

Meeting Summary

CQMC Orthopedics Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the Orthopedics Workgroup on June 17, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and 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 shared that CQMC is a member-driven organization, with additional funding from both CMS and AHIP. NQF staff reviewed the following meeting objectives:

- Discuss voting results; focused review of close votes
- Additional discussions on measures flagged by Steering Committee
- Identify and discuss measure gaps and core set presentation

Discussion of Voting Results

NQF staff reviewed results from previous voting by the workgroup. First, the team reviewed the results of measures for addition as follows:

Measure	Voting Totals	Result
N/A: Functional Status Assessment for Total Hip Replacement (eCQM)	Add: 9 Do not add: 0	Add
N/A: Management of Hip Fractures in the Elderly: Timing of Surgical Intervention	Add: 4 Do not add: 5	Do not add
2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery	Add: 6 Do not add: 3	Add
2653: Functional Status After Primary Total Knee Replacement	Add: 8 Do not add: 1	Add
N/A: Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Add: 4 Do not add: 5	Do not add
N/A: Functional Status Assessment for Total Knee Replacement (eCQM)	Add: 8 Do not add: 1	Add
#2643: Functional Status After Lumbar Fusion	Add: 9 Do not add: 0	Add
N/A: Leg Pain Following Lumbar Fusion	Add: 7 Do not add: 2	Add

Measure	Voting Totals	Result
N/A: Functional Status After Lumbar Discectomy/Laminectomy	Add: 8 Do not add: 1	Add
N/A: Leg Pain After Lumbar Discectomy and/or Laminectomy	Add: 6 Do not add: 3	Add
N/A: Back Pain After Lumbar Fusion	Add: 6 Do not add: 3	Add
2962: Shared Decision-Making Process	Add: 7 Do not add: 2	Add
2624: Functional Outcome Assessment	Add: 5 Do not add: 4	Do not add (not 60% and not an affirmative vote from each voting category)
0420: Pain Assessment and Follow Up	Add: 6 Do not add: 3	Do not add (60% affirmative but not an affirmative vote from each voting category)
2483: Gains in Patient Activation (PAM) Scores at 12 Month	Add: 5 Do not add: 4	Do not add (not 60%)
N/A: Evaluation or Interview for Risk of Opioid Misuse	Add: 6 Do not add: 3	Do not add (60% but not an affirmative vote from each voting category)
N/A: Unplanned Reoperation within the 30-Day Postoperative Period	Add: 8 Do not add: 1	Add
N/A: Osteoarthritis (OA): Function and Pain Assessment	Add: 4 Do not add: 5	Do not add
N/A: Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release	Add: 4 Do not add: 5	Do not add

The following measures were considered, but will not be added based on consensus during the previous meeting:

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

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

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

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

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

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

N/A: Verify Opioid Treatment Agreement

The following measures are current core set measures that have been recommended to remain in the core set:

Measure	Voting Totals	Result
1550: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Keep: 6 Remove: 3	Keep. No affirmative vote from a medical association.
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)	Keep: 6 Remove: 3	Keep. No affirmative vote to keep from medical association.
1741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey	Keep: 5 Remove: 4	Keep. No affirmative vote to keep from medical association

NQF staff briefly touched upon the key topic areas from previous voting results. The workgroup voted to keep the 3 existing measures and add 11 measures to the core set. More measures have been developed and used for orthopedics measurement since the core set was first developed with many being specific to procedure/joint. Some members felt that the previous Orthopedics core set was too narrow or too parsimonious, only covering about 30% of the care. Further, it was discussed that measures reported using registries are becoming more common and should be discussed by the CQMC. The workgroup was in consensus not to consider general measures (e.g., smoking screening/intervention, fall risk) during this round of work. However, the workgroup was not in consensus about the role of cost measures. The workgroup also agreed on the gap areas of pain measures, opioid measures, and long-term care.

Guest speaker, Tim Brox, MD joined the meeting to begin discussion around measure *N/A: Management of Hip Fractures in the Elderly: Timing of Surgical Intervention*. Brox expressed his support for this measure stating it originated from a very multistakeholder group and is supported by literature reviews.

