



January 20, 2012

Janet Corrigan, PhD
President & CEO
National Quality Forum
1030 15th Street, NW Suite 800
Washington, DC 20005

Dear Janet:

The Federation of American Hospitals (“FAH”) appreciates the opportunity to comment on the draft report, “Patient Outcomes: All Cause Readmission Expedited Review 2011: A Consensus Report.” Our comments below address both the expedited process utilized for review of the Hospital-wide All-Cause Readmissions Measure (#1789) as well as the substance of the measure itself (to the extent possible given the shortened comment period).

The FAH is a strong supporter of the NQF Consensus Development Process (“CDP”) and a “true believer” in the benefits of multi-stakeholder input in the quality arena. We’ve been an active participant in the refinements to the CDP as the quality measurement world has evolved over the past several years and have encouraged the NQF to identify ways to make the process more efficient in order to meet the needs of a broad range of stakeholders.

Expedited Review Process

Recognizing the rapidly growing need for specific, legislatively-mandated measures on tight timelines in the wake of the passage of the Affordable Care Act (“ACA”), the NQF Board, in the fall of 2010, voted to establish an expedited review process, based on three criteria, and tasked the CSAC with evaluating whether those criteria were met.

When the expedited review process is utilized, we believe it is critical that it is applied in a way that does not undermine the underlying NQF endorsement criteria or the application of those criteria to prioritize importance, followed by scientific acceptability (as established by the NQF Board), then usability and feasibility.

We feel a more appropriate application of expedited review in the readmissions arena would have been expedited review of needed technical changes to the three currently endorsed

condition-specific readmission measures to meet the legislative requirements in the ACA to account for planned and unrelated readmissions. The condition-specific readmissions measures are set to be used in the Hospital Readmissions Reduction payment program in FY 2013, which clearly meets the “time-sensitive” criterion for expedited review.

In addition, recent changes to NQF Board voting procedures on new measures for endorsement assume Board ratification of the CSAC action without needing to take an affirmative vote, unless Board members ask to pull specific measures for further consideration. ***The FAH believes strongly that for controversial measures, such as the two All-Cause Readmissions measures addressed in this report, the NQF Board of Directors should take an affirmative up or down vote.*** This is particularly important in this case, where controversial measures were evaluated under the expedited review process.

Specific Comments on Hospital-wide All-cause Unplanned Readmissions Measure (#1789)

The FAH has a number of concerns with this measure, many of which were raised by Steering Committee members and reflected in the split votes on key endorsement criteria, namely scientific acceptability and usability.

Continued Use of 30-day Timeframe

The FAH has serious concerns with the use of a 30-day timeframe for this measure and for outcomes measures generally. We believe that clinically, a 15-day timeframe for measuring readmissions is more reflective of the quality of care a patient received during the index hospital stay. By measuring beyond 15 days, CMS is potentially holding hospitals accountable for a range of circumstances, including poor community infrastructure and natural progression of disease, which are not within the institution’s control.

Lack of Adjustment for Socioeconomic Status

The question of whether to adjust for Socioeconomic Status (SES) has been a topic of great debate within the health care community for some time. While SES adjustment may not be appropriate for process-of-care measures, we agree with members of the Steering Committee who expressed concern that hospital readmissions, in particular, are heavily affected by the resources and infrastructure available in the community. We recognize there is currently no standard, valid methodology for adjusting for SES, however, we believe this is an area that warrants continued attention and analysis to determine whether there is a set of SES indicators for which adjustments should be made to capture certain characteristics, such as the patient’s ability to comply with discharge/post-procedure instructions, or community infrastructure to support the patient after discharge, while balancing the critical need to avoid unintended consequences. We believe this type of adjustment would be appropriate to apply to readmissions measures.

Usability

The FAH is extremely concerned that the majority of Steering Committee members rated the Usability of this measure “low.” As with the three condition-specific readmissions measures currently posted on *Hospital Compare*, hospitals will have to wait for CMS to calculate this measure utilizing data the hospital cannot access and then inform hospitals of their rate which currently occurs only once a year. This data lag, resulting from hospitals’ inability to replicate the readmissions measure calculation in-house, does not lend itself to continuous tracking and rapid-cycle improvement.

Measure Exclusions

We were pleased to see, on initial review, a more robust list of “planned” procedures accounted for in this measure. However, the short comment period did not allow sufficient time for in-depth review with our clinician experts to access how that list will interact with the list of discharge condition categories/complications of care that would deem a planned procedure “unplanned.” Likewise, our initial read is that the added exclusions for cancer and psychiatric discharges are positive and these exclusions should be incorporated into the three current condition-specific readmission measures, regardless of whether the Hospital-wide All-cause measure gains NQF endorsement.

Again, we appreciate the opportunity to comment on this Hospital-wide All-cause Readmissions Measure and look forward to continuing to work with the NQF, CMS and its contractors to develop and endorse additional outcomes measures that will drive meaningful improvements in hospital performance.

Sincerely,

A handwritten signature in black ink, appearing to read "Nigita M.", with a horizontal line underneath the signature.