Quality ID # 469 (NQF 2643): Average Change in Functional Status Following Lumbar Fusion Surgery
– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
– Meaningful Measure Area: Patient Reported Functional Outcomes

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Patient Reported Outcome-High Priority

DESCRIPTION:
The average change (preoperative to postoperative) in functional status using the Oswestry Disability Index (ODI version 2.1a) for patients 18 years of age and older who had a lumbar fusion procedure

INSTRUCTIONS:
This measure is to be submitted **each time** a patient undergoes a lumbar fusion during the denominator identification period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. Unique to this measure is the Minimum Process of Care Performance Threshold Requirement. This measure based threshold requires that at least 50% of the denominator eligible patients must have both a preoperative and postoperative functional status assessment completed. Therefore, if the performance rate for Submission Criteria One is below 50%, the MIPS eligible clinician would not be able to meet the denominator of Submission Criteria Two and this measure CANNOT BE SUBMITTED. CMS anticipates that the sum of change for Submission Criteria Two will be calculated using 100% of procedures that met performance in Submission Criteria One.

> ***NOTE:*** *The standard program requirement of Data Completeness for all denominator eligible procedures (those receiving lumbar fusion procedure) must be submitted.*
>
> *This measure contains elements of a proportion or rate and a simple average of the change in functional status preoperatively to postoperatively among patients having received a lumbar fusion procedure. The measure intent is that MIPS eligible clinicians will submit all denominator eligible procedures for performance calculation.*
>
> *A preoperative and postoperative functional status assessment using the Oswestry Disability Index (ODI) version 2.1a (a patient reported outcome tool) within three months preoperatively AND at one year (*9 to 15 months*) postoperatively for at least 50% of denominator eligible patients receiving a lumbar fusion procedure is a denominator inclusion criterion to be eligible to submit this performance measure - the average change in preoperative to postoperative functional status (Submission Criteria Two). A MIPS eligible clinician must submit 100% of the population identified with a preoperative and postoperative functional status assessment (Performance Met Criteria for Submission Criteria One) of this measure for Submission Criteria Two.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

1) Patients 18 years of age or older as of October 1 of the denominator identification period who had a lumbar fusion procedure performed during the denominator identification period

AND

2) Average change (preoperative to one year postoperative) in functional status for all eligible patients 18 years of age or older as of October 1 of the denominator identification period who had a lumbar fusion procedure performed during the denominator identification period and whose functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively

SUBMISSION CRITERIA 1: PATIENTS 18 YEARS OF AGE OR OLDER AS OF OCTOBER 1 OF THE DENOMINATOR IDENTIFICATION PERIOD WHO HAD A LUMBAR FUSION PROCEDURE PERFORMED DURING THE DENOMINATOR IDENTIFICATION PERIOD

DENOMINATOR (SUBMISSION CRITERIA 1):

Patients 18 years of age or older as of October 1 of the denominator identification period who had a lumbar fusion procedure performed during the denominator identification period

Definition:

Denominator Identification Period - The twelve month period in which eligible patients have a denominator eligible procedure. This allows for enough time for a follow-up assessment to occur during the twelve month performance period. The denominator identification period includes dates of procedure 10/1/2017 to 9/30/2018.

Denominator Exclusions:

Patients with a diagnosis of lumbar spine region cancer at the time of the procedure- the following codes would be sufficient to define the **Denominator Exclusion** (M1041) of lumbar spine region cancer- C41.2, C41.4, C79.51, C79.52, D16.6, D16.8, D48.0, D49.2

