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Surgery Project: Fall 2018 Measure Review Cycle

Standing Committee Measure Evaluation Meeting

Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director

Kathryn Goodwin, MS, Senior Project Manager

Christy Skipper, MS, PMP, Senior Project Manager

February 13, 2019

Welcome

Agenda

- Welcome
- Introductions and Disclosure of Interest
- Portfolio Review
- Overview of Evaluation Process
- Review of Candidate Measures
- NQF Member and Public Comment
- Next Steps

NQF Staff

- Project Staff
 - ▣ *Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director*
 - ▣ *Kathryn Goodwin, MS, Senior Project Manager*
 - ▣ *Christy Skipper, MS, PMP, Senior Project Manager*

- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, Senior Vice President*

Housekeeping

- Please do not put this call on hold.
- Mute the microphones on your computer to eliminate feedback.
- Before you speak, please say your name.
- When you are not speaking, mute your phone line with *6. To unmute press *7.
- NQF will be monitoring the chat room, but participants are encouraged to speak as the webinar is being recorded.

Introductions and Disclosure of Interest

Surgery Standing Committee

- Robert Cima, MD, MA
- Richard Dutton, MD, MBA
- TeMaya Eatmon
- Elisabeth Erekson, MD, MPH
- Lee Fleisher, MD (Co-Chair)
- Frederick Grover, MD
- William Gunnar, MD, JD (Co-Chair)
- John Handy, MD
- Mark Jarrett, MD, MBA
- Clifford Ko, MD, MS, MSHS, FACS
- Barbara Levy, MD, FACOG, FACS
- Lawrence Moss, MD
- Amy Moyer, MS, PMP
- Keith Olsen, PharmD, FCCP, FCCM
- Lynn Reede, DNP, MBA, CRNA
- Christopher Saigal, MD, MPH
- Salvatore T. Scali, MD
- Allan Siperstein, MD
- Joshua Stein, MD, MS
- Larissa Temple, MD
- A.J. Yates, MD

Overview of NQF's Surgery Portfolio

Surgery Portfolio

■ Care Setting

- ▣ Home Care – 1
- ▣ Hospital: Inpatient Rehabilitation Facility – 1
- ▣ Hospital: Inpatient – 49
- ▣ Hospital: Outpatient Services – 3

■ Level of Analysis

- ▣ Clinician: Individual – 18
- ▣ Clinician: Group/Practice – 40
- ▣ Facility – 17
- ▣ Integrated Delivery System – 1
- ▣ Population: National/Regional/State/City – 1

Surgery Portfolio

■ Topic Area

- ▣ Abdominal/Colorectal Surgery – 2
- ▣ Anesthesia – 1
- ▣ Cardiac Surgery – 30
- ▣ General Surgery – 2
- ▣ Cross Cutting (Inpatient and Outpatient) – 4
- ▣ Orthopedic Surgery – 3
- ▣ Ophthalmology – 5
- ▣ Thoracic Surgery – 2
- ▣ Urogynecology/Gynecology – 4
- ▣ Vascular Surgery – 9

■ Measure Type

- ▣ Structure – 4
- ▣ Process – 12
- ▣ Outcome – 40
- ▣ Composite – 6

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability these measures.
 - ▣ *2561 STS Aortic Valve Replacement (AVR) Composite Score*
 - ▣ *2563 STS Aortic Valve Replacement (AVR) + Coronary Artery Bypass Graft (CABG) Composite Score*
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

Overview of Evaluation Process

Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Surgery measures

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
- Keep comments concise and focused and indicate agreement without repeating what has already been said
- Avoid dominating a discussion and allow others to contribute
- **Use the raise hand function – raise hand button located on the upper left corner of your screen. To put your hand down, re-select the raise hand button.**

Process for Measure Discussion

- Measure developer will introduce the measure (2-3 min.)
- Lead discussants will begin Committee discussion by:
 - ▣ *Providing a summary of the pre-meeting evaluation comments*
 - ▣ *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion of the Committee
- Committee will vote on criteria/subcriteria

Voting

- Votes will be taken after the discussion of each criterion via Poll Everywhere
- Importance to measure and report (must pass):
 - ▣ Vote on Evidence
 - ▣ Vote on Gap
 - ▣ Composite measures only - rationale
- Scientific acceptability of measure properties (must pass):
 - ▣ Vote on Reliability
 - ▣ Vote on Validity
 - ▣ Composite measures only – quality construct
- Feasibility
- Use (must pass)
 - ▣ Must pass for maintenance measures
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

Quorum and Minimum Agreement

- Quorum: 66% of the Committee
 - ▣ *Committee Quorum is 15*
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached: 40-60% “Yes” votes (inclusive of 40 and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum

Consideration of Candidate Measures

Break

NQF Member and Public Comment

Next Steps

Fall 2018 Cycle

| Meeting | Date/Time |
|--------------------------|-------------------------------------|
| Post-Meeting Web Meeting | February 20, 2019, 12:00-2:00 pm ET |
| Post Comment Web Meeting | May 8, 2019, 1:00-3:00 pm ET |
| CSAC | TBD |

Project Contact Info

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

THANK YOU

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.

