



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 22nd-November 23rd

Agenda

- 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

- Centers for Medicare & Medicaid Services (CMS)
- RTI International, Measure Development Contractor

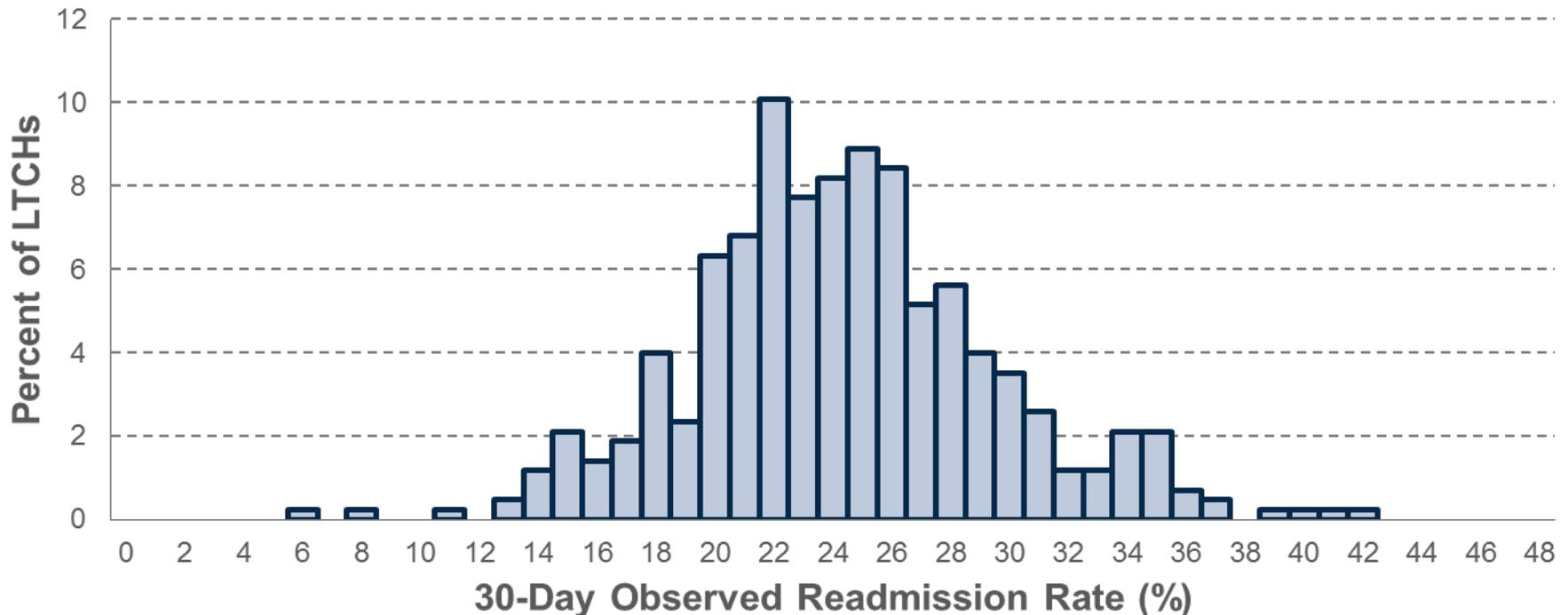
- Hospital readmission among the Medicare population is common and evidence suggests there is an opportunity for improvement
- Large proportion of beneficiaries receive post-acute care (PAC), including through LTCHs, thus examining readmission rates following PAC discharge is an important policy issue for CMS.

Background

- **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%

Distribution of unadjusted unplanned readmission rates among LTCHs with at least 25 index stays, 2012-2013



Source: RTI analysis of 2012–2013 Medicare claims data

- 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

Plans for Implementation

- 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

Dry Run Overview: Components

- 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

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)

Measure Specifications: Numerator

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 planned 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.

