2024 Measure Set Review (MSR): Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services (CMS) Measures Inventory Tool (CMIT), the PQM Submission Tool and Repository (STAR), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

CMIT ID	Title
00254-01-C-ASCQR	Facility-Level 7-Day Hospital Visits After General Surgery Procedures Performed at Ambulatory Surgical Centers
Measure Steward	**CMS Program**
Centers for Medicare and Medicaid Services (CMS)	Ambulatory Surgical Center Quality Reporting

Measure Overview
Rationale: The patient population served at ambulatory surgical centers (ASCs) has increased in volume, age, and complexity. ASCs have become the preferred setting for low-risk surgical and medical procedures, and evaluating the quality of care provided at ASCs is increasingly important. Hospital visits following outpatient surgery can occur due to a range of adverse events. Because ASC providers are not aware of all post-surgical hospital visits that occur among their patients, reporting this outcome will help to illuminate problems that may not be currently visible.
Description: The measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of a general surgery at an ASC among Medicare fee-for-service (FFS) patients aged 65 years and older.
Numerator: All-cause, unplanned hospital visits within 7 days of a qualifying outpatient general surgery. The measure defines a hospital visit as any emergency department (ED) visit, observation stay, or unplanned inpatient admission.   **Exclusions:** None
Denominator: Medicare FFS patients aged 65 years and older undergoing outpatient general procedures at ASCs, with a full year of Medicare FFS Parts A and B prior to the surgery.   **Exclusions:** Procedures for patients who survived at least 7 days but were not continuously enrolled in Medicare FFS Parts A and B in the 7 days after the surgery are excluded. These patients are excluded to ensure all patients have full data available for outcome assessment.

Measure type: Outcome	**Measure is a composite:** No **Measure is digital and/or an eCQM:** No
Level(s) of analysis/measured entity: Facility/Hospital/Agency	**Care setting:** Ambulatory: Surgery Center (ASC)
Risk adjustment and/or stratification: Yes; adjusted for selected demographic, clinical, and procedure risk variables at the patient level.	**Data source(s):** • Administrative Data (non-claims) • Claims Data
Data collection method: Administrative & claims	**Reporting frequency:** Annually
All required data are collected as part of clinical workflow: Yes	**Reporting overlap with similar/related measures:** No

Does this measure fill a statutorily required category for the program? No	Is this measure included in upcoming rulemaking? No

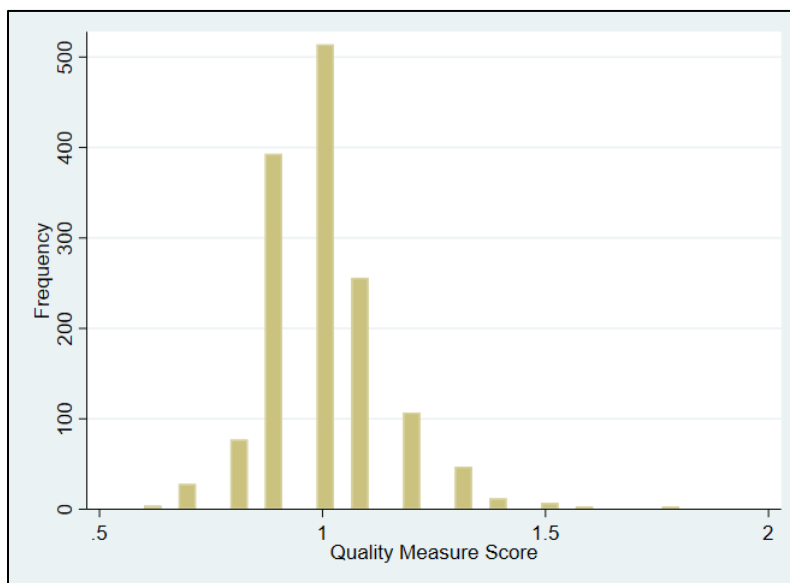| Measure Status	
Current CBE Endorsement Status: Endorsed	**CBE Endorsement History:** Initial endorsement: June 2018 Currently under endorsement & maintenance review for Spring 2024 cycle as a maintenance measure

II. Measure Performance

00254-01-C-ASCQR Performance in ASCQR 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the publicly available datasets Ambulatory Surgical Center Quality Measures - Facility and archived Hospital data.

Figure 1. Histogram of Measure Scores in 2022

A histogram of performance score is shown in Figure 1. This is a quick view of the distribution of the scores across all entities. There is minor variation in scores across entities, with a majority clustered around a score of 1 in 2022 (Note: This measure is a standardized risk ratio which is why it is centered at 1.)

Importance Table

Interpretation of measure scores: The measure score is a complex function of parameter estimates; therefore, it uses re-sampling and simulation techniques to derive an interval estimate to determine if a facility is performing better than, worse than, or no different than expected. A facility is considered to be performing as better than expected if its entire confidence interval falls below the expected ratio and considered worse if the entire confidence interval falls above the expected ratio. It is considered no different if the confidence interval overlaps the expected ratio.

This table shows the relative spread of the scores and how many persons/encounters/episodes are impacted. Often the lowest or highest deciles (which, by definition, each represent 10% of the entities) may represent a disproportionately higher or lower percentage of persons. Here, the lowest decile contains over 40% of the persons, suggesting that high volume may be related to good performance. The table can also be used to evaluate the impact of improving the score. It is common practice to use the performance of the top 20% of the entities as a benchmark. Here, 20% of the entities perform better than the 3rd Decile (about 0.97), which could be considered the benchmark. If Deciles 4-10 performed at the benchmark, about 23% of the persons (Deciles 4-8) would be affected by a small improvement (less than a decrease of 0.05), about 9% of the persons (Decile 9) would be affected by a decrease of about 0.1, and about 16% of the persons (Decile 10) would be affected by a decrease of about 0.23.

Table 1. Importance (Decile by measure score)[1]

Data Type	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Performance Score	1.00 (0.09)	0.59	0.86	0.95	0.97	0.98	0.99	1.00	1.00	1.02	1.07	1.20	1.84
N of Entities	3,485	1	348	349	348	349	348	349	349	348	349	348	1
N of Persons/ Encounters/ Episodes	255,719	1,892	106,851	24,044	12,868	11,268	4,615	4,569	1,088	27,123	22,425	40,868	74

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[1] Elements of this table provided by CMS program from prior CBE submission and reviewed by Battelle analysts.

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