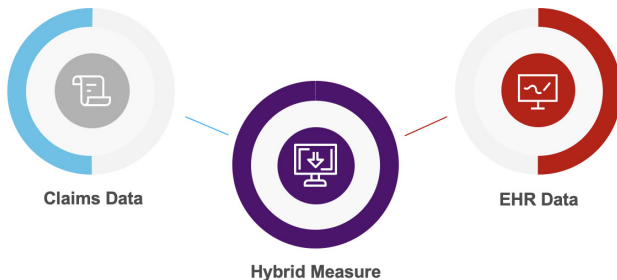# HOW TO
IMPLEMENT THE
HYBRID READMISSION
MEASURE

What is a Hybrid Measure?

**A hybrid measure combines
claims data and electronic data from your EHR.**

Claims Data

Hybrid Measure

EHR Data

To be successful at capturing the hybrid measures you need to be successful at capturing both of those key data sources.

How does CMS calculate the Hybrid Hospital-Wide 30-Day Readmission Measure?

This measure calculates a hospital's Hybrid Risk-Standardized Readmission Rate.
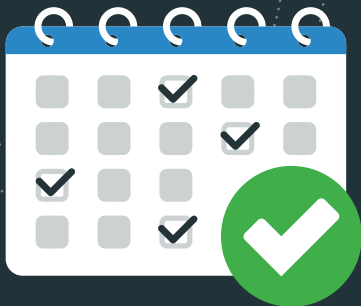
The rate is calculated by:

- Using unplanned readmissions within 30 days from index admission
- Combining claims and EHR data
- Adjusting for differences in case mix and service mix across all hospitals

The goal in this is:

- To identify the critically ill patients that have a higher probability for readmission and take that into account when calculating this rate

Submitting the Hybrid Readmission Measure

By 2023 the Hybrid Hospital-Wide 30-Day Readmission (HWR) measure will be required as a part of your IQR requirements. There are two years of voluntary submission proceeding that requirement.

Voluntary Measurement Period
July 1, 2021 – June 30, 2022
July 1, 2022 – June 30, 2023

Mandatory Measurement Period
July 1, 2023 – June 30, 2024

Results Posted to Hospital Compare
July 2025

Hospitals must submit certain data elements from a patient's electronic record and submit to CMS using a QRDA file.

How do you submit the hybrid readmission measure?

CMS requires you to submit a QRDA file with EHR and claims data.

For claims data:
You submit your claims data as usual. When you submit the QRDA file to CMS, you need to include "linking variables" from your EHR to help CMS connect your claims data to the patient EHR data.
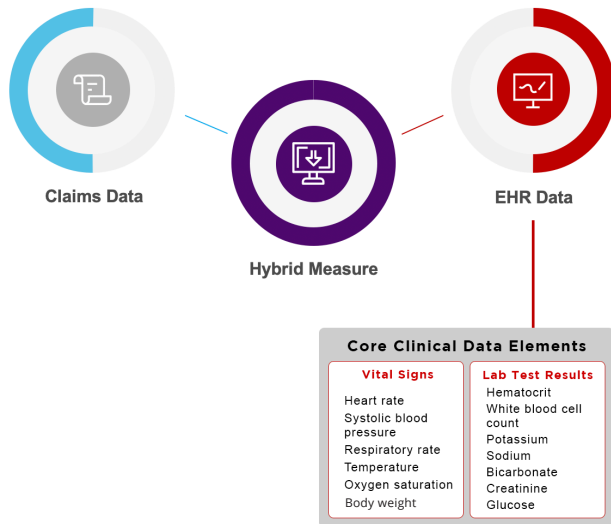
For EHR data:
You must map specific Core Clinical Data Elements (CCDE) to your EHR system. This data must be included in your QRDA file submitted to CMS.
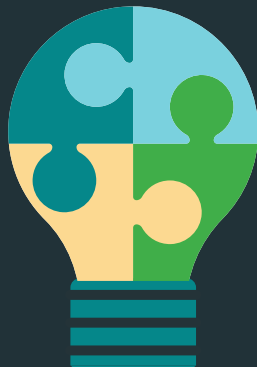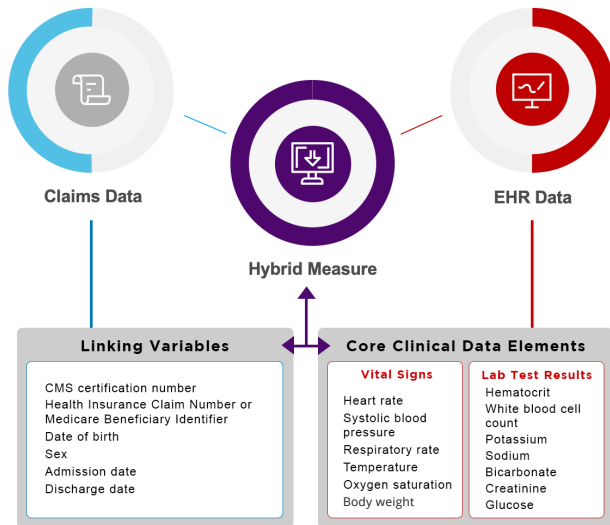
What EHR Data is Used?