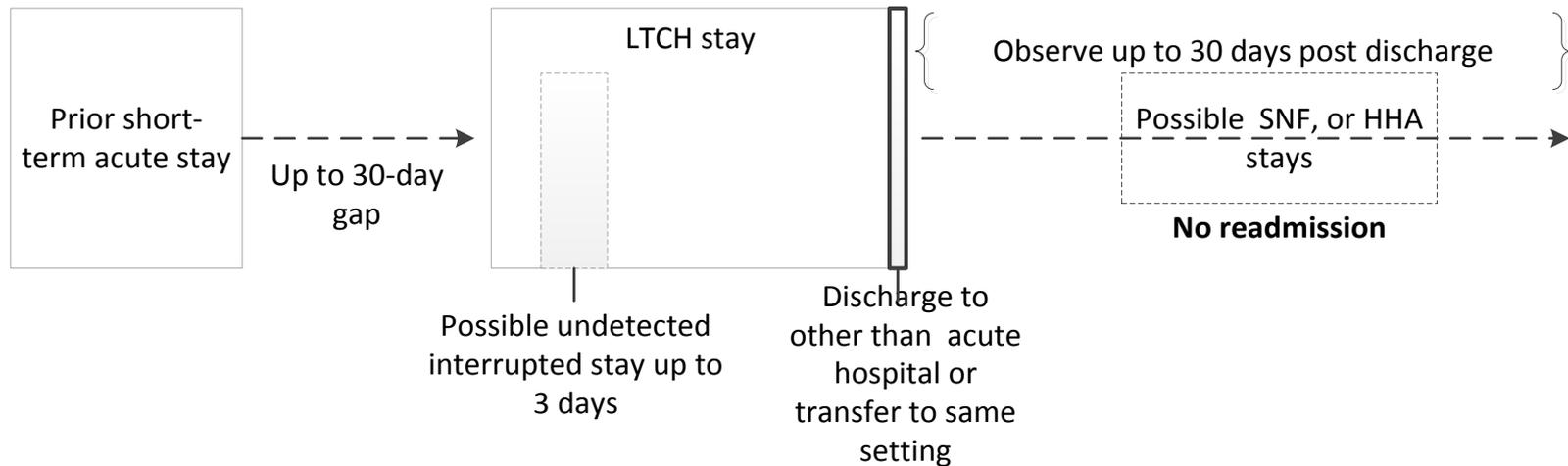
Measure Specifications: Observation Window

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.

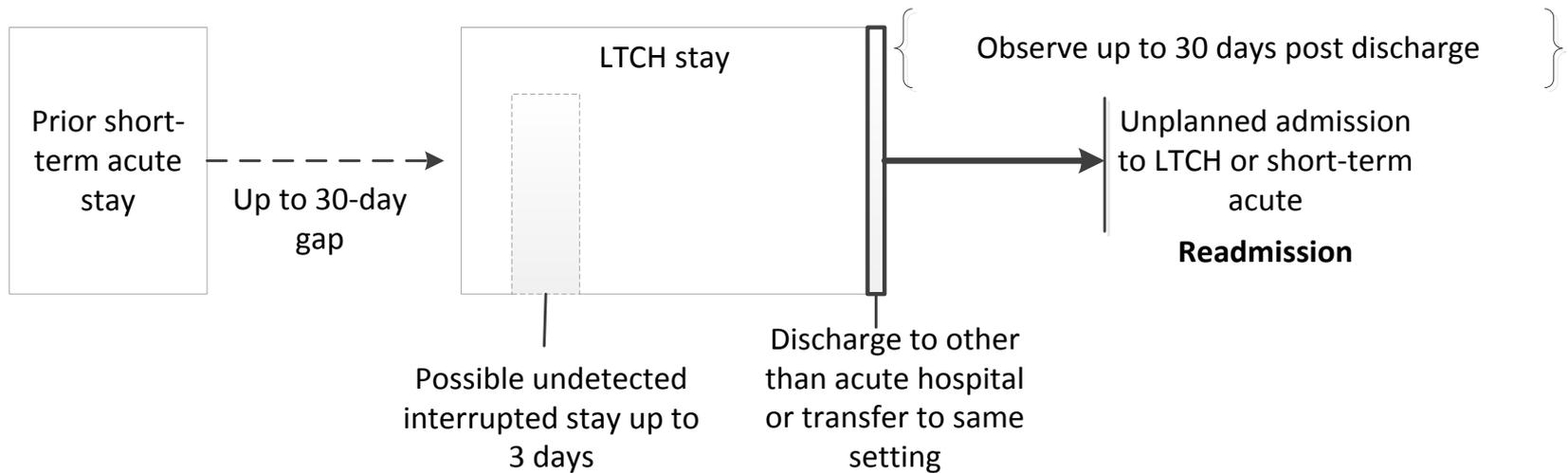
Measure Specifications: Observation Window

