

Americas Hernia Society Quality Collaborative
2018 Qualified Clinical Data Registry
Merit-Based Incentive Payment System Measure Specifications – Version January 19, 2018



The Americas Hernia Society Quality Collaborative (AHSQC) will submit the following measures below on behalf of its eligible professionals to the Center for Medicare and Medicaid Services as a Qualified Clinical Data Registry (QCDR) within the Merit-Based Incentive Payment System (MIPS). All measures are captured on patients who have undergone ventral hernia repair (VHR) in the United States within the AHSQC. VHR is defined as any patient who has undergone operative repair of umbilical, epigastric, lumbar, Spigelian, incisional, or parastomal hernias.

AHSQC MIPS MEASURES

AHSQC QCDR-P1 (MIPS Measure Number Q355): Unplanned Reoperation within the 30 Day Postoperative Period

DESCRIPTION:

Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period of the primary procedure

Type:

Outcome

DOMAIN:

Patient Safety

NUMERATOR:

All patients in cohort who have undergone operation and had an unplanned reoperation as described in the measure description

DENOMINATOR:

All patients in the cohort who have undergone operation within the registry with 30 day postoperative follow up

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years, patients without completed 30 day postoperative follow up

RATIONALE:

Metric of safety of medical care

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

AHSQC QCDR-P2 (MIPS Measure Number Q357): Surgical Site Infection within the 30 Day Postoperative Period

DESCRIPTION:

Percentage of patients aged 18 years and older who had a surgical site infection (superficial, deep, or organ space infection) within the 30 day postoperative period of the primary procedure

Type:

Outcome

DOMAIN:

Effective Clinical Care

NUMERATOR:

All patients in the cohort who have undergone operation and had a surgical site infection as described in the measure description

DENOMINATOR:

All patients in the cohort who have undergone operation with 30 day postoperative follow up

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years, patients without completed 30 day postoperative follow up

RATIONALE:

Metric of safety of medical care

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

AHSQC QCDR-P3 (MIPS Measure Number Q358): Patient-Centered Surgical Risk Assessment and Communication

DESCRIPTION:

Percentage of patients aged 18 years or older who underwent elective 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.

Type:

Process

DOMAIN:

Person and Caregiver-Centered Experience and Outcomes

NUMERATOR:

All patients in the cohort who have undergone elective operation and had surgical team discussion of preoperative risks using a patient-specific risk calculator

DENOMINATOR:

All patients in the cohort who have undergone elective operation

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years

RATIONALE:

Metric of patient engagement and preoperative risk assessment

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

AHSQC Non-MIPS MEASURES

AHSQC1: Ventral Hernia Repair: Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period

DESCRIPTION:

Percentage of patients aged 18 years and older who have undergone ventral hernia repair who had a surgical site occurrence requiring procedural intervention within the 30 day postoperative period. Surgical site occurrences include any surgical site infections (superficial, deep, organ space) or any of the following: wound cellulitis, non-healing incisional wound, fascial disruption, skin or soft tissue ischemia, skin or soft tissue necrosis, wound serous drainage, wound purulent drainage, chronic sinus drainage, localized stab wound infection, stitch abscess, seroma, infected seroma, hematoma, infected hematoma, exposed biologic mesh, exposed synthetic mesh, contaminated biologic mesh, contaminated synthetic mesh, infected biologic mesh, infected synthetic mesh, mucocutaneous anastomosis disruption, enterocutaneous fistula). Procedural interventions include any of the following: wound opening, wound debridement, suture excision, percutaneous drainage, partial mesh removal, complete mesh removal.

MEASURE TYPE:

Outcome

NATIONAL QUALITY STRATEGY DOMAIN:

Patient Safety

NATIONAL QUALITY STRATEGY DOMAIN RATIONALE:

This measure reflects the safe delivery of ventral hernia repair in both the hospital and ambulatory settings. In addition, this measure enables longitudinal assessment of condition-specific, patient-focused episodes of care.

