CJR 101: Voluntary Reporting of THA/TKA Patient-Reported Outcomes (PRO) and Limited Risk Variable Data

Comprehensive Care for Joint Replacement Model

March 10, 2016

Webinar Agenda

- Review
  - CJR Quality Measures
  - Composite Quality Score
  - Pay-for-Performance Methodology
- Patient-reported outcomes (PRO) Data Collection
  - Why collect PROs?
  - How will PRO collection impact CJR reconciliation and repayment amounts?
  - Which patients are eligible for PRO collection?
  - What data are required and when to submit?
  - How will I submit our data?
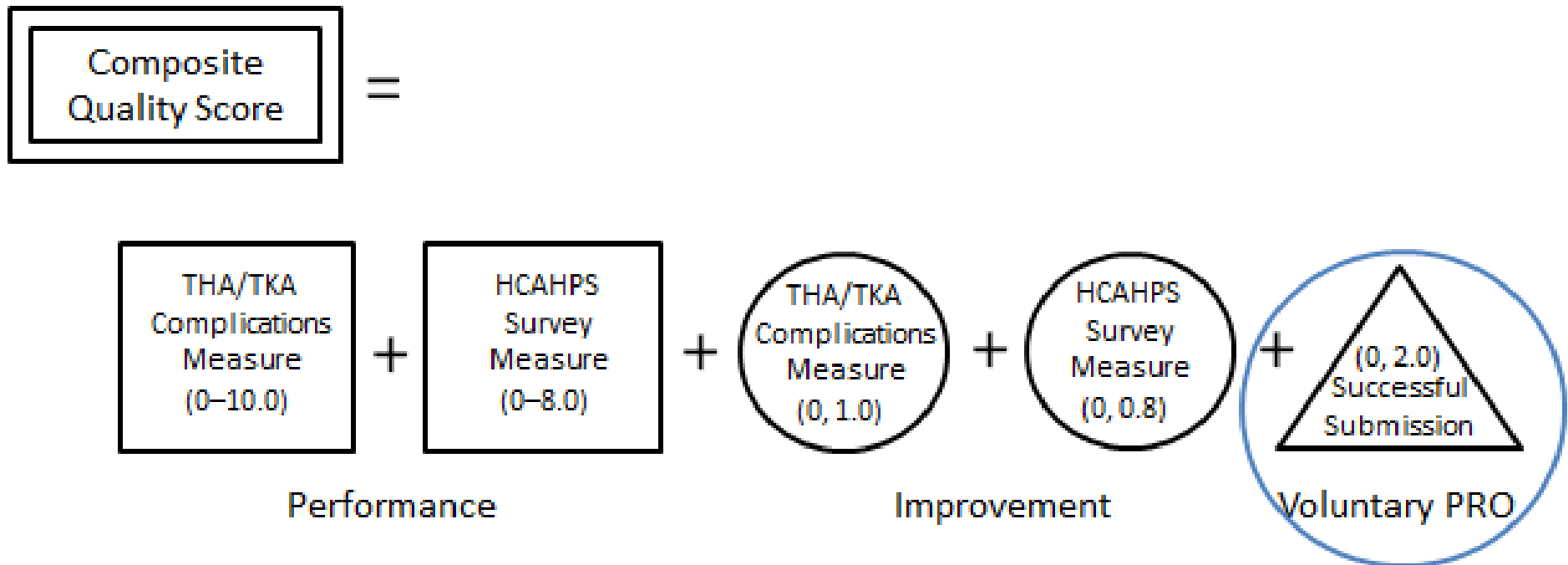 - Participant Resources
- Q&A

CJR Quality Measures

➢ In the final rule, we finalized **two quality measures:**

1) Hospital-Level Risk Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure (NQF #1550); and

2) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure (NQF #0166).

➢ In addition, we are encouraging **voluntary submission of THA/TKA patient-reported outcomes (PRO) and limited risk variable data**

Composite Quality Score: Description

➢ Composite quality score **links quality to payment**

➢ Hospitals are assigned a composite quality score each year based on their <u>performance</u> and <u>improvement</u> on the **two quality measures:**
   1. THA/TKA Complications measure (NQF #1550)
   2. HCAHPS Survey measure (NQF #0166)

➢ **Successful submission of THA/TKA PRO and limited risk variable data**

   • Performance and improvement on the PRO data elements are not taken into consideration as finalized in the rule

* For more information regarding the composite quality score methodology, please refer to Section III.C.5.b.(5)(c) "Methodology to Link Quality and Payment" on page 73363 of the final rule, or attend the next CJR 101 Webinar, "Quality Measures and Quality Composite Score," on Thursday, March 17th from 3:00-4:00pm EST.

