

# Pre-Rulemaking Measure Review (PRMR) 2024-2025 Hospital Advisory Group Meeting

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# Welcome to the PRMR Hospital Advisory Group Meeting



This meeting helps ensure PRMR Advisory Group (AG) feedback and expertise on the 2024 Measures Under Consideration (MUC) is brought to the Recommendation Group (RG).



Committee co-chairs are liaisons between the AG and RG; they will bring your comments and questions to the PRMR Hospital RG meeting on January 15-16, 2025.



Please note, public comment is not collected during this meeting. We invite written public comments on our final recommendations from February 3-17, 2025.

# Hospital Advisory Group Meeting Agenda



# Hospital Advisory Group Meeting Agenda



1:00 PM	Welcome and introduction
1:05 PM	Roll call, disclosures of interest, and co-chair introductions
1:15 PM	PRMR process overview
1:20 PM	Advisory Group measure discussion process overview
1:25 PM	PRMR measure evaluation
1:35 PM	Measure discussion
2:55 PM	Next steps
3:00 PM	Adjourn

\* All times listed in ET

# Housekeeping Reminders (pt. 1)



We are pleased to have you join us and want to create a meaningful exchange.



To participate in the discourse, type in the chat or raise your hand.



Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

# Housekeeping Reminders (pt. 2)



Please lower your hand and mute yourself following your question/comment.



Please state your first and last name if you are a call-in user.



If you are experiencing technical issues, contact the project team via chat on the virtual platform or at [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org).

