Meeting Summary

Core Quality Measures Collaborative

Orthopedics Workgroup: Meeting #2

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:

- Review the CQMC decision making process
- Discuss current measures in the core set
- Evaluate new measures for addition to the core set

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.

Review of Current Core Set Measures

NQF staff shared the current core set for orthopedics.

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

Evaluation of New Measures

NQF staff shared that the environmental scan looked at orthopedics measures in the NQF portfolio and CMS measure inventory tool using key words that were identified by the previous workgroup. NQF staff sought additional input on the domains that should be considered in their next scan.

A Workgroup member recommended that the next environmental scan consider cross-cutting measures to allow for as few measures as possible, namely those that are meaningful to consumers, measures that provide guidance to consumers on selecting providers who provide high quality care, and cost-related measures. A Workgroup member agreed that measures of cost would be a worthwhile addition to the core set. Another Workgroup member stated that there is not much literature on cost measures in orthopedics. It was shared that AAOS is exploring including cost consideration in its clinical practice guidelines and measure development activities, which would contribute to the development of literature that will help define cost.

NQF staff shared measure 2624: Functional Outcome Assessment (Hip), which is NQF endorsed, stewarded by CMS, and currently used in the MIPS program. A Workgroup member shared that orthopedics has well-developed patient-reported functional outcomes measures (e.g., Hip Disability and Osteoarthritis Outcome Score (HOOS)). The Workgroup member inquired how different the measure presented was to the HOOS and/or HOOS junior. A Workgroup member clarified that if an orthopedic provider performed a HOOS then they would qualify as having done a functional outcome assessment and an Oswestry spine assessment would result in a positive response to measure 2624. The performance of any patient-reported functional outcome assessment would count for measure 2624. A Workgroup member requested that NQF staff research CMS' fee-for-service payment bundle specificity for the measure – whether it applies to all, HOOS and Knee injury and Osteoarthritis Outcome Score (KOOS), or just requires a functional outcomes assessment. Workgroup members recommended that the measure selected on this topic should not differ from CMS requirements.

A Workgroup member shared that their organization recently adopted and made registry recommendations for the use of junior HOOS and KOOS to reduce measurement burden. A Workgroup member concurred that with a wide use of registries in orthopedics, whatever is being specified as a functional assessment should be aligned with the Workgroup's decision. A Workgroup member asked fellow Workgroup members which tool is commonly used for reporting on spine. The Workgroup did not note any tool in particular, but one member suggested selecting a functional outcome assessment and patient reported outcome over a claims-based measure.

A Workgroup member highlighted that measure 2624 requires specific use of the PRO. There was a suggestion that the be considered as cross-cutting measure and look at any outcome whereas the actual patient reported outcome is joint-specific. NQF staff noted that they cannot change measure specifications, but can include notes on which instrument the Workgroup would prefer to use to meet the measure requirements.

A Workgroup member shared that before selecting measures, the Workgroup should consider domains of measurement. A Workgroup member agreed and recommended measures that are cross-cutting, those that examine functional outcomes before surgery and whether surgery is avoided due to the assessment results, measures that report on shared decision making (giving the patient an option of whether or not to proceed with surgery), and measures that examine improvement in functional status post-surgery.

A Workgroup member stated that although patient reported outcome assessments are important to perform, it is perhaps more important to know the outcome results, rather than just measuring

whether the assessment was performed. It was discussed that outcome measures that use PRO tools have the assessment built in that background, allowing providers to understand how many patients are meeting the assessment tool's goal. A Workgroup member shared that AAOS registry contains both pre-operative and post-operative patient-reported outcomes. A Workgroup member inquired if the Workgroup was only considering measures related to surgical procedures, to which the Workgroup responded no, as some of the measures (e.g. ,lower back pain measures) are non-operative. The Workgroup discussed that most of the measures being collected are for surgical purposes, but noted change as more joint measures and non-operative care for spine measures are included in registries.

