

**CBE ID**

0708

**Title**

Proportion of Patients with Pneumonia that have a Potentially Avoidable Complication (during the episode time window)

**Project**

Pulmonary and Critical Care

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Full Year 2015

**Removal Date**

Sun, 02/25/2018 - 19:00

**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**

Single Measure

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

No

**1.6 Measure Description**

Brief Description of Measure: Percent of adult population aged 18+ years with Community Acquired Pneumonia who are followed for one-month, and have one or more potentially avoidable complication (PAC) during the episode time window. Please reference the attached document labeled NQF\_PNE\_all\_codes\_risk\_adjustment\_12\_14\_15.xls, in the tab labeled PACS I-9 & I-10 for a list of code definitions of PACs relevant to pneumonia.

Community Acquired Pneumonia may be managed in an inpatient setting, where the patient is admitted to a hospital within 1-3 days of onset of symptoms, or in milder cases, patients may be

hospitalized a little later in the course of illness, or never at all where management could be solely in an outpatient setting. In any of these circumstances, potentially avoidable complications (PACs) may occur during the index stay, in the post-discharge period; or in patients who were never hospitalized, PACs may occur any time during the episode time window. Readmissions due to pneumonia or due to any related diagnosis are also considered as PACs.

We define PACs as one of two types:

(1) Type 1 PACs - PACs directly related to the index condition: Patients are considered to have a type 1 PAC if they develop one or more complication directly related to pneumonia or its management. Examples of these PACs are respiratory insufficiency, other lung complications, fluid electrolyte acid base problems, sepsis, respiratory failure etc.

(2) Type 2 PACs - PACs suggesting Patient Safety Failures: Patients are considered to have a type 2 PAC, if they develop any of the complications related to patient safety failures such as 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 PAC in any of the above settings, they get counted as a “yes” or a 1. The enclosed workbook labeled NQF\_PNE\_all\_codes\_risk\_adjustment\_12\_14\_15.xls serves as an example. The tab labeled PAC overview gives the percent of pneumonia episodes that have a PAC and the tab labeled “PAC drill down” gives the types of PACs and their frequencies in pneumonia 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**

Outcome

## **1.8 Level of Analysis**

Clinician: Individual, Facility, Population: Regional and State

## **1.9 Care Setting**

Inpatient/Hospital, Other, Outpatient Services

## **1.14 Numerator**

Outcome: Number of patients with pneumonia who had one or more potentially avoidable complications (PACs) during the episode time window.

## **1.15 Denominator**

Adult patients aged 18 years and above who have a pneumonia episode and are followed for at least one-month.

## **1.20 Types of Data Sources**

Claims Data

## **6.1.2 Current or Planned Use(s)**

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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**

The target population captures adult patients (18+) in the dataset, who have a complete episode of community-acquired pneumonia, with no enrollment gaps, and no outlier costs. Patients who do not meet these criteria are excluded from the target population.

### **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**

Populations at Risk: Populations at Risk

### **Steward Organization**

Health Care Incentives Improvement Institute (HCI3)

### **Steward POC email**

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