

# Surgery Project: Spring 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, Project Manager

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### Welcome

- Dial-in
  - Speaker/leader (NQF staff and Committee Co-Chairs)
    - » 866-599-6630
  - Participant/public (Committee, measure developers, members of the public)
    - » 855-599-0737
- Public Web link
  - http://nqf.commpartners.com/se/Rd/Mt.aspx?941761
- Committee Web link
  - Please be sure you have logged in via the web link sent by CommPartners.

# 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
- <sup>D</sup> Kathryn Goodwin, MS, Senior Project Manager
- Christy Skipper, MS, Project Manager
- NQF Quality Measurement leadership staff
  - Elisa Munthali, Senior Vice President

# Housekeeping

- Please do not put this call on hold.
- Please mute the microphones on your computer to eliminate feedback.
- When you are not speaking, mute your phone line with \*6.
- NQF will be monitoring the chat room, but we would request that participants make verbal comments as the webinar is being recorded.

# Introductions and Disclosure of Interest

# **Surgery Standing Committee**

- Karl Bilimoria, MD, MS
- Robert Cima, MD, MA
- Richard Dutton, MD, MBA
- 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
- Barry Markman, MD
- 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
- Melissa Thomason, MS, PMP
- Barbee Whitaker, PhD
- A.J. Yates, MD

# **Overview of NQF's Surgery Portfolio**

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# **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

### **Measures Withdrawn**

- 0178 Improvement in status of surgical wounds
- 2052 Reduction of complications through the use of cystoscopy during surgery for stress urinary incontinence

# NQF Scientific Methods Panel Review

- The Scientific Acceptability section of these measure(s) were independently evaluated by the Scientific Methods Panel.
  - 2558 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
  - <sup>a</sup> 3397 Anesthesiology Smoking Abstinence
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

### NQF Scientific Methods Panel Review

- 1 of 2 measures did not pass the SMP Review
  - <sup>3</sup> 3397 Anesthesiology Smoking Abstinence
- Scientific Acceptability is a must-pass criteria; because the panel did not view this measure as methodologically sound for reliability and /or validity, the measure is removed from the current evaluation cycle and was not forwarded to the Standing Committee for evaluation.
- 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 in a future submission

# **Overview of Evaluation Process**

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# 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

# Be sure you have logged into this web meeting via the link sent by CommPartners.

- Votes will be taken after the discussion of each criterion
- 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
- 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 Measure 2063

# Consideration of Candidate Measure 2558

# NQF Member and Public Comment

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# NQF Prioritization Initiative

### NQF's Strategic Direction



Learn more about NQF's Strategic Plan at <a href="http://www.qualityforum.org/NQF\_Strategic\_Direction\_2016-2019.aspx">http://www.qualityforum.org/NQF\_Strategic\_Direction\_2016-2019.aspx</a>

# What is the goal of the prioritization?

- Identify a list of the highest scoring priority measures.
- Identify prioritized sub-lists, sortable and filterable, by disease topics and for different stakeholder groups.
- Create a framework that organizes measures and measurement gaps into national priorities areas.
- Reduce the number of measures in use and encourage measure harmonization across the healthcare field by sharing prioritization scores with appropriate measure stakeholders.

# **NQF** Prioritization Initiative



### **NQF** Measure Prioritization Criteria

#### **Prioritization Phase 1**

#### Prioritization Phase 2

### Outcome-focused (25%)

 Outcome measures and measures with strong link to improved outcomes and costs

#### Improvable (25%)

 Measures with demonstrated need for improvement and evidence-based strategies for doing so

#### Equity Focused

• Measures that are disparities sensitive

#### Meaningful to patients and caregivers (25%)

 Person-centered measures with meaningful and understandable results for patients and caregivers

# Support systemic and integrated view of care (25%)

 Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

# Breakdown of the Criteria

#### Outcome-focused

• Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

#### Improvable

• Measures are scored based the percentage of committee members votes on the "Gap" Criteria during measure evaluation and maintenance review for "High," "Moderate," or "Low."

#### Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or wellbeing. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

#### Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

# Prioritization will be conducted within and across portfolios



706: Risk Adjusted Colon Surgery Outcome Measure 3032: STS Mitral Valve Repair/Replacement (MVRR) +... 3030: STS Individual Surgeon Composite Measure for Adult... 697: Risk Adjusted Case Mix Adjusted Elderly Surgery... 3031: STS Mitral Valve Repair/Replacement (MVRR)... 1550: Hospital-level risk-standardized complication rate... 1551: Hospital-level 30-day risk-standardized readmission... 1543: Postoperative Stroke or Death in Asymptomatic... 1540: Postoperative Stroke or Death in Asymptomatic... 1534: In-hospital mortality following elective EVAR of AAAs 1523: Rate of Open Repair of Abdominal Aortic Aneurysms... 2038: Performing vaginal apical suspension at the time of... 564: Cataracts: Complications within 30 Days Following... 2681: Perioperative Temperature Management 565: Cataracts: 20/40 or Better Visual Acuity within 90 Days...



Outcome focused

Improveable







# NQF Prioritization Initiative: What's Next?

Activity	Date
Roll out at Spring 2018 Standing Committee Meetings	May-June 2018
Compile Phase I results from across Committees	June-August 2018
Measure Evaluation Annual Report Appendix	September 2018
Presentation/Update at NQF Annual Meeting	March 2019

# **Questions for Committee**

- Do the initial scoring results yield the outcomes you might have expected?
  - Are the highest and lowest impact measures scoring correctly based on the rubric?
  - Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?
- Survey to be sent by email following the presentation.

# Next Steps

# Spring 2018 Cycle 2

Meeting	Date/Time
Post-Meeting Web Meeting	July 12, 2018, 2:00 pm - 4:00 pm ET
Post Comment Web Meeting	September 27, 2018, 2:00 pm - 4:00 pm ET
CSAC	October 23-24, 2018
Appeals Period	October 30, 2018 – November 28, 2018

# **Project Contact Info**

- Email: <u>surgery@qualityforum.org</u>
- NQF Phone: 202-783-1300
- Project page: <u>http://www.qualityforum.org/Surgery\_2017-2018.aspx</u>
- SharePoint site: <u>http://staff.qualityforum.org/Projects/Surgery/SitePages</u> /Home.aspx

