NATIONAL QUALITY FORUM

TO: Patient Outcomes: All-Cause Readmissions Expedited Review Steering Committee

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SU: Readmissions Public and Member Comments

DA: January 26, 2012

The Readmissions Steering Committee will meet via conference call on Tuesday, January 31. The purpose of the meeting is to:

1. Discuss comments received during the public and member comment period.
2. Provide input on responses to comments.
3. Determine whether reconsideration of any measures is warranted.

Please let us know if you have any questions.

Steering Committee Action:

1. Review the individual comments received during the public and member comment period and proposed responses. (Excel spreadsheet included in the meeting materials has been sorted by measure. Filters have also been applied to the spreadsheet so that custom filters can be applied by submitter, member council, etc.)
2. Review comment themes (within this memo) and proposed responses.
3. Be prepared to provide feedback and input on proposed comment responses.

Agenda

2:00 pm **Welcome and Overview of Agenda and Process**
Sherrie Kaplan, PhD, MPH, Co-Chair
Eliot Lazar, MD, MBA, Co-Chair
Taroon Amin, MA, MPH, Senior Director

2:05 pm **Review of Comments Received and Proposed Actions**
Measures Recommended for NQF Endorsement

- 1789: Hospital-wide all-cause unplanned readmission measure (HWR) (CMS)
- 1768: Plan all-cause readmissions (NCQA)

Measures not Recommended for NQF Endorsement

- 0329: Risk-adjusted 30-day all-cause readmission rate (UnitedHealth Group)

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3:50 pm **NQF Member/Public Comment**

3:55 pm **Next Steps**
Alexis Forman Morgan, MPH, Senior Project Manager

4:00 pm **Adjourn**

Background:

This expedited review endorsement maintenance project evaluated measures for public reporting/accountability and quality improvement that specifically address cross-cutting (not condition-specific) all-cause readmissions to hospitals. Additionally, as part of this process, all-cause hospital readmission-related consensus standards that were endorsed by NQF before June 2009 were evaluated under the maintenance process. The endorsement maintenance process provides an opportunity to harmonize measure specifications and ensures that the endorsed measure represents the best in class. The disposition of the measures listed below:

Measure disposition

TABLE 1: READMISSIONS EXPEDITED REVIEW SUMMARY

	MAINTENANCE	NEW	TOTAL
Measures under consideration	**1**	**2**	**3**
Withdrawn from consideration			**N/A**
Recommended	**0**	**2**	**2**
Not recommended	**1**	**0**	**1**
Reasons for Not Recommending	**Scientific Acceptability - 1**		

NQF received **117** comments on the draft report from public and NQF members. The major themes of the comments and issues identified for Committee discussion are listed below. In response to these themes, NQF staff has proposed draft responses for the Committee to consider. All comments and proposed responses are subject to discussion. These themes are not an attempt to limit the Committee discussion, but rather to aggregate them into themes due to the volume and repetition of comments. Please refer to the comment table to view the individual comments received and the proposed responses to each.

Further, American Hospital Association (AHA) and Association of American Medical Colleges (AAMC) provided a subset of the Committee with findings on the distribution of measure performance scores for CMS/Yale condition-specific readmissions measures. The particular measures included in this analysis are not specifically under review in this project. To ensure all members of the Committee receive similar information and to ensure complete transparency in the NQF process, these materials are included as an attachment.

General Comments: Major Themes/Issues

1. Justification of an expedited review
2. Socioeconomic (SES) variables in the risk-adjustment model
3. Usability concerns
4. Support for harmonization
5. Inclusion/exclusion criteria

Theme 1- Justification of an expedited review
Description. Comments submitted expressed concern over the expedited nature of this project. Specifically, commenters noted that the complexity of measures submitted and the shortened timeline limited a thorough and complete evaluation by the Steering Committee. Others questioned the legislative requirement for the measures submitted in this project.

