

NQF # 1789

Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Measure Status

Endorsement Type: Endorsed

Endorsement Date: 4/24/2012 12:00:00 AM

Last Updated Date: Feb 10, 2020

Measure Under Review: Endorsement Maintenance

Corresponding Measures:

Measure Type: Outcome

Measure Format: measure

Measure Details

Measure Steward: Centers for Medicare & Medicaid Services

Measure Description: This measure estimates a hospital-level, risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission within 30 days of discharge from an index admission with an eligible condition or procedure. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology. The measure also indicates the hospital-level standardized readmission ratios (SRR) for each of these five specialty cohorts. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date from the index admission (the admission included in the measure cohort). A specified set of readmissions are planned and do not count in the readmission outcome. CMS annually reports the measure for Medicare fee-for-service (FFS) patients who are 65 years or older and are hospitalized in non-federal short-term acute care hospitals.

For the All-Cause Readmission (ACR) measure version used in the Shared Savings Program (SSP) beginning in 2017, the measure estimates an Accountable Care Organization (ACO) facility-level RSRR of unplanned, all-cause readmission after admission for any eligible condition or procedure within 30 days of hospital discharge.

The ACR measure is calculated using the same five specialty cohorts and estimates an ACO-level standardized risk ratio for each. CMS annually reports the measure for patients who are 65 years or older, are enrolled in Medicare FFS, and are ACO assigned beneficiaries.

The updates in this form reflect changes both to the original HWR measure and the ACS measure version. For instances where the two versions differ, we provide additional clarifications below the original description.

Numerator Statement: The outcome for both the original HWR and ACR measures is 30-day readmission. We define readmission as an inpatient admission for any cause, except for certain planned readmissions, within 30 days from the date of discharge from an eligible index admission. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.

Denominator Statement: The measure includes admissions for Medicare beneficiaries who are 65 years and older and are discharged from all non-federal, acute care inpatient US hospitals (including territories) with a complete claims history for the 12 months prior to admission.

ACR-Specific: The measure at the ACO level includes all relevant admissions for ACO assigned beneficiaries who are 65 and older, and are discharged from all non-Federal short-stay acute care hospitals, including critical access hospitals.

Additional details are provided in S.7 Denominator Details.

Exclusions: Both the original HWR and ACR versions of the measure exclude index admissions for patients:

1. Admitted to Prospective Payment System (PPS)-exempt cancer hospitals;
2. Without at least 30 days post-discharge enrollment in Medicare FFS;
3. Discharged against medical advice;
4. Admitted for primary psychiatric diagnoses;
5. Admitted for rehabilitation; or

6. Admitted for medical treatment of cancer.

Risk Adjustment: Yes

Harmonization Requested

Harmonization Action:

Measure(s) Considered in Harmonization Request:

Classification

Use in Federal Program: Hospital Compare, Hospital Inpatient Quality Reporting, Medicare Shared Savings Program (MSSP)

Condition: Cardiovascular, Cardiovascular: Arrhythmia, Cardiovascular: Congestive Heart Failure, Cardiovascular: Coronary Artery Disease (AMI), Cardiovascular: Coronary Artery Disease (PCI), Cardiovascular: Coronary Artery Disease, Cardiovascular: Hyperlipidemia, Cardiovascular: Hypertension, Critical Care, Endocrine, Endocrine: Diabetes, Endocrine: Thyroid Disorders, Gastrointestinal (GI), Gastrointestinal (GI): Gall Bladder Disease, Gastrointestinal (GI): Gastro-Esophageal Reflux Disease (GERD), Gastrointestinal (GI): Gastroenteritis, Gastrointestinal (GI): Peptic Ulcer, Genitourinary (GU), Genitourinary (GU): Incontinence/pelvic floor disorders, Infectious Diseases (ID), Infectious Diseases (ID): HIV/AIDS, Infectious Diseases (ID): Pneumonia and respiratory infections, Infectious Diseases (ID): Sexually Transmitted, Infectious Diseases (ID): Tuberculosis, Liver: Viral Hepatitis, Musculoskeletal, Musculoskeletal: Falls and Traumatic Injury, Musculoskeletal: Joint Surgery, Musculoskeletal: Low Back Pain, Musculoskeletal: Osteoarthritis, Musculoskeletal: Osteoporosis, Musculoskeletal: Rheumatoid Arthritis, Neurology, Neurology: Brain Injury, Neurology: Stroke/Transient Ischemic Attack (TIA), Renal, Renal: Chronic Kidney Disease (CKD), Renal: End Stage Renal Disease (ESRD), Respiratory, Respiratory: Asthma, Respiratory: Chronic Obstructive Pulmonary Disease (COPD), Respiratory: Dyspnea, Respiratory: Pneumonia, Respiratory: Sleep Apnea, Surgery, Surgery: Cardiac Surgery, Surgery: General Surgery, Surgery: Perioperative and Anesthesia, Surgery: Thoracic Surgery, Surgery: Vascular Surgery

Non-Condition Specific: Care Coordination, Care Coordination: Readmissions, Care Coordination: Transitions of Care, Safety, Safety: Complications, Safety: Healthcare Associated Infections, Safety: Medication, Screening

Care Setting: Inpatient/Hospital, Outpatient Services

National Quality Strategy Priorities: Patient Safety

Actual/Planned Use:

Data Source: Claims

Level of Analysis: Facility

Target Population: Elderly

Measure Steward Contact Information

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Measure Disclaimer

N/A

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