Patients with a diagnosis of lumbar spine region fracture at the time of the procedure- the following codes would be sufficient to define the **Denominator Exclusion** (M1041) of lumbar spine region fracture: M48.44XA, M48.45XA, M48.46XA, M48.47XA, M48.48XA, M48.54XA, M48.55XA, M48.56XA, M48.57XA, M48.58XA, S22.060A, S22.060B, S22.061A, S22.061B, S22.062A, S22.062B, S22.068A, S22.068B, S22.069A, S22.069B, S22.070A, S22.070B, S22.071A, S22.071B, S22.072A, S22.072B, S22.078A, S22.078B, S22.079A, S22.079B, S22.080A, S22.080B, S22.081A, S22.081B, S22.082A, S22.082B, S22.088A, S22.088B, S22.089A, S22.089B, S24.103A, S24.104A, S24.113A, S24.114A, S24.133A, S24.134A, S24.143A, S24.144A, S24.153A, S24.154A, S32.000A, S32.000B, S32.001A, S32.001B, S32.002A, S32.002B, S32.008A, S32.008B, S32.009A, S32.009B, S32.010A, S32.010B, S32.011A, S32.011B, S32.012A, S32.012B, S32.018A, S32.018B, S32.019A, S32.019B, S32.020A, S32.020B, S32.021A, S32.021B, S32.022A, S32.022B, S32.028A, S32.028B, S32.029A, S32.029B, S32.030A, S32.030B, S32.031A, S32.031B, S32.032A, S32.032B, S32.038A, S32.038B, S32.039A, S32.039B, S32.040A, S32.040B, S32.041A, S32.041B, S32.042A, S32.042B, S32.048A, S32.048B, S32.049A, S32.049B, S32.050A, S32.050B, S32.051A, S32.051B, S32.052A, S32.052B, S32.058A, S32.058B, S32.059A, S32.059B, S32.10XA, S32.10XB, S32.110A, S32.110B, S32.111A, S32.111B, S32.112A, S32.112B, S32.119A, S32.119B, S32.120A, S32.120B, S32.121A, S32.121B, S32.122A, S32.122B, S32.129A, S32.129B, S32.130A, S32.130B, S32.131A, S32.131B, S32.132A, S32.132B, S32.139A, S32.139B, S32.14XA, S32.14XB, S32.15XA, S32.15XB, S32.16XA, S32.16XB, S32.17XA, S32.17XB, S32.19XA, S32.19XB, S32.2XXA, S32.2XXB, S32.9XXA, S32.9XXB, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA

Patients with a diagnosis of lumbar spine region infection at the time of the procedure- the following codes would be sufficient to define the **Denominator Exclusion** (M1041) of lumbar spine region infection:

M46.25, M46.26, M46.27, M46.28, M46.35, M46.36, M46.37, M46.38, M46.45, M46.46, M46.47, M46.48, M46.55, M46.56, M46.57, M46.58

Patients with a diagnosis of lumbar idiopathic or congenital scoliosis- the following codes would be sufficient to define the **Denominator Exclusion** (M1041) of idiopathic or congenital scoliosis: M41.05, M41.06, M41.07, M41.08, M41.115, M41.116, M41.117, M41.125, M41.126, M41.127, M41.25, M41.26, M41.27, Q67.5, Q76.3

Denominator Criteria (Eligible Cases) 1:

Patients aged ≥ 18 years by October 1 of the Denominator Identification Period

AND

Patient procedure during performance period (CPT): 22533, 22534, 22558, 22586, 22612, 22630, 22633

AND NOT

DENOMINATOR EXCLUSION:

Patient had cancer, fracture or infection related to the lumbar spine OR patient had idiopathic or congenital scoliosis: M1041

NUMERATOR (SUBMISSION CRITERIA 1):

All eligible patients whose functional status was measured by the Oswestry Disability Index (ODI Version 2.1a) patient reported outcome tool within three months preoperatively AND at one year (9 to 15 months) postoperatively

Definition:

Denominator Identification Period - The twelve month period in which eligible patients have a denominator eligible procedure. This allows for enough time for a follow-up assessment to occur during the twelve month performance period. The denominator identification period includes dates of procedure 10/1/2017 to 9/30/2018.

Measure Assessment Period (Performance Period) - The period of time following the procedure date that is in which a postoperative Oswestry Disability Index (ODI version 2.1a) functional status score can be obtained.

Preoperative Assessment Oswestry Disability Index (ODI version 2.1a)- A preoperative Oswestry Disability Index (ODI version 2.1a) functional assessment score can be obtained from the patient any time up to three months preoperatively, inclusive of the date of the procedure. Assessment scores obtained more than three months before the procedure will not be used for measure calculation.

