Patient-Reported Outcomes Collection and Mandatory CMS Inpatient THA PRO-Performance Measures: How to Optimize the Process

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As part of the Inpatient Prospective Payment System, the Centers for Medicare and Medicaid Services (CMS) is mandating that patient reported outcome measures (PROMs) reporting will be mandatory for THA starting on July 1, 2024, and will impact reimbursement in 2027. The financial penalty for not reporting a complete data set for 50% of all eligible patients is 25% of the Annual Payment Update (usually 2-4%) for <u>all</u> the hospital's Medicare Fee-for-Service Part A claims, including non-orthopaedic claims. Additionally, the hospital will be disqualified from participation in all Medicare value-based purchasing programs. The hospitals will be scored by CMS on the percentage of patients who achieve a substantial clinical benefit (SCB). The SCB for THA patients will be 20 points on the HOOS JR. CMS will factor in all the risk variable data submitted, as well as claims data, to create the final "risk standardized improvement rate" (RSIR). For example, if a hospital/surgeon achieves a 60% RSIR, that means that, in general, 60% of that hospital/surgeon's patients reported a substantial improvement after their THA procedure. The purpose of this study is to present our process for complying with these mandates.

METHODS: We elected to employ a 3-prong approach in a twelve-hospital enterprise to collect PROMs. We use PROM collection methods through a web-based PROMs collection system imbedded in our EMR through Patient Gateway, an iPad in-person collection system in clinic, and a patient engagement platform that also provides digital education, video-based physical therapy and classes, and a communication forum for patient-provider interaction. RESULTS:

Since 2019, we enrolled 2,774 THA patients in a patient engagement platform, and 2,615 (93%) have opted in and used the platform. Five percent of our patients did not have access to email and could not use the platform. Percentages of PROMs completion were 91% preop, 75% at 3 months, 72% at 6 months, and 77% at 1 year. Patient satisfaction scores averaged 4.67 out of 5 at 90 days. HOOS JR. scores improved on average from 51.8 preop to 86.76 at 1 year. Utilizing our Patient Gateway web-based EMR collection system in addition to in-person IPAD PROMs collection achieved similar collection performance and provided an alternative for those patients who did not use the patient engagement platform. DISCUSSION AND CONCLUSION:

Using a 3-prong approach to comply with the CMS Inpatient TKA PRO-Performance Measures will meet the standards of 50% paired PROMs reporting and the SCB of 22 points on the HOOS JR. Using a patient engagement platform alone would meet the requirements.









