Meeting Summary

CQMC Orthopedics Workgroup Meeting #4

The National Quality Forum (NQF) convened a closed session web meeting for the Orthopedics Workgroup on September 5, 2019.

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 reviewed the following meeting objectives:

- Continue discussion on candidate measures
- Identify is any measures should be removal from the core set
- Discuss core set adoption

Decision-Making Process

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.

Previously Discussed Orthopedic Candidate Measures

NQF staff shared that the Workgroup's decisions on candidate measures discussed to date are provided as an appendix in the presentation slides. NQF staff provided an update on specifications requested by Workgroup members during Meeting #3; the updated information shared is described below.

Hip

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

NQF staff noted that members agreed to keep this measure on the voting list for possible addition. The Workgroup had inquired if this measure is currently being reviewed for NQF endorsement. NQF shared that the measure is not endorsed or in the process of being reviewed for endorsement. A co-chair added that CMS may be considering using this measure in the future and conversations are ongoing. The Workgroup agreed to keep this measure for voting.

Spine

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

During meeting 3, the Workgroup decided to remove this measure from consideration since it may be more applicable to primary care or emergency care and less relevant to orthopedics specifically. NQF

staff provided additional performance information as requested by Workgroup members. For example, HEDIS data from the 2014 NQF submission indicated average performance of 75%. NQF staff noted this measure lost NQF endorsement in 2017 due to validity concerns. Specifically, NQF Standing Committee members were concerned that up to 10% of patients with trauma and 5% of patients with neurologic impairment were not being captured using claims data and, therefore, were not being appropriately excluded. There were also concerns that testing was performed using older data. Members expressed the importance of this measure concept, but agreed to keep their recommendation to remove this measure from consideration. The Workgroup encouraged the measure developer/steward to consider updating the measure.

General

2962: Shared Decision-Making Process

NQF staff shared that during the last meeting, the Workgroup was interested in this measure topic and liked that that it went beyond a "check-box" process measure. Some Workgroup members, however, expressed concerns about the burden of collecting survey responses from patients. NQF staff shared an update of how the measure is calculated. NQF staff shared that the developer indicted the measure is currently being prepared to be submitted for endorsement maintenance. The developer noted the measure is straightforward to incorporate into patient reported outcome registries with potentially minimal cost/burden if patients are already being surveyed. Members were interested in reviewing the detailed measure specifications and scoring before voting. The Workgroup agreed to keep this measure for voting.

Measures from Minnesota Community Measurement

During the previous meeting, it was discussed that six measures stewarded by Minnesota Community Measurement have been updated to reflect the version of the measures that will be used in the CMS Quality Payment Program in 2020.

These measure include:
2653: Functional Status After Primary Total Knee Replacement
2643: Functional Status After Lumbar Fusion
N/A: Leg Pain After Lumbar Fusion
N/A: Functional Status After Lumbar Discectomy/Laminectomy
N/A: Leg Pain After Lumbar Discectomy/ Laminectomy
N/A: Back Pain After Lumbar Fusion

The measure titles have also been updated to remove the "average change" language. The measure specification updates and key changes were highlighted in the latest Excel spreadsheet. Overall, members expressed that these measures focus on outcomes important to patients and decided to keep these measures on the list for voting.

Evaluation of Measures for Potential Addition (Continued)

General

2624: Functional Outcome Assessment

NQF staff shared the measure specifications. This measure is stewarded by CMS and currently used in MIPS. The NQF submission included PQRS data from 2009-2012 showing average performance around 76-85%. Current MIPS benchmarking data indicated performance had "topped out" based on 2018 registry data and 2019 claims data. There was discussion that this measure does not specify a specific tool. Some Workgroup members felt there were better measures available than this process measure, but at least one member shared that while the areas of hip, knee, and spine have validated functional assessment measures this measure would capture care for other joints that do not yet have measures available. Workgroup members decided to keep this measure for voting with

consideration that this measure is relevant to procedures beyond hip, knee, and spine care and should be phased out as validated measures are developed for these other orthopedic procedures.

