Memo

NATIONAL QUALITY FORUM

TO: NQF Members and Public

FR: NQF Staff

RE: Additional measure updates within the *Pulmonary and Critical Care Consensus
          Standards Endorsement Maintenance: Report Addendum*

DA: November 9, 2012

NQF staff have received additional information on two measures included in the *National
Voluntary Consensus Standards: Pulmonary and Critical Care Endorsement Maintenance: Report
Addendum*. The information includes minor updates to numerator details of the following
readmission measures:

- 0506 Thirty-day all-cause risk standardized readmission rate following pneumonia
  hospitalizations
- 1891 Thirty-day all-cause risk standardized readmission rate following COPD
  hospitalizations

The Committee's final evaluations and recommendations are included in the addendum report.
More detailed information on the additional measure updates submitted by the measure
developer can be accessed in Attachment A.

Pursuant to section II.A of the Consensus Development Process v. 1.9, this draft document,
along with the accompanying material, is being provided to you at this time for purposes of
review and comment only and is not intended to be used for voting purposes. You may post
your comments and view the comments of others on the NQF website.

All comments must be submitted no later than 6:00 pm ET, December 10, 2012.

Thank you for your interest in NQF's work. We look forward to your review and comments.

Memorandum

Subject: Updates to COPD and Pneumonia Readmission Measures based on Public Comment Received on Related Readmission Measure

To: Reva Winkler, Senior Director of Performance Measures, National Quality Forum

From: Elizabeth Drye, Director of Quality Measurement Programs, Yale Center for Outcomes Research and Evaluation

Through: Lein Han, Government Task Leader, Centers for Medicare & Medicaid Services

Date: November 8, 2012

Introduction

Centers for Medicare & Medicaid Services (CMS) recommends two updates for the measure specifications of its 30-day all cause readmission measures for patients hospitalized with chronic obstructive pulmonary disease (COPD) and pneumonia (NQF # 1891 and 0506, respectively). First, CMS is making minor modifications to its algorithm for designating planned readmissions. Second, CMS is modifying the way it counts unplanned readmissions that occur within 30 days of patient discharge but subsequent to an intervening planned readmission. We describe both minor changes in detail below.

CMS is making these changes in response to public comments recently received during a national "dry run" on related CMS readmission measures. This fall CMS provided hospitals confidential results (i.e., hospital specific reports) for two readmission measures, CMS's hospital-wide readmission measure (NQF # 1789) and its readmission measure for patients undergoing elective total hip or knee arthroplasty (NQF # 1551). Hospitals reviewed their results and data for patients included in the measure calculation, and submitted recommendations. CMS is implementing these recommendations across all of its readmission measures simultaneously to maintain harmonization.

These changes are important improvements to the readmission measures. However, they address relatively rare scenarios and therefore have a limited impact on the measure calculation. CMS will revise the "numerator details" field of the NQF application to conform to these changes.

1) Updates to planned readmission algorithm

The COPD and pneumonia readmission measures currently under review at NQF used Version 2.0 of the CMS planned readmission algorithm. CMS is updating the planned readmission algorithm from Version 2.0 to Version 2.1 to incorporate the following changes:

1. **AHRQ Procedure CCS[1] 170 – Excision of skin lesion**
   - *Update:* Add to list of potentially planned procedures (List 2 in Section 2a1.3 in NQF application)**.**
   - *Rationale:* Typically performed as planned procedure for cutaneous malignancy.
2. **AHRQ Procedure CCS 224 – Cancer chemotherapy**
   - *Update:* Add to list of potentially planned procedures (List 2 in Section 2a1.3 in NQF application).
   - *Rationale:* Currently, patients readmitted with Diagnosis CCS 45 – Maintenance chemotherapy are considered planned readmissions. However, some patients who receive scheduled chemotherapy during hospitalization have a principal diagnosis of malignancy and only a procedure code of chemotherapy (procedure CCS 45); consequently they were previously missed by the planned readmission algorithm.
3. **AHRQ Diagnosis CCS 129 - Aspiration pneumonitis; food/vomitus**
   - *Update:* Add to list of acute diagnosis list (List 3 in Section 2a1.3 in NQF application); this will prevent an accompanying potentially planned procedure from being considered planned.
   - *Rationale:* Aspiration pneumonitis is an acute event; readmissions for aspiration pneumonitis are not typically planned.
4. **ICD-9 Diagnosis Codes 410.x2 – Acute myocardial infarction, subsequent episode of care**
   - *Update:* Remove from acute diagnosis list (List 3 in Section 2a1.3 in NQF application).
   - *Rationale:* ICD-9 410.x2 specifically refers to a subsequent episode of care for a previous acute MI, and does not refer to an acute myocardial infarction. It was previously included in the overall diagnosis CCS 100, acute myocardial infarction, and was thus incorrectly considered an acute event.
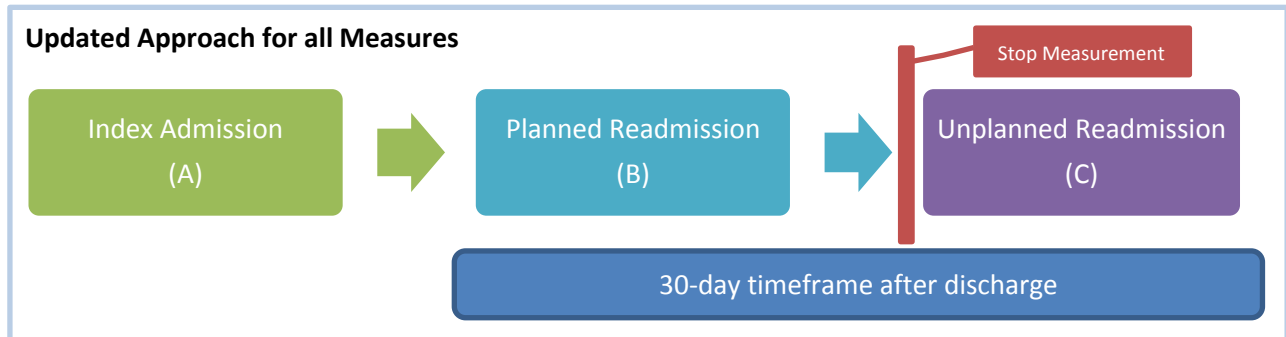
CMS is updating the COPD and pneumonia readmission measures with Version 2.1 of the planned readmission algorithm. This update does not appreciably change the planned readmission rate for these measures, which remains at 0.6% for both measures.

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[1] CCS: Clinical Classification Software, developed by the Agency for Healthcare Research and Quality (AHRQ). The software creates clinically-coherent, mutually-exclusive condition categories (diagnosis groups) and procedure categories.

2) Update to counting subsequent readmissions after a planned readmission

CMS is updating the readmission measures to **end the measurement period for a readmission when a patient has been re-hospitalized for any reason**, including for a planned readmission. In other words, an unplanned readmission will not count against an index admission if a planned admission (B) occurs in between the two because there is no way to be sure that the unplanned readmission (C) is attributable to the first admission (A).

Updated Approach for all Measures

Stop Measurement

Index Admission (A)

Planned Readmission (B)

Unplanned Readmission (C)

30-day timeframe after discharge

Effect of update on each measure:

Measure	Unplanned Readmission Rate (Outcome)	
	Revised measure with Version 2.1 without counting change	**Final measure with Version 2.1 and counting change**
Pneumonia	17.8%	**17.8%**
COPD	21.3%	**21.2%**