Composite Quality Score: Calculation

Composite Quality Score = THA/TKA Complications Measure (0–10.0) + HCAHPS Survey Measure (0–8.0) + THA/TKA Complications Measure (0, 1.0) + HCAHPS Survey Measure (0, 0.8) + (0, 2.0) Successful Submission

Performance — Improvement — Voluntary PRO

➢ Hospitals that successfully submit voluntary THA/TKA PRO and limited risk variable data receive **two additional points for their composite quality score**

Pay-for-Performance Methodology

➢ Hospitals may experience different **effective discount percentages at reconciliation** due to quality
  • Refer to Tables 19-21 on page 73378 of the final rule

➢ Hospitals with scores placing them in "Good" or "Excellent" quality categories will either
  • receive a **higher reconciliation payment** or
  • have **less repayment** responsibility

Pay-for-Performance Methodology

➢ Tables 19-21 on page 73378 of the CJR final rule

TABLE 19—PERFORMANCE YEAR 1: RELATIONSHIP OF COMPOSITE QUALITY SCORE TO RECONCILIATION PAYMENT ELIGIBILITY AND THE EFFECTIVE DISCOUNT PERCENTAGE EXPERIENCED AT RECONCILIATION

Composite quality score	Quality category	Eligible for reconciliation payment	Eligible for quality incentive payment	Effective discount percentage for reconciliation payment (%)	Effective discount percentage for repayment amount
<4.0	Below Acceptable	No	No	3.0	Not applicable.
≥4.0 and <6.0	Acceptable	Yes	No	3.0	Not applicable.
≥6.0 and ≤13.2	Good	Yes	Yes	2.0	Not applicable.
>13.2	Excellent	Yes	Yes	1.5	Not applicable.

TABLE 20—PERFORMANCE YEARS 2 AND 3: RELATIONSHIP OF COMPOSITE QUALITY SCORE TO RECONCILIATION PAYMENT ELIGIBILITY AND THE EFFECTIVE DISCOUNT PERCENTAGE EXPERIENCED AT RECONCILIATION

Composite quality score	Quality category	Eligible for reconciliation payment	Eligible for quality incentive payment	Effective discount percentage for reconciliation payment (%)	Effective discount percentage for repayment amount
<4.0	Below Acceptable	No	No	3.0	2.0
≥4.0 and <6.0	Acceptable	Yes	No	3.0	2.0
≥6.0 and ≤13.2	Good	Yes	Yes	2.0	1.0
>13.2	Excellent	Yes	Yes	1.5	0.5

TABLE 21—PERFORMANCE YEARS 4 AND 5: RELATIONSHIP OF COMPOSITE QUALITY SCORE TO RECONCILIATION PAYMENT ELIGIBILITY AND THE EFFECTIVE DISCOUNT PERCENTAGE EXPERIENCED AT RECONCILIATION

Composite quality score	Quality category	Eligible for reconciliation payment	Eligible for quality incentive payment	Effective discount percentage for reconciliation payment (%)	Effective discount percentage for repayment amount
<4.0	Below Acceptable	No	No	3.0	3.0
≥4.0 and <6.0	Acceptable	Yes	No	3.0	3.0
≥6.0 and ≤13.2	Good	Yes	Yes	2.0	2.0
>13.2	Excellent	Yes	Yes	1.5	1.5

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Why Collect PROs?

How did we come to incentivizing THA/TKA PROs?

➢ **THA/TKA are both clinically effective and cost-effective**

- Reduce pain and improve function in nearly all patients
- Single most effective treatments for advanced arthritis, regardless of underlying cause
- Costly but cost effective, even at low volume centers

➢ Despite this, **quality and cost variation** exists

Daigle, et. al. Best Pract Res Clin Rheumatol 2012.

PROs: Best Measure of Value

Value = Outcome / Cost

➢ American Academy of Orthopedic Surgeons (AAOS) and others indicate value is best "defined by the customer, not the supplier"

➢ PRO surveys assess outcomes *most* impacted by THA/TKA

  • **Pain**

  • **Function**

➢ PROs provide patients and providers with objective data to understand the benefits of surgery

AAOS Information Statement 1044, June 2015; Porter, NEJM 2010.

PROs: Best Tool for Quality Improvement

➢ Enhance provider-patient communication and strengthen the patient-physician relationship

➢ Important part of practice improvement

  • Allows identification of practices associated with best or worst outcomes

➢ Useful for pre-operative shared decision-making and post-operative monitoring

PROs: Be Ready for the Future

➤ Orthopedic and quality leaders support PROs

- Align with CMS's future direction of reporting patient-reported outcome performance measures (PRO-PMs)

- Get head start on building your PRO collection infrastructure

➤ Help inform development of a hospital-level, risk-adjusted PRO-PM for elective primary THA/TKA surgical procedures

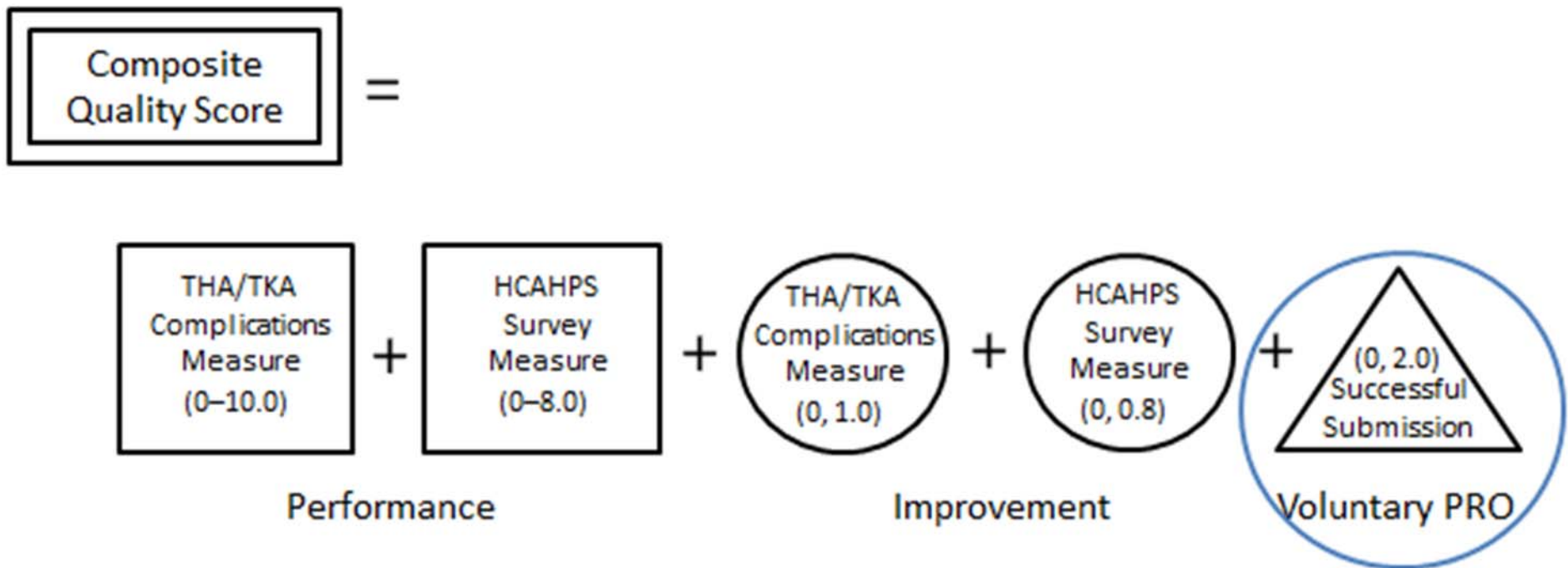- Anticipate future federal measurement programs

