NATIONAL QUALITY FORUM
Driving measurable health improvements together

Surgery Fall 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting (Day 1)

Amy Moyer, NQF Director
Janaki Panchal, NQF Manager
Karri Albanese, NQF Analyst
Mike DiVecchia, NQF Senior Project Manager

February 12, 2021
February 16, 2021

Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

Welcome

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Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
- Direct your web browser to the following URL: https://meetings.ringcentral.com/j/1492847899
- Optional: Dial **470-869-2200** and enter passcode **149 284 7899**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - Chat box: to message NQF staff or the group
  - Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at **surgery@qualityforum.org**

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Project Team

Amy Moyer, MS, PMP
NQF Director

Janaki Panchal, MSPH
NQF Manager

Karri Albanese,
NQF Analyst

Mike DiVecchia, MBA, PMP
Senior Project Manager

Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

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Surgery Fall 2020 Cycle Standing Committee

- William Gunnar, MD, JD (Co-Chair)
- Alex Sox-Harris, PhD, MS (Co-Chair)
- Ashrith Amarnath, MD
- Sherry Bernardo, CRNA
- Richard D'Agostino, MD
- TeMaya Eatmon
- Elisabeth Erekson, MD, MPH, FACOG, FACS
- Michael Firstenberg, MD, FACC, FAIM
- Linda Groah, MSN, RN, CNOR, NEA-BC
- Vilma Joseph, MD, MPH, FASA
- Miklos Kertai, MD, PhD
- Jaime Ortiz, MD, MBA, FASA
- Shawn Rangel, MD, MSCE
- Kimberly Richardson
- Christopher Saigal, MD, MPH
- Rajdeep Sandhu, MD, MMM, FACS, FSVS
- Salvatore T. Scali, MD, FACS, DFSVS, RPVI
- Allan Siperstein, MD
- Kevin Wang, MHA
- Mark A. Wilson, MD, PhD

Overview of Evaluation Process and Voting Process

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Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Surgery measures

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Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - Briefly explaining information on the criterion provided by the developer
  - Providing a brief summary of the pre-meeting evaluation comments
  - Emphasizing areas of concern or differences of opinion
  - Noting, if needed, the preliminary rating by NQF staff
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

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Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap)**: Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity)**: Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility**: Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use**: Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

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Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - Vote on Evidence (must pass)
  - Vote on Performance Gap (must pass)
  - Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - Vote on Reliability (must pass)
  - Vote on Validity (must pass)
  - Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - Use (must pass for maintenance measures)
  - Usability

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
  - If consensus is not reached, discussion continues with the next measure criterion.

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Achieving Consensus

- Quorum: 66% of active committee members (14 of 20 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- "Yes" votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

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Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.

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Evaluation Process Questions?

Voting Test

Measures Under Review

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NQF Scientific Methods Panel (SMP)

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

Fall 2020 Cycle Measures Continued

- Eight Maintenance Measures for Committee Review
  - 0117 Beta Blockade at Discharge (The Society of Thoracic Surgeons)
  - 0127 Preoperative Beta Blockade (The Society of Thoracic Surgeons)
  - 0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) (The Society of Thoracic Surgeons)
  - 3030 STS Individual Surgeon Composite Measure for Adult Cardiac Surgery (The Society of Thoracic Surgeons)
  - 3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score (The Society of Thoracic Surgeons)
  - 3032 STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score (The Society of Thoracic Surgeons)

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Fall 2020 Cycle Measures

- Eight Maintenance Measures for Committee Review
  - 1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (Yale Center for Outcomes Research and Evaluation (CORE))
  - 1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (Yale CORE)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
  - 1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
  - 1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- Both measures passed SMP Review

Consideration of Candidate Measures

0117 Beta Blockade at Discharge

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
  - **Brief Description of Measure:**
  - Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on beta blockers

0127 Preoperative Beta Blockade

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
  - **Brief Description of Measure:**
  - Percent of patients aged 18 years and older undergoing isolated CABG who received beta blockers within 24 hours preceding surgery.

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0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
- **Brief Description of Measure:**
  - Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) who received an internal mammary artery (IMA) graft

Related and Competing Discussion, 0117, 0127, and 0134

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0117 Related Measures

- 0114 Risk-Adjusted Postoperative Renal Failure (The Society of Thoracic Surgeons)
- 0115 Risk-Adjusted Surgical Re-exploration (The Society of Thoracic Surgeons)
- 0116 Anti-Platelet Medication at Discharge (The Society of Thoracic Surgeons)
- 0118 Anti-Lipid Treatment Discharge (The Society of Thoracic Surgeons)
- 0119 Risk-Adjusted Operative Mortality for CABG (The Society of Thoracic Surgeons)
- 0127 Preoperative Beta Blockade (The Society of Thoracic Surgeons)
- 0129 Risk-Adjusted Postoperative Prolonged Intubation (Ventilation) (The Society of Thoracic Surgeons)
- 0130 Risk-Adjusted Deep Sternal Wound Infection (The Society of Thoracic Surgeons)
- 0131 Risk-Adjusted Stroke/Cerebrovascular Accident (The Society of Thoracic Surgeons)
- 0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) (The Society of Thoracic Surgeons)

