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Summary of Measures Similar in Scope to NQF 3538

NQF 3538 (All-Cause Emergency Department [ED] Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care), stewarded by the Centers for Medicare & Medicaid Services (CMS), is a measure undergoing endorsement review by the National Quality Forum (NQF) Behavioral Health and Substance Use (BHSU) Standing Committee. To support this review, the Lewin Group (Lewin) prepared a table, below, which contains the names, National Quality Forum (NQF) IDs, stewards, descriptions, and settings of care for 39 measures similar in scope to NQF 3538. Of the 39 measures in *Table 1*, 9 measure emergency department (ED) use or hospital visits and 30 evaluate admission or readmission rates. All of the metrics below are currently NQF endorsed.

Lewin generated this document in response to feedback received from members of the BHSU Standing Committee during its evaluation webinar in January 2020. At this meeting, members discussed whether NQF 3538 truly represented a performance metric, as its data reflected utilization of services (not the quality of care provided to individuals seeking assistance in the ED). To address these comments, Lewin identified measures that that are both NQF endorsed and represent metrics of health services counts for an event (such as visits or admissions within a population). We believe the list of measures in *Table 1* sufficiently demonstrates that other measures for which the qualifying action is similar to NQF 3538 are also endorsed by NQF Standing Committees.

Table 1. *Measures Similar in Scope to NQF 3538*

#	Measure Name	NQF ID	Measure Steward	Measure Description	Measure Setting(s) of Care
	ED Utilization and Hospital Visits				
01	Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	3490	CMS	The Admission and ED Visits for Patients Receiving Outpatient Chemotherapy Measure, hereafter referred to as the chemotherapy measure, estimates hospital-level, risk-adjusted rates of inpatient admissions or ED visits for cancer patients ≥18 years of age for at least one of the following diagnoses—anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis—within 30 days of hospital-based outpatient chemotherapy treatment. Rates of admission and ED visits are calculated and reported separately.	Outpatient Services
02	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health	2505	CMS	Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.	Home Care

#	Measure Name	NQF ID	Measure Steward	Measure Description	Measure Setting(s) of Care
03	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	0173	CMS	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	Home Care
04	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI)	2881	CMS	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for AMI to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with AMI by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days' post-discharge. In order to aggregate all three events, we measure each in terms of days. CMS annually reports the measure for patients who are 65 years or older, are enrolled in Medicare FFS, and are hospitalized in non-federal short-term acute care hospitals (including Indian Health Service hospitals) and critical access hospitals.	Emergency Department and Services, Inpatient/Hospital
05	Excess Days in Acute Care after Hospitalization for Heart Failure	2880	CMS	The measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for HF to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients who had a HF hospitalization by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: ED visits, observation stays, and unplanned readmissions at any time during the 30 days' post-discharge. In order to aggregate all three events, we measure each in terms of days. CMS annually reports the measure for patients who are 65 years or older, are enrolled in Medicare FFS, and are hospitalized in non-federal short-term acute care hospitals.	Emergency Department and Services, Inpatient/Hospital
06	Excess Days in Acute Care after Hospitalization for Pneumonia	2882	CMS	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for pneumonia, including aspiration pneumonia or for sepsis (not severe sepsis) with a secondary discharge diagnosis of pneumonia coded in the claim as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA. This measure is intended to capture the quality of care transitions provided to discharge patients hospitalized for an eligible pneumonia condition by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: ED visits, observation stays, and unplanned readmissions at any time during the 30 days' post-discharge. In order to aggregate all three events, we measure each in terms of days. CMS annually reports the measure for patients who are 65 years or older, are enrolled in Medicare FFS, and are hospitalized in non-federal short-term acute care hospitals.	Emergency Department and Services, Inpatient/Hospital