PROs: Increase CJR Composite Quality Score

➢ Successful PRO collection factors into hospitals' CJR composite quality score calculation

  • Two-point increase in composite quality score points

➢ Recognition on *Hospital Compare* that you submitted PRO data

  • Public acknowledgement of hospitals' patient-centered focus on quality

How will PRO collection impact CJR reconciliation and repayment amounts?

Composite Quality Score

$$\boxed{\text{Composite Quality Score}} = $$

Performance: $\boxed{\text{THA/TKA Complications Measure } (0–10.0)}$ + $\boxed{\text{HCAHPS Survey Measure } (0–8.0)}$

Improvement: + $\bigcirc \text{ THA/TKA Complications Measure } (0, 1.0)$ + $\bigcirc \text{ HCAHPS Survey Measure } (0, 0.8)$

Voluntary PRO: + $\triangle (0, 2.0) \text{ Successful Submission}$

➢ Hospitals that successfully submit voluntary THA/TKA PRO and limited risk variable data receive **two additional points for their composite quality score**
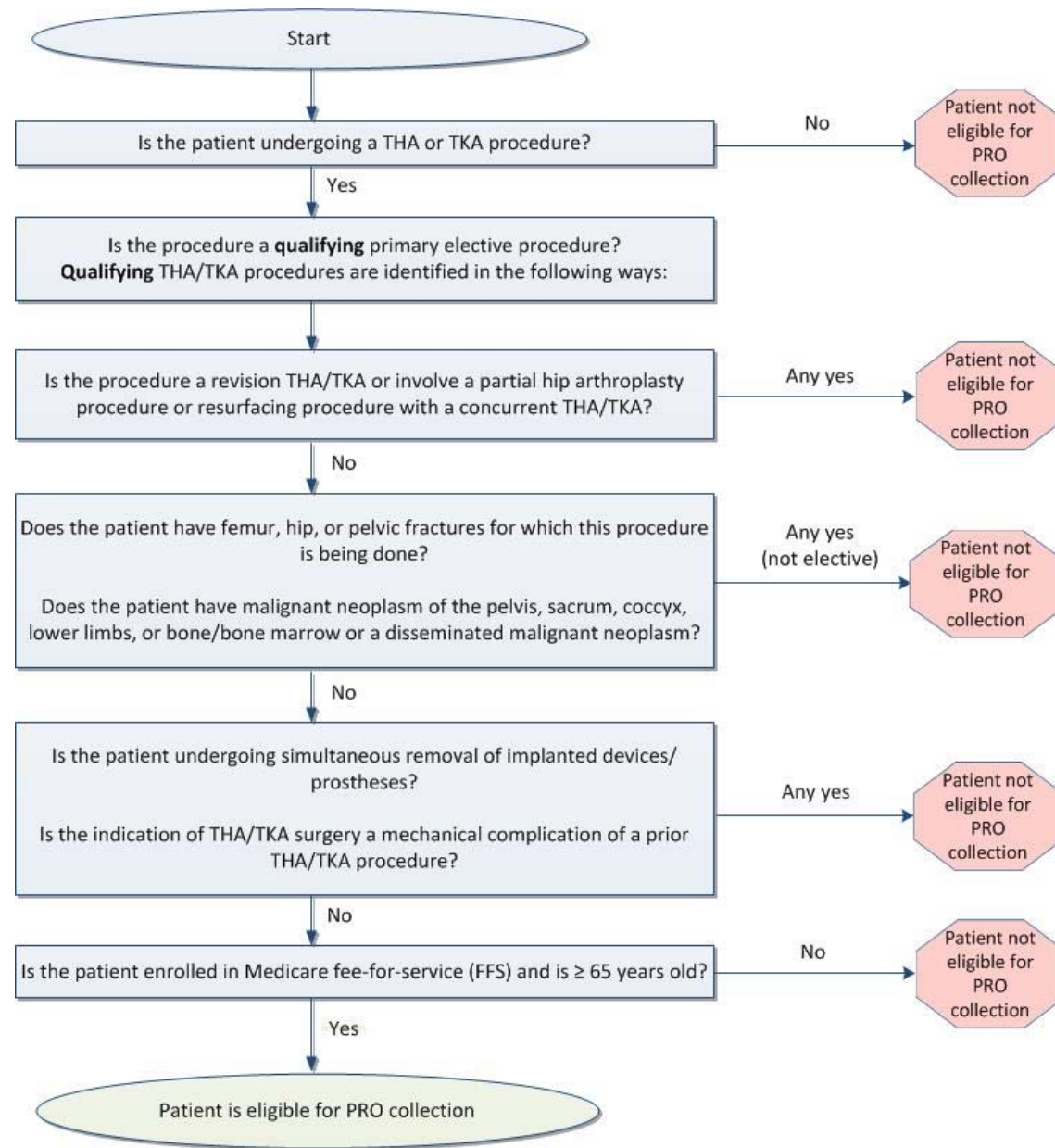
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Which patients are eligible

