

MSSIC Final 2018 non-MIPS Measure Specifications

QCDR Organization Name	Measure ID	Measure Title	Measure Description	Numerator	Denominator	Denominator Exclusions	Denominator Exceptions
Michigan Spine Surgery Improvement Collaborative	MSSIC2	Assessment of back or neck pain	The measure reflects the percent of patients receiving spine surgery for whom a formal assessment of back or neck pain (depending on the location of the spine problem) was done prior to surgery using a standard 0-10 numeric pain rating scale.	Patients with both baseline and 90-day follow-up surveys completed that include a 0-10 rating of back or neck pain	All patients meeting MSSIC inclusion criteria (see appendix A) and entered into registry	None	None
Michigan Spine Surgery Improvement Collaborative	MSSIC3	Assessment of leg or arm pain	The measure reflects the percent of patients receiving spine surgery for whom a formal assessment of leg or arm pain (depending on the location of the spine problem) was done prior to surgery using a standard 0-10 numeric pain rating scale.	Patients with both baseline and 90-day surveys completed that include a 0-10 rating of neck or arm pain	All patients meeting MSSIC inclusion criteria (see appendix A) and entered into registry	None	None
Michigan Spine Surgery Improvement Collaborative	MSSIC4	Assessment of pain-related disability (ODI/NDI)	The measure reflects the percent of patients receiving cervical spine surgery for whom a formal assessment pain-related disability was done, using either the Oswestry Disability Index (lumbar spine patients) or the Neck Disability Index (cervical spine patients).	Patients with both baseline and 90-day follow-up surveys completed that includes the ODI (lumbar) or NDI (cervical)	All patients meeting MSSIC inclusion criteria (see appendix A) and entered into registry	None	None
Michigan Spine Surgery Improvement Collaborative	MSSIC5	Follow-up (90 day) assessment of myelopathy (cervical only)	The measure reflects the percent of patients receiving spine surgery who were formally assessed for myelopathy 90 days after surgery, using the mJOA scale. Ideally, this rate would be 100%. Surgical practices in MSSIC have rates generally ranging from 40% at the low end to 85% at the high end.	Patients in the denominator with a confirmed surgery date who are >120 days post-surgery for whom a follow-up survey is completed that includes a scorable mJOA scale.	All patients with cervical spine problems meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates	None	None

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Michigan Spine Surgery Improvement Collaborative	MSSIC8	Percent of patients achieving MCID for back or neck pain	<p>The measure reflects the percent of patients receiving spine surgery who report an improvement in back or neck pain that is equal to, or greater than, the standard "Minimum Clinically Important Difference" for the specific measures used in MSSIC to assess back or neck pain. The MCID values are standard values (e.g., 1.75 points or more on a 0-10 rating scale) obtained from published articles, and are specific to spine surgery. The ideal value for the measure is 100% (all patients got better), but actual values are lower than that and vary significantly from hospital to hospital and surgeon to surgeon.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon. Although it is a rare situation, patients with baseline scores so low as to not allow for an improvement larger than the MCID are excluded from the rate calculation. (Patients with myelopathy as an indication for surgery,</p>	Patients with an improvement of 1.5 points or more on the 0-10 rating of back pain or 2.5 points or more for neck pain, from baseline to 90-day followup	All patients meeting MSSIC inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of both baseline and 90-day followup assessment	Lumbar patients with baseline back pain score of 0 or 1. Cervical patients with baseline neck pain of 0, 1, or 2.	None

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Michigan Spine Surgery Improvement Collaborative	MSSIC9	Percent of patients achieving MCID for leg or arm pain	<p>The measure reflects the percent of patients receiving spine surgery who report an improvement in leg or arm pain that is equal to, or greater than, the standard "Minimum Clinically Important Difference" for the specific measures used in MSSIC to assess back or neck pain. The MCID values are standard values (e.g., 1.75 points or more on a 0-10 rating scale) obtained from published articles, and are specific to spine surgery. The ideal value for the measure is 100% (all patients got better), but actual values are lower than that and vary significantly from hospital to hospital and surgeon to surgeon.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon. Although it is a rare situation, patients with baseline scores so low as to not allow for an improvement larger than the MCID are excluded from the rate calculation. (Patients with myelopathy as an indication for surgery,</p>	Patients with an improvement of 1.75 points or more on the 0-10 rating of leg pain or 2.5 points or more for arm pain, from baseline to 90-day followup	All patients meeting MSSIC inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of both baseline and 90-day followup assessment	Lumbar patients with baseline leg pain score of 0 or 1. Cervical patients with baseline arm pain of 0, 1, or 2.	

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Michigan Spine Surgery Improvement Collaborative	MSSIC10	Percent of patients achieving MCID for pain-related disability (ODI/NDI)	<p>The measures reflects the percent of patients receiving spine surgery who report an improvement in pain-related disability that is equal to, or greater than, the standard "Minimum Clinically Important Difference" for the specific measures used in MSSIC to assess back or neck pain. The MCID values are standard values (e.g., 1.75 points or more on a 0-10 rating scale) obtained from published articles, and are specific to spine surgery. The ideal value for the measure is 100% (all patients got better), but actual values are lower than that and vary significantly from hospital to hospital and surgeon to surgeon.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon. Although it is a rare situation, patients with baseline scores so low as to not allow for an improvement larger than the MCID are excluded from the rate calculation. (Patients with</p>	Patients with an improvement of 13.5 points or more on the ODI (lumbar) or 15 points or more on the NDI (cervical), from baseline to 90-day followup	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery an completion of both baseline and 90-day followup assessment	Lumbar patients with baseline ODI score less than 14. Cervical patients with baseline NDI score of less than 15.	None
Michigan Spine Surgery Improvement Collaborative	MSSIC6	Percent same-day ambulation	<p>The measures reflects the percent of patients receiving spine surgery for whom there is medical record evidence of ambulation (actual movement out of the bed, not just feet dangling out of bed) on the day of surgery. Analysis of MSSIC data in 2016 showed the early ambulation is a significant protective factor for a variety of complications, and that there is currently significant variability among hospitals and surgeons in terms of the percent of patients who do have ambulation on the day of surgery.</p>	Patients with evidence in the medical record of ambulation on the day of surgery	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and who are >120 days post-surgery	Patients with durotomy or CSF leak or other clinical contra-indication for ambulation	None

