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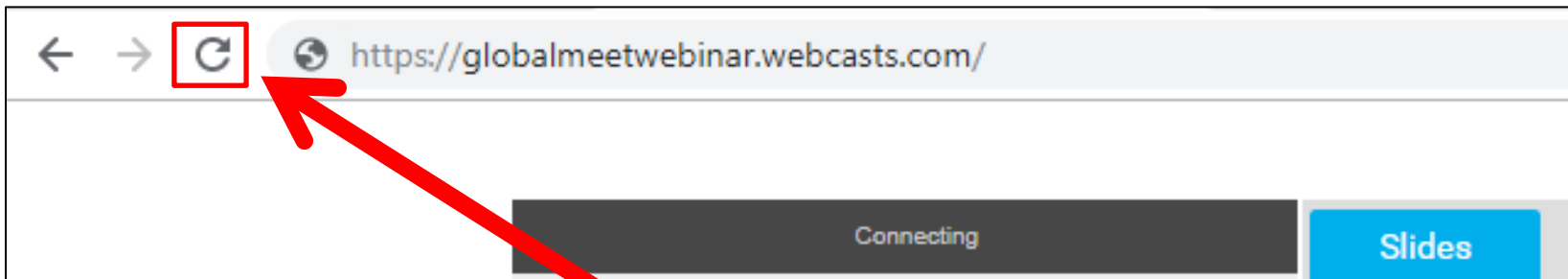


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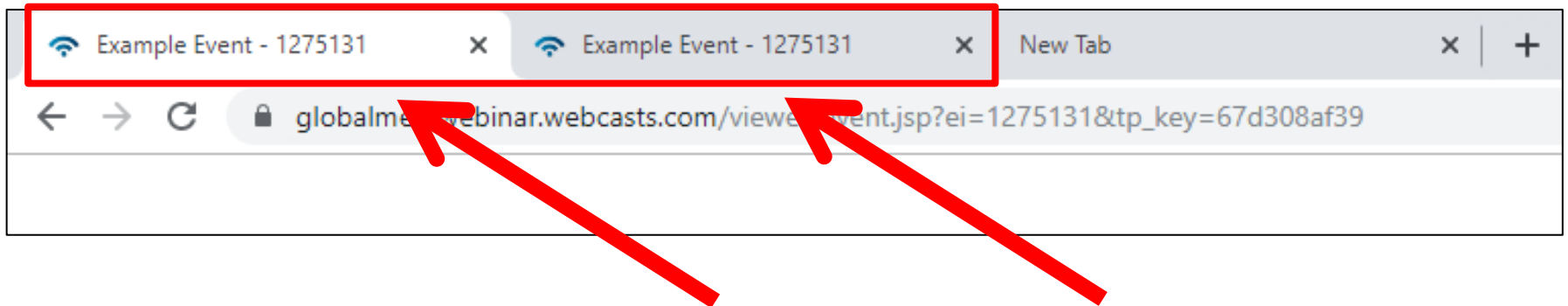
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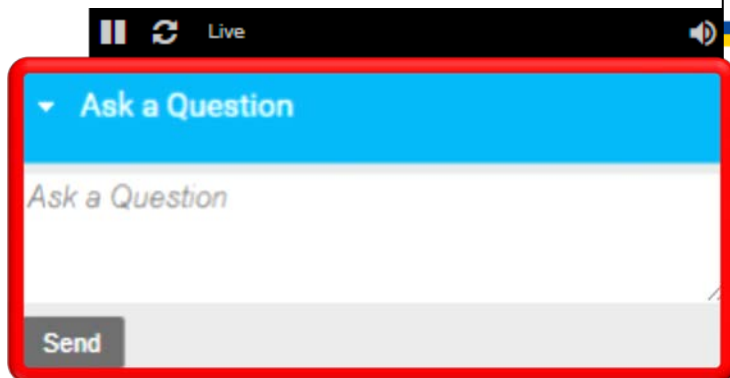
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



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

September 14, 2022

Speakers

Julia Venanzi, MPH

Program Lead

Hospital Inpatient Quality Reporting (IQR) Program

Hospital Value-Based Purchasing (VBP) Program

Quality Measurement and Value-Based Incentives Group

Center for Clinical Standards and Quality, CMS

Kristina Burkholder, MS, CAS

Measure Implementation and Stakeholder Communication Lead

Hospital Outcome Measure Development,

Reevaluation, and Implementation Contractor

Moderated by:

Candace Jackson, RN

Project Lead, Hospital IQR Program

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

Agenda/Purpose

This presentation will provide participants with an overview of the Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) that hospitals may voluntarily report for the Inpatient Quality Reporting (IQR) program before reporting becomes mandatory.

