CMS National Dry Run: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals

Special Open Door Forum
October 8, 2015
2-3 PM ET
The purpose of this special open door forum is to:

- provide details on the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)

- provide an overview of upcoming dry run activities, including timeline and content of facility dry run reports that will be disseminated to LTCHs during October 22\textsuperscript{nd}-November 23\textsuperscript{rd}
• Introductions and roles
• Background and implementation
• Dry run overview
• Measure specifications
• Overview of facility dry run reports
• Review timeline and next steps
• Additional resources
• Questions & answers
Introductions and Roles

- Centers for Medicare & Medicaid Services (CMS)
- RTI International, Measure Development Contractor
Hospital readmission among the Medicare population is common and evidence suggests there is an opportunity for improvement.

Large proportion of beneficiaries receive post-acute care (PAC), including through LTCHs, thus examining readmission rates following PAC discharge is an important policy issue for CMS.
Opportunity for Improvement:

- Unadjusted rate of unplanned readmission to a short-stay acute-care hospital or an LTCH in the 30 days after an LTCH discharge was 24.0%
• Given large proportion of readmissions, CMS proposed to monitor LTCHs’ readmission rates.

• CMS Goals:
  – Reduce LTCH readmission rates that are inappropriately high
  – Improve coordination and quality of patient care
• CMS contracted with RTI International to develop the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals

• This measure was endorsed by the National Quality Forum in December 2014 (NQF #2512)

• The NQF-endorsed measure was adopted in the LTCH Quality Reporting Program in FY 2016 (80 FR 49730-49731)

• Public reporting will begin October 1, 2016

• CMS will conduct a dry run of this measure Fall 2015
Dry Run Overview: Definition & Purpose

• *Dry run* refers to calculation of provider performance using real data that will be shared with providers, but not used for public reporting.

• The purpose of the dry run is to:
  – Educate LTCHs about measure in advance of public reporting
  – Provide LTCHs with results and data
  – Help LTCHs interpret results and data
  – Allow LTCHs to ask questions
  – Test CMS processes for dissemination of measure information
  – Receive feedback on processes and measure information from the community
1) **Facility-level results for the measure:** CMS will work with facilities during this dry run to help them understand this measure and their data, and to respond to provider questions.

2) **National Provider Calls:** CMS will hold two national provider calls (before and after dry run).

- **Questions and Answers:** via email at [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)
Dry Run Overview: Results

• These performance data will not be publicly reported by CMS. They are intended solely for the education and information of the provider community and CMS.

• The dry run measure results will be presented using data from calendar years 2012 through 2013.

• Note: Data from CY 2013 through 2014 will be used when public reporting begins (October 1, 2016).
Measure Specifications: Population

• All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512)

• This measure includes LTCH Medicare Fee-for-Service (FFS) patients aged 18 years and older, who were discharged in 2012 to 2013 from an LTCH to non-hospital post-acute levels of care or to the community.
Measure Specifications: Inclusion Criteria

- Patients who...
  - Were 18 years or older
  - Have been continuously enrolled in Part A FFS Medicare for the 12 months prior to the LTCH admission date, and at least 30 days after an LTCH stay discharge date, and
  - Had a short-term acute care stay within 30 days prior to an LTCH stay admission date, and
  - Were discharged from the LTCH to a less intensive level of care or to the community, and
  - Were followed for 30 days after the LTCH discharge date or the date of death if the patient died within 30 days after the LTCH discharge date.
Measure Specifications: Exclusion Criteria

- LTCH patients who died during the LTCH stay
- LTCH patients who transferred to an acute care hospital or another facility of the same type, in this case an LTCH
- LTCH patients discharged against medical advice (AMA)
- LTCH patients for whom the prior acute stay was for medical (nonsurgical) treatment of cancer, as defined by CMS/Inpatient Quality Reporting program
- LTCH stays with data that are problematic (e.g., anomalous records for hospital stays that overlap wholly or in part or are otherwise erroneous or contradictory)
**Numerator:**
The numerator is related to the subset of stays in the denominator, with an unplanned acute or LTCH admission occurring within 30 days following the LTCH stay discharge date.

