Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Voluntary Reporting of the Hospital-Level THA/TKA PRO-Based Performance Measure Presentation Transcript

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September 14, 2022
1:00 p.m. Eastern Time (ET)

Candace Jackson: Good afternoon. Welcome to the *Voluntary Reporting of the Hospital-Level Total Hip Arthroplasty/Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation along with a question and answer summary will be posted to the inpatient website www.QualityReportingCenter.com in the upcoming weeks. If you are registered for this event, a link to the slides was sent out a few hours ago. If you did not receive that email, you can download the slide again that is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. The survey will no longer be available if you leave the event early. So, if you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask a Question window with the slide number associated. We will answer questions as time allows.

Our speakers for today's event are Julia Venanzi, program lead for [Hospital] Inpatient Quality Reporting with the Centers for Medicare & Medicaid Services and Kristina Burkholder, the Measure Implementation and Stakeholder Communication Lead with the Hospital Outcome Measure Development Re-evaluation and Implementation Contractor.

This presentation will provide participants with an overview of the Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure that hospitals may voluntarily report for the [Hospital] Inpatient Quality Reporting Program before reporting becomes mandatory.

At the end of the presentation, participants will be able to understand the purpose of the measure, the plans for implementation, the voluntary reporting of the measure, the measure details and the location and content of helpful resources.

This slide lists the acronyms and abbreviations used in today's presentation.

I would now like to turn the presentation over to Julia to provide some opening statements. Julia, the floor is yours.

Julia Venanzi: Thanks very much, Candice. Welcome, everyone. Thank you for joining this call. My name is Julia Venanzi. I am the program lead for the Hospital Inpatient Quality Reporting Program. Today, we will talk through the requirements of the newly finalized total hip arthroplasty/total knee arthroplasty patient reported outcome measure. This measure was recently finalized in the Fiscal Year 2023 IPPS Final Rule, which was published on August 1 of this year. In that rule, we finalized the adoption of this measure, beginning with the two voluntary reporting periods and then a mandatory reporting period, beginning with fiscal year 2028 payment determination. We are very excited to include this patient-reported outcome measure, the first of its kind in the Hospital IQR Program. Thank you again for joining us, and I will pass it off to Kristina to talk more about the measure specifications.

Kristina Burkholder: Thank you. Thank you everyone for joining us today. I'm Kristina Burkholder, the implementation lead for the Hospital-Level Hip/Knee PRO-PM. Today, I'll be providing you with details about the implementation plans, what you need to know for voluntary reporting, and measure details.

The goal of the measure is to assess a patient's improvement after a total hip or knee replacement, and this is done based on their own self-assessment of pain and physical functioning.

These procedures are commonly performed in the Medicare population.

This is the first ever PRO-PM of its kind that incorporates patients' self-assessment into the measure outcome. Lastly, the measure aligns with CMS's Meaningful Measures 2.0 Framework.

Now, we will go over the implementation plans for the PRO-PM measure.

CMS finalized a phased implementation approach to the hip/knee PRO-PM in the Fiscal year 2023 IPPS Final Rule. Based on stakeholder feedback, there will be two voluntary reporting periods, instead of only one, prior to implementation into the Hospital IQR Program, starting in fiscal year 2028. For payment determination in fiscal year 2028, hospitals will need to submit matched pre and post PRO data for at least 50 percent of their eligible hip or knee procedures.

Slide 13 depicts a table with the dates for Voluntary Reporting 1 and Voluntary Reporting 2 and the start of mandatory reporting. These dates include the performance period, pre and post operative data collection windows, and respective submission deadlines. For 2025 voluntary reporting, or Voluntary Reporting 1, use six months of data: procedures performed January 1, 2023, through June 30, 2023, with the preoperative data collection period starting this fall in October 2022 and lasting until June 30, 2023. The Voluntary Reporting 1 pre-operative data will be submitted next year by October 2, 2023. Post-operative data collection window occurs from October 28, 2023, to August 28, 2024, and those data need to be submitted by September 30, 2024.

Right after voluntary reporting procedures are performed, Voluntary Reporting 2 begins, so there is no delay between the first and second voluntary reporting periods. The Voluntary Reporting 2 period and subsequent mandatory reporting use a full year of procedures. Voluntary Reporting 2 procedures are performed from July 1, 2023, to June 30, 2024. The first year of mandatory reporting uses procedures performed from July 1, 2024, to June 30, 2025.

For the next part of the presentation, I'll walk through an overview of voluntary reporting and helpful information for your hospital to start.