Example LTCH Patient Without a Readmission



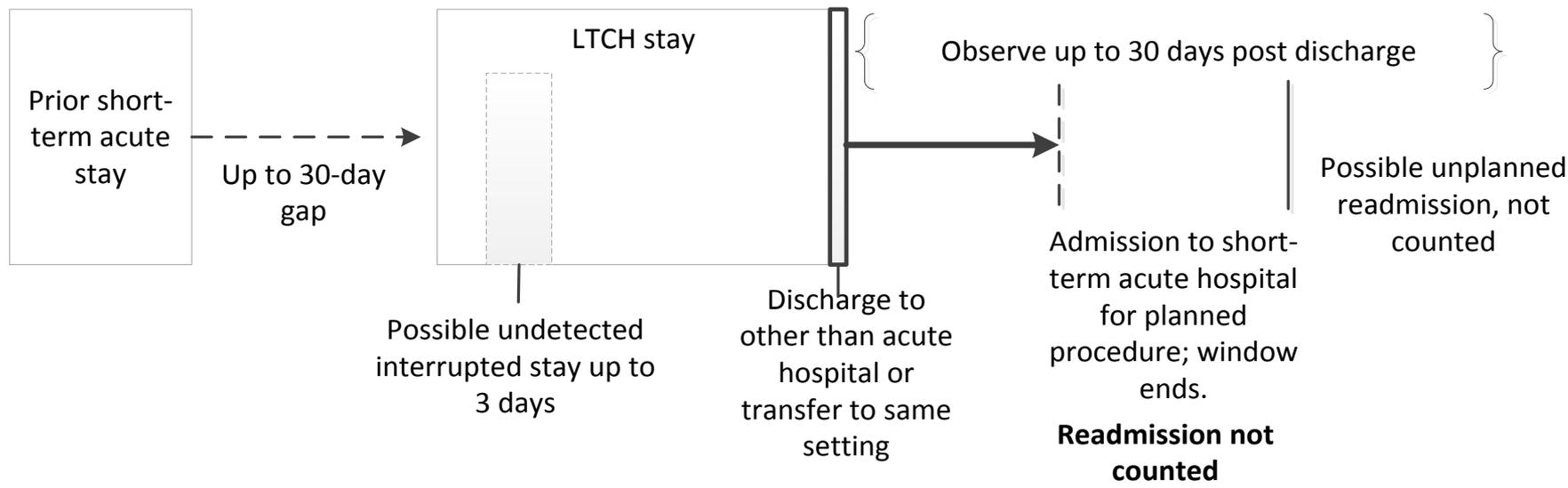
Measure Specifications: Observation Window

Example LTCH Patient With a Readmission



Measure Specifications: Observation Window

Example LTCH Patient With a Planned Readmission



Measure Specifications: Planned Readmissions

- 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.