# for PRO collection?

Patients Eligible for PRO Collection

➢ Medicare beneficiaries aged 65 or over, undergoing **elective** primary THA/TKA procedure(s)

➢ Excludes patients with fractures, bony metastases, and those undergoing revision, resurfacing or partial hip replacement procedures

THA ICD-10 CM Codes	TKA ICD-10 CM Codes		
0SR90J9	0SRC07Z	0SRT07Z	0SRV07Z
0SR90JA	0SRC0JZ	0SRT0JZ	0SRV0JZ
0SR90JZ	0SRC0KZ	0SRT0KZ	0SRV0KZ
0SRB0J9	0SRD07Z	0SRU07Z	0SRW07Z
0SRB0JA	0SRD0JZ	0SRU0JZ	0SRW0JZ
0SRB0JZ	0SRD0KZ	0SRU0KZ	0SRW0KZ

Patients eligible for PRO collection

Start

Is the patient undergoing a THA or TKA procedure? — No → Patient not eligible for PRO collection

Yes

Is the procedure a **qualifying** primary elective procedure?
Qualifying THA/TKA procedures are identified in the following ways:

Is the procedure a revision THA/TKA or involve a partial hip arthroplasty procedure or resurfacing procedure with a concurrent THA/TKA? — Any yes → Patient not eligible for PRO collection

No

Does the patient have femur, hip, or pelvic fractures for which this procedure is being done?

Does the patient have malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm? — Any yes (not elective) → Patient not eligible for PRO collection

No

Is the patient undergoing simultaneous removal of implanted devices/prostheses?

Is the indication of THA/TKA surgery a mechanical complication of a prior THA/TKA procedure? — Any yes → Patient not eligible for PRO collection

No

Is the patient enrolled in Medicare fee-for-service (FFS) and is ≥ 65 years old? — No → Patient not eligible for PRO collection

Yes

Patient is eligible for PRO collection

THA/TKA Procedures Eligible
for PRO Collection
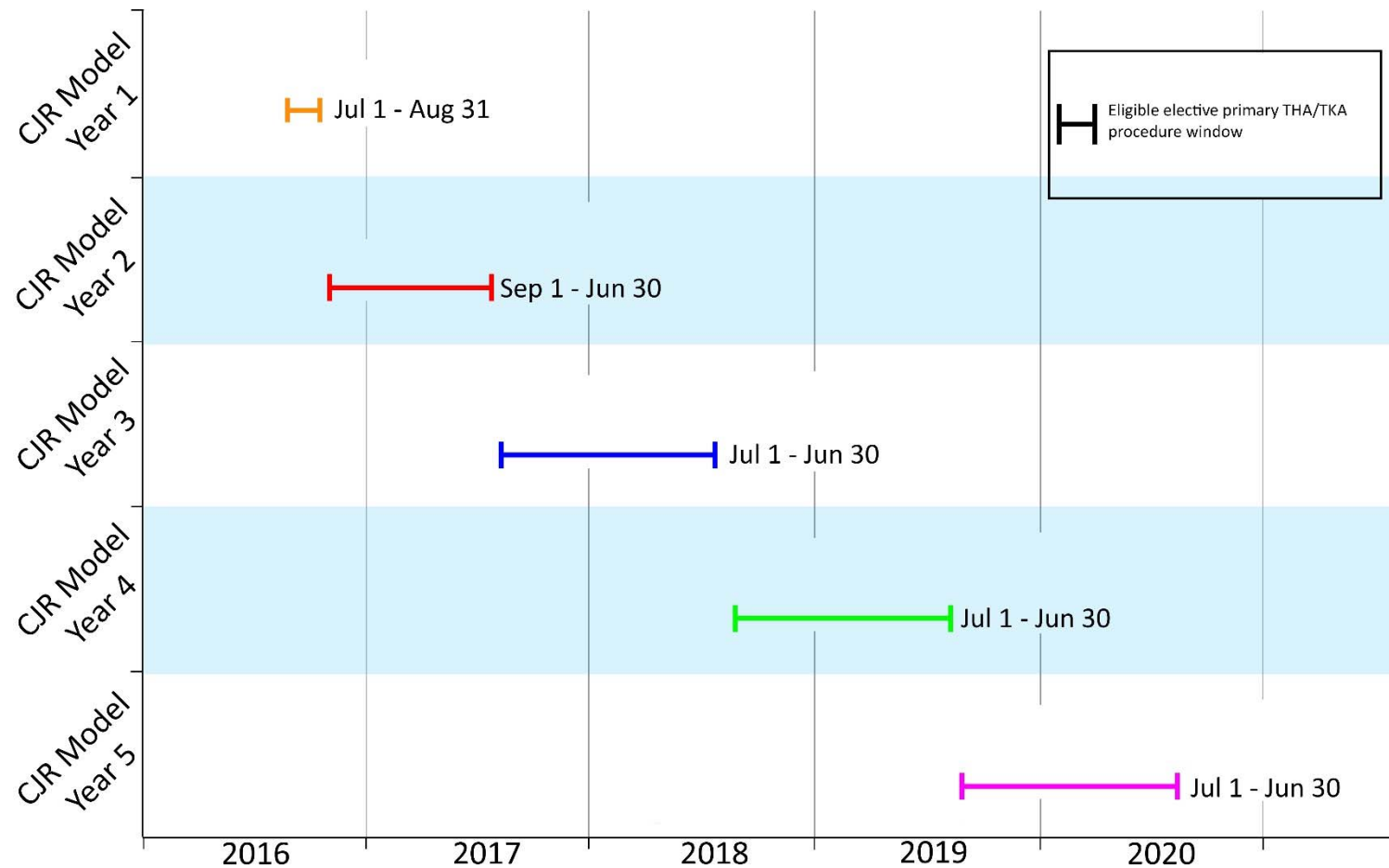
What data are required
and when must I submit?

