AAOS
American Association of
Orthopaedic Surgeons

December 17, 2024

Partnership for Quality Measurement
Pre-Rulemaking Measure Review Committee

Submitted Electronically via p4qm.org/media/3166

Re: 2024 Measures Under Consideration List

To the Partnership for Quality Measurement's Pre-Rulemaking Review Committee and the Centers for Medicare & Medicaid Services:

On behalf of over 39,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we appreciate the opportunity to comment on several of the measures on the Centers for Medicare & Medicaid Services' (CMS) 2024 Measures Under Consideration (MUC) list. AAOS members and their patients are specifically impacted by five of the measures under consideration for CMS quality reporting programs. These measures are MUC2024-026: Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement; MUC2024-027: Patient-Safety Structural Measure; MUC2024-041: Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA); MUC2024-042: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA); and MUC2024-073: Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM).

Broadly, AAOS appreciates that these measures are directionally correct in their intention to improve the overall quality system. However, from the clinician perspective, it remains challenging to assess the impact that they will have on patient care. Please see below for feedback on each measure:

MUC2024-026: Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement (under consideration for use in the Merit-Based Incentive Payment System (MIPS))

This measure lacks clarity in the definition of 'goal' as it relates to who is setting the goal. Furthermore, defining 'complex care' as 2 or more chronic conditions will likely result in a significant majority of patients being covered by this measure, diluting its usefulness. Given that most planned

orthopaedic surgical care is ideally already being delivered in a patient-centric environment, it is difficult to understand the added value of this measure.

MUC2024-027: Patient-Safety Structural Measure (under consideration for use in the Hospital Inpatient Quality Reporting Program, the Hospital Value-Based Purchasing Program, and the Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program)

The Agency for Healthcare Research and Quality (AHRQ) has already developed the Survey of Patient Safety (SOPS), which is a validated instrument to measure the culture of patient safety. We suggest that the SOPS be used to assess a facility's culture of patient safety instead of a simple 5-item attestation. Yet, we urge reconsideration of this measure all together. Patient safety measures require thoughtful metrics that offer qualitative evidence. In this case, a simple attestation is less desirable when compared to other, detailed measures. Instead, we support the use of documentation of the number of Plan-Do-Study-Act (PDSA) projects on patient safety or a similar metric that speaks to the actions taken to improve a facility's safety standards.

MUC2024-041: Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (under consideration for use in the Hospital Readmissions Reduction Program)

While we appreciate the use of this measure, the sample size will be increasingly limited as the proportion of elective THA/TKA procedures performed at free standing ASCs increases. Additionally, we would appreciate clarity on the definition of 'risk adjustment' for the readmission metrics. There must be adequate accounting for social determinants of health in the readmission metrics used, otherwise the measure will miss opportunities to appropriately identify areas for work that generate meaningful improvement. Simply identifying the hospitals that care for vulnerable or impoverished patients may inadvertently penalize these centers that take on difficult cases. The data sources for this metric are essential, and it is important to ensure that social determinants are accounted for.

MUC2024-042: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (under consideration for use in the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, and Hospital-Acquired Condition Reduction Program)

While we appreciate the use of this measure, the sample size will be increasingly limited as the proportion of elective THA/TKA procedures performed at free standing ASCs increases.

MUC2024-073: Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance

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Measure (Information Transfer PRO-PM) (under consideration for use in the Ambulatory Surgical Center Quality Reporting Program)

For this measure, clarity is needed on who is responsible for administering this instrument and who is responsible for funding survey implementation.

Should you have questions, please do not hesitate to contact Lori Shoaf, JD, MA, AAOS Office of Government Relations at shoaf@aaos.org.

Sincerely,

Paul Tornetta III, MD, PhD, FAAOS
AAOS President

cc: Annunziato Amendola, MD, FAAOS, First Vice-President, AAOS
Wilford K. Gibson, MD, FAAOS, Second Vice-President, AAOS
Thomas E. Arend, Jr., Esq., CAE, CEO, AAOS
Nathan Glusenkamp, Chief Quality and Registries Officer, AAOS