The 13 CCDE that you must submit in the QRDA file are in two buckets: vital signs and labs.

Claims Data

Hybrid Measure

EHR Data

Core Clinical Data Elements

Vital Signs	Lab Test Results
Heart rate	Hematocrit
Systolic blood pressure	White blood cell count
Respiratory rate	Potassium
Temperature	Sodium
Oxygen saturation	Bicarbonate
Body weight	Creatinine
	Glucose

What Claims Data is Used?

Linking variables need to be included in the QRDA file. There are seven linking variables that need to be included.

Claims Data

Hybrid Measure

EHR Data

Linking Variables

CMS certification number
Health Insurance Claim Number or Medicare Beneficiary Identifier
Date of birth
Sex
Admission date
Discharge date

Core Clinical Data Elements

Vital Signs

Heart rate
Systolic blood pressure
Respiratory rate
Temperature
Oxygen saturation
Body weight

Lab Test Results

Hematocrit
White blood cell count
Potassium
Sodium
Bicarbonate
Creatinine
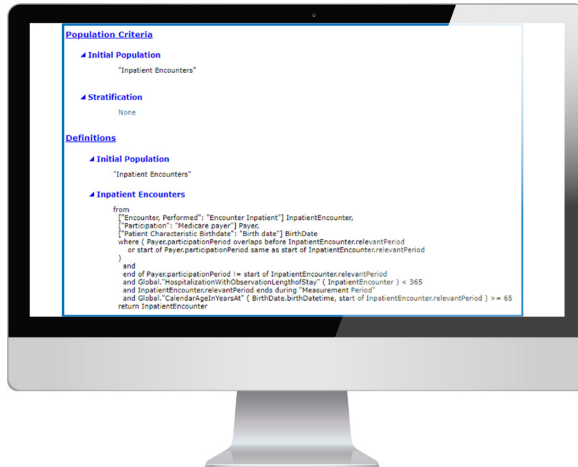Glucose

Implementing the Hybrid Readmission Measure

Over the next few slides we will review the different parts of the specification.

Download the specification and follow along over the next few slides.

Identifying the Population

Start at the top of the specification and scroll down until you see the Population Criteria. This section is telling you that the Initial Population is all inpatients that are 65 or older who have Medicare as their payer. They will be excluded if there is a planned readmission, psychiatric diagnosis or cancer treatment.

