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Surgery, Spring 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

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

September 29, 2020

Welcome

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Welcome

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Project Team

Amy Moyer, MS, PMP
Director

Janaki Panchal, MSPH
Manager

Karri Albanese,
Analyst

Mike DiVecchia, MBA, PMP
Project Manager

Agenda

- Attendance
- Acknowledge Standing Committee Members with Expiring Terms
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance

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Surgery Spring 2020 Cycle Standing Committee

- William Gunnar, MD, JD (Co-Chair)
- Ashrith Amarnath, MD
- Kenya Brown, LCSW-C
- TeMaya Eatmon
- Elisabeth Erekson, MD, MPH, FACOG, FACS
- Frederick Grover, MD
- John Handy, MD
- Mark Jarrett, MD, MBA
- Vilma Joseph, MD, MPH, FASA
- Clifford Ko, MD, MS, MSHS, FACS, FASCRS
- Barbara Levy, MD, FACOG, FACS
- Shawn Rangel, MD, MSCE
- Christopher Saigal, MD, MPH
- Salvatore T. Scali, MD, FACS, RPVI
- Allan Siperstein, MD
- Alex Sox-Harris, PhD, MS
- Joshua D. Stein, MD, MS
- Larissa Temple, MD
- Kevin Wang, MHA

Acknowledgement

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Standing Committee Members

- Fredrick Grover
- John Handy
- Mark Jarrett
- Clifford Ko
- Larissa Temple

Review and Discuss Public Comments

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2687 Hospital Visits after Hospital Outpatient Surgery

- **Measure Steward:** The Centers for Medicare & Medicaid Services (CMS)
  - Maintenance
- **Brief Description of Measure:**
  - Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a procedure performed at a hospital outpatient department (HOPD) among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.

Comment Received

- The American Geriatrics Society (AGS) wishes to provide a comment on NQF #2687 Hospital Visits after Hospital Outpatient Surgery. We question if the measure's restriction to Medicare fee-for-service patients limits its validity. This restriction excludes the roughly 1/3 of US older adults enrolled in Medicare Advantage plans. This may not be an issue if fee-for-service Medicare patients are similar to Medicare Advantage enrollees but there is some data that suggests that Medicare Advantage enrollees are younger and less sick. More potentially troubling is that there is substantial variation in the market penetration of Medicare Advantage plans, Medicare fee-for-service patients may be older and sicker while in markets with less penetration of Medicare Advantage plans for fee-for-service patients may have more of these younger and less sick patients. This could make comparisons between hospitals in markets with high and low Medicare Advantage plan penetration problematic. We suggest that perhaps the risk adjustment in the model can make up for this.

Developer Response

- Thank you for your comment. This question raises important points about limiting the measure to Fee for Service patients. We have not looked directly for this measure at whether Medicare Advantage penetration regionally affects measure scores, but we expect it is unlikely given that the risk model shows good risk discrimination across the spectrum of risk (see measure risk decile plots in Section 2b3.8., p. 36 of the NQF Testing From), predicting higher levels of return visits in patients with more comorbidities/older patients. Ideally the measure would include Medicare Advantage patients. However, there are still concerns about the feasibility of using Medicare Advantage claims data in risk adjusted outcome measures; both the Health and Human Services Office of the Inspector General (OIG, 2018) and the Medicare Payment Advisory Commission (MedPAC) (MedPAC, 2018) have noted their concern with the quality of the data, and the use of such data for quality measurement. There are differences in claims and coding between the Medicare Advantage and Fee for Service populations that would need to be addressed before the Medicare Advantage patients could be included.

- References:
- U.S. Department of Health and Human Services, Office of the Inspector General. January 2018; Report OEI-03-15-00060. Medicare Advantage encounter data show promise for program oversight, but improvements are needed. Accessed September 18, 2020; available at https://oig.hhs.gov/oei/reports/oei-03-15-00060.asp
- The Medicare Payment Advisory Commission, March 2019 Report to Congress: Medicare Payment Policy. “Chapter 13, The Medicare Advantage program, status report.” Accessed September 18, 2020. Available at http://medpac.gov/docs/default-source/reports/mar19_medpac_ch13_sec.pdf.

NQF Member and Public Comment

Next Steps

Activities and Timeline – Spring 2020 Cycle

***All times ET**

Meeting	Date, Time
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23 - December 22, 2020

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Project Contact Info

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

THANK YOU.

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