Quality Payment
PROGRAM

MIPS Value Pathways

Feedback Received on the Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate for Consideration for the 2025 Performance Year

Surgical Care MVP

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the MVP Candidate Feedback Process on the QPP website.

The 2025 MVP Candidate Feedback Period ended on January 29, 2024.

This document contains the feedback we received during the 45-day MVP Candidate Feedback Period for the Surgical Care MVP.

Note: This document is for 2025 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2024 performance year. CMS will indicate finalized MVPs exclusively through the Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

TABLE 1: Surgical Care MVP

Quality	Improvement Activities	Cost
Q047: Advance Care Plan (Medicare Part B Claims, MIPS CQM) High Priority	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High Weight)	**Colon and Rectal Resection**
Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (MIPS CQM) High Priority, Outcome	**IA_BE_12: Use evidence-based decision aids to support shared decision-making** (Medium Weight)	**Femoral or Inguinal Hernia Repair**
Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (MIPS CQM) High Priority, Outcome	**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium Weight)	**Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels**
Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (MIPS CQM) High Priority, Outcome	**IA_CC_15: PSH Care Coordination** (High Weight)	**Lumpectomy, Partial Mastectomy, Simple Mastectomy**
Q264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer (MIPS CQM)	**IA_CC_17: Patient Navigator Program** (High Weight)	**Medicare Spending Per Beneficiary (MSPB) Clinician**
Q354: Anastomotic Leak Intervention (MIPS CQM) High Priority, Outcome	**IA_CC_18: Relationship-Centered Communication** (Medium Weight)	**Non-Emergent Coronary Artery Bypass Graft (CABG)**
Q355: Unplanned Reoperation within the 30 Day Postoperative Period (MIPS CQM) High Priority, Outcome	**IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High Weight)	
Q357: Surgical Site Infection (SSI) (MIPS CQM) High Priority, Outcome		

TABLE 1: Surgical Care MVP

Quality	Improvement Activities	Cost
Q358: Patient-Centered Surgical Risk Assessment and Communication (MIPS CQM) High Priority **Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)** (MIPS CQM) High Priority, Outcome **Q459: Back Pain After Lumbar Surgery** (MIPS CQM) High Priority, Outcome **Q461: Leg Pain After Lumbar Surgery** (MIPS CQM) High Priority, Outcome **Q471: Functional Status After Lumbar Surgery** (MIPS CQM) High Priority, Outcome **Q487: Screening for Social Drivers of Health** (MIPS CQM) High Priority	**IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_11: Regular review practices in place on targeted patient population needs** (Medium Weight) **IA_PSPA_8: Use of Patient Safety Tools** (Medium Weight) **IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management** (Medium Weight)	

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information OR • Health Information Exchange (HIE) Bi-Directional Exchange OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
	• Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation

Surgical Care MVP Feedback Received

Below is the feedback we received during the 45-day MVP Candidate Feedback Period for the Surgical Care MVP. We didn't include feedback considered out of scope to the draft 2025 MVP candidate.

Feedback: One commenter recommended the addition of the following quality measure: Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (PAM® Performance Measure, PAM®-PM).

Feedback: One commenter recommended the addition of IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols to this MVP. The commenter believes this improvement activity aligns with CMS's broader priority of improving health equity through its program. In addition, the commenter believes it advances the ability for providers to assess food insecurity and nutrition risk (both key drivers of health disparities)and encourages providers to address identified issues, reduce inequities, and improve outcomes.

Feedback: A couple of commenters expressed concern with the lack of eCQMs included in this MVP candidate citing there would be significant cost to submitting both eCQMs and MIPS CQMs to meet quality requirements. One commenter recommended the addition of: Q130: Documentation of Current Medications in the Medical Record; Q376: Functional Status Assessment for Total Hip Replacement; Q374: Closing the Referral Loop: Receipt of Specialist Report; Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery; Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; Q475: HIV Screening; and Q238: Use of High-Risk Medications in Older Adults in order to provide eCQM options in this MVP candidate.

Feedback: A couple commenters expressed concern the Surgical Care MVP includes numerous unrelated surgical specialties into a single MVP candidate. The commenters believe this is clinically inappropriate and provides minimal value in assisting surgical specialists with identifying the most relevant MIPS measures. One commenter expressed concern with the inclusion of quality measures Q459: Back Pain After Lumbar Surgery, Q355: Unplanned Reoperation within the 30-Day Postoperative Period, and Q357: Surgical Site Infection. The commenter also recommended CMS incorporate other, more appropriate functional outcome measures from tools such as PROMIS®.

Feedback: One commenter expressed concern regarding a lack of internal consistency between the quality and cost measures included in this MVP related to lumbar fusion. The commenter believes the quality and cost measures don't evaluate the same patient populations and evaluate different timeframes, which could result in inaccurate assessments of value and incentives to delay care until after the cost measure episode ended.
Feedback: One commenter expressed concern regarding the relevance and alignment of the quality measures with the diverse landscape of medical practices across surgical care for this MVP. The commenter indicated a potential lack of alignment between cost and quality measures as the cost measure includes risk adjustment for different types of CABG procedures, while the quality measures don't.
Feedback: One commenter expressed concern that from a member perspective this MVP offers limited opportunities for a wide range of surgeons to participate. For example, measures applicable to orthopedic surgeons, such as Q355: Unplanned Reoperation within the 30-Day Postoperative Period and Q357: Surgical Site Infection (SSI), exclude orthopedic procedures from the denominator population of the measures. Additionally, it was noted some QCDRs that may support this MVP's clinical topic don't support all measures necessary for their clinicians to meet performance category requirements.
Feedback: One commenter recommended CMS develop more focused MVP candidates like a cardiothoracic surgery specific MVP. Additionally, concern was expressed regarding ability for scoring on specific quality measures based upon lack of historical benchmarks and scoring caps.
Feedback: One commenter believes the Surgical Care MVP candidate is flawed in its current form because it doesn't support a team-based, interdisciplinary approach. The commenter feels the quality and cost measures included don't correlate to care for a condition and that the candidate is limiting for many surgical specialties.