



## Surgery Standing Committee—Measure Evaluation Web Meetings

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The National Quality Forum (NQF) convened the Surgery Standing Committee for two web meetings on February 1 and February 6, 2018 to evaluate three measures in the area of surgery.

### Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interests.

### Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 62 endorsed measures in the Surgery portfolio. Additionally, NQF staff reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

### Measure Evaluation

During the meetings, the Surgery Standing Committee evaluated three measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 14, 2018 for public comment for 30 calendar days on the NQF website.

**Measure Evaluation Criteria Rating Key:** H – High; M – Medium; L – Low; I – Insufficient

### 3357 Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (Centers for Medicare & Medicaid Services)

#### *Measure Steward/Developer Representatives at the Meeting*

Elizabeth Drye, Doris Peter, Vinitha Meyyur

#### *Standing Committee Votes*

- Evidence: Y-17; N-0
- Performance Gap: H-9; M-8; L-0; I-0
- Reliability: H-3; M-15; L-0; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: M-16; L-1; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-14; M-2; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-2; M-3; L-X; I-11

*Standing Committee Recommendation for Endorsement: Y-16; N-0*

The Standing Committee recommended the measure for NQF endorsement. The Committee determined that there is significant evidence and a performance gap to support this measure. The Committee agreed that the measure met the scientific acceptability criterion. In the discussion of usability and use, the Committee noted that there may be unintended consequences of discouraging ambulatory surgical centers from taking care of dual eligible patients. Overall, the Committee agreed that the measure met NQF evaluation criteria and recommended this new measure for endorsement.

**3294 STS Lobectomy for Lung Cancer Composite Score (The Society of Thoracic Surgeons)**

*Measure Steward/Developer Representatives at the Meeting*

Mark Antman, Dave Shahian, Andrzej Kosinski, Benjamin Kozower

*Standing Committee Votes*

- Evidence: Y-16; N-0
- Performance Gap: H-3; M-12; L-0; I-0
- Composite: H-9; M-7; L-0; I-0
- Reliability: H-8; M-8; L-0; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: M-16; L-0; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Composite: H-9; M-6; L-1; I-0
- Feasibility: H-5; M-11; L-0; I-0
- Use: Pass-15; No Pass-1
- Usability: H-9; M-7; L-0; I-0

*Standing Committee Recommendation for Endorsement: Y-16; N-0*

The Standing Committee recommended this measure for NQF endorsement. The Committee determined that the evidence, performance gap, and quality construct of this composite measure sufficed. The Committee agreed that the measure is reliable and valid. NQF staff noted that while data element validity testing is acceptable for initial endorsement of a composite measure, by the time of endorsement maintenance, validity of the composite performance measure must be empirically demonstrated. The Committee agreed that the measure is both feasible and usable and recommended this new measure for endorsement.

**1790 Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer (The Society of Thoracic Surgeons)**

*Measure Steward/Developer Representatives at the Meeting*

Mark Antman, Dave Shahian, Andrzej Kosinski, Benjamin Kozower

*Standing Committee Votes*

- Evidence: Y-16; N-0

- Performance Gap: H-5; M-11; L-0; I-0
- Reliability: H-7; M-9; L-0; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Validity: M-8; L-8; I-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-6; M-9; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-7; M-9; L-0; I-0

*Standing Committee Recommendation for Endorsement: Y-16; N-0*

The Standing Committee recommended the measure for continued endorsement. The Committee agreed that this measure continues to meet NQF evaluation criteria, noting that a change in the specifications—from monitoring “bleeding requiring reoperation” to “an unexpected return to the operating room”—was appropriate in that it may help to improve outcomes. The Committee stated that the measure met the scientific acceptability criterion and agreed it was feasible. In their discussion on use, the Committee questioned why NQF #3294 is publicly reported, but this measure is not. The developer explained that NQF #3294 was chosen for public reporting since lobectomy was the most common and homogenous procedure performed.

**Public Comment**

No public or NQF member comments were received during the measure evaluation meeting.

**Next Steps**

NQF will post the draft technical report on March 14, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on April 12, 2018. NQF will reconvene the Standing Committee for the post-comment web meeting on May 3, 2018.