# Community Guidance



- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

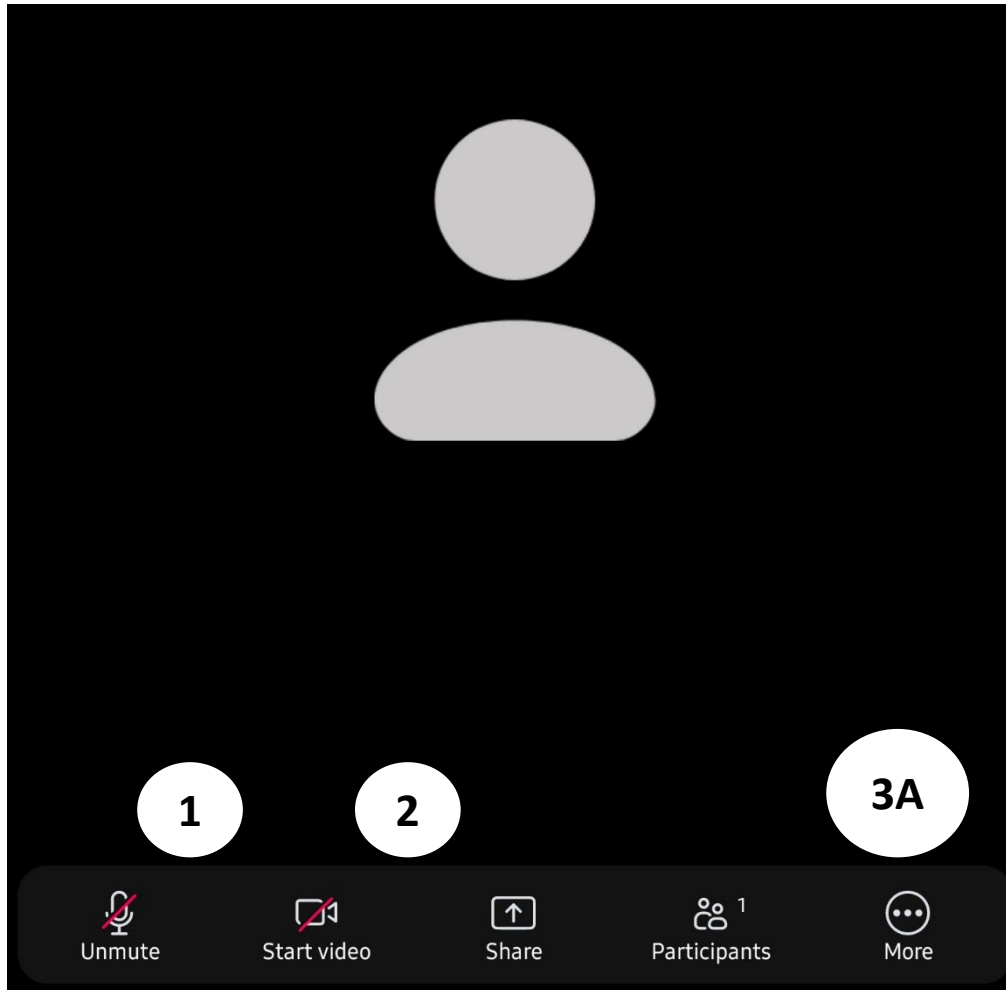
# Using the Zoom Platform



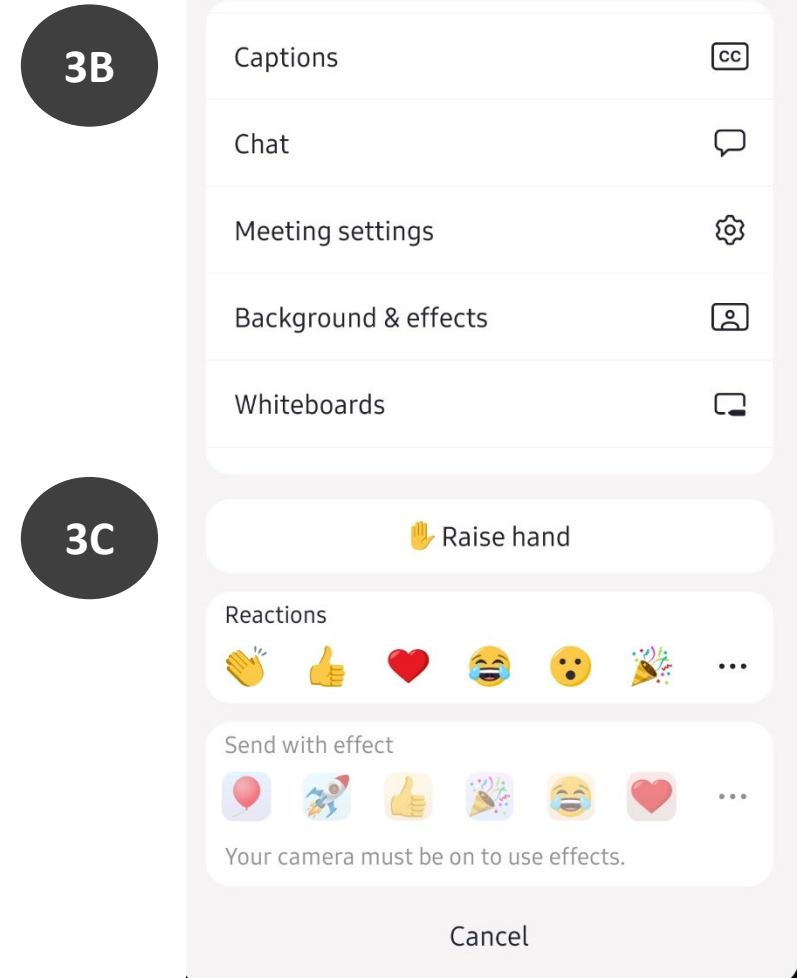
- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.



# Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant button to view the full participant list.
- 3 Click on (3A) “More” button to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab.



# Acronyms



- AG: Advisory Group
- CMS: Centers for Medicare & Medicaid Services
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PIE: Pre-Meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group

# Roll Call and Disclosures of Interest

Kate Buchanan | Battelle



# Disclosures of Interest (DOIs)



- Prior to the meeting, committee members were asked to complete a “measure-specific DOI” form for each measure, or batch of measures, assigned to the committee.
- During Advisory Group and Recommendation Group meetings, committee members verbally disclose relevant interests.
- If there is a perceived or actual conflict of interest (COI), Battelle requires affected members to recuse themselves from discussing and voting\* on the applicable measure(s).

\* Voting only applies to Recommendation Group members.

