

Quality ID #358: Patient-Centered Surgical Risk Assessment and Communication

2023 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team **prior to surgery using a clinical data-based, patient-specific risk calculator** and who received personal discussion of those risks with the surgeon.

INSTRUCTIONS:

This measure is to be submitted **each time** a procedure is performed during the performance period for patients who undergo non-emergency surgical procedures. There is no diagnosis associated with this measure. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the listed surgical procedures as specified in the denominator coding will submit this measure.

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.

DENOMINATOR:

The total number of adult patients (age 18 and over) having had non-emergency surgery

Denominator Instructions:

CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e., dual procedures) will be included in the denominator population, therefore both surgeons will be fully accountable for the clinical action described in the measure.

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the performance period (CPT): 10121, 10140, 10160, 10180, 11000, 11004, 11005, 11006, 11010, 11042, 11043, 11044, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11601, 11602, 11603, 11960, 14301, 15040, 15150, 15155, 15200, 15220, 15240, 15260, 15570, 15572, 15574, 15576, 15600, 15610, 15620, 15630, 15650, 15730, 15731, 15733, 15734, 15736, 15738, 15740, 15750, 15756, 15757, 15758, 15760, 15769, 15770, 15771, 15773, 15778, 15830, 15920, 15922, 15931, 15933, 15934, 15935, 15936, 15937, 15940, 15941, 15944, 15945, 15946, 15950, 15951, 15953, 15956, 15958, 19020, 19101, 19110, 19120, 19125, 19296, 19298, 19300, 19301, 19302, 19303, 19305, 19306, 19307, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369,

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WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02

AND NOT

DENOMINATOR EXCLUSION:

Emergency surgery: G9752

NUMERATOR:

Version 7.0
November 2022

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Documentation of empirical, personalized risk assessment based on the patient's risk factors with a validated risk calculator using multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient and/or family

Numerator Instructions:

The number of adult patients (age 18 and over) having had non-emergency surgery as defined by CPT codes during the performance period who had their personalized risk of procedure- specific, 30-day postoperative complications assessed and documented by their surgeon prior to surgery using a clinical data-based, patient-specific risk-calculator and who had a documented personal discussion with their surgeon about these risks.

The procedure-specific, patient-specific, data-based risk calculator should be based on a validated, risk-adjusted statistical model predicting 30-day postoperative complications (detailed below) for the procedure that the patient is to undergo. Risk calculations should be based on preoperative patient-specific clinical data, and should include the following groups of variables: patient demographic characteristics (e.g., age, gender); relevant lifestyle and clinical risk factors (e.g., smoking status, American Society of Anesthesiologists class, body mass index); patient comorbidities (e.g., diabetes; neurologic event/disease; disseminated cancer); and procedure type.

Postoperative complications should include 30-day risk-adjusted mortality, 30-day risk-adjusted overall morbidity (superficial surgical site infection, deep incisional surgical site infection, wound dehiscence, pneumonia, deep venous thrombosis; pneumonia; renal failure; urinary tract infection; prolonged ventilator dependence; bleeding complications; sepsis; and pulmonary embolism), serious complications (cardiac arrest; myocardial infarction, pneumonia; progressive renal insufficiency; acute renal failure; pulmonary embolism; deep venous thrombosis; return to the operating room deep incisional surgical site infection; organ space surgical site infection; systemic sepsis; unplanned intubation; urinary tract infection; and wound dehiscence), surgical site infection, and average length of stay.

Risk calculators based on multi-institutional, validated clinical data are acceptable for this measure. **ACS NSQIP offers a risk calculator, which can be used for operations in many surgical subspecialties** (ACS NSQIP Surgical Risk Calculator – <http://riskcalculator.facs.org/RiskCalculator/>). Other risk calculators are available and acceptable for this measure, including but not limited to the risk calculator from the Society of Thoracic Surgeons.

Numerator Options:

Performance Met:

Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family (**G9316**)

OR

Performance Not Met:

Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed (**G9317**)

RATIONALE:

Preoperative risk assessment and communication between surgeons and patients is critical for effective informed consent and shared decision making in surgical care. Shared decision-making is considered an integral component of patient-centered care, especially for preference-sensitive issues. Evidence suggests that there is room for improving communication and the informed consent/shared decision-making processes between physicians and patients. Use of a risk calculator helps improve the quality of the informed consent/shared decision-making process by providing a personalized, customized, empirically-based estimate of a patient's risk of post-operative complications. Moreover,

evidence suggests that sharing numeric estimates of patient-specific risk may enhance patient trust in providers.

CLINICAL RECOMMENDATION STATEMENTS:

Preoperative risk assessment and communication between surgeons and patients is critical for effective informed consent and shared decision making in surgical care. Shared decision-making is considered an integral component of patient-centered care, especially for preference-sensitive issues. Evidence suggests that there is room for improving communication and the informed consent/shared decision-making processes between physicians and patients. Use of a risk calculator helps improve the quality of the informed consent/shared decision-making process by providing a personalized, customized, empirically-based estimate of a patient's risk of post-operative complications. Moreover, evidence suggests that sharing numeric estimates of patient-specific risk may enhance patient trust in providers.

