

**Excess Days in Acute Care after Hospitalization for Acute Myocardial
Infarction (AMI) (NQF #2881)
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 Excess Days in Acute Care after AMI

The recovery process and transition from hospital to home after an AMI carries risk of readmission and other post-discharge complications, including emergency department (ED) evaluation and need for observation. CMS aims to provide AMI patients with the tools for an independent recovery, to lower the risk of additional AMI incidence, and to improve overall health and lifestyle.

Innovation Center Rationale for Including the Excess Days in Acute Care after AMI Measure in BPCI Advanced

Hospitals and their associated care teams should coordinate to ensure that discharge procedures for AMI patients are robust and continuously monitored. Patients who are discharged after AMI should have a safe transition with appropriate patient education about post-discharge care, self-management, timely communication, and follow-up. Measures of unplanned readmission already exist, but there are no current measures for ED and observation stay utilization. This National Quality Forum (NQF) endorsed measure provides a broad view for post-discharge outcomes that will enable BPCI Advanced Participants to improve patient care.

Clinical Episode Categories

The Excess Days in Acute Care after Hospitalization for AMI measure applies to one Clinical Episode Category- AMI: MS-DRGs: 280, 281, 282.

Measure Specifications

To provide a patient-centered evaluation of the post-discharge period, the AMI measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for AMI. This measure captures the quality of care transitions provided to patients hospitalized with AMI by collectively

measuring a set of avoidable post-discharge events: ED visits, observation stays, and unplanned readmissions during the 30-day post-discharge period. To aggregate all three outcomes, each item is measured in terms of days. In 2016, CMS began annual reporting of the measure for Medicare Fee-For-Service (FFS) beneficiaries aged 65 years and older who are hospitalized in non-federal hospitals.

Acute Care Hospital (ACH) performance for the 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. The Excess Days in Acute Care after Hospitalization for AMI measure is also included in the Hospital Inpatient Quality Reporting (IQR) Program* which posts measure data on Hospital Compare. However, the reporting period under this Model differs from that used under the Hospital IQR Program in that the reporting period for the BPCI Advanced Model spans from January 1st through December 31st.

Denominator

The denominator for this hospital level measure includes all Medicare FFS beneficiaries aged 65 years and older who are hospitalized at non-federal acute care hospitals with a principal discharge diagnosis of AMI. These Medicare FFS beneficiaries must have 12 months of continuous Medicare Part A and B enrollment prior to the AMI index admission. The measure excludes admissions for patients that fall into any of the following categories:

- without at least 30 days post-discharge enrollment in Medicare FFS
- discharged against medical advice (AMA)
- admitted within 30 days of a prior index discharge
- admitted and then discharged on the same day

Numerator

The numerator for this hospital-level measure includes the total number of days the Medicare beneficiaries in the denominator spend in acute care within 30 days of discharge. Days in acute care are defined as days spent in an ED setting, days spent in an observation unit, or days spent hospitalized during an unplanned readmission for any cause within 30 days from the date of discharge. Each ED treat-and-release visit is counted as one half-day. Observation stays are recorded in terms of hours and are rounded up to the nearest half-day. Each readmission day is counted as one full day. All eligible outcomes occurring in the 30-day period are counted, even if they are repeat occurrences.

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 1st through December 31st, 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 as 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 Excess Days in Acute Care after Hospitalization for AMI 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 at the BPCI Advanced website.

Other Resources

Organization/Resource	Website Address
CMIT Measure Details	https://cmit.cms.gov/CMIT_public/ReportMeasure?measureRevisionId=636
IQR Excess Days In Acute Care After AMI Methodology	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/AMI-HF-Excess-Days-in-Acute-Care.zip
BPCI Advanced website	https://innovation.cms.gov/initiatives/bpci-advanced