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**CBE ID**

2634

**Title**

Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients

**Endorsement Status**

Endorsement Removed

**E&M Committee Rationale/Justification**

Steward no longer seeking to maintain endorsement

**Is Under Review**

No

**Previous Endorsement Cycle**

Spring 2019

**Removal Date**

Tue, 08/27/2024 - 10:09

**Initial Endorsement**

Tue, 11/03/2015 - 19:00

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

This measure estimates the mean risk-adjusted mean change in mobility score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare Part A and Medicare Advantage patients.

**1.7 Measure Type**

Outcome

## 1.8 Level of Analysis

Facility

### 1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

### 1.14 Numerator

The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among Inpatient Rehabilitation Facility (IRF) Medicare Part A and Medicare Advantage patients age 21 and older. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.

### 1.15 Denominator

The denominator is the number of Inpatient Rehabilitation Facility Medicare Part A and Medicare Advantage patient stays, except those that meet the exclusion criteria.

## 6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

## 6.1.3 Current Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

## Exclusions

This quality measure has six patient-level exclusion criteria:

1) Patients with incomplete stays.

Rationale: When a patient has an incomplete stay, for example, the patients leave urgently due to a medical emergency, it can be challenging to gather accurate discharge functional status data. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital); patients who die or leave an Inpatient Rehabilitation Facility (IRF) against medical advice; and patients with a length of stay less than 3 days.

2) Patients who are independent with all mobility activities at the time of admission.

Rationale: Patients who are independent with all the mobility items (with the exception of the wheelchair items GG0170R and GG0170S) at the time of admission are assigned the highest score on all the mobility items, and thus, would not be able to show functional improvement on this same set of items at discharge.

3) Patients with the following medical conditions on admission: coma, persistent vegetative state;

complete quadriplegia; locked-in syndrome or severe anoxic brain damage, cerebral edema or compression of brain.

Rationale: These patients are excluded because they may have limited or less predictable mobility improvement with the selected mobility items.

4) Patients younger than age 21.

Rationale: There is only limited evidence published about functional outcomes for individuals with Medicare who are younger than 21.

5) Patients discharged to hospice.

Rationale: Patient goals may change during the IRF stay, and functional improvement may no longer be a goal for a patient discharged to hospice.

6) Patients who are not Medicare Part A and Medicare Advantage beneficiaries.

Rationale: IRF-PAI data for patients not covered by the Medicare program are not submitted to the Centers for Medicare and Medicaid Services.

Facility-level quality measure exclusion: For IRFs with fewer than 20 patient stays, data for this quality measure are not publicly reported.

## **Measure Disclaimer**

Not applicable

## **Planned Use**

Public Reporting

## **Risk Adjustment**

Statistical risk model

## **Target Population**

Individuals with multiple chronic conditions

## **Use In Federal Program**

Inpatient Rehabilitation Facility Quality Reporting

## **The measure developer is different from the measure steward**

No

## **Steward Organization**

Centers for Medicare & Medicaid Services

## **Steward POC email**

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