Related vs. Competing Measures

| | SAME concepts for measure focus - target process, condition, event, outcome | DIFFERENT concepts for measure focus – target process, condition, event, outcome |
|--|--|---|
| SAME target patient 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 difference. |
| 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 |

Related and Competing Measures

- Are the measure specifications completely harmonized?
- Are the differences in measure specifications justified?
- Is the measure superior to competing measures?
- Is there a justification for endorsing multiple measures?
- What would be the burden of having multiple measures?
- What is the rationale for recommending/not recommending the related or competing measures?

Same Measure Focus/Different Target Population

Related Measures: 2561, 2563, 0696, 3030, 3032



Related Measures: 0120, 0123, 0119, 0121, 1501, 0122, 1502



Different Measure Focus/Same Target Population

Related Measures: 0131, 0115, 0130, 0114, 0129, 0118, 0119, 0696

0131 Risk-Adjusted Stroke/Cerebrovascular Accident

0115 Risk-Adjusted Surgical Re-exploration

0130 Risk-Adjusted Deep Sternal Wound Infection

0114 Risk-Adjusted Postoperative Renal Failure

0129 Risk-Adjusted Postoperative Prolonged Intubation (Ventilation)

0118 Anti-Lipid Treatment Discharge

0119 Risk-Adjusted Operative Mortality for CABG

0696 CABG Composite Score

Related Measures: 2561 and 0120

Related Measures: 2561 and 0120

| NQF # | 2561 STS Aortic Valve Replacement (AVR) Composite Score (STS) | 0120 Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) (STS) |
|-----------------------------|---|---|
| Endorsement Activity | Currently under review in surgery project | Currently under review in surgery project |
| Level of Analysis | Individual Clinician, Group Practice | Individual Clinician, Group Practice |
| Setting | Inpatient, Hospital | Inpatient, Hospital |
| Measure Type | Composite | Outcome |
| Data Source | Registry | Registry |
| Measure Focus | Operative mortality & major morbidity | Operative mortality |
| Target Population | Patients undergoing isolated AVR surgery | Patients undergoing isolated AVR surgery |

Related Measures: 2561 and 0120

| NQF # | 2561 STS Aortic Valve Replacement (AVR) Composite Score (STS) | 0120 Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) (STS) |
|--------------------|--|---|
| Numerator | <p>NQF 0120 Risk-Adjusted Operative Mortality for AVR</p> <p>NQF 0131 Risk-Adjusted Postoperative Stroke/Cerebrovascular Accident</p> <p>NQF 0115 Risk-Adjusted Postoperative Surgical Re-exploration</p> <p>NQF 0130 Risk-Adjusted Postoperative Deep Sternal Wound Infection Rate</p> <p>NQF 0114 Risk-Adjusted Postoperative Renal Failure</p> <p>NQF 0129 Risk-Adjusted Postoperative Prolonged Intubation (Ventilation)</p> | <p>Number of patients aged 18 years and older undergoing AVR who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure</p> |
| Denominator | <p>Number of patients undergoing isolated AVR during the measurement period</p> | <p>All patients undergoing isolated AVR surgery</p> |
| Exclusions | <p>None</p> | <p>None</p> |

Related Measures: 2563 and 0123

Related Measures: 2563 and 0123

| NQF # | 2563 STS Aortic Valve Replacement (AVR) + CABG Composite Score (STS) | 0123 Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) + CABG (STS) |
|-----------------------------|--|--|
| Endorsement Activity | Currently under review in surgery project | Currently under review in surgery project |
| Level of Analysis | Individual Clinician, Group Practice | Individual Clinician, Group Practice |
| Setting | Inpatient, Hospital | Inpatient, Hospital |
| Measure Type | Composite | Outcome |
| Data Source | Registry | Registry |
| Measure Focus | Operative mortality & major morbidity | Operative mortality |
| Target Population | Patients undergoing combined AVR + CABG surgery | Patients undergoing combined AVR + CABG surgery |

Related Measures: 2563 and 0123

| NQF # | 2563 STS Aortic Valve Replacement (AVR) + CABG Composite Score (STS) | 0123 Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) + CABG (STS) |
|--------------------|--|--|
| Numerator | NQF 0123 Risk-Adjusted Operative Mortality for AVR + CABG NQF 0131 Risk-Adjusted Postoperative Stroke/Cerebrovascular Accident NQF 0115 Risk-Adjusted Postoperative Surgical Re-exploration NQF 0130 Risk-Adjusted Postoperative Deep Sternal Wound Infection Rate NQF 0114 Risk-Adjusted Postoperative Renal Failure NQF 0129 Risk-Adjusted Postoperative Prolonged Intubation (Ventilation) | Number of patients aged 18 years and older undergoing combined AVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure |
| Denominator | Number of patients undergoing AVR + CABG during the measurement period | All patients undergoing combined AVR + CABG |
| Exclusions | None | None |