#	Measure Name	NQF ID	Measure Steward	Measure Description	Measure Setting(s) of Care
07	Hospital Visits after Hospital Outpatient Surgery	2687	CMS	Facility-level, post-surgical risk-standardized hospital visit ratio of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department among Medicare FFS patients aged 65 years and older.	Outpatient Services
08	Hospital Visits after Orthopedic Ambulatory Surgical Center (ASC) Procedures	3470	CMS	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of an orthopedic procedure performed at an ASC among Medicare FFS patients aged 65 years and older. An unplanned hospital visit is defined as an ED visit, observation stay, or unplanned inpatient admission.	Outpatient Services
09	Hospital Visits after Urology Ambulatory Surgical Center (ASC) Procedures	3366	CMS	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a urology procedure performed at an ASC among Medicare FFS patients aged 65 years and older. An unplanned hospital visit is defined as an ED visit, observation stay, or unplanned inpatient admission.	Outpatient Services
	Admissions and Readmissions				
10	30-Day Rehospitalizations per 1.000 Medicare Fee-for-Service (FFS) Beneficiaries	2504	CMS	Number of rehospitalizations occurring within 30 days of discharge from an acute care hospital (prospective payment system or critical access hospital) per 1000 FFS Medicare beneficiaries at the state and community level by quarter and year.	Inpatient Services
11	30-Day Unplanned Readmissions for Cancer Patients	3188	Seattle Cancer Care Alliance	30-Day Unplanned Readmissions for Cancer Patients measure is a cancer-specific measure. It provides the rate at which all adult cancer patients covered as FFS Medicare beneficiaries have an unplanned readmission within 30 days of discharge from an acute care hospital. The unplanned readmission is defined as a subsequent inpatient admission to a short-term acute care hospital, which occurs within 30 days of the discharge date of an eligible index admission and has an admission type of “emergency” or “urgent.	Inpatient/Hospital
12	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	0275	AHRQ	Admissions with a principal diagnosis of COPD or asthma per 1,000 populations, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.	Inpatient/Hospital
13	Community Acquired Pneumonia Admission Rate	0279	AHRQ	Admissions with a principal diagnosis of community acquired pneumonia per 100,000 populations, ages 18 years and older. Excludes sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.	Inpatient/Hospital
14	Dehydration Admission Rate	0280	AHRQ	Admissions with a principal diagnosis of dehydration per 100,000 populations, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	Inpatient/Hospital
15	Diabetes Long-Term Complications Admission Rate	0274	AHRQ	Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 populations, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	Inpatient/Hospital

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15	Diabetes Short-Term Complications Admission Rate	0272	AHRQ	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 populations, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	Inpatient/Hospital
16	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	2539	CMS	Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare FFS patients aged 65 years and older.	Inpatient/Hospital, Outpatient Services
17	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (ASC)	3357	CMS	Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a general surgery procedure performed at an ASC among Medicare FFS patients aged 65 years and older. An unplanned hospital visit is defined as an ED visit, observation stay, or unplanned inpatient admission.	Outpatient Services
18	Gastroenteritis Admission Rate	0727	AHRQ	Admissions for a principal diagnosis of gastroenteritis, or for a principal diagnosis of dehydration with a secondary diagnosis of gastroenteritis per 100,000 populations, ages 3 months to 17 years. Excludes cases transferred from another facility, cases with gastrointestinal abnormalities or bacterial gastroenteritis, and obstetric admissions.	Inpatient/Hospital
19	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Acute Myocardial Infarction (AMI) Hospitalization	0505	CMS	This measure estimates a hospital-level, 30-day RSRR for patients discharged from the hospital with a principal diagnosis of AMI. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. CMS annually reports the measure for patients who are 65 years and older and are Medicare FFS beneficiaries hospitalized in non-federal hospitals.	Inpatient/Hospital
20	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1891	CMS	The measure estimates a hospital-level 30-day, all-cause RSRR for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count in the readmission outcome. CMS annually reports the measure for patients who are 65 years or older, are enrolled in Medicare FFS, and hospitalized in non-federal hospitals.	Inpatient/Hospital
21	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery	2515	CMS	The measure estimates a hospital-level RSRR, defined as unplanned readmission for any cause within 30 days from the date of discharge of the index CABG procedure. The measure includes patients 18 years and older discharged from the hospital after undergoing a qualifying isolated CABG procedure. A specified set of planned readmissions do not count as readmissions. CMS annually reports the measure for patients who are 65	Inpatient/Hospital

#	Measure Name	NQF ID	Measure Steward	Measure Description	Measure Setting(s) of Care
				years and older and are Medicare FFS beneficiaries hospitalized in non-federal short-term acute care hospitals.	
22	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) following Heart Failure (HF) Hospitalization	0330	CMS	This measure estimates a hospital-level, 30-day RSRR for patients discharged from the hospital with a principal diagnosis of HF. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. CMS annually reports the measure for patients who are 65 years and older and are Medicare FFS beneficiaries hospitalized in non-federal hospitals or patients hospitalized in VA facilities.	Inpatient/Hospital
23	Hospital 30-Day Risk-Standardized Readmission Rates (RSRR) following Percutaneous Coronary Intervention (PCI)	0695	American College of Cardiology	This measure estimates a hospital-level RSRR following PCI for Medicare FFS patients who are 65 years of age or older. The outcome is defined as unplanned readmission for any cause within 30 days following hospital stays. The measure includes both patients who are admitted to the hospital (inpatients) for their PCI and patients who undergo PCI without being admitted (outpatient or observation stay). A specified set of planned readmissions do not count as readmissions. The measure uses clinical data available in the National Cardiovascular Disease Registry CathPCI Registry for risk adjustment and Medicare claims to identify readmissions. Additionally, the measure uses direct patient identifiers including Social Security Number and date of birth to link the datasets. A hospital stay is when a patient is admitted to the hospital (inpatient) for PCI or receives a procedure at a hospital, but is not admitted as an inpatient (outpatient).	Inpatient/Hospital
24	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) following Pneumonia Hospitalization	0506	CMS	The measure estimates a hospital-level 30-day, all-cause RSRR for patients discharged from the hospital with either a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA) and no secondary discharge diagnosis of severe sepsis coded as POA. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. CMS annually reports the measure for patients who are 65 years or older and are enrolled in Medicare FFS hospitalized in non-federal hospitals or patients hospitalized in VA facilities.	Inpatient/Hospital
25	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures	2513	CMS	This measure estimates hospital risk-standardized 30-day unplanned readmission rates following hospital stays with one or more qualifying vascular procedure in patients who are 65 years of age or older and either admitted to the hospital (inpatients) for their vascular procedure(s) or receive	Inpatient/Hospital

