



NATIONAL
QUALITY FORUM

American College of Surgeons Disparities-Sensitive Measures Project

CSAC Review

June 5, 2018

Background

- Over 50 million inpatient and 53 million outpatient surgical cases performed in the United States each year
- Surgical quality is an important national priority, yet the quality of surgical care received is not equitable across all racial and ethnic groups ^{1,2}
- Studies have found Black and Hispanic patients have:
 - *higher crude mortality;*
 - *less access to surgical care;*
 - *lower satisfaction with the care they receive;*
 - *fewer medically indicated procedures; and*
 - *less timely post-operative follow-up.* ^{3,4-6}

¹ Bureau USC. U.S. Census Bureau, American FactFinder. American Community Survey. Profile of General Population and Housing Characteristics: 2010.

² Nelson A. Unequal treatment: confronting racial and ethnic disparities in health care. J Natl Med Assoc. 2002;94(8):666-668. <http://www.ncbi.nlm.nih.gov/pubmed/12152921>. Accessed September 12, 2016.

³ Frieden TR. CDC Health Disparities and Inequalities Report- United States, 2013. Morb Mortal Wkly Rep. 2013;62(3):1-187. http://www.cdc.gov/mmwr/preview/ind2013_su.html#HealthDisparities2013.

⁴ Satcher D, Fryer GE, McCann J, Troutman A, Woolf SH, Rust G. What if we were equal? A comparison of the black-white mortality gap in 1960 and 2000. Health Aff (Millwood). 2005;24(2):459-464.

⁵ Alosch H, Riley LH, Skolasky RL. Insurance Status, Geography, Race, and Ethnicity as Predictors of Anterior Cervical Spine Surgery Rates and In-Hospital Mortality. Spine (Phila Pa 1976). 2009;34(18):1956-1962.

⁶ NSAS - National Survey of Ambulatory Surgery Homepage. <http://www.cdc.gov/nchs/nsas/>.

NQF Surgical Disparities Project

- In a three-year collaboration with the American College of Surgeons, University of California Los Angeles, and Brigham and Women's Hospital, NQF will:
 - *Convene an advisory panel comprised of experts in surgical care and disparities*
 - *Conduct a literature review and environmental scan of surgical quality measures that apply to the 5 phases of surgical care and "access"*
 - *Prioritize a set of disparities sensitive surgical measures using the RAND/UCLA Delphi technique*
 - *Benchmark hospitals according to their performance with surgical disparities across all phases*



Environmental Scan Methodology

- Three step approach to the environmental scan:

- 1. *Literature Review*

- » Search strategy with inclusion and exclusion criteria along with search terms
 - » NQF staff reviewed over 360 abstracts and conducted full text reviews on 130 of the most relevant sources

- 2. *Measure Scan*

- » Identified measures from literature and measure repositories (e.g., NQF's Quality Positioning System, Centers for Medicare and Medicaid (CMS) Measures Inventory, etc.)
 - » Developed a measure compendium of performance measures, measure concepts, and survey instruments