Related Measures: 0121, 1501, 3031

Related Measures: 0121, 1501, 3031

| NQF # | 0121 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement (STS) | 1501 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair (STS) | 3031 Mitral Valve Repair/Replacement MVRR Composite (STS) |
|-----------------------------|--|---|---|
| Endorsement Activity | Currently under review in surgery project | Currently under review in surgery project | Initially endorsed January 2017 |
| Level of Analysis | Individual Clinician, Group Practice | Individual Clinician, Group Practice | Individual Clinician, Group Practice |
| Setting | Inpatient, Hospital | Inpatient, Hospital | Inpatient, Hospital |
| Measure Type | Outcome | Outcome | Composite |
| Data Source | Registry | Registry | Registry |
| Measure Focus | Operative mortality | Operative mortality | Operative mortality and major morbidity |
| Target Population | Patients undergoing isolated MV replacement surgery | Patients undergoing isolated MV repair surgery | Patients undergoing MV repair/replacement surgery |

Related Measures: 0121, 1501, 3031

| NQF # | 0121 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement (STS) | 1501 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair (STS) | 3031 Mitral Valve Repair/Replacement MVRR Composite (STS) |
|--------------------|---|--|---|
| Numerator | Number of patients aged 18 years and older undergoing MV Replacement who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients aged 18 years and older undergoing MV Repair who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | <p>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:</p> <p>Risk-adjusted operative mortality</p> <p>0131 – Stroke/cerebrovascular accident 0115 – Surgical re-exploration 0130 – Deep sternal wound infection rate 0114 – Postoperative renal failure 0129 – Prolonged intubation (ventilation)</p> |
| Denominator | All patients undergoing isolated MV replacement surgery | All patients undergoing isolated MV repair surgery | All patients undergoing isolated MVRR with or without concomitant tricuspid valve repair (TVr), surgical ablation for atrial fibrillation (AF), or repair of atrial septal defect (ASD) |
| Exclusions | None | None | Participants are excluded from the analysis if they have fewer than 36 isolated MVRR procedures in the patient population. |

Related Measures: 0122, 1502, 3032

Related Measures: 0122, 1502, 3032

| NQF # | 0122 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement + CABG Surgery (STS) | 1502 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair + CABG Surgery (STS) | 3032 Mitral Valve Repair/Replacement (MVRR) + CABG Composite (STS) |
|----------------------|---|--|--|
| Endorsement Activity | Currently under review in surgery project | Currently under review in surgery project | Initially endorsed January 2017 |
| Level of Analysis | Individual Clinician, Group Practice | Individual Clinician, Group Practice | Individual Clinician, Group Practice |
| Setting | Inpatient, Hospital | Inpatient, Hospital | Inpatient, Hospital |
| Measure Type | Outcome | Outcome | Composite |
| Data Source | Registry | Registry | Registry |
| Measure Focus | Operative mortality | Operative mortality | Operative mortality and major morbidity |
| Target Population | Patients undergoing isolated MV replacement surgery + CABG | Patients undergoing isolated MV repair surgery + CABG | Patients undergoing MV repair/replacement surgery + CABG |

Related: 0122, 1502, 3032

| NQF # | 0122 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement + CABG Surgery (STS) | 1502 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair + CABG Surgery (STS) | 3032 Mitral Valve Repair/Replacement (MVRR) + CABG Composite (STS) |
|------------------|---|--|---|
| Numerator | Number of patients aged 18 years and older undergoing combined MV Replacement and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients aged 18 years and older undergoing combined MV Repair and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | <p>The STS Mitral Valve Repair/Replacement (MVRR) Composite Score comprises two domains consisting of six measures:</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Prolonged ventilation, 2. Deep sternal wound infection, 3. Permanent stroke, 4. Renal failure, and 5. Reoperations for bleeding, coronary graft occlusion, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons. |

Related Measures: 0122, 1502, 3032

| NQF # | 0122 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement + CABG Surgery (STS) | 1502 Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair + CABG Surgery (STS) | 3032 Mitral Valve Repair/Replacement (MVRR) + CABG Composite (STS) |
|-------------|---|--|---|
| Denominator | All patients undergoing combined MV Replacement + CABG | All patients undergoing combined MV Repair + CABG | All patients undergoing MVRR + CABG with or without concomitant Atrial Septal Defect (ASD) and Patent Foramen Ovale (PFO) closures, tricuspid valve repair (TVr), or surgical ablation for atrial fibrillation (AF) |
| Exclusions | None | None | Participants are excluded from the analysis if they have fewer than 25 MVRR + CABG procedures in the patient population. |