Measures Flagged by Steering Committee for Additional Discussion and Possible Re-vote

N/A: Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release

Voting Totals: Add (4), Do not add (5)

Result: Do not add

The measure steward and guest to the CQMC, Robin Kamal, provided background on this measure, including the development, medical gap the measure fills, and the development process. One workgroup member noted they like the specialty area, carpal tunnel, that this measure addresses. Another workgroup member shared that in the new data when they picked a 90% adherence benchmark, 20% of surgeons within the VA dataset did not meet that benchmark. One workgroup member noted their concern for the potential of this measure topping out. The workgroup came to agreement to let the original voting result stand.

2624: Functional Outcome Assessment

Voting Totals: Add (5), Do not add (4)

Result: Do not add (not 60% and not an affirmative vote from each voting category)

This measure is similar to another functional status measure that was voted in favor of inclusion very strongly. There was previous discussion around this measure that the broadness of the measure could cover a variety of orthopedic procedures. Workgroup members agreed that this measure is very applicable to the workgroup; however, no workgroup members expressed a desire to revote. Workgroup members did request information regarding the specifics around which voting categories did not vote affirmatively. NQF staff reviewed the voting results and the measure did not receive an affirmative vote from the “other” category.

2483: Gains in Patient Activation (PAM) Scores at 12 Months

Voting Totals: Add (5), Do not add (4)

Result: Do not add (not 60%)

NQF staff shared they did not receive any comments along with the voting results and opened the floor for any workgroup members to comment. Workgroup members agreed to let the original voting result stand.

N/A: Osteoarthritis (OA): Function and Pain Assessment

Voting Totals: Add (4), Do not add (5)

Result: Do not add

One workgroup member noted that the data provided showed high rates and that the measure is approaching being topped out. Additionally, they felt more focus should be placed on outcome measures. Workgroup members agreed to let the original voting result stand.

0420: Pain Assessment and Follow Up

Voting Totals: Add (6), Do not add (3)

Result: Do not add (60% but not an affirmative vote from each voting category)

This measure sparked no discussion among the group and the group agreed to let the original voting result stand. However, workgroup members requested information regarding the specifics around which voting categories did not vote affirmatively. NQF staff reviewed the voting results and the measure did not receive an affirmative vote from the “other” category.

N/A: Evaluation of Interview for Risk of Opioid Misuse

Voting Totals: Add (6), Do not add (3)

Result: Do not add (60% but not an affirmative vote from each voting category)

The American Academy of Neurology has retired this measure and has asked that the workgroup not include this measure in any core sets. The workgroup agreed to let the original voting result stand.

1741: Patient Experience with Surgical Care Based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey

Voting Totals: Keep (5), Remove (4)

Result: Keep. No affirmative vote to keep from medical association

The workgroup agreed to let the original voting result stand.

NQF staff transitioned to discussion around the measure *N/A: Back Pain After Lumbar Discectomy/Laminectomy*, which was previously not voted upon. NQF shared that this measure was similar to the related measures *N/A: Leg Pain Following Lumbar Fusion*, and *N/A: Functional Status After Lumbar Discectomy/Laminectomy*, which were both voted to add to the measure set. The group decided to vote using email rather than a longer timeframe survey vote.

Prioritizing Gaps and Measures Under Development for Orthopedics

NQF staff began this section summarizing a list of gap areas previously identified including:

- Measures for orthopedic procedures performed outside of the hospital setting (e.g., ambulatory surgical center)
- Spine and back surgery measures, including functional assessment and outcome measures
- Joint measures and non-operative care for spine measures
- Pre-op and Post-op measures
- Measures that assess patient outcomes rather than if assessments are performed
- Cost measure

- Measures related to pain and opioids
- AAOS is developing measures related to Distal Radius Fractures, Rotator Cuff Injuries, and Periprosthetic Joint Infections

One workgroup member emphasized the importance of measures outside of the hospital setting as care moves more towards outpatient settings and ambulatory surgery settings. Another workgroup member noted they feel more digital measures should be focused on going forward.

Core Set Presentation and Communication

NQF staff then transitioned discussion to core set presentation and communication. One workgroup member noted that full specifications to each measure would be very useful to incorporate into the final core set. Additionally, a workgroup member felt succinct measure descriptions are effective in core set presentation. On the topic of communication, one workgroup member shared that it would be beneficial to push these core sets within various healthcare quality organizations by notifying them of the updates.

Next Steps

NQF staff will send an email to voting members of the workgroup to vote on the outstanding measure. Workgroup recommendations will be presented to the Full Collaborative for approval. The next Orthopedics workgroup meeting is TBD.