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Michigan Spine Surgery Improvement Collaborative	MSSIC11	Percent Satisfied with Result	The measure reflects the percent of patients receiving spine surgery who report being satisfied with the result of surgery, either in terms of having received the benefit they wanted and expected, or having achieved enough benefit that they would be willing to do the procedure again to achieve the same benefit.	Patients who responded either "Surgery met my expectations" or "I did not improve as much as I had hoped but I would undergo the same operation for the same results" to question on "Were you satisfied with the results of your surgical procedure?" on 90-day followup survey	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of 90-day followup assessment	None	None
Michigan Spine Surgery Improvement Collaborative	MSSIC1	Pre-surgical screening for depression	The measure reflects the percent of surgical cases that received a formal pre-surgical screening for depression. MSSIC uses the PHQ-2 brief screening instrument	Patients with a baseline survey completed that includes the PHQ-2.	All patients meeting MSSIC inclusion criteria (see attached description of inclusion/exclusion criteria and entered into registry	None	None
Michigan Spine Surgery Improvement Collaborative	MSSIC7	Rate of use of Pre-op skin preparation/wash	The measures reflects the percent of patients receiving spine surgery for whom there is medical record evidence of use of evidence-based interventions to prevent surgical site infection (SSI). SSI is a relatively rare but serious complication of surgery, and is preventable to some extent by specific pre-surgical site preparation done by patients the day before surgery. Data from MSSIC suggests significant variability among surgeons and among hospitals in terms of the percent of patients for whom a formal pre-surgical wash preparation is used.	Patients with medical record evidence of use of recommended or prescribed surgical site wash/preparation in the 24 hours preceding surgery	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and who are >120 days post-surgery	None	None

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Michigan Spine Surgery Improvement Collaborative	MSSIC12	Risk-adjusted rate of hospital readmission	<p>The measure reflects the percent of patients receiving spine surgery who were readmitted to a hospital within 90 days of surgery. Planned "readmissions" for two-stage procedures or other reasons are not counted. Rates are reported for all-cause readmissions, although the registry allows for separate analysis of spine-related vs. unrelated readmissions.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon.</p>	Patients with confirmed dates of surgery who are >120 days post-surgery whose medical records indicate an inpatient hospital admission within 90 days of discharge	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of 90-day followup assessment	Patients without surgeon office records available for medical abstraction. Patients with missing information for any of the included risk factors.	None
Michigan Spine Surgery Improvement Collaborative	MSSIC13	Risk-adjusted rate of surgical site infection	<p>The measure reflects the percent of patients receiving spine surgery who had a clinically significant surgical site infection following surgery, requiring treatment.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon.</p>	Patients with confirmed dates of surgery who are >120 days post-surgery whose medical records indicate a surgical site infection as defined by CDC criteria, plus those with a superficial SSI in the 30-90 day time window	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of 90-day followup assessment	Patients without surgeon office records available for medical abstraction. Patients with missing information for any of the included risk factors.	None

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Michigan Spine Surgery Improvement Collaborative	MSSIC14	Risk-adjusted rate of urinary retention	<p>The measure reflects the percent of patients receiving spine surgery who had a clinically significant issue of urinary retention (residual urine in bladder after voiding, or inability to void) in the immediate post-surgical period.</p> <p>Rates are reported on a risk-adjusted basis, with the risk adjustment model based on a set of demographic and clinical characteristics, as well as case-mix variables (e.g., fusion vs. non-fusion) so that rates are truly comparable from surgeon to surgeon.</p>	Patients with confirmed dates of surgery who are >120 days post-surgery whose medical records indicate a the presence of urinary retention as defined in the MSSIC manual of operations	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of 90-day followup assessment	Patients without surgeon office records available for medical abstraction. Patients with missing information for any of the included risk factors.	None
Michigan Spine Surgery Improvement Collaborative	MSSIC15	Unplanned Return to OR Rate	The measure reflects the percent of patients receiving spine surgery who had an unplanned return to the operating room, either during the index admission (or equivalent outpatient stay for outpatient procedures) or during the 90-day period post-discharge. Unplanned return to the OR reflects a quality problem of some kind, and rates vary significantly from surgeon to surgeon and from hospital to hospital.	Patients with confirmed dates of surgery who are >120 days post-surgery whose medical records indicate an unplanned return to the operating room for a procedure related to the index procedure, either during the original hospital admission or in the 90-day period after discharge	All patients meeting MSSIC Inclusion criteria (see attached file) and entered into registry, with confirmed surgery dates and > 120 days elapsed since surgery and completion of 90-day followup assessment	Patients without surgeon office records available for medical abstraction.	None