



Announcement Retirement of Select AHRQ Quality Indicators (QIs) in v2021 AHRQ QI Software

This announcement pertains to 3 AHRQ Quality Indicators (QIs) scheduled to be retired in the upcoming version 2021 of the AHRQ QI software. Version 2021 (v2021) of the AHRQ QI software is expected to be released in the summer of 2021. The following 3 QIs will not be included in the AHRQ QI software v2021 ICD-10 CM/PCS.

Indicators Retired in v2021 AHRQ QI Software

Inpatient Quality Indicators (IQIs) (2)

- IQI 32 Acute Myocardial Infarction (AMI) Mortality Rate, Without Transfer Cases
- IQI 34 Vaginal Birth After Cesarean (VBAC) Rate

Pediatric Quality Indicators (PDIs) (1)

- NQI 02 Neonatal Mortality Rate

Rationale for retirement:

The AHRQ QI program annually embarks on a rigorous process to assess the scientific acceptability of the QIs to ensure a balanced set of indicators that support quality improvement initiatives that are high impact and efficient. Retiring these select QIs will allow the QI program to focus on high-impact areas of healthcare quality improvement while achieving the goal of maintaining a smaller and parsimonious set of sustainable indicators. In 2019, the AHRQ QI Program identified five (5) themes that became the underlying basis for retirement based on literature reviews, environmental scans, as well as feedback from the user community and stakeholders:

- Limited evidence base in the literature on the use of these indicators for quality improvement

- Rarity of events – some indicators measure events so rare that the measure is no longer reliable or relevant for quality improvement.
- Advances in medical technology and practice – practice changes in terms of both where and how care is provided affect the validity and reliability of these indicators for quality improvement.
- Significant analytic work for refinement – some of these indicators would require significant analytic work, such as conducting validation studies and testing new specifications for ICD-10-CM/PCS for the purpose of quality improvement.
- Volume indicators – consensus amongst the Expert Workgroups convened by AHRQ in 2018 indicated that volume indicators as standalone indicators are not useful for quality improvement. (However, users interested in volume will be able to calculate this number from the denominators of mortality rates.)

In preparation for v2021, the AHRQ QI Program reviewed the following indicators: IQI 32 Acute Myocardial Infarction (AMI) Mortality Rate, without Transfer Cases, IQI 34 Vaginal Birth After Cesarean (VBAC) Rate, and NQI 02 Neonatal Mortality Rate and identified them as having met one or more criteria for retirement.

The IQI 15 AMI Mortality Rate shares numerator and denominator specifications with IQI 32, but IQI 32 also excludes transfers from another short-term hospital. IQI 15 retains transferred patients but accounts for any difference in their risk not by exclusions, but rather via risk adjustment. Because there is no clear rationale for excluding transfers from another short-term hospital rather than accounting for transfers during risk adjustment, and because other mortality-related IQIs retain transfers, therefore, a decision was made to retire IQI 32 in the v2021 software.

The two IQI measures (IQI 32 Acute Myocardial Infarction (AMI) Mortality Rate, without Transfer Cases, and IQI 34 Vaginal Birth After Cesarean (VBAC) Rate) are also being retired, as they have significant overlap with other existing IQIs and would require refinement. For instance, IQI 22 VBAC Rate, Uncomplicated, shares the same numerator and denominator specifications as IQI 34 with added denominator exclusion criteria related to abnormal fetal presentation, fetal death, or multiple gestation. These exclusions for IQI 22 remove cases where Cesarean delivery is generally clinically indicated. As a result, IQI 22 is more useful for quality improvement and benchmarking than is IQI 34. Therefore, a decision was made to retire IQI 34 in the v2021 software.

The NQI 02 Neonatal Mortality Rate has not been included in the last 3 versions of the QI software following the ICD-10 transition. To be actionable from a quality improvement perspective, the measure would require substantial analytic effort to account for confounders associated with neonatal mortality through risk adjustment. Furthermore, there are significant discrepancies in how states define a live birth, which results in inconsistencies in which births

are included in the denominator and limits the use of the measure for cross-state comparisons. In addition, the AHRQ QI Program has not received user inquiries on the measure during this time, suggesting limited usage of this measure. Based on these factors, a decision was made to retire NQI 02.