



Surgery Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Surgery Standing Committee for three web meetings on July 2, 10, and 15, 2019 to evaluate two new measures and five maintenance measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Measure Evaluation

During the meeting, the Surgery Standing Committee evaluated two new measures and five maintenance measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 8, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

3493 Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups (Centers for Medicare and Medicaid/YaleCORE)

Measure Steward/Developer Representatives at the Meeting

- Lisa Suter (Yale CORE)

Standing Committee Votes for Individual Clinician Level of Analysis

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-4; M-13; L-0; I-0
- Reliability: H-5; M-10; L-2; I-0
- Validity: H-3; M-12; L-2; I-0
- Feasibility: H-6; M-11; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-2; M-14; L-1; I-0

Standing Committee Votes for Clinician Group/Practice Level of Analysis

- Evidence: Pass-17; No Pass-0
- Performance Gap: H-2; M-15; L-0; I-0
- Reliability: H-2; M-14; L-1; I-0
- Validity: H-2; M-13; L-2; I-0
- Feasibility: H-6; M-11; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-3; M-13; L-1; I-0

Standing Committee Recommendation for Endorsement for both Levels of Analysis: Yes-17; No-0

The measure is specified and tested at both the individual clinician level and the group/practice level; therefore, the Committee voted separately by level of analysis. The Committee agreed that communication between clinicians, prevention of and response to complications, patient safety, and coordinated care lead to improved patient outcomes by decreasing the risk of complications following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA). The Committee agreed that a gap in care exists at both levels of analysis. The Scientific Methods Panel and the Committee agreed that the measure is reliable and valid as specified. A Committee member requested that CMS consider expanding the measure to include all payers and/or patients younger than 65. Otherwise, the Committee did not express any concerns about the feasibility, use, and usability of the measure, and recommended the measure for NQF endorsement.

3494 Hospital 90-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (Centers for Medicare and Medicaid Services/YaleCORE)

Measure Steward/Developer Representatives at the Meeting

- Lisa Suter

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-5; M-11; L-0; I-0
- Reliability: H-6; M-10; L-0; I-0
- Validity: H-6; M-10; L-0; I-0
- Feasibility: H-6; M-10; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Committee agreed that reducing healthcare costs while incentivizing multidisciplinary care, improving communication among providers involved in care transition, and encouraging strategies that promote disease management lead to improved patient health and decreased risk of mortality following coronary artery bypass graft (CABG) surgery. The Committee discussed the performance and disparities data provided by the developer and concluded there is an opportunity for improvement that warrants a national performance measure. The Committee agreed with the Scientific Methods Panel that the measure is reliable and valid. The Committee did not express any concerns about the feasibility, use, and usability of the measure, and recommended the measure for NQF endorsement.

0733 Operative Mortality Stratified by the 5 STAT Mortality Categories (The Society of Thoracic Surgeons)

Measure Steward/Developer Representatives at the Meeting

- Mark Antman, Jeffery Jacobs, David Shahian

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-2; M-12; L-0; I-0
- Reliability: H-1; M-13; L-0; I-0
- Validity: H-1; M-13; L-0; I-0
- Feasibility: H-4; M-10; L-0; I-0
- Use: Pass-14; No Pass-0
- Usability: H-3; M-11; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-14; No-0

The Standing Committee requested clarification regarding the level of analysis. Specifications indicated the clinician group/practice level of analysis; however, data used for testing appear to be hospital-level data. The developers clarified that the measure was submitted at the hospital level. The Standing Committee agreed that this measure continues to add value to the Surgery portfolio and recommended the measure for continued endorsement.

2683 Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery (The Society of Thoracic Surgeons)

Measure Steward/Developer Representatives at the Meeting

- Mark Antman, Jeffery Jacobs, David Shahian

Standing Committee Votes

- Evidence: Pass-14; No Pass-0
- Performance Gap: H-6; M-8; L-0; I-0

- Reliability: H-2; M-12; L-0; I-0
- Validity: H-1; M-13; L-0; I-0
- Feasibility: H-4; M-10; L-0; I-0
- Use: Pass-14; No Pass-0
- Usability: H-2; M-12; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-14; No-0

The Standing Committee requested clarification regarding the level of analysis. Specifications indicated the clinician group/practice level of analysis; however, data used for testing appear to be hospital-level data. The developers clarified that the measure was submitted at the hospital level. The Standing Committee agreed that this measure continues to add value to the Surgery portfolio and recommended the measure for continued endorsement.

