CBE ID

3504

Title

Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure

Project

Patient Safety

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Fall 2023

Removal Date

Tue, 02/07/2023 - 00:00

Initial Endorsement

Wed, 10/23/2019 - 12:04

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

The measure estimates a hospital-level 30-day hospital-wide risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for Medicare fee-for-service (FFS) patients who are between the ages of 65 and 94.

Please note that in parallel with the claims-only HWM measure, we are submitting a hybrid HWM measure. Note that ultimately the claims and hybrid measures will be harmonized and use the same exact cohort specifications. The intent is that prior to implementation, the two measures will be exactly the same, with the exception of the additional risk adjustment added by the CCDE in the hybrid measure. This is analogous to the currently endorsed and implemented hybrid hospital-

wide readmissions measure (NQF 1789 and NQF 2879e).
Because of the homology between the claims and hybrid HWM measures, there is no reason to suspect that the results of analyses done for the claims-only measure would differ in any significant way from results of analyses for a nationally representative hybrid measure.
Below we highlight the differences between the two measures, including specifications, data used, and testing which reflect limitations of data availability, as well as actual intended differences in the measure (risk adjustment).
Differences in the measure, data, and testing that reflect limitations in data availability
1. Dataset used for development, some testing (see below for differences), and measure results:
a. The claims-only measure uses nation-wide Medicare FFS claims and the enrollment database.
b. The hybrid measure uses an electronic health record (EHR) database from 21 hospitals in the Kaiser Permanente network which includes inpatient claims data information.
2. Age of patients in cohort:
a. The claims-only measure includes Medicare FFS patients, age 65-94.
b. The hybrid measure includes all patients age 50-94 (see later discussion for justification)
3. External empiric validity testing
a. Not possible for the hybrid measure, due to limited data availability. We provide results from the claims-only measure within the hybrid testing form.
4. Socioeconomic risk factor analyses
a. Not possible for the hybrid measure, due to limited data availability. We provide results from the claims-only measure within the hybrid testing form.
5. Exclusion analyses
a. To be representative of what we expect the impact would be of the measures' exclusions in a nation-wide sample, we provide the results from the claims-only measure.
6. Meaningful differences
a. To be representative of what we expect the range of performance would be in a nation-wide sample, we provide the distribution results from the claims-only measure.

Difference between the two measures when fully harmonized, prior to implementation:
1. Risk adjustment:
a. The claims-only measure uses administrative claims data only for risk adjustment
b. The hybrid measure adds 10 clinical risk variables, derived from a set of core clinical data elements (CCDE) extracted from the EHR.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

1.14 Numerator

The outcome for this measure is 30-day, all-cause mortality. Mortality is defined as death from any cause, either during or after admission, within 30 days of the index admission date.

1.15 Denominator

The cohort includes inpatient admissions for a wide variety of conditions for Medicare FFS patients aged between 65 and 94 years old who were admitted to short-term acute care hospitals. If a patient has more than one admission during the measurement year, one admission is randomly selected for inclusion in the measure. Additional details are provided in S.7 Denominator Details.

1.20 Types of Data Sources

Claims Data, Enrollment Data, Other

6.1.2 Current or Planned Use(s)

Not in use, Public Reporting

6.1.3 Current Use(s)

Not in use, Public Reporting

Exclusions

The measure excludes index admissions for patients:
1. With inconsistent or unknown vital status (from claims data) or other unreliable claims data;
2. Discharged against medical advice (AMA);
3. With an admission for spinal cord injury (CCS 227), skull and face fractures (CCS 228), Intracranial Injury (CCS 233), Crushing injury or internal injury (CCS 234), Open wounds of head/neck/trunk (CCS 235), and burns (CCS 240); and
4. With a principal discharge diagnosis within a CCS with fewer than 100 admissions within the measurement year.

Planned Use

Public Reporting

Steward Organization

Centers for Medicare & Medicaid Services

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