Required PRO Data Overview

➢ **Pre-operative PRO and risk variable data**

- 1 generic and 1 THA/TKA-specific PRO survey

- 7 risk variables identified by orthopedists

➢ **Post-operative PRO data**

- 1 generic and 1 THA/TKA-specific PRO survey

➢ PRO surveys are non-proprietary

- No additional cost to hospitals

➢ Patient identifiers included with each data submission

- Allow for linking pre- and post-op data

Pre-Operative PRO Data

➢ To be collected between **90 to 0 days** *prior* to the eligible elective primary THA/TKA procedure

Pre-operative PRO surveys to be collected				
VR-12	*OR*	PROMIS-Global		
AND				
HOOS/KOOS Jr.	*OR*	HOOS/KOOS subscales		
HOOS Jr.	KOOS Jr.		HOOS subscales	KOOS subscales
• Pain (2Qs) • Function, daily living (4Qs)	• Stiffness (1Q) • Pain (4Qs) • Function, daily living (2Qs)		• Pain (10Qs) • Function, daily living (17Qs)	• Stiffness (2Qs) • Pain (9Qs) • Function, daily Living (17Qs)

Pre-Operative Risk Variable Data

Risk variables and identifiers to be collected		
• Medicare provider number	• Mode of collection	• Body mass index (BMI) or height in cm and weight in kg
• Medicare Health Insurance Claim (HIC) number	• Person completing the survey	• Pre-operative use of narcotics
• Date of birth	• Patient-reported pain in non-operative lower extremity joint(s)	• Patient-reported Health Literacy Screening (SILS2) questionnaire
• Date of collection	• Patient-reported Back Pain (Oswestry Index question)	• Race and ethnicity

Post-Operative Data

➤ To be collected between **270 to 365 days** *after* the eligible elective primary THA/TKA procedure

