NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

All-Cause Admissions and Readmissions Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the All-Cause Admissions and Readmissions Standing Committee for two separate web meetings on February 22 and 28, 2023, to evaluate two measures for the fall 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Udara Perera, NQF director, welcomed the Standing Committee and participants to the web meeting. After the co-chairs provided welcoming remarks, Dr. Matthew Pickering, NQF managing director, informed the Standing Committee that the Centers for Medicare & Medicaid Services' (CMS) contract to serve as the consensus-based entity is set to end on March 26, 2023. CMS recently completed a competitive process to award the next phase of work and announced its award decision: NQF was not awarded the contract, so its work will conclude on March 26, 2023. Dr. Pickering further mentioned that NQF will be working with CMS and the successor contractor in the weeks ahead to make a smooth transition, which will include further communication with this Standing Committee and other NQF Committee volunteers. However, Dr. Pickering underscored that this does not change the Standing Committee's focus for the measure evaluation meeting, and NQF looks forward to working with the Committee to review the fall 2022 measures.

NQF staff reviewed the meeting objectives. Following the review, the Standing Committee members each introduced themselves and disclosed any conflicts of interest. None of the Standing Committee members disclosed any conflicts. Additionally, Hannah Ingber, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. The quorum (16 out of 24 active Standing Committee members) required for voting was maintained for the entirety of both meetings. Voting results are provided below.

Measure Evaluation

During the meetings, the All-Cause Admissions and Readmissions Standing Committee evaluated two maintenance measures for endorsement consideration. Prior to the review of the measures, Dr. Pickering noted that for the fall 2022 cycle, measures were reviewed by the Scientific Methods Panel (SMP) if they were deemed as complex (i.e., outcome, cost, composite, and instrument-based measures) and/or if they included testing methods that are not commonly used. For the All-Cause Admissions and Readmissions measures under review, none were evaluated by the SMP.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (i.e., Pass, High and Moderate, or Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for

endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria for which it did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting the SMP Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Moderate; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria for Which the Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #3474 Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (CMS/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])

Description: This measure estimates hospital-level, risk-standardized payments for an elective primary total THA/TKA episode of care, starting with an inpatient admission to a short-term acute care facility and extending 90 days post admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older; **Measure Type**: Cost and Resource Use; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Claims

Measure Steward/Developer Representatives at the Meeting

- Jacqueline Grady, MS
- Doris Peter, PhD
- Lisa Suter, MD
- Huihui Yu, PhD
- Vivian Gigliotti, PhD, MSc
- Kasia Lipska, MD, MHS
- Bing-Jie Yen, MPH
- Sheng Zhou, MD, ScM
- Zhenqiu Lin, PhD
- Sapha Hassan, MPH
- Brenna Gallacher, BS
- John Green
- Julia Venanzi, MPH
- Melissa Hager, MSN, BS
- Ngoze Uzokwe, MSN, BSN, RN

Standing Committee Votes

- **Importance to Measure and Report** Total Votes-17; H-6; M-10; L-1; I-0 (16/17 – 94.1%, Pass)
- **Reliability**: Total Votes-17; H-6; M-8; L-2; I-1 (14/17 – 82.3%, Pass)
- **Validity**: Total Votes-17; H-0; M-8; L-7; I-2 (8/17 – 47.1%, Consensus Not Reached)

- **Feasibility**: Total Votes-18; H-13; M-4; L-1; I-0 (17/18 – 94.4%, Pass)
- **Use**: Total Votes-19; Pass-18; No Pass-1 (18/19 – 94.7%, Pass)
- **Usability**: Total Votes-18; H-2; M-13; L-3; I-0 (15/18 – 83.3%, Pass)
- **Standing Committee Recommendation for Endorsement:** Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement during the measure evaluation web meeting because it did not reach consensus on validity—a must-pass criterion. The Standing Committee will re-vote on the measure during the post-comment web meeting.

This facility-level cost measure was originally endorsed in 2019 and is publicly reported nationally in Medicare Care Compare. The developer stated that this is part of the Hospital Inpatient Quality Reporting (IQR) Program, a pay-for-reporting quality program, which estimates hospital-level, risk-standardized payments for patients who have been admitted for an elective hip or knee replacement. The developer noted a comparison of the hospitals' renal function tests' (RFTs) 95-interval estimates to the national payment with the compensation measure results. Two items were flagged as concerns during the measure's pre-evaluation commenting period: (1) whether evidence of poor quality was presented and (2) measure ambiguity (i.e., whether lower cost due to reduced complications is desirable).