Some of the topics I'll cover today include what data to collect, who to collect it on, and benefits to participating in voluntary reporting.

For voluntary reporting, all non-federal acute care hospitals who have at least one eligible procedure can participate. This includes critical access hospitals. Hospitals in the IQR program are encouraged to participate in voluntary reporting prior to mandatory reporting.

Which patients should you be collecting PROs on? The hospital-level hip/knee PRO-PM includes patients who are Medicare Fee for Service and are 65 years or older. The patient is undergoing an elective inpatient total hip/knee replacement procedure (unilateral or bilateral in the same hospitalization). The procedure should not be revision, doesn't include a partial replacement or resurfacing, is not a result of a mechanical complication, and the patient doesn't have a femur, hip or pelvic fracture or certain cancers. While the measure cohort is calculated based off ICD-codes, the flowchart depicted here on slide 17 can help you identify eligible patients prior to the procedure.

While your hospital only needs to submit PROs for 50 percent of your eligible procedures, it's recommended that you collect and submit more PROs to increase your chances of success.

You'll need to collect and submit several data elements for the calculation of the hip/knee PRO-PM. You'll need to collect either the HOOS JR for total hip patients or the KOOS JR for total knee patients, both pre-operatively and postoperatively. You'll need to collect several risk variables preoperatively only. These include several mental health survey questions from either the VR-12 or the PROMIS-Global, health literacy question, BMI, or height and weight, narcotic use, and patient-reported pain in the nonoperative joint and back. In order to match the PRO data that you are submitting to claims, you will also need to submit several additional variables, like your hospital CCN or Medicare provider number, the patient's MBI, date of birth, procedure date, procedure type (whether it's a right or left hip or knee) and admission date. These variables will be submitted pre and post operatively.

Lastly, you will need to submit several PROM-related variables, such as the date the PRO data was collected, the mode of collection, the person completing the survey, and which version of the mental health survey you used.

This slide has links to the different PRO questionnaires for you to get started.

When should you collect and submit PRO data? The pre-operative data from the previous slide should be collected anywhere from 90 days before the surgery all the way to the day of the procedure. Postoperative data should be collected 300 to 425 days after the procedure, or ten to 14 months. Your hospital or a vendor will submit the data each year via the Hospital Quality Reporting tool. I'll be going over the details of those dates on the next slide. Details about the specifics of data submission will be addressed at a future webinar.

Slide 21 shows the implementation timeline for the hip/knee PRO-PM. This is a graphical depiction of the dates from slide 13. Across the top, you can see the years, and there are three bands depicting the procedure dates, data collection windows for pre- and post-operative data, and the data submission dates for the first voluntary reporting period in blue, second voluntary reporting period in purple, and first year of mandatory reporting in teal. The 2025 voluntary reporting period or Voluntary Reporting 1 uses only six months of data. Procedures performed from January 1, 2023, through June 30, 2023. The preoperative data collection period starting this fall on October 3, 2022, and goes all the way to June 30, 2023. Voluntary Reporting 1 pre-operative data are submitted next year by October 2, 2023. Post-operative data collection window occurs from October 28, 2023, to August 28, 2024. Those data need to be submitted by September 30, 2024. As you can see, pre- and post-operative data are submitted at different time points. You will be submitting pre-operative data first. Then, a year later you will submit the post-operative data. Right after Voluntary Reporting 1 procedures are performed, Voluntary Reporting 2 begins. So, there is no delay between Voluntary Reporting 1 and 2.

Voluntary Reporting 2 procedures are performed from July 1, 2023, to June 30, 2024. This is a full year of data. Pre-op data collection window occurs from April 2, 2023 to June 30, 2024, and these data are submitted by September 30, 2024. As you can see, Voluntary Reporting 2 pre-operative data are submitted at the same time you are submitting Voluntary Reporting 1 post-operative data. Voluntary Reporting 2 post-operative data are collected between April 26, 2024, and August 29, 2025, and submitted by September 30, 2025. The first year of mandatory reporting, shown in teal, uses procedures performed from July 1, 2024, to June 30, 2025. Pre-operative data collection window is April 2, 2024, to June 30, 2025, and should be submitted by September 30, 2025. Post-operative data are collected April 27, 2025, to August 29, 2026, and submitted by September 30, 2026.