Participants will be able to understand the following:

- Purpose of the measure
- Plans for implementation
- Voluntary reporting of the measure
- Measure details
- Location and content of helpful resources

Acronyms and Abbreviations

APU	annual payment update	IPW	inverse probability weighting	RSIRs	risk-standardized improvement rates
BMI	body mass index	IQR	Inpatient Quality Reporting	SCB	substantial clinical benefit
CAH	critical access hospital	KOOS	knee disability and osteoarthritis outcome score	SILS2	Single Item Literacy Screener
CM	Clinical Modification	MBI	Medicare Beneficiary Identifier	THA	total hip arthroplasty
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum	TKA	total knee arthroplasty
FFS	fee-for-service	OP	operative	VIQR	Value, Incentive, and Quality Reporting
FY	fiscal year	POA	present on admission	VBP	value-based purchasing
HOOS	hip disability and osteoarthritis outcome score	PROM	Patient-reported outcome measure	VR	voluntary reporting
ICD	International Classification of Diseases	PRO-PM	Patient-Reported Outcome-Based Performance Measure	VR-12	Veterans Rand - 12
IPPS	Inpatient Prospective Payment System	PROMIS	Patient-Reported Outcome Measurement Information System	YNHHSC/ CORE	Yale-New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation

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

Purpose of Measure

Purpose of Measure

- **Measure goal:** To measure a patient's improvement after a THA/TKA, based on their self-assessment of their pain and function
 - Promote collaboration and shared-decision making between patients and providers across the full spectrum of care
- THA/TKA procedures commonly performed in the Medicare population
- First ever PRO-PM of its kind that incorporates the patient's self-assessment of their pain and function directly in the measure outcome
- Patient-centered measurement aligned with [CMS's Meaningful Measures 2.0 Framework](#)

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

Plans for Implementation

Plans for Implementation

- In the Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS) final rule, CMS finalized a phased measure implementation approach based on stakeholder feedback
 - Two voluntary reporting periods are prior to mandatory reporting in the Hospital IQR Program, starting in FY 2028 payment determination.
- Hospitals will need to meet the 50% threshold for the IQR requirement to collect and submit PRO data to receive their annual payment update (APU) in FY 2028.

Plans for Implementation

Data Periods		2025 Voluntary Reporting (VR 1)	2026 Voluntary Reporting (VR 2)	2027 Mandatory Reporting (FY 2028 Payment Determination)
Preoperative PRO Data	Data collection period	October 3, 2022- June 30, 2023	April 2, 2023- June 30, 2024	April 2, 2024- June 30, 2025
	Data submission deadline	October 2, 2023	September 30, 2024	September 30, 2025
THA/TKA Procedures Performed		January 1, 2023- June 30, 2023	July 1, 2023- June 30, 2024	July 1, 2024- June 30, 2025
Postoperative PRO Data	Data collection period	October 28, 2023 - August 28, 2024	April 26, 2024- August 29, 2025	April 27, 2025- August 29, 2026
	Data submission deadline	September 30, 2024	September 30, 2025	September 30, 2026