Following the developer's overview of the measure, the Standing Committee raised questions about what the drivers are for a decrease in cost, clarification on data surrounding the length of stay, and the standardized costing scenario regarding the Medicare Severity Diagnosis-Related Groups (MS-DRGs). The developer highlighted that there are numerous contributing factors (e.g., patients with high complications are seen at skilled nursing facilities [SNFs]) involved in fluctuations in cost and further emphasized that the measure is intended to inform hospitals so they can assess individual patient-level results and cost outliers. Furthermore, most of the inpatient admissions in the measure are paid by MS-DRGs. Length of stay is not necessarily observed as a patient who meets the criteria of having the procedure because an inpatient will be included in the measure. There were no additional comments as the Standing Committee acknowledged that this measure is a high-resource area of healthcare and noted that variations in cost exist. Therefore, the Standing Committee passed the measure on importance to measure and report.

During the discussion of the reliability criterion, a public comment submitted prior to the meeting noted a concern with the minimum reliability result from the signal-to-noise testing, which was 0.37. The comment suggested the Standing Committee consider whether the measure should require a higher case minimum to achieve a minimum threshold of 0.70 for reliability. Dr. Pickering clarified for the Standing Committee that under NQF's measure evaluation criteria, there is no formal threshold for minimum reliability estimates. Some of the Standing Committee members did not share this concern with the public commenter because the fifth percentile has a reliability of 0.74. Therefore, the Standing Committee passed the measure on reliability.

During the discussion of the validity criterion, a public comment submitted prior to the meeting noted concerns of whether lower cost is better, whether the submission should have included an analysis of costs compared to the quality of care delivered, and whether the absence of social determinants of health (SDOH) variables in the risk adjustment model is appropriate. Dr. Pickering clarified that NQF criteria do not require cost measures to be correlated to a quality indicator; instead, NQF requires the measure score to correctly reflect the cost of care or resources provided. Additionally, some of the Standing Committee members requested clarification on whether most of the cost variation occurred between the 30- and 90-day period, how facilities participating in both accountable care organizations'

(ACOs) arrangements and fee-for-service (FFS) arrangements are accounted for in the measure, and whether the developer included dual eligibility (DE) in the risk adjustment model. One Standing Committee member noted that the SDOH variables did have a large effect on the relative ranking of the measure scores, which they stated is unusual and may warrant adjustment.

The developer responded that DE was removed from the risk adjustment model to align the risk adjustment model with a different NQF measure, which does not adjust for DE. The developer further noted that this is a CMS priority: to facilitate "apples-to-apples" comparisons, analyses, and reporting for hospitals on Care Compare. The developer clarified that if a hospital is receiving FFS payments, it is included in the measure. Lastly, the developer stated that no specific analysis of the relationship between costs within the first 30 days and the cost between 30 and 90 days was conducted. While the developer did address the Standing Committee's questions, the Standing Committee still had outstanding concerns with the risk adjustment analysis, which showed a strong effect of the SDOH variables on the model. This resulted in the Standing Committee not reaching consensus on validity.

Following the discussion on scientific acceptability (i.e., reliability and validity), the Standing Committee did not express any concerns with the measure's feasibility or use and passed the measure on these criteria.

Regarding usability, the Standing Committee discussed whether the measure might encourage "skimping" if a higher or lower score is perceived as better. The developer emphasized that although the data imply that lower is not better, CMS does not use this language (i.e., better, worse, more favorable, and less favorable) in reference to the measure results. Additionally, the developer highlighted that the unintended consequences raised by the Standing Committee occur at the physician level, while the measure is at the hospital level. Lastly, the developer noted that most hospitals do not download their own results when presented with the opportunity. This suggests that this is not a high-stakes measure for hospitals, yet it still provides important transparency. Ultimately, the Standing Committee passed the measure on usability.

Because it did not reach consensus on validity, the Standing Committee did not vote on the measure's overall suitability for endorsement and will re-vote during the post-comment meeting.

NQF #3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (CMS/Yale CORE)

Description: The Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy Measure, hereafter referred to as the chemotherapy measure, was developed to assess the quality of care provided to cancer patients receiving outpatient chemotherapy and inform quality improvement efforts to reduce potentially preventable inpatient hospital admissions and ED visits for this population; **Measure Type**: Outcome; **Level of Analysis**: Facility; **Setting of Care**: Outpatient Services; **Data Source**: Claims, Enrollment Data

Measure Steward/Developer Representatives at the Meeting

- Vivian Gigliotti, PhD, MSc
- Doris Peter, PhD
- Lisa Suter, MD
- Jacqueline Grady, MS
- Kasia Lipska, MD, MHS
- Huihui Yu, PhD
- Bing-Jie Yen, MPH
- Sheng Zhou, MD, ScM