Postoperative Assessment Oswestry Disability Index (ODI version 2.1a)- A postoperative Oswestry Disability Index (ODI version 2.1a) functional assessment score can be obtained from the patient one year (9 to 15 months) after the date of procedure. Assessment scores obtained prior to nine months and after fifteen months postoperatively will not be used for measure calculation.

Oswestry Disability Index (ODI version 2.1a) Patient Reported Outcome Tool - A Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools. A copy of the tool can be obtained below or at the following link: https://eprovide.mapi-trust.org/instruments/oswestry-disability-index

NUMERATOR NOTE: *In the event that a patient's functional status is measured by the Oswestry Disability Index (ODI version 2.1a) within three months preoperatively OR at one year (9 to 15 months) postoperatively, but not for both the preoperative and postoperative functional status measurements, then submit Performance Not Met* ***M1043****. In the event that a patient's functional measurement status is unknown OR was measured by the Oswestry Disability Index (ODI version 2.1a) greater than three months preoperatively OR more than one year (9 to 15 months) postoperatively, then submit Performance Not Met M1043. In the event that a patient's functional status is measured using a different patient reported*

*functional status assessment tool or version of the tool for either the preoperative or postoperative functional status assessment measurement, then submit Performance Not Met **M1043**.*

Numerator Options:

Performance Met:	Functional status measurement with score was obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively AND at one year (9 to 15 months) postoperatively **(M1042)**

OR

Performance Not Met:	Functional status measurement with score was not obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively AND at one year (9 to 15 months) postoperatively **(M1043)**

SUBMISSION CRITERIA 2: AVERAGE CHANGE (PREOPERATIVE TO ONE YEAR POSTOPERATIVE) IN FUNCTIONAL STATUS FOR ALL ELIGIBLE PATIENTS 18 YEARS OF AGE OR OLDER AS OF OCTOBER 1 OF THE DENOMINATOR IDENTIFICATION PERIOD WHO HAD A LUMBAR FUSION PROCEDURE PERFORMED DURING THE DENOMINATOR IDENTIFICATION PERIOD AND WHOSE FUNCTIONAL STATUS WAS MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL WITHIN THREE MONTHS PREOPERATIVELY AND AT ONE YEAR (9 TO 15 MONTHS) POSTOPERATIVELY

DENOMINATOR (SUBMISSION CRITERIA 2):
Patients 18 years of age or older as of October 1 of the denominator identification period who had a lumbar fusion procedure performed during the denominator identification period and whose functional status was measured by the Oswestry Disability Index (ODI Version 2.1a) patient reported outcome tool within three months preoperatively AND at one year (9 to 15 months) postoperatively

Definition:

Denominator Identification Period - The twelve month period in which eligible patients have a denominator eligible procedure. This allows for enough time for a follow-up assessment to occur during the twelve month performance period. The denominator identification period includes dates of procedure 10/1/2017 to 9/30/2018.

Measure Assessment Period (Performance Period) - The period of time following the procedure date that is in which a postoperative Oswestry Disability Index (ODI version 2.1a) functional status score can be obtained.

Preoperative Assessment Oswestry Disability Index (ODI version 2.1a) - A preoperative Oswestry Disability Index (ODI version 2.1a) functional assessment score can be obtained from the patient any time up to three months preoperatively, inclusive of the date of the procedure. Assessment scores obtained more than three months before the procedure will not be used for measure calculation.

Postoperative Assessment Oswestry Disability Index (ODI version 2.1a) - A postoperative Oswestry Disability Index (ODI version 2.1a) functional assessment score can be obtained from the patient one year (9 to 15 months) after the date of procedure. Assessment scores obtained prior to nine months and after fifteen months postoperatively will not be used for measure calculation.