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

Voluntary Reporting Overview

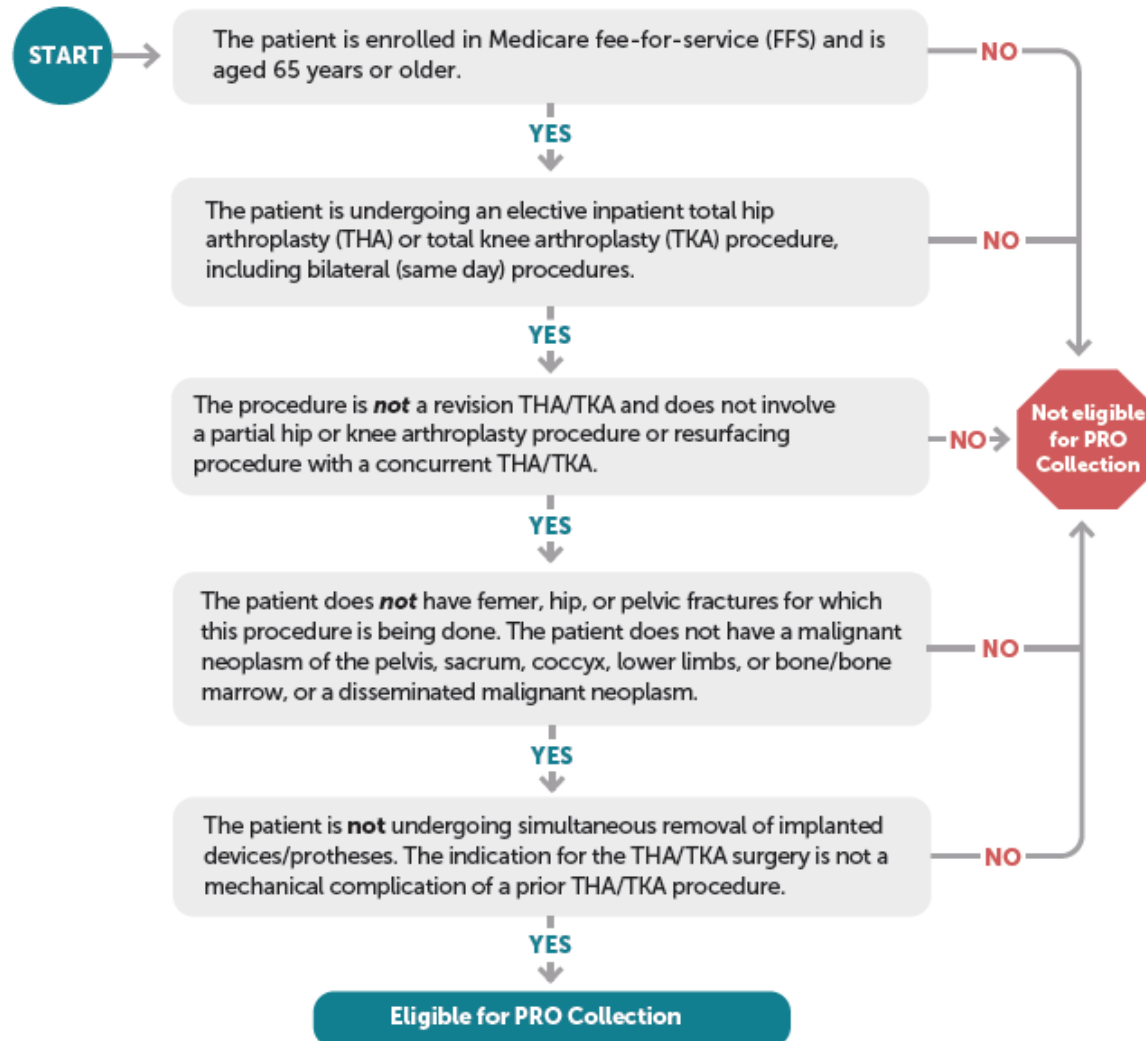
Successful Participation

- Which hospitals can participate?
- Who do I collect data on?
- What data do I collect?
- When do I collect and submit PRO data?
- How do I collect data?
- Why should I participate?
- What will my hospital receive?




Which Hospitals Can Participate?

- Non-federal acute care hospitals in the US, including associated territories, with at least one eligible procedure in the data period
- Critical access hospitals (CAHs)
- Hospitals in the IQR program have an opportunity to participate in voluntary reporting prior to mandatory reporting

Who Do I Collect Data On?



What Data Do I Collect and Submit?

 Data Element Type	 Preoperative Data Elements	 Postoperative Data Elements
Patient-Reported Outcome Measures	THA patients: HOOS, JR TKA patients: KOOS, JR	THA patients: HOOS, JR TKA patients: KOOS, JR
Patient- or Provider-Reported Risk Variables	Mental Health Subscale items from either PROMIS-Global or VR-12 Health Literacy (SILS2) BMI or Height/Weight Use of Chronic Narcotics Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question	N/A
Matching Variables	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Date of Admission	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Date of Admission
PROM-related Variables	Date of PRO Data Collection Mode of Collection Person Completing the Survey Generic PROM Version	Date of PRO Data Collection Mode of Collection Person Completing the Survey N/A