NUMERATOR:

All patients in the cohort who have undergone ventral hernia repair and completed 30 day postoperative follow up and had a surgical site occurrence requiring procedural intervention as described in the measure description

DENOMINATOR:

All patients in the cohort who have undergone ventral hernia repair with 30 day postoperative follow up

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years, patients without completed 30 day postoperative follow up

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RATIONALE:

Surgical wound events comprise a high proportion of complications after ventral hernia repair.¹ Surgical site infections alone often do not reflect the spectrum of wound events that can occur after ventral hernia repair. Surgical site occurrences represent a comprehensive spectrum of wound complications occurring after ventral hernia repair.² However, this includes both relatively benign wound issues and serious complications. Surgical site occurrences requiring procedural intervention represent a subset of surgical site occurrences that encompass the spectrum of wound events that can occur after ventral hernia repair but that also require procedural intervention. These type of wound events incur significant cost and morbidity to patients and hospitals.³ This measure was developed and endorsed as a metric of safety of ventral hernia medical care by the Americas Hernia Society Quality Collaborative Qualified Clinical Data Registry Task Force.

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

NQF ID:

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eCOM #:

N/A

DATA SOURCE:

Registry (Americas Hernia Society Quality Collaborative)

STEWARD:

Americas Hernia Society Quality Collaborative/ArborMetrix

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML:

1

INVERSE MEASURE:

Yes

PROPORTION MEASURE SCORING:

Yes

CONTINUOUS MEASURE SCORING:

No

AHSQC2: Unplanned Hospital Readmission or Observation Visit within the 30 Day Postoperative Period

DESCRIPTION:

Percentage of patients aged 18 years and older who had any unplanned hospital readmission or 23 hour observation visit within the 30 day postoperative period

MEASURE TYPE:

Efficiency

NATIONAL QUALITY STRATEGY DOMAIN:

Efficiency and Cost Reduction Use of Healthcare Resources

NATIONAL QUALITY STRATEGY DOMAIN RATIONALE:

This measure reflects efforts to improve outcomes and reduce errors as reflected by the unanticipated use of healthcare resources after elective ventral hernia repair.

NUMERATOR:

All patients in the cohort who have undergone operation and completed 30 day postoperative follow up and had a hospital readmission or 23 hour observation visit as described in the measure description

DENOMINATOR:

All patients in the cohort who have undergone elective ventral hernia operation with 30 day postoperative follow up

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years, patients without completed 30 day postoperative follow up

RATIONALE:

Unplanned hospital readmissions after elective surgery represent a potentially avoidable use of health care resources.⁴ Many patients are placed in observation status for care of postoperative complications that may not be captured using inpatient readmissions alone as a metric. Patients placed in observation still occupy hospital beds and consume professional and technical resources in the care of their complications.⁵ This metric serves to capture patients who undergo care for issues either in an inpatient or observation setting in the postoperative period after ventral hernia repair. This measure was developed and endorsed as a metric of safety of ventral hernia medical care by the Americas Hernia Society Quality Collaborative Qualified Clinical Data Registry Task Force.

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RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

NQF ID:

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eCOM #:

N/A

DATA SOURCE:

Registry (Americas Hernia Society Quality Collaborative)

STEWARD:

Americas Hernia Society Quality Collaborative/ArborMetrix

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML:

1

INVERSE MEASURE:

Yes

PROPORTION MEASURE SCORING:

Yes

CONTINUOUS MEASURE SCORING:

No

AHSQC6: Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period

DESCRIPTION:

Percentage of patients aged 18 years and older who have undergone abdominal wall reconstruction defined as ventral hernia repair with myofascial release (abdominal wall fascial layer separated from muscular layer) who had a surgical site occurrence requiring procedural intervention within the 30 day postoperative period. Surgical site occurrences include any surgical site infections (superficial, deep, organ space) or any of the following: wound cellulitis, non-healing incisional wound, fascial disruption, skin or soft tissue ischemia, skin or soft tissue necrosis, wound serous drainage, wound purulent drainage, chronic sinus drainage, localized stab wound infection, stitch abscess, seroma, infected seroma, hematoma, infected hematoma, exposed biologic mesh, exposed synthetic mesh, contaminated biologic mesh, contaminated synthetic mesh, infected biologic mesh, infected synthetic mesh, mucocutaneous anastomosis disruption, enterocutaneous fistula). Procedural interventions include any of the following: wound opening, wound debridement, suture excision, percutaneous drainage, partial mesh removal, complete mesh removal.

