ACS Surgical Phase of Care (SPC) Measure 11 – ACS24: Surgical Phases of Care Patient-Reported Outcome Composite

National Quality Strategy (NQS) Domain: Person and Caregiver Centered Experience and Outcomes

Meaningful Measure Area: Patient's Experience of Care

Measure Type: Patient-Reported Experience/Outcome; Composite

Inverse Measure: No

High-Priority Measure: Yes – Patient Experience

Risk-Adjusted: No

Number of Performance Rates: 1

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Composite measure consisting of 12 items intended to measure the constructs of Surgeon Communication Before Surgery, Surgical Goals of Care, Satisfaction with Information, and Postoperative Care Coordination from the patient's perspective. Of these 12 items, 9 originate from the CAHPS Surgical Care Survey (S-CAHPS). Specifically, these 9 items are questions 3, 9, 11, 17, 26, 27, 31, 33, and 34 from the original S-CAHPS survey. Three (3) additional items are included to appropriately measure Goals of Care; these questions ask whether the surgeon discussed what the patient hoped to gain from surgery, whether the surgeon discussed how surgery would affect their daily activities, and what life might look like for the patient in the long-term. ***Please see the numerator for the survey construct and all 12 survey question items in full.***

DENOMINATOR:
Patients aged 18 years and older who have undergone an elective surgical procedure.

> Denominator Note: This composite does not have a typical denominator statement. The top box denominator is the number of respondents who answer at least one of the questions in each multi-item measure. Please see instructions in Reporting Measures for the CAHPS Surgical Care Survey.
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> Denominator Criteria (Eligible Cases):
> All patients aged 18 years and older
> AND
> Patients who have undergone an elective surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

Denominator Exclusion Criteria:

a. Surgical patients whose procedure was greater than 6 months or less than 3 months prior to the start of the survey.
b. Surgical patients younger than 18 years old.
c. Surgical patients who are institutionalized (put in the care of a specialized institution [e.g., psychiatric]) or deceased.
d. Surgery performed had to be scheduled and not an emergency procedure since emergency procedures are unlikely to have visits with the surgeon before the surgery.
e. Multiple surgery patients within the same household can be included in the sampling frame. However, once one patient in the household is sampled, any other patients in the same household would be excluded from being sampled in order to minimize survey burden to the household.

NUMERATOR:

The composite does not have a typical numerator. The "top box" composite score is the average proportion of respondents who answered the most positive response category across the questions in the composite. That is, the average proportion of respondents who answered "Yes, definitely" across questions 3, 9, 11, 26, 27, 31, 33, and 34; "Yes" across question 17; and "Yes, definitely" for the 3 additional Goals of Care items. Scoring for this composite measure follows the instructions for scoring the CAHPS Surgical Care Survey. Please see instructions in Reporting Measures for the CAHPS Surgical Care Survey.

Survey Construct:

Question Origin Crosswalk		
Question	Source	Construct Measured
1	S-CAHPS question 9	Surgeon Communication Before Surgery
2	S-CAHPS question 11	
3	New Goals of Care question	Surgical Goals of Care
4	New Goals of Care question	
5	New Goals of Care question	
6	S-CAHPS question 3	Satisfaction with Information
7	S-CAHPS question 26	
8	S-CAHPS question 27	
9	S-CAHPS question 17	
10	S-CAHPS question 31	Postoperative Care Coordination
11	S-CAHPS question 33	
12	S-CAHPS question 34	

Survey Question Items:

1.) During your office visits before your surgery, did this surgeon listen carefully to you?

a. Yes, definitely
b. Yes, somewhat
c. No

2.) During your office visits before your surgery, did this surgeon encourage you to ask questions?

a. Yes, definitely
b. Yes, somewhat
c. No

3.) Before your surgery, did your surgeon ask you what you hoped to gain from surgery, such as less pain, longer life, able to do more of the things you like to do, etc.?

a. Yes, definitely
b. Yes, somewhat
c. No

4.) Before your surgery, did your surgeon tell you how surgery may affect your daily activities, such as getting dressed, brushing your teeth, walking the dog, etc.?

a. Yes, definitely
b. Yes, somewhat
c. No

5.) Before your surgery, did your surgeon tell you what your life might look like around two to three (2 to 3) months after surgery?

a. Yes, definitely
b. Yes, somewhat
c. No

6.) A health provider could be a doctor, nurse, or anyone else you would see for health care. Before your surgery, did anyone in this surgeon's office give you all the information you needed about your surgery?