BMI: Body Mass Index; HOOS, JR: Hip Disability and Osteoarthritis Outcome Score, Joint Replacement; KOOS, JR: Knee Disability and Osteoarthritis Outcome Score, Joint Replacement; PROMIS-Global: Patient-Reported Outcomes Measurement Information System; SILS: Single Item Literacy Screener; VR-12: Veterans Rand-12; MBI: Medicare Beneficiary Identifier; PROM: Patient-reported Outcome Measure

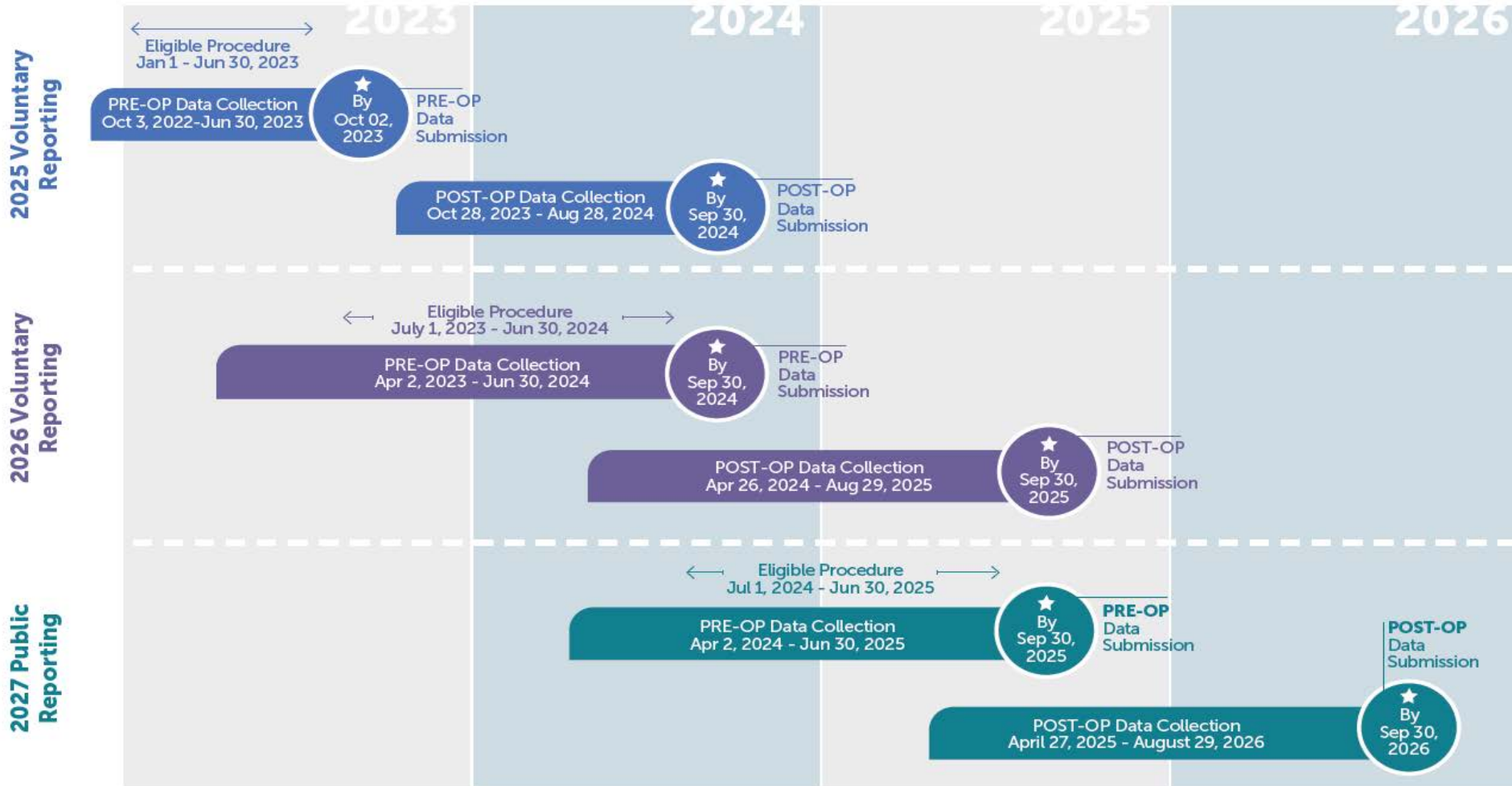
Links to the PRO Questionnaires

- Hip Disability and Osteoarthritis Outcome Score, Joint Replacement (HOOS, JR): <https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp>
- Knee Injury and Osteoarthritis Outcome Score, Joint Replacement (KOOS, JR): <https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp>
- Oswestry Index Question: <https://aaos.org/globalassets/quality-and-practice-resources/patient-reported-outcome-measures/spine/oswestry-2.pdf>
- Patient-Reported Outcomes Measurement Information System (PROMIS)-Global: <https://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis/list-of-adult-measures>
- Single Item Literary Screener (SILS)-2: <https://healthliteracy.bu.edu/sils>