Minimum Process of Care Threshold Requirement – MIPS eligible clinician must have at least 50% of all eligible patients receiving lumbar fusion procedure that have back functional status measured with the Oswestry Disability Index (ODI Version 2.1a) patient reported outcome tool within 3 months preoperatively AND at 1 year (9 to 15 months) postoperatively. A MIPS eligible clinician must submit 100% of the

population identified within the Performance Met Criteria for Submission Criteria One of this measure in order to calculate the average rate of change for Submission Criteria Two of this measure.
Oswestry Disability Index (ODI version 2.1a) Patient Reported Outcome Tool - An Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools. A copy of the tool can be obtained below or at the following link: https://eprovide.mapi-trust.org/instruments/oswestry-disability-index

Denominator Criteria (Eligible Cases) 2:
Minimum Process of Care Threshold Requirement: MIPS eligible clinician has at least 50% of all eligible patients receiving lumbar fusion procedure that have a functional status measured with the Oswestry Disability Index (ODI Version 2.1a) patient reported outcome tool within 3 months preoperatively AND at 1 year (9 to 15 months) postoperatively
AND
Functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively AND at one year (9 to 15 months) postoperatively:
M1044

NUMERATOR (SUBMISSION CRITERIA 2):
The average change (preoperative to one year (9 to 15 months) postoperative) in functional status for all eligible patients

NUMERATOR NOTE: *For the purposes of submitting this measure Data Completeness has been determined in Submission Criteria One. The rate calculated for Submission Criteria Two of this measure is calculated using the subset of patients identified in the Performance Met Numerator Option of Submission Criteria One.*

RATIONALE:
Mechanical low back functional status (LBP) remains the second most common symptom-related reason for seeing a physician in the United States. Of the US population, 85% will experience an episode of mechanical LBP at some point in their lifetime. For individuals younger than 45 years, LBP represents the most common cause of disability and is generally associated with a work-related injury. It is the third most common reason for disability for individuals older than 45 years. The prevalence of serious mechanical LBP (persisting > 2 wk) is 14%, while the prevalence of true sciatica is approximately 2%.

Acute low back functional status with or without sciatica usually is self-limited and has no serious underlying pathology. For most patients, reassurance, functional status medications, and advice to stay active are sufficient. A more thorough evaluation is required in selected patients with "red flag" findings associated with an increased risk of cauda equina syndrome, cancer, infection, or fracture (Kinkaid, S 2007 and ICSI Adult Low Back Pain Guidelines 13th revision). It is estimated that 30 to 60% of patients recover in one week, 60 to 90% recover in six weeks and 95% recover in 12 weeks (Deyo, R. NEJM 2001).

Overall, spine surgery rates have declined slightly from 2002-2007, but the rate of complex fusion procedures increased 15-fold, from 1.3 to 19.9 per 100,000 Medicare beneficiaries. Complications increased with increasing surgical invasiveness, from 2.3% among patients having decompression alone to 5.6% among those having complex fusions. After adjustment for age, comorbidity, previous spine surgery, and other features, the odds ratio (OR) of life-threatening complications for complex fusion compared with decompression alone was 2.95 (95% confidence interval [CI], 2.50-3.49). A similar pattern was observed for rehospitalization within 30 days, which occurred for 7.8% of patients undergoing decompression and 13.0% having a complex fusion (adjusted OR, 1.94; 95% CI, 1.74-2.17). Adjusted mean hospital charges for complex fusion procedures were US $80,888 compared with US $23,724 for decompression alone (Deyo, R. JAMA 2010). The MNCM Spine Surgery Measure development workgroup

developed patient reported outcome measures for two populations of patients undergoing different lumbar spine procedures, a more complex procedure (lumbar fusion) and a second procedure that represented the most common procedure CPT code 63030 [i] for the most common diagnosis of disc herniation.

Lumbar spine surgery, an effective procedure for many spine conditions, may be controversial and less successful for some patients, particularly those with degenerative disc disease. Utilization data indicate up to a fifteen fold increase in the number of complex fusion procedures performed for Medicare beneficiaries (Trends, major medical complications and charges associated with surgery for lumbar spinal stenosis in adults Deyo, RA JAMA April 2010). News articles convey the experiences of some patients who have an increase in intensity of pain and loss of function after surgery. (Back surgery may backfire on patients in pain- NBC News Oct 2010, Doctors getting rich with fusion surgery debunked by studies- BusinessWeek Jan 2011, Pushing back on back surgery- StarTribune Aug 2009)

This PRO measure was developed with a focus on functional status from a patient's perspective to address and understand current gaps in care for patients undergoing lumbar fusion surgery. Other new measures currently included in federal programs assess the ability to administer PRO tools pre and post-operatively, but no measures exist for this population or attempt to reflect the change in score demonstrating the functional status outcome that could be expected for patients undergoing this procedure.