# Roll Call and Disclosures of Interest

## *Hospital Advisory Group Members*



### RG Co-chairs: Lisa McGiffert and Edward Pollak

Rosie Bartel

John Bott

Jeffrey Buck

Marissa Carvalho

Melissa Danforth

Michelle Dardis

Martin Hatlie

Sandi Hyde

Virginia Irwin-Scott

Abigail Khan

David Kroll

Michael Lane

Stefanie Ledbetter

Nikolas Matthes

Amy Minnich

James Moore

Devika Nair

Hien Nguyen

Glorimar Ortiz

Mark Parker

Benjamin Pollock

Kathleen Rauch

Susan Runyan

Darlene Shelton

Jeffrey Silberzweig

Christopher Wilson

Wei Ying

Isis Zambrana

# PRMR Hospital Co-Chair Introductions

Lisa McGiffert

Dr. Edward Pollak



# PRMR Process

Dr. Meredith Eastman | Battelle



# PRMR Cycle



The Department of Health and Human Services (HHS) annually publishes a list of measures under consideration (MUC) for future federal rulemaking by December 1.



PRMR committees assess whether a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries.

The PRMR process results in consensus-based recommendations about MUCs for CMS programs.





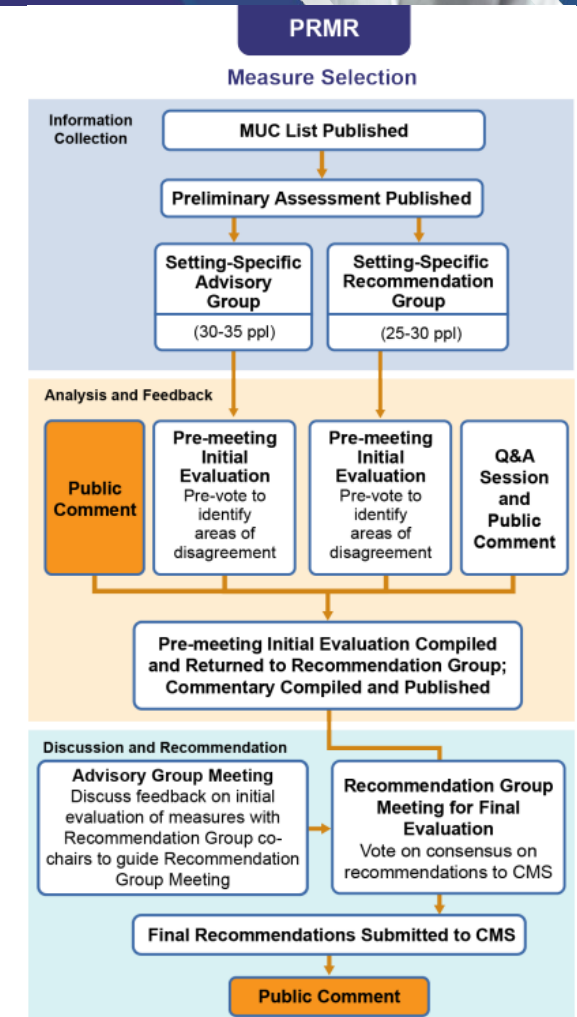
# PRMR Process



The PRMR process builds consensus regarding MUC List measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation



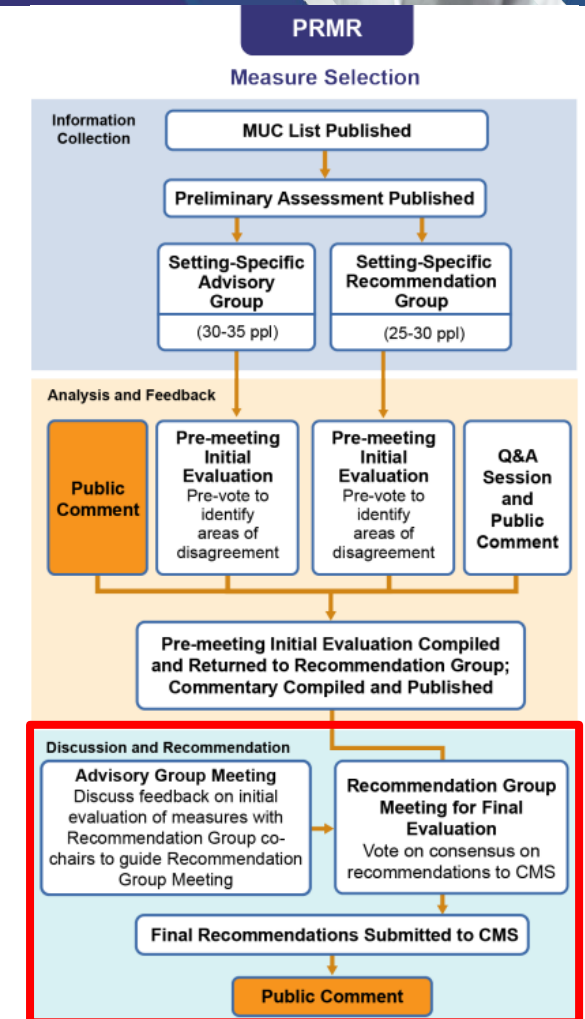
# PRMR Process: Discussion and Recommendation



