



# Data Collection in Metabolic and Bariatric Surgery: Performance Measurement as a QCDR and Implementation of Patient Reported Outcomes Nationally

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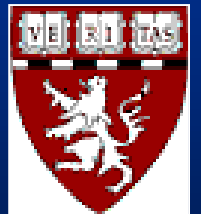
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**CMS MEDCAC**

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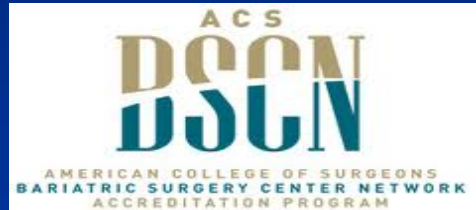


**August 30, 2017**

# Disclosures

- This program was supported through a Patient-Centered Outcomes Research Institute (PCORI) Assessment of Prevention, Diagnosis, and Treatment Options Program Award (1503-29209).
- All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.

# Unification of Bariatric Programs and Data Collection Systems

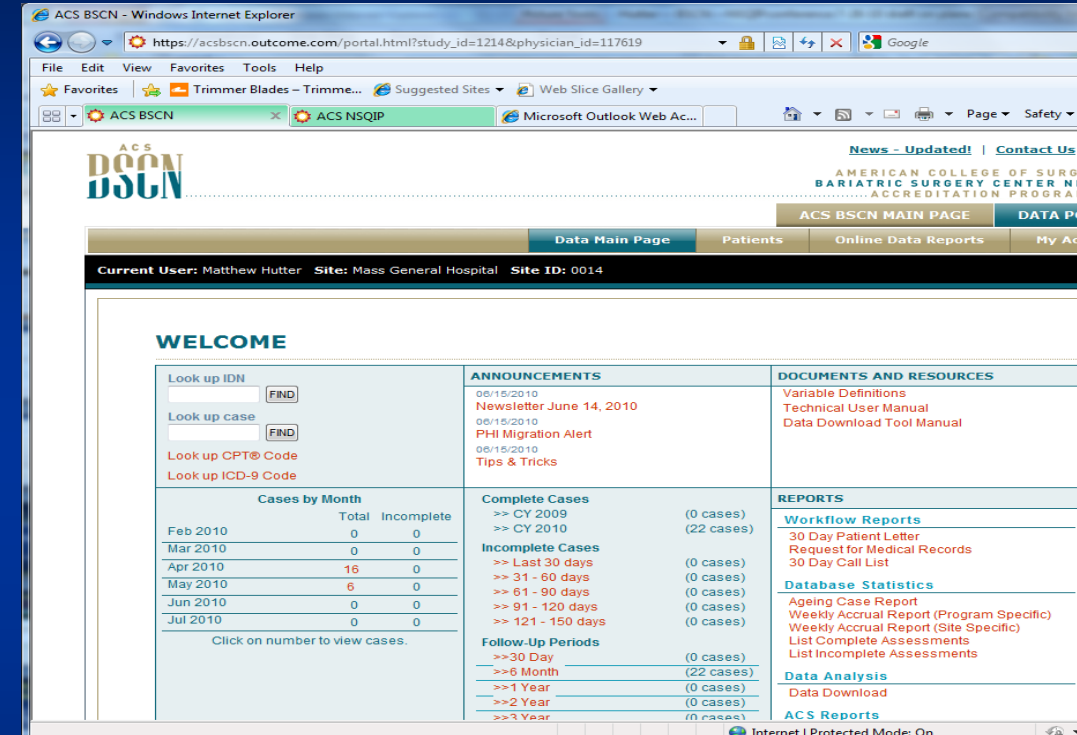


–March 1, 2012

# MBSAQIP Data Collection System



- 100% of cases.
- Data collected by trained surgical clinical reviewers.
- Does NOT require a center to have NSQIP (but it was designed to integrate with the NSQIP).
- Bariatric specific data points:
  - Leaks, strictures, internal hernias etc.
  - Risk-adjusted.
  - Weight.
  - Weight related illnesses.
- Long term follow-up.
  - 30 days, 6 months, one-year.....Annually... Forever?
- Captures 95% of all bariatric procedures done in the US.



- **MBSAQIP has high quality data:**

- Data is prospective, clinically rich, risk adjusted and benchmarked.
  - Data collectors at each site, trained and audited.
  - Data collectors are not involved directly in patient care (third party).
  - Data points have discreet standardized definitions, and are derived from objective information.
  - Data collection is audited, including site reviews.
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# CMS PQRS QCDR and VBM

**CMS:** Centers for Medicare and Medicaid Services

**PQRS:** Physician  
Quality  
Reporting  
System

**QCDR:** Qualified  
Clinical  
Data  
Registry

**VBM:** Value  
Based  
(Payment)

–PhysicianCompare.gov

<b>PENALTIES:</b>		<u>Modifier</u>	<u>VBM</u>	<u>Total</u>
	<u>PQRS:</u>			
2014:	0.5% bonus on Part B			
2015:	- 1.5% (penalty)		-1.0%	- 2.5%
2016:	- 2.0% (penalty)		-2.0%	- 4.0%

