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), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

CMIT ID	Title
00253-01-C-HOQR	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
Measure Steward	**CMS Program**
Centers for Medicare & Medicaid Services (CMS)	Hospital Outpatient Quality Reporting

Measure Overview
Rationale: 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 hospital outpatient departments (HOPDs) by providing them with detailed information about patients who have an unplanned hospital visit following a colonoscopy at their facility.
Description: 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.
Numerator: 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. **Exclusions:** None
Denominator: Low-risk colonoscopies performed at HOPDs 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. **Exclusions:** 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.

Measure type: Outcome	**Measure is a composite:** No **Measure is digital and/or an eCQM:** No
Level(s) of analysis/measured entity: Facility/Hospital/Agency	**Care setting(s):** • Hospital: Outpatient Department (HOPD)

Risk adjustment and/or stratification: Yes; RA for 15 patient-level variables (age, concomitant upper GI endo or polypectomy, 12 comorbidities).	**Data source(s):** Administrative Data (non-claims); Claims Data
Data collection method: Review of claims and administrative data	**Reporting frequency:** Annually
All required data are collected as part of clinical workflow: Yes	**Reporting overlap with similar/related measures:** No
Does this measure fill a statutorily required category for the program? No	**Is this measure included in upcoming Rulemaking?** No

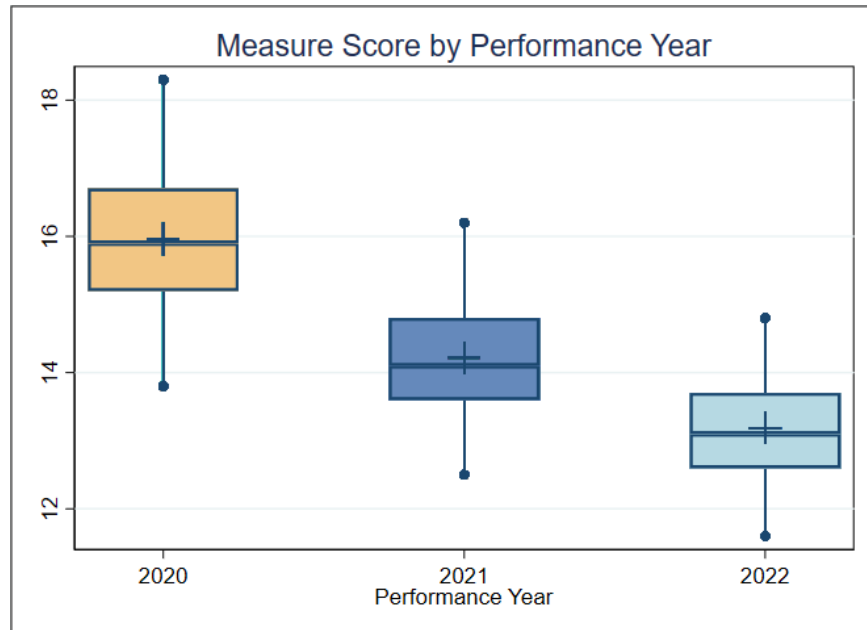| Measure Status	
Current CBE Endorsement Status: Endorsed	**CBE Endorsement History:** • Initial endorsement: December 2014 • Most recent endorsement: Spring 2020 • Currently under endorsement & maintenance review for Spring 2024 cycle as a maintenance measure.

II. Measure Performance

00253-01-C-HOQR Performance in HOQR 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the publicly available dataset Unplanned Hospital Visits-Hospital 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 average score. This plot can be used to assess overall trends in the score over time.

Interpretation: In the plot below the median score decreased from 16 in 2020 to about 14 in 2021 and to about 13 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 (12.74), 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 225,536. If Deciles 4-10 performed at the benchmark of 12.74, there would be an estimated 7% fewer adverse events (about 241,730).

Table 1. Importance (Decile by measure score, 2022)[1]

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	13.18	9.13	11.56	12.40	12.74	12.94	13.07	13.18	13.38	13.63	14.02	14.93	18.14
Entities	3,775	1	377	378	377	378	377	378	378	377	378	377	1
Total Patients	1,747,993	3,606	506,806	210,522	151,798	101,998	63,409	83,284	131,654	123,112	153,100	222,250	1,303

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[1] Elements of this table provided by CMS program from prior CBE submission and reviewed by Battelle analysts.