This measure is reported as three performance rates stratified by hernia width:

- 1) Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period-Any hernia width (overall rate)
- 2) Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period-Hernia width of ≤ 10 cm
- 3) Abdominal Wall Reconstruction Surgical Site Occurrence Requiring Procedural Intervention within the 30 Day Postoperative Period-Hernia width of >10 cm

MEASURE TYPE:

Patient Safety

NATIONAL QUALITY STRATEGY DOMAIN:

Patient Safety

NATIONAL QUALITY STRATEGY DOMAIN RATIONALE:

This measure reflects the safe delivery of abdominal wall reconstruction to patients requiring an extensive ventral hernia operation. In addition, this measure enables longitudinal assessment of condition-specific, patient-focused episodes of care.

NUMERATOR:

All patients in the cohort who have undergone ventral hernia repair with myofascial release and had a surgical site occurrence requiring procedural intervention as described in the measure description

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DENOMINATOR:

Performance Rate 1) All patients in the cohort who have undergone ventral hernia repair with myofascial release with 30 day postoperative follow up

Performance Rate 2) All patients in the cohort who have undergone ventral hernia repair with myofascial release with 30 day postoperative follow up with hernia width ≤ 10 cm

Performance Rate 3) All patients in the cohort who have undergone ventral hernia repair with myofascial release with 30 day postoperative follow up with hernia width >10 cm

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years, patients without completed 30 day postoperative follow up

RATIONALE:

Myofascial release techniques are often used in abdominal wall reconstruction to treat large, complex ventral hernias.⁸ These techniques often require extensive training and experience to help patients with complex hernias while minimizing complications. Myofascial release techniques used for abdominal wall reconstruction have been associated with increased rates of surgical site infection.^{9,10} However, surgical site infections alone often do not reflect the spectrum of wound events that can occur after ventral hernia repair. Surgical site occurrences represent a comprehensive spectrum of wound complications occurring after ventral hernia repair. However, this includes both relatively benign wound issues and serious complications. Surgical site occurrences requiring procedural intervention represent a subset of surgical site occurrences that encompass the spectrum of wound events that can occur after ventral hernia repair but that also require procedural intervention.² These type of wound events incur significant cost and morbidity to patients and hospitals.³ A significant stratification metric for wound outcomes in this population is hernia width of ≤ 10 cm or >10 cm.¹⁵ This is reflected in the multiple performance rates. This measure was developed and endorsed as a metric of safety of ventral hernia medical care by the Americas Hernia Society Quality Collaborative Qualified Clinical Data Registry Task Force.

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

Yes/minimum 25 eligible cases for the reporting period

NQF ID:

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eCOM #:

N/A

DATA SOURCE:

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STEWARD:

Americas Hernia Society Quality Collaborative/ArborMetrix

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML:

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INVERSE MEASURE:

Yes

PROPORTION MEASURE SCORING:

Yes

CONTINUOUS MEASURE SCORING:

No

AHSQC8: Ventral Hernia Repair: Biologic Mesh Prosthesis Use in Low Risk Patients

DESCRIPTION:

Percentage of patients aged 18 years and older who have undergone low risk (elective, class I wound, no active skin infection, no stoma present) ventral hernia repair using biologic mesh placement

MEASURE TYPE:

Cost/Resource Use

NATIONAL QUALITY STRATEGY DOMAIN:

Efficiency and Cost Reduction Use of Healthcare Resources

NATIONAL QUALITY STRATEGY DOMAIN RATIONALE:

This measure reflects efforts to improve outcomes and justify the use of high-cost healthcare resources during ventral hernia repair.

