Core Quality Measures Collaborative

Meeting Summary

Core Quality Measures Collaborative Orthopedics Workgroup Meeting

Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) Orthopedics Workgroup on Thursday, February 29, 2024, to discuss potential measure removals from the Orthopedics core set.

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members to the Orthopedics Workgroup meeting to discuss core set updates. Ms. Buchanan informed workgroup members that Battelle now holds the Centers for Medicare & Medicaid Services (CMS) consensus-based entity (CBE) contract, formerly held by National Quality Forum (NQF). She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and -funded effort, with additional support from CMS and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Robin Kamal, MD, MBA, from the American Academy of Orthopaedic Surgeons (AAOS), and Mark Chassay, MD, MEd, MBS, from Blue Cross Blue Shield of Texas, and provided a list of voting and non-voting members.

Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets, CQMC principles for measures in the core set, and the process for maintenance for the core sets. Ms. Buchanan informed the workgroup that this year's review is less intensive with a focus on potential measure removal and measurement gap discussion.

2022 Maintenance Review Recap

Ms. Buchanan said two measures were removed during the 2022 maintenance period: CBE #2653: Functional Status After Primary Total Knee Replacement (other measure name: Average change in functional status following total knee replacement surgery) and CBE #2643: Functional Status After Lumbar Fusion (other measure name: Average change in functional status following lumbar spine fusion surgery). Ms. Buchanan explained that the two measures are similar and were redesigned from average change measures to focus on target-based outcomes, which resulted in their CBE endorsement status being withdrawn. Ms. Buchanan said these measures can be considered in future maintenance periods for addition to the core set, but they are not currently in it. During this same maintenance period, two measures were added to the core set: CBE #3532: Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release and CBE #3639: Clinician-Level and Clinician

Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM). CBE #3532 is intended to discourage broad use of this therapy because it has been shown not to improve patient outcomes. It is a process measure that has been specified and tested at both facility and clinician levels of analysis. CBE #3639 uses the same measure specifications as CBE #3559 Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA), which is already in the core set, but CBE #3639 attributes the outcomes to a clinician or clinician group.

Ms. Buchanan outlined the key topics discussed during the most recent workgroup meeting. The workgroup identified measures for spine and back care; measures related to pain and opioids in regard to upper extremities; and measures that capture pre-operative and post-operative processes as gap areas. During the meeting, Minnesota Community Measurement (MNCM) shared that they combined six spine care measures in the core set into three measures at the request of CMS. The measures themselves did not change, just how they were grouped. Workgroup members also shared ideas around future strategic communications.

The Current Core Set

Ms. Buchanan provided an overview of the current Orthopedics core set, noting that it has 19 measures: 18 orthopedics measures and one orthopedics-relevant cross-cutting measure. Eight are total joint (hip and knee) replacement measures, five are spine measures, and five are other or uncategorized measures. Ms. Buchanan provided a quick overview of the 19 measures in the core set and encouraged the group to review the specifications of the measures by looking at the current core set document.

Measures for Consideration – Removal

Ms. Buchanan reviewed the process used by Battelle to assess potential removals to the core set. Battelle requested feedback from workgroup members and reviewed the current core set to look for recent changes to endorsement status, change in program use, and key topics identified by the workgroup.

The workgroup considered five measures to discuss for removal from the core set:

- CBE #2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery
- CBE #2962: Shared Decision Making Process
- CBE #0420: Pain Assessment and Follow-Up
- CBE #3639: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)
- CBE #3532: Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release

Although the workgroup added CBE #3639 and CBE #3532 during the most recent review, they are currently not in use by CMS programs. CBE #0420 lost CBE endorsement and a workgroup member requested the measure be discussed for potential removal. The other two measures Battelle identified, CBE #2958 and CBE #2962, are currently not in use by CMS and their uptake by health plans is unclear.

Ms. Buchanan introduced CBE #2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery and CBE #2962: Shared Decision Making Process for discussion. Battelle identified these measures for potential discussion because they are not currently in use

by CMS programs and their uptake by health plans is unclear. The developer, Massachusetts General Hospital (MGH), reported to Battelle that both measures are used by BlueCross Blue Shield of Massachusetts Alternative Quality Contract.

A workgroup member said CBE #2958 measure data is collected via questionnaire and is intended to show if the surgeon informed the patient about the surgery, including both risks and complications, among other information. Another workgroup member said the questionnaire is filled out by the patient and requires a knowledge score of above 60%, which suggests that they had appropriate counseling. The member said this measure, from an insurance company perspective, may seem burdensome to be in every patient's chart, and the member did not think it needs to be a core measure. Another workgroup member added that a higher emphasis has been placed on ensuring that patient-centered discussions are occurring, and this is what led to the development of this questionnaire, but the measure is not widely used. Ms. Buchanan added that this measure is not in use in a CMS program. A workgroup member expressed concern around a measure that is connected to a specific instrument, such as this questionnaire, and that it cannot remain dynamic if a new instrument is developed in the future.

