

Quality Measures Fact Sheet

Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI) (NQF #2881)

National Quality Strategy Domain: Communication and Care Coordination

Quality Measures Set: Administrative Data Source: Hospital Inpatient Quality Reporting Program

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 Acute Care after Acute Myocardial Infarction

The recovery process and transition from hospital to home after an acute myocardial infarction (AMI) carries the risk of readmission and other post-discharge complications, including emergency department (ED) evaluation and need for observation. The CMS Innovation Center aims to provide AMI patients with the tools for an independent recovery, to lower the risk of additional AMI incidence, and to improve overall health and lifestyle.

CMS Innovation Center Rationale for Including the Excess Days in Acute Care after Hospitalization for AMI Measure in BPCI Advanced

Hospitals and their associated care teams should coordinate to ensure that discharge procedures for AMI patients are robust and continuously monitored. Patients whose health care teams discharge them after AMI should have a safe transition with appropriate patient education about post-discharge care, self-management, timely communication, and follow-up. Measures of unplanned readmission already exist, but there are no current measures for ED and observation stay utilization. The CMS Innovation Center selected the Excess Days in Acute Care after Hospitalization for AMI measure to provide a broad view for post-discharge outcomes that will enable BPCI Advanced Participants to improve patient care.

Applicable Clinical Episodes

The Excess Days in Acute Care after Hospitalization for AMI measure is in the Administrative Quality Measures Set and applies to the following inpatient Clinical Episode¹:

- AMI: Medicare Severity–Diagnosis-Related Groups (MS-DRGs) 280, 281, and 282

Measure Specifications

The Excess Days in Acute Care after AMI measure selected for BPCI Advanced follows National Quality Forum (NQF) #2881 measure specifications. To provide a patient-centered evaluation of the post-discharge period, the AMI measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for AMI. This measure captures the quality of care transitions provided to patients hospitalized with AMI by collectively measuring a set of avoidable post-discharge events: ED visits, observation stays, and unplanned readmissions during the 30-day post-discharge period. To aggregate all three outcomes, the measure assesses each item in terms of days. In 2016, CMS began annual reporting of the measure for Medicare fee-for service (FFS) beneficiaries aged 65 years and older who are hospitalized in non-federal hospitals.

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. CMS also includes the Excess Days in Acute Care after Hospitalization for AMI measure in the Hospital Inpatient Quality Reporting (IQR) Program, which posts measure data on Hospital Compare. However, the reporting period under this Model differs from that used under the Hospital IQR Program in that the reporting period for the BPCI Advanced Model spans from January 1 through December 31.

Denominator

The denominator for the Excess Days in Acute Care after AMI measure includes all Medicare FFS beneficiaries aged 65 years and older who are hospitalized with a principal discharge diagnosis of AMI. These Medicare FFS beneficiaries must have 12 months of continuous Medicare Part A and B enrollment prior to the AMI index admission.

The exclusions for this measure include patients:

- without at least 30 days post-discharge enrollment in Medicare FFS
- discharged against medical advice
- admitted within 30 days of a prior index discharge
- admitted and then discharged on the same day

Numerator

The numerator includes the total number of days that individuals in the previously defined denominator spent in acute care within 30 days of discharge. The measure defines days in acute care as days spent in an ED setting, days spent in an observation unit, or days spent hospitalized during an unplanned readmission for any cause within 30 days from the date of discharge. The measure counts each ED

¹ MS-DRGs are up to date as of Model Year 3 (2020) and will be updated for Model Year 4 as needed.

treat-and-release visit as one half-day. The measure records observation stays in terms of hours and rounds up to the nearest half-day. The measure counts each readmission day as one full day. The measure counts all eligible outcomes occurring in the 30-day period, even if they are repeat occurrences.

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 Hospital 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 belongs.

Revisions to the Published Specifications

The BPCI Advanced version of this measure is calculated using a two-year period. In Model Year 4, the data will be collected from January 1, 2020 to December 31, 2021.

Composite Quality Score

The Excess Days in Acute Care after AMI 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 downward by more than 10 percent, nor will it adjust the Negative Total Reconciliation Amount upward by more than 10 percent. More information is available at the BPCI Advanced website provided below.

Other Resources

Organization/Resource	Website Address
BPCI Advanced	https://innovation.cms.gov/initiatives/bpci-advanced
CMS Measures Inventory Tool (CMIT) measure details	https://cmit.cms.gov/CMIT_public/ReportMeasure?measureRevisionId=636
Hospital IQR Program Excess Days in Acute Care after AMI measure methodology	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/AMI-HF-Excess-Days-in-Acute-Care.zip