CLINICAL RECOMMENDATION STATEMENTS:

North American Spine Surgery guidelines for Lumbar Disc Herniation with Radiculopathy indicate a recommendation for future directions for research in its surgical treatment section:

Recommendation #2: Collecting data regarding the preoperative characteristics and postoperative outcomes of patients undergoing surgical intervention for lumbar disc herniation using validated outcomes measures would potentially provide Level I. This information could be collected using a prospective national registry.

Surgery guidelines for Lumbar Disc Herniation pg. 59

MEASURE CALCULATION EXAMPLE:

Patient	Pre-op OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL	Post-op OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL	(Pre-op minus Post-op)
Patient A	47	18	29
Patient B	45	52	-7
Patient C	56	12	44
Patient D	62	25	37
Patient E	42	57	-15
Patient F	51	10	41
Patient G	62	25	37
Patient H	43	20	23
Patient I	74	35	39
Patient J	59	23	36
AVERAGE PERCENT CHANGE IN OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL POINTS ON A 100 POINT SCALE			**26.4**

MEASURE TOOL:

ODI version 2.1a

This questionnaire is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life. Please answer every section. Mark one box only in each section that most closely describes you today.

Section 1 - Pain intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Section 2 - Personal care (washing, dressing, etc.)

- I can look after myself normally without causing additional pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of my personal care.
- I do not get dressed, I wash with difficulty and stay in bed.

Section 3 - Lifting

- I can lift heavy weights without additional pain.
- I can lift heavy weights but it gives me additional pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

Section 4 - Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than a quarter of a mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- I can sit in any chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than half an hour.
- Pain prevents me from sitting for more than 10 minutes.

- Pain prevents me from sitting at all.

Section 6 - Standing

- I can stand as long as I want without additional pain.
- I can stand as long as I want but it gives me additional pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than half an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 - Sleeping

- My sleep is never interrupted by pain.
- My sleep is occasionally interrupted by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

Section 8 - Sex life (if applicable)

- My sex life is normal and causes no additional pain.
- My sex life is normal but causes some additional pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly nonexistent because of pain.
- Pain prevents me from having any sex life at all.

Section 9 - Social life

- My social life is normal and causes me no additional pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to home.
- I have no social life because of pain.