- Veterans Rand (VR)-12: <http://www.bu.edu/sph/research/research-landing-page/vr-36-vr-12-and-vr-6d/>

When Do I Collect and Submit PRO Data?

- THA/TKA PRO-PM requires PRO data collection before and after surgery:
 - Preoperative PRO data collection:
90–0 days before eligible THA/TKAs
 - Postoperative PRO data collection:
300–425 days after surgery
- Hospitals or vendors will have a single window to submit these data at the time periods mentioned on slide 13. (Data submission will be addressed in a future webinar.)

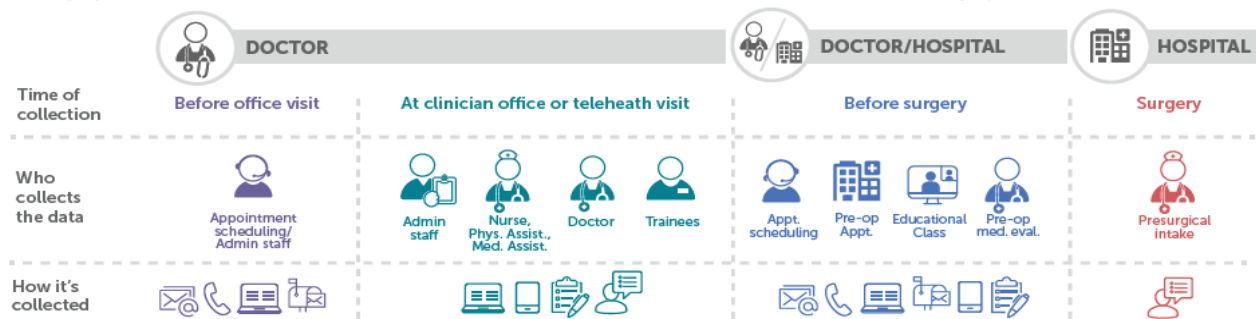
Voluntary Reporting Timeline



How Do I Collect Data?

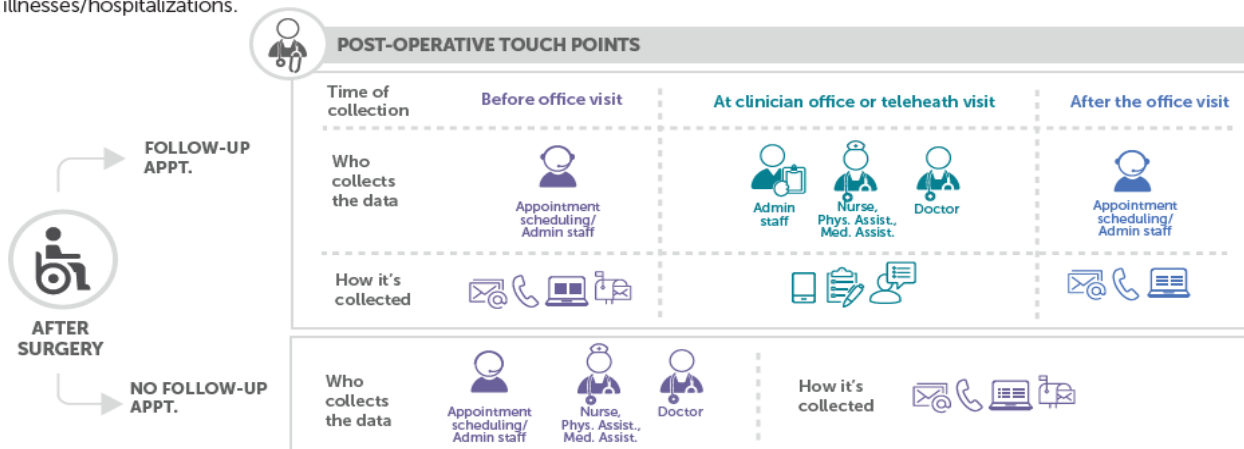
Collecting Preoperative Data (90-0 days before surgery)

PRO and risk variable data are collected 0-90 days prior to an eligible elective, primary THA/TKA procedure. Patients typically meet with their providers before deciding to undergo a THA/TKA procedure, have additional touchpoints between their decision to have a procedure and their surgery (such as educational sessions or pre-operative medical evaluation), and then have their surgery at the hospital.



