2024 Measure Set Review (MSR):
Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

CMIT ID	Title
00210-05-C-HHQR	Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
Measure Steward	**CMS Program**
Centers for Medicare & Medicaid Services	Home Health Quality Reporting Program

Measure Overview
Rationale: Discharge to community is an actionable health care outcome, as targeted interventions have been shown to successfully increase discharge to community rates in a variety of post-acute settings. Many of these interventions involve discharge planning or specific rehabilitation strategies, such as addressing discharge barriers and improving medical and functional status.
Description: Percentage of home health stays in which patients were discharged to the community and do not have an unplanned admission to an acute care hospital or long-term care hospital (LTCH) in the 31 days and remain alive in the 31 days following discharge to community. The term community, for this measure, is defined as home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare fee-for-service (FFS) claim.
Numerator: Number of home health stays for patients who have a Medicare claim with Patient Discharge Status codes 01 and 81, do not have an unplanned admission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.
Denominator: Number of home health stays that begin during the 2-year observation period. **Exclusions:** 1) Patients who died during the HH stay. 2) Patients less than 18 years old. 3) Patients who were transferred at the end of a stay to another home health agency (HHA) or short-term acute care hospital. 4) Patients not continuously enrolled in Parts A and B FFS Medicare for the 12 months prior to the post-acute admission date and at least 31 days after the post-acute discharge date. 5) Patients who did not have a short-term acute-care stay within 30 days prior to a HH admission date. 6) Patients who are not discharged to the community. 7) Patients/residents discharged against medical advice (AMA). 8) Patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer. 9) Patients who were transferred to a federal hospital from the HHA.
Measure type: Outcome	**Measure is a composite:** No **Measure is digital and/or an eCQM:** No
Level(s) of analysis/measured entity: Facility	**Care setting:** Home health

Risk adjustment and/or stratification: No	**Data source(s):** Claims Data, Non-Digital-Standardized Patient Assessments
Data collection method: Claims, patient surveys	**Reporting frequency:** Annually with the October refresh of Care Compare.
All required data are collected as part of clinical workflow: Yes, with additional patient survey completion.	**Reporting overlap with similar/related measures:** Overlap with other measures including Discharge to Community - Post Acute Care Skilled Nursing Facility Quality Reporting Program.
Does this measure fill a statutorily required category for the program? Yes, this topic area is required by IMPACT Act and addresses the discharge to community and potentially preventable readmissions rate.	**Is this measure included in upcoming rulemaking?** No

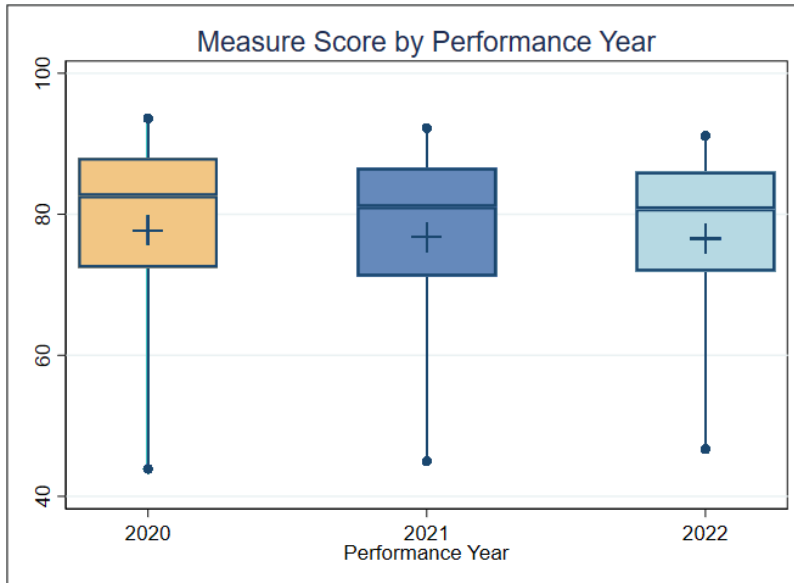| Measure Status	
Current CBE Endorsement Status: Endorsed	**CBE Endorsement History:** Endorsed 2019

II. Measure Performance

00210-05-HHQR Performance in 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the publicly available dataset Home Health Care Agencies and archived Home Health Services.

