Meeting Summary

Core Quality Measures Collaborative

Orthopedics Workgroup: Orientation Web Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the Orthopedics Workgroup on June 17, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

Decision making process

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

Measure Selection Principles Discussion

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.

    a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
    a. The source of the evidence used to form the basis of the measure is clearly defined.
    b. There is high quality, quantity, and consistency of evidence.
    c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
    a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
    b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
    c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

Discussion on Current Measures in Core Set

NQF staff shared the current core set for orthopedics and highlighted that previously mentioned gaps identified by previous orthopedics workgroups; length of stay, return to surgery, complications, adverse events surrounding the surgery, patient reported outcomes, functional status of patients undergoing surgery, transitions of care, emergency department visits. Initial workgroup convened in 2015/2016.

Current workgroup requested for orthopedic measures for procedures performed outside of the hospital/ ambulatory surgery centers, measures addressing hip, knees and back surgery.

Orthopedic Measures			
NQF#	**Measure Title**	**Measure Steward**	**Consensus Agreement / Notes**
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	**Consensus to include this measure in the core set.**
1551	Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	**Consensus to include this measure in the core set.**
1741	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey We recommend the following 5 composites and 1 single-item measure that are generated from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey. Each measure is used to assess a particular domain of surgical care quality from the patient's perspective. Measure 1: Information to help you prepare for surgery (2 items) Measure 2: How well surgeon communicates with patients before surgery (4 items) Measure 3: Surgeon's attentiveness on day of surgery (2 items)	American College of Surgeons, Division of Advocacy and Health Policy	**Consensus to include this measure in the core set.**
	Measure 4: Information to help you recover from surgery (4 items) Measure 5: How well surgeon communicates with patients after surgery (4 items) Measure 6: Helpful, courteous, and respectful staff at surgeon's office (2 items) Measure 7: Rating of surgeon (1 item)		

Future Areas for Orthopedic Measure Development
• Length of Stay • Return to Surgery (Revision, Draining, Infection, Frozen Joint, etc.) • Complications • Adverse Events Surrounding Surgery (Post-operative Cellulitis, Pneumonia, etc.) • Patient Reported Outcomes. ***Comment:*** AAOS strongly supports the use of Patient Reported Outcome Measures and once the Yale CORE/CMS PRO measures are finalized, we would like to partner with AHIP & CMS on the endorsement process. • Functional status measures for patients undergoing orthopedic surgery • Transitions of Care (e.g., medication reconciliation after procedure, ensuring medical records are transmitted to primary care physician, and ensuring no gaps in care) • Emergency Department Visits • #0052 - Use of Imaging Studies for Low Back Pain

A Workgroup member highlighted the work being done by the American Academy of Orthopedic Surgeons (AAOS), which includes reviewing preferred orthopedic measures under the CMS and NQF portfolios with the aim of presenting them to AAOS members for pursuance in their quality programs. Also reported was an effort spearheaded by AAOS to identify general health patient reported outcomes for major orthopedic joint implant areas (e.g., hip, knee, and spine) to drive members' quality improvement. It was also noted that AAOS had merged registries for easy access and harmonization, as orthopedic care ranks high in cost and the presence of meaningful measures allows for delivery of quality care, effective care coordination, and parsimony. A Workgroup member noted a gap and highlighted the need for measures on orthopedic procedures that are performed outside of the hospital setting (e.g., ambulatory surgical center).

Review of Current Core Set

Current measures in the Orthopedics Core Set:

- NQF# 1550: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- NQF# 1551: Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- NQF# 1741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey
    - Measure 1: Information to help you prepare for surgery (2 items)
    - Measure 2: How well surgeon communicates with patients before surgery (4 items)
    - Measure 3: Surgeon's attentiveness on day of surgery (2 items)
    - Measure 4: Information to help you recover from surgery (4 items)
    - Measure 5: How well surgeon communicates with patients after surgery (4 items)
    - Measure 6: Helpful, courteous, and respectful staff at surgeon's office (2 items)
    - Measure 7: Rating of surgeon (1 item)

NQF shared gaps that were previously identified as future areas for measure development or inclusion in the core set:

- Length of Stay
- Return to Surgery (Revision, Draining, Infection, Frozen Joint, etc.)
- Complications
- Adverse Events Surrounding Surgery (Post-operative Cellulitis, Pneumonia, etc.)
- Patient Reported Outcomes.
- Comment: AAOS strongly supports the use of Patient Reported Outcome Measures and once the Yale CORE/CMS PRO measures are finalized, we would like to partner with AHIP & CMS on the endorsement process.
- Functional status measures for patients undergoing orthopedic surgery
- Transitions of Care (e.g., medication reconciliation after procedure, ensuring medical records are transmitted to primary care physician, and ensuring no gaps in care)
- Emergency Department Visits
- NQF#0052 - Use of Imaging Studies for Low Back Pain

A Workgroup member highlighted that the existing orthopedic measures only cover approximately 20% of the field of orthopedics, which leaves 80% (approximately 18,000 procedures) of the field without measures. A Workgroup co-chair concurred with the observation and reminded the Workgroup of its duty to identify potential new measures that can be included while also being cautious that the measure sets do not become unwieldy. A Workgroup member identified spine and back surgery as a potential area for inclusion. Also highlighted by a Workgroup member was the need for a PRO-PM on general health that can be used across the entire orthopedics field.

A Workgroup member shared recent measure development around pain function and osteoarthritic joints (Quality ID #109- Osteoarthritis (OA): Function and Pain Assessment) that was validated and included in the AAOS registry database. The measure, plus two hand measures and one hip fracture measures, are in use in the MIPS program.

A Workgroup member recommended a review of the requirements for orthopedic surgeons undergoing maintenance of certification, which incorporates practice-based quality measures. A Workgroup member noted the development of seven PRO-PMs, which are included in the CMS Quality Payment Program (i.e., three lumbar fusion measures, two lumbar disc/laminectomy measures, and one total knee measure).

Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged the Workgroup to share gap areas and measures for consideration. The Workgroup recommended the consideration of measures used in the AAOS registry. The Workgroup discussed expanding the current core set to be more applicable across the entire area of orthopedics.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the CQMC SharePoint site and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. NQF advised they were finalizing the selection principles and performing an environmental scan of measures to discuss during the next Workgroup meetings in March/April 2019.