

CHIA's and New England QIN-QIOs Readmission Reports Methodology

	CHIA's Readmission Reporting	New England QIN-QIOs Readmissions Reporting
Purposes	Public reporting of hospital quality and efficiency <ul style="list-style-type: none"> Endorsed by the National Quality Forum Recommended by the Massachusetts State Quality Advisory Committee 	Measurement of hospital performance over time to evaluate impact of quality improvement efforts
Measure	Adapted version of the Yale/CMS Hospital-Wide All-Cause Unplanned Readmission Measure	Medicare Quality Improvement Network-Quality Improvement Organization (QIN-QIO) Readmission Measure
Patient Population	All-payer adult patients receiving care in any Massachusetts acute-care hospital	Medicare Fee-For-Service (FFS) beneficiaries receiving care in any Massachusetts acute-care hospital
Data Source	CHIA's Hospital Inpatient Discharge Datasets	Medicare Fee-For-Service Claims
Data Timing	Data released in June for previous FFY (e.g., FFY2015 data available in June 2016)	Data available quarterly with an approximate four month lag (e.g., quarter 4 data (Oct-Dec) are available in April)
Products	<ul style="list-style-type: none"> Annual statewide readmissions report by SFY, released in December for previous SFY (18-month lag) Annual set of hospital readmission profiles Behavioral health readmissions report 	<ul style="list-style-type: none"> Quarterly hospital-specific readmission reports Quarterly community-level readmission reports Quarterly state-wide readmission reports <i>Reports available approximately 8 weeks after the close of each quarter</i>
Numerator	Unplanned admission for any cause within 30 days of an index discharge	Admission for any cause within 30 days of an index discharge
Denominator	Index discharges: Hospitalizations of adults in acute-care hospitals <ul style="list-style-type: none"> Rehospitalizations can be counted as index discharges 	Index discharges: Hospitalizations of Medicare FFS beneficiaries in acute-care hospitals <ul style="list-style-type: none"> Rehospitalizations are counted as index discharges
Exclusions	<p>Exclusions from index discharges:</p> <ul style="list-style-type: none"> Obstetric admissions Admissions for primary psychiatric diagnoses Patients who died/transferred Discharges against medical advice Admissions for medical treatment of cancer Admissions for rehabilitation <p>Exclusion of planned readmissions:</p> <ul style="list-style-type: none"> Non-acute readmission in which a typically planned procedure occurs Maintenance chemotherapy or rehabilitation 	<p>Exclusions from index discharges:</p> <ul style="list-style-type: none"> Patients who died/transferred Discharges against medical advice Discharges from a rehabilitation unit (identified when the Centers for Medicare & Medicaid Services Certification Number (CCN) contains a 'R' or 'T' on the claim) <p>Exclusion of planned readmissions:</p> <ul style="list-style-type: none"> None
Risk Adjustment	Rates adjusted for age, comorbidities, and discharge conditions; hierarchical regression conducted in five groups (cardiology, cardiovascular, neurology, surgery, medicine)	No risk adjustment
Further Information	For further information see CHIA's website at http://www.chiamass.gov/hospital-wide-adult-all-payer-readmissions-in-massachusetts/ or contact Nick Huntington nick.huntington@state.ma.us , 617-701-8257.	<p>Additional Inclusion Notes:</p> <ul style="list-style-type: none"> Discharges from psychiatric units and facilities and readmissions to a psychiatric unit or psychiatric facility are included Readmissions to any facility in-state or out-of-state are included <p>For further information, contact Blake Morphis at bmorphis@healthcentricadvisors.org</p>