NUMERATOR:

All patients in the cohort who have undergone low risk ventral hernia repair with placement of biologic mesh

DENOMINATOR:

All patients in the cohort who have undergone low risk ventral hernia repair with mesh

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years

RATIONALE:

Biologic prosthetic devices represent a high cost subset of devices used in the repair of ventral hernias. In low risk patients, less costly alternatives exist with comparable outcomes. This metric serves to measure the use of biologic devices in lower risk groups of patients undergoing ventral hernia repair who can be repaired with less costly prostheses. This measure was developed and endorsed as a metric of appropriate resource utilization of ventral hernia medical care by the Americas Hernia Society Quality Collaborative Qualified Clinical Data Registry Task Force.

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

No/no minimum cases

NQF ID:

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eCOM #:

N/A

DATA SOURCE:

Registry (Americas Hernia Society Quality Collaborative)

STEWARD:

Americas Hernia Society Quality Collaborative/ArborMetrix

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML:

1

INVERSE MEASURE:

Yes

PROPORTION MEASURE SCORING:

Yes

CONTINUOUS MEASURE SCORING:

No

AHSQC9: Ventral Hernia Repair: Pain and Functional Status Assessment

DESCRIPTION:

Percentage of patients aged 18 years and older who have undergone ventral hernia repair with completed preoperative (baseline) and at least one follow-up patient reported pain and functional status assessment (patient reported outcome). These patient reported outcomes can be completed with an in-person clinical visit, phone call, smartphone, or email.

This measure is reported as two performance rates:

- 1) Ventral Hernia Repair: Pain and Functional Status Assessment-Overall completion rate
- 2) Ventral Hernia Repair: Pain and Functional Status Assessment-Email engagement completion rate

MEASURE TYPE:

Patient Reported Outcome

NATIONAL QUALITY SURGERY DOMAIN:

Person and Caregiver-Centered Experience and Outcomes

NATIONAL QUALITY STRATEGY DOMAIN RATIONALE:

This measure reflects the potential to improve patient-centered hernia care and the quality of care delivered to patients by collecting disease-specific patient-reported data. This measure allows the ability to impact care at the individual patient level as well as the population level through greater involvement of patients in decision-making and understanding of their hernia disease and its management.

NUMERATOR:

Performance Rate 1) All patients in the cohort who have undergone ventral hernia repair and completed both preoperative (baseline) and one postoperative pain and functional status assessment by any methods as described in the measure description

Performance Rate 2) All patients in the cohort who have undergone ventral hernia repair and completed both preoperative (baseline) and one postoperative pain and functional status assessment by email as described in the measure description

DENOMINATOR:

Performance Rate 1) All patients in the cohort who have undergone elective ventral hernia repair and the operation date is at least 30 days ago

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Performance Rate 2) All patients in the cohort who have undergone elective ventral hernia repair, the operation date is at least 30 days ago, have a valid email address and have not opted out of email communication

DENOMINATOR EXCEPTIONS:

Patients under the age of 18 years

RATIONALE:

Elective repair of ventral hernias is often performed to alleviate pain and improve functional status of the abdominal wall. Preoperative (baseline) and postoperative pain and functional status assessments have been established as important measures to ascertain the success of alleviating pain and improving core abdominal wall functional status after ventral hernia repair.⁷ This measure was developed and endorsed as a metric to assess patient reported outcomes associated with ventral hernia medical care by the Americas Hernia Society Quality Collaborative Qualified Clinical Data Registry Task Force.

RISK ADJUSTMENT/MINIMUM ELIGIBLE CASES:

No/no minimum cases

NQF ID:

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eCOM #:

N/A

DATA SOURCE:

Registry (Americas Hernia Society Quality Collaborative)

STEWARD:

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OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML:

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INVERSE MEASURE:

No

PROPORTION MEASURE SCORING:

Yes

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CONTINUOUS MEASURE SCORING:

No

REFERENCES:

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