CMS supports flexibility in how PRO data are collected at your facility based on your unique workflows and operating systems. Hospitals who are collecting PRO data for the first time might be interested in how other hospitals are collecting the data and integrating data collection into their current workflows. Based on conversations with patients and providers, we've outlined various options available to your hospital. Pre-operative data can be collected before the office visit via telephone, email, portal, or mail. It can be collected in the office visit in the waiting room or with the doctor or nurse via iPad, paper, or verbally. Before the surgery, it can be collected at an educational class, or as part of the pre-op medical evaluation, or it can be collected when the patient arrives to the hospital for surgery. Post-operative data collection, which occurs roughly ten to 14 months after surgery, could take place as part of a follow-up appointment, again either before, during or after. If there isn't a follow up appointment, it can be collected via the phone, mail, email, or portal or other electronic mechanism. Again, these are just a few options that hospitals could use. Your hospital could utilize something else that works for you.6

There are many benefits to participating in one or both voluntary reporting periods prior to mandatory reporting of the hip/knee PRO-PM. It allows you time to incorporate PRO data collection into your clinical workflows.

It also gives you time to understand the requirements related to data elements to be collected, the submission process, including testing PRO data submission, deadlines, and the measure methodology, and how the measure is calculated. Hospitals are able to submit questions and feedback. Hospitals will receive their measure results, as well as response rates, which will be tied to APU. Hospitals will be able to see how they perform on the measure. Lastly, you'll have public recognition that your hospital is participating in this effort.

During voluntary reporting, your hospital will receive confidential reports, including your measure score and response rates. Hospitals that participate in voluntary reporting will also be acknowledged for their participation publicly on CMS's website and will have their response rates public as well, but not measure scores. The measure scores will not be public.

Over the next few slides, I'll go over the measure details.

The goal of the hip/knee PRO-PM is to assess a patient's improvement after a total hip or knee replacement, based on their self-assessment of their pain and function. The measure was developed in collaboration with many patients and providers and went through several rounds of public comment. The measure is NQF endorsed. Ultimately, the goal of the measure is to capture the full spectrum of care to incentivize collaboration and shared decision responsibility for improving patient health. The intent of the measure is to assess hospital performance for patients undergoing these elective primary hip or knee procedures.

To be in the measure cohort, patients must be enrolled in Medicare Fee for Service Parts A and B for 12 months prior to the admission and Part A during admission. Patients should be age 65 or older, discharged alive, and undergoing an inpatient unilateral or bilateral total hip or knee procedure. Elective primary procedures are defined as total hip or knee procedures without fractures, concurrent partial hip/knee procedure concurrent revisions, resurfacing, or removal, mechanical complications, certain malignant neoplasms or transferred in from another facility.

Patients are excluded if they have a staged procedure. This means if the patient has a hip/knee procedure in one hospitalization (say on January 1) and another hip/knee procedure in a subsequent hospitalization (say on March 1) during the same measurement period. That patient would be excluded. If they died within 300 days of the procedure, they would be excluded, or if they were discharged against medical advice.

The measure is risk adjusted. The risk model was developed in collaboration with the orthopedic community and stakeholders. Risk factors are included due to their importance, as well as their relationship with the measure outcome. These include factors such as BMI, rheumatoid arthritis, and mental health score. Risk variables come from either the patient's claim history (like arthritis) or from the PRO data your hospital submitted , like MBI or mental health score.

The measure also accounts for non-response bias through a statistical approach called stabilized inverse probability weighting. These weights are incorporated into the calculation of the measure score. Doing so helps to reduce bias due to non-response by giving higher weight to patients who are less likely to respond. More technical details about this approach can be found in the measure methodology report.

As you may recall, the measure assess patients' improvement after surgery. First, we look at each patient's post-operative score compared to their pre-operative HOOS/KOOS score. Patients whose score increased at least 20 points for knee and 22 points for hip patients are said to have met the substantial clinical benefit, or SCB, threshold, depicted by the teal-colored patients in this image. The hospital-level outcome looks at the proportion of patients who met the SCB. So, the risk standardized improvement rate is 60 percent at this hospital.

Lastly, I'm going to go over some resources on QualityNet that are available to your hospital at this time.

In order to find the resources, you can go to QualityNet, Hospital Inpatient Measures, and click on the Hip/Knee PRO-PM.

Here, you can find multiple resources such as fact sheets describing the topics covered, such as the timeline, who to collect on, how to collect data, the methodology report, and a brochure you can give to patients to let them know the importance of participation and information about the surveys.

If your hospital still has questions, you can submit them via the QualityNet Q&A Tool. Select IQR Program and Hip/Knee PRO-PM from the topic list.

