

B.10. Orthopedic Surgery

In addition to the considerations discussed in the introductory language of Table B in this proposed rule, the proposed Family Medicine specialty set takes into consideration the following criteria, which includes, but is not limited to: the measure reflects current clinical guidelines and the coding of the measure includes the specialists. CMS may re-assess the appropriateness of individual measures, on a case-by-case basis, to ensure appropriate inclusion in the specialty set. We seek comment on the measures available in the proposed Family Medicine specialty set. In addition, as outlined at the end of this table, we are proposing to remove the following quality measures from the specialty set: Quality IDs: 154, 155, and 375.

MEASURES PROPOSED FOR INCLUSION								
Indicator(High Priority Type)	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0101	TBD	TBD	Medicare Part B Claims Measure Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Process	Patient Safety	<p>Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls: This is a clinical process measure that assesses falls prevention in older adults. The measure has three rates:</p> <p>Screening for Future Fall Risk: Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months</p> <p>Falls Risk Assessment: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months</p> <p>Plan of Care for Falls: Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months</p>	National Committee for Quality Assurance
! (Outcome)	2643	TBD	N/A	MIPS CQMs Specifications	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	<p>Average Change in Functional Status Following Lumbar Spine Fusion Surgery: For patients age 18 and older undergoing lumbar spine fusion surgery, the average change from pre-operative functional status to one year (nine to fifteen months) post-operative functional status using the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool.</p>	Minnesota Community Measurement
! (Outcome)	2653	TBD	N/A	MIPS CQMs Specifications	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	<p>Average Change in Functional Status Following Total Knee Replacement Surgery: For patients age 18 and older undergoing total knee replacement surgery, the average change from pre-operative functional status to one year (nine to fifteen months) post-operative functional status using the Oxford Knee Score (OKS) patient reported outcome tool.</p>	Minnesota Community Measurement

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MEASURES PROPOSED FOR INCLUSION								
Indicator(High Priority Type)	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Outcome)	N/A	TBD	N/A	MIPS CQMs Specifications	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	Average Change in Functional Status Following Lumbar Discectomy Laminotomy Surgery: For patients age 18 and older undergoing lumbar discectomy laminotomy surgery, the average change from pre-operative functional status to three months (6 to 20 weeks) post-operative functional status using the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool.	Minnesota Community Measurement
! (Patient Experience)	N/A	TBD	N/A	MIPS CQMs Specifications	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	Average Change in Leg Pain Following Lumbar Spine Fusion Surgery: For patients age 18 and older undergoing lumbar spine fusion surgery, the average change from pre-operative leg pain to one year (nine to fifteen months) post-operative leg pain using the Visual Analog Scale (VAS) patient reported outcome tool.	Minnesota Community Measurement
! (Patient Safety)	0268	021	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis.	American Society of Plastic Surgeons

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MEASURES PROPOSED FOR INCLUSION								
Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Patient Safety)	0239	023	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients): Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	American Society of Plastic Surgeons
! (Care Coordination)	0045	024	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older: Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.	National Committee for Quality Assurance
§ ! (Care Coordination) *	0097	046	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Medication Reconciliation Post-Discharge: The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years of age and older seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record This measure is submitted as three rates stratified by age group: • Submission Criteria 1: 18-64 years of age • Submission Criteria 2: 65 years and older • Total Rate: All patients 18 years of age and older	National Committee for Quality Assurance

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MEASURES PROPOSED FOR INCLUSION								
Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Care Coordination)	0326	047	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
! (Patient Experience)	N/A	109	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Person and Caregiver-Centered Experience and Outcomes	Osteoarthritis (OA): Function and Pain Assessment: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.	American Academy of Orthopedic Surgeons
* §	0421	128	69v6	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services
! (Patient Safety)	0419	130	68v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Patient Safety	Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

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MEASURES PROPOSED FOR INCLUSION

Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Care Coordination)	0420	131	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.	Centers for Medicare & Medicaid Services
	0418	134	2v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Process	Community/Population Health	Preventive Care and Screening: Screening for Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Centers for Medicare & Medicaid Services
	N/A	178	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Functional Status Assessment: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.	American College of Rheumatology
	N/A	179	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months.	American College of Rheumatology
	N/A	180	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Glucocorticoid Management Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone \geq 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.	American College of Rheumatology