Collecting Postoperative Data (300-425 days after surgery)

PRO data is collected 10-14 months (300-425 days) after an eligible THA/TKA procedure. Patients typically meet with providers, clinicians, and other health care workers approximately one year following their THA/TKA procedure so collecting the post-operative data 300-425 days after the procedure may increase response rates by allowing flexibility around this one-year timeframe. We understand sometimes patients cannot or chose not to go to their one-year follow-up appointments. For example, if a patient is feeling well, they may decide they do not need a follow-up appointment. Alternatively, some elderly patients may not be able to come to the follow-up because of other illnesses/hospitalizations.



Benefits of Participating in Voluntary Reporting Periods

- Allows hospitals time to incorporate PRO data collection into their clinical workflows
- Provides an opportunity to communicate key information related to data submission including data elements to be collected and submitted, submission process, deadlines, and to test PRO data submission to CMS before mandatory reporting
- Allows hospitals time to familiarize themselves with the hospital-level THA/TKA PRO-PM:
 - Measure methodology
 - Review and understand data used to calculate their measure results
 - Data submission process
- Provides hospitals an opportunity to submit feedback and ask questions prior to the use of the measure for mandatory reporting
- Provides an opportunity for hospitals to understand/receive feedback on their programmatic participation requirements related to the measure prior to mandatory reporting
- Provides hospitals with insight into their performance on the measure

What will hospitals receive?

- Hospitals will receive response rate and measure score information confidentially during voluntary reporting.
- Hospital participation in voluntary reporting and response rates will be publicly reported during voluntary reporting.

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

Measure Details

THA/TKA PRO-PM Overview

- Measure specifications are defined in collaboration with patients, providers, and public comments.
- Measure is endorsed by the National Quality Forum (NQF) (NQF #3559).
- The goal of a hospital-level outcome measure is to capture the full spectrum of care to incentivize collaboration and shared responsibility for improving patients' health and reducing the burden of their disease.
- This measure is intended to assess hospital performance for patients undergoing elective primary THA/TKA procedures.

Inclusion Criteria

- Enrolled in Medicare Fee-for-Service (FFS) (Part A and Part B for the 12 months prior to the date of the admission and Part A during the index admission)
- Aged 65 or older
- Discharged alive
- Patients undergoing unilateral or bilateral inpatient THA or TKA procedure(s)

Elective Primary Procedures

Elective primary TKA/TKA procedures are defined as THA/TKA procedures without:

- Fracture of the pelvis or lower limbs
- A concurrent partial hip or knee arthroplasty procedure
- A concurrent revision, resurfacing, or implanted device/prosthesis removal procedure
- Mechanical complication
- Malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm
- Transfer from another acute care facility for the THA/TKA

Exclusion Criteria

- Patients with staged procedures, where a staged procedure is defined as having a THA and/or TKA procedure in one hospitalization, and having another THA and/or TKA procedure(s) in subsequent hospitalization(s) during the measurement period
- Patients who die within 300 days of their procedure
- Patients who were discharged against medical advice

Risk Adjustment

- Risk model developed in collaboration with orthopedic community and stakeholders.
- Risk factors are included due to their importance and relationship with the measure outcome such as Body Mass Index (BMI), rheumatoid arthritis, and preoperative mental health status.
- Risk variables are 1) obtained from a patient's 12-month administrative claims history or 2) patient- or provider-reported risk variables collected prior to procedure.

