



Meaningful Measurement of Surgical Quality

Congress should encourage CMS to work with key stakeholders to develop and implement accurate quality measurement.

The enactment of *Medicare Access and CHIP Reauthorization Act (MACRA)* provided an important opportunity to tie Medicare payments closely to quality in a meaningful way to both patients and providers. However, instead of working with stakeholders to develop a measurement structure that strives for high quality and value, the Centers for Medicare and Medicaid Services (CMS) over-relied upon legacy quality programs to create the Merit-based Incentive Payment System (MIPS).

Various stakeholders have engaged CMS, providing solutions to develop innovative and rigorous episode-based measurement to drive value-based surgical care, but these efforts have not been given the opportunity for testing. As a result, the current measures framework lacks rigor, is fragmented, and is based on how a clinician bills in fee-for-service. Differentiating among physicians for payment purposes does nothing to inform care decisions or quality improvement efforts, missing the intent of MACRA to drive value.

Current Quality Measures Miss the Mark

Under the MIPS program, most employed surgeons are ranked based on measures in the CMS Web Interface, which evaluates compliance with primary care actions such as immunizations, blood pressure control, diabetes control, and tobacco cessation. While these measures may be important to a patient's overall health, they are not meaningful to a patient's episode of surgical care nor do they facilitate improvement.

The American College of Surgeons (ACS) believes that in order to be effective, measurement should help to inform patient decision-making as well as actionable information for surgeons to improve clinical outcomes. Whenever possible, measurement should assess the entire team involved in providing care to the patient and the patient's entire care journey and ultimate outcome, including the patient's experience of care.

Quality measures implemented solely for the purpose of payment do not inform improvements in care for the patient. Additionally, measures for the sake of payment serve only as an additional burden on providers, leading to physician burnout.

Achieving Meaningful Measurement of Surgical Quality

Meaningful measurement for surgery exists. The ACS supports surgical quality measurement that includes a combination of three elements: standards-based facility-level verification programs, patient reported experience and outcomes measures, and traditional quality measures including registry and claims-based measures. Together, these three elements provide meaningful episode-based measurement of quality for the surgeon and patient, along with actionable information necessary for improvement.

Congressional Action

Congress should encourage CMS to work with key stakeholders to develop and implement accurate quality measurement.ⁱ

ⁱ Current to April 2, 2019. Please contact ahp@facs.org for an updated version.