

ACS Comment to the NQF MAP: Surgical Phases of Care

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Overview

The American College of Surgeons (ACS) is eager to promote the concept of measuring a patients “phases of care,” beginning with the Surgical Phases of Care Measures (SPCM) which is a patient-centered, comprehensive, and cross cutting approach to surgical measurement. The SPCM includes all measures which have been noted as by CMS on the MUC list as the “Group measure as defined by Am. Coll. of Surgeons.” However, based on the MAP Coordinating Committee’s criteria for inclusion of measures in national programs, we agree that MUC measures presented to the NQF MAP should be further tested for demonstration of the various aspects of feasibility, reliability, usability and validity. We have concerns that our initial surgical SPCM measure set does not have the level of rigorous analysis the ACS typically provides to the NQF or MAP. Therefore, we respectfully would prefer to initially include these measures in the ACS Qualified Clinical Data Registry (QCDR) , and potentially in an Advanced APM program prior to national implementation in the MIPS program. This would provide the ACS and the NQF MAP the level of confidence needed before promoting full scale deployment in the MIPS program. Therefore, we seek the NQF MAP’s support in the “direction” of this surgical measure framework.

Background and Rationale

Every surgical patient in each specialty walks through the phases of surgical care, and each of these phases involves key processes, critical care coordination with primary care physicians and anesthesia, as well as the technical side of surgical care that relates to safety, outcomes and preventing avoidable harms. As we move toward value-based surgical care system, a framework that values these phases is required. These metrics are different from measures in the current MIPS program because they broadly apply to almost all surgeons, span across the various phases of surgical care (preoperative, perioperative, intraoperative, postoperative, post discharge), and when measured together they can have a real impact at the point of care.

The SPCM measure framework was constructed to allow for more detailed, procedure-specific metrics and patient reported outcome measures to be added when necessary. We believe this measure framework also aligns well with CMS’ efforts in episode based care and other alternative care programs.

SPCM Measures as a Group

On the MUC list, CMS notes that the SPCM measure was submitted by ACS as a measures group. It is important to clarify that it is not the intention of the ACS that surgeons would report across a “group” of seventeen measures. The reporting burden for reporting seventeen measures

coupled with denominators that span across nearly all surgical patients would be extremely onerous. Rather, we would encourage surgeons to choose the required number of measures in MIPS (six measures, including one outcome measures) from the SPCM set and that those six measures span across the phases of surgical care. In an alternative payment model, select SPCMs can be rolled into a composite. We encourage future conversations on group reporting across a broader set of measures once interoperability and data exchange is enabled to the extent that would allow for easy flow of data to be captured across all surgical patients and thereby drastically reduce the reporting burden. However, we are many years away from the level of interoperability that would enable that level of data flow.