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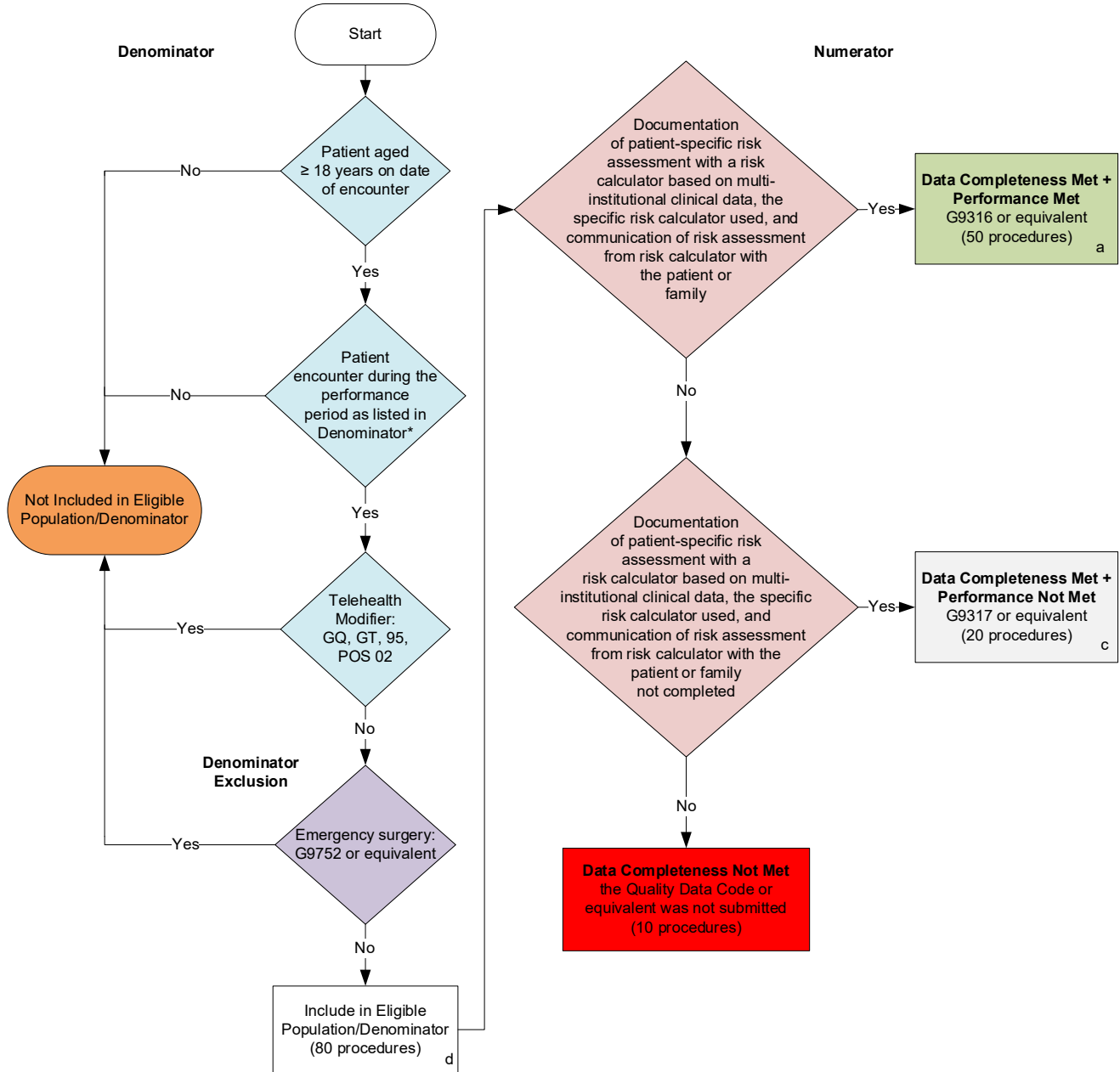
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2023 Clinical Quality Measure Flow for Quality ID #358: Patient-Centered Surgical Risk Assessment and Communication

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=50 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{50 \text{ procedures}}{70 \text{ procedures}} = 71.43\%$$

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

NOTE: Submission Frequency: Procedure

NOTE: Telehealth modifiers include **but are not limited to:** GQ, GT, 95, POS 02

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2023 Clinical Quality Measure Flow Narrative for Quality ID #358: Patient-Centered Surgical Risk Assessment and Communication

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with *Denominator*
2. Check *Patient aged greater than or equal to 18 years on date of encounter*:
 - a. If *Patient aged greater than or equal to 18 years on date of encounter* equals No; do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Patient aged greater than or equal to 18 years on date of encounter* equals Yes; proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No; do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes; proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
 - a. If *Telehealth Modifier* equals Yes; do not include in Eligible Population/Denominator. Stop processing.
 - b. If *Telehealth Modifier* equals No; proceed to check *Emergency surgery*.
5. Check *Emergency surgery*:
 - a. If *Emergency surgery* equals Yes; do not include in Eligible Population/Denominator. Stop processing
 - b. If *Emergency surgery* equals No; include in Eligible Population/Denominator.
6. Denominator Population:
 - Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family*:
 - a. If *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family* equals Yes; include in *Data Completeness Met and Performance Met*.
 - *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 50 procedures in the Sample Calculation.
 - b. If *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional*

clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family equals No; proceed to check Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed.

9. Check *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed*:

a. If *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed* equals Yes; include in *Data Completeness Met and Performance Not Met*.

- *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 20 procedures in the Sample Calculation.

b. If *Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed* equals No; proceed to check *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 50 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

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

NOTE: Submission Frequency: Procedure

NOTE: Telehealth modifiers include **but are not limited to**: GQ, GT, 95, POS 02

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.