NATIONAL QUALITY FORUM
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Meeting Summary

Surgery Standing Committee – Fall 2021 Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Surgery Standing Committee for a web meeting on February 15, 2022, to evaluate one new measure for the fall 2021 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

LeeAnn White, NQF director, welcomed the Standing Committee and participants to the web meeting. Ms. White also reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. One Standing Committee member was recused from NQF #3639 due to their employment by the same organization that developed the instrument used by the developer in this measure. Additionally, Isaac Sakyi, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of the meeting. Voting results are provided below.

Measure Evaluation

During the meeting, the Surgery Standing Committee evaluated one new measure for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass; High and Moderate; Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on a measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria that did not reach consensus and potentially overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

NQF #3639 Measure 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 [Yale CORE])

Description: This patient-reported outcome-based performance measure uses the same measure specifications as the NQF-endorsed (NQF # 3559) hospital-level risk-standardized improvement rate (RSIR) following elective primary THA/TKA with the following exception: this measure 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. **Measure Type**: Outcome: PRO-PM; **Level of Analysis**: Clinician: Group/Practice, Clinician: Individual; **Setting of Care**: Inpatient/Hospital; **Data Source**: Claims, Instrument-based, Other (specify)

Measure Steward/Developer Representatives at the Meeting

- Rachelle Zribi
- Jennifer Robinson
- Lisa Suter

Standing Committee Votes

- **Evidence**: Total Votes: 15; Pass-15; No Pass-0 (15/15 – 100 percent, Pass)
- **Performance Gap**: Total Votes: 14; H-3; M-10; L-1; I-0 (13/14 – 93 percent, Pass)
- **Reliability**: Total Votes: 15; Yes-15; No-0 (15/15 –100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's Moderate rating for Reliability: (Total Votes: 9; H-3; M-3; L-1; I-2).
- **Validity**: Total Votes: 15; Yes-15; No-0 (15/15 – 100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's Moderate rating for Validity: (Total Votes: 9; H-0; M-7; L-1; I-1).
- **Feasibility**: Total Votes: 15; H-9; M-6; L-0; I-0 (15/15 – 100 percent, Pass)
- **Use**: Total Votes: 15; Pass-15; No Pass-0 (15/15 – 100 percent, Pass)
- **Usability**: Total Votes: 15; H-9; M-6; L-0; I-0 (15/15 – 100 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 15; Yes-15; No-0 (15/15 – 100 percent, Pass)

The Standing Committee recommended the measure for initial endorsement.

This individual and group clinician-level measure was newly submitted for endorsement. This patient-reported outcome performance measure (PRO-PM) is the individual and group clinician-level version of NQF #3559 *Hospital-Level Risk-Standardized Improvement Rate (RSIR) Following Elective Primary THA/TKA.* One of the Patient Experience and Function (PEF) co-chairs attended the meeting as a content expert, and their comments have been incorporated within the summary. The Standing Committee agreed that evidence existed that demonstrated a relationship between the PRO and at least one

healthcare structure, process, intervention, or service; it also agreed that patients found the measure to be meaningful. While the Standing Committee did agree that a performance gap exists, a few Standing Committee members raised concerns with the low representation of non-White individuals and individuals of low socioeconomic status in the sample. The developer acknowledged the limited representation and noted that the sample represented the national population. The Standing Committee agreed that the measure was important to measure and passed the measure on the evidence and performance gap criteria.

The SMP reviewed this measure and passed it on reliability and validity with a rating of moderate. The Standing Committee reviewed the SMP's feedback and requested more information on the methods used by the developer to determine patient improvement scores both pre- and-postoperatively. The developer explained that the patient workgroup was consulted to evaluate a variety of situations that could impact the ceiling and floor effects, and the patient workgroup agreed that the cutoffs were reasonable and important. The Standing Committee acknowledged that robust testing was conducted for reliability yet expressed some concerns regarding validity testing: the percentage of missing response rates during the developer's evaluation of instrument responsiveness (37 percent), the 53 percent agreement for face validity, and whether the survey response rates would be affected if the surveys were offered in languages other than English. The Standing Committee ultimately decided the measure was reliable and valid despite these concerns and voted to accept the SMP's rating of moderate for reliability and validity.

The Standing Committee reviewed the feasibility criterion and agreed that the data required for this measure are readily available or captured without undue burden and passed the measure on this criterion. The Standing Committee noted the measure appeared usable and that users had an opportunity to provide feedback on the measure. The Standing Committee expressed some concerns about the ability of patients to interpret the measure but still passed the measure on use, usability, and overall suitability for endorsement.

Public Comment

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

Next Steps

NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on March 31, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 29, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting on June 8, 2022.