

Dial-In Information

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NATIONAL
QUALITY FORUM

Fall 2018 Surgery Project: Post-Comment Meeting

Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
Kathryn Goodwin, MS, Senior Project Manager
Janaki Panchal, MSPH, Project Manager
Yetunde Ogungbemi, Project Manager

May 8, 2019

Welcome

Agenda

- Welcome, Meeting Objectives and Roll Call
- Re-vote on “Consensus Not Reached” (CNR) Measures
- Related and Competing Measures Discussion
- NQF Member and Public Comment
- Next Steps

Introductions

NQF Staff

Project Staff

- Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
- Kathryn Goodwin, MS, Senior Project Manager
- Janaki Panchal, MSPH, Project Manager
- Yetunde Ogungbemi, Project Manager

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.

Surgery Standing Committee

Co-Chairs

Lee Fleisher, MD

William Gunnar, MD, JD

Robert Cima, MD, MA

Amy Moyer, MS, PMP

Richard Dutton, MD, MBA

Keith Olsen, PharmD, FCCP, FCCM

TeMaya Eatmon

Lynn Reede, DNP, MBA, CRNA

Elisabeth Erekson, MD, MPH

Christopher Saigal, MD, MPH

Frederick Grover, MD

Salvatore T. Scali, MD

John Handy, MD

Allan Siperstein, MD

Mark Jarrett, MD, MBA

Joshua Stein, MD, MS

Clifford Ko, MD, MS, MSHS, FACS

Larissa Temple, MD

Barbara Levy, MD, FACOG, FACS

A.J. Yates, MD

Lawrence Moss, MD

Barbee Whitaker, PhD

Barry Markman, MD (inactive fall cycle 2018)

Quorum and Minimum Agreement—Update

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

Re-vote on “Consensus Not Reached” (CNR) Measures

Voting—Update

Votes will be taken after the discussion of each criterion via Poll Everywhere

- Use (must-pass criterion for maintenance measures)
- Usability
- Recommendation for Endorsement

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.

Consensus Not Reached (CNR) Measures

- **0122** Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement + CABG Surgery (Society for Thoracic Surgeons)
- **0144** Risk-Adjusted Postoperative Renal Failure (Society for Thoracic Surgeons)

Related and Competing Measures

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	NQF 0120 Risk-Adjusted Operative Mortality for AVR 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 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
Denominator	Number of patients undergoing isolated AVR during the measurement period	All patients undergoing isolated AVR surgery
Exclusions	None	None

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.

NQF Member and Public Comment

Next Steps

Fall 2018 Cycle—Update

Meeting	Date/Time
CSAC In-Person Meeting	June 5 – June 6, 2019
Appeals Period	June 12, 2019 – July 19, 2019

Project Contact Info

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

THANK YOU