Same PRO surveys and patient identifiers collected pre-operatively

PRO Data Collection Timeline: Eligible THA/TKA Procedures
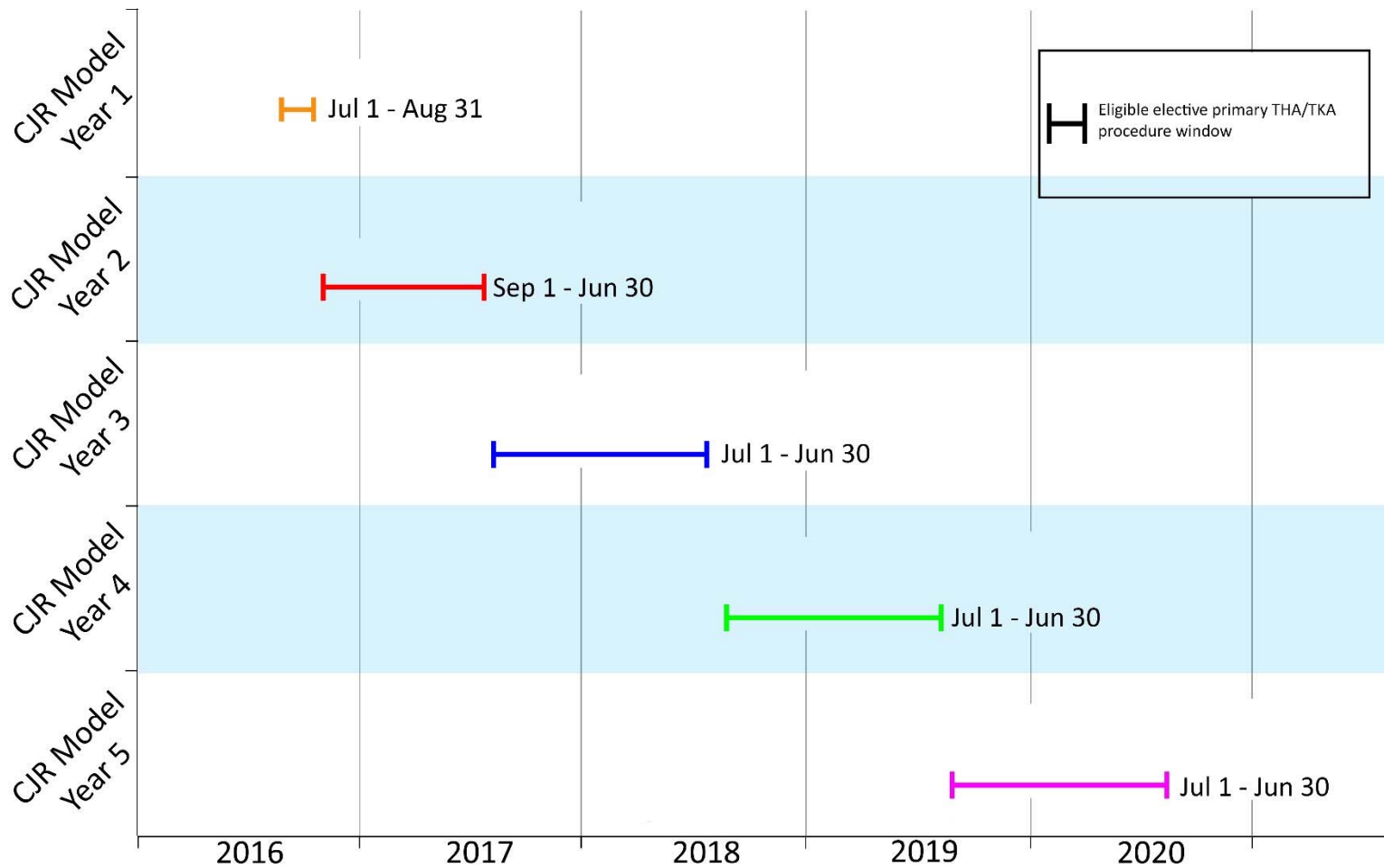
PRO Data Collection Timeline: Pre-Op PRO Data and Risk Variables
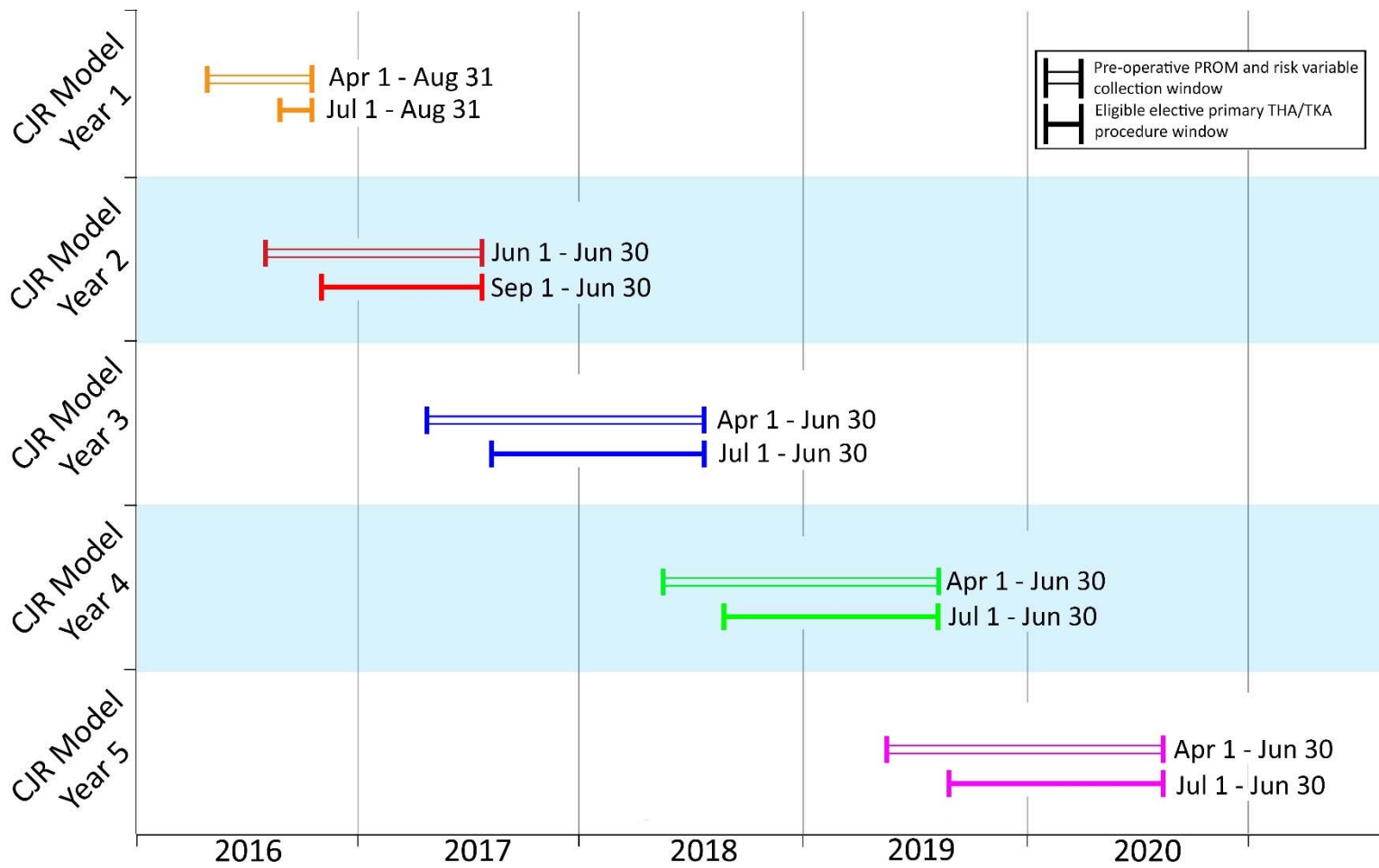
PRO Data Collection Timeline:
Post-Op PRO Data
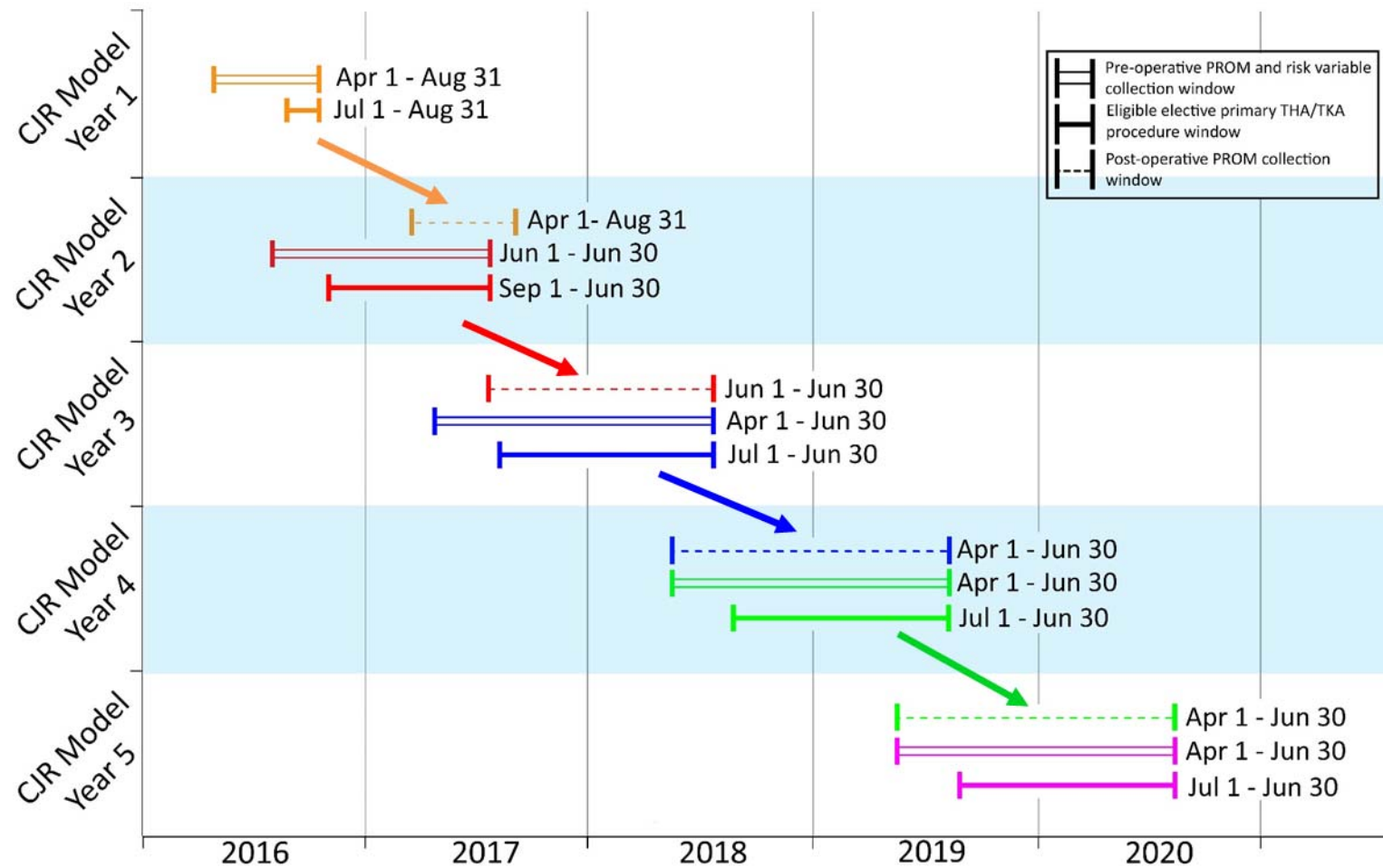
PRO Data Submission Deadlines