> *NQF Staff Response*: Decisions regarding what measures qualify for expedited review are the responsibility of the Consensus Standards Approval Committee (CSAC). These comments have been referred to the CSAC for review and discussion on their February 13th conference call.

Theme 2- Socioeconomic (SES)/Race variables in the risk-adjustment model
Description. Commenters agreed that SES variables should not be included in process measures; however, they recommended the inclusion of SES/race variables in the CMS/Yale hospital readmission model. Commenters argued that literature supports the relationship between a patient's SES and their likelihood to be at risk for a readmission. However, some believed that measures should be stratified to avoid differences related to disparities in care.

> *Proposed Committee Response*: Many members of the Committee agreed that the socio-economic status of patients can drive the likelihood of a readmission. This causal relationship is driven, in part by differences in the hospital quality; but also the availability of community support to patients. Thus, many Committee members agreed that readmissions are not simply a measure of hospital quality but also community health quality. The hospital is dependent on resources available in the community, such as effective transitional care and other community level factors, including distance to the hospital. SES is an extremely difficult construct to measure in a reliable and valid way using administrative data. Committee members strongly encouraged measure developers consider testing community-level SES variables (rather than patient-level SES variables) that can be used in risk-adjustment models that are reliable and valid.

Theme 3- Usability concerns
Description: Commenters expressed concern over the usability of the measures submitted to this project. Specifically, they noted the difficulty to replicate the measure for quality improvement purposes, limited information on the admitting hospital if it is not the index hospital, and the timeliness of measure results to support rapid-cycle improvements.

> *Proposed Committee Response:* The Committee discussed concerns related to the usability noting limitations in use for quality improvement. Specifically for the

CMS/Yale measure, Committee members agreed that the measure may not be able to support quality improvement within hospitals since it would be difficult to recreate the measure results without data from the readmitting hospital if it is not the same as the index hospital. The Committee also noted the limitation in rapid-cycle improvement due to the turnaround time for measure. These issues were broadly reflected in the low usability ratings for the CMS/Yale measure. While these are not limitations in the measure design, but rather measure implementation; the Committee strongly encourages CMS and other potential users to continue enhancing data platforms, timeliness of reporting and other aspects of measure implementation.

Theme 4- Support for harmonization

Description: Commenters strongly supported the Committee's recommendations for harmonization for all-cause hospital readmissions at the facility and health plan levels. Measures at various levels should be aligned in terms of their definition of a readmission, inclusion/exclusion criteria, and approach to risk adjustment. When two measures with the same measure focus and population are designed differently, they often send conflicting signals on how to improve care for patients.

Proposed Committee Response: The Committee agreed that the two recommended measures are related and not competing because the levels of analysis are different (NCQA-plan level and CMS/Yale-hospital level). As such, Members of the Committee agreed that providers and health plans face significant challenges and frustration when they receive discordant signals from reports based upon differing measurement methodologies. The Committee 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.

Theme 5- Inclusion/exclusion criteria

Description: Commenters provided various remarks related to the inclusion/exclusion criteria of the measures. Many agreed that the measures should include all patients, not limited to those with commercial health insurance or Medicare. Others argued that the 30-day time window is not appropriate to measure hospital performance, but rather a 15-day time window is more appropriate. One commenter believed that CMS should allow hospitals to comment on which of their facilities to include and exclude since hospital-level data may include oncology services. Another commenter argued that the exclusion criteria should allow for exclusion of patients who do not have post-discharge follow-up available.

Proposed Committee Response: The Committee agreed that the measure should include all patients, not limited by insurance coverage. However, the Committee recognized the data limitations in measuring readmission for patients who are uninsured. For the CMS/Yale measure, PPS-exempt cancer hospitals and patients undergoing medical treatment of cancer are excluded. The Committee agreed that a 30-day time window, rather than a 15-day time window is appropriate for this application. Finally, the Committee also encouraged the development of a proxy for the lack of community-level

supports available to hospitals. Both developers agreed that they would consider community-level risk-adjustment variables in future updates.

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