Population Criteria

◢ **Initial Population**

   "Inpatient Encounters"

◢ **Stratification**

   None

Definitions

◢ **Initial Population**

   "Inpatient Encounters"

◢ **Inpatient Encounters**

```
from
   ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter,
   ["Participation": "Medicare payer"] Payer,
   ["Patient Characteristic Birthdate": "Birth date"] BirthDate
where ( Payer.participationPeriod overlaps before InpatientEncounter.relevantPeriod
   or start of Payer.participationPeriod same as start of InpatientEncounter.relevantPeriod
)
   and
   end of Payer.participationPeriod != start of InpatientEncounter.relevantPeriod
   and Global."HospitalizationWithObservationLengthofStay" ( InpatientEncounter ) < 365
   and InpatientEncounter.relevantPeriod ends during "Measurement Period"
   and Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of InpatientEncounter.relevantPeriod ) >= 65
return InpatientEncounter
```

Understanding the Logic

Scroll to the Results section. Here you are looking at the logic portion of the specification. This is telling you that it's looking for the earliest captured instance of the 13 Core Clinical Data Elements within specific time frames. We will review the data elements and time frames on the next few slides.
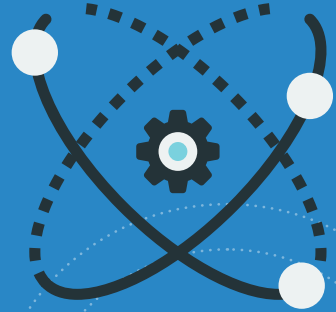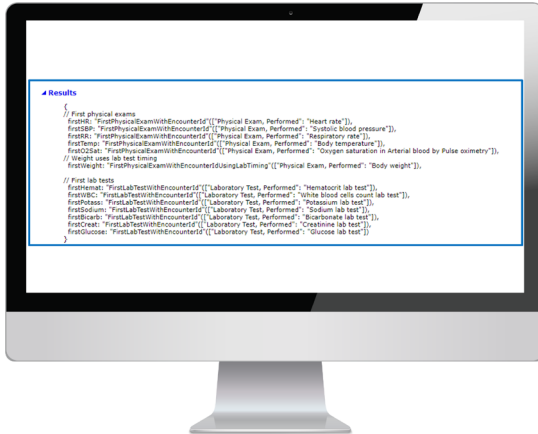
Understanding the Logic

Move to the Functions section. This outlines the specific timing requirements needed for the CCDE you will capture. The next slide reviews the timing portion.
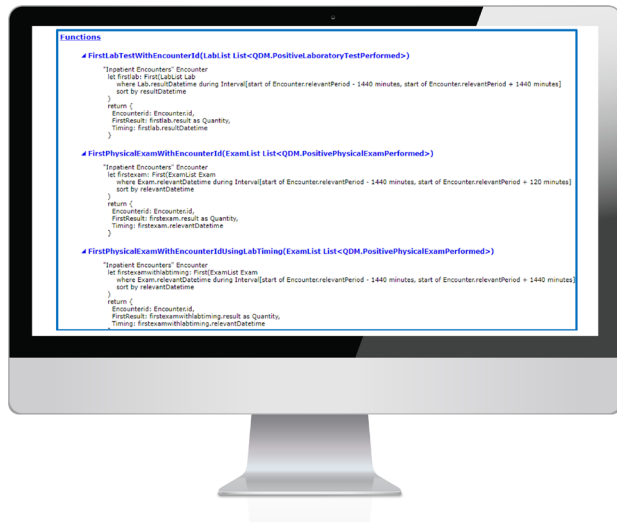
Here's the critical concepts you need to understand about this measure.

This measure will capture the first instance of documentation for all of the Core Clinical Data Elements.

So this means the earliest instance of documentation for the CCDE will be included in the QRDA file.

24 HOURS PRIOR	24 HOURS AFTER	2 HOURS AFTER
Labs & Vitals	*Labs & Weight*	*Vitals*
Within the 24 hours prior to the start of the Inpatient Encounter	Within 24 hours after the start of the Inpatient Encounter	Within the 2 hours after the start of the Inpatient Encounter

The measure will look back to find these Core Clinical Data Elements 24 hours before the patient becomes an inpatient. It will also look for any labs and weight captured 24 hours after admission as an inpatient. And it will also look for vital signs captured two hours after admission.

Put another way, you've got to capture all 13 CCDE within these narrow time frames or it will not be included in the QRDA file you send to CMS. And remember, those CCDE are telling CMS how sick your patients are and adjusting your readmission rate based on that information.