- Zhenqiu Lin, PhD
- Sapha Hassan, MPH
- Brenna Gallacher, BS
- Janis Grady
- Leah Domino
- Shaili Patel
- Ora Dawedeit

Standing Committee Votes

- **Evidence**: Total Votes-19; Pass-19; No Pass-0 (19/19 – 100%, Pass)
- **Performance Gap**: Total Votes-19; H-1; M-18; L-0; I-0 (19/19 – 100%, Pass)
- **Reliability**: Total Votes-19; H-3; M-16; L-0; I-0 (19/19 – 100%, Pass)
- **Validity**: Total Votes-17; H-5; M-12; L-0; I-0 (17/17 – 100%, Pass)
- **Feasibility**: Total Votes-17; H-10; M-7; L-0; I-0 (17/17 – 100%, Pass)
- **Use**: Total Votes-17; Pass-17; No Pass-0 (17/17 – 100%, Pass)
- **Usability**: Total Votes-18; H-8; M-9; L-1; I-0 (17/18 – 94.4%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-18; Yes-18; No-0 (18/18 – 100%, Pass)

The Standing Committee recommended the measure for continued endorsement.

This facility-level measure was originally endorsed in 2019. It is publicly reported nationally in the Hospital Outpatient Quality Reporting (OQR) Program and Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

There were no concerns with the evidence the developer submitted. The Standing Committee agreed that there is an opportunity for accountable entities to modify these outcomes through various interventions supported by the literature. The Standing Committee discussed that while admission rates are lower for patients exhibiting social risk factors, these patients' emergency department (ED) visits are at similar or slightly increased levels. This suggests that these patients are likely presenting to the ED with symptoms that would best be served in an outpatient setting rather than an ED; however, they cannot do so because access to these facilities is limited. The Standing Committee passed the measure on evidence and performance gap.

The Standing Committee discussed the difference in score-level reliability signal-to-noise estimates for PPS-Exempt Cancer Hospitals (PCHs) and non–PCH-exempt hospitals (0.93 and 0.667, respectively) and requested more information on why this difference existed. As a result of the developer clarifying that a volume cutoff is in place, the Standing Committee passed the measure on reliability.

The Standing Committee discussed several topics related to the preliminary staff rating of insufficient on the validity of the measure. One Standing Committee member noted that new testing was not submitted but that data on decreasing rates between 2019 and 2021 were submitted, as well as explanations of the prior work done at initial endorsement to validate the measure. Additionally, some of the Standing Committee members agreed that the threats to validity, including risk adjustment, meaningful differences, and missing data, were adequately assessed and no concerns were raised. Dr. Taroon Amin, NQF consultant, explained that the insufficient rating was given because this is a maintenance measure. At maintenance, empirical testing of the measure as specified is required, or a

rationale for the lack of testing must be submitted. Examples of testing that would satisfy NQF criteria generally include testing of hypotheses that a measure score indicates quality, a correlation with another indicator of quality or conceptually related measures, or other methods. Dr. Amin explained that the Standing Committee can rely on the information presented in this submission, if satisfactory, for demonstrating validity. In this case, the Standing Committee could consider that the measure as specified has been tested in two time periods, with the conceptual hypothesis that quality improvement initiatives have been implemented over that time and have led to a directional change in scores as hypothesized.

The developer described their methods for systematic elimination of several measures for external validity testing and clarified that the face validity testing was conducted only at initial submission and not on the measure as currently specified. The developer also stated that improvement over time demonstrates validity of the measure. The Standing Committee discussed and agreed that the improvement over time does demonstrate validity adequately, given their expertise and understanding of the quality improvement initiatives implemented and the large number of hospitals assessed to quantify the change in scores. Additionally, the Standing Committee agreed that the developer adequately demonstrated their systematic search for a conceptually related measure. The Standing Committee had no other concerns about the remaining threats to validity. Ultimately, the Standing Committee passed the measure on validity.

The Standing Committee did not raise any questions or concerns regarding the measure's feasibility, use, and usability and passed the measure on these criteria.

The Standing Committee reviewed two related measures (i.e., NQF #0383 and NQF #0384) and agreed that the measures were harmonized to the extent possible.

Public Comment

Dr. Amin opened the lines for NQF member and public comments. No public or NQF member comments were provided at this time or during the measure evaluation meeting.

Next Steps

Tristan Wind, NQF analyst, provided an overview of the next steps. NQF will begin drafting the meeting summary of the Standing Committee's deliberations. Mr. Wind iterated the earlier statement about the transition of the endorsement and maintenance work to the new successor. Dr. Amin thanked the Standing Committee for its time, engagement, and participation in this work and adjourned the call.