➢ Model Year 1: October 31, 2016

- Pre-op PRO and risk variable data only

➢ Model Year 2: October 31, 2017

- Pre-op data through June 30, 2017 plus Year 1 post-op data

➢ Model Year 3: August 31, 2018

- Year 3 pre-op data plus post-op data on Year 2 patients

➢ Model Year 4: August 31, 2019

- Year 4 pre-op data plus post-op data on Year 3patients

➢ Model Year 5: August 31, 2020

- Year 5 pre-op data plus post-op data on Year 4 patients

'Successful' Submission of PRO Data: Year 1 of CJR Model

➢ Submission of data elements as finalized in the CJR final rule

- *Refer to Table 28 of the final rule*

➢ Submit data on **at least 50% or 50 cases** among all eligible THA/TKA procedures – for example:

- Hospitals with 20 eligible cases between **Jul 1 and Aug 31, 2016** would need to submit data on **at least 10 cases (50%)**

- Hospitals with 1,000 eligible cases between **Jul 1 and Aug 31, 2016** would need to submit data on **at least 50 cases**

'Successful' Submission of PRO Data: Years 2-5 of CJR Model

Model Year	Eligible THA/TKA procedures performed during	PRO Submission Requirements
2	Sep 1, 2016 – Jun 30, 2017	≥ 60% or ≥ 75 eligible procedures
3	July 1, 2017 – June 30, 2018	≥ 70% or ≥ 100 eligible procedures
4	July 1, 2018 – June 30, 2019	≥ 80% or ≥ 200 eligible procedures
5	July 1, 2019 – June 30, 2020	≥ 80% or ≥ 200 eligible procedures

How will I submit our data?