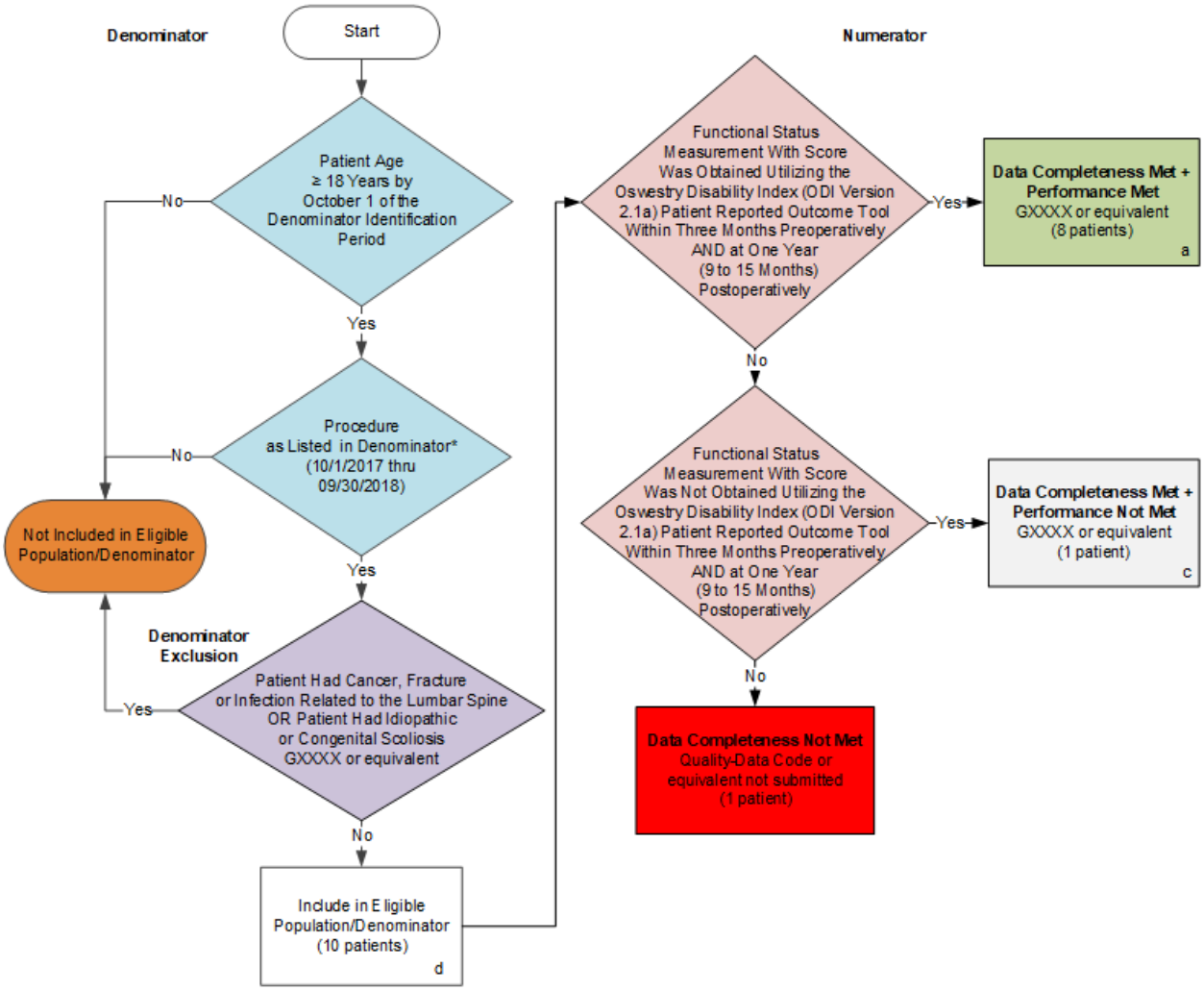
Section 10 - Traveling

- I can travel anywhere without pain.
- I can travel anywhere but it gives me additional pain.
- Pain is bad but I am able to manage trips over two hours.
- Pain restricts me to trips of less than one hour.
- Pain restricts me to short necessary trips of under 30 minutes.
- Pain prevents me from traveling except to receive treatment

ODI - United States/English - Version of 29 Jul 11 - Mapi Institute.
ID6287 / ODI_AU2.1a_eng-US.doc

2019 Clinical Quality Measure Flow for Quality ID #469 NQF #2643: Average Change in Functional Status Following Lumbar Fusion Surgery Submission Criteria One

Multiple Performance Rate



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a =8 patients) + Performance Not Met (c=1 patients) = 9 patients = **90.00%**

