

Join ACS NSQIP® Now to Prepare for New CMS General Surgery Registry Measure

Recently, the Centers for Medicare and Medicaid Services (CMS) announced a new measure to encourage participation in a general surgery registry and expressed its intention to move toward reporting based on clinical data and outcome measures. Begin planning now to gain the most from your participation. Not all quality programs are the same – ensure you're collecting actionable data proven to help improve care and save lives.

New CMS Rule: Participation in a General Surgery Registry

In its final Inpatient Prospective Payment System (IPPS) rule announced in August, CMS outlined quality measures to be included in its value-based purchasing program. New quality measures will be implemented in 2014, including a new surgical measure: *Participation in a Systematic Clinical Database Registry for General Surgery*. Hospitals participating in a general surgery registry will receive additional reimbursement under value-based purchasing. In the rule, CMS also indicated its intention to move to clinical, risk-adjusted outcomes measures as early as 2015.¹

Don't just check the box – drive meaningful quality improvement for your patients.

Gain the most benefit from your participation in a general surgery registry by joining the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®). Developed by surgeons and based on more than two decades of experience, ACS NSQIP has been shown to help prevent 250-500 complications per hospital per year², save lives and reduce costs. That's because it's based on the highest quality data, offers nationally benchmarked and risk- and case-mix adjusted reports, and incorporates Best Practices developed by expert surgeons.

Joining ACS NSQIP will also prepare your hospital for coming regulatory changes. Currently, ACS is working with CMS on five outcomes measures, three of which are in the process of implementation as indicated in the IPPS rule. Hospitals participating in ACS NSQIP now will benefit from working to improve on these measures prior to national implementation.

Begin Planning Now: Join ACS NSQIP in 2012

In order to receive value-based purchasing incentives in 2014 for participation in a general surgery registry, hospitals must begin collecting data in 2013, which means now is the time to prepare.

Road to Clinical Outcome Measures: Begin Planning Now

2012: Join ACS NSQIP to begin collecting data and ensure you make the most of your general surgery registry participation

2013: Hospitals must begin collecting data to receive FY2014 payments

2014: Incentive payments begin for participation in a general surgery registry

2015: CMS could begin implementing clinical, risk and case-mix adjusted outcomes measures, including three from ACS NSQIP

What Does the New Rule Require?

To comply with this new measure (NQF #0493), hospitals must indicate whether they participate in a general surgery registry and which registry they have joined. Registries must meet the following criteria:

- *Physician or other clinician submits standardized data elements to the registry*
- *Data elements are applicable to consensus endorsed quality measures and the registry must include at least two NQF-endorsed measures on clinical topics, reporting on all patients eligible for the selected measures*
- *The registry must provide calculated measure results, benchmarking and quality improvement information*
- *Registry must receive data from at least five different practices and may not be located within an individual practice*
- *Participation in a national or statewide registry is strongly encouraged*



Are You Getting the Most from Your Quality Program?

ACS NSQIP

Other QI Programs

✓ Clinical data from the patient's medical chart	Administrative and claims data from insurance forms, with limited clinical data
✓ Risk and case-mix adjusted	Adjusting attempted with less-than-ideal data sources
✓ Based on 30-day patient outcomes , tracking patients from pre-op through 30-days post-op including after discharge when a significant percentage of complications occur	Tracking stops at discharge
✓ Nationally benchmarked to compare your results to hospitals of all sizes and types across the country	May offer no benchmarking or only limited regional benchmarking of similar hospitals making comparisons difficult or impossible
✓ Includes NQF-endorsed outcomes measures developed in partnership with CMS	May have no NQF-endorsed surgery outcome measures using clinical data
✓ Offers participation options and benchmarking for all hospital types – large and small, urban and rural, pediatric and those with limited resources	Often offer one-size-fits-all approach to quality
✓ Uses audited, trained data collectors to ensure the highest quality clinical data and incorporates standardized data definitions developed by expert surgeons	Data may not be audited and training may be limited
✓ Peer-reviewed studies show significant and sustained quality improvement	Evidence for sustained quality improvement may be unknown or variable
✓ National partnerships and programs with AHRQ, The Joint Commission, NQF, CMS, IHI and others, due in large part to data accuracy, validity and proven results	Limited data sources may result in limited partnership opportunities
✓ Offers Best Practices guidelines and case studies developed by leading surgeons around the country for individualized adoption by surgeons	Often rely on tools and resources developed by others with few options to individualize

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Clearly, CMS has indicated its intention to move to clinical data and outcome measures. Don't spend time implementing a program based on poor-quality data and based solely on process or structural measures, which studies have shown are not correlated to improved patient outcomes. Instead, prepare now to align your quality efforts with a growing national movement – and with a proven program that prevents complications and saves lives. There's a reason NSQIP was called "Best in the Nation."

¹ "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment." Federal Register 76: 160 (Aug. 18, 2011) p. 614. Available from: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>.

² Hall, BL et al. "Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program." *Annals of Surgery* 250. 2009.