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January 20, 2012

Janet Corrigan
President and Chief Executive Officer
National Quality Forum
601 13th Street, NW, Suite 500 North
Washington, DC 20005

Delivered electronically

Re: Pre-Voting Review for Patient Outcomes: All Cause Readmissions Expedited Review 2011: S Consensus Report

Dear Dr. Corrigan:

As Chair of the Board of Directors of the American Medical Rehabilitation Providers Association (AMRPA), I respectfully submit comments in response to the National Quality Forum's (NQF) draft report entitled *Patient Outcomes: All Cause Readmissions Expedited Review 2011: A Consensus Report* issued on January 9. The report discusses three readmissions measures that are under consideration by the Centers for Medicare and Medicaid Services (CMS) for use in the fiscal year (FY) 2013 rulemaking cycle. The report reflects the endorsement of two of these measures for future use made by a NQF-convened steering committee. While these measures appear to be applicable primarily to acute care hospitals, AMRPA recognizes that as quality reporting initiatives are instituted in inpatient rehabilitation hospitals and units (IRH/Us) similar measures may be considered for this setting. Therefore, we remain committed to ensure quality measures take into consideration the unique needs of the patients medical rehabilitation providers serve.

AMRPA is the national trade association which represents over 500 freestanding rehabilitation hospitals, rehabilitation units of general hospitals, outpatient rehabilitation service providers, skilled nursing facilities (SNFs) as well as a number of long-term care hospitals (LTCHs). Hence, it represents a range of post-acute care providers. IRH/Us serve approximately 600,000 patients per year. AMRPA members work with patients to maximize health, functional skills, independence and participation in society so they may return to home, work, and/or an active retirement. We are fortunate to be represented by Bruce Pomeranz, M.D. of Kessler Institute for Rehabilitation on the Steering Committee that assisted NQF in drafting its report.

The Steering Committee considered three readmission measures in its deliberations:

- Measure 1789: Hospital-wide all-cause unplanned readmissions measure (HWR)
- Measure 1786: Plan all-cause readmission
- Measure 0329: Risk-adjusted 30-day all-cause readmissions rate

As the report reflects, the Steering Committee voted in support of Measures 1789 and 1768 if the measure stewards made a series of changes to the measure specifications to harmonize the measures. AMRPA supports the recommendations made by this committee. We agree these measures address a

high impact area for quality improvement. Measure 1789 proves particularly relevant to inpatient rehabilitation providers because it specifically states that admission to a rehabilitation hospital would not be considered a “readmission” when calculating the readmission rate. This is an important feature missing in Measure 0329. In addition, Measure 0329 has other weaknesses as noted in the report including: 1) the broad age range to which the measure is applicable; 2) its inappropriate risk-adjustment model; 3) its failure to adjust for co-morbidities; and 4), its lack of sufficient validity testing.

Additionally, AMRPA believes that if the measure steward, the National Committee for Quality Assurance, for Measure 1768 adopts the changes recommended by the Steering Committee that it could be a strong partner to Measure 1789 in improving quality and reducing readmissions. This measure holds the health plan accountable for readmissions. It also ensures that the health plan would have a role in assuring appropriate care decisions are made for the patient and that payer policies are reflective of these decisions rather than cost savings.

As noted above, AMRPA is committed to ensuring the care delivered in IRH/Us is of high quality. As part of this effort it has convened a Quality Committee comprised of our members who are recognized as experts in quality improvement in the inpatient rehabilitation field. The committee has spent considerable time assessing the most appropriate way to capture readmissions data for IRH/Us. We believe several criteria need to be evaluated when assessing the appropriateness of a particular quality measure for readmissions:

- Defining the difference between a transfer from rehab to acute care and a readmission post discharge from IRF;
- Excluding the first 48 hours of admission to IRF as negatively impacting an IRF’s readmission rate (as these transfers back to acute are a result of the patient not being stable for discharge and should not be a reflection of quality in the IRF);
- Risk adjustment factors can be used for both payment and outcomes purposes. In this context, they would be used for the latter. Such adjustment is necessary to assure that the measures reflect the true picture of the facility reporting data on a specific measure. At the same time, the measure’s description needs to assure that there are no disincentives to access, particularly for severely impaired patients. By focusing on risk adjusting, AMRPA believes it will help explain differences between levels of care or, in this case, among IRH/U providers so that the outcome rates can be compared despite differences. Simply put, risk adjustment would level the playing field. If measures are not risk adjusted, there is no reasonable, fair, or accurate method by which to compare data among the measures or the providers;
- Consideration also needs to be given on if certain populations (such as the orthopedic, neurological, trauma populations) need to be compared separately vs. adapted by risk adjustment. Ineffective risk adjustment of these populations could drive facilities to avoid the trauma or neurological populations for the more predictable and less medically complicated orthopedic population.

In closing, I would like to thank you again for the opportunity to provide comments on this report. AMRPA members strive to provide quality services to the patients they treat and recognize the role preventing readmissions plays in this pursuit. However, we remain committed to ensuring that readmissions measures are appropriately risk-adjusted and account for planned readmissions to ensure the unique needs of the patients we serve are addressed. We continue to encourage NQF and CMS to carefully consider measures that improve health outcomes while maintaining the affordability of that

care for patients and their caregivers and minimize undue burden on the health care providers who serve them. We look forward to additional opportunities to work with NQF. If you have any questions, please do not hesitate to contact me at 402-486-9009 or mlommel@madonna.org. The Co-Chairs of the AMRPA Quality Committee, Suzanne Snyder and Dexanne Clohan, would also be happy to assist you. You may also contact Carolyn Zollar or Sarah Nicholls of AMRPA, at 202-223-1920.


Sincerely,



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