Eligible Population / Denominator (d=10 patients) = 10 patients

Performance Rate=

Performance Met (a = 8 patients) = 8 patients = **88.89%**

Data Completeness Numerator (9 patients) = 9 patients

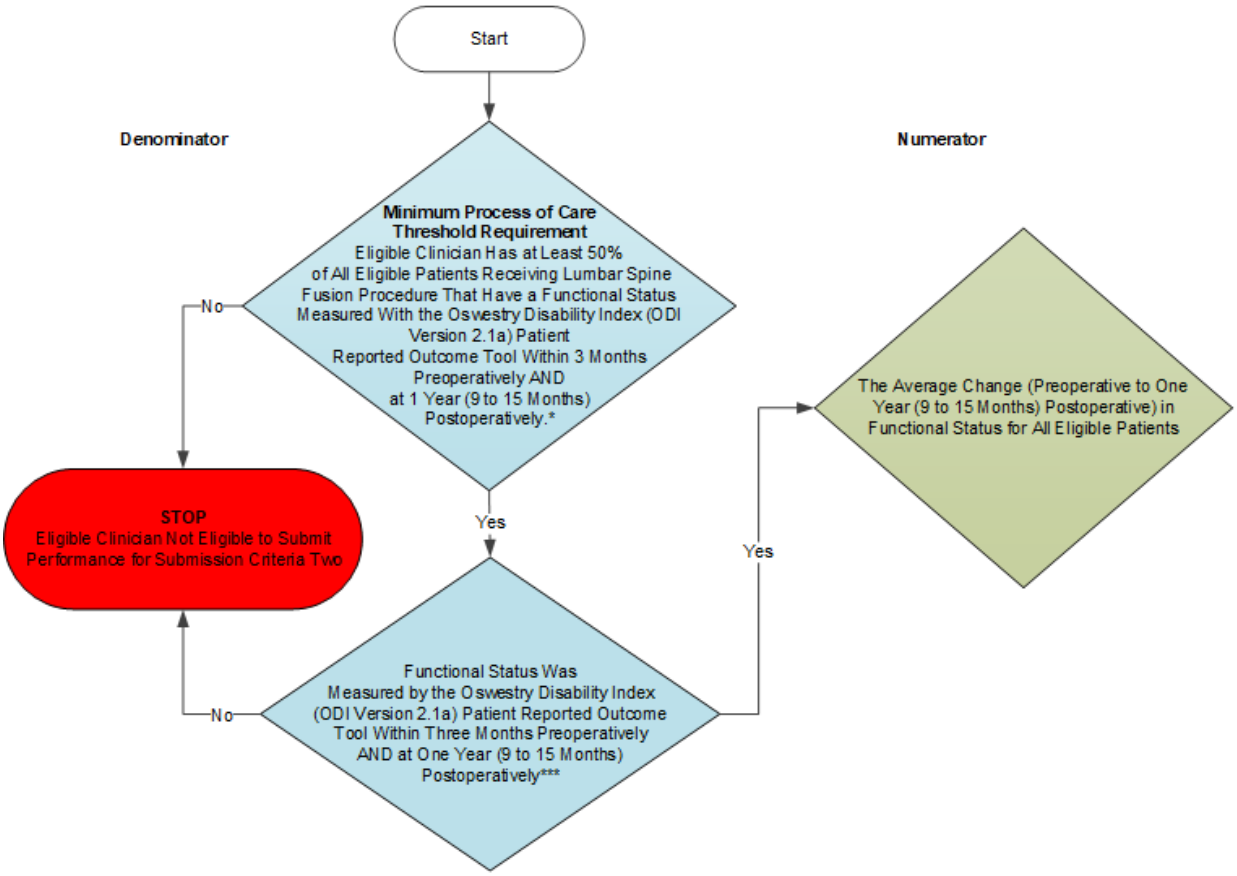
*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Outcome

v1

2019 Clinical Quality Measure Flow for Quality ID #469 NQF #2643: Average Change in Functional Status Following Lumbar Fusion Surgery Submission Criteria Two

Multiple Performance Rate



Average Change in Back Pain Following Lumbar Fusion Sample Calculation

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8
Change in Functional Status Score	29	-7	44	37	-15	41	37	23

SAMPLE CALCULATIONS:

Average Change of Functional Status=

$$\frac{\text{Total Sum of Scores from Patient Sample}}{\text{Total Number of Scores from Patient Sample}} = \frac{189}{8} = \textbf{23.6 points}$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.
***The denominator for submission criteria two is the performance met population calculated for submission criteria one. A preoperative and postoperative functional status assessment using the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool within three months preoperatively AND at one year (9 to 15 months) postoperatively for at least 50% of an eligible clinicians patients receiving a lumbar fusion is a denominator inclusion criterion for submission criteria two of this measure.

