

## **Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789) National Quality Strategy Domain: Communication and Care Coordination**

### **BPCI Advanced and Quality**

The Center for Medicare and Medicaid Innovation's (Innovation Center) BPCI Advanced Model rewards healthcare providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and physicians should work collaboratively to achieve these goals, which have 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 Hospital Readmission**

When a Medicare beneficiary experiences a readmission after being discharged from the hospital, it is costly, disruptive to the patient and their family, and often preventable. While some readmissions are unavoidable due to worsening illness, appropriate transitional care and clear, monitored discharge procedures can reduce the risk of readmission.

### **Innovation Center Rationale for Including the All-Cause Hospital Readmission Measure in BPCI Advanced**

Hospitals and their care teams collaborate to ensure that appropriate discharge planning, instructions, and follow up care are provided to patients to help reduce the risk of readmission. The Hospital-Wide All-Cause Unplanned Readmission (HWR) measure has been used in multiple Federal programs including Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Shared Savings Program. It is also reported on the Hospital Compare website.

### **Clinical Episode Categories**

The HWR measure applies to all Clinical Episodes included in the BPCI Advanced Model.

### **Measure Specifications**

The Acute Care Hospital (ACH) performance on the HWR measure will be calculated at the hospital level for all Medicare beneficiaries included in the denominator. For Physician Group Practices (PGPs), the measure will be calculated as specified, then weighted based on PGP Clinical Episode volume for each BPCI Advanced ACH where an episode is triggered. Performance on the HWR measure is risk adjusted. This measure is also used in the Hospital Inpatient Quality Reporting (IQR) Program (Hospital-Wide All-Cause Unplanned Readmission measure (NQF #1789) adopted in the FY 2013 IPPS/LTCH PPS final rule beginning with the FY 2015 payment determination (77 FR 53521 through 53528), which is reported on February, 2019

Hospital Compare. However, the reporting period for the BPCI Advanced Model has been adjusted to the calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>) to align with the BPCI Advanced Model.

## Denominator

The denominator for this hospital level measure is comprised of all Medicare Fee-For-Service (FFS) beneficiaries aged 65 years and older who are hospitalized at non-federal acute care hospitals and are discharged alive from a Medicare participating acute care hospital. These Medicare FFS beneficiaries must have 12 months of continuous Medicare Part A enrollment prior to the index admission. Index admission refers to the first admission, and the measure excludes index admissions for patients:

- admitted to Prospective Payment System (PPS)-exempt cancer hospitals;
- without at least 30 days post-discharge enrollment in Medicare FFS;
- discharged against medical advice (AMA);
- admitted for primary psychiatric diagnoses;
- admitted for rehabilitation; or
- admitted for medical treatment of cancer.

## Numerator

The numerator for this hospital level measure includes Medicare beneficiaries in the denominator who have a readmission for any cause, except for certain planned readmissions, within 30 days from the date of discharge from an eligible index admission. If a beneficiary 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. Note that readmissions do not have to be at the same hospital location as the index admission – a patient who is readmitted to any hospital will count as a readmission.

This measure looks for a “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.

## Measure Submission and Calculation

This measure is already collected by CMS under the Hospital IQR Program using Medicare Claims data and calculated using a performance period of three years. The BPCI Advanced Model uses only one calendar year of data, from January 1<sup>st</sup> through December 31<sup>st</sup>, for measure calculation. This one year time period better aligns with the BPCI Advanced Model. This means that the BPCI Advanced measure results may differ from those that providers receive under the Hospital IQR Program and posted on Hospital Compare.

## Revisions from the Published Specifications

The BPCI Advanced version of this measure follows a single calendar year rather than a three -year period.

## Composite Quality Score

The HWR measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation. The CQS is used to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount for Model Participants. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent. More information is available below.

## Other Resources

Organization/Resource	Website Address
NQF #1789	<a href="http://www.qualityforum.org/QPS/1789">http://www.qualityforum.org/QPS/1789</a>
IQR Readmission Measure Methodology	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital-Wide-All-Cause-Readmission-Updates.zip">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Hospital-Wide-All-Cause-Readmission-Updates.zip</a>
BPCI Advanced website	<a href="https://innovation.cms.gov/initiatives/bpci-advanced">https://innovation.cms.gov/initiatives/bpci-advanced</a>