0420: Pain Assessment and Follow Up
NQF staff shared the measure specifications. This measure is a process measure stewarded by CMS and used in MIPS. A co-chair shared that this measure, like 2624, will allow orthopedics to gather data for more robust measures for joints that do not yet have validated tools. This measure is applicable to more than orthopedics and is used for oncology as well. There was also discussion that this measure is important due to the opioid epidemic. NQF staff also shared that based on Medicare Part B claims reporting in MIPS, performance at decile 3 is 80-96%, decile 5 is 99%, and decile 6 and above are at 100%, indicating the performance may be topped out. NQF staff noted that since providers select measure data may not be indicative of broader performance. It was also noted that based on MIPS benchmarking data for registry reporting, the measure is also "topped out", though performance is more variable using this reporting option (decile 3 is 16-40%, decile 5 is 62-84%, decile 7 is 95-99%, and decile 9 is 100%). There was some concern that performance is already high and a suggestion that other measures should be prioritized for inclusion. CMS shared that Workgroup members should be cautious about interpreting the measure as topped out based on the benchmarking information provided and was willing to answer additional questions if helpful for voting. The Workgroup decided to keep this measure for voting.

2483: Gains in Patient Activation (PAM) Scores at 12 Months
NQF staff shared the measure specifications. The measure is tested at the clinician level. There was no information to indicate this measure is widely used. This measure is proprietary and requires a fee to use. There was some support for this measure since it is cross-cutting and looks at overall improvement. Other members were hesitant based on the burden and fee. There was a comment that everyone would not necessarily have to select this measure for use and there was some recognition that the measure has been successfully used. There was not general agreement on this measure, but the Workgroup decided to keep it for voting.

N/A: Verify Opioid Treatment Agreement
NQF staff shared the measure specifications. This is a process measure stewarded by CMS and used in MIPS. A member shared that this measure was used included to promote interoperability, but there have been challenges with implementation. The Workgroup agreed this topic is important, but the measure itself is not appropriate for inclusion. The measure will be removed from consideration.

N/A: Evaluation or Interview for Risk of Opioid Misuse
A member shared this measure is developed by the American Academy of Neurology and is used by a wide range of program, including MIPS, and it is applicable across multiple specialties. This measure is a process measure that uses registry data. This measure is of interest to the Workgroup as measures related to opioid use were identified as a gap area. This measure targets any patient receiving opioids for 6 weeks and requires that evaluation is completed once during opioid therapy. There was discussion that, ideally, assessment would be completed before the start or at the very start of therapy. The Workgroup agreed to keep this measure on the voting list.

N/A: Unplanned Reoperation within the 30 Day Postoperative Period
NQF staff shared that this measure is stewarded by the American College of Surgeons and used in MIPS. This outcome measure uses registry data and includes risk adjustment. The Workgroup discussed that this measure includes any surgical procedure and is cross-cutting across specialties, for example, it would include trauma cases where multiple surgeons perform surgery and evaluate the patient. It was also discussed that unplanned re-operation is a major red flag and focus area. A member noted that patients who return to the OR in this timeframe get evaluated by most

orthopedic groups. The Workgroup agreed to include this measure on the list for voting.

N/A: Osteoarthritis (OA): Function and Pain Assessment
NQF staff shared that this measure lost NQF endorsement in 2014 because it was withdrawn by the developer based on the inability to complete the necessary testing for maintenance. It is now being stewarded by AAOS and will be validated and brought forward for endorsement. The measure is used in MIPS and uses claims or registry data. It was discussed that multiple assessment tools are acceptable for this measure. Members discussed that most elective surgeries are for OA management (approximately 70% of cases). The Workgroup discussed that this measure is cross-cutting and addresses multiple joints and orthopedic specialties. The measure will be included in the voting survey.

N/A: Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release
A co-chair stated this measure was developed based on recommendations from clinical practice guidelines. It was discussed that this topic is quite costly for the Medicaid program and that this measure addresses appropriate use, an important priority not addressed by other proposed measures. A member shared that AAOS is in the process of gathering performance data. It was also shared that this care is provided in the outpatient setting, where almost half of orthopedics is practiced. NQF shared performance data from the measure testing provided by the developer. Testing data from 2012-2014 indicated mean performance of 86%. It was noted this measure is being reviewed for NQF endorsement during the Fall 2019 cycle. The Workgroup agreed to keep this measure on the voting list.

