NATIONAL QUALITY FORUM

Memo

TO: Executive Committee

FR: Helen Burstin, Chief Scientific Officer
Marcia Wilson, Senior Vice President, Quality Measurement

RE: Ratification of Admissions and Readmissions Measures Endorsed with Conditions

DA: November 21, 2016

ACTION REQUIRED
The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse the following measures. These measures were previously endorsed with two conditions:

1) Consideration of the measure for the NQF trial period for risk adjustment with sociodemgraphic (SDS) factors; and
2) Consideration of potential unintended consequences related to the use of the measures.

This memorandum focuses primarily on the inclusion of these measures in the SDS trial period. For the second condition regarding potential unintended consequences, NQF will collect feedback from end-users, including those being measured, through a commenting tool available on the NQF website. The Admission/Readmission Standing Committee also noted that admission and readmission rates should be carefully monitored to ensure that they do not inadvertently reduce access to necessary care.

Standing Committee: The Admissions/Readmissions Standing Committee reviewed 17 measures focusing only on measure validity and the adequacy of SDS risk adjustment. (Coments received during the NQF member and public comment period are discussed in Appendix A.) One measure, #2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy, was not recommended for inclusion in the trial period as there was no conceptual basis for doing so. Ultimately, the Committee voted to continue endorsement of 15 measures without the inclusion of SDS factors in the risk adjustment approach. (Empirical analysis for measure #2513 was not provided and this measure will remain endorsed with conditions.)

CSAC: The CSAC reviewed the 15 measures and recommended continued endorsement without conditions. The CSAC memo may be accessed at this link; the project report may be accessed at this link.

The CSAC also voted to include a statement and recommendations that acknowledged its concerns with endorsing the readmissions measures without SDS risk adjustment. The recommendations accompany the CSAC's endorsement decisions. A vote by the Executive Committee to ratify the CSAC's endorsement also would indicate that the Executive Committee accepts the accompanying recommendations. The

recommendations would be included in an NQF media statement, posted on the readmissions project pages on the NQF web site, and included in the project report.

CSAC Recommendations:

At this time, CSAC supports continued endorsement of the hospital readmission measures without SDS adjustment based on available measures and risk adjustors. The CSAC recognizes the complexity of the issue and that it is not resolved.

CSAC recommends the following:

1) SDS adjustor availability be considered as part of the annual update process;
2) NQF should focus efforts on the next generation of risk adjustment, including social risk as well as consideration of unmeasured clinical complexity;
3) Given potential unintended effects of the readmission penalty program on patients, especially in safety net hospitals, CSAC encourages MAP and the NQF Board to consider other approaches; and
4) Directs the Disparities Standing Committee to address unresolved issues and concerns regarding risk adjustment approaches, including potential for adjustment at the hospital and community-level.

Measures Recommended:

- 0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization
- 0695: Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI)
- 2375: PointRight OnPoint-30 SNF Rehospitalizations
- 2380: Rehospitalization During the First 30 Days of Home Health
- 2393: Pediatric All-Condition Readmission Measure
- 2414: Pediatric Lower Respiratory Infection Readmission Measure
- 2496: Standardized Readmission Ratio (SRR) for dialysis facilities
- 2502: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)
- 2503: Hospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries
- 2504: 30-day Rehospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries
- 2505: Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health
- 2510: Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
- 2512: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)
- 2514: Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate
- 2515: Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery

Measure Recommended to Remain Endorsed with Conditions:

- 2513: Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular

Procedures

Additional background on the review of these measures for SDS adjustment are included in Appendix A.
APPENDIX A: Review for SDS Adjustment

In December 2014, to address concerns that arose during the consensus process, the NQF Board of Directors Executive Committee ratified the CSAC's decision to endorse 17 measures with the condition that they be considered for inclusion in the trial period for risk adjustment for SDS factors. In addition, NQF agreed to consider potential unintended consequences related to use of the measures. The Admissions/Readmissions Standing Committee discussed potential analyses of ongoing surveillance for unintended consequences, including correlation to mortality and other adverse outcomes. NQF is also working with CMS and end-users to provide feedback on implementation experiences with these measures. NQF will review and synthesize the feedback received from end-users and share the findings with the Admissions/Readmissions Standing Committee, the CSAC, the NQF Board, and/or the Measure Applications Partnership (MAP) committees, as applicable.

