



METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED

Model Year 4

BPCI Participation *Guide*

The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) is offering Alternate Quality Measures for the Bariatric Episode of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model Year 4.

facs.org/mbsaqip

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Welcome

A message from the MBSAQIP Program Administrator

The Center for Medicare & Medicaid Innovation (CMMI) has developed a unique relationship with health professional associations and their clinical data registries with the intent to improve quality measurement, performance improvement, and health outcomes through the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model. The American College of Surgeons (ACS), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS), is excited to partner with CMMI to offer meaningful quality measures for hospitals participating in the Bariatric Clinical Episode of the BPCI Advanced Model for Model Year 4 (Calendar Year 2021).

Hospitals who currently participate in BPCI Advanced via another Clinical Episode (for example, cardiac or orthopaedic surgery) are invited to participate in the Bariatric Clinical Episode beginning in Model Year 4. Within this guide, you will find an overview of the BPCI Advanced Model and the three quality measures offered by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), as well as a timeline for Model Year 4. As always, we thank you for your support of the MBSAQIP, and for all that you do to meet the needs of the metabolic and bariatric surgery community.

Sincerely,



Teresa Fraker, MS, RN

Program Administrator, MBSAQIP
Division of Research and Optimal Patient Care
American College of Surgeons

Timeline

- **September 2020**
 - Alternate Quality Measures offered by the MBSAQIP announced to eligible MBSAQIP-participating centers
- **December 2020**
 - MBSAQIP definitions for new Alternate Quality Measure registry variables available
- **January 1, 2021**
 - BPCI Advanced Model Year 4 begins
- **January 2022**
 - MBSAQIP assessment for the Bariatric Surgery Standards for Successful Programs Measure sent to all MBSAQIP Primary Contacts
- **February 2022**
 - MBSAQIP assessment for the Bariatric Surgery Standards for Successful Programs Measure due
- **April 2022**
 - All data collected for the Bariatric Alternate Quality Measures submitted to CMS

What Is BPCI Advanced?

Overview

A bundled payment methodology involves combining the payments for physician, hospital, and other health care provider services into a single payment amount. This amount is calculated based on the expected costs of all items and services furnished to a beneficiary during an episode of care. Payment models that provide a single bundled payment to health care providers can motivate health care providers to furnish services efficiently, to better coordinate care, and to improve the quality of care. Health care providers receiving a bundled payment may either realize a gain or loss, based on how successfully they manage resources and total costs throughout each episode of care. A bundled payment also creates an incentive for providers and suppliers to coordinate and deliver care more efficiently because a single bundled payment will often cover services furnished by various health care providers in multiple care delivery settings.

Benefits of Alternate Quality Measures Offered by MBSAQIP

The three Alternate Quality Measures that the MBSAQIP is offering for Model Year 4 were selected to be clinically relevant to those providing metabolic and bariatric surgery services and to be beneficial to the care and outcomes of the patients they serve.

MBSAQIP-Accredited centers capture 100 percent of the metabolic and bariatric cases in the MBSAQIP Registry. The effort already put forth by your center allows us to seamlessly collect the necessary data for two of the three Alternate Quality Measures offered through the MBSAQIP, and send this data to CMS for scoring. The MBSAQIP will also provide a brief self-assessment to gather data on the third Alternate Quality Measures offered through the MBSAQIP.

Measures

Patient-Centered Surgical Risk Assessment and Communication

Informed consent and shared decision making between physicians, patients, their families, and caregivers should have a structured approach. Use of a risk calculator provides more effective preoperative risk stratification and offers a personalized, empirically based estimate of a patient's risk of postoperative complications. This kind of process improves the quality of the informed consent/shared decision-making experience, while enhancing patient trust in providers.

The MBSAQIP's Bariatric Surgical Risk/Benefit Calculator may be used as an effective shared decision-making and informed consent tool. It was built using data collected from more than 775,000 operations from 925 centers participating in MBSAQIP from January 1, 2013, through June 30, 2018. For 30-day outcomes, the calculator uses 20 patient predictors such as age, American Society of Anesthesiologists (ASA) Physical Status Classification, and preoperative body mass index (BMI) to predict the likelihood that patients will experience any of nine different outcomes within the first 30 days after an operation. Examples of these outcomes include surgical site infections, unplanned reoperations, and death.

The calculator can predict the patient's BMI, weight, and total weight change percentage trajectories up to one year after a surgical procedure. To assist with patients' understanding of the predictions, the calculator provides a summary report designed for patients to share information with their families and other multidisciplinary team members involved in their care.

The Bariatric Surgical Risk/Benefit Calculator can be found here: facs.org/quality-programs/mbsaqip/calculator

Data regarding use of a risk calculator will be collected in the MBSAQIP Registry.

Substance Use Screening and Intervention Composite

Smoking and heavy alcohol use are associated with poor wound healing and pneumonia. Additionally, in combination with other factors, smoking and alcohol use correlate with a higher risk of narcotic dependency. Providers commonly prescribe medications to surgical patients for pain management, and one in 16 will become long-term users after surgery. Systematic substance use screening may identify patients at highest risk for opioid dependency and allow providers to modify pain management strategies. The long-term cost and quality implications of opioid addiction are significant.

With a substance use screening, providers can apply clinical judgment if their patients require substance use interventions, based on the following assessment areas:

Tobacco use component: Patients whose providers screened them for tobacco use and who received tobacco cessation intervention if identified as a tobacco user.

Unhealthy alcohol use component: Patients whose providers screened them for unhealthy alcohol use using a systematic screening method and who received counseling if identified as an unhealthy alcohol user.

Measures (continued)

Drug use component (nonmedical prescription drug use and illicit drug use): Patients whose providers screened them for nonmedical prescription drug use and illicit drug use using a systematic screening method and who received brief counseling if identified as a nonmedical prescription drug user or illicit drug user.

Examples of tools that can be used include, but are not limited to:

- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test
- Michigan Assessment Screening Test/Alcohol-Drug (MAST/AD)
- There are a number of other evidence-based measures that are used and listed here: drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

Data regarding use of a substance use screening will be collected in the MBSAQIP Registry.

Bariatric Surgery Standards for Successful Programs Measure

The MBSAQIP believes that the six standards below are strongly linked to safer and higher quality of care for bariatric surgical patients:

- MBSAQIP Standard 2.4 Metabolic & Bariatric Surgery (MBS) Committee
- MBSAQIP Standard 2.5 Metabolic & Bariatric Surgery (MBS) Director
- MBSAQIP Standard 5.1 Patient Education Pathways
- MBSAQIP Standard 5.2 Patient Care Pathways
- MBSAQIP Standard 7.1 Adverse Event Monitoring
- MBSAQIP Standard 7.2 Quality Improvement Initiatives

Data for this measure will be collected via a self-assessment sent to the MBSAQIP Primary Contact at the center, and are derived from the *Optimal Resources for Metabolic and Bariatric Surgery 2019* Standards manual.

Resources

For more information, including the full fact sheet for each of the Alternate Quality Measures offered by the MBSAQIP, visit facs.org/mbsaqip

For general inquiries, e-mail mbsaqipquality@facs.org.

For BPCI Advanced-specific inquiries, visit innovation.cms.gov/innovation-models/bpci-advanced or e-mail BPCIAdvanced@cms.hhs.gov.

To review the fact sheets for all quality measures included in BPCI Advanced, visit innovation.cms.gov/innovation-models/bpci-advanced/quality-measures-fact-sheets.