

Quality ID #428: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Preventable Healthcare Harm

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients undergoing appropriate preoperative evaluation of stress urinary incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines

INSTRUCTIONS:

This measure is to be submitted each time an anterior and/or apical pelvic organ prolapse repair surgery is performed during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient procedure during the performance period (CPT): 57106, 57110, 57120, 57240, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

NUMERATOR:

Number of patients undergoing preoperative assessment

Definition:

Preoperative Assessment – Includes the following:

- 1) History asking about incontinence and its character.
- 2) Urinalysis documented.
- 3) Physical exam testing for stress incontinence whether or not a patient is symptomatic.

Numerator Options:

Performance Met:

Preoperative assessment documented (**G9615**)

OR***Denominator Exception:***

Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery) (**G9616**)

OR***Performance Not Met:***

Preoperative assessment not documented, reason not given (**G9617**)

RATIONALE:

Many women undergoing surgical correction of pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse, underlying SUI may be masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). Rates of occult SUI can be as high as 23.5% to 41.5% based on prior literature (1, 2). When SUI is not treated at the time of prolapse repair, patients will be more likely to experience SUI after prolapse correction, which can necessitate an additional surgery (3). This can lead to additional cost and risk of anesthesia if surgery is chosen or the patient may have to live with their incontinence. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction of pelvic organ prolapse, allowing for a shared decision approach between surgeon and patient to allow for the appropriate treatment of SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

CLINICAL RECOMMENDATION STATEMENTS:

Many women undergoing surgical correction for pelvic organ prolapse also have stress urinary incontinence (SUI). The presence of SUI is not always volunteered by the patient. In cases of severe prolapse, a significant number of women may have underlying SUI that is masked by kinking of the urethra due to the prolapse (referred to as "occult SUI"). When SUI is not treated at the time of prolapse repair, patients will be more likely to experience SUI after prolapse correction, which can necessitate an additional surgery. Implementation of this measure will improve quality by increasing the preoperative diagnosis of SUI in women undergoing surgical correction for pelvic organ prolapse, allowing for a shared decision approach between surgeon and patient to allow for the appropriate treatment of SUI at the time of the prolapse surgery, thus decreasing the incidence of postoperative SUI.

References:

1. Karamustafaoglu Balci B, Gungor Ugurlucan F, Yasa C, Yalcin O. 5-year experience in the diagnosis and treatment of occult urinary incontinence in women with pelvic organ prolapse. Eur J Obstet Gynecol Reprod Biol. 2017 Jan 5
2. Duecy EE, Pulvino JQ, McNanley AR, Buchsbaum GM. Urodynamic prediction of occult stress urinary incontinence before vaginal surgery for advanced pelvic organ prolapse: evaluation of postoperative outcomes. Female Pelvic Med Reconstr Surg. 2010 Jul;16(4):215-7.
3. van der Ploeg JM, Oude Rengerink K, van der Steen A, van Leeuwen JH, van der Vaart CH, Roovers JP; Dutch Urogynaecology Consortium.. Vaginal prolapse repair with or without a midurethral sling in women with genital prolapse and occult stress urinary incontinence: a randomized trial. Int Urogynecol J. 2016 Jul; 27(7):1029-38.