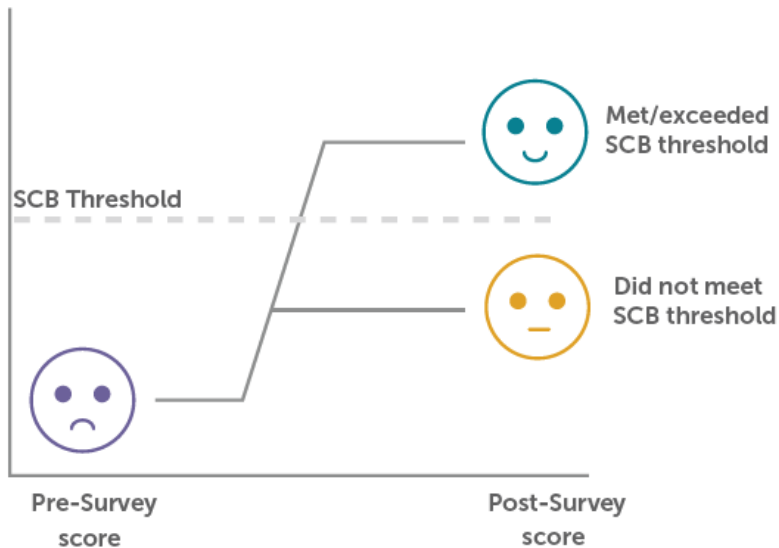
Potential Non-response Bias

- The measure requires patient response to patient-reported outcome measures (PROMs); therefore, accounting for potential non-response is critical.
- We evaluate completeness of PROMs and submitted risk variables for all eligible procedures during the measurement timeframe.
- We utilize a statistical approach, called stabilized inverse probability weighting (IPW), to account for potential non-response bias.
 - Calculate propensity scores using multinomial logistic regression.
 - Calculate stabilized inverse probability weights.
 - Stabilized inverse probability weights are incorporated into the risk model and calculation of risk-standardized improvement rates (RSIRs).

Measure Outcome

Patient-Level Outcomes

Patients who meet or exceed Substantial Clinical Benefit (SCB) thresholds



Hospital-Level Outcomes

Proportion of patients who meet or exceed the SCB thresholds




Risk-standardized improvement rate = 60%
OR
60% of patients at this hospital had a substantial improvement after their procedure

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

Resources

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Hospital Inpatient Measure Sets

- › Electronic Clinical Quality Measures (eCQM) [Learn more](#)
- › Healthcare-Associated Infections (HAI) [Learn more](#)
- › Hospital Consumer Assessment (HCAHPS) [Learn more](#)
- › Hybrid Measure [Learn more](#)
- › Payment Standardization [Learn more](#)
- › THA/TKA PRO-PM [Learn more](#)



PRO-PM Resources

PRO Data Collection Fact Sheets

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Voluntary Reporting: Key Information and Resources

Overview:

- The goal of the hospital-level THA/TKA PRO-PM (Patient Quality Factor) (PQF) is to increase transparency in patient self-reported pain and functional status prior to and after their elective primary THA/TKA.
- The hospital-level THA/TKA PRO-PM is a free, non-PRO-PM as it encourages the patient's autonomy in the measure outcome, with the intention of providing information and shared decision-making between patients and providers across the full spectrum of care.
- Centers for Medicare and Medicaid Services (CMS) plans to implement the THA/TKA PRO-PM through enhanced implementation, with new voluntary reporting periods in 2025 and 2026, followed by mandatory public reporting in 2027.
- Data collection for the first round of Voluntary Reporting for the measure will begin in Fall 2022. All hospitals eligible for the Hospital Quality Reporting (HQR) Program are encouraged to participate in the Voluntary Reporting period.
- Starting January 1, 2023, all hospitals participating in the PRO-PM will report hospital-level, annual measures (HQR) to the THA/TKA PRO-PM. CMS encourages hospitals to collect and submit complete data to more than 100 eligible patients for each procedure to maximize the potential for transparency in measuring the HQR. Quality Reporting. Hospitals that fail to meet the reporting requirements will receive a reduction in their HQR in fiscal year 2023.

Benefits of Participating in Voluntary Reporting

- Provides patients with an important PRO data collection tool to help them understand their care and make informed decisions.
- Provides hospitals with information on PRO data responses and associated results.

Who Do I Collect PRO Data on?

The purpose here is to identify which hospitals should use to determine patients eligible for patient-reported outcome (PRO) data collection for the total hip arthroplasty (THA) and total knee arthroplasty (TKA) procedures. The following table provides information on the patient population that is eligible for PRO data collection. The table is organized by procedure type and includes information on the patient population that is eligible for PRO data collection.