Data Elements

Finally, move to the Data Criteria section of the specification. The data elements listed here are the ones you must map in your EHR in order to properly capture the measure. To the right of each of these elements is a long string of numbers. This is the OID (Object Identifier Code). This is the number you put into the Value Set Authority Center website to look up the value sets to map to your system. We will explain that process in the following slides.

Mapping the Hybrid Readmission Measure

Now that you know the sections of the specifications, it's time to map the data elements (from the data criteria section) to your EHR.

This process is very similar to the mapping process you're used to for eCQMs.

Hybrid Measure Workflow

What you see below is a simple visual of the elements you need to map to your EHR. Ask yourself, where are you documenting all these elements in your EHR?

Create a thorough list. This part is tricky. You have to think of every single place these elements are documented. For instance, where are all the possible locations that heart rate is captured 24 hours before inpatient admission and 24 hours after admission.
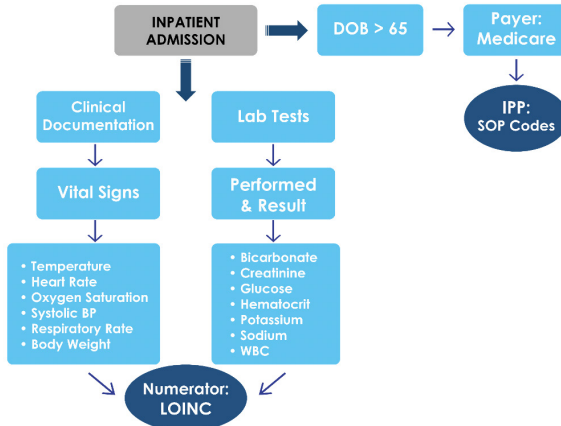
Mapping the Measure

The list you've created includes all the places you need to map the value set codes to your EHR.

Once you have your list, go to the VSAC website, use the OID (long number at the end of the data elements section of the spec) to look up the value set. That will give you a list of all of the codes associated with that value set. This screenshot below shows you the options that need selected for this hybrid measure.
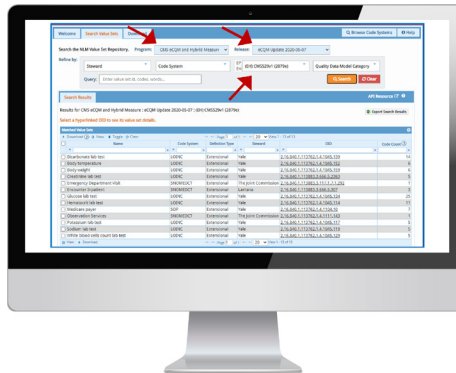
Map the appropriate codes to all of the locations you identified.

Monitoring and Improving your Hybrid Readmission Measure Results

Once you think you've got this all set up and implemented, there comes the real test. You must have a way of going into your system and reviewing to see if you are really getting all of the elements captured.

See the tough part about this measure is that you won't know your performance until CMS compiles the whole thing for you. But you know that you don't want to have a lower score because of something preventable like forgetting to map your blood pressure documentation.

At Medisolv...

We have a CCDE missing results page for our clients. This shows you what elements are missing before you get to the submission phase.

Good luck and call us if you need us!
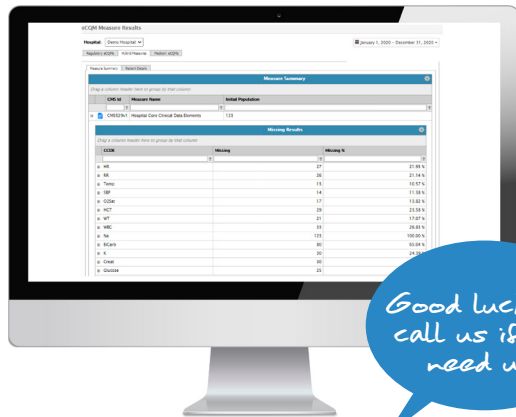
Even if you don't use Medisolv, you should have a way of reviewing this data to ensure you aren't making a mistake that is easily identified and fixed.

medisolv

www.medisolv.com | info@medisolv.com