NOTE : Submission Frequency: Outcome

v1

2019 Clinical Quality Measure Flow Narrative for Quality ID# 469 NQF# 2643: Average Change in Functional Status Following Lumbar Fusion Surgery

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

Submission Criteria One

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years by October 1 of the Denominator Identification Period equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years by October 1 of the Denominator Identification Period equals Yes during the measurement period, proceed to check Procedure Performed.
3. Check Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Procedure as Listed in the Denominator equals Yes, proceed to check Patient Had Cancer, Fracture or Infection Related to the Lumbar Spine OR Patient Had Idiopathic or Congenital Scoliosis.
4. Check Patient Had Cancer, Fracture or Infection Related to the Lumbar Spine OR Patient Had Idiopathic or Congenital Scoliosis:
    a. If Patient Had Cancer, Fracture or Infection Related to the Lumbar Spine OR Patient Had Idiopathic or Congenital Scoliosis equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Patient Had Cancer, Fracture or Infection Related to the Lumbar Spine OR Patient Had Idiopathic or Congenital Scoliosis equals No, include in Eligible Population.
5. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 10 patients in the Sample Calculation.
6. Start Numerator
7. Check Functional Status Measurement With Score Was Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively:
    a. If Functional Status Measurement With Score Was Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 8 patients in the Sample Calculation.

c. If Functional Status Measurement With Score Was Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals No, proceed to check Functional Status Measurement With Score Was Not Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively.

8. Check Functional Status Measurement With Score Was Not Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively:

   a. If Functional Status Measurement With Score Was Not Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.

   c. If Functional Status Measurement With Score Was Not Obtained Utilizing the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 1 patient has been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a =8 patients) + Performance Not Met (c=1 patients) / Eligible Population / Denominator (d=10 patients) = 9 patients / 10 patients = **90.00%**

Performance Rate=

Performance Met (a = 8 patients) / Data Completeness Numerator (9 patients) = 8 patients / 9 patients = **88.89%**

2019 Clinical Quality Measure Flow Narrative for Quality ID# 469 NQF# 2643: Average Change in Functional Status Following Lumbar Fusion Surgery

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

Submission Criteria Two:

1. Check Minimum Process of Care Threshold Requirement:
    a. If Minimum Process of Care Threshold Requirement: MIPS Eligible Clinician Has at Least 50% of All Eligible Patients Receiving Lumbar Fusion Procedure That Have a Functional Status Measured With the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Tool Within 3 Months Preoperatively AND at 1 Year (9 to 15 Months) Postoperatively equals Yes, proceed to check Functional Status Was Measure by the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively.
    b. If Minimum Process of Care Threshold Requirement: MIPS Eligible Clinician Has at Least 50% of All Eligible Patients Receiving Lumbar Fusion Procedure That Have a Functional Status Measured With the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Tool Within 3 Months Preoperatively AND at 1 Year (9 to 15 Months) Postoperatively equals No, MIPS Eligible Clinician may not submit for Submission Criteria Two. Stop Processing.
2. Check Functional Status Was Measure by the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively:
    a. If Functional Status Was Measure by the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals Yes, proceed to Calculate the Measure of Average Change.
    b. If Functional Status Was Measure by the Oswestry Disability Index (ODI Version 2.1a) Patient Reported Outcome Tool Within Three Months Preoperatively AND at One Year (9 to 15 Months) Postoperatively equals No, MIPS Eligible Clinician may not submit for Submission Criteria Two. Stop Processing.
3. Start Numerator
4. Start Calculating the Measure of Average Change
    a. Calculate the Average Change (Preoperative to One Year (9 to 15 Months) Postoperative) in Functional Status for All Eligible Patients.
    b. Average all of the change values; overall result represents the average improvement of x points on a 100 point functional status assessment scale.

SAMPLE CALCULATIONS:

Average Change of Functional Status=

$$\frac{\text{Total Sum of Scores from Patient Sample}}{\text{Total Number of Scores from Patient Sample}} = \frac{189}{8} = 23.6 \text{ points}$$

Average all of the change values; overall result represents the **Patient average** improvement of x points on a 100 point functional status scale.	**PREOPERATIVE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL SCORE**	**POSTOPERATIVE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL SCORE**	**(PREOPERATIVE ODI SCORE MINUS THE POSTOPERATIVE ODI SCORE)**
Patient 1	47	18	29
Patient 2	45	52	-7
Patient 3	56	12	44
Patient 4	62	25	37
Patient 5	42	57	-15
Patient 6	51	10	41
Patient 7	62	25	37
Patient 8	43	20	23
AVERAGE CHANGE IN OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) PATIENT REPORTED OUTCOME TOOL SCORE POINTS			**23.6**