All-Cause Admissions and Readmissions Fall 2022 Post-Comment Web Meeting

Battelle convened the All-Cause Admissions and Readmissions standing committee for the Fall 2022 post-comment web meeting on Friday, June 9, 2023, from 12 p.m. – 2 p.m. (ET).

Welcome, Review of Meeting Objectives, and Attendance

Dr. Matthew Pickering, endorsement and maintenance technical lead, welcomed the standing committee and provided an overview of the meeting's objectives:

- Review the post-comment memo and the meeting summary from the Fall 2022 measure evaluation meeting.
- Provide feedback and input on the full text of all comments received and the proposed responses to the post-evaluation comments.
- Discuss and revote on one measure that did not achieve consensus, referred to as a "consensus not reached" (CNR) measure.

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. Voting quorum (14 of 21 active members) was met and maintained for the entirety of the meeting. Voting results for the CNR measure (CBE #3474) are provided below.

Voting Legend:

- *H – High; M – Moderate; L – Low; I – Insufficient*

Dr. Pickering reminded the committee that for the Fall 2022 cycle, the All-Cause Admissions and Readmissions standing committee reviewed two measures during the measure evaluation meetings on February 22 and 28, 2023:

- CBE #3474 *Hospital-Level, Risk-Standardized Payment Associated With a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty [THA/TKA]* (Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE]/Centers for Medicare & Medicaid Services [CMS])
- CBE #3490 *Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy* (Yale CORE/CMS)

The standing committee recommended one measure for endorsement (CBE #3490). The committee did not reach consensus on validity, a must-pass criterion for the second measure (CBE #3474). The meeting summary was posted on the Partnership for Quality Measurement (PQM)™ website for public comment from March 28, 2023, to May 5, 2023. During this commenting period, the committee received four comments from four organizations and/or individuals pertaining to the measures under review and the committee endorsement recommendations. One comment was from the measure developer to support the discussions for the CNR measure, CBE #3474. The other three comments summarized in the memo raise concerns with CBE #3474.

Consideration of CNR Measures and Review and Discuss Post-Evaluation Comments Received

Dr. Pickering reminded the standing committee that consensus was not reached on validity for CBE #3474. The standing committee raised concerns regarding (1) the extent to which cost variation was observed between the 30- and 90-day period, (2) how facilities participating in both accountable care organizations' (ACOs) arrangements and fee-for-service (FFS) arrangements were accounted for in the measure, and (3) if the developer included dual eligibility (DE) in the risk adjustment model. The standing committee also highlighted how the social determinants of health (SDOH) variables considered by the developer exerted a significant effect on the relative ranking of the measure scores, which may warrant consideration for adjustment.

Dr. Pickering noted that prior to the measure evaluation meetings in February, a public comment was submitted questioning whether lower cost is better and suggested conducting a cost-to-care quality analysis. The comment raised concerns about the appropriateness of excluding SDOH variables in the risk adjustment model. In response to these concerns, the developer explained that the DE was removed from the risk adjustment model to align with a model used in a different CBE measure that does not account for DE. The developer emphasized that this alignment is a priority for the Centers for Medicare & Medicaid Services (CMS), enabling fair comparisons, analyses, and reporting for hospitals on Care Compare. Lastly, the developer stated no specific analysis was conducted to examine the relationship between costs within the first 30 days and the cost between 30 and 90 days.

Dr. Pickering then presented the post-evaluation public comments received for CBE #3474 by summarizing the comments and the developer's responses. One commenter expressed concern about the timeliness of the measure, the lack of an accompanying joint replacement ambulatory measure, the need for digital quality measures, and the need for improved value in care transitions and follow-up. Dr. Pickering summarized the developer's response to the concerns, which highlighted that the measure is specific to inpatient procedures, is already in a digital format by using claims, and does account for value in care by being reported with a quality measure. Additionally, the developer noted that, under contract with CMS, it has developed a separate THA/TKA readmission measure (CBE #1551) and a THA/TKA patient-reported outcome performance measure (PRO-PM) (CBE #3559).

Another commenter emphasized the importance of being able to predict and document potential readmissions after major joint surgery, especially for patients with multiple issues that may hinder their recovery. Dr. Pickering summarized the developer's response, noting that it has developed a separate THA/TKA readmission measure (CBE #1551) that captures the outcome of readmission after an eligible inpatient THA/TKA procedure, in addition to a THA/TKA PRO-PM (CBE #3559). The developer also noted these measures, including the payment measure (CBE #3474), use risk models that capture patient-level characteristics that influence the outcome. The developer highlighted that this THA/TKA payment measure (CBE #3474) specifically focuses on inpatient procedures because it is in the Hospital Inpatient Quality Reporting (IQR) program. On the other hand, outpatient procedures fall under the Hospital Outpatient Quality Reporting (OQR) program.

Lastly, a third commenter expressed agreement with the standing committee's concern with the validity of the measure. In addition to the comments received, the developer submitted a comment encapsulating its response to this comment and the committee's validity concerns

noted above. The developer shared that including DE in the risk model has little impact on measure scores and the risk model performs similarly for DE and non-DE patients. The developer further summarized new analyses showing payments have declined for both groups while quality has improved. Additionally, the THA/TKA measure is used in a pay-for-reporting program and reported together with the THA/TKA complications measure endorsed by the Surgery Standing Committee without adjustment for DE.

Having reviewed the developer's responses, one standing committee member reiterated the concern about the accuracy of the measure's cost without appropriate adjustment for the treatment that patients should receive post admission. The committee member noted the risk model should adequately capture patients who require rehabilitation facilities at a higher cost and those who should be directed to skilled nursing facilities at a lower cost. The committee member explained that SDOH should be part of the risk adjustment, either through risk adjustment or stratification. Another member asked whether it was within the committee's purview to recommend social risk adjustment as standard practice moving forward, noting how frequently the topic is discussed by the committee. These risk adjustment concerns for CBE #3474 were shared by other members of the committee. Another committee member raised concern with the standardized costing methodology adopted by CMS, which may mask differences in resource availability across facilities. Lastly, some committee members still voiced the need for correlation analyses between cost measures to quality measures. One member emphasized the predicament patients face due to the absence of a clearly defined relationship between quality and cost.

On the topic of risk adjustment, Dr. Pickering acknowledged it is within the standing committee's purview to recommend approaches to improving the measure evaluation process, and currently there is no requirement to include social risk factors. He noted the decision to include a risk factor should be based on the conceptual model and supporting empirical analysis. Risk factors that are outside the control of the provider and are present at the start of care are what are considered for inclusion in risk adjustment. Dr. Pickering continued by also clarifying that the current measure evaluation criteria do not require cost measures to be correlated with quality measures.

Moving to a vote, the committee ultimately did not pass the measure on validity, a must-pass criterion. Therefore, the committee did not vote on the overall suitability for endorsement.

- ***Validity****: Total Votes: 15; H-0; M-7; L-7; I-1 (7/15 – 47 percent, Not Pass)*

Opportunity for Public Comment

Dr. Pickering opened the web meeting to allow for public comment. No public comments were provided during this time.

Next Steps

Dr. Pickering provided next steps to the committee. He informed attendees that the Consensus Standards Approval Committee (CSAC) will consider the standing committee's recommendations during its meetings on July 24, 2023. Following the CSAC meeting, the 30-day appeals period will be held from August 1 – 30, 2023. Dr. Pickering then thanked the committee, the co-chairs, the developers, and others on the call before adjourning the meeting.