

Quality Measures Fact Sheet

Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789)

National Quality Strategy Domain: Communication and Care Coordination

BPCI Advanced and Quality

The Center for Medicare & Medicaid Innovation's (the CMS Innovation Center's) BPCI Advanced Model rewards health care providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and clinicians should work collaboratively to achieve these goals, which have the potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

Background on Readmissions

When a Medicare beneficiary experiences a readmission after health care teams discharges him or her from the hospital, it is costly, disruptive to the patient and his or her family, and often preventable. While some readmissions are unavoidable due to worsening illness, appropriate transitional care and clear, monitored discharge procedures can reduce the risk of readmission.

CMS Innovation Center Rationale for Including the Hospital-Wide All-Cause Unplanned Readmission Measure in BPCI Advanced

The CMS Innovation Center selected the Hospital-Wide All-Cause Unplanned Readmission measure to encourage hospitals and their care teams to collaborate and ensure that they provide appropriate discharge planning, instructions, and follow up care to patients to help reduce the risk of readmission. The Hospital-Wide All-Cause Unplanned Readmission measure evaluates whether a patient has an unplanned readmission within 30 days of discharge. CMS has used or is currently using the measure in the following Federal programs: the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Shared Savings Program. CMS also reports the measure on the Hospital Compare website.

Applicable Clinical Episodes

The Hospital-Wide All-Cause Unplanned Readmission measure is in the Administrative Quality Measures Set and applies to all inpatient and outpatient Clinical Episodes included in the BPCI Advanced Model.

Measure Specifications

The Hospital-Wide All-Cause Unplanned Readmission measure selected for BPCI Advanced follows National Quality Forum (NQF) #1789 measure specifications. The CMS Innovation Center will calculate Acute Care Hospital (ACH) performance at the hospital level for all Medicare beneficiaries included in the denominator. For Physician Group Practices (PGPs), the CMS Innovation Center will calculate the measure as specified at the hospital level, then weight the measure based on PGP Clinical Episode volume for each ACH where a PGP triggers an episode. Performance on the Hospital-Wide All-Cause Unplanned Readmission measure is risk adjusted.

Denominator

The denominator for the Hospital-Wide All-Cause Unplanned Readmission measure includes all Medicare fee-for-service (FFS) beneficiaries aged 65 years and older who are hospitalized and are discharged alive from a Medicare participating ACH. These Medicare FFS beneficiaries must have 12 months of continuous Medicare Part A enrollment prior to the index admission. The term “index admission” refers to the first admission.

The exclusions for this measure include patients:

- admitted to Prospective Payment System-exempt cancer hospitals
- without at least 30 days post-discharge enrollment in Medicare FFS
- discharged against medical advice
- admitted for primary psychiatric diagnoses
- admitted for rehabilitation
- admitted for medical treatment of cancer

Numerator

The numerator includes individuals in the previously defined denominator who have a readmission for any cause, except for certain planned readmissions, within 30 days from the date of discharge from an eligible index admission. If a Medicare beneficiary has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, the measure only counts one as a readmission. Note that readmissions do not have to be at the same hospital location as the index admission – a Medicare beneficiary who is readmitted to any hospital will count as a readmission.

This measure looks for a “yes” or “no” outcome of whether each admitted patient had an unplanned readmission within 30 days. However, if health care teams planned the first readmission after discharge, the measure does not count any subsequent unplanned readmission as an outcome for that index admission.

Measure Submission

The CMS Innovation Center will calculate this measure using Medicare claims data and does not require action or reporting by Model Participants beyond what is currently involved in the IQR program. To

better align with the performance years of the BPCI Advanced Model, the Model uses January 1 through December 31 for measure calculation. The date of discharge on the index admission will determine the calendar year in which the claim is included.

Revisions from the Published Specifications

The BPCI Advanced version of this measure uses a one-year period. In Model Year 3, the claims data will be collected from January 1, 2020 to December 31, 2020.

Composite Quality Score

The Hospital-Wide All-Cause Unplanned Readmission measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation. The CMS Innovation Center uses the CQS to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down by more than 10 percent, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent. More information is available at the BPCI Advanced website provided below.

Other Resources

| Organization/Resource | Website Address |
|-------------------------------------|---|
| NQF #1789 specifications | http://www.qualityforum.org/QPS/1789 |
| IQR readmission measure methodology | https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital-Wide-All-Cause-Readmission-Updates.zip |
| BPCI Advanced | https://innovation.cms.gov/initiatives/bpci-advanced |