

2025 MSTCVS Value-Based Reimbursement General Thoracic Surgery




Measures 1-3 are collaborative wide

The target must be achieved at the collaborative level in 2 of 4 measures (1 through 4) to receive reimbursement.

**Measure #5 provides an opportunity to receive VBR for attending MSTCVS meetings.*

Sites are eligible for VBR reimbursement if the targets are achieved at the site level in 3 or 4 four measures.

	Statewide Measure Description	Measurement Period	Baseline State Mean	Statewide Target Performance
1	Pathologic sampling of 3 mediastinal and 1 hilar lymph node station at the time of lung cancer resection (Lobectomy, segmentectomy, pneumonectomy, therapeutic wedge resection)	1/1/25-9/30/25	79.3%	≥ 82%
2	Decrease number of days from surgeon consult to therapeutic lung resection (Lobectomy, segmentectomy, pneumonectomy, therapeutic wedge resection)	1/1/25-9/30/25	36.3 Days	≤ 28 Days
3	Postoperative referral to medical oncology for patients with pathologic stage IB- IIIA (Lobectomy, segmentectomy and pneumonectomy, therapeutic wedge resection)	1/1/25-9/30/25	83.0%	≥ 90%
4	15 or more lymph nodes sampled at time of esophagectomy for primary esophageal cancer	1/1/25-9/30/25	52.8%	≥ 60%
5	Surgeon and Data Manager participation in quarterly Collaborative meetings <i>*site-specific opportunity</i>	1/1/25-9/30/25	NA	*2 out of 3 meetings (February/April/August)