# Quality Measures Fact Sheet

## Bariatric Surgery Standards for Successful Programs Measure

***National Quality Strategy Domain: Making Care Safer by Reducing Harm Caused in the Delivery of Care***

***Quality Measures Set: Alternate*** ***Data Source: Registry***

## BPCI Advanced and Quality

The Center for Medicare & Medicaid Innovation's (the CMS Innovation Center's) BPCI Advanced Model rewards health care providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and clinicians should work collaboratively to achieve these goals, which have the potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

## Background on Bariatric Surgery Standards for Successful Programs Measure

The Bariatric Surgery Standards for Successful Programs Measure promotes the critical structural elements within metabolic and bariatric surgery programs which are necessary to provide safe, effective, and high-quality care to all metabolic and bariatric surgery (MBS) patients. The measure includes six structural domains which are strongly linked to safer and higher quality of care for bariatric surgical patients, and align with CMS' Meaningful Measures 2.0 Framework.

## CMS Innovation Center Rationale for Including the Bariatric Surgery Standards for Successful Programs Measure in BPCI Advanced

Successful bariatric surgery can result in significant improvements in both health and quality of life, however, MBS can result in a significant risk of complications including bleeding, anastomotic leak, infection, and pulmonary embolism. The CMS Innovation Center selected the Bariatric Surgery Standards for Successful Programs Measure based upon multiple studies that show that specific

structural processes improve patient safety in metabolic and bariatric surgery, resulting in reduced post-operative complications, lower in-hospital mortality, reduced length of stay, and lower costs.[86,87]

CMS worked collaboratively with the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®) to select the specific components included in the measure based on their importance for patient safety and quality improvement. The domains captured in this measure draw on the experience of ACS and ASMBS with guidance for facilities working with MBS patients.

## Applicable Clinical Episodes

The Bariatric Surgery Standards for Successful Programs measure is included in the Alternate Quality Measures Set and applies to the following inpatient Clinical Episode[88]:

- Bariatric Surgery: Medicare Severity–Diagnosis-Related Groups (MS-DRG) 619, 620, and 621

## Measure Specifications

The Bariatric Surgery Standards for Successful Programs measure selected for BPCI Advanced follows the *Optimal Resources for Metabolic and Bariatric Surgery* (MBS) 2019 Standards. Data for the measure will be collected by ACS representatives annually from those MBSAQIP-participating acute care hospitals (ACHs). The measure is comprised of six selected standards as a composite.

| Standard | Measure Description |
|---|---|
| 2.4: MBS Committee<br>Weight=10% | • Provides documentation of meeting minutes, including date, agenda, and attendance records, for the minimum of three MBS Committee meetings.<br>• Provides documentation that all actively participating metabolic and bariatric surgeons and proceduralists attended the annual comprehensive review meeting, unless excused by the MBS Director.<br>• Provides documentation of any multidisciplinary bariatric team members (by specialty) attending the MBS Committee meetings. |

[86] Bariatric Surgery Outcomes in US Accredited vs Non-Accredited Centers: A Systematic Review Dan Azagury, MD, John M Morton, MD, MPH, FACS, ASMBS. J Am Coll Surg 2016;223:469e477. 2016 by the American College of Surgeons. https://www.journalacs.org/article/S1072-7515(16)30267-8/fulltext

[87] Outcomes of Bariatric Surgery Performed at Accredited vs Nonaccredited Centers. Ninh T Nguyen, MD, FACS, Brian Nguyen, BS, Vinh Q Nguyen, PhD, Argyrios Ziogas, PhD, Samuel Hohmann, PhD, Michael J Stamos, MD, FACS

[88] MS-DRGs are up to date as of Model Year 3 (2020) and will be updated for Model Year 4 as needed.

| Standard | Measure Description |
|---|---|
| 2.5: MBS Director<br>Weight=10% | • Provides documentation of the MBS Director's privileges and credentials.<br>• Provides documentation of meeting minutes showing that the MBS Director has attended at least the minimum number of required MBS Committee meetings as outlined above.<br>• Provides proof that the MBS Director is a MBSAQIP Verified Surgeon.<br>• Provides documentation of MBS Committee meeting minutes that prove the MBS Director is leading the design and implementation of quality improvement initiatives.<br>• Provides a job description, contract, or agreement for the MBS Director documenting that the MBS Director position is fully integrated into the institution's organizational framework and has the authority and resources to fulfill all duties.<br>• In addition to the above, may provide documentation of any networking and sharing of best practices by the MBS Director at the hospital, local, or national level. |
| 5.1: Patient Education Pathways<br>Weight=10% | • Provides documentation of the patient education pathways for each metabolic and bariatric surgeon or proceduralist, which meet the requirements outlined above and have been approved by the MBS Committee.<br>• Provides documentation of MBS Committee meeting minutes showing, at minimum, annual review of patient care pathways, which indicate any revisions driven by the review of the center's outcomes data.<br>• In addition to the above, may provide documentation of research conducted in the creation of the pathways as well as regular pathway review. |
| 5.2: Patient Care Pathways<br>Weight=10% | • Provides documentation of the patient care pathways for each metabolic and bariatric surgeon or proceduralist, inclusion and exclusion patient selection criteria, and evaluation process, including psychological evaluation, preoperative clearance, nutrition regimens, and metabolic and bariatric standardized order sets, addressing all of the requirements outlined above.<br>• Provides documentation of MBS Committee meeting minutes showing, at minimum, annual review of patient care pathways, which indicate any revisions driven by the review of the center's outcomes data.<br>• In addition to the above, may provide documentation of research conducted in the creation of the pathways as well as regular pathway review.<br>• In addition to the above, may provide documentation of adherence to pathways and any process improvement conducted to improve adherence. |

