

Measure at a Glance

CBE #5593: Percentage of Patients who Died with Cancer with More Than One Hospitalization, in an Acute Care Hospital or Critical Access Hospital, in the Last 30 Days of Life (lower score – better)

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how often patients age 18 years and older who died with cancer had more than one hospital stay in an acute care hospital or critical access hospital during the last 30 days of life. It focuses on repeated hospital use near the end of life.

The measure includes patients who had cancer and died during the measurement period, and it counts those with at least two hospital admissions in the last 30 days of life. The measure excludes transfers and overlapping hospital stays so it counts only true separate hospital visits. The measure applies to care provided in outpatient settings such as clinics and clinician offices, and it evaluates care at the clinician group or practice level.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure is based on what matters to patients and families facing serious illness. The developer created it using a patient-centered approach, which means it reflects the needs and values of patients with advanced cancer. Patients with incurable cancer and family members shared their experiences in focus groups, and their input helped validate this measure. A family caregiver also helped update the measure to ensure it reflects real patient concerns.

Near the end of life, many patients prefer to stay at home and avoid hospital care. Research shows that hospital stays, emergency visits, and intensive care unit (ICU) use in the last 30 days of life are often linked to lower quality care, while families rate hospice care at home more highly.

This measure may help show patterns in care related to patient wishes. It may also encourage care that focuses on comfort, symptom control, and support for both patients and families.

Usability (How will providers use this measure to improve care delivery?)

This measure may be useful for clinician groups and practices to understand how often patients have repeated hospital stays near the end of life. It focuses on whether patients had more than one hospitalization in the last 30 days of life. Lower scores reflect better performance because fewer patients had multiple hospital stays. This allows practices to compare results using a consistent approach.

The measure may also help highlight patterns in care, such as frequent hospital use, and could support efforts to improve care planning and increase the use of palliative care to better match patient needs.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

The measure is based on claims data (billing data sent for payment) collected during routine health care and billing processes. Because this data are already available, clinician groups can review results without adding extra steps to their daily work. Health care billing systems generate the required data and store them in structured electronic formats, which arrange data inputs so users can enter them in a standard, organized way. Because the data are routinely collected, the measure may be easier for organizations to apply without needing new systems or tools.

There are some limits to claims data, including possible delays in data submission (claims lag) and coding errors or missing information. Even with these limits, the data are checked through the payer's internal validation engine and linked to unique identifiers, such as a claim control number (CCN) or National Provider Identifier (NPI). These practices help with accuracy and allow for easy navigation to the original record if a discrepancy is found.

Testing showed that no major changes were needed, and the measure may be used across different health care settings.

Impact (How will using this measure improve patient experiences and outcomes?)

The measure focuses on encouraging the use of palliative care rather than aggressive treatments near the end of life. Research shows that palliative care is linked to fewer hospital visits, fewer ICU stays, and better symptom control. It may also improve quality of life and satisfaction for patients, families, and caregivers.

The measure may also help reduce health care costs by lowering the use of high-intensity care that may not provide value near the end of life. Studies show that palliative care is associated with lower spending and reduced use of emergency and hospital services.

By highlighting patterns of repeated hospital use, the measure may support care that focuses more on comfort and patient goals. However, results may vary based on patient preferences, access to care, and individual health needs.

Performance Gap (Based on current performance, where and how much care can improve?)

The developer tested this measure using claims data from 2023-2024 that included 563 clinician group practices and 15,741 patients.

The mean (average) score was 14%. This means that, on average, about 14 out of every 100 patients who died with cancer had more than one hospital stay in their last 30 days of life. The median (the middle value when arranging numbers from lowest to highest) was 13%. This means that half of the practices did better than 13%, and the other half of the practices did worse than 13%.

The measure was also reported results by deciles. Deciles divide practices into 10 equal parts based on scores. Decile 1 includes practices with the lowest scores, and Decile 10 includes practices with the highest scores. As practices move up the deciles (and in percentage),

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performance worsens because higher scores mean more hospitalizations. Scores ranged from 0% to 60%. Decile 1 had a score of 0%, and Decile 10 had a score of 38.8%.

These results show variation in performance across clinician group practices. These differences may show opportunities to improve care, such as better care planning or more use of palliative care.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.