

# 2024 Measure Set Review (MSR): Final Preliminary Assessment

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

## I. Measure Information

CMIT ID	Title
<a href="#">00253-01-C-ASCQR</a>	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
Measure Steward	CMS Program
Centers for Medicare & Medicaid Services	<a href="#">Ambulatory Surgical Center Quality Reporting</a>

Measure Overview	
<p><b>Rationale:</b> This measure will reduce adverse patient outcomes associated with preparation for colonoscopy, the procedure itself, and follow-up care by capturing and making more visible to providers and patients all unplanned hospital visits following the procedure. The measure focuses on unplanned hospital visits following an outpatient colonoscopy because this is a broad, patient-centered outcome capturing emergency department (ED) visits, observation stays, and unplanned inpatient admissions resulting from adverse events or poor care coordination following the procedure. This measure supports quality improvement at ambulatory surgical centers (ASCs) by providing them with detailed information about patients who have an unplanned hospital visit following a colonoscopy at their facility.</p>	
<p><b>Description:</b> Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older.</p>	
<p><b>Numerator:</b> The outcome for this measure is all-cause unplanned hospital visits within 7 days of an outpatient colonoscopy. A hospital visit is defined as any ED visit, observation stay, or unplanned inpatient admission.</p>	
<p><b>Exclusions:</b> None</p>	
<p><b>Denominator:</b> Low-risk colonoscopies performed at ASCs for Medicare FFS patients aged 65 years and older who have at least 12 months prior enrollment in Medicare FFS Parts A and B and which are not billed concurrently with a high-risk colonoscopy.</p>	
<p><b>Exclusions:</b> Colonoscopies: 1) for patients w/out continuous enrollment in Medicare FFS Parts A and B in the 1 month after the procedure; 2) occurring concurrently with high-risk upper gastrointestinal (GI) endoscopy procedures; 3) for patients with history (Hx) of inflammatory bowel disease (IBD) or diagnosis (Dx) of IBD at time of index colonoscopy or on a subsequent hospital visit outcome claim; 4) for patients with Hx of diverticulitis or Dx of diverticulitis at time of index colonoscopy or on a subsequent hospital visit outcome claim; 5) followed by a subsequent outpatient colonoscopy procedure within 7 days.</p>	
<p><b>Measure type:</b> Outcome</p>	<p><b>Measure is a composite:</b> No  <b>Measure is digital and/or an eCQM:</b> No</p>

<b>Level(s) of analysis/measured entity:</b> Facility/Hospital/Agency	<b>Care setting(s):</b> <ul style="list-style-type: none"> <li>Ambulatory: Surgery Center (ASC)</li> </ul>
<b>Risk adjustment and/or stratification:</b> Yes; RA for 15 patient-level variables (age, concomitant upper GI endo, comorbidities).	<b>Data source(s):</b> Administrative Data (non-claims); Claims Data
<b>Data collection method:</b> Claims data review	<b>Reporting frequency:</b> Annually
<b>All required data are collected as part of clinical workflow:</b> Yes	<b>Reporting overlap with similar/related measures:</b> No
<b>Does this measure fill a statutorily required category for the program?</b> No	<b>Is this measure included in upcoming rulemaking?</b> No

Measure Status	
<b>Current CBE Endorsement Status:</b> <a href="#">Endorsed</a>	<b>CBE Endorsement History:</b> <ul style="list-style-type: none"> <li>Initial Endorsement: December 2014</li> <li>Most recent endorsement: Spring 2020</li> <li>Currently under endorsement &amp; maintenance review for Spring 2024 cycle as a maintenance measure</li> </ul>

## II. Measure Performance

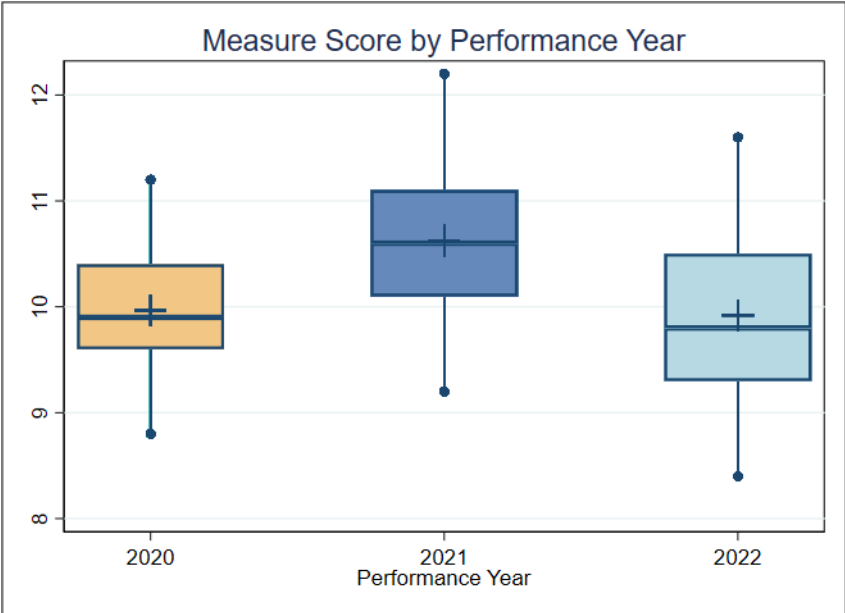
### 00253-01-C-ASCQR Performance in ASCQR 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the publicly available datasets [Ambulatory Surgical Center Quality Measures - Facility](#) and [archived Hospital](#) data.

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 increased from about 9.9 in 2020 to about 10.6 in 2021 and then decreased to about 9.8 in 2022.

**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 3rd Decile (9.42 per 1,000 patients), which could be considered the benchmark. The number of adverse events for each decile can be estimated by multiplying the total patients by the corresponding rate. Here the estimated total number of adverse events across all deciles is 2,033. If Deciles 4-10 performed at the benchmark of 9.42 per 1,000 patients, there would be an estimated 133 (6.5%) fewer adverse events (about 1,900 total).

**Table 1. Importance (Decile by performance score)<sup>1</sup>**

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	9.92	6.29	8.33	9.06	9.42	9.65	9.80	9.91	10.13	10.38	10.78	11.74	14.16
Entities	2,152	1	215	215	215	215	215	215	216	215	215	215	1
Total Patients	2,076,667	5,284	421,952	292,312	196,499	133,460	103,808	110,350	147,143	163,761	235,472	271,910	2,118

<sup>1</sup> Elements of this table provided by CMS program from prior CBE submission and reviewed by Battelle analysts.