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0127 Related Measures

- 0114 Risk-Adjusted Postoperative Renal Failure (The Society of Thoracic Surgeons)
- 0115 Risk-Adjusted Surgical Re-exploration (The Society of Thoracic Surgeons)
- 0116 Anti-Platelet Medication at Discharge (The Society of Thoracic Surgeons)
- 0117 Beta Blockade at Discharge (The Society of Thoracic Surgeons)
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- 0131 Risk-Adjusted Stroke/Cerebrovascular Accident (The Society of Thoracic Surgeons)

NQF Member and Public Comment, 0117, 0127, and 0134

Break

3030 STS Individual Surgeon Composite Measure for Adult Cardiac Surgery

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
- **Brief Description of Measure:**
  - The STS Individual Surgeon Composite Measure for Adult Cardiac Surgery includes five major procedures (isolated CABG, isolated AVR, AVR+CABG, MVRR, MVRR+CABG) and comprises the following two domains: Domain 1 – Risk-Adjusted Operative Mortality. Operative mortality is defined as death before hospital discharge or within 30 days of the operation. Domain 2 – Risk-Adjusted Major Morbidity. Major morbidity is defined as the occurrence of any one or more of the following major complications: Prolonged ventilation, Deep sternal wound infection, Permanent stroke, Renal failure, and Reoperations for bleeding, coronary graft occlusion, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.
  - All measures are based on audited clinical data collected in the STS Adult Cardiac Surgery Database. Individual surgeons with at least 100 eligible cases during the 3-year measurement window will receive a score for each domain and an overall composite score. In addition to calculating composite score point estimates with credible intervals, surgeons will be assigned rating categories designated by the following:
    - 1 star – lower-than-expected performance
    - 2 stars – as-expected performance
    - 3 stars – higher-than-expected performance

3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
- **Brief Description of Measure:**
  - The STS Mitral Valve Repair/Replacement (MVRR) Composite Score measures surgical performance for isolated MVRR with or without concomitant tricuspid valve repair (TVr), surgical ablation for atrial fibrillation (AF), or repair of atrial septal defect (ASD). To assess overall quality, the STS MVRR Composite Score comprises two domains consisting of six measures: Domain 1 – Absence of Operative Mortality. Proportion of patients (risk-adjusted) who do not experience operative mortality. Operative mortality is defined as death before hospital discharge or within 30 days of the operation. Domain 2 – Absence of Major Morbidity. Proportion of patients (risk-adjusted) who do not experience any major morbidity. Major morbidity is defined as the occurrence of any one or more of the following major complications: Prolonged ventilation, Deep sternal wound infection, Permanent stroke, Renal failure, and Reoperations for bleeding, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.
  - Outcome data are collected on all patients and from all participants. For optimal measure reliability, participants meeting a volume threshold of at least 36 cases over 3 years (i.e., approximately one mitral case per month) receive a score for each of the two domains, plus an overall composite score. The overall composite score is created by "rolling up" the domain scores into a single number. In addition to receiving a numeric score, participants are assigned to rating categories designated by the following:
    - 1 star – lower-than-expected performance
    - 2 stars – as-expected performance
    - 3 stars – higher-than-expected performance

3032 STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score

- **Measure Steward:** The Society of Thoracic Surgeons
  - Maintenance
- **Brief Description of Measure:**
  - The STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score measures surgical performance for MVRR + CABG with or without concomitant Atrial Septal Defect (ASD) and Patient Foramen Ovale (PFO) closures, tricuspid valve repair (TVr), or surgical ablation for atrial fibrillation (AF). To assess overall quality, the STS MVRR +CABG Composite Score comprises two domains consisting of six measures: Domain 1 – Absence of Operative Mortality. Proportion of patients (risk-adjusted) who do not experience operative mortality. Operative mortality is defined as death before hospital discharge or within 30 days of the operation. Domain 2 – Absence of Major Morbidity. Proportion of patients (risk-adjusted) who do not experience any major morbidity. Major morbidity is defined as the occurrence of any one or more of the following major complications: Prolonged ventilation, Deep sternal wound infection, Permanent stroke, Renal failure, and Reoperations for bleeding, coronary graft occlusion, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.