A Workgroup member requested the Workgroup consider including a general functional assessment tool (e.g. PROMISE Global-10), exploring bringing forth measures for the major categories of hip, knee and spine, or having a mix of both with pre-op and post-op measures. A Workgroup member requested insight on registries' willingness to share data with consumers outside of participating providers. It was noted that AAOS registries incorporated CMS claims data, resulting in an increase in follow-up from 17%-65%. Efforts were reported to be underway to include commercial claims data, which, if successful, is projected to allow for 100% follow up on patients across all insurance companies types, including patients changing from private to public coverage. The goal is to have registry data available to all AAOS partners.

A Workgroup member shared that there are a variety of PRO tools across the joint specialties and this may pose a challenge when selecting measures. A Workgroup member shared that at least one registry allows for the use of different patient-reported outcome measures (PROMs), but highlights preferred PROMs to encourage commonality during comparisons.

On the idea of including a shared-decision making measure, a Workgroup member shared that they do not use any, besides CAHPS which is not provider specific. A Workgroup member highlighted measure 2962: Shared Decision Making Process and inquired how adaptable the measure is to other areas. NQF staff stated the measure is used for seven common procedures and based on specific survey instruments that were designed to assess the quality of the decision-making process. NQF staff advised they could follow up with the developers, but any additional expansion could not be feasibly incorporated in the current selection process since it would be resource intensive. Another Workgroup member recommended the review of the Dartmouth standard framework. A Workgroup member expressed that there are many PROMs (tools) available, however they cannot be categorized as performance measures because they are yet validated as such.

A Workgroup member shared the idea of using performance measures for accountability and payment, but also for transparency so consumers can use results to make decisions about their care. One member shared they are first trying to collect more functional outcome data pre-and post-surgery with a long term-goal of providing more information to patients.

Related to measurement around spine surgery, one member shared they are using a number of pilot bundles that include measures that look at complications and readmissions, for example, but that there is a need for stronger measures in this space. Other members agreed and shared they use similar measures, facility-based measures, and align with measures used for total hip and knee. Members expressed that functional assessment measures related to spine care would be helpful. It was discussed that Oswestry has been used historically, and there are 20 functional outcomes in spine. Oswestry can be calculated from the PROMIS tool. Members suggested the Workgroup should encourage the use of one tool, for example one of the versions of PROMIS.

A co-chair asked whether some of the more technical or process measures such as perioperative antibiotic choice and perioperative care VTE prevention should be considered for inclusion. One

member said they are not using these measures, while another member suggested these are topped out. Another member said they continue to collect these data in their registry to use as "standards", as a way of determining if other data may not be thorough and accurate.

A member shared they are having difficulty using the PROMIS Global-10 data that they have collected to develop an outcome measure. A member expressed that they cannot yet use the HOOS and KOOS results to make assessments about quality but they are working on physician committee to doing these assessments and using these tools regularly as part of the care process and to assess quality improvement.

The Workgroup discussed that in another initiative focused on orthopedic measurement, stakeholders prioritized measures related to pain change as most important. There was interest in including a measure about pain, specifically referenced was a measure focused those risk of addiction. It was suggested the Workgroup look at the assessment tools already suggested to see if there are questions related to pain within those tools, rather than including separate measures on pain. The Workgroup agreed to continue to consider the measure used in MIPS, Evaluation or Interview for Risk of Opioid Misuse on risk of opioid misuse.

One member suggested that the Workgroup consider a cost measure, but the Workgroup was not aware that a specific measure existed for orthopedics. There was a recommendation that the Workgroup consider other general tools beyond PROMIS. The Workgroup agreed to move forward without further consideration of the more general measures presented (e.g., smoking assessment, fall risk) that relate to primary and specialty care, though there was interest in including a measure related to opioids in the core set. NQF staff will include the additional opioid measures for consideration and check whether AAOS' three measures with tentative endorsement are included in the measure list for consideration.

Next Steps

A co-chair recommended that the summary comments from the meeting be incorporated into the next version of the excel document of measures to start selection during the next meeting. NQF staff shared that the focus of the next Workgroup meeting would be to continue discussing measures for potential addition and identify potential measures for removal from the core set. NQF staff requested members who have not submitted DOI forms to send the completed DOIs to the CQMC email CQMC@qualityforum.org.