Measure Specifications: Risk Adjustment Approach

- 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

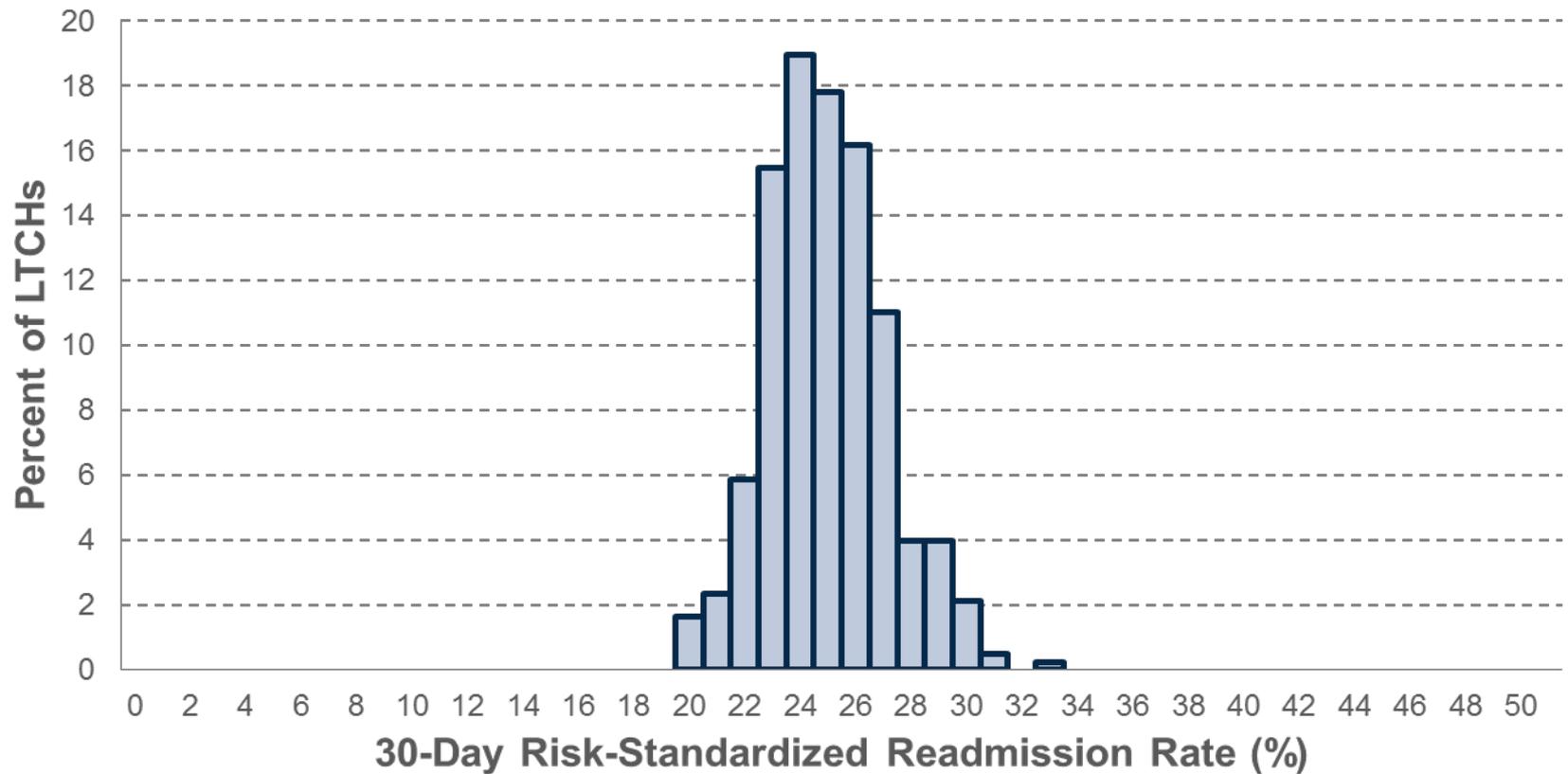
- Age/sex groups
- Principal diagnosis on short-term bill — as in HWR measure, grouped clinically using the CCS for ICD-9 diagnoses developed by AHRQ
- Surgery categories — if present (e.g., cardiothoracic, orthopedic), defined as HWR model; procedures are grouped using CCS for ICD-9 procedures (AHRQ)
- 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

Measure Specifications: Statistical Approach

- 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

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 22nd-November 23rd.
- Access the 30-day facility-specific reports in CASPER
 - <https://www.qtso.com/submissions/submissions.html>
- 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

Questions & Answers