NATIONAL QUALITY FORUM
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Memo

September 29, 2020

To: Surgery Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Introduction

NQF closed the public commenting period on the measures submitted for endorsement consideration to the Spring 2020 measure review cycle on September 14, 2020.

Purpose of the Call

The Surgery Standing Committee will meet via web meeting on September 29, 2020 from 12:00 pm to 2:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and draft report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Dial-in #: 800-768-2983
Access Code: 7445915
Web link: https://core.callinfo.com/callme/?ap=8007682983&ac=7445915&role=p&mode=ad

Background

Patients undergo surgery to repair injury, relieve symptoms, restore function, remove diseased organs, and replace anatomical parts of the body. Many surgeries are planned, though several types of surgery occur under emergency conditions, such as trauma, fracture, and acute infection. In 2010, 28.6 million ambulatory surgery visits to hospitals and ambulatory surgical centers occurred, representing 48.3

million procedures.[1] In 2014, there were 17.2 million hospital visits that included at least one surgery.[2] Of these surgeries, over half occurred in a hospital-owned ambulatory surgical center.[2] The projected cost of a hospital stay for surgery in 2013 was $22,500.

The Surgery Portfolio Standing Committee oversees NQF's portfolio of surgical care measures. Measures in this portfolio address subjects such as perioperative safety, cardiac surgery, vascular surgery, colorectal surgery, and a range of other clinical and procedural subtopics.

NQF convened a multistakeholder Standing Committee composed of individuals to review one maintenance measure against NQF's standard evaluation criteria. This measure was recommended for continued endorsement.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the comment period was open from May 11, 2020 to September 14, 2020. As of June 19, one comment was submitted. This comment was shared with the Committee prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on August 14, 2020 for 30 calendar days. During this commenting period, NQF received one comment from an NQF member.

We have included the comment that we received in the "Comments and Their Disposition" section below. It also contains the commenter's name, organization, comment, associated measure, and draft responses (including measure steward/developer responses) for the Committee's consideration. Please review the comment and the developer response in advance of the meeting and consider the individual comments received and the proposed responses to each. The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on November 17 – 18, 2020. The CSAC will determine whether to uphold the Standing Committee's recommendation for each measure submitted for endorsement consideration. All committee members are encouraged to attend the CSAC meeting to listen to the discussion

Please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

Comments and Their Disposition

Measure-Specific Comments

2687: Hospital Visits after Hospital Outpatient Surgery

The American Geriatrics Society (AGS) wishes to provide a comment on NQF #2687 Hospital Visits after Hospital Outpatient Surgery. We question if the measure's restriction to Medicare fee-for-service patients limits its validity. This restriction excludes the roughly 1/3 of US older adults enrolled in Medicare Advantage plans. This may not be

an issue if fee-for-service Medicare Patients are similar to Medicare Advantage enrollees but there is some data that suggests that Medicare Advantage enrollees are younger and less sick. More potentially troubling is that there is substantial variation in the market penetration of Medicare Advantage plans, Medicare fee-for-service patients may be older and sicker while in markets with less penetration of Medicare Advantage plans for fee-for-service patients may have more of these younger and less sick patients. This could make comparisons between hospitals in markets with high and low Medicare Advantage plan penetration problematic. We suggest that perhaps the risk adjustment in the model can make up for this.

Measure Steward/Developer Response:

Thank you for your comment. This question raises important points about limiting the measure to Fee for Service patients. We have not looked directly for this measure at whether Medicare Advantage penetration regionally affects measure scores, but we expect it is unlikely given that the risk model shows good risk discrimination across the spectrum of risk (see measure risk decile plots in Section 2b3.8., p. 36 of the NQF Testing From), predicting higher levels of return visits in patients with more comorbidities/older patients. Ideally the measure would include Medicare Advantage patients. However, there are still concerns about the feasibility of using Medicare Advantage claims data in risk adjusted outcome measures; both the Health and Human Services Office of the Inspector General (OIG, 2018) and the Medicare Payment Advisory Commission (MedPAC) (MedPAC, 2018) have noted their concern with the quality of the data, and the use of such data for quality measurement. There are differences in claims and coding between the Medicare Advantage and Fee for Service populations that would need to be addressed before the Medicare Advantage patients could be included.

References:
U.S. Department of Health and Human Services, Office of the Inspector General. January 2018; Report OEI-03-15-00060. Medicare Advantage encounter data show promise for program oversight, but improvements are needed. Accessed September 18, 2020; available at https://oig.hhs.gov/oei/reports/oei-03-15-00060.asp

The Medicare Payment Advisory Commission, March 2019 Report to Congress: Medicare Payment Policy. "Chapter 13, The Medicare Advantage program, status report." Accessed September 18, 2020. Available at http://medpac.gov/docs/default-source/reports/mar19_medpac_ch13_sec.pdf.

Proposed Committee Response:

Thank you for your comments. The Committee will factor your perspective in to our discussion prior to revote.

Action Item:

No action required

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Committee's recommendations. No NQF members provided their expressions of support.

References

1 Hall MJ. Ambulatory Surgery Data From Hospitals and Ambulatory Surgery Centers: United States, 2010. 2017;(102):15.

2 Steiner CA, Karaca Z, Moore BJ, et al. Surgeries in Hospital-Based Ambulatory Surgery and Hospital Inpatient Settings, 2014: Statistical Brief #223. In: *Healthcare Cost and Utilization Project (HCUP) Statistical Briefs*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2006. http://www.ncbi.nlm.nih.gov/books/NBK442035/. Last accessed March 2020.