**Numerator Exclusions:**
Patients who are readmitted with a defined hospital stay as defined by the Yale planned readmissions list and modified to include additional ICD-9 procedure codes developed with input from the TEP, clinical review and assistance from an ICD-9 coding consultant.
Observation window:
Because transfers are defined as readmissions on the date of LTCH discharge or one day after, the 30 day window for this measure runs for 30 days from the *second day* following discharge from the LTCH.
Measure Specifications: Observation Window

Example LTCH Patient Without a Readmission

Prior short-term acute stay → Up to 30-day gap → LTCH stay

Possible undetected interrupted stay up to 3 days

Discharge to other than acute hospital or transfer to same setting

{ Observe up to 30 days post discharge

Possible SNF, or HHA stays

No readmission }
Measure Specifications: Observation Window

Example LTCH Patient With a Readmission

- Prior short-term acute stay
  - Up to 30-day gap
  - Possible undetected interrupted stay up to 3 days
  - Discharge to other than acute hospital or transfer to same setting

- LTCH stay

- Observe up to 30 days post discharge
  - Unplanned admission to LTCH or short-term acute
  - Readmission
Measure Specifications: Observation Window

Example LTCH Patient With a Planned Readmission

- Prior short-term acute stay
- Up to 30-day gap
- Possible undetected interrupted stay up to 3 days
- LTCH stay
- Discharge to other than acute hospital or transfer to same setting
- Observe up to 30 days post discharge
- Admission to short-term acute hospital for planned procedure; window ends.
- Readmission not counted
- Possible unplanned readmission, not counted
• For the short-term acute-care hospital readmission measure, Yale University, along with a team of clinicians, created a list of procedures (ICD-9-CM codes) that constitute planned admissions. If any of a defined set of acute principal diagnoses is present the admission reverts to unplanned

• The LTCH list is an extension of the Yale planned readmissions list based on TEP member input, clinical recommendations and coding consultants.
• The risk adjustment models compute probabilities of readmission with explanatory variables including demographic factors, diagnoses, surgery indicators, and prior acute utilization.

• The source of the principal diagnoses for risk-adjustment is the prior acute hospital claim.

• Comorbidities come from the secondary diagnoses on the prior acute claim and, if useful, from other acute claims occurring in the year prior to the LTCH stay.
  – The use of the look back of one year matches what is currently done in the Hospital Wide Readmissions (HWR) model.
Measure Specifications: Risk Adjusters

- Age/sex groups
- Principal diagnosis on short-term bill — as in HWR measure, grouped clinically using the CCS for ICD-9 diagnoses developed by AHRQ
- Surgery categories — if present (e.g., cardiothoracic, orthopedic), defined as HWR model; procedures are grouped using CCS for ICD-9 procedures (AHRQ)
- Ventilator — prolonged ventilation in LTCH (procedure code)
- Comorbidities — from secondary diagnoses on prior short-term bill and diagnoses from earlier short-term stays up to 1 year before LTCH admission (clustered using Hierarchical Condition Categories [HCC] groups)
- Original reason for entitlement
- Prior acute length of stay — categorical variables to account for nonlinearity
- Prior acute ICU/CCU days — categorical variables
- Prior acute care utilization — counts of prior short-term discharges within 365 days before admission, categorical
• With harmonization in mind, the statistical approach was made consistent with that used for the HWR measure:
  – A hierarchical modeling approach estimating a multi-level model with patients clustered at the facility level. A facility effect is estimated.
  – Numerator measure for each facility: the risk-adjusted predicted readmissions for facility patients, including the facility effect.
  – Denominator: the risk-adjusted expected readmissions for those same patients, excluding the facility effect.
  – The standardized rate is this ratio multiplied by the mean rate.

• To increase sample size for the model and the number of cases per facility, a rolling 2 years of data are combined.
Distribution of risk standardized readmission rates (RSRR) among LTCHs with at least 25 index stays, 2012-2013
Overview of Facility Dry Run Reports

• Facility Dry Run Report Sections
  – Introduction and background
  – Section 1: Overview and Methodology
  – Section 2: Measure Results – Your facility's measure results, including:
    • Your facility's rate estimate and confidence interval
    • Your performance category (no different, better than, worse than the US national rate)
  – Appendix: Technical Terms in the Facility-Specific Report
Review Timeline and Next Steps

- The period during which dry run reports will be available to view in QIES is October 22\textsuperscript{nd}-November 23\textsuperscript{rd}.

- Access the 30-day facility-specific reports in CASPER

- Contact LTCH Help Desk with questions
  - LTCHQualityQuestions@cms.hhs.gov

- CMS will host a follow up special ODF approximately two weeks after the 30 day period has ended (December)
Contacts & Additional Resources

• For detailed specifications for this measure, please visit the [National Quality Forum](#) and download specifications for NQF #2512.

• If you have questions about your facility-specific report or the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from LTCHs, please submit them to:

  [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)
Questions & Answers