Measure #233 (NQF 0457): Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery.

INSTRUCTIONS:
This measure is to be reported each time a major cancer resection of the lung or esophagus is performed. This measure is intended to reflect the quality of services provided for patients undergoing resection for lung or esophageal cancer. The performance status of lung and esophageal cancer patients guides the decision-making process when choosing optimal treatment modality which may or may not include surgery. It is anticipated that clinicians who perform the listed surgical procedures with a diagnosis of lung or esophageal cancer will submit this measure.

Measure Reporting via Registry:
ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All patients aged 18 years and older undergoing resection for lung or esophageal cancer

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter

AND
Diagnosis for lung or esophageal cancer (ICD-9-CM): 150.3, 150.4, 150.5, 150.8, 151.0, 162.2, 162.3, 162.4, 162.5, 162.9

Diagnosis for lung or esophageal cancer (ICD-10-CM) [REFERENCE ONLY/Not Reportable]: C15.3, C15.4, C15.5, C15.8, C16.0, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

AND
Patient encounter during the reporting period (CPT): 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32503, 32504, 32505, 32506, 32507, 32663, 32666, 32667, 32668, 32669, 32670, 32671, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124

NUMERATOR:
Patients undergoing resection for lung and esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery.

Numerator Options:
Performance status documented and reviewed within 2 weeks prior to surgery (3328F)

OR

Date: 12/19/2012
Version 7.2
Performance status not documented and reviewed within 2 weeks prior to surgery, reason not otherwise specified (3328F with 8P)

RATIONALE:
There is wide consensus, supported by the source documentation, that preoperative assessment (within two weeks of surgery) of performance status in lung and esophageal cancer resection is a necessary step in evaluating and appropriately selecting patients for surgical therapy. For lung and esophageal cancer, the patient's functional status or performance status (PS) is a key determinant of not only the patient's ability to undergo therapy, but also the patient's prognosis. PS is a general measure of a patient's physiologic status, taking into account the cancer and its associated effects along with other concurrent medical problems, such as cardiac or pulmonary disease. Preoperative assessment of PS provides a standardized measure to compare patient and treatment outcomes in order to provide continuing quality improvement.

Review of the current STS General Thoracic Database identified a 10% gap in recording for PS in patients undergoing major pulmonary resection for cancer. Remediation of this gap should decrease the morbidity and mortality rates for these procedures by reducing the number of high-risk patients inappropriately selected to undergo surgery.

CLINICAL RECOMMENDATION STATEMENTS:
We identified 3 preoperative factors that were associated with an increased risk of pulmonary complications: age, spirometric values, and PS. Others have demonstrated that advanced age and preoperative respiratory dysfunction are associated with postoperative pulmonary complications. It may be intuitively apparent that the factors we identified are predictive of the relative risk of development of pulmonary complications. The benefit of this analysis does not lie in the uniqueness of our observations. Instead, it directs the clinician to focus on a few specific factors and provides the ability to quantitate the relative effect of these factors before making treatment recommendations. (Annals of Thoracic Surgery, 2000) & (Journal Thoracic Cardiovascular Surgery, 2002)