#	Measure Name	NQF ID	Measure Steward	Measure Description	Measure Setting(s) of Care
				their procedure(s) at a hospital but are not admitted as an inpatient (outpatients). Both scenarios are hereafter referred to as "hospital stays."	
26	Hospital-Level 30-Day Risk-Standardized Readmission Rate (RSRR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	1551	CMS	This measure estimates a hospital-level, 30-day RSRR following elective primary THA and/or TKA. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. CMS annually reports the measure for patients who are 65 years and older and are Medicare FFS beneficiaries hospitalized in non-federal hospitals.	Inpatient/Hospital, Other
27	Hospital-Wide All-Cause Unplanned Readmission	1789 2879e	CMS	This measure estimates a hospital-level 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 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 FFS patients who are 65 years or older and are hospitalized in non-federal short-term acute care hospitals.	Inpatient/Hospital, Outpatient Services
28	Hospitalizations per 1,000 Medicare FFS Beneficiaries	2503	CMS	Number of hospital discharges from an acute care hospital (prospective payment system [PPS] or critical access hospital [CAH]) per 1000 FFS Medicare beneficiaries at the state and community level by quarter and year.	Other
29	Pediatric All-Condition Readmission	2393	Center of Excellence for Pediatric Quality Measurement	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.	Inpatient/Hospital
30	Pediatric Lower Respiratory Infection Readmission	2414	Center of Excellence for Pediatric Quality Measurement	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, following hospitalization for lower respiratory infection in patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.	Inpatient/Hospital
31	Perforated Appendix Admission Rate	0273	AHRQ	Admissions for any-listed diagnosis of perforations or abscesses of the appendix per 1,000 admissions with any-listed appendicitis, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	Outpatient Services
32	Pediatric Intensive Care Unit (PICU) Unplanned Readmission Rate	0335	Virtual PICU Systems, LLC	The number of patients under age 18 requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer.	Inpatient/Hospital

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33	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate	2514	The Society of Thoracic Surgeons	Risk-adjusted percentage of Medicare FFS beneficiaries aged 65 and older who undergo isolated CABG and are discharged alive but have a subsequent acute care hospital inpatient admission within 30 days of the date of discharge from the CABG hospitalization.	Inpatient/Hospital
34	Risk-Standardized Acute Admission Rates for Patients with Diabetes	2887	CMS	Rate of risk-standardized acute, unplanned hospital admissions among Medicare FFS beneficiaries 65 years and older with diabetes who are assigned to an Accountable Care Organization (ACO).	Outpatient Services
35	Risk-Standardized Acute Admission Rates for Patients with Heart Failure	2886	CMS	Rate of risk-standardized acute, unplanned hospital admissions among Medicare FFS beneficiaries 65 years and older with heart failure who are assigned to an ACO.	Outpatient Services
36	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	2888	CMS	Rate of risk-standardized acute, unplanned hospital admissions among Medicare FFS beneficiaries 65 years and older with multiple chronic conditions who are assigned to an ACO.	Outpatient Services
37	Thirty-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility	2860	CMS	This facility-level measure estimates an all-cause, unplanned, 30-day, risk-standardized readmission rate for adult Medicare FFS patients with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The performance period for the measure is 24 months.	Inpatient/Hospital
38	Uncontrolled Diabetes Admission Rate	0638	AHRQ	Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 populations, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	Inpatient/Hospital
39	Urinary Tract Infection Admission Rate	0281	AHRQ	Admissions with a principal diagnosis of urinary tract infection per 100,000 populations, ages 18 years and older. Excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.	Inpatient/Hospital