

ENDORSEMENT SUMMARY: All-Cause Readmissions

APRIL 2012

Purpose of the Project

About one in five Medicare beneficiaries that leave a hospital are readmitted within 30 days. Such unplanned readmissions – many of which have the potential to be prevented – cost Medicare about \$15 billion annually. And although Medicare beneficiaries are more likely to be rehospitalized, the private sector also spends billions of dollars each year on people who end up back in the hospital within a month of an initial stay. Readmissions take a significant toll on patients and families as well, often resulting in prolonged illness or pain, emotional distress, and loss of productivity.

As a result, reducing the number of avoidable hospital readmissions has become a major priority, even as understanding among healthcare stakeholders has deepened that readmissions are caused by a complex array of patient and health system factors. These include the complexity of the medical condition and associated therapies; effectiveness of inpatient treatment and care transitions; patient understanding of and adherence to treatment plans; patient health literacy and language barriers; and the availability and quality of post-acute and community-based services, particularly for patients with low income.

In October 2011 – at the request of the Department of Health and Human Services (HHS) – NQF launched a project to identify and endorse quality measures related to all-cause readmissions. Specifically, this project sought to endorse cross-cutting (not condition-specific) measures of readmissions that could be used for quality improvement and accountability. The resulting endorsed measures will help the healthcare community better understand and ultimately reduce unplanned hospital readmission rates across the country.

What Was Endorsed

Summary of All-Cause Readmissions Measures Endorsement Project

Measures submitted for consideration	3
Measures withdrawn by the developer for more testing and further refinement	0
Measures recommended for endorsement	2
Measures not recommended for endorsement	1

Under the all-cause readmissions endorsement project, NQF endorsed two measures suitable for accountability and quality improvement. Three measures – two new, one previously endorsed – were originally submitted. The previously endorsed measure was not endorsed.

Endorsed Measures

1768: Plan all-cause readmissions (NCQA)

This measure – developed by the National Committee for Quality Assurance (NCQA) – counts the number of acute inpatient hospital stays for patients aged 18 and older during the measurement year that were followed by an acute readmission for any diagnosis within 30 days, as well as the predicted probability of an acute readmission. The measure reports data in the following categories: count of index hospital stays; count of 30-day readmissions; average adjusted probability of readmission; observed readmission; and total variance.

1789: Hospital-wide all-cause readmission measure (CMS/Yale)

This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmissions for any eligible condition



within 30 days of hospital discharge for patients aged 18 and older. The measure will result in a single summary risk-adjusted readmission rate for conditions or procedures that fall under five specialties: surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology.

The NQF Board also requested that the CMS/Yale measure be accompanied by the following guidance language to help explain the multifaceted nature of hospital readmissions and the opportunity for broad stakeholder collaboration to address the issue:

“Multiple factors affect readmission rates and other measures including: the complexity of the medical condition and associated therapies; effectiveness of inpatient treatment and care transitions; patient understanding of and adherence to treatment plans; patient health literacy and language barriers; and the availability and quality of post-acute and community-based services, particularly for patients with low income. Readmission measurement should reinforce national efforts to focus all stakeholders’ attention and collaboration on this important issue.”

The Need these Measures Fill

The endorsed measures are a major step in promoting better understanding of readmissions and a reduction in hospital readmission rates, when appropriate. In turn, the measures will help reduce the significant financial and emotional stress that readmissions place on the healthcare system and patients and families alike.

Potential Use

Both measures are intended for use in accountability and quality improvement programs.

Project Perspectives

The NQF Board of Directors voted on June 25 to uphold its initial decision to endorse the new all-cause hospital-wide readmissions measure developed by Yale University and CMS. The Board’s decision to endorse this measure was challenged through NQF’s official appeal process by seven hospital systems.

During its deliberations, the Board reaffirmed the important differences between the measure endorsement process, which thoroughly vets the properties of a measure, and that of the Measure Applications Partnership (MAP) whose role is to advise both public and private sectors on best use of measures in payment and public reporting programs. The Board explicitly requested MAP to convene a special session over the summer to consider the complex issue of how to use this new measure as part of a broader set of care coordination measures applicable to all types of providers.

CMS agreed to defer use of this particular readmission measure in the new CMS Readmissions Reduction Program until MAP had deliberated and recommended back to CMS its advice on the measure’s optimal use. CMS also reaffirmed its previous commitment to provide findings of the dry run back to NQF’s expert steering committee that reviewed and voted to endorse this measure within one year.



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