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
00345-02-C-ASCQR	Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
Measure Steward	**CMS Program**
Centers for Medicare & Medicaid Services	Ambulatory Surgical Center Quality Reporting

Measure Overview
Rationale: The patient population served at ambulatory surgical centers (ASCs) has increased in volume, age, and complexity. As the number of orthopedic procedures increases in ASCs, it is important to evaluate the quality of care for patients undergoing these procedures. Patients often present to the hospital for complications of medical care, including infection, postoperative bleeding, urinary retention, nausea and vomiting, and pain. Because ASC providers are not aware of all acute care visits that occur among their patients, reporting this outcome will help to illuminate these events and facilitate efforts to improve patient outcomes following ASC procedures.
Description: The population included in the measure is Medicare fee-for-service (FFS) patients aged 65 years and older undergoing outpatient orthopedic procedures at ASCs. The measure's outcome is any unplanned hospital visit (emergency department [ED] visit, observation stay, or unplanned admission) by a patient occurring within 7 days of an index procedure (a patient's initial procedure).
Numerator: All-cause, unplanned hospital visits within 7 days of a qualifying outpatient orthopedic surgery. The measure defines a hospital visit as any ED visit, observation stay, or unplanned inpatient admission.   **Exclusions:** None
Denominator: Medicare FFS patients aged 65 years and older undergoing outpatient orthopedic surgeries at ASCs, with a full year of Medicare FFS Parts A and B prior to the surgery.   **Exclusions:** Surgeries for patients who survived at least 7 days but were not continuously enrolled in Medicare FFS Parts A and B for at least 7 days after the surgery are excluded.

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: No	**Data source(s):** Administrative Data (non-claims); Claims data
Data collection method: Claims data review	**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

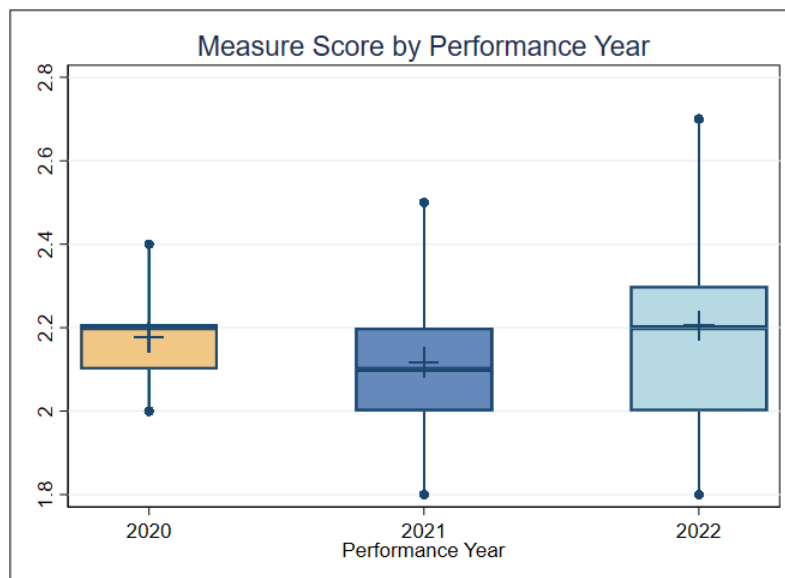| Measure Status	
Current CBE Endorsement Status: Endorsed	**CBE Endorsement History:** Initial Endorsement: June 2019 Currently under endorsement & maintenance review for Spring 2024 cycle as a maintenance measure

II. Measure Performance

00345-02-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 is a boxplot that shows the distribution of the performance over the past 3 years (where available). For each performance year, the dots indicate the lower 5th and upper 95th percentiles, and the vertical line is the range between these values (90% of the measure scores are between the dots). The box spans the lower 25th to the upper 75th percentile (50% of the measure scores are within the box). The horizontal line in the box indicates the median score, and the "+" indicates the mean score. This plot can be used to assess overall trends in the score over time.

Interpretation: In the plot below the median score is consistent (between 2.1 and 2.2) across all 3 years.

Figure 1. Boxplot of Measure Score by Year

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 an ASC is performing better than, worse than, or no different than expected. An ASC is considered performing as better than expected if their entire confidence interval falls below 1 and considered worse if the entire confidence interval falls above 1. They are considered no different if the confidence interval overlaps 1.

This table shows the relative spread of the scores and how many patients 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 patients. If the lowest decile contains only 5% of the patients for example, it suggests that low patient population may be related to low scores. 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 (2.12), which could be considered the benchmark. The number of adverse events for each decile can be estimated by multiplying the total patients by the corresponding rate. Here, the estimated total number of adverse events across all deciles is 10,494. If Deciles 4-10 performed at the benchmark of 2.12, there would be an estimated 684 (6.5%) fewer adverse events (about 9,810).

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	2.20	1.01	1.88	2.05	2.12	2.15	2.17	2.18	2.20	2.27	2.35	2.62	3.68
N of Entities	2,961	1	296	296	296	296	296	297	296	296	296	296	1
N of Persons/ Encounters/ Episodes	479,525	1,630	130,182	62,806	30,971	23,194	12,331	7,742	31,979	37,052	48,494	94,774	568

---

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