2024 Measure Set Review (MSR): Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services 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
00737-01-C-MIPS	Unplanned Reoperation within the 30-Day Postoperative Period
Measure Steward	**CMS Program**
American College of Surgeons	Merit-Based Incentive Payment System Program

Measure Overview
Rationale: This is an adverse surgical outcome, which is often a preventable cause of harm; thus, it is important to measure and report. It is feasible to collect the data, and the measure produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. This measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities and was identified by an expert panel of physician providers to be a critical outcome for this procedure. The measure aligns well with the intended use. The care settings include acute care facilities/hospitals. Data are being collected in a clinical registry that has been in existence for over 10 years, with over 5,500 current, active users.
Description: Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30-day postoperative period.
Numerator: Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure. **Exclusions:** None
Denominator: Patients aged 18 years and older undergoing an operative procedure. **Exclusions:** None

Measure type: Outcome	**Measure is a composite:** No **Measure is digital and/or an eCQM:** Yes (a MIPS CQM is considered a dQM).
Level(s) of analysis/measured entity: Clinician	**Care setting:** Acute Care Facilities/Hospitals
Risk adjustment and/or stratification: No	**Data source(s):** Registries[1]

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[1] Note from CMS program lead on MIPS CQMs: Data may be gathered from paper, electronic charts, or collected with the assistance of a third-party intermediary.

Data collection method: Clinical Registry[2]	Reporting frequency: Procedure[3]
All required data are collected as part of clinical workflow: Yes	Reporting overlap with similar/related measures: 00736-01-C-MIPS assesses the percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.
Does this measure fill a statutorily required category for the program? No	Is this measure included in upcoming rulemaking? Yes, proposed revisions to the measure are in the CY 2025 Physician Fee Schedule (PFS) Proposed Rule (Table D.35).

Measure Status	
Current CBE Endorsement Status: Not Endorsed	CBE Endorsement History: None

II.   Measure Performance[4]

000737-01-C-MIPS Performance in MIPS 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the following publicly available datasets at data.cms.gov: PY 2022 Clinician Public Reporting Overall MIPS Performance and the Quality Payment Program Experience.

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 decreased slightly from 7 in 2020 to slightly over 6 in 2021 and then increased to 10 in 2022. The lower 25th percentile and the upper 75th percentile are both 10 in 2022, so no boxes appear for that year.

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[2] Note from CMS program lead. Other data collection methods are available for use with MIPS CQMs depending on clinician/system workflow and who is collecting the data.
[3] Reporting frequency provided by CMS program lead. MIPS only allows reporting of data during the submission period January-March and ongoing reporting by episode, visit, or other defined frequency occurs during that period.
[4] Analyses presented in this PA may differ slightly from those conducted by MIPS program analysts due to variation in analytic methods. Additional resources and information about MIPS scoring and benchmarks are available at Quality Payment Program (QPP) (cms.gov).

Figure 1. Boxplot of Measure Score by Year
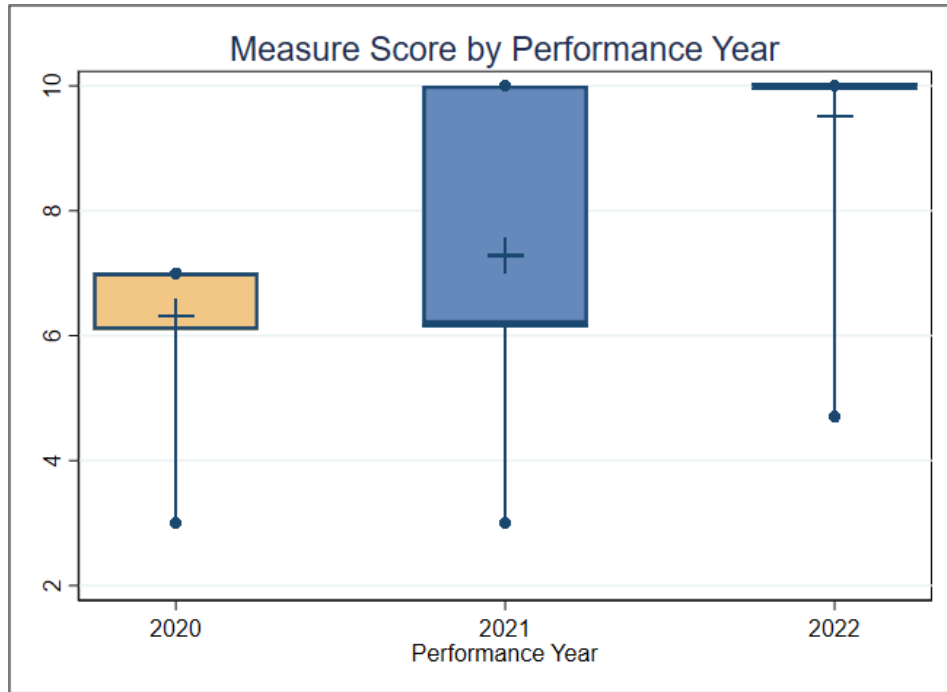
Importance Table

Interpretation of measure scores: This table shows the relative spread of the scores and can also be used to evaluate the impact of improving the score. For example, here, 9 of the 10 deciles have an average score of 10. In fact, 92% of the entities have a score of 10, suggesting that this measure may be topping out.

Table 1. Importance (Decile by measure score, 2022)

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 Score (SD)	9.52 (1.66)	3.00	5.19	10	10	10	10	10	10	10	10	10	10
Entities	3,084	129	309	308	309	308	308	309	308	309	308	308	2,834