

CODE5 Improved Global Physical Health Outcome Assessment for Spine Surgery

Percentage of patients aged 18 years and older with spine surgery who completed baseline and follow-up (patient-reported) PROMIS Global 10 assessments that demonstrated an improvement of at least 10% in global physical health

2019 OPTIONS FOR INDIVIDUAL MEASURES:

SCG Health, Code Technology

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver Centered Experience and Outcomes

MEASURE TYPE: Patient Reported Outcome (PRO)

HIGH PRIORITY STATUS: High Priority

SPECIALTY RECOMMENDATION: Surgical/Procedural Care - Spine

MEANINGFUL MEASURE AREA: Patient Reported Functional Outcomes

NQF NUMBER: Not applicable

PERFORMANCE NOTES: Traditional (not inverse), single (1) proportional performance calculation

RISK ADJUSTMENT: No

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period**. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Patients aged 18 years and older with primary spine surgery who completed baseline and follow-up PROMIS Global 10 assessments results not more than 180 days prior to the primary spine surgery procedure, and at least 60 days and not more than 180 days after the procedure

Denominator criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the reporting period (CPT): 22325, 22510, 22511, 22513, 22514, 22551, 22586, 22612, 22630, 22632, 22800, 22802, 22804, 22840, 63030, 63042

AND

Completed PROMIS Global 10 assessment not more than 180 days prior to the primary spine surgery, and at least 60 days and not more than 180 days after the procedure

DENOMINATOR EXCLUSIONS:

Patients with multiple traumas at the time of the procedure

Patients with severe cognitive impairment

NUMERATOR:

Patients whose PROMIS Global 10 assessment scores at least 60 days and not more than 180 days after the procedure demonstrated an improvement of at least 10% in global physical health

Numerator Instructions: All components should be completed once per patient and should be documented in the medical record as having been performed during the performance period.

Revised February 7, 2019

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NOTE: The two assessments must be separated by at least 60 days. It is expected that the PROMIS Global 10 assessment score or ranking improve in order for this measure to be successfully completed. PROMIS Global 10 assessment scores should demonstrate an improvement of 10 points on a 100-point scale, or similar calculation.

Numerator Options:

Performance Met: Initial PROMIS Global 10 assessment documented as positive using a standardized tool AND subsequent PROMIS Global 10 assessment documents improvement of 10% or more in pain and/or function

OR

Performance Met: Initial PROMIS Global 10 assessment documented as negative; no pain or functional deficiencies identified

OR

Performance Not Met: Initial PROMIS Global 10 assessment documented as positive using a standardized tool AND subsequent PROMIS Global 10 assessment documents improvement of 0-9% in pain and/or function

RATIONALE:

While there are some measures that indicate the existence of completed outcome assessments (and those most aligned with Orthopedic Surgery are exclusive to EHR submissions), there are none that measure success as it relates to functional improvement reported by the patient. Not all patients experience a measurable improvement, and not all providers achieve consistent results. Measuring the percentage of non-trivial improvements further clarifies the gaps between providers as well as across organizations and populations.

CLINICAL RECOMMENDATION STATEMENTS:

As per studies, enhanced treatment adherence and outcomes can be obtained by giving attention to patient feedback on healthcare outcomes and patient behavior change.

WORKS CITED:

Deshpande PR, Rajan S, Sudeepthi BL, Abdul Nazir CP. Patient-reported outcomes: A new era in clinical research. *Perspect Clin Res.* 2011;2(4):137-44.

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