In April 2015, NQF began a two-year trial of a temporary policy change that allows risk-adjustment of performance measures for SDS factors. Prior to this, NQF criteria and policy prohibited the inclusion of such factors in its risk adjustment approach and only allowed for inclusion of a patient's clinical factors present at the start of care. Because the initial endorsement review of these measures began and ended prior to the start of the trial period, the Standing Committee did not consider SDS factors as part of the risk-adjustment approach during their previous evaluation.

When the NQF Board of Directors Executive Committee ratified the CSAC's approval to endorse the measures, it did so with the condition that these measures enter the SDS trial period. To meet this condition for endorsement, the Admissions/Readmissions Standing Committee reviewed the conceptual and empirical relationship between sociodemographic factors and the individual measures. The measure developers were asked to submit additional analysis in a multi-phased approach:

- Webinar #1: Examine the conceptual relationship between SDS factors and the individual measure.
- Webinar #2: Review the SDS factors developers plan to test.
- Webinar #3 and #4: Examine the empirical relationship between SDS factors and the outcome.

During the first webinar, the Standing Committee reviewed the conceptual analysis of selected SDS variables and determined that further empirical analysis was warranted for 16 of the 17 measures endorsed with conditions. Measure #2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy was not recommended for inclusion in the trial period.

During the second webinar, the Standing Committee reviewed the SDS factors that developers planned to test in their empirical analyses. The Standing Committee strongly encouraged developers to consider age and gender, along with some measure of poverty, such as dual eligibility status, as variables for sociodemographic adjustment. When patient level data are not available or not sufficiently robust, the Standing Committee strongly recommended that developers test community-level variables and any decision not to include such factors should be justified by the developer. The Standing Committee noted that geographic proxy data should represent the actual SDS characteristics of the patient as accurately as possible and at this time nine-digit ZIP code may be the closest data available as five-digit ZIP code or county is too heterogeneous. The Standing Committee recognized that while this may not be a good proxy for individual SDS in some areas because of inequality and diversity even within a nine-digit ZIP

code, getting smaller than this (neighborhood or census tract) requires geocoding which may not be feasible by all measure developers in this trial period.

During the third and fourth webinars, the Standing Committee reviewed the empiric analyses provided by the developers in terms of the validity criterion. The Standing Committee reviewed the developers' decisions to include or not include SDS adjustment in the risk adjustment model based on the empirical analysis provided. Fifteen measures were submitted without SDS variables included in their risk adjustment models. The Committee noted that the measures were highly correlated with and without adjustment for SDS factors, facilities' performance was not significantly changed by the addition of SDS factors, and the C-statistics were not improved by adding SDS factors.

A number of developers tested race as a potential variable. Race was tested for comparison purposes only and was not used as a proxy for socioeconomic status, per the recommendation of the Disparities Standing Committee. Race was not included as a variable in the risk model of any of the measures.

Ultimately the Standing Committee voted to continue endorsement of the 15 measures without inclusion of SDS factors in the risk-adjustment approach. Due to implementation issues for one measure (#2513), empirical analyses were not provided during this phase of work. The measure would remain endorsed with conditions until the developer submits the required analyses for the Standing Committee's review in an upcoming project.

During the NQF Member and public comment period, commenters raised concerns that a number of the measures were recommended for endorsement without SDS factors included in their risk adjustment models. Many commenters expressed concern regarding potentially insufficient adjustments made for SDS factors. The comments submitted to NQF urged the Committee to take a more in-depth look at the need for SDS adjustment, given the potentially negative impact these measures could have on providers practicing in low-resource regions. Some commenters noted that the findings presented by measure developers who did not include these factors in their measure contradict common knowledge and findings from other research.

The Committee reiterated that their recommendations on SDS adjustment were based on the analyses put forward at this time given the data currently available. Given currently available data, the Committee did not recommend SDS adjustment for these measures. However, the Committee recognized that risk adjustment for SDS factors is a rapidly progressing area and that ongoing work is needed. The Committee recognized the importance of social risk and the need to identify the most relevant patient- and community-level risk factors, collect data on these risk factors, and incorporate these risk factors into performance measures.

The Committee stressed the high risk of potential unintended consequences related to lack of risk adjustment of these measures for SDS factors and the need to reevaluate these measures as the field continues to move forward. The Committee recognized the need to ensure facilities serving vulnerable populations are not penalized unfairly, while at the same time balancing concerns about worsening healthcare disparities. The Committee looks forward to continued deliberations on these issues and to reexamining these measures as better data emerges.

The Standing Committee recommended a reassessment of the availability of SDS variables and a reexamination of these measures through the NQF annual update process.