NATIONAL QUALITY FORUM
Driving measurable health improvements together

Surgery, Fall 2021 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

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Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- 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 Standing 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 — Surgery Committee

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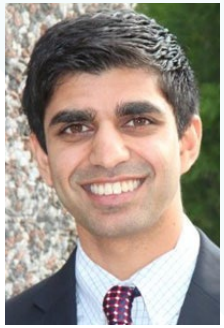

Taroon Amin, PhD
Consultant

Poonam Bal, MHSA
Sr. Director

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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 2021 Cycle Standing Committee

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

Patient Experience and Function Co-Chairs (Non-voting)

- Gerri Lamb, PhD, RN, FAAN
- Christopher Stille, MD, MPH, FAAP

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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Meeting Ground Rules

- No rank in the room
- Remain engaged and actively participate
- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Keep comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

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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 (must pass)
- **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
- **Overall Suitability for Endorsement**

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **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 (12 of 18 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- 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 unless 50% attendance is not reached.
- 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

Fall 2021 Cycle Measures

- **One New Measure for Committee Review**
  - **3639** Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) (Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE))

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NQF Scientific Methods Panel

- 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.

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of measure:
  - 3639 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) (Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE))
- Measure 3639 passed the SMP Review

Consideration of Candidate Measures

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3639 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)

- **Measure Steward:** CMS/Yale CORE
  - New measure
- **Brief Description of Measure:**
  - A patient-reported outcome-based performance measure that attributes the outcome to a clinician or clinician group. Specifically, this measure will estimate a clinician-level and/or a clinician group-level RSIR following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age and older. Improvement will be calculated with patient-reported outcome data collected prior to and following the elective procedure. The preoperative data collection timeframe will be 90 to 0 days before surgery and the postoperative data collection timeframe will be 270 to 365 days following surgery. Include any notes here that may add clarity for the Committee.

Related and Competing Discussion

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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.

Target Population	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.

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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3639 Related Measures

- 0425 Functional Status Change for Patients with Low Back Impairments
- 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)
- 3461 Functional Status Change for Patients with Neck Impairments
- 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
- 3559 Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)

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3639 Related Measures -0

Category	0425 Functional Status Change for Patients with Low Back Impairments
Steward/Developer	Focus on Therapeutic Outcomes
Description	This is a patient-reported outcome performance measure (PRO-PM) consisting of an item response theory-based patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years and older with low back impairments.
Numerator	The numerator is based on residual scores (actual change scores - predicted change after risk adjustment) of patients receiving care for Low Back impairments and who completed the Low Back PRO-PM.
Denominator	All patients 14 years and older with a Low Back impairment who have initiated an episode of care and completed the Low Back FS PROM.
Target Population	Populations at Risk; Elderly; Dual eligible beneficiaries; Individuals with multiple chronic conditions; Veterans
Care Setting	Outpatient Services
Level of Analysis	Clinician: Individual Clinician: Group/Practice

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3639 Related Measures -1

Category	1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
Steward/Developer	Focus on Therapeutic Outcomes
Description	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).
Numerator	Identified during the index admission OR associated with a readmission up to 90 days post-date of index admission, depending on the complication.
Denominator	Patients that had an elective primary THA and/or a TKA AND had continuous enrollment in Part A and Part B Medicare fee-for-service (FFS) 12 months prior to the date of index admission.
Target Population	Populations at risk; Elderly
Care Setting	Inpatient/Hospital
Level of Analysis	Facility

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3639 Related Measures -2

Category	**1551 Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)**
Steward/Developer	Centers for Medicare & Medicaid Services/ Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
Description	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.
Numerator	The outcome for this measure is 30-day readmissions. We define readmissions as inpatient admissions for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge of the index hospitalization. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission.
Denominator	Admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.
Target Population	Populations at Risk; Elderly
Care Setting	Inpatient/Hospital
Level of Analysis	Facility

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3639 Related Measures -3

Category	3461 Functional Status Change for Patients with Neck Impairments
Steward/Developer	Focus on Therapeutic Outcomes
Description	Patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years and older with neck impairments.
Numerator	Based on residual scores (actual change scores - predicted change after risk adjustment) of patients receiving care for neck impairments and who: a) completed the Neck PRO-PM at admission and at the end of the episode of care; and b) were discharged from care.
Denominator	All patients 14 years and older with a neck impairment who have an episode of care and completed the neck functional status PROM at admission and discharge.
Target Population	Patients aged 14 years and older with neck impairments
Care Setting	Outpatient Services
Level of Analysis	Clinician: Individual Clinician: Group/Practice

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3639 Related Measures -4

Category	**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**
Steward/Developer	Centers for Medicare & Medicaid Services
Description	Re-specified version of the measure, NQF 1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA), which was developed for patients 65 years and older using Medicare claims data. This measure attributes outcomes to MIPS participating Eligible Clinicians and/or Eligible Clinician Groups (“providers”), rather than to hospitals, and assesses each provider’s complication rate.
Numerator	Any complication occurring during the index admission (not coded present on arrival) to 90 days post-date of the index admission.
Denominator	Admissions for Medicare FFS beneficiaries who are at least 65 years of age who have undergone elective primary THA and/or TKA procedures.
Target Population	Elderly (Age >= 65)
Care Setting	Outpatient Services; Inpatient/Hospital
Level of Analysis	Clinician: Individual Clinician: Group/Practice

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3639 Related Measures -5

Category	3559 Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)
Steward/Developer	Centers for Medicare & Medicaid Services/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)
Description	Patient-reported outcome-based performance measure will estimate a hospital-level, risk-standardized improvement rate (RSIR) following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age and older.
Numerator	The risk-standardized proportion of patients undergoing an elective primary THA or TKA who meet or exceed an a priori, patient-defined substantial clinical benefit (SCB) threshold of improvement between preoperative and postoperative assessments on joint-specific patient-reported outcome measure (PROM) surveys.
Denominator	Medicare fee-for-service (FFS) patients 65 years of age and older undergoing elective primary THA/TKA procedures, excluding patients with hip fractures, pelvic fractures and revision THAs/TKAs.
Target Population	Elderly (Age >= 65)
Care Setting	Inpatient/Hospital
Level of Analysis	Facility

NQF Member and Public Comment

Next Steps

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Measure Evaluation Process
After the Measure Evaluation Meeting

- 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
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline– Fall 2021 Cycle

***All times ET**

Meeting	Date, Time
Draft Report Comment Period	March 25 – April 25, 2022
Committee Post-Comment Web Meeting	June 8, 2022, 11 am- 2 pm
CSAC Review	Late July 2022
Appeals Period (30 days)	July – August 2022

Next Cycle - Spring 2022 Cycle Updates

- Intent to submit deadline was January 5.
- No measures are expected

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Project Contact Info

- Email: surgery@qualityforum.org
- NQF phone: 202-783-1300
- Project page: https://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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https://www.qualityforum.org