

**Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass  
Graft (CABG) Surgery (NQF #2558)  
National Quality Strategy Domain: Making Care Safer**

## **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 CABG Surgery**

Coronary Artery Bypass Graft (CABG) Surgeries are the most common major cardiac surgery, and mortality following this procedure should be very rare. Goals for pursuing CABG Surgery include enhancing quality of life, reducing angina and other Coronary Heart Disease (CHD) symptoms, preserving or restoring cardiac function, and improving survival.

## **Innovation Center Rationale for Including the RSMR Following CABG Surgery Measure in BPCI Advanced**

Hospitals and their associated care teams should collaborate to ensure that appropriate care coordination is provided to Medicare beneficiaries undergoing CABG procedures to reduce the risk of serious complications, including death. The Risk-Standardized Mortality Rate (RSMR) following CABG Surgery measure provides a broad, hospital-level view of quality that encompasses complex aspects of care including communication between providers, prevention of and/or response to complications, patient safety, and coordination of outpatient transitions. The Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery measure was previously part of the Hospital Inpatient Quality Reporting (IQR) Program, but has been removed.

## **Clinical Episode Categories**

The RSMR following CABG Surgery measure applies to one Clinical Episode category- CABG: MS-DRGs: 231, 232, 233, 234, 235, 236.

## Measure Specifications

The RSMR following CABG Surgery measure estimates a risk stratified hospital-level mortality rate for Medicare beneficiaries discharged from the hospital following a qualifying isolated CABG procedure. Mortality is defined as death from any cause within 30 days of the procedure date of an index CABG admission. An index CABG admission is the hospitalization for a qualifying isolated CABG procedure considered for the mortality outcome.

## Denominator

The denominator for this hospital level measure includes all Medicare Fee-For-Service (FFS) beneficiaries aged 65 and older who receive a qualifying isolated CABG procedure at the hospital and who have 12 months of continuous Medicare Part A and B enrollment prior to the index CABG admission. If a Medicare beneficiary has more than one qualifying isolated CABG admission in a year, the first CABG admission is selected for inclusion in the measure and the subsequent CABG admission(s) are excluded from the cohort.

## Exclusions

Excluded are hospitalizations for Medicare beneficiaries:

- With inconsistent or unknown vital status or other unreliable (age and gender) data because the outcome cannot be adequately measured; or
- Who leave the hospital against medical advice (AMA) because providers did not have the opportunity to deliver full care and prepare the patient for discharge

## Numerator

The numerator for this hospital level measure is Medicare FFS beneficiaries included in the denominator who are discharged from the hospital and then die for any reason within 30 days of undergoing an isolated CABG Surgery.

## Measure Submission and Calculation

The measure is calculated using Medicare claims data and does not require action or reporting by Model Participants. To better align with the performance years of the BPCI Advanced Model, the Model uses from January 1<sup>st</sup> through December 31<sup>st</sup> for measure calculation.

## 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 RSMR following CABG Surgery 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 Measure #2558 Specifications | <a href="https://www.qualityforum.org/QPS/QPSTool.aspx?m=2558&amp;e=1">https://www.qualityforum.org/QPS/QPSTool.aspx?m=2558&amp;e=1</a>   |
| CMS Quality Strategy             | <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Legacy-Quality-Strategy.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Legacy-Quality-Strategy.html</a> |
| BPCI Advanced website            | <a href="https://innovation.cms.gov/initiatives/bpci-advanced">https://innovation.cms.gov/initiatives/bpci-advanced</a>   |