a. Yes, definitely
b. Yes, somewhat
c. No

7.) Did anyone in this surgeon's office explain what to expect during your recovery period?

a. Yes, definitely
b. Yes, somewhat
c. No

Survey Scoring:

This measure represents a composite of 4 composite measures derived, in part, from the S-CAHPS: Surgeon Communication Before Surgery (S-CAHPS questions 9 and 11), Surgical Goals of Care Measure (three questions), Satisfaction with Information Measure (S-CAHPS questions 3, 17, 26, 27), and the Postoperative Care Coordination Measure (S-CAHPS questions 31, 33, 34). For each composite of these 4 composites, respondents who answer at least one item of the composite are included in the scoring. In other words, the top box denominator is the number of respondents who answer at least one of the questions in each multi-item measure. The score for that composite is the proportion of responses (excluding missing data) in each response category. Please see instructions in Reporting Measures for the CAHPS Surgical

Care Survey found on the AHRQ Website for more details. By way of scoring, each of the four composite measures would be scored individually, the average would then be calculated and rolled up into one overall score for this Surgical Phases of Care Patient Reported Outcome Composite Measure.

Case-mix adjustment can be done using the CAHPS macro. Specifically, case-mix adjustment is done via linear regression. The CAHPS consortium recommends self-reported overall health, age, and education as adjusters. These items are printed in the "About You" section of the survey, questions 38-45.

The main field test performed from June to Sept of 2008 for the S-CAHPS suggests variability in surgical performance as well as room for improvement across the topic areas addressed by the survey. Accordingly, we expect performance variation to exist for the questions originating from the S-CAHPS. Additionally, goals of care are currently rarely, if ever, addressed in the care of our surgical patients. This notion carries strong face validity across surgeons, particularly those focused on caring for the older adult. Therefore, we can expect performance variation to exist strongly within this construct.

RATIONALE & SUPPORTING EVIDENCE:

Two major systematic reviews have examined the relationships among patient experience, clinical processes, and patient outcomes. A systematic review performed by researchers in the U.K. found that patient experience is favorably associated with adherence to recommended medications and treatments, preventive care such as screenings and immunizations, patient-reported health outcomes, clinical outcomes, reduced healthcare utilization, and reduced adverse events (Doyle et al., 2013). More recently, in the U.S., Anhang Price et al. reviewed evidence on the association between patient experiences and other measures of health care quality (Anhang Price, 2014). They similarly found that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, and less health care utilization. At present time, there are no appropriate patient-reported measures that completely align with the five constructs in evaluating a surgical patient's experience with their care. After an exhaustive literature review, the study team felt that Goals of Care, Satisfaction with Information and Postoperative Care Coordination were partially measured with the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey (S-CAHPS). S-CAHPS is a NQF-endorsed 47-item survey and has been shown to discriminate between providers on the surgical patient experience. The other two domains will require further work. While S-CAHPS begins to address the three domains, there is obviously a need for further scale development. Based on conversations with the Geriatric Verification Workgroup at the ACS who have conducted multi-stakeholder focus groups, some additional goals of care items will be included. Overall, there is a need to develop new measures to adequately assess these PROs from surgical patients in a way that can drive quality improvement and be used as performance measures. Our preliminary work has been encouraging and carries face validity to both a multi-stakeholder group and a multidisciplinary group of surgeons. Although the role of the surgeon is usually focused on the technical activities in the operating room, the complex needs of an every-growing elderly surgical population requires a broader perspective. Increased attention to preoperative risk assessment, explicit communication with the patient and family regarding goals of care as well as anticipated functional outcomes, and an emphasis on postoperative rehabilitation must be as much a part of the job as the execution of the technical aspects of surgery. In addition, due to advances in surgical technique, anesthesia, and postoperative care, surgical procedures are safer and inhospital mortality rates are low. For older adults, the new focus on patient safety and quality no longer revolves solely around surgical morbidity and mortality; patient-centered issues have now gained importance, including quality of life, maintenance of independence, and return to

preoperative level of functioning. A patient's personal health care goals become increasingly important for older, complex patients who may lack the physiologic reserves of younger adults and often prioritize quality over quantity of life when making health care decisions (Ann Surg. 2017 Mar 8. doi: 10.1097/SLA.0000000000002185. [Epub ahead of print])