## AG Discussion Session\*

- Prior to the RG meetings, AG members convene to discuss their feedback from the Pre-Meeting Initial Evaluation (PIE) Forms and help generate discussion questions for the RG meeting.
- The AG feedback is critical guidance for the RG discussion.
- RG co-chairs facilitate the session, and relevant Battelle staff attend.
- The co-chairs ensure that the AG perspective is represented throughout the RG meetings.

\*Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.



# Advisory Group Meeting Process



# Advisory Group Meeting

## Measure Discussion Process



1. Battelle introduces each measure.

Battelle highlights key details about the measure, such as its description, type, endorsement status, and current program use.



2. RG co-chairs open the floor to AG members to discuss the measure.

Recommendation Group co-chairs facilitate Advisory Group member discussions, encouraging them to ask questions and share their thoughts on each measure.



3. AG input will inform discussion topics at the RG meeting.

Battelle assists co-chairs by recording Advisory Group questions and considerations for discussion at the Recommendation Group meeting.

# PRMR Measure Evaluation

Dr. Lydia Stewart-Artz | Battelle



# PRMR Assertions

## (pt. 1)



### Meaningfulness: Concept of Interest

- When evaluating meaningfulness of the concept of interest, committees should evaluate whether the measure provides:
  - ✓ Evidence that the measure focus is associated with a material outcome for persons and entities. (Importance)
  - ✓ Measure components and specifications that align with the intent of the measure focus and target population. (Conformance)
  - ✓ Demonstration that the tools, process, and people necessary to implement and report on the measure are reasonably available. (Feasibility)

# PRMR Assertions

## (pt. 2)



### Meaningfulness: Context of Use

- When thinking about how meaningful a measure is, committees should evaluate if the submission:
  - ✓ Explains why using this measure in the quality program will bring more benefits than costs (Importance)
  - ✓ Shows with data or reasoning that there are effective methods for improvement (Validity)
  - ✓ Provides data showing that most differences in performance are due to those effective methods (Reliability)
  - ✓ Identifies and addresses any obstacles or supports that might affect how the methods can be used (Usability)

# MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example*



## • Evidence of Measure Meaningfulness

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to the Hospital Inpatient Quality Reporting (HIQR) Program
  - The committee reviewed clinical guidelines and cited literature supporting measure relevance to the HIQR program population. (Importance-Concept of Interest & Context of Use)
  - The committee considered this measure against the existing CLABSI measure used in acute care units, specifically focusing on the practical implications of expanding use into oncology units. (Feasibility-Concept of Interest, Usability-Context of Use)
  - An oncologist committee member raised the issue of unintended consequences related to blood culture orders being cancelled or not ordered to avoid raising the CLABSI rate. (Usability-Context of Use)
  - Committee members suggested the measure account for dialysis patients with catheters in stratification, and to evaluate different types of oncology units, e.g., hematology-oncology vs. solid organ. (Validity-Context of Use)
  - Committee members commented on low reliability of the measure for some entities and requested clarification from the steward on potential causes. (Reliability-Context of Use)



# PRMR Assertions (pt. 3)



## Appropriateness of scale:

- Is the measure appropriate and tailored to the specific goals of the program and its target population?
  - ✓ To evaluate this, we look at the evidence regarding how benefits and risks or harms are spread among different groups. We also need to consider how those risks or harms can be reduced.



# MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example*



## • Evidence of Measure Appropriateness of Scale

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
  - One committee member expressed concerns about the reporting period being too short for smaller or rural facilities with lower volumes to report the measure and asked whether the reporting period could be expanded.
  - The committee discussed potential implications of this reporting period on overall measure performance across different types of oncology sites.



# PRMR Assertions

(pt. 4)



## Time-to-value realization:

- Does the measure include a plan for achieving positive effects in the short and long term?
  - ✓ Time-to-value realization is based on the idea that measuring something over time can lead to long-term benefits or harms as the measure matures.
  - ✓ To assess this, committees should look at how the benefits and harms might change over time. They should consider how to extend the benefits and prevent potential harms as the measure matures.



# MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations *PRMR Assertion Example*



## • Evidence of Measure Time-to-Value Realization

- The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
  - The committee considered barriers to initial roll-out of this measure across the program, discussing implementation facilitators and barriers in rural and urban sites.
  - The committee discussed how short-term implementation barriers could impact performance and measure benefit for facilities with lower patient volumes.



# Preliminary Assessments



Battelle provided committee members with measure-specific preliminary assessments (PAs).

## PAs included:



Descriptive information about measure specification, endorsement, and use



CMS-provided rationale for measure inclusion in the CMS program



Summary of performance on PRMR criteria



Considerations for statutorily required measure topic areas



Reliability and validity testing results and analysis

# Hospital Measure Discussion



- **MUC2024-073** Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)
- **MUC2024-060** In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey - Quality of Dialysis Center Care and Operations (QDCCO) measure
- **MUC2024-074** Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)
- **MUC2024-067** Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life
- **MUC2024-068** Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life
- **MUC2024-078** Proportion of patients who died from cancer admitted to hospice for less than 3 days

# MUC2024-073 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)



Item	Description
<b>Considered For</b>	Ambulatory Surgical Center Quality Reporting Program
<b>Measure Description</b>	The Information Transfer PRO-PM collects information from patients aged 18 years or older who had a procedure or surgery at an Ambulatory Surgical Center (ASC). Using a nine-item survey, the measure collects the average score patients rated the ASC's ability to clearly communicate personalized discharge instructions. Patients are asked to answer a brief web-based survey, comprised of three domains: applicability; medications; and daily activities. Patients would receive the survey within 2-7 days post-procedure.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed for use in the hospital outpatient department setting

Current Program Use
Hospital Outpatient Quality Reporting Program

Level of Analysis
Facility



# MUC2024-060 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey - Quality of Dialysis Center Care and Operations (QDCCO) measure



Item	Description
<b>Considered For</b>	End-Stage Renal Disease Quality Incentive Program
<b>Measure Description</b>	The ICH CAHPS Survey is designed to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS) & Agency for Healthcare Research and Quality (AHRQ)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
End-Stage Renal Disease Quality Incentive Program

Level of Analysis
Facility

# MUC2024-074 Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)



Item	Description
<b>Considered For</b>	Hospital Outpatient Quality Reporting Program; Rural Emergency Hospital Quality Reporting Program
<b>Measure Description</b>	Median time (in minutes) from ED arrival to initial administration of pain medication for all patients, regardless of age, with a principal encounter diagnosis of SCD with VOE.
<b>Developer/Steward</b>	American Society of Hematology
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Facility

# MUC2024-067 Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Intermediate Outcome

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

# MUC2024-068 Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life



Item	Description
<b>Considered For</b>	Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Process

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

# MUC2024-078 Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than 3 Days



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer admitted to hospice for less than 3 days.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Intermediate Outcome

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

- **MUC2024-069** Addressing Social Needs Assessment & Intervention
- **MUC2024-085** Hospital Harm – Anticoagulant-Related Major Bleeding
- **MUC2024-027** Patient Safety Structural Measure
- **MUC2024-075** Emergency Care Capacity and Quality (ECCQ)
- **MUC2024-095** Emergency Care Capacity and Quality (ECCQ)
- **MUC2024-034** Influenza Vaccination Coverage Among Healthcare Personnel
- **MUC2024-042** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
- **MUC2024-043** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity

# MUC2024-069 Addressing Social Needs Assessment & Intervention



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Medicare Promoting Interoperability Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
<b>Measure Description</b>	Percentages of inpatient encounters for patients of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities; and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by MAP Workgroup or PRMR or used in a Medicare program

Measure Type
Process

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Facility

# MUC2024-085 Hospital Harm – Anticoagulant-Related Major Bleeding



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Hospital-Acquired Condition Reduction Program; Medicare Promoting Interoperability Program
<b>Measure Description</b>	The proportion of inpatient hospitalizations for patients aged 18 and older who were administered at least one anticoagulant medication within the first 24 hours of admission and had a subsequent bleeding event. Bleeding events must occur during the encounter.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by MAP Workgroup or PRMR or used in a Medicare program

