



Performance Measure Review

ACP supports NQF measure #2455: “Post-Discharge Appointment for Heart Failure Patients.” Patients with a principle diagnosis of heart failure should schedule a follow-up appointment post-hospitalization. This measure is appropriately specified to assess performance at the level of the facility and implementation will counteract the unintended consequences of the re-admission measures. Unlike the re-admission measures, this measure will likely decrease length of stay for patients who are appropriately readmitted for acute exacerbations of heart disease. Also, this measure will likely encourage facilities to participate with their referral base. In contrast to other care coordination measures that only require documentation of the referral to fulfill the measure requirements; this measure is appropriately specified to encourage facilities to close the referral loop. We support implementation of this measure over NQF measure #2439: “Post-Discharge Appointment for Heart Failure Patients” because this measure allows for more flexibility with scheduling the follow-up appointment. Clinicians other than physicians are permitted to manage the follow-up care and the numerator does not specify a 7-day time-frame for scheduling the follow-up appointment. While this measure is a step in the right direction towards reducing preventable readmissions, it may be ineffective as a quality measure. Programs directed at shared savings from lower utilization of hospital services might be more successful in reducing admissions than programs initiated to date. Also, we suggest the developers revise the specifications to include an evidence-based time-frame for scheduling follow-up appointments. Furthermore, developers should consider revising the numerator specifications to define what constitutes a “home health visit.” For example, it is unclear whether a telemedicine visit meets the requirements of the numerator specifications. In addition to revising the specifications to include telemedicine as an appropriate form of home health visit, developers should also define criteria for what constitutes an appropriate visit (e.g., staffed by APP, MD, or DO; includes assessment of weight or telemonitoring, etc.).