| Standard | Measure Description |
|---|---|
| 7.1: Adverse Event Monitoring<br><br>Weight=25% | • Provides documentation of a protocol for the notification of adverse events and the subsequent review process.<br>• Provides documentation in a HIPAA-compliant manner of the minutes of all MBS Committee meetings indicating that all of the following were reviewed:<br>  ○ All adverse events as part of a protected, peer review process<br>  ○ All in-hospital or 90-day mortalities, if any, within 60 days of discovery<br>  ○ Bariatric procedure specific Risk-adjusted reports<br>• In addition to the above, may provide documentation of action plans created for adverse events as well as evidence of bariatric-specific morbidity and mortality meetings at the hospital. |
| 7.2: Quality Improvement Initiatives<br><br>Weight=35% | • Provides documentation for at least one and up to three (or more) quality improvement (QI) initiatives per year, which outlines how the center measured, evaluated, and improved their performance through the implementation of a consistent quality improvement methodology.<br>• Provides proof that any clinical outliers as identified by the bariatric procedure specific reports were prioritized for a quality improvement initiative.<br>• Provides documentation of MBS Committee meeting minutes which review how the MBS Committee members identified, implemented, and monitored QI initiatives.<br>• In addition to the above, may provide documentation of improved patient outcomes related to the QI initiatives. |

The measure calculates the level of compliance with six selected standards from the ACS Registry Program. The ACS Registry Program will calculate ACH-level performance for all program components included in the denominator. For Physician Group Practices (PGPs), the ACS Registry Program will calculate the measure as specified at individual hospitals. The CMS Innovation Center will then weight measure performance based upon the PGP Clinical Episode volume for each ACH where a PGP triggers a Clinical Episode.

## Denominator

For all ACHs reporting on the Bariatric Surgery Standards for Successful Programs Measure, the denominator is 100, which is the maximum total number of points possible to accrue across all six components of the measure after conversion to a 100 point scale.

## Numerator

The numerator is the hospital level sum of Bariatric Surgery Standards for Successful Programs measure scores for each of the six components of the measure. ACS will score ACH performance on each component from 0-3 points based on the degree of compliance with the requirements for each standard. Appropriate weighting (as above) will be applied. Points will be converted into a 100-point

scale. The requirements and scoring for each standard can be found on the ACS MBSAQIP page in the "Other Resources" table below.

| Score | Definition |
|---|---|
| 0 | The hospital does not meet the criteria as enumerated by the specific standard (i.e. Standard 2.4, 2.5, etc.) |
| 1 | The hospital meets the criteria as enumerated by the specific standard (i.e. Standard 2.4, 2.5, etc.) |
| 2 | The hospital exceeds the criteria as enumerated by the specific standard (i.e. Standard 2.4, 2.5, etc.) by demonstrating (for example, but not limited to: more meetings, more quality improvement projects, etc.) |
| 3 | The hospital is considered exemplary against the criteria as enumerated by the specific standard (i.e. Standard 2.4, 2.5, etc.) by demonstrating (for example, but not limited to: more meetings with a specific percentage of attendance by particular personnel, more quality improvement projects which are shared outside of the organization, etc.) |

## Measure Submission

BPCI Advanced Participants may submit this measure through the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) MBSAQIP® Registry.

## Revisions to the Established Specifications

The BPCI Advanced version of this measure uses one calendar year of data. In Model Year 4, the data will be collected from January 1, 2021 to December 31, 2021.

## Composite Quality Score

The Bariatric Surgery Standards for Successful Programs Measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation. The CMS Innovation Center uses the CQS to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down by more than 10 percent, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent. More information is available at the BPCI Advanced website provided below.

## Other Resources

| Organization/Resource | Website Address |
|---|---|
| *Optimal Resources for Metabolic and Bariatric Surgery* 2019 Standards | https://www.facs.org/-/media/files/quality-programs/bariatric/2019_mbsaqip_standards_manual.ashx |
| BPCI Advanced | https://innovation.cms.gov/initiatives/bpci-advanced |
| ACS MBSAQIP®<br><br>*For more information on the MBSAQIP standards and scoring for the measure bundle, please go to this link.* | https://www.facs.org/mbsaqip |