

## Meeting Summary

### **CQMC Orthopedics Workgroup Meeting #3**

---

The National Quality Forum (NQF) convened a closed session web meeting for the Orthopedics Workgroup on August 16, 2019.

#### **Welcome and Review of Web Meeting Objectives**

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff acknowledged the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all laws. NQF staff notified the Workgroup that the call will be recorded to accurately capture the discussion and allow CQMC members to listen to the discussion for a limited time. NQF staff added that the recording would be deleted as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review previous discussions on candidate measures
- Finalize recommendations for new measures for the core set
- Identify measures for removal from the core set

#### **Decision-making Process**

##### **Voting and Quorum**

NQF staff referred Workgroup members to the quorum and voting process information provided. Voting and non-voting participants can take part in discussion, but only voting participants can vote. 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 will send out a survey to voting participants after all measure discussions have taken place.

#### **Previous Discussion on Orthopedic Candidate Measures**

NQF staff provided a brief summary of the previous meeting discussion. The Workgroup discussed that many of the measures are specified to allow for the use of various assessment tools. A Workgroup co-chair favored supporting one tool over many (e.g., one version of the PROMISE tool). The Workgroup discussed that many of the tools cannot be considered PRO-PMs since they have not been tested and validated as such. The Workgroup previously agreed that pain assessment and opioid measures should be considered for inclusion and reached consensus not to consider general measures (e.g., smoking screening/intervention, fall risk).

#### **Evaluation of Measures for Potential Addition**

NQF shared that measures identified during the environmental scan were categorized as related to Hip, Hip and Knee, Knee, Spine, and General. NQF staff shared the measure specifications for measures being considered.

## **Hip**

### *N/A: Functional Status Assessment for Total Hip Replacement (eCQM)*

NQF staff shared that the measure is used in MIPS. A Workgroup co-chair shared that the measure is commonly and widely used, noting that most providers prefer to use HOOS and HOOS Jr. A Workgroup co-chair voiced support for the measure. Workgroup members voiced no concern against the measure. The measure will be included on the list for voting.

### *N/A: Management of Hip Fractures in the Elderly: Timing of Surgical Intervention*

NQF staff advised that use information was not readily available. It was noted that the measure had undergone some initial testing and that CMS wanted the time noted in the numerator to be reduced from 48 hours to 24 hours. A Workgroup co-chair shared that literature has revealed that using 24 hours versus 48 hours does not affect outcomes. The measure was noted as one that will be presented for NQF endorsement. A Workgroup member shared that meeting the 24-hour window may not be possible in rural hospitals and that other trauma cases may have to be prioritized over these surgeries. A Workgroup member shared that low energy fractures usually involve the geriatric population and high energy fractures are experienced by patients 20-50 years old. It was noted that in those 65 years and older, hip fracture procedures are very common and costly. The Workgroup expressed interest in including the measure on the voting list. NQF staff advised that they would check to verify if the measure is going through endorsement and include a voting option related to endorsement status.

## **Hip & Knee**

### *2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery*

NQF staff shared that the measure was endorsed in 2016 and is used in an employer cooperative in the Midwest. A Workgroup co-chair expressed support for PRO-PMs and sought input from Workgroup members about broader implementation. A Workgroup member shared that her interpretation of the measure was that it assesses whether patients who had surgery were adequately informed of their treatment options. A co-chair shared that this information is not reported in their registry but would follow up regarding the reasoning. There was some hesitation about the measure, but also some support. The measure will be included in the voting list.

## **Knee**

### *2653: Average change in functional status following total knee replacement surgery*

NQF staff shared that the measure was endorsed in 2015. A Workgroup member inquired about the relationship between the Oxford Knee Score (OKS) and the KOOS and KOOS Jr. A Workgroup co-chair shared that the KOOS is a derivative of the OKS, which is frequently used in arthroplasty and that their registry collects both but prefers the KOOS Jr as it is less burdensome. NQF staff shared that the measure uses registry data and is currently used in MIPS. A Workgroup member highlighted the importance of shared decision-making measures and selecting the best of related measures. The measure will be included in the voting survey.

### *N/A: Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet*

NQF staff shared that the measure is used in MIPS. A Workgroup co-chair explained that the current core set includes 1550: *Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)*. A member commented that the measure is redundant and would add administrative burden. A Workgroup member clarified that measure 1500 is hospital-based and this measure may address the gap related to complications in the ambulatory setting. It was noted that TKAs are more often being performed in the outpatient setting. Another Workgroup member shared that performance tops out quickly when it is related to use of antibiotics and questioned if there is a significant performance gap. A Workgroup member shared that a similar antibiotic measure was removed from their ambulatory setting core set because it was

topped out. The Workgroup was in support of not including the measure on the voting survey.

*N/A: Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation*

NQF staff shared that the measure is used in MIPS. A Workgroup member shared that like the *Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet* measure, this measure has topped out in MIPS. The Workgroup was in support of not including the measure on the voting survey.

*N/A: Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report*

NQF staff shared that the measure is used in MIPS and benchmarking has indicated it is topped out. The measure was noted as being part of the 2017 Orthopedic Preferred Specialty Measure Set. A Workgroup co-chair shared despite the measure always being done, it is necessary for device surveillance. The unique device identifier was noted as relatively new and still improving. The measure was thus noted as important for quality care and key to population health and patient safety. The Workgroup supported including the measure in the voting survey.

