TO: Consensus Standards Approval Committee (CSAC)

FR: Heidi Bossley and Reva Winkler

RE: Voting results on the addendum reports to the Pulmonary and Critical Care project and the Infectious Disease project

DA: January 7, 2013

Two recent endorsement maintenance projects for Pulmonary and Critical Care and Infectious Disease required addendums to the original draft reports to consider additional measures. The voting period for the additional measures recommended by the two Steering Committees was December 19, 2012 through January 3, 2013. The voting period was carried out over the holidays to meet contractual deadlines.

Review of the voting results reveals low voter turnout, both in the number of NQF member organizations submitting votes and the low number of councils participating. Of note is the lack of participation by councils that typically cast votes for projects.

The initial round of voting results for the Pulmonary and Critical Care and Infectious Disease addendums are attached in Appendices A and B respectively.

CSAC ACTION REQUIRED

On the recommendation of the CSAC chair and vice-chair and NQF staff, CSAC is requested to approve a second round of voting to begin on Monday, January 14, 2013 for the addendum measures in the Pulmonary and Critical Care and Infectious Disease projects. We recommend a 21-day voting period since it will overlap with the Measures Application Partnership comment period on the draft Pre-rulemaking Report.

Appendix A: Initial Round of Voting for Pulmonary and Critical Care Addendum

Pulmonary and Critical Care Measure Recommended for Endorsement:

- ***0506 Thirty-day all-cause risk standardized readmission rate following pneumonia hospitalizations***
- ***1891 Thirty-day all-cause risk standardized readmission rate following COPD hospitalizations***

BACKGROUND

During the public comment period, comments raised issues with lack of harmonization with similar 30-day readmission measures from CMS/Yale. CMS/Yale indicated that they were working on a new algorithm to identify exclusions for planned readmission for all readmissions that would achieve harmonization and requested 2-3 months to complete the algorithm. The measures specifications were updated to address concerns raised about harmonization and exclusions for planned readmissions. The revised measures were evaluated by the Steering Committee and underwent a second commenting period given the material changes to the measures.

An additional measure*, 0356: PN3a--Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival,* was originally recommended by the Committee but submitted comments by the public and NQF membership indicated lack of support for the measure due to insufficient evidence to meet NQF's criteria. After re-review of all information, the Committee did not recommend the measure for continued endorsement and will be considered by the CSAC in February.

DRAFT REPORT

The Pulmonary and Critical Care Endorsement Maintenance: Report Addendum presents the results of the evaluation of three measures considered under the CDP. Two measures are recommended for endorsement as voluntary consensus standards suitable for accountability and quality improvement and one was not recommended. The measures were evaluated against the 2011 version of the measure evaluation criteria.

NQF MEMBER VOTING RESULTS

The two recommended measures had an overall approval of 40% of the members who voted. Representatives of 10 member organizations voted; no votes were received from the Consumer, Health Professional, Public/Community Health Agency and Supplier/Industry Councils. Results for each measure are provided below.

Measure #0506 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following pneumonia hospitalization

Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	3	0	0	3	100%
Health Professional	0	0	0	0	
Provider Organizations	0	5	0	4	0%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	1	0	1	0%
Supplier/Industry	0	0	0	0	
All Councils	**4**	**6**	**0**	**9**	**40%**
Percentage of councils approving (>50%)					50%
Average council percentage approval					50%

*equation: Yes/ (Total - Abstain)

Measure #1891 Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	3	0	0	3	100%
Health Professional	0	0	0	0	
Provider Organizations	0	5	0	4	0%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	1	0	1	0%
Supplier/Industry	0	0	0	0	
All Councils	**4**	**6**	**0**	**9**	**40%**
Percentage of councils approving (>50%)					50%
Average council percentage approval					50%

*equation: Yes/ (Total - Abstain)

VOTING comments (for both measures):

- Both of these all cause readmission measures should be approved but should be considered too blunt a measure to truly recognize when readmission for the same family of conditions is inappropriate because it does not consider the impact of comorbidities, socioeconomic status, and unrelated events. The Work Group recognized this but felt it was too difficult to tease out those extraneous conditions. Now would be a good time to start testing measures that do consider these reasons for a readmission. Without such considerations patients may be denied appropriate hospital level care just to have better hospital score. (AmeriHealth Mercy Family of Companies.)