Figure 1 is a boxplot that shows the distribution of the performance over the past 3 years (where available). For each performance year, the dots indicate the lower 5th and upper 95th percentiles, and the vertical line is the range between these values (90% of the measure scores are between the dots). The box spans the lower 25th to the upper 75th percentile (50% of the measure scores are within the box). The horizontal line in the box indicates the median score, and the "+" indicates the mean score. This plot can be used to assess overall trends in the score over time.

Interpretation: In the plot below, the median score is very consistent between 2020 and 2022. There was minimal change across years to mean, median or range of scores across entities suggesting stable performance on this measure.

Figure 1. Boxplot of Measure Score by Year

Importance Table

Interpretation of measure scores: This table shows the relative spread of the scores and how many patients are impacted. Often the lowest or highest deciles (which, by definition, each represent 10% of the entities) may represent a disproportionately higher or lower percentage of patients. If the lowest decile contains only 5% of the patients for example, it suggests that low patient population may be related to low scores. The table can also be used to evaluate the impact of improving the score. It is common practice to use the performance of the top 20% of the entities as a benchmark. Here, 20% of the entities perform better than the 8th Decile (86.3), which could be considered the benchmark.

The number of positive events for each decile can be estimated by multiplying the total patients by the corresponding rate. Here the estimated total number of positive events across all deciles is about 4 million. If Deciles 1-7 performed at the benchmark of 86.3, there would be an estimated 6% increase in positive events (about 4.3 million).

Table 1. Importance (Decile by performance score, 2022)

Data Type	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	76.57 (14.36)	0.4	42.9	64.3	72.3	76.7	79.8	82.2	84.1	86.3	87.8	89.4	100.9
Entities	8,005	1	801	800	801	800	801	800	801	800	801	800	1
Total Patients	4,957,991	2,332	75,834	199,116	334,105	516,498	643,112	651,876	759,311	754,192	728,576	295,371	90

Reliability Tables

Two tables are used to summarize reliability. For Table 2, entities are sorted by patient volume, and the mean reliability is reported along with the number of entities and mean number and total patients for each decile. These tables can be used to assess the impact of population size on the reliability of an entity's measure score. In cases where reliability has a strong relationship to population size, reliability will be the lowest at Decile 1 and progressively increase up to Decile 10.

For Table 3, entities are sorted by reliability, and the mean reliability by decile is reported. Mean, standard deviation, minimum and maximum reliability, and inter-quartile range (IQR) are also included. This table can be used to see the distribution of the reliability of the entities. A measure score is generally considered reliable when the reliability for at least 70% of the individual entities is above 60%.

Table 2. Reliability (Decile by denominator – target population size)
(based on observed values)

Data Type	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Target Population Size	619	20	30	57	94	144	214	305	435	666	1,104	3,148	33,438
Mean Reliability	94.1	74.6	79.2	87.2	91.7	94.3	96.2	97.2	98.0	98.7	99.2	99.6	99.9
Entities	8,005	38	801	800	801	800	801	800	801	800	801	800	1
Total Patients	4,957,991	760	23,745	45,593	75,271	115,073	171,652	243,704	348,121	532,607	884,123	2,518,102	33,438

Table 3. Mean reliability (By reliability decile)

Mean	SD	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max	IQR
94.1	6.7	63.0	77.9	87.2	91.9	94.6	96.3	97.4	98.2	98.8	99.2	99.7	100.0	6.8

Interpretation: Performance has been stable from 2020-2022. The overall variation between entities (as estimated by the variance of the measure scores) is high relative to the variation within each entity (as estimated by the square of ¼ of the difference between the upper limit and the lower limit of the risk-standardized rate). All entities have an estimated reliability of greater than 60%, suggesting that this measure is effective in differentiating entities by quality of performance.