2025 MBSC P4P Scorecard

Measure 1: Improvement/Excellence in Grade 1 Complication Rate:

Weight: 10%

Scoring Methodology: Hospital-Level

Reduce grade 1 complications to 4%, will be measured on a per site basis. If the site does not meet the 4% goal, a z-score will be calculated to determine relative improvement.

Improvement *(z-score)* will be measured using trended data from OR dates of 10/1/2022 to 9/30/2025 and rounded to the nearest whole number.

Excellence *(adjusted rate)* will be measured using OR dates 10/1/2024 to 9/30/2025 and rounded to the nearest whole number. The better of the two scores will be used.

Measurement periods:

Improvement - OR dates 10/1/2022 to 9/30/2025

Excellence - OR dates 10/1/2024 to 9/30/2025

Criteria	Points
Major improvement (z-score less than -1 or Grade 1 complication rate < = 4%)	10
Moderate improvement/maintained complication rate (z-score between 0 and -1)	5
No improvement/rates of grade 1 complications increased (z-score > = 0)	0

Measure 2: Improvement/Excellence in Serious Complication Rate:

Weight: 10%

Scoring Methodology: Hospital-Level

Reduce grade 2 and 3 complications (serious complications) to 2%, will be measured on a per site basis. If the site does not meet the 2% goal, a z-sore will be calculated to determine relative improvement.

Improvement (z-score) will be measured using trended data from OR dates of 10/1/2022 to 9/30/2025 and rounded to the nearest whole number.
Excellence *(adjusted rate)* will be measured using OR dates of 10/1/2024 to 9/30/2025 and rounded to one decimal point. The better of the two scores will be used.

Measurement periods:
Improvement - OR dates 10/1/2022 to 9/30/2025
Excellence - OR Dates 10/1/2024 to 9/30/2025

Criteria	Points
Major improvement (z-score less than -1 or serious complication rate < = 2.0%)	20
Moderate improvement/maintained complication rate (z-score between 0 and -1)	10
No improvement/rates of serious complications increased (z-score > = 0)	0

Measure 3: 1-Year Follow-up Rates

Weight: 5%
Scoring Methodology: Hospital-Level
Measurement period: OR dates 10/1/2023 to 9/30/2024
Baseline period: OR Dates 10/1/2022 to 4/30/2023

Criteria	Points
> = 67% or 5% relative improvement from previous year (10/1/2022-9/30/2023)	5
Maintained 1-year follow-up rate/ >0 to <5% relative improvement from previous year (10/1/2022-9/30/2023)	3
1-year follow-up rate decreased/No improvement in 1-year follow-up rate (10/1/2022-9/30/2023)	0

Measure 4: Compliance with VTE Prophylaxis - Pre-Operatively and Post-Operatively:

Weight: 5%
Scoring Methodology: Hospital-Level
Must meet 95% compliance for both pre-op **AND** post-op to receive the points
Unadjusted; Rounded to nearest whole number
Measurement period: OR dates 10/1/2024 to 9/30/2025

Criteria	Points
> = 95% compliance with guidelines	5
0 to 94% compliance with guidelines	0

Measure 5: Compliance with VTE Prophylaxis - Post Discharge:

Weight: 5%
Scoring Methodology: Hospital-Level
Based on the post-discharge risk stratification recommendations for 1-month prophylaxis per the **MBSC Weigh the Odds** VTE risk calculator
Unadjusted; Rounded to nearest whole number
Measurement period: OR dates 10/1/2024 to 9/30/2025
Baseline period: 10/1/2023 to 4/30/2024

Criteria	Points
> = 70% compliance with guidelines or a > 2.5% relative improvement from the previous year (1/1/2024 - 12/31/2024)	5
0 to 69% compliance with guidelines	0

Measure 6: Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) Reduce Post-Op Opioid Use after Bariatric Surgery:

Weight: 5%
Scoring Methodology: Collaborative-Level
Unadjusted; Rounded to nearest whole number
Measurement Period: OR dates 10/1/2024 to 9/30/2025
Baseline period: 4/1/2023 to 3/31/2024
Baseline rate to determine relative reduction = **35 MME**

Criteria	Points
< = 30 MME or > = 10% relative reduction in opioid use	5
5-9% relative reduction in opioid use	2.5
< 5% relative reduction	0

Measure 7: Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) Reduce Post-Op Opioid Use after Bariatric Surgery:

Weight: 10%

Scoring Methodology: Hospital-Level

Unadjusted; Rounded to the nearest whole number

Measurement period: OR dates 10/1/2024 to 9/30/2024

Baseline period: 4/1/2023 to 3/31/2024

******No points will be awarded if your hospital is > = 70MME

Criteria	Points
< = 30 MME or > = 10% relative reduction in opioid use	10
5-9% relative reduction in opioid use	5
< 5% relative reduction	0

