NQF Appeal Request Measure 1789

The undersigned organizations (all NQF Members) wish to appeal the final decision of the NQF Board of Directors to ratify Measure 1789, Hospital-wide all cause readmission measure approved on April 24, 2012. We have several serious concerns about the endorsement of this measure as outlined in the detailed letter to Janet Corrigan, NQF CEO, from the American Hospital Association (AHA) of January 20, 2012. In the interest of brevity, we agree fully with all of AHA's concerns as voiced in this letter.

In addition, the summary of the NQF membership vote on this measure is displayed in the table below.

Measure #1789 Hospital-wide all-cause unplanned readmission measure (HWR) (CMS)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	6	0	0	6	100%
Health Plan	4	2	0	6	67%
Health Professional	4	7	0	11	36%
Provider Organizations	4	17	2	23	19%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	7	0	0	7	100%
QMRI	4	5	1	10	44%
Supplier/Industry	0	0	0	0	
All Councils	30	31	3	64	49%
Percentage of councils approving (>50%)					**57%**
Average council percentage approval					67%

*equation: Yes/ (Total - Abstain)

It is noted that less than 20% of the more than 400 NQF members voted on this measure and a disproportionate number of Health Professional and Provider Organization members voted "No", with the final total vote actually being less than 50% in favor of the measure.

These findings call into question serious concerns about whether the NQF Consensus Development Process achieves consensus among affected stakeholders as intended, and reflects decision making in a high stakes environment that is, in our view, neither fair or balanced.

While we have not fully polled the rest of the NQF membership on this issue, we believe that we represent the vast majority of members in both the Health Professional and Provider Councils, which also constitute close to 50% of NQF's overall membership.

We believe that a more robust forum for dialogue and consensus is necessary before this measure is adopted by the Centers for Medicare and Medicaid (CMS) for public reporting and payment decisions. We also wish to point out additional information recently published in the

New England Journal of Medicine by Joynt and Jha,[1] and Berenson, et al[2], which further reinforce our concerns about the usability of these types of performance measures by CMS.

We remain in support of NQF's mission to improve the quality of care nationwide, but believe that there is strong need to revisit this decision, especially with more NQF members involved.

Sincerely,

Advocate Health Partners

Atlantic Health System

Cedars Sinai Medical Center

Hoag Hospital

Intermountain Healthcare

Johns Hopkins Health System

Medstar Health

Virtua Health System

[1] Joynt KE, Jha AK. Thirty-day readmissions-Truth and consequences. NEJM 2012; 366 (15): 1366-1369.
[2] Berenson RA, Paulus RA, Kalman NS. Medicare's readmissions-reduction program-A positive alternative. NEJM 2012; 366 (15): 1364-1366.

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Dear Dr. Ferris:

I am writing to express the American College of Cardiology Foundation's support for the appeal of the endorsement of the Hospital-wide All-cause Unplanned Readmissions measure (HWR) (NQF measure 1789) requested by Atlantic Health System and others. We strongly believe that this measure is not ready to be used for public reporting and are very concerned that the expedited nature of the review process was inadequate for a measure of such complexity and for which the stakes are so high. We ask that you reconsider the decision to endorse it.

The number of preventable readmissions has actually been dropping and is likely less than that stated in the final report. More recent estimates from Canadian researchers find it is likely less than twenty percent of overall urgent readmissions.* This will vary by disease state, but certainly preventable readmissions represent only a minority of readmissions. Recent research at the Veteran's Administration also indicates that readmission rates are not correlated with other measures of quality. In addition, Cleveland Clinic researchers evaluated Hospital Compare data and found that for hospitals with an above average readmission rates there was a negative correlation between readmission and mortality (i.e., those with the best mortality had the worst readmission rates). While in the past quality of care may have played an important factor in the readmission rate, we believe it is now overwhelmed by the other factors, including patient severity of illness, aggressiveness of care and preference for location of care) and the quality signal is weak at best.

In addition, we have serious concerns about the NQF consensus process which, in this instance does not appear to have resulted in true consensus. Less than 20% of the NQF membership voted on this measure with the majority of Health Professional and Provider Council members voting against it and the overall vote showing less than 50% in favor.

Given the high stakes in publicly reporting this information and the tremendous complexity surrounding causes of readmissions, we believe it is critically important that NQF ensure that adequate consensus is achieved. We are very concerned that the expedited nature of this review process may have inhibited member input during the comment and voting periods and we would urge NQF to revisit its decision to endorse it.

We would be happy to discuss this with you at any time.

Sincerely,

William A. Zoghbi, MD
President, American College of Cardiology

*van Walraven C, Jennings A, Taljaard M, Dhalla I, English S, Mulpuru S, Blecker S, Forster AJ. Incidence of potentially avoidable urgent readmissions and their relation to all-cause urgent readmissions. CMAJ. 2011 Oct 4;183(14):E1067-72.