That's it for my presentation today. Now, back to you, Candace.

Candace Jackson: Thank you so much, Kristina. That was a lot of wonderful information that will be beneficial for the providers as they start to report voluntarily for the measure. We do have time for a Q&A session. Our questions will be in no particular order, and we'll get to as many of them as we can today. So, our first question is: If the March 2021 methodology data elements and the question text do not match the references for a specific question, which version should be used? So, for an example of this, that SILS2 measure is worded differently in the 2020 methodology report than the reference paper linked in this presentation. The methodology report is: How comfortable are you filling out medical forms by yourself? How often do you need to have someone help you when you read instructions, pamphlets, or other written materials from your doctor or pharmacy? These questions are asking two different things and would likely not have the same property. The response category wording also differs between versions. Rachelle, I will turn that over to you for a response.

Rachelle Zribi: Thank you so much for the question. To clarify, the question that is required is in the measure methodology report. The question is: How comfortable are you filling out medical forms by yourself? The response options are listed in the appendix of the measure methodology report. You can find this report on QualityNet under Methodology.

Candace Jackson: We will provide those links when we post the Q&A summary at a later date. Our next question also refers to the same citing, and it is:

Does a facility need to participate in the Voluntary Reporting 1 and Voluntary Reporting 2 or just one of them? We are referencing slide 13, if we would like to go to that slide.

Rachelle Zribi: Thank you for that question. Hospitals can choose to participate in either of those volunteering reporting periods. They're not retired to participate in both of them. Any participation and either volunteering reporting is up to that hospital. However, we do recommend participation in voluntary reporting, so the hospital can get experience with the surveys and submission prior to mandatory reporting.

Candace Jackson: Thank you. The next three questions are going to be related to the qualifications to be included in the measure. So, our first question Is this measure for inpatient admissions only? We do many of our hips and knees as outpatients now. So, can we first clarify the status of what is included in the measure?

Rachelle Zribi: Yes. Thank you. For this measure in IQR, only the inpatient hip and knee procedures are eligible. That means that outpatient procedures are not eligible for this measure in IQR.

Candace Jackson: Rachelle, can you confirm that, even if the outpatient procedure occurred at this acute care hospital, it would still not qualify if they were not admitted as an inpatient?

Rachelle Zribi: Yes. Thank you there is a lot of great questions about this in the chat. Someone else asked if it was initially an outpatient who gets converted to an inpatient. So, for the measure, we use final action claims to identify eligible inpatient hip or knee procedures. So, if a procedure has an eligible inpatient claim, a Part A claim, they would be eligible for this measure. So, in that example of going from outpatient to inpatient, if the final claim is an inpatient claim, then that would be eligible. If it's simply an outpatient claim, then we wouldn't be pulling down those claims, and those procedures will not be eligible.

Candace Jackson: So, on that same line, has the inclusion population been evaluated as our providers tend to focus on mostly total hip and knee ambulatory surgery or outpatient and not admit until the day of surgery?

Rachelle Zribi: Thank you, yes. So, ambulatory or ASC procedures are also not eligible.

Candace Jackson: Okay. I'm changing questions here, and this is related to the HOOS and KOOS. Are the HOOS and KOOS the only acceptable evaluation tools?

Rachelle Zribi: Thank you. So, this measure requires the short form version, so the HOOS JR and the KOOS JR. The HOOS and KOOS, the long form version, do include additional questions, but those questions are not required for this measure. So, they don't need to be submitted. So, we have a list of data elements in the slides. To summarize, it's the HOOS JR and KOOS JR pre-operatively and post-operatively. In addition, hospitals are required to collect additional data elements preoperatively. Those include health literacy, that question I mentioned before, the mental health subscale items of either the PROMIS-Global or the Veterans Rand 12, Body Mass Index for height and weight, use of chronic narcotics greater than 90 days, a question about contralateral pain, and back pain. All of these data elements and the timing can be found in the What Data Should I Collect? fact sheet on QualityNet, and they're also in the slides.

Candace Jackson: Great. Thank you. I have a couple questions in regarding coding: Procedure type is not listed in the 2021 March methodology document. What are the specifications for this element? Is this just the ICD-10 code?

Rachelle Zribi: Thank you. The procedure type variable is going to be a designation of whether that submission is for a left hip replacement, a right hip replacement, left knee replacement, or right knee replacement. So that will be able to allow us to understand if the HOOS and KOOSs, what side of the joint that is related to.

