Patient Outcomes: All-Cause Readmissions Expedited Review

February 21, 2012



#### NATIONAL QUALITY FORUM

#### Eliot Lazar, MD, MBA Co-Chair, Readmissions Steering Committee

#### Timothy Ferris, MD, MPH Chair, Consensus Standards Approval Committee

# Webinar Goals

# Provides opportunity for clarification prior to voting:

- Project scope
- Measures Recommended for Endorsement
- Overarching Issues
- Comments received/Actions Taken

#### **Project Scope**

#### Goals of this project

- 1. Identification and endorsement of additional cross-cutting, non condition-specific measures for accountability and quality improvement that address all-cause readmissions to hospitals
- 2. All-cause hospital readmissions-related consensus standards that were endorsed by NQF before June 2009 will be evaluated under the maintenance process

#### Expedited Review Process

Three criteria must be met prior to consideration by the Consensus Standards Advisory Committee (CSAC) for an expedited review:

- 1. The extent to which the measures under consideration have been sufficiently tested and/or in widespread use
- 2. The scope of the project/measure set is relatively narrow
- **3.** There is a time-sensitive legislative/regulatory mandate for measures

#### The submitted measures were evaluated according to NQF evaluation criteria

#### **Project Status**

- All comments were addressed by the Steering Committee and developers had an opportunity to respond to comments on their measures
- Member and public comment period closed on January 20.
- Voting opened Friday, February 17, 2012 with two measures recommended for endorsement
- Draft report and comment table available on the project page

# Measures Recommended

- Recommended two measures for endorsement:
  - 1789: Hospital-wide all-cause unplanned readmissions measure (HWR) (CMS/Yale)

(Yes—14, No—5)

 1768: Plan all-cause readmissions (NCQA) (Yes—13, No—6)

#### **Overarching** Issues

# Modeling approaches

- Statistical modeling and use of HLM
- Selection of Covariates
- Hospital volume—shrinkage issues
- Adjusting for socioeconomic status
- Usability for quality improvement

#### **Overarching** Issues

# Related and competing measures

- Hierarchical condition category vs. condition categories
- Logistic or hierarchical modeling
- Inclusion of structured cohorts
- Exclusion of planned readmissions
- Exclusion of cancer patients with planned readmissions
- Inclusion of patients with psychiatric conditions
- Counting readmissions as index admissions

#### Comments

- 117 comments received from 43 organizations/individuals
- Major Themes:
  - Justification of an expedited review
  - Socioeconomic (SES) variables in the risk-adjustment model
  - Usability concerns
  - Support for harmonization
  - Inclusion/exclusion criteria
- Comment responses from NQF staff, measure developers & Steering Committee

# Clarifications to the draft report

# The Committee members:

- encouraged measure developers to consider testing community-level SES variables (instead of patient level) that can be used in risk adjustment models that are reliable and valid
- encouraged CMS and other potential users to continue enhancing data platforms, timeliness of reporting and other aspects of measure implementation
- expressed a strong desire that the NCQA and CMS/Yale measures should be harmonized for both hospital and plan level measurement within a reasonable timeframe

## Impact of Comments

- Due to the number of comments surrounding the issues of SES and usability, the Committee agreed to re-vote on whether Measures #1789 (CMS/Yale) and #1768 (NCQA) met the NQF criteria for endorsement
- Following the re-vote, both Measures #1789 and #1768 were recommended by the Committee for NQF endorsement
- Measure #1789 was recommended with the following recommendations:
  - In order to support fair and appropriate comparisons, hospital performance on this measure should be reported within like comparison groups (e.g., disproportionate share hospitals); and
  - In order to support performance improvement and accountability, feedback to hospitals should be timely and provide information on all readmissions

# Impact of Comments

- 0329: Risk-adjusted 30-day all-cause readmission rate (UnitedHealthCare)
  - After the January 31<sup>st</sup> call, the Committee voted not to rediscuss Measure #0329 (Yes—7, No—12)
  - The Committee's recommendation to not recommend will remain

#### Next Steps

- NQF Member voting will end on Monday, March 1, 2012 at 6pm ET
- Voting results will be forwarded to CSAC for discussion at the March 7, 2012 in-person meeting

#### **Project Staff**

Taroon Amin, MA, MPH Senior Director, Performance Measures tamin@qualityforum.org

#### Alexis Forman Morgan, MPH Senior Project Manager

aforman@qualityforum.org

#### Adeela Khan, MPH Project Analyst

akhan@qualityforum.org



#### NATIONAL QUALITY FORUM

# **Questions?**