

August 30, 2016

Helen Darling
Interim CEO
National Quality Forum
1030 15th Street, NW
Suite 800
Washington, DC 20005

Re: All-cause Admissions and Readmissions 2015-2017 Measure Endorsement Project

Dear Ms. Darling:

The undersigned organizations are writing to express our lack of support for measure 1789, Hospital-Wide All-Cause Unplanned Readmission Measure (HWR). Our organizations are committed to improving the quality of care provided to patients but cannot support continued endorsement of the measure due to the on-going lack of testing at the individual physician and group practice levels. Measure 1789 is a maintenance measure and as such, we would have expected NQF to require the developer, Yale CORE/ Centers for Medicare and Medicaid Services (CMS), to demonstrate and provide analysis around the scientific reliability and validity of the measure based on all levels of measurement for which it is currently used for accountability purposes. The current submission provides information solely on use at the hospital level and it is unclear why information on the measure at the individual physician and group practice levels was not required to maintain endorsement of the measure.

The measure has been in use in Medicare physician quality programs, including the Physician Value-based Payment Modifier, since 2013 and is now proposed for use within the Merit-Based Incentive Payment System (MIPS) but continues to lack transparent evaluation related to the appropriateness of this level of use. We are extremely concerned with the unintended consequences related to the use of the measure at the individual and group practice levels without the proper vetting of the measure's reliability and validity. The continued lack of sociodemographic factors in the risk adjustment model serves as an example of the potential negative consequences physicians have experienced with this measure. Since the inception of the value modifier no physician or practice that treats high risk patients has been eligible to receive an incentive from CMS and these practices are also more likely than other practices to have received a negative adjustment.^{1,2} If the measure moves forward it could introduce new harms, as opposed to enhancing quality of care. The Institute of Medicine (IOM) Committee on Accounting for

¹ 2015 Value Based Payment Modifier Program Experience Report. Center for Medicare and Medicaid Services. June 16, 2015. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2015-VM-Program-Experience-Rpt.pdf>

² 2016 Value Modifier Overview Memorandum. Center for Medicare and Medicaid Services. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2016-VM-Overview-PDF-Memo.pdf>. Accessed August 15, 2016.

Social Economic Status (SES) in Medicare Payment Programs has also recently outlined concerns that decreased payments, particularly for those physicians caring for patients who are socially at-risk, could lead to underinvestment in the quality of care and that continuing with the status quo will introduce new ills into the healthcare system, as opposed to improve care.³

We thank you for your attention to our concerns and urge NQF to reconsider its current recommendation to continue endorsement of NQF measure 1789. We stand ready to work with the NQF, Yale CORE/CMS and other relevant health care stakeholder groups to improve the current quality measure.

Sincerely,

American Medical Association
AMDA-The Society for Post-Acute and Long-Term Care Medicine
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American College of Emergency Physicians
American College of Physicians
American College of Radiology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Osteopathic Association
American Psychiatric Association
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Plastic Surgery
American Thoracic Society
American Urological Association
Association of American Medical Colleges
Advocacy Council of the American College of Allergy, Asthma and Immunology
College of American Pathologists
Congress of Neurological Surgeons
Medical Group Management Association
North American Spine Society
Society for Cardiovascular Angiography and Interventions
Society of Hospital Medicine

³ Committee on Accounting for Socioeconomic Status in Medicare Payment Programs. Accounting for Social Risk Factors in Medicare Payment- Report IN BRIEF. Institute of Medicine. July 2016.
[http://nationalacademies.org/hmd/~media/Files/Report%20Files/2016/Medicare-SES-3-RIB.pdf](http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2016/Medicare-SES-3-RIB.pdf)