PRO Data Collection Template

➢ Template file used to submit data to CMS via *QualityNet Secure Portal*

- Allows hospitals to populate Excel worksheet with required PRO and risk variable data for successful submission

➢ Variable names in the Template are defined in accompanying Data Dictionary

➢ Template is fully customizable for each hospital and/or surgeon

➢ Select among drop-down menus using Customization Tool

PRO Data Collection Template: Customization Tool

- This example is Post-Op HOOS Subscales for a THA patient

PRO Data Collection Template: Data Entry Step

- Enter each patient as a separate row

- Not applicable field(s) will be blocked

Data Dictionary

➤ Provides comprehensive list of required data elements to be collected and submitted

➤ Serves as *complementary* resource to accompany PRO Data Collection Template

- Cannot be used for data entry and submission

➤ Excel worksheet tabs provide:

- Guidance on collection process

- Data specifications (variable names) that can be cross-walked to PRO Data Collection Template

- Hyperlinks to PRO survey instruments

Data Dictionary:
Example (Post-Op IDs)

	A	B	C	D	E	F	G	H
1	Data Element	Physical Column Name	Max Field Length	Type	Example	Description	Pre-Op (-90 to 0 days)	Post-Op (270 to 365 days)
2	Medicare Provider Number	PROVID	6	ALPHANUMERIC	123456	6-digit provider number	Yes	Yes
3	Health Insurance Claim (HIC) Number	HICN	11	ALPHANUMERIC	123456789A	10- or 11-digit beneficiary account number	Yes	Yes
4	Date of Birth	DOB	8	DATE	01011950	MM/DD/YYYY	Yes	Yes
5	Date of Collection*	COLLECTION_DT	8	DATE	01012006	MM/DD/YYYY	Yes	Yes
6	Mode of Collection*	COLLECTION_MD	1	ALPHANUMERIC	0	0 = Written 1 = Telephone (active interactive voice response) 2 = Electronic (web-base, EHR, etc.)	Yes	Yes
7	Respondent to the Survey*	RESPONDENT	1	ALPHANUMERIC	0	0 = Self 1 = Surrogate	Yes	Yes
8	Date of Admission to Anchor Hospitalization	ADMSN_DT	8	DATE	01012016	MM/DD/YYYY	No	Yes
9	Date of Eligible Procedure	PROC_DT	8	DATE	01012016	MM/DD/YYYY	No	Yes
10	*This variable is collected once during the post-operative period. Please provide the response that is most representative of when/how the required post-operative data (including PROs) were collected within the 270 to 365 days timeframe.							

Collection Process | Pre-Op IDs & Risk Variables | **Post-Op IDs** | HOOS Jr | HOOS Subscales | KOOS Jr | KOOS Subscales | VR-12 | PROMIS-Global | +

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Data Dictionary: Example (HOOS Jr)

	A	B	C	D	E	F	G	H
1	**Data Element**	**Physical Column Name**	**Max Field Length**	**Type**	**Example**	**Description**	**Pre-Op (-90 to 0 days)**	**Post-Op (270 to 365 days)**
2	Pain: Amount of hip pain last week going up or down stairs	CJR_HOOS_Q5	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes
3	Pain: Amount of hip pain last week walking on an uneven surface	CJR_HOOS_Q10	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes
4	Function (Daily Living): Degree of difficulty last week due to your hip when rising from sitting	CJR_HOOS_Q13	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes
5	Function (Daily Living): Degree of difficulty last week due to your hip when bending to the floor/picking up an object	CJR_HOOS_Q15	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes
6	Function (Daily Living): Degree of difficulty last week due to your hip when lying in bed (turning over, maintaining hip position)	CJR_HOOS_Q22	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes
7	Function (Daily Living): Degree of difficulty last week due to your hip when sitting	CJR_HOOS_Q24	1	ALPHANUMERIC	0	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme	Yes	Yes

Collection Process | Pre-Op IDs & Risk Variables | Post-Op IDs | **HOOS Jr** | HOOS Subscales | KOOS Jr | KOOS Subscales | VR–12 | PROMIS-Global | +

QualityNet Secure File Transfer

➢ Provides mechanism for securely exchanging files containing sensitive information

➢ Submit data using PRO Data Collection Template

➢ Submit to: "Yale – CORE" Group

Summary

➢ Collecting PROs offers both clinical and financial benefits to hospitals

➢ Requirements for Model Year 1 PRO collection are lower than any subsequent year

➢ Stay tuned for webinars describing successful approaches to PRO data collection

Participant Resources

➢ The CJR model final rule can be viewed at https://www.federalregister.gov

➢ The Quality Strategy Supplemental Document is located at https://innovation.cms.gov/Files/x/cjr-qualstrat.pdf

➢ CJR Participant Support: CJRSupport@cms.hhs.gov

Participant Resources

➢ CJR Connect

- Web-based platform for CJR participant hospitals
- Facilitates peer-to-peer learning and information exchange

➢ Upcoming CJR 101 Webinars:

- March 15, 3-4pm: "Getting Ready for April 1st: What You Need to Know"
- March 17, 3-4pm: "Quality Measures and the Composite Quality Score"

Questions