*N/A: Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy*

NQF staff shared that the measure is used in MIPS. The measure was noted as being part of the 2017 Orthopedic Preferred Specialty Measure Set. A Workgroup co-chair stressed that this is an important topic, but questioned the way the information is captured (e.g., check box). It was noted that the measure has topped out in MIPS. A Workgroup member expressed that the measure did not include an element that drives behavioral change. The Workgroup decided not to include the measure on the voting list.

*N/A: Functional Status Assessment for Total Knee Replacement (eCQM)*

The measure was noted as being part of the 2017 Orthopedic Preferred Specialty Measure Set. NQF staff shared that they were unable to find publicly available use information. A Workgroup member highlighted the benefit of including standardized measures preferred by CMS in the choice bundle. A Workgroup co-chair shared that their registry accepts any patient reported functional outcome data (e.g., from VR-12, PROMIS-10 Global Health, KOOS, KOOS Jr.). A Workgroup member shared that collecting this data will allow for the development of an outcome measure in the future. The Workgroup decided to include the measure in the voting survey.

## **Spine**

*2643: Average Change in functional status following lumbar spine fusion surgery*

A Workgroup member shared that the measure is used in MIPS; 2019 was the first year of performance and data would be available in 2020. The measure developer shared that data is collected via EHR and the measure is fully tested and endorsed. The Workgroup agreed on including the measure in the voting survey.

*N/A: Average Change in Leg Pain Following Lumbar Spine Fusion Surgery*

A Workgroup co-chair highlighted the importance of outcome measures and questioned whether there is a need for multiple measures assessing pain or if one measure examining pain after back surgery would suffice. A Workgroup member shared that spine surgeons use both VAS and Oswestry. A Workgroup member shared that the reason for doing both is to improve function and pain and that that function and pain do not always overlap. The measure developer noted that the measure's original scope was function, but spinal surgeons wanted the addition of pain. A Workgroup member shared that the discectomy/laminotomy measures are all included in MIPS and that the Measure Application Partnership discussed that pain and function are separate. The Workgroup agreed to include the measure in the voting survey.

*N/A: Average Change in Functional Status Following Lumbar Discectomy Laminotomy Surgery*

*N/A: Average Change in Leg Pain Following Lumbar Discectomy and/or Laminotomy*

*N/A: Average Change in Back Pain Following Lumbar Discectomy/Laminotomy*

The Workgroup decided to review the measures together as they are related. A Workgroup co-chair asked why fusion and discectomy procedures are separated. The measure developer shared that the difference is mostly related to timing. Discectomy/laminotomy patients have a quicker recovery time and are assessed at 3-months post-surgery, while fusion patients are assessed at 1-year post surgery. The measure developer shared that all the spine and knee measures recently underwent a redesign, which resulted in more parsimony. A Workgroup co-chair expressed concern about reviewing measures that would be changed in the next few months. The measure developer stated they would share the updated specifications for 2020 with NQF for the Workgroup to review during the next meeting. The Workgroup will consider the updated specifications.

*N/A: Use of Imaging Studies for Low Back Pain (eCQM)*

The measure is no longer NQF endorsed or used in MIPS. A Workgroup co-chair shared that the measure is included as a scored and weighed measure in the new NCQA accreditation changes for 2020 and beyond. A co-chair shared that the initial imaging can be done in the primary care, urgent care, or ED setting, making the measure less appropriate for the orthopedics core set. NQF staff shared that they would follow up with information on performance data and why the measure is no longer endorsed. The Workgroup agreed not to include the measure in the voting survey.

## **General**

*0268: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin*

NQF staff shared that the measure is NQF endorsed and part of the 2017 Orthopedic Preferred Specialty Measure Set. A Workgroup member shared that like the previously discussed antibiotic measure, this measure is less of a priority to measure and may be topped out. A Workgroup co-chair shared that it would be a good measure to report on to gather information, but it would most likely have high performance. The Workgroup agreed not to include this measure in the voting survey.

*0239: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)*

NQF staff shared that the measure is no longer NQF endorsed. It is used in MIPS and part of the 2017 Orthopedic Preferred Specialty Measure Set. A Workgroup member shared that current literature includes use of aspirin and noted that the measure is dated. The Workgroup agreed not to include the measure in the voting survey.

*2962: Shared Decision-Making Process*

NQF staff shared that the measure is NQF endorsed and could be used following multiple orthopedic procedures. A Workgroup member asked other members about use, noting that the measure is a compelling concept if it goes beyond a “check-box”. Workgroup members did not share experience with the measure, which raised some concern around burden. A Workgroup member advised that they would check if the measure is reported in their registry. NQF staff advised they would reach out to the developers to get more information to share during next meeting.

## **Next Steps**

Workgroup members recommended the Workgroup wait to vote until all measures have been discussed. Co-chairs requested that the Excel spreadsheet be resent through alternate emails to members who could not access it due to firewall settings at their organizations. NQF staff will schedule a fourth meeting in the coming weeks to discuss the eight remaining measures for addition and the current core set for potential measure removals.