria: all cause re-admission. It seems odd that a patient re-admitted for trauma or skin infection 20 days after being admitted for pneumonia should be an indicator of poor pneumonia care."
- AmeriHealth Mercy Family of Companies: "This is a good bridge measure until we can develop better measures of avoidable use of intensive health care resources that occur because medical and social issues were not addressed during a hospital confinement. We should be able to strip off unrelated events and probably shall in the future".
- American Hospital Association: "As we said in our comment letter, we believe exclusions here are an improvement over the previous measures, however more work is needed to exclude conditions where the readmission clearly could not have been prevented and to adjust for the community factors that make it much more challenging for hospitals in under-privileged communities reduce readmissions".
- Johns Hopkins Health System: "In summary, along with the issues re: risk adjustment, the main reason JHHS voted no is related to the lack of evidence that the quality measures are responsive to improved quality of care. That is, for a quality measure to be valid, we should be confident that if you improve quality, the outcome improves. There is very little empiric evidence for this. A concern is that the reason the measure is not responsive is that it is driven more by fixed patient characteristics or public health issues rather than the quality of care. We believe more research needs to happen in this area."

Measure #1891 Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	10	0	0	10	100%
Health Plan	5	0	0	5	100%
Health Professional	8	0	0	8	100%
Provider Organizations	3	12	0	15	20%
Public/Community Health Agency	0	0	0	0	
Purchaser	7	0	0	7	100%
QMRI	1	2	2	5	33%
Supplier/Industry	3	1	0	4	75%
All Councils	**37**	**15**	**2**	**54**	**71%**
Percentage of councils approving (>50%)					71%
Average council percentage approval					75%

Voting Comments:

- Henry Medical Group: "Need to consider social adjustors for readmission measures".
- AmeriHealth Mercy Family of Companies: "This is a good bridge measure until we can develop better measures of avoidable use of intensive health care resources that occur because medical and social issues were not addressed during a hospital confinement. We should be able to strip off unrelated events and probably shall in the future".
- American Hospital Association: "As we said in our comment letter, we believe exclusions here are an improvement over the previous measures, however more work is needed to exclude

conditions where the readmission clearly could not have been prevented and to adjust for the community factors that make it much more challenging for hospitals in under-privileged communities reduce readmissions".

- Johns Hopkins Health System: "In summary, along with the issues re: risk adjustment, the main reason JHHS voted no is related to the lack of evidence that the quality measures are responsive to improved quality of care. That is, for a quality measure to be valid, we should be confident that if you improve quality, the outcome improves. There is very little empiric evidence for this. A concern is that the reason the measure is not responsive is that it is driven more by fixed patient characteristics or public health issues rather than the quality of care. We believe more research needs to happen in this area."