Candace Jackson: Okay. For our next question, can we go to slide 17? Is collection required for Medicare patients that have an inpatient hip or knee coded but DRG for 70/59, or does the denominator include outpatient CPT codes, as well?

Rachelle Zribi: Thank you. We do not use DRG codes or CPT codes to identify the measure cohort. Like mentioned before, we only evaluate inpatient hip or knee procedures, and we pull down the ICD-10 codes for those procedures, not DRGs.

Candace Jackson: Great. Thank you. Our next question asks: How does CMS suggest hospitals collect this data from patients? It seems more appropriate for the physician to collect.

Rachelle Zribi: Hospitals can choose to collect the PRO data utilizing methods that will align with their clinical workflow from their patient preferences. Potential options include use of email, telephone, mail, electronic submission, tablets, paper form during the follow-up appointment or appointment in advance of the procedure, or with a care team member.

Candace Jackson: Thank you. That same line, when they are submitting the data, are they submitting pre and post-op data for the same patient, or are these data random pulls for each time?

Rachelle Zribi: Can we go to the slide that has the summary on the slide 21? Right. So, I'm looking at the Voluntary Reporting 1. For all of the eligible procedures between January 1 and June 30, 2023, hospitals would collect their pre-operatives data between October 3, 2022, and June 30, 2023. Then, hospitals will be submitting that pre-operative data by October 2, 2023. Because there is a ten to 14 month post-operative data collection window for the PRO data, hospitals would collect the PRO data in this window, so October 28, 2023, to August 2, 2024. Separately, they would submit that post-operative data by September 30, 2024. So, essentially the preoperative data will always be submitted separately than the post-operative data for a specific eligible procedure window. As we go into the second voluntary reporting and future reporting, you could be submitting post-operative PRO data for the previous year of procedures at the same period that you are submitting preoperative data for the next eligible procedure window.

Candace Jackson: Great. Thank you. Our next question is: As this is required reporting for the [Hospital] IQR Program, which includes the prospective payment system for the hospitals, in the webinar it says facilities can collect this measure for the critical access hospitals. Is it required to collect and report for the CAHs? I will respond to this question. The critical access hospitals are not part of the [Hospital] IQR Program. They are not IQR eligible. So, for IQR, they are not required to submit the measure to CMS. However, as with all of our other IQR measures, CMS strongly recommends that the critical access hospitals do voluntarily submit the data. No, they are not required to submit this measure. So, our next question is: Will this data be submitted to QualityNet directly? I don't know if you wanted me to respond to this, or did you want to go ahead and respond?

Rachelle Zribi: Sure thing. So, the first data submission is going to be next summer, and more information is going to be available then. As noted in the final rule, hospitals will be able to use the HQR System, Hospital Quality Reporting, through QualityNet. More details on the format and when that's due is going to be available later.

Candace Jackson: So, as stated, the data will be submitted through the *Hospital Quality Reporting Secure Portal*, as with all other measures. As that is developed, we will be having additional educational resources and webinars at a later date on how you will actually go through with the steps to submit that data and how you will submit that data. So, stay tuned. If you are not registered for our Listserve, it is highly recommended that you go out to QualityNet and do register for the Listserve so that you will receive that information.

So, our next question is: Is a patients excluded if they have only both hips replaced or both knees replaced only, or if they have a hip and knee done in the measurement period?

Rachelle Zribi: Do you mind repeating that Candace?

Candace Jackson: It says: Is a patient excluded if they have only both hips replaced or both knees replaced only, or if they have a hip and a knee done in the measurement period?

Rachelle Zribi: Thank you. So, if someone has a bilateral procedure, both a hip and a knee during the same hospitalization, that would be eligible. If there is a second procedure outside of that index submission, that occurs during the procedure period, then that second or stage procedure would be excluded. There is more information about that in the measure methodology report.

Candace Jackson: Right. Thank you. For our next question, I'll go to the slide 32. What are the SCB improvement thresholds for knee and hip procedures?

Rachelle Zribi: I'm sorry, Candace. Can you repeat that?

Candace Jackson: What are the SCB improvement thresholds for hip and knee procedures? (Substantial Clinical Benefit, I guess.)

Rachelle Zribi: Thank you so much for repeating that. So, for hip patients, the Substantial Clinical Benefit Improvement is in increase of 22 points or more on the HOOS JR. For knee patients, the Substantial Clinical Benefit Improvement is increase of 20 points on the KOOS JR. That information is also in the measure methodology report and our resources.