Measure Type
Outcome

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Facility



# MUC2024-027 Patient Safety Structural Measure



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
<b>Measure Description</b>	The Patient Safety Structural Measure is an attestation-based measure that assesses whether hospitals demonstrate having a structure and culture that prioritizes patient safety. The Patient Safety Structural Measure comprises five domains, each containing multiple statements that aim to capture the most salient structural and cultural elements of patient safety. This measure is designed to identify hospitals that practice a systems-based approach to safety.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Structure	Not Endorsed	HIQR; PCHQR	Facility

# MUC2024-075 Emergency Care Capacity and Quality (ECCQ)



Item	Description
<b>Considered For</b>	Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by MAP Workgroup or PRMR or used in a Medicare program

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Intermediate Outcome	Not Endorsed	New Measure	Facility

# MUC2024-095 Emergency Care Capacity and Quality (ECCQ)



Item	Description
<b>Considered For</b>	Rural Emergency Hospital Quality Reporting Program
<b>Measure Description</b>	This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access: 1. The patient waited longer than 1 hour to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or 2. The patient left the ED without being evaluated by a physician/advanced practice nurse/physician’s assistant, or 3. The patient, if transferred (time from Decision to Transfer to ED departure), boarded for longer than 4 hours, or 4. The patient had an ED length of stay (LOS) (time from ED arrival to ED physical departure as defined by the ED depart timestamp) of longer than 8 hours.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by MAP Workgroup or PRMR or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Intermediate Outcome	Not Endorsed	New Measure	Facility

# MUC2024-034 Influenza Vaccination Coverage Among Healthcare Personnel



Item	Description
<b>Considered For</b>	Rural Emergency Hospital Quality Reporting Program
<b>Measure Description</b>	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
<b>Developer/Steward</b>	Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Process

Endorsement Status
Endorsed

Current Program Use
HIQR; IRF QRP; LTCH QRP; PCHQR; SNF QRP

Level of Analysis
Facility

# MUC2024-042 Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Hospital-Acquired Condition Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and/or TKA procedure. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to up to 90 days post-date of the index admission (the admission included in the measure cohort). Complications are counted in the measure only if they occur during the index hospital admission or during a readmission. The complication outcome is a dichotomous (yes/no) outcome.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	HVBP; HIQR	Facility

# MUC2024-043 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity



Item	Description
<b>Considered For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program
<b>Measure Description</b>	The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. The measure includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	Hospital Inpatient Quality Reporting Program	Facility

- **MUC2024-041** Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
- **MUC2024-046** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
- **MUC2024-030** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
- **MUC2024-032** Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
- **MUC2024-040** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
- **MUC2024-045** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization

# MUC2024-041 Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare Fee-For-Service (FFS) and/or Medicare Advantage (MA) beneficiaries who are 65 years and older. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). A specified set of planned readmissions do not count in the readmission outcome.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility



# MUC2024-046 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital after a qualifying isolated coronary artery bypass graft (CABG) surgery. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-030 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-032 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal discharge diagnosis of heart failure (HF). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-040 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and over discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort).
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-045 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization



Item	Description
<b>Considered For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and older discharged from the hospital with either a principal discharge diagnosis of pneumonia (including aspiration pneumonia) or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA).
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# Next Steps

Kate Buchanan | Battelle



# Upcoming Hospital Events



Event	Dates
<b>Hospital Advisory Group Meeting (TODAY'S MEETING)</b>	<b>1/8/2025 1:00-3:00 PM ET</b>
<b>In-Person Hospital Recommendation Group Meeting (Baltimore, MD)</b>	<b>1/15/2025 10:00 AM-4:45 PM ET</b> <b>1/16/2025 10:00 AM-1:15 PM ET</b>
<b>Final Recommendations Published to PQM Website</b>	<b>2/3/2025</b>
<b>Public Comment on RG Final Recommendations</b>	<b>2/3/2025-2/17/2025</b>

# Hospital Recommendation Group Meeting



- Questions and considerations raised to the co-chairs in this meeting will guide discussion topics at the PRMR Hospital Recommendation Group meeting on January 15-16, 2025.
  - Members of the Hospital Advisory Group and the public are invited to observe the Hospital Recommendation Group meeting virtually by directing their browser to the [Zoom webinar event link](#).





# Questions or Comments?

Contact us at [p4qm.org/contact](https://p4qm.org/contact)  
or by emailing [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)





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