



2026 Michigan Bariatric Surgery Collaborative Quality Initiative Performance Index Scorecard

Measure #	Weight	Scoring Methodology	Measure Description	Points
1	10%	Hospital	Improvement/Excellence in Grade 1 Complication Rate: 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. <u>Improvement (z-score)</u> will be measured using trended data from OR dates of 10/1/2023 to 9/30/2026 and rounded to the nearest whole number. <u>Excellence (adjusted rate)</u> will be measured using OR dates 10/1/2025 to 9/30/2026 and rounded to the nearest whole number. The better of the two scores will be used. Measurement periods: Improvement - OR dates 10/1/2023 to 9/30/2026 Excellence - OR dates 10/1/2025 to 9/30/2026	
			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
2	10%	Hospital	Improvement/Excellence in Serious Complication Rate: 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-score will be calculated to determine relative improvement. <u>Improvement (z-score)</u> will be measured using trended data from OR dates of 10/1/2023 to 9/30/2026 and rounded to the nearest whole number. <u>Excellence (adjusted rate)</u> will be measured using OR dates of 10/1/2025 to 9/30/2026 and rounded to one decimal point. The better of the two scores will be used. Measurement periods: Improvement - OR dates 10/1/2023 to 9/30/2026 Excellence - OR Dates 10/1/2025 to 9/30/2026	
			Major improvement (z-score less than -1 or serious complication rate < = 2.0%)	10
			Moderate improvement/maintained complication rate (z-score between 0 and -1)	5
			No improvement/rates of serious complications increased (z-score > = 0)	0



Measure #	Weight	Scoring Methodology	Measure Description	Points
3	10%	Collaborative	Non-Medical Drivers of Health (NMDH) Screening, Data Abstraction and Entry into the MBSC website (percentage rounded to the nearest whole number)	
			> = 65% to 100% NMDH screening and findings entered into the MBSC website for patients with OR dates > = 6/1/2026	10
			30% to 64% NMDH screening and findings entered into the MBSC website for patients with OR dates > = 6/1/2026	5
			0% to 29% NMDH screening and findings entered into the MBSC website for patients with OR dates > = 6/1/2026	0
4	5%	Hospital	Compliance with VTE Prophylaxis - Pre-Operatively and Post-Operatively: must meet 95% compliance for both pre-op AND post-op to receive the points <i>*Unadjusted; Rounded to nearest whole number*</i> Measurement period: OR dates 1/1/2026 to 9/30/2026	
			> = 95% compliance with guidelines	5
			0 to 94% compliance with guidelines	0
5	5%	Hospital	Compliance with VTE Prophylaxis - Post Discharge: based on the post-discharge risk stratification recommendations for 1-month prophylaxis per the MBSC - Weigh The Odds VTE risk calculator <i>*Unadjusted; Rounded to nearest whole number*</i> Measurement Period: OR dates 10/1/2025 to 9/30/2026	
			> = 70% compliance with guidelines or a > 2.5% relative improvement from the previous year (1/1/2025 - 12/31/2025)	5
			0 to 69% compliance with guidelines	0
6	10%	Collaborative	Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) Reduce Post-Op Opioid Use after Bariatric Surgery <i>*Unadjusted; Rounded to nearest whole number*</i> Measurement Period: OR dates 10/1/2025 to 9/30/2026 Baseline period: 4/1/2024 to 3/31/2025 Baseline rate to determine relative reduction = 28.1 MME	
			< = 28 MME or > = 10% relative reduction in opioid use	10
			5-9% relative reduction in opioid use	5
			< 5% relative reduction	0



Measure #	Weight	Scoring Methodology	Measure Description	Points
7	10%	Hospital	Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) Reduce Post-Op Opioid Use after Bariatric Surgery <i>*Unadjusted; Rounded to the nearest whole number*</i> Measurement period: OR dates 10/1/2025 to 9/30/2026 Baseline period: 4/1/2024 to 3/31/2025 *****No points will be awarded if your hospital is ≥ 70 MME	
			≤ 28 MME or $\geq 10\%$ relative reduction in opioid use	10
			5-9% relative reduction in opioid use	5
			$< 5\%$ relative reduction	0
8	5%	Hospital	Reduce avoidable ED Visits (not resulting in a readmission, "avoidable") <i>*Unadjusted and rounded to the nearest whole number*</i> Measurement period: OR dates 10/1/2025 to 9/30/2026	
			$\leq 6\%$ Avoidable ED visits	5
			$> 6\%$ Avoidable ED visits	0
9	5%	Collaborative	Reduce readmissions or reoperations for gallbladder disease within 1 year of bariatric surgery Patient Reported Outcome Measure - Gallstone Prevention 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, Reitone, 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 2/1/2025 - 1/31/2026 Survey completion dates: 2/1/2026 - 1/31/2027 Baseline period: 5/1/2023 - 4/30/2024 Baseline rate = 1.91%	
			$\leq 2\%$ 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 2-2.5% 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	3
			$\geq 2.5\%$ 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	0



Measure #	Weight	Scoring Methodology	Measure Description	Points
10	5%	Hospital	Meeting Attendance - Surgeon: **In order for a surgeon to earn meeting attendance credit for a hospital, they must complete <u>10</u> bariatric surgery cases at that hospital for the dates of 1/1/2026 to 9/30/2026 Measurement period: OR Dates 1/1/2026 to 9/30/2026	
			Attended 2 out of 2 meetings	5
			Attended fewer than 2 meetings	0
11	5%	Hospital	Meeting Attendance - Abstractor/Coordinator: Measurement period: OR Dates 1/1/2026 to 9/30/2026	
			Attended 2 out of 2 meetings	5
			Attended fewer than 2 meetings	0
12	5%	Hospital	Timely Monthly Data Submissions (30-day information & registry paperwork): (Submitted to coordinating center by the last business day of each month - Please refer to 2026 Data Entry Deadlines Spreadsheet) Measurement period: OR Dates 1/1/2026 to 9/30/2026	
			On time 8-9 months	5
			On time 7 months	3
			On time 6 months or less	0
13	5%	Hospital	Consent Rate (Agree to follow-up): <i>*Unadjusted; Rounded to nearest whole number*</i> Measurement period: OR Dates 10/1/2025 to 9/30/2026	
			> = 90% consented patients	5
			80-89% consented patients	3
			<80% consented patients	0
14	10%	Hospital	Physician Engagement:	10
			** 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 1/1/2026 to 9/30/2026 Measurement period: OR Dates 1/1/2026 to 9/30/2026	
			The following items count as 1 activity point:	
			Committee participation	
			MBSC surgeon survey response	
			Participating in a qualitative interview	
			Coauthor a paper	



		Participate in quality improvement initiatives (FUTURE/MSHIELD/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	
		Hospital level 1-year follow up rate of $\geq 68\%$ for the OR dates of 1/1/2025 to 9/30/2025	
		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	
		No participation	0