3032 STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score continued

- **Brief Description of Measure continued:**
  - Outcome data are collected on all patients and from all participants. For optimal measure reliability, participants meeting a volume threshold of at least 25 cases over 3 years receive a score for each of the two domains, plus an overall composite score. The overall composite score is created by "rolling up" the domain scores into a single number. In addition to receiving a numeric score, participants are assigned to rating categories designated by the following:
    - 1 star – lower-than-expected performance
    - 2 stars – as-expected performance
    - 3 stars – higher-than-expected performance

Related and Competing Discussion, 3030, 3031, and 3032

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3030 Related Measures

- 0696 STS CABG Composite (The Society of Thoracic Surgeons)
- 2561 Aortic Valve Replacement Composite Score (The Society of Thoracic Surgeons)
- 2563 Aortic Valve Replacement + CABG Composite Score (The Society of Thoracic Surgeons)
- 3031 Mitral Valve Repair/Replacement Composite Score (The Society of Thoracic Surgeons)
- 3032 Mitral Valve Repair/Replacement + CABG Composite Score (The Society of Thoracic Surgeons)

3031 Related Measures

- 0696 STS CABG Composite (The Society of Thoracic Surgeons)
- 2561 Aortic Valve Replacement Composite Score (The Society of Thoracic Surgeons)
- 2563 Aortic Valve Replacement + CABG Composite Score (The Society of Thoracic Surgeons)
- 3032 Mitral Valve Repair/Replacement + CABG Composite Score (The Society of Thoracic Surgeons)

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3032 Related Measures

- 0696 STS CABG Composite (The Society of Thoracic Surgeons)
- 2561 Aortic Valve Replacement Composite Score (The Society of Thoracic Surgeons)
- 2563 Aortic Valve Replacement + CABG Composite Score (The Society of Thoracic Surgeons)
- 3031 Mitral Valve Repair/Replacement Composite Score (The Society of Thoracic Surgeons)

NQF Member and Public Comment, 3030, 3031, and 3032

Next Steps

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Measure Evaluation Process
After the Measure Evaluation Meetings

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
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- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

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Activities and Timeline – Fall 2020 Cycle

***All times ET**

Meeting	Date, Time
Measure Evaluation Web Meeting #2	February 16, 2021 12:00 – 2:00 pm ET
Draft Report Comment Period	April 01, 2021 – April 30, 2021
Committee Post-Comment Web Meeting	April 1, 2021 11:30 – 1:30 pm ET
CSAC Review	June 2021
Appeals Period (30 days)	July 2021

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Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- No measures submitted
- Staff will plan a topical webinar discussion for Spring 2021

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Project Contact Info

- Email: surgery@qualityforum.org
- NQF phone: 202-783-1300
- Project page: http://www.qualityforum.org/Surgery_2017-2018.aspx
- SharePoint site: https://share.qualityforum.org/portfolio/Surgery/SitePages/Home.aspx

Questions?

THANK YOU.

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http://www.qualityforum.org

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Surgery Fall 2020 Measure Review Cycle (Day 2)

Measure Evaluation Standing Committee Meeting

Amy Moyer, NQF Director
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Mike DiVecchia, NQF Senior Project Manager

February 12, 2021
February 16, 2021

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Welcome, Day Two

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Surgery Team, Day Two

Amy Moyer, MS, PMP
Director

Janaki Panchal, MSPH
Manager

Karri Albanese,
Analyst

Mike DiVecchia, MBA, PMP
Senior Project Manager

Welcome, Recap of Day One, and Roll Call

NATIONAL QUALITY FORUM

Surgery Fall 2020 Standing Committee, Day Two

- William Gunnar, MD, JD (Co-Chair)
- Alex Sox-Harris, PhD, MS (Co-Chair)
- Ashrith Amarnath, MD
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Voting Test, Day Two

Consideration of Candidate Measures, Day Two

1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
  - Maintenance
- **Brief Description of Measure:**
  - The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in Medicare Fee-For-Service beneficiaries who are age 65 and older. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to 90 days post date of the index admission (the admission included in the measure cohort).

1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
  - Maintenance
- **Brief Description of Measure:**
  - The measure estimates a hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare Fee-For-Service (FFS) beneficiaries who are 65 years and older. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). A specified set of planned readmissions do not count in the readmission outcome.

Related and Competing Discussion, 1550 and 1551

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Related and Competing Measures

- If a measure meets the four criteria ***and*** there are endorsed/new related measures (same measure focus ***or*** same target population) or competing measures (both the same measure focus ***and*** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	**Different concepts for measure focus-target process, condition, event, outcome**
Same target population	**Competing measures-Select best measure** from competing measures or justify endorsement of additional measure(s).	**Related measures-Harmonize** on target patient population or justify differences.
Different target patient population	**Related measures-Combine** into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

The National Quality Forum. Measure Evaluation Criteria and Guidance for Evaluating Measure for Endorsement. September 2019; 32-33.

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Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and completing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

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1550 Related Measures

- 1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (CORE)
- 3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) (Centers for Medicare & Medicaid Services (CMS))
- 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 & Medicaid Services (CMS))

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1551 Related Measures

- 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization (Yale CORE)
- 0506 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization (Yale CORE)
- 1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (Yale CORE)
- 1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) (Yale CORE)
- 3474 Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty (THA/TKA) (Centers for Medicare & Medicaid Services (CMS))
- 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 & Medicaid Services (CMS))

NQF Member and Public Comment, 1550 and 1551

Next Steps, Day Two

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After the Measure Evaluation Meetings, Day Two

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Questions? Day Two

THANK YOU.

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