2026 Pay for Performance Measure Specifications
Adult Cardiac Surgery

2026 Collaborative-wide Quality Initiative:
Isolated CAB – Reduction in Intra/Postoperative Red Blood Cell Transfusion

Description
Percentage of patients who receive either intraoperative or postoperative red blood cell transfusion.

Rationale
Red blood cell transfusion in cardiac surgery is associated with increased morbidity, mortality, length of stay and costs. Evidence-based blood management strategies have been shown to improve recovery and postoperative outcomes for cardiac surgery patients[1-6].

Measurement Time Period
January 1, 2026 – September 30, 2026

Inclusion Criteria
- Isolated CAB

Exclusion Criteria
- None

Variables used in Numerator
- (Intraop) Red Blood Cell Units (#2520) = ≥1
  OR
- (Postop) Red Blood Cell Units (#6565) = ≥1

2026 Value-Based Reimbursement Measurement Specifications
Adult Cardiac Surgery

2026 Value-Based Reimbursement Measure #1:
Increase percentage of CABG and Valve patients with preoperative paroxysmal atrial fibrillation who undergo left atrial appendage ligation and ablation surgery

Description
Percentage of patients with a history of preoperative paroxysmal atrial fibrillation undergoing a CAB or Valve operation who receive left atrial appendage ligation and any type of ablation.

Rationale
Concomitant ablation during coronary artery bypass grafting (CABG) and valve surgery for patients with paroxysmal atrial fibrillation (AF) is increasingly supported by evidence showing improved long-term outcomes. The 2023 Society of Thoracic Surgeons (STS) guidelines emphasize a Class I recommendation for ablation in cardiac surgeries, based on studies demonstrating its effectiveness in reducing AF recurrence and associated risks, such as stroke[7-9].

Measurement Time Period
January 1, 2026 – September 30, 2026

Inclusion Criteria
- All patients undergoing CABG or Valve operations:
  - CAB = Yes, planned; Yes, unplanned due to surgical complication; Yes, unplanned due to unsuspected disease or anatomy (#2120)
  - Valve = Yes (#2129)
  - preoperative atrial fibrillation = Paroxysmal (#971)
  - Incidence = First cardiovascular surgery (#1970)

Exclusion Criteria
- Emergent and Emergent Salvage Status (#1975)
- Patients undergoing a transcatheter procedure (#3400, #3501, #3610, #3637, #3652, #3695, #4953)
- Patients with previous cardiac intervention Ablation, catheter, atrial arrythmia or Atrial appendage obliteration, left, transcatheter (#810), (#815), (#820), (#825), (#830), (#835) or (#840), or Prior Transcatheter Device in Existence (#4139)

Variables used in Numerator
- Left Atrial Appendage Obliteration = Epicardially applied occlusion device, Epicardial Staple, Epicardial Suture, Endocardial Suture, Other (#4139)
  OR
- Left Atrial Appendage Amputation = Yes (#4142)
  AND
- Lesion Location = Epicardial, Intracardiac, or Both (#4191)

Society of Thoracic Surgeons Adult Cardiac Surgery Database version 4.2 sequence number in parenthesis if applicable.
Subject to revision; last updated on 12/1/2025

2026 Value-Based Reimbursement Measure #2:

Assessment of patient reported health status and quality of life at one year in elective isolated CAB patients with a preoperative baseline survey completed

Description

Percentage of elective isolated CAB patients with a preoperative baseline survey completed who have re-assessment of patient reported health status and quality of life at one year postoperatively (EuroQol EQ-5D-3L patient Cardiac Surgery Health Status Questionnaire and mortality, readmission, stroke, MI and coronary reintervention status within 1 year).

Rationale

Collecting baseline patient-reported health status and one-year outcomes in cardiac surgery patients is crucial for assessing preoperative risk and understanding the long-term impact of surgery on recovery. Baseline assessments enable individualized risk stratification, as research indicates that patients with poorer preoperative health face higher risks of complications and mortality post-surgery. This information helps tailor care to enhance outcomes. One-year patient-reported outcomes (PROs) offer valuable insights into recovery, including physical function, symptom relief, and overall quality of life. Integrating PROs into the evaluation of cardiac surgery provides a more comprehensive view of its success, reflecting both clinical and patient-centered outcomes[10-11].

Measurement Time Period

January 1, 2026 – September 30, 2026

Inclusion Criteria

- STS Procedure Type Isolated CAB Dates of Surgery 1/1/2025-9/30/2025 with a preoperative baseline EuroQol Quality of Life survey completed
- Status Elective (#1975)

Exclusion Criteria

- None

Variables used in Numerator

- **Patients Alive at 1 Year**
  - Fully completed 1 Yr EuroQol Quality of Life survey
  - Mortality status at 1 year = Alive
  - Hospital readmission within past year = Yes or No
  - Coronary reintervention within past year = Yes or No
  - Myocardial infarction within past year = Yes or No
  - Stroke within past year = Yes or No
  - Note: Records with any of the variables above coded as *Unknown* are excluded from the numerator

- **Patients Deceased at 1 Year**
  - Mortality status at 1 yr = Dead
  - Date of death = Not Missing
  - Hospital readmission within past year = Not Missing
  - Coronary reintervention within past year = Not Missing
  - Myocardial infarction within past year = Not Missing

- Stroke within past year = Not Missing

2026 Value-Based Reimbursement Measure #3:

Increase percentage of patients undergoing risk adjusted procedures with initial postoperative ventilator hours less than 6 hours

Description

Percentage of patients undergoing isolated CAB, isolated AVR, AVR+CAB, MVRR, or MVRR+CAB with less than 6.0 initial postoperative ventilation hours.

Rationale

Evidence has shown that early extubation offers a range of benefits, including a reduced risk of ventilator-associated complications, faster recovery, decreased ICU costs, lower risk of delirium and enhanced patient satisfaction. While early extubation focuses on immediate postoperative benefits, it may also contribute to improved long-term outcomes[12-14].

Measurement Time Period

January 1, 2026 – September 30, 2026

- **Inclusion Criteria**
  All Isolated CABG, isolated AVR, AVR+CAB, MVR/R, and MVR/R+CAB cases

Exclusion Criteria

- Patients who expired in the OR

Variables used in Numerator

Total Postop Initial Vent Hours (#6587) <6.0 (includes patients Extubated in OR = Yes [#6585])

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