Candace Jackson: Our next question, I know we've already covered that only inpatients qualify for the measure. Are patients discharged on the day of surgery excluded from the measure? So, I'm assuming they're asking that, if the patient was inpatient and was discharged on the same day as the surgery, are they still in the measure or excluded?

Rachelle Zribi: Thank you. As stated before, if that patient has an eligible inpatient claim, then they are eligible for the measure.

Candace Jackson: Then, during the webinar it was mentioned that vendors can report on behalf of the hospitals. Will the data be reported in an aggregate or at the patient level?

Rachelle Zribi: We need the PRO, and risk-variable, and matching data for every single patient. So, for each patient, we would need to see that data and more information on the format of how it's going to be submitted, if it's like a single file or multiple patients, a single file for a single patient or a single

file with multiple patients included. That information is going to be available next summer.

Candace Jackson: Thank you. Our next question: Are patients excluded from the denominator if they expire before ten months post-procedure? Any other post-procedure reasons for exclusion? For instance, if the patient is experiencing significant morbidity due to other conditions such as a stroke or malignancy, the post PRO may not meaningfully reflect the functional result of the procedure.

Rachelle Zribi: Yes, thank you for that question and that feedback. So, like noted on the slide, the patients that do pass away between the post-operative data collection window starts would be excluded from the measure. So, if someone is alive at that time point, they could still be in the eligible population.

Candace Jackson: Our next question is: Can hospitals collect and report the data themselves or must they contract with the CMS-approved vendor? I can go ahead and respond to that. The hospitals, as with other IQR measures, can either submit the data themselves. As we indicated earlier, you will be submitting through the *HQR Secure Portal*, or they can contract with a vendor of their choice to submit the data for them. They are going to be using a vendor then, like with all the other IQR measures, there will be the authorization process that the hospital will have to do to operate that vendor to submit on their behalf.

So, the next question is: Where do we find surveys to give to the patients?

Rachelle Zribi: We have the links in the slides of where people can find the surveys. You can also find all of those details in the measure methodology report.

Candace Jackson: We do have time for a few more questions. Is it required to capture 100 percent of the eligible cases?

Rachelle Zribi: Thank you. So, as noted in the final rule, for voluntary reporting and mandatory reporting in IQR for this measure, the requirement is 50 percent of completed match data.

So, if you have a hundred hip or knee patients, you would need to submit at least 50 patients for complete pre-operative and post-operative data. As note, in the resources and slides, we recommend submitting more than that because there is a possibility of drop-out to follow up.

Candace Jackson: Thank you. Just to reiterate, I know most of the webinar was in regards to the voluntary reporting, but I think it's important to reiterate: When does mandatory reporting start?

Rachelle Zribi: Can we go back to the slide with the time frame? It should be slide 21. Thank you. So, the first mandatory reporting period will be for procedures between July 1, 2024, and June 30, 2025, and the pre-operative data would be submitted by September 30, 2025. The post-operative data are submitted by September 30, 2026. So, after that data are submitted, CMS would send feedback reports to hospitals in 2027, and that would impact fiscal year 2028 IQR.

Candace Jackson: While we're right around there, can we go to slide 18? Under the patient/provider-reported risk variables, are all those listed required to be completed?

Rachelle Zribi: In order for patient to meet that 50 percent requirement, patients have to have all of the completed data preoperatively listed here on the slide and postoperatively.

Candace Jackson: I know this was covered during the webinar, but just to restate again: Is this measure a claims-based measure only, or what type of measure is it?

Rachelle Zribi: Thank you. So, this measure does use claims data, but, in addition to claims date, there is, as listed on the slides, the patient-reported outcome data. So, the measure outcome looks at those HOOS JR or KOOS JR instrument, those submitted PRO data from hospitals. The measure also looks at these patient- and provider-reported risk variables. Then, for the claims data, the measure uses claims to identify the eligible procedures and to also identify additional risk variables.

Candace Jackson: Great. Thank you, Rachelle. Again, we would like to thank our Yale/CORE team for providing the webinar information for today. We felt it was very beneficial. I hope you feel it is beneficial also. That concludes our Q&A session for today. As stated earlier in the webinar, all questions that were submitted today will be responded to and posted to both QualityNet and the Quality Reporting Center website at a later date. Next slide, please.

As we also stated, this webinar was approved for one continuing education credit. You can obtain that credit by clicking the link on the slide. Next slide, please.

We thank you for joining us today. We hope you have a great rest of your day. Thank you.