Introduction to Public Comment

Background

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE) to develop one to two patient-reported outcome-based performance measures following total hip and/or knee arthroplasty (THA/TKA, either a single combined or two procedure-specific measures) that can be used for hospital-level performance measurement. For simplicity, we will refer to the "THA/TKA measure(s)" throughout these public comment documents. The measure development process has been guided by clinical and technical experts as well as a publicly convened Technical Expert Panel (TEP) that includes individuals with a variety of expertise related to this project, including orthopedic surgeons, patients, and experts in geriatrics and rehabilitation among others. The TEP was convened jointly by CMS and the Office of the National Coordinator (ONC) for Health Information Technology who is concurrently developing two patient-reported electronic clinical quality performance measures following THA/TKA that can be used for eligible professional (e.g., physician)-level performance measurement in CMS's Electronic Health Record (EHR) Incentive Program. *The measure specifications included in this public comment are harmonized with the eligible professional measures under development, but reflect only the specifications for the hospital-level measure(s).*

Given the novel properties of performance measures that use patient-reported assessments to define the measure outcome, we elected to obtain interim public comment on the measure decisions to date in order to ensure the measures are as clinically meaningful, feasible and scientifically valid as possible upon completion. Details of the measure justification as well as a description of the measure decisions to date are provided in the DRAFT Methodology Report included with this public comment. We welcome any comments about ANY aspect of the measure(s) under development. In addition, we have highlighted specific questions for the public and we welcome your input regarding these numbered queries below as well.

Specific Queries for the Public:

1. Are THA/TKA patient-reported outcomes (PROs) important to measure?
2. Will this measure as currently envisioned in the Draft Methodology Report assess outcomes that are meaningful to patients contemplating undergoing or undergoing THA/TKA procedures?
3. Does the draft measure assess outcomes that are meaningful to healthcare providers that care for patients undergoing THA/TKA procedures?
4. Would you use the information collected by the measure for non-performance assessment activities (e.g., clinical care, quality improvement)? Why or why not?
5. Do you support combining THA and TKA procedures to assess hospital quality? As background, in CMS's publicly reported hospital-level elective primary THA/TKA readmission and complication measures, THA and TKA procedures were combined because: both procedures are performed in

clinically similar patient cohorts and for similar indications (e.g., degenerative arthritis or osteoarthritis); hospitals typically develop protocols for lower extremity total joint arthroplasty, rather than for THA or TKA individually; the same surgeons frequently perform both procedures; and readmission and complication outcomes were similar. If greater sample sizes were needed to produce stable hospital performance estimates, would you agree with a combined THA/TKA PRO-based measure?

6. If you were required to collect the PRO data necessary for a PRO-based quality measure from your patients, HOW would you collect the pre-operative PRO data from patients (e.g., using paper surveys, computer tablets, kiosks, telephone, online)? WHERE would you collect the data (e.g., hospital preadmission testing clinic, physician outpatient office, at home)?
7. If you were required to collect the data necessary for a PRO-based quality measure, HOW would you collect the post-operative PRO data from patients (e.g., using paper surveys, computer tablets, kiosks, telephone, online)? WHERE would you collect the data (e.g., hospital health education center, physician outpatient office, at home)?
8. If you were required to transmit your patients' PRO survey results to CMS, how would you prefer to transmit it (e.g., via a clinical registry, third party vendor)?
9. Would your hospital be interested in participating in a voluntary effort to collect THA/TKA PRO data in order to enhance risk model development and define best practices for data quality?