Procedure Type	Eligible Patients
2023 Voluntary Reporting	<ul style="list-style-type: none"> The patient is enrolled in Medicare, Medicaid, or aged 18 years or older. The patient is undergoing an elective THA or TKA procedure, including revision THA or TKA procedures. The procedure is performed in a hospital or ambulatory surgical center (ASC) that is participating in the HQR Program.
2025 Voluntary Reporting	<ul style="list-style-type: none"> The patient is aged 18 years or older. The patient is enrolled in Medicare, Medicaid, or aged 18 years or older. The patient is undergoing an elective THA or TKA procedure, including revision THA or TKA procedures. The procedure is performed in a hospital or ambulatory surgical center (ASC) that is participating in the HQR Program.
2027 Public Reporting	<ul style="list-style-type: none"> The patient is aged 18 years or older. The patient is enrolled in Medicare, Medicaid, or aged 18 years or older. The patient is undergoing an elective THA or TKA procedure, including revision THA or TKA procedures. The procedure is performed in a hospital or ambulatory surgical center (ASC) that is participating in the HQR Program.

What is the PRO-PM Timeline?

The timeline below highlights important dates for data collection and submission associated with the eligible elective primary THA/TKA procedures for the reporting voluntary and mandatory reporting periods of the total hip arthroplasty (THA) and total knee arthroplasty (TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM).

What Data Should I Collect?

The Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) requires collection of preoperative and postoperative patient-reported data to 10 weeks to derive the PRO-PM score. The data collection tool includes the following information:

- Demographic Data:** Patient Name, Date of Birth, Sex, Race, Ethnicity, Primary Care Provider, Referring Provider, Referring Specialty, Referring Facility, Referring Address, Referring City, Referring State, Referring Zip, Referring Phone, Referring Fax, Referring Email, Referring Website, Referring URL, Referring Domain, Referring IP Address, Referring MAC Address, Referring SSID, Referring BSSID, Referring Channel, Referring Power, Referring Mode, Referring Type, Referring Class, Referring Vendor, Referring Model, Referring Part Number, Referring Description, Referring Location, Referring Status, Referring Date, Referring Time, Referring User, Referring Password, Referring Username, Referring Role, Referring Group, Referring Organization, Referring Department, Referring Division, Referring Center, Referring Branch, Referring Region, Referring Country, Referring Continent, Referring Hemisphere, Referring Timezone, Referring Language, Referring Currency, Referring Units, Referring System, Referring Network, Referring Protocol, Referring Standard, Referring Specification, Referring Interface, Referring Protocol, Referring Standard, Referring Specification, Referring Interface.

How and When Can Patient-Reported Outcome (PRO) Data be Collected?

The Centers for Medicare and Medicaid Services (CMS) supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patient preferences. Below are some of the options that hospitals can use. Feedback from providers and patients will inform the following options for collecting PRO data using new reporting tools.

Methodology Report

This document provides information on the methodology used for the development of the THA/TKA PRO-PM.

Survey for preoperative PRO and non-reliable data collection: The survey was designed to collect data on the patient's current PRO and non-reliable data collection. The survey was designed to collect data on the patient's current PRO and non-reliable data collection. The survey was designed to collect data on the patient's current PRO and non-reliable data collection.

2.1.3 Measure Cohort

The cohort for this measure is determined by the Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) (PQF) is to increase transparency in patient self-reported pain and functional status prior to and after their elective primary THA/TKA.

Measure Fact Sheet

Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Fact Sheet

The purpose of this fact sheet is to provide information on the Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) (PQF) is to increase transparency in patient self-reported pain and functional status prior to and after their elective primary THA/TKA.

What is included in the PRO-PM?

- Preoperative patient-reported data (pain, function, and quality of life).
- Postoperative patient-reported data (pain, function, and quality of life).

Patient Brochure

Patient Guide: Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)

Learn about how you, as a patient, can help improve the quality of Total Hip and Total Knee Arthroplasty procedures at (insert hospital name) and across the nation.

Questions and Answers

- Send your questions to the QualityNet Question and Answer Tool:
https://cmsqualitysupport.servicenow.com/qnet_qa?id=ask_a_question
- Select IQR-Inpatient Quality Reporting Program in the Program list and select Hip/Knee PRO-PM in the Topic list.

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

Questions

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
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