CBE ID

0704

Title

Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)

Project

Cardiovascular

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Wed, 08/19/2015 - 20:00

Initial Endorsement

Sun, 01/16/2011 - 19:00

Steward

Health Care Incentives Improvement Institute (HCI3)

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Composite Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percent of adult population aged 18 + years who are admitted to a hospital with acute myocardial infarction (AMI), are followed for one-month after discharge, and have one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period. Please reference attached document labeled NQF_AMI_all_codes_risk_adjustment_06.30.15.xls, in the tabs labeled PACs I-9 and PAC I-10 for a list of code definitions of PACs relevant to AMI.

We define PACs during each time period as one of two types:

(A) PACs during the Index Stay (Hospitalization):
(1) Type 1 PACs - PACs directly related to the index condition: The index stay period is regarded as having a PAC if during the index hospitalization the patient develops one or more complications directly related to AMI or its management. Examples of these PACs are cardiac arrest, ventricular fibrillation, cardiogenic shock, stroke, coma, acute post- hemorrhagic anemia etc.
(2) Type 2 PACs - PACs suggesting Patient Safety Failures: The index stay period is also regarded as having a PAC if there are one or more complications related to patient safety issues. Examples of these PACs are septicemia, other infections, phlebitis, deep vein thrombosis, pulmonary embolism, pressure sores or any of the CMS-defined hospital acquired conditions (HACs).

(B) PACs during the 30-day post discharge period:
(1) Type 1 PACs - PACs directly related to the index condition: Patients are also considered to have a PAC, if they have a readmission or receive other services during the 30-day post discharge period after an AMI for any of the complications directly related to AMI, such as for hypotension, shock, fluid and electrolyte disturbances etc.
(2) Type 2 PACs - PACs suggesting Patient Safety Failures: Patients are also considered to have a PAC, if they have a readmission or receive other services during the 30-day post discharge period after an AMI for any of the complications related to patient safety failures such as for sepsis, infections, phlebitis, deep vein thrombosis, pressure sores or for any of the CMS-defined hospital acquired conditions (HACs).

PACs are counted as a dichotomous (yes/no) outcome. If a patient had one or more PACs in any of the above settings, they get counted as a “yes” or a 1. The enclosed workbook labeled NQF_AMI_all_codes_risk_adjustment_06.30.15.xls serves as an example. The tab labeled PAC overview gives the percent of AMI episodes that have a PAC and the tab labeled “PAC drill down” gives the types of PACs and their frequencies in AMI episodes within this dataset.

The information is based on a two-year claims database from a large regional commercial insurer. The database had 3,258,706 covered lives and $25.9 billion in “allowed amounts” for claims costs. The database is an administrative claims database with medical as well as pharmacy claims.

1.7 Measure Type

Composite

1.8 Level of Analysis

Facility, Integrated Delivery System

1.9 Care Setting

Inpatient/Hospital, Other

1.14 Numerator

Outcome: Number of patients hospitalized with AMI who had one or more potentially avoidable complications (PACs) during the index stay or in the 30-day post-discharge period.

1.15 Denominator

Adult patients aged 18 years and above who had a relevant hospitalization for AMI and were

followed for one-month after discharge.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Denominator exclusions include exclusions of either “patients” or “claims” based on the following criteria:
1. “Patients” excluded are those that do not meet the enrollment criteria. If patient has an enrollment gap for any time period during the episode time window, it is considered as an enrollment gap
2. “Patients” are also excluded if the cost of the episode is an outlier at greater than 99th percentile or less than 1st percentile value for all episodes. This is another way to ensure that episodes are complete as well as they do not bring in random noise into the analysis due to inappropriate codes or services.
3. “Claims” are excluded from the AMI measure if they are considered not relevant to AMI care or are for major surgical services, that suggests that AMI may be a comorbidity associated with the procedure e.g. CABG procedure.
Patients where the index hospitalization claim is excluded are automatically excluded from both the numerator and the denominator.

Planned Use

Professional Certification or Recognition Program, Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk: Dual eligible beneficiaries, Populations at Risk: Individuals with multiple chronic conditions, Populations at Risk: Populations at Risk, Populations at Risk: Veterans

Steward Organization

Health Care Incentives Improvement Institute (HCI3)

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