0456 Participation in a Systematic National Database for General Thoracic Surgery (The Society of Thoracic Surgeons)

Measure Steward/Developer Representatives at the Meeting

- Mark Antman, Jeffery Jacobs, David Shahian

Standing Committee Votes

- Evidence: H-0; M-10; L-3; I-1
- Performance Gap: H-5; M-7; L-1; I-1
- Reliability: M-12; L-2; I-0
- Validity: M-11; L-3; I-0
- Feasibility: H-1; M-12; L-1; I-0
- Use: Pass-14; No Pass-0
- Usability: H-1; M-11; L-1; I-1

Standing Committee Recommendation for Endorsement: Yes-11; No-3

The measure developer provided additional information for Committee members to review prior to voting on the three STS structure measures under consideration. The Committee reviewed articles that discussed a positive association between registry participation and improvement in outcomes and audit reports showing the completeness of the data in STS databases. The Committee agreed that this measure continues to add value to the Surgery portfolio and recommended the measure for continued endorsement.

0732 Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the 5 STAT Mortality Categories (The Society of Thoracic Surgeons)

Measure Steward/Developer Representatives at the Meeting

- Mark Antman, Jeffery Jacobs, David Shahian

Standing Committee Votes

- Evidence: H-2; M-11; L-0; I-1
- Performance Gap: H-3; M-10; L-0; I-1
- Reliability: M-13; L-0; I-1
- Validity: M-12; L-1; I-1
- Feasibility: H-3; M-11; L-0; I-0
- Use: Pass-13; No Pass-1
- Usability: H-2; M-11; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-12; No-2

The measure developer provided additional information for Committee members to review prior to voting on the three STS structure measures under consideration. The Committee reviewed articles that discussed public reporting of programmatic volume data and the association of volume with improved outcomes. The Committee agreed that this measure continues to add value to the Surgery portfolio and recommended the measure for continued endorsement.

0734 Participation in a National Database for Pediatric and Congenital Heart Surgery (The Society of Thoracic Surgeons)

Measure Steward/Developer Representatives at the Meeting

- Mark Antman, Jeffery Jacobs, David Shahian

Standing Committee Votes

- Evidence: H-0; M-12; L-1; I-1
- Performance Gap: H-0; M-13; L-1; I-0
- Reliability: M-12; L-1; I-1
- Validity: M-13; L-0; I-1
- Feasibility: H-4; M-9; L-1; I-0
- Use: Pass-13; No Pass-1
- Usability: H-2; M-11; L-0; I-1

Standing Committee Recommendation for Endorsement: Yes-13; No-1

The measure developer provided additional information for Committee members to review prior to voting on the three STS structure measures under consideration. The Committee reviewed articles that discussed a positive association between registry participation and improvement in outcomes and audit reports showing the completeness of the data in STS databases. The Committee agreed that this measure continues to add value to the Surgery portfolio and recommended the measure for continued endorsement.

Public Comment

Three comments were submitted during the pre-commenting period by the American Medical Association (AMA) and the Federation of American Hospitals (FAH).

The Federation of American Hospitals (FAH) provided a comment on NQF 3494 *Hospital 90-day, All-cause, Risk-standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery*. They commented that this measure does not meet NQF measure evaluation criteria for evidence, scientific acceptability, and usability and use. FAH disagreed with the attribution of this measure at the hospital level and stated that there is insufficient evidence to demonstrate that the 90-day mortality following CABG is an indicator of hospital quality. FAH highlighted that the measure's risk-adjustment model lacks adequate consideration of a wide range of social risk factors. Lastly, they questioned the usefulness of the results of this measure for quality improvement and accountability purposes.

The American Medical Association (AMA) provided two comments on NQF 3493 and NQF 3494 respectively. AMA commented that NQF 3493, *Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups*, does not meet NQF measure evaluation criteria for evidence and scientific acceptability. AMA also expressed that NQF 3494, *Hospital 90-day, All-cause, Risk-standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery*, does not meet NQF measure evaluation criteria for scientific acceptability and usability and use.

The AMA thanked the Committee and the measure developers for addressing the comments they submitted prior to the Committee's evaluation. AMA also questioned the implementation of measure 3493 in MIPS; however, CMS representatives from that payment program were not on the webinar to provide clarification. The measure is not in a federal payment and/or reporting program to date.

Next Steps

NQF will post the draft technical report on August 8, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on September 6, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on September 23, 2019.