# –CMS PQRS QCDR

## –MBSAQIP QCDR Measure Title

1. Risk Stratified Overall Complication Rate.
  2. Risk Stratified 30 Day Readmission Rate.
  3. Risk Stratified 30 Day Reoperation Rate.
  4. Risk Stratified 30 Day Anastomotic/Staple Line Leak Rate.
  5. Risk Stratified Perioperative Bleeding Rate.
  6. Risk Stratified Postoperative Surgical Site Infection Rate.
  7. Risk Stratified Postoperative Nausea, Vomiting or Fluid, Electrolyte, Nutritional Depletion Rate.
  8. Postoperative Extended Length Of Stay. (>7 days)
  9. 30-Day Postoperative Follow-Up Rate.
- Effective Clinical Care
  - Efficiency and Cost Reduction
  - Patient Safety
  - Communication and Care Coordination



# Patient Reported Outcomes







# Patient Centered Outcomes Research Institute

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4 years



## ***“LOBSTER PROMs”***

Long-term Outcomes of Bariatric Surgical Techniques  
and their Effect on Related  
Patient Reported Outcome Metrics



Assessed Preop and annually postop.



# “LOBSTER PROMs”

## Milestones



Milestones	Goals
Focus Groups	Identification of outcomes and validated PROMS
Alpha Pilot	PROM implementation at 5 Partners Hospitals
Beta Pilot	PROM implementation in a national sample
National Rollout	PROM implementation at all MBSAQIP centers
Analysis	Comparative effectiveness of bariatric procedures
Data Dissemination Tool	Web-based tool to aid in shared decision making

# PCORI Grant



- Conduct focus groups
- Implement PROMs nationally
- Link PRO data to MBSAQIP clinical data
- Conduct comparative effectiveness of various bariatric procedures
- Create a portal for shared decision making

# 20 Focus Groups– Identify Outcomes

Rank	Caregivers	Preop Patients	Preop Family	Postop Patients	Postop Family
1	Health	Health	Health	Health	Self-confidence
2	Self-confidence	Self-confidence	Self-confidence	Mobility	Health
3	Social/ Interpersonal	Relationship with Food	Relationship with Food	Everyday Activities	Everyday Activities
4	Mobility	Mobility	Everyday Activities	Self-confidence	Relationship with Food
5	Everyday Activities	Everyday Activities	Mobility	Social/ Interpersonal	Social/ Interpersonal
6	Relationship with Food	Work/School	Social/ Interpersonal	Relationship with Food	Mobility
7	Intimate Relationships	Intimate Relationships	Work/School	Intimate Relationships	Work/School
8	Work/School	Social/ Interpersonal		Work/School	

# -The Right Operation for the Right Patient Tool

Options Legend Feedback Help

Long, Alvan (0000002) 107/M

Visit Date: 2012-11-12

Selected Intervention: CEA - Left

Assessment completed.

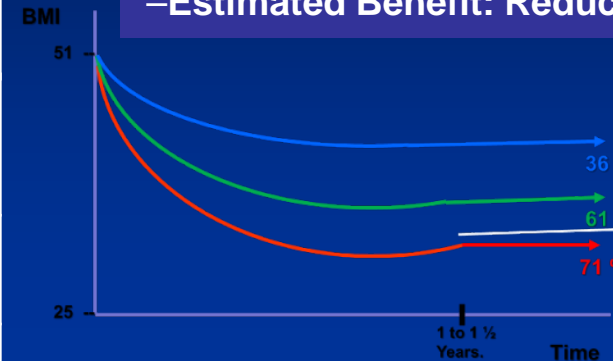
Intervention Clinical Summary Guidelines Risks **Assessment** Consent Schedule

## -Assessment

Estimated Risk:	Bypass	Sleeve	Band
Mortality 30 days 1 year	0.15% 0.19%	0.08% 0.10%	0.5% 0.08%
Morbidity 30 days	12.3%	6.2%	3.1%
Surgical Complications: Superficial Infection Leaking Bleeding	1% 0.5% 0.8%	0.3% 0.5% 0.3%	0.4% 0.0% 0.1%
Readmission	6.9%	3.8%	2.0%
Reoperation or Intervention	4.9%	1.9%	1.2%

## -Patient Reported Outcomes:

## -Estimated Benefit: Reduction in Weight



	6 Months	12 Months
<b>Bypass</b>	EWL: 50 %	EWL: 70 %
<b>Sleeve</b>	EWL: 43%	EWL: 60 %
<b>Band</b>	EWL: 27%	EWL: 36%

-EWL = your extra weight that is lost

## Estimated Benefit: Resolution of Diseases (1 Year):

	Bypass	Sleeve	Band
Diabetes	70%	63%	43%
Hypertension	54%	49%	33%
Hyperlipidemia	62%	49%	37%
Sleep Apnea	65%	59%	53%
GERD	47%	15%	55%

Physical Health

Mental Health

Overall QOL



-Sleeve -Bypass



-Sleeve -Bypass



-Sleeve -Bypass



-Sleeve -Bypass



-Sleeve -Bypass

