

## Meeting Summary

### CQMC Orthopedics Workgroup Meeting 6

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The National Quality Forum (NQF) convened a closed session web meeting for the Orthopedics Workgroup on August 31, 2020.

#### Welcome and Review of Web Meeting Objectives

NQF staff and co-chair 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:

- Review Full Collaborative measure discussion
- Review Full Collaborative voting results
- Identify and discuss measure gaps and measures under development

#### Full Collaborative Measure Discussion

NQF staff shared the following workgroup recommendations:

- Management of Hip Fractures in the Elderly – Timing of Surgical Intervention measure will be considered in the future
- *2624: Functional Outcome Assessment* measures are looking for an actual result or outcome, not compliance
- The existing set is too narrow, only covering about 30% of care and the Full Collaborative discussed that the updated set expands that scope

One workgroup member noted that for the existing set, the goal was to address hip and knee joint replacement surgery, which is very common, but only covers a fraction of Orthopedics.

#### Full Collaborative Voting Results

NQF staff then shared the voting results from the Full Collaborative and noted that the core set recommendations of the workgroup were accepted. One workgroup member noted that they felt the group did a good job of broadening the orthopedic measures beyond the set they had started with. The voting results are shown below.

Measure	Voting Totals	Result
N/A: Functional Status Assessment for Total Hip Replacement (eCQM)	Add: 21 Do not add: 0 Abstain: 2	Add
N/A: Management of Hip Fractures in the Elderly: Timing of Surgical Intervention	Add: 3 Do not add: 16 Abstain: 4	Do not add
2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery	Add: 20 Do not add: 0 Abstain: 3	Add
2653: Functional Status After Primary Total Knee Replacement	Add: 21 Do not add: 0 Abstain: 2	Add
N/A: Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Add: 3 Do not add: 16 Abstain: 4	Do not add
N/A: Functional Status Assessment for Total Knee Replacement (eCQM)	Add: 20 Do not add: 1 Abstain: 2	Add
#2643: Functional Status After Lumbar Fusion	Add: 21 Do not add: 0 Abstain: 1	Add
N/A: Leg Pain Following Lumbar Fusion	Add: 18 Do not add: 0 Abstain: 5	Add

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Measure	Voting Totals	Result
N/A: Functional Status After Lumbar Discectomy/Laminectomy	Add: 21 Do not add: 2 Abstain: 0	Add
N/A: Leg Pain After Lumbar Discectomy and/or Laminectomy	Add: 19 Do not add: 0 Abstain: 4	Add
N/A: Back Pain After Lumbar Fusion	Add: 19 Do not add: 0 Abstain: 4	Add
2962: Shared Decision-Making Process	Add: 20 Do not add: 1 Abstain: 2	Add
2624: Functional Outcome Assessment	Add: 3 Do not add: 15 Abstain: 5	Do not add
0420: Pain Assessment and Follow Up	Add: 4 Do not add: 16 Abstain: 3	Do not add
2483: Gains in Patient Activation (PAM) Scores at 12 Month	Add: 1 Do not add: 17 Abstain: 4	Do not add
N/A: Evaluation or Interview for Risk of Opioid Misuse	Add: 6 Do not add: 14 Abstain: 3	Do not add

Measure	Voting Totals	Result
N/A: Unplanned Reoperation within the 30-Day Postoperative Period	Add: 18 Do not add: 1 Abstain: 3	Add
N/A: Osteoarthritis (OA): Function and Pain Assessment	Add: 2 Do not add: 16 Abstain: 5	Do not add
N/A: Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release	Add: 2 Do not add: 17 Abstain: 4	Do not add
N/A: Back Pain After Lumbar Discectomy/Laminectomy	Add: 20 Do not add: 0 Abstain: 3	Add

  

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: 18 Remove: 1 Abstain: 4	Keep
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: 20 Remove: 0 Abstain: 3	Keep
741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey	Keep: 20 Remove: 0 Abstain: 3	Keep

Key takeaways for this section include that the workgroup voted to keep the existing 3 measures and add 12 measures to the core set. The Full Collaborative voting aligned with all workgroup recommendations. Some members felt that previous Orthopedics core set was too narrow or too parsimonious, only covering about 30% of the care provided. The new set expanded the Orthopedics core set to cover more of the care provided. Measures reported using registries are becoming more common and should be discussed by the CQMC for future consideration. The workgroup was in consensus not to consider general measures (e.g., smoking screening/intervention, fall risk) during this round of work. The workgroup was not in consensus about the role of cost measures. Lastly, some gap areas the group identified were pain measures, opioid measures, and long-term care.

A medical society representative expressed concern regarding some of the back-related measures. They felt outreach to the spine community, including neurosurgeons, should be done before including these measures. Additionally, a specialty society member questioned whether some of the components used in the measures may be flawed. They also suggested bringing in additional expertise to broaden discussion around those measures in the future. NQF staff assured the group that there will be a maintenance process for the set in the coming year. The group could revisit these measures along with registry measures in the first set of meetings in the upcoming contract year. It was also noted that the CQMC must accept measures as is, rather than tweak any of the specifications. However, the group may revote on these measures if they feel strongly about revisiting the topics. A representative from the measure developer for many of these measures clarified that some of these measures have been redesigned during this core set cycle and then resubmitted to the CQMC. They noted that the redesign addressed many of the concerns that had been raised. Based on these clarifications from the developer, the group decided not to revote on these measures.

## Measure Gaps and Measures Under Development

NQF staff shared gap areas noted from the 2016 core set development process including Length of Stay, Return to Surgery, Complications, Adverse Events Surrounding Surgery, PROs, functional status measures for patients undergoing orthopedic surgery, Transitions of Care, Emergency Department Visits, and Use of Imaging Studies for Low Back Pain.

Staff also shared gaps identified in this current round of work including:

- Measures for orthopedic procedures performed outside of the hospital setting
- 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 outcome rather than if assessments are performed
- Cost measures
- Measures related to pain and opioids

NQF staff also noted that the CQMC is monitoring the development of measures related to Distal Radius Fractures, Rotator Cuff Injuries, and Periprosthetic Joint Infections by the American Academy of Orthopedic Surgeons.

One workgroup member shared that they believe that there should be some framing for these measures considering they cover a broad range of topics. The workgroup agreed that presenting the core set with subcategories (e.g. knee replacement, spine surgery, etc.) would be beneficial.

## Next Steps

NQF staff shared that the workgroup's recommendations on gaps and measures under development will be used to inform a Gap Analysis. Communications and messaging are being finalized for core set circulation. The anticipated release will begin later summer with core sets released together. These core sets include Hepatitis C/HIV, Gastroenterology, Pediatrics, OB/GYN, Orthopedics, Cardiology, Medical Oncology, ACO/PCMH, Behavioral Health, and Neurology.