

ANNOUNCEMENT

Retirement of Three Provider-Level Inpatient Quality Indicators (IQIs) in Future Versions of the AHRQ QI Software

The AHRQ Inpatient Quality Indicators (IQIs) contain two types of indicators, including those measured at the area (or geographic) level and those measured at the provider (or hospital) level. This announcement pertains only to three provider-level indicators.

Provider-level IQIs Scheduled for Retirement

- **IQI 23: Laparoscopic Cholecystectomy Rate**
- **IQI 24: Incidental Appendectomy in the Elderly Rate**
- **IQI 25: Bilateral Cardiac Catheterization Rate**

This announcement is to inform users of AHRQ Quality Indicators (QIs) that all future versions of the QI software, including v7.0 ICD-10-CM/PCS, will not include provider-level Inpatient Quality Indicators (IQIs) 23, 24, and 25. Version 6.0 ICD-9-CM and v6.0 ICD-10-CM/PCS of the QI software will be the last release that includes these provider-level IQIs.

IQI 23 – Laparoscopic Cholecystectomy Rate - describes the proportion of all inpatient cholecystectomy procedures that involved a laparoscopic as opposed to an open approach. However, cholecystectomy procedures are increasingly being performed on an outpatient basis, making IQI 23 a less meaningful construct. Conceivably, hospitals could alter their IQI 23 rates by shifting laparoscopic outpatient procedures to the inpatient setting. In addition, there is evidence that IQI 23 may be nearly topped-out, with rates reaching 866/1,000 hospitalizations in 2015.¹ Continued use of this indicator for accountability applications may create incentives to use the laparoscopic approach when the open approach is preferred due to factors that would put patients at higher risk using the laparoscopic approach.

IQI 24 – Incidental Appendectomy in the Elderly Rate - addresses overuse of incidental appendectomy, in which a surgeon prophylactically removes the appendix during another abdominal procedure to prevent future appendicitis. However, this procedure has lost favorability with surgeons because: 1) the life-long incidence of acute appendicitis is only about 5%, and nearly all cases can be treated when they arise with low morbidity and mortality; (2) the risk of appendicitis decreases with increasing patient age; and (3) incidental appendectomy is not risk-free (bleeding and contamination from the bowel lumen can occur). Indeed, incidental appendectomy rates have decreased from 16/1,000 to 11/1,000 hospitalizations from 2000 to 2012. With the conversion to ICD-10-PCS, IQI 24 required reformulation to account for the absence of codes signifying intent (i.e., “incidental”) in the PCS classification. The validity of this reformulation is uncertain.

¹ Inpatient Quality Indicators v5.0 Benchmark Data Tables. Website.
http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V50/Version_50_Benchmark_Tables_IQI.pdf March, 2015.
Accessed October 10, 2016.

IQI 25 – Bilateral Cardiac Catheterization Rate - targets overuse of right heart catheterization, in the absence of right-sided cardiac abnormalities, in conjunction with left heart catheterization for the diagnosis or evaluation of suspected coronary artery disease. However, these procedures have shifted primarily to the outpatient setting, making IQI 25 a less meaningful measure of overuse while increasing its susceptibility to variation in the use of ambulatory versus inpatient facilities. Additionally, from 2007 to 2012, IQI 25 rates have improved from 61/1,000 to 12/1,000 hospitalizations, suggesting the measure may be nearly topped-out.^{1,2}

In September 2016, the AHRQ Quality Indicator Standing Workgroup reviewed the challenges outlined above and recommended that these IQIs should be retired in order to focus on new and high-impact areas of healthcare quality and overuse. Therefore, AHRQ is retiring IQIs 23, 24, and 25 based on Standing Workgroup recommendations, the shifting of these procedures to outpatient settings, and other technical issues mentioned above.

AHRQ will continue to maintain and refine the following provider (or hospital) level IQIs:

- IQI 01 Esophageal Resection Volume
- IQI 02 Pancreatic Resection Volume
- IQI 04 Abdominal Aortic Aneurysm (AAA) Repair Volume
- IQI 05 Coronary Artery Bypass Graft (CABG) Volume
- IQI 06 Percutaneous Coronary Intervention (PCI) Volume
- IQI 07 Carotid Endarterectomy Volume
- IQI 08 Esophageal Resection Mortality Rate
- IQI 09 Pancreatic Resection Mortality Rate
- IQI 11 Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate
- IQI 12 Coronary Artery Bypass Graft (CABG) Mortality Rate
- IQI 13 Craniotomy Mortality Rate
- IQI 14 Hip Replacement Mortality Rate
- IQI 15 Acute Myocardial Infarction (AMI) Mortality Rate
- IQI 16 Heart Failure Mortality Rate
- IQI 17 Acute Stroke Mortality Rate
- IQI 18 Gastrointestinal Hemorrhage Mortality Rate
- IQI 19 Hip Fracture Mortality Rate
- IQI 20 Pneumonia Mortality Rate
- IQI 21 Cesarean Delivery Rate, Uncomplicated
- IQI 22 Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated
- IQI 30 Percutaneous Coronary Intervention (PCI) Mortality Rate
- IQI 31 Carotid Endarterectomy Mortality Rate
- IQI 32 Acute Myocardial Infarction (AMI) Mortality Rate, Without Transfer Cases
- IQI 33 Primary Cesarean Delivery Rate, Uncomplicated
- IQI 34 Vaginal Birth After Cesarean (VBAC) Rate, All
- IQI 90 Mortality for Selected Procedures
- IQI 91 Mortality for Selected Conditions

² Inpatient Quality Indicators (IQI) Comparative Data Version 3.1 (March 12, 2007). Website. http://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V31/igi_provider_comparative_v31 March 12, 2007. Accessed October 10, 2016.