Following the discussion of the proposed measures for addition, it was highlighted that there are many measures on the voting list for potential inclusion. A member shared that is it important to consider parsimony when selecting measures for addition. It was also discussed that some of the measures discussed are related; it would be best to choose the "best of the best" when measures are similar. It was also noted, however, that the current set includes just three measures, two at the facility level, and there is an opportunity to update the core set to prioritize key measures at the clinician level for the entire field of orthopedics. The differences between measures needed for various clinical areas (e.g., knee, hip, spine) was also expressed. A co-chair suggested that patient reported outcome performance measures should be strongly considered. NQF staff expressed that the goal is to select measures with specifications publicly available that can be used consistently across payers.

Review of Current Orthopedic Core Set for Potential Removals

1550: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
NQF staff shared this is a facility-level measure, stewarded by CMS, and used in various federal programs. It was also noted there is a version for use in MIPS in development. Performance data for 2011 through 2014 showed mean performance of 3.2 and a range of 1.4 to 6.9. The Workgroup discussed that the data indicate performance is variable, but this measure may not be as valuable if evaluating physicians. Since the measure is used in federal programs and focuses on important outcomes, the Workgroup generally agreed that the measure should remain in the core set. NQF staff stated they will still include the measure in the voting survey to allow for a formal vote.

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)
NQF staff shared the specifications for this measure. Discussion for this measure was similar to that for measure 1550. Mean performance from 2011-2014 was 4.8 with a range of scores of 2.6 to 8.6.

The Workgroup generally agreed that the measure should remain in the core set. NQF staff stated they will still include the measure in the voting survey to allow for a formal vote.

1741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey
NQF staff shared this measure is NQF endorsed and specified at the clinician group/practice level. The measure is stewarded by the American College of Surgeons (ACS). It was noted that ACS is working with CMS on an Advanced Alternative Payment Model that includes this measure. The measure is used in ACS's National Surgical Quality Improvement Program. A member added that this measure is being considered for other alternate payment models as well. It was discussed that this measure is cross-cutting and applicable across surgical areas. Mean performance scores varied from 82% to 92% per component. At least one member shared support for keeping this measure since it focuses on education and recovery and felt there was still an opportunity for improvement. A co-chair asked if there is a formal process for determining when a measure is topped out. NQF staff stated that there is no set threshold for determining if a measure has topped out. NQF staff added that NQF considers performance rates over time, performance variation, and if there are disparities for certain population groups. Members did not voice support for removing this measure, but like the other measures, this measure will remain on the voting list to allow for a formal vote.

Core Set Adoption

NQF staff shared that another key focus of the CQMC is to provide guidance on implementation and promote the adoption of the core sets across payers and programs. NQF shared that AHIP surveyed health plans in 2016 following the core set creation to assess their views and action towards adopting the CQMC core sets. AHIP has recently sent a similar survey to health plans to collect updated information about adoption. It was shared that from the 2016 survey results, there was support for the goal of creating consensus-based core sets to reduce burden and most payers surveyed planned to take action towards adopting CQMC core set measures. It was noted that barriers to adoption included lack of interoperability between providers' EHRs and health plan's data infrastructure and small sample sizes at the provider level.

NQF asked the Workgroup about their experiences using the core set or plans to use the core set. NQF also asked members to share what would help them implement the core set measures and how the CQMC can best promote the use of the core sets. One member shared their health plan reviews the core sets annually to identify measures for possible inclusion in their incentive programs for primary care and specialty care. The member noted the core sets have been helpful to identify important, priority measures for various topic areas. A member suggested the timeframe for promoting the core sets in very important. It was suggested that it is important that repeat promotion during key times of the year, such as when contracts are being put in place. It was also discussed that it is important that providers have ample notice of selected measures. Some members felt that the previous Orthopedics core set was too narrow or too parsimonious and only covered about 30% of the care provided. From this perspective, there was a suggestion that the sets should include cross-cutting measures but be narrow enough to be parsimonious. It was discussed that measures reported using registries are becoming more common and how these measures will be adopted and reported will have to be discussed further. The co-chairs suggested that the discussion questions about implementation should be included in the voting survey to gather broader feedback from the Workgroup.

Next Steps

NQF staff stated that a survey will be sent out to voting Workgroup members that includes measures for addition and removal. The voting survey will be open for approximately 2-3 weeks. Meeting summaries as well as the recordings will be available to Workgroup members to aid in voting. NQF

shared that after voting the core sets will be presented to the Steering Committee and then the full Collaborative for final approval. Future Orthopedic Workgroup meetings will focus on identifying and prioritizing gaps and continuing the conversation about implementation. The current maintenance schedule for the core sets will be every other year.