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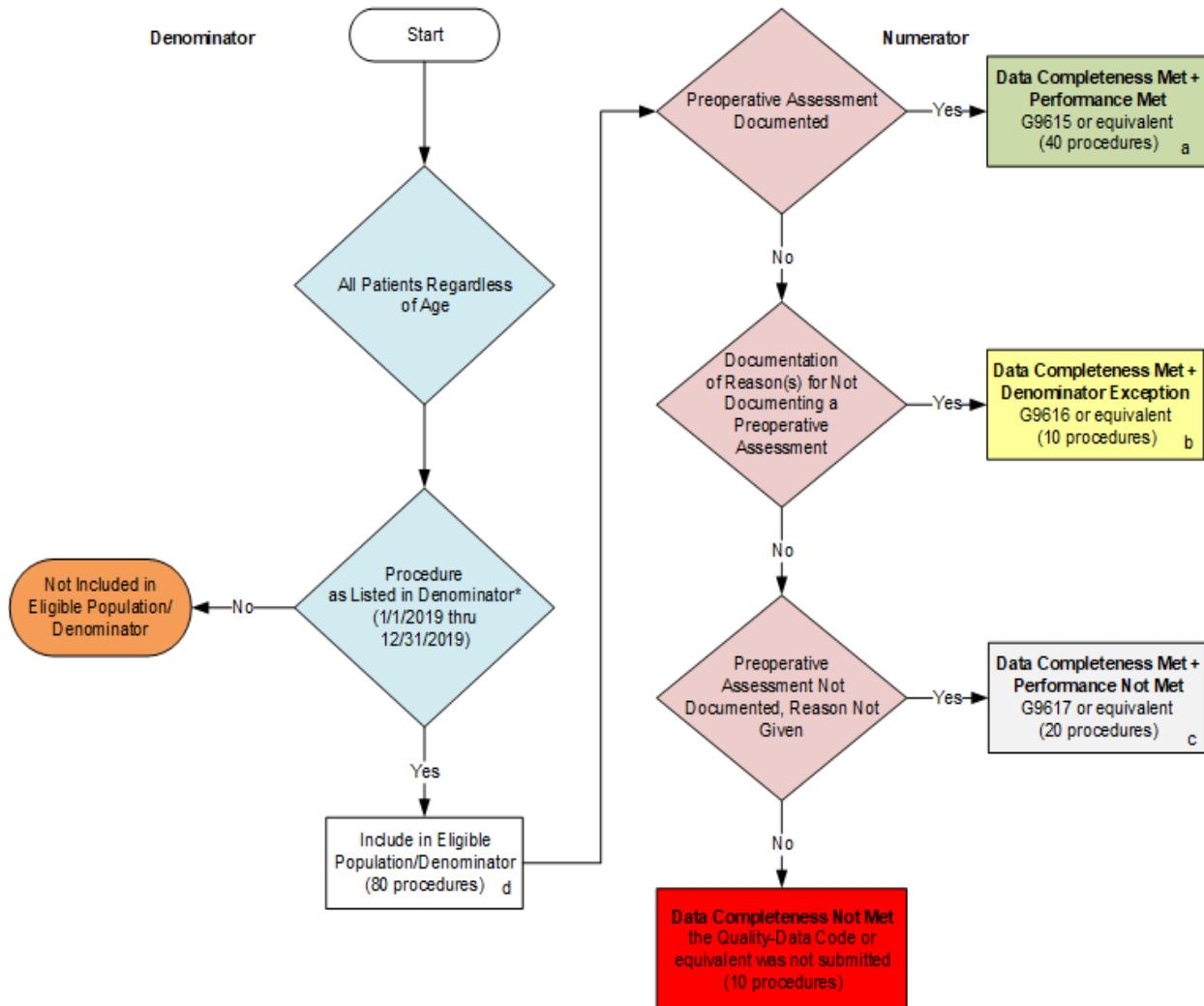
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**2019 Clinical Quality Measure Flow for Quality ID #428:
Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)} - \text{Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

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in conjunction with the measure specifications. They should not be used alone or as a
substitution for the measure specification.

**2019 Clinical Quality Measure Flow Narrative for Quality ID #428:
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Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check Preoperative Assessment Documented:
 - a. If Preoperative Assessment Documented equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
 - c. If Preoperative Assessment Documented equals No, proceed to check Documentation of Reason(s) for Not Documenting a Preoperative Assessment.
7. Check Documentation of Reason(s) for Not Documenting a Preoperative Assessment:
 - a. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
 - c. If Documentation of Reason(s) for Not Documenting a Preoperative Assessment equals No, proceed to check Preoperative Assessment Not Documented, Reason Not Given.
8. Check Preoperative Assessment Not Documented, Reason Not Given:
 - a. If Preoperative Assessment Not Documented, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in

the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.

- c. If Preoperative Assessment Not Documented, Reason Not Given equals No, proceed to check Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality-Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)} - \text{Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$