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MEASURES PROPOSED FOR INCLUSION								
Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0028	226	138v6	Medicare Part B Claims Measure Specifications, eCQM Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Process	Community/Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months</p> <p>b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A	317	22v6	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Community/Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
! (Care Coordination)	N/A	350	N/A	MIPS CQMs Specifications	Process	Communication and Care Coordination	<p>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy:</p> <p>Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure.</p>	American Association of Hip and Knee Surgeons
! (Patient Safety)	N/A	351	N/A	MIPS CQMs Specifications	Process	Patient Safety	<p>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:</p> <p>Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke).</p>	American Association of Hip and Knee Surgeons

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MEASURES PROPOSED FOR INCLUSION								
Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Patient Safety)	N/A	352	N/A	MIPS CQMs Specifications	Process	Patient Safety	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet: Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.	American Association of Hip and Knee Surgeons
! (Patient Safety)	N/A	353	N/A	MIPS CQMs Specifications	Process	Patient Safety	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report: Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant.	American Association of Hip and Knee Surgeons
! (Patient Experience)	N/A	358	N/A	MIPS CQMs Specifications	Process	Person and Caregiver-Centered Experience and Outcomes	Patient-Centered Surgical Risk Assessment and Communication: Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon.	American College of Surgeons
! (Care Coordination)	N/A	374	50v6	eCQM Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
! (Patient Experience)	N/A	376	56v6	eCQM Specifications	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Status Assessment for Total Hip Replacement: Percentage of patients 18 years of age and older with who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Centers for Medicare & Medicaid Services
	N/A	402	N/A	MIPS CQMs Specifications	Process	Community/Population Health	Tobacco Use and Help with Quitting Among Adolescents: The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance

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MEASURES PROPOSED FOR INCLUSION								
Indicator	NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! (Opioid)	N/A	408	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Opioid Therapy Follow-up Evaluation: All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.	American Academy of Neurology
! (Opioid)	N/A	412	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement: All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.	American Academy of Neurology
! (Opioid)	N/A	414	N/A	MIPS CQMs Specifications	Process	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology
	0053	418	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture: The percentage of women age 50-85 who suffered a fracture in the six months prior to the performance period through June 30 of the performance period and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.	National Committee for Quality Assurance
* ! (Outcome)	N/A	459	N/A	MIPS CQMs Specifications	Outcome	Person and Caregiver-Centered Experience and Outcomes	Average Change in Back Pain Following Lumbar Discectomy / Laminotomy: The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had lumbar discectomy /laminotomy procedure	MN Community Measurement
* ! (Outcome)	N/A	460	N/A	MIPS CQMs Specifications	Outcome	Person and Caregiver-Centered Experience and Outcomes	Average Change in Back Pain Following Lumbar Fusion: The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had lumbar spine fusion surgery	MN Community Measurement
* ! (Outcome)	N/A	461	N/A	MIPS CQMs Specifications	Outcome	Person and Caregiver-Centered Experience and Outcomes	Average Change in Leg Pain Following Lumbar Discectomy / Laminotomy: The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had lumbar discectomy / laminotomy procedure	MN Community Measurement

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MEASURES PROPOSED FOR REMOVAL

Note: In this proposed rule, CMS proposes the removal of the following measure(s) below from this specific specialty measure set based upon review of updates made to existing quality measure specifications, the proposed addition of new measures for inclusion in MIPS, and the feedback provided by specialty societies.

NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward	Rationale for Removal
0101	154	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Patient Safety	Falls: Risk Assessment: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.	National Committee for Quality Assurance	This measure is being proposed for removal from the 2019 program based on the detailed rationale described below for this measure in “Table C: Quality Measures Proposed for Removal in the 2021 MIPS Payment Year and Future Years.”
0101	155	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	Falls: Plan of Care: Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	National Committee for Quality Assurance	This measure is being proposed for removal from the 2019 program based on the detailed rationale described below for this measure in “Table C: Quality Measures Proposed for Removal in the 2021 MIPS Payment Year and Future Years.”
N/A	375	66v6	eCQM Specifications	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Status Assessment for Total Knee Replacement: Changes to the measure description: Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Centers for Medicare & Medicaid Services	This measure is being proposed for removal from the 2019 program based on the detailed rationale described below for this measure in “Table C: Quality Measures Proposed for Removal in the 2021 MIPS Payment Year and Future Years.”