Measure 8: Reduce avoidable ED Visits (not resulting in a readmission, "avoidable"):

Weight: 5%

Scoring Methodology: Hospital-Level

Unadjusted and rounded to the nearest whole number

Measurement period: OR dates 10/1/2024 to 9/30/2025

Criteria	Points
< = 6% Avoidable ED visits	5
> 6% Avoidable ED visits	0

Measure 9: Reduce readmissions or reoperations for gallbladder disease within 1 year of bariatric surgery Patient Reported Outcome Measure - Gallstone Prevention:

Weight: 5%

Scoring Methodology: Collaborative-Level

Patients who have a gallbladder following bariatric surgery will not experience a readmission or reoperation due to gallbladder disease within 1-year of their bariatric surgery (as reported on 1-year follow-up survey)

To prevent this, surgeons are encouraged to discharge all patients with a gallbladder with a prescription for a gallstone dissolution agent - Ursodiol (Actigall, Reltone,

Urso 250, Urso Forte) 300 mg BID for 6-months) following their bariatric surgery (RN abstracted)

****Patients reporting a readmission/reoperation for gallstone disease who received recommended prophylaxis will be excluded.

Measurement period: OR dates 11/1/2024 - 1/31/2025

Survey completion dates: 11/1/2025 - 1/31/2026

Baseline period: 1/1/2024 - 9/30/2024

Baseline rate = **3.1%**

Criteria	Points
< = 2.5% of patients will report a hospital admission or operation for gallstone disease within 1 year of their bariatric surgery on their first-year annual follow-up survey	5
Between 2.5-2.8% of patients will report a hospital admission or operation for gallstone disease within 1 year of their bariatric surgery on their first-year annual follow-up survey	3
> = 2.9% of patients will report a hospital admission or operation for gallstone disease within 1 year of their bariatric surgery on their first-year annual follow-up survey	0

Measure 10: Meeting Attendance - Surgeon:

Weight: 5%

Scoring Methodology: Hospital-Level

**In order for a surgeon to earn meeting attendance credit for a hospital, they must complete 10 bariatric surgery cases at that hospital for the dates of 1/1/2025 to 12/31/2025

Measurement period: OR Dates 1/1/2025 to 12/31/2025

Criteria	Points
Attended 3 out of 3 meetings	5
Attended 2 out of 3 meetings	3
Attended fewer than 2 meetings	0

Measure 11: Meeting Attendance - Abstractor/Coordinator:

Weight: 5%
Scoring Methodology: Hospital-Level
Measurement period: OR Dates 1/1/2025 to 12/31/2025

Criteria	Points
Attended 3 out of 3 meetings	5
Attended 2 out of 3 meetings	3
Attended fewer than 2 meetings	0

Measure 12: Timely Monthly Data Submissions (30-day information & registry paperwork):

Weight: 5%
Scoring Methodology: Hospital-Level
(Submitted to coordinating center by the last business day of each month - Please refer to 2025 Data Entry Deadlines
Spreadsheet)
Measurement period: OR Dates 1/1/2025 to 12/31/2025

Criteria	Points
On time 11-12 months	5
On time 10 months	3
On time 9 months or less	0

Measure 13: Consent Rate:

Weight: 5%
Scoring Methodology: Hospital-Level
Unadjusted; Rounded to nearest whole number
Measurement period: OR Dates 10/1/2024 to 9/30/2025

Criteria	Points
> = 90% consented patients	5
80-89% consented patients	3
<80% consented patients	0

Measure 14: Physician Engagement:

Weight: 10%

Scoring Methodology: Hospital-Level

** Note: For each site, a surgeon or surgeons must participate in at least 2 of the engagement activities listed below in order to receive the 10 points available for this measure.**

***In order for a surgeon to earn points for a hospital, they must complete 10 bariatric surgery cases at that hospital for the dates of 1/1/2025 to 12/31/2025

Measurement period: OR Dates 1/1/2025 to 12/31/2025

The following items count as 1 activity point:

- Committee Participation
- MBSC Survey Response
- Participating in a qualitative interview
- Coauthor a paper
- Participate in a quality improvement initiative (MPIRRE/FUTURE/MSHIED/etc.)
- Attend or present at a pre-meeting session (e.g. surgeon skill) on the day of the MBSC tri-annual meeting
- Present MBSC data at a MBSC tri-annual meeting
- Attend quality site visit as a guest surgeon

The following items count as 2 activity points:

- Host quality site visit
- Present MBSC data at a national meeting
- Lead author on an MBSC publication

Criteria	Points
Meets	10
None	0