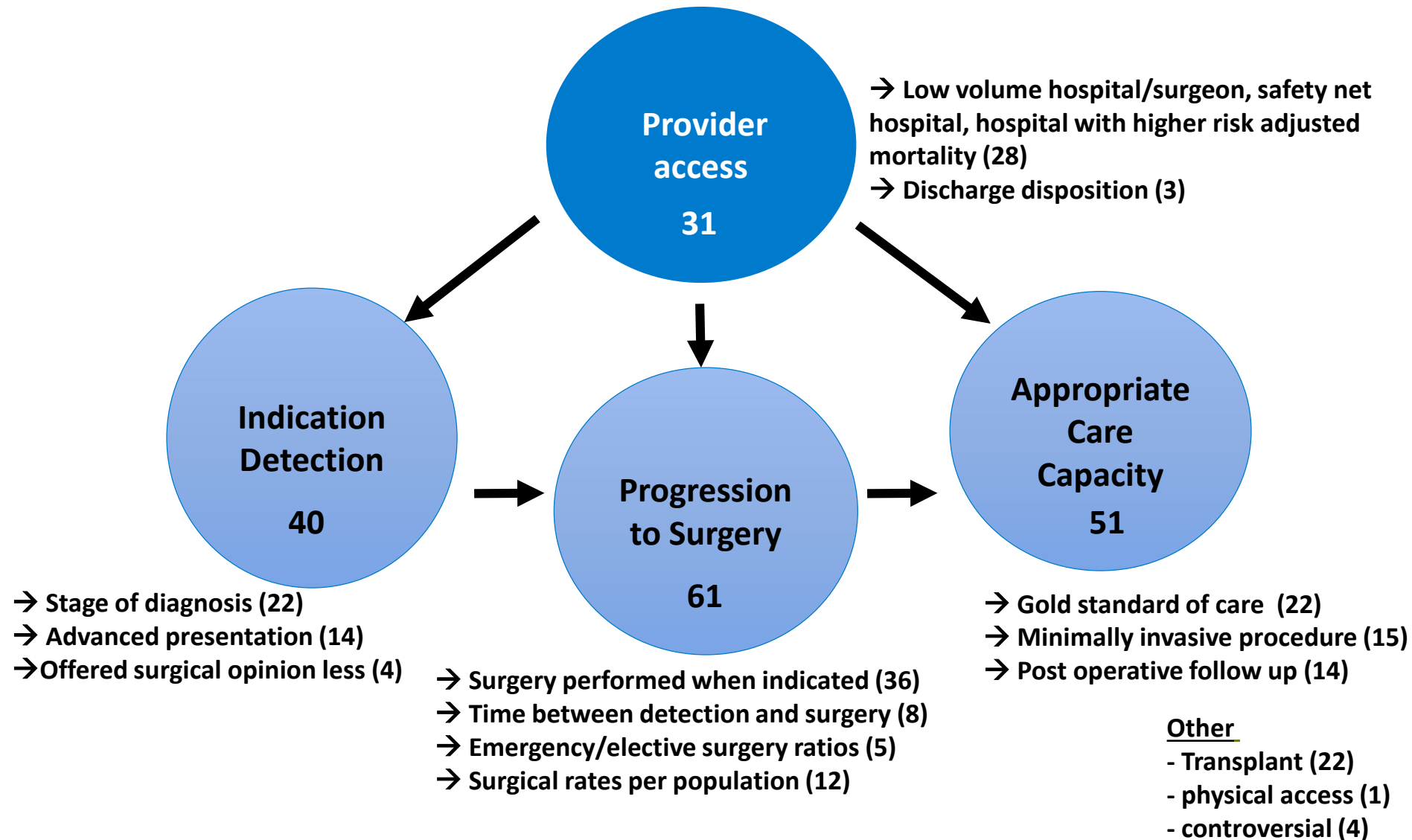
- 3. *Key Informant Survey*

- » Members of NQF Surgery Standing Committee

Measure Compendium

- Findings from the compendium included:
 - *NQF staff identified 232 performance measures from the literature and measure repositories*
 - *NQF staff identified 97 measure concepts from the literature*
- Key informants found the compendium to be moderately representative of existing measures. They noted:
 - *overrepresentation of measures that apply to some specialties (e.g., general and thoracic) and under representation that apply to others (e.g., obstetrics and gynecology, urology, orthopedics, etc.)*
- Informants recommended measures be prioritized that monitor disparities for the most common procedures or measures that apply to largest group of minority patients (e.g., trauma care, appendectomies, curative cancer surgery)

Conceptual Model for Surgical Access



Disparities-Sensitive Measures Scoring Rubric

Disparities-Sensitive Measures Scoring Rubric

- **Disparities Sensitive Measure:** A measure that detects differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among a sub-populations or social group
- **Rubric Purpose:** To identify and rank measures according to their relevance to monitoring and addressing disparities
- Six criteria will be applied in scoring each measure, which are:
 - *Quality Gap*
 - *Access Gap*
 - *Impact*
 - *Prevalence*
 - *Discretion*
 - *Actionability*

	Yes		Unknown	No
QUALITY GAP: Does the literature identify a difference in performance on the measure for minority patients?	$\geq 10\%$ 3	$< 10\%$ 2	1	0
ACCESS GAP: Is there a documented difference in access to care for minority patients that affects performance on the measure?	$\geq 10\%$ 3	$< 10\%$ 2	1	0
IMPACT: Does improving performance on the measure result in a significant improvement in the overall quality of healthcare for minority patients?	2		1	0
PREVALENCE: Is the condition described by the measure prevalent among minority populations?	2		1	0
DISCRETION: Do surgeons rely on their clinical judgment instead of clear practice guidelines or convention-based indications when deciding how to proceed this measure?	2		1	0
ACTIONABILITY: Can improvement on this measure be achieved at the surgeon level and/or the system level?	Surgeon and system 3	Surgeon or system 2	1	0
TOTAL POINTS			0-15	

Next Steps

- Letter to specialty societies seeking input on the representativeness of the measure compendium
- Finalize DSM criteria and environmental scan findings for EAP meeting in July-August

Questions?

- Project Team Members' Email Addresses:
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