The workgroup noted that CBE #2962 captures additional conditions outside of orthopedics' purview, including radical prostatectomy for prostate cancer, mastectomy for early stage breast cancer, or percutaneous coronary intervention (PCI) for stable angina.

Although the workgroup focused most of its discussion on CBE #2958, the workgroup agreed to vote on both measures.

Ms. Buchanan introduced CBE #0420: Pain Assessment and Follow-Up for discussion. It is a cross-cutting measure that both Battelle and a workgroup member identified for potential removal. The workgroup member's rationale is that "Implementation of this measure could unintentionally promote overuse of opioid therapy. The evidence supporting the basis of the measure is outdated. The specifications do not address the importance of including a functional assessment during the patient visit nor do they exclude patients who have known diversions to opioid therapy (e.g., substance abuse and alcohol abuse disorders). It is burdensome for clinicians to document pain assessment and follow-up plan at every visit regardless of the patient's primary complaint." Battelle's rationale is that the measure has lost endorsement, the developer (CMS) has retired the measure, and it is inactive in CMS programs. A workgroup member said this measure seems out-of-date and asked if any workgroup members are using it. A workgroup member agreed with the submitted rationale for removal, adding that it is burdensome to document at each visit, and that the measure could occasionally do more harm than good for the patient. Another member agreed with the comments. Ms. Buchanan confirmed this measure will be included in the voting ballot.

Ms. Buchanan introduced CBE #3639: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) for discussion. Ms. Buchanan noted that this measure was added to the core set in 2022 but it is being proposed for removal because it is no longer active in Merit-based Incentive Payment System (MIPS). The facility-level version of the measure, CBE #3559 Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA), is in use in the Hospital Outpatient Quality Reporting Program and Ambulatory Surgical Center Quality Reporting. CBE #3559 is currently in the core set. A workgroup member suggested giving this measure some time to see if it is implemented and used, as it may be beneficial to have one measure at the group level and another at the surgeon level. Another workgroup member asked if the measure has been

shown to be effective at the clinician level, adding that it would be worth waiting for that information before removing from the core set. Because data gathering for CBE #3559 has not begun, the workgroup agreed to postpone voting on this measure until more data is available.

Ms. Buchanan introduced CBE #3532: Discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release for discussion, the other measure the workgroup added during the last maintenance cycle in 2022. It is currently inactive in MIPS, and the developer informed Battelle that they are not aware of this measure being part of internal or clinical quality improvement initiatives. The developer also has since shifted from development of standalone measures to developing measures to support and enhance the registry. The developer added that this aligns with the clinical practice guidelines from AAOS, noting that when the measure was developed, they made sure to include the word "routine" because it adds a baseline for assessment. A workgroup member said they were in favor of removal because the measure sets a precedent that occupational therapists would discourage use of hand therapy or other interventions, which is not the goal of this measure. A workgroup member highlighted that the developer has agreed that it is low value of care to routinely prescribe occupational and/or supervised physical therapy. The developer affirmed this, adding that patients should not routinely be sent to therapy. A workgroup member expressed concern over the specific mentions of disciplines versus referencing certain types of interventions. Another workgroup member agreed that "therapy" may be too broad of a term and could cause overlap. Workgroup members discussed the wording/definitions of the measure that could provide clarity around the measure. The developer explained that using the term "hand therapy" creates complexities because it is a discipline pursued through extra training and additional certifications. Whereas, for carpal tunnel, patients can see a physical or occupational therapist who has their own certifications as well. A workgroup member asked if patients were provided with home therapy guidance from surgeons. The developer confirmed this, noting that it would be considered surgeon-guided therapy. A workgroup member suggested adding some of these clarifications in the notes section of the core set if the measure is voted to remain. The workgroup will vote on the measure.

Gaps Discussion

Ms. Buchanan provided an overview of gaps areas in measure development mentioned in previous workgroup meetings. The workgroup did not have recent information to share related to pain and opioid measures. A workgroup member expressed interest in the management of complex patients in the ambulatory space by considering outcome measures for post-operative care. A workgroup member added that quality measures from post-acute care with a focus on post-operative care may be a potential area of interest. Another workgroup member said that if the two decision-making measures are recommended for removal by the workgroup it may create a gap.

Next Steps

Kelsey Conner, Battelle, provided an overview of voting procedures and reminded the group that the voting timeline has been moved to allow for the meeting summary to be available for informed voting. The voting link will be sent from CQMC@Battelle.org and will include the updated voting deadline. Ms. Conner reminded the group of supermajority rules around voting and provided an overview of the Full Collaborative Approval process. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.