- As we said in our comment letter, we believe exclusions here are an improvement over the previous measures, however more work is needed to exclude conditions where the readmission clearly could not have been prevented and to adjust for the community factors that make it much more challenging for hospitals in under-privileged communities reduce readmissions (American Hospital Association.)

Appendix B: Initial Round of Voting for Infectious Disease Addendum
Infectious Disease Endorsement Maintenance 2012 Measures Recommended for Endorsement:

- 0500 Severe sepsis and septic shock: Management bundle
- 0393 Hepatitis C: Testing for chronic hepatitis C – Confirmation of hepatitis C viremia

BACKGROUND
In the draft report, National Voluntary Consensus Standards: Infectious Disease Endorsement Maintenance 2012, measure 0500: *Severe sepsis and septic shock: Management bundle* was pending final recommendation from the Steering Committee to allow time to review additional information on the measure's reliability testing that was not available for review at the in-person meeting. The Committee reviewed the additional information provided by the developer via email to complete its evaluation following the in-person meeting. On December 5, the Steering Committee met via conference call to review and discuss the submitted comments received during the Public and Member Comment period of the addendum report. Due to the number of comments surrounding the concerns of reliability, validity and feasibility of the sepsis measure, the Committee agreed to re-vote on whether measure 0500 met the NQF criteria for endorsement. Measure 0500 was again recommended by the Committee for NQF endorsement.

Following the Public and Member Comment period of the original draft report, the Committee decided to reconsider measure 0393: *Hepatitis C: Testing for chronic hepatitis C – Confirmation of hepatitis C viremia* due to the comments received and additional evidence and data that was recently released to support the measure focus.

ADDENDUM DRAFT REPORT
The Infectious Disease Endorsement Maintenance 2012 Addendum Report presents the results of the evaluation of two measures that were still under consideration. Two are recommended for endorsement as voluntary consensus standards suitable for accountability and quality improvement. The measures were evaluated against the 2011 version of the measure evaluation criteria.

NQF MEMBER VOTING RESULTS

All of recommended measures were approved by the member who voted with 67% approval or higher. Representatives of 13 member organizations voted; no votes were received from the Consumer, Public/Community Health Agency and QMRI Councils. Results for each measure are provided below.

Measure 0500 Severe sepsis and septic shock: Management bundle

Member Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	4	0	0	4	100%
Health Professional	2	1	0	3	67%
Provider Organizations	0	3	0	3	0%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	0	0	
Supplier/Industry	1	0	1	2	100%
All Councils	**8**	**4**	**1**	**13**	**67%**
Percentage of councils approving (>50%)					80%
Average council percentage approval					73%

*equation: Yes/ (Total - Abstain)

Voting Comments:

- The Society of Critical Care Medicine and the Infectious Diseases Society of America: The letter of support is attached to this memo.
- American Hospital Association: While we think this is an important topic for measurement, and that this may turn out to be the right measurement, we do not see evidence that this measure has undergone a rigorous review to ensure its validity and reliability for comparative reporting or for use in pay for performance programs. It has only been used for internal quality improvement projects and collaboratives.
- AmeriHealth Mercy Family of Companies agrees with concerns raised in prior public comments that measurement of Central Venous Pressure does not meet evidence based medicine criteria. The argument that it is part of a protocol that has improved mortality does not mean that the measurement of CVP contributed to that improvement. Potentially the results could have been better without CVP if the catheters contributed to further infection. So would suggest that on future review the following be removed:
  6) In the event of persistent arterial hypotension despite volume resuscitation (septic shock) or initial lactate >=4 mmol/L (36 mg/dl):
  - Measure central venous pressure (CVP)
  - Measure central venous oxygen saturation (ScvO2)

Measure 0393 Hepatitis C: Testing for chronic hepatitis C – Confirmation of hepatitis C viremia

Member Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	4	0	0	4	100%
Health Professional	2	0	1	3	100%
Provider Organizations	2	0	1	3	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	0	0	1	100%
QMRI	0	0	0	0	
Supplier/Industry	2	0	0	2	100%
All Councils	**11**	**0**	**2**	**13**	**100%**
Percentage of councils approving (>50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

Voting Comments:

- No voting comments were received.