



### Surgery Standing Committee – Fall 2020 Post-Comment Web Meeting

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The National Quality Forum (NQF) held the post-comment web meeting ([link to slides](#)) for the Surgery Standing Committee on Tuesday, June 1, 2021, from 11:30 AM–2:30 PM ET.

#### Welcome and Introductions

Amy Moyer, NQF senior director, welcomed the Standing Committee and participants to the web meeting. Ms. Moyer introduced the Standing Committee Co-Chair Alex Sox-Harris (the other co-chair, William Gunnar, was unable to attend) and the NQF project team: Janaki Panchal, Karri Albanese, and Mike DiVecchia. Ms. Moyer provided an overview of the agenda:

- Review of the “consensus not reached” measure
- Review public comments received on the draft report
- Discuss any potential revisions to the Standing Committee’s recommendations and/or the draft report based on the comments received
- Discuss the remaining related and competing measures
- Discuss potential next steps

During the post-comment web meeting, quorum (14 out of 20 Standing Committee members) was met and maintained for the entirety of the meeting.

#### Review of Consensus Not Reached Measure

Ms. Moyer briefly reviewed the previous discussion ([link to measure evaluation meeting summary](#)) of NQF #0134 *Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)*. She reminded the Standing Committee that they did not reach consensus on the performance gap criterion during the measure evaluation meeting but would discuss and vote on performance gap during today’s post-comment meeting. Ms. Moyer reviewed the one comment received on NQF #0134 after the measure evaluation meeting. The commenter expressed concern that placing the measure on reserve status would be counterproductive and requested that NQF re-evaluate the performance gap criterion. Ms. Moyer reminded the Standing Committee that today’s discussion would focus on the criterion as currently defined and that measures on reserve status do not lose endorsement.

The Standing Committee discussed the performance gap criterion, stating that it was very narrow for NQF #0134. A Standing Committee member noted that some small disparities were apparent in the stratified results and raised the question of how small of a disparities gap is considered no gap. The Standing Committee struggled with the lack of a *clear gap* definition in the current measure evaluation criteria. Standing Committee members asked how a measure on reserve status can be reintroduced into the review cycle. Ms. Moyer noted that the NQF measure listing ([Quality Positioning System \[QPS\]](#)) includes a link to request a measure for review. Anyone accessing the listing can request a measure

review. The developer (The Society of Thoracic Surgeons [STS]) responded to the concerns raised, referencing a letter written by its Board of Directors supporting the measure. They reiterated the following points: they feel placing the measure on reserve status would be a mistake; some groups feel reserve status measures are not as good as other measures; and they would continue collecting the measure regardless of status.

The Standing Committee inquired about the impact of the lower deciles of performance on the measure from a patient perspective. The developer shared that several studies demonstrate an increase in mortality and morbidity if IMA is not used for grafting. In addition, they shared that using IMA is more challenging than other approaches, thus making the measure necessary to incentivize the process. They further shared that a 1 percent gap on the measure results represents 1,500 patients with worse outcomes. The Standing Committee had no further questions or discussion.

The Standing Committee voted on performance gap and agreed that the criterion had been met (H-3, M-7, L-4, I-1 [denominator = 15]). The Standing Committee had no concerns about the overall suitability for endorsement and voted to recommend endorsement (Y-14, N-1 [denominator= 15]).

Dr. Sox-Harris raised the question of consistency between these voting results and the decision to recommend inactive endorsement with reserve status for NQF #0117 *Beta Blockade at Discharge*. The Standing Committee felt comfortable with the different recommendations. They felt that the impact of performance gap on patients was greater for NQF #0134 than it was for NQF #0117 and that this impact changed the importance of the gap, thus resulting in the different recommendations.

## Review and Discuss Public Comments

Ms. Moyer reminded the Standing Committee that this discussion should focus on new information presented during the post-evaluation meeting comment period. She noted that there was significant overlap between post-meeting public comments and the comments that were discussed during the measure evaluation meeting. Ms. Moyer introduced the first measure: NQF #0117. Ms. Moyer gave a brief description of the measure before discussing the one comment shared during the post-comment period. The commenter raised a concern, stating that placing the measure on reserve status could be counterproductive. Dr. Sox-Harris facilitated the discussion. One of the Standing Committee members agreed with this comment, stating there is evidence that supports the use of CABG surgery and that prescribing beta blockers before discharge could affect the long-term cardiovascular risk for patients undergoing revascularization through CABG. Another Standing Committee member disagreed with the comment, stating that determining a measure's status based on possible future impacts is not a valid justification for re-evaluation. No further comments were made, and no Standing Committee members indicated support for reconsidering the criteria or endorsement recommendations for NQF #0117.

Ms. Moyer briefly reviewed NQF #1550 *Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)*. Dr. Sox-Harris facilitated the discussion of the one comment received during the post-comment period. The commenter raised concerns about the reliability threshold, the decision to not include social risk adjustment, and the lack of variation in the measure results. Dr. Sox-Harris elaborated on reliability thresholds, stating that higher is better and that more specific guidance on minimum thresholds is needed. He shared that the Scientific Methods Panel (SMP) is working on updated recommendations for evaluating reliability and that this work is still in progress. One of the Standing Committee members found it counterintuitive to have developers create a measure and look for social risk factors but not provide a report on the social risk impact to the public. Another Standing Committee member suggested

a middle ground: report results with and without social risk adjustment, not only on overall performance but on individual providers as well. Another Standing Committee member stated that the question for the groups was whether the data should be used in the risk adjustment model. The risk of including social risk in the adjustment model at the beginning is that some disparities in care may be corrected later. Looking at the adjustment model with and without risk highlights disparities in care for institutions so that they can put the needed resources in place to help with each patient group. The Standing Committee agreed that social risk adjustment is a nuanced topic with ill-defined guidance. Although there was a great deal to discuss, the Standing Committee did not feel a need to revisit the measure recommendation.

Lastly, Ms. Moyer briefly reviewed NQF #1551 *Hospital-Level 30-Day Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)*. One comment was submitted on this measure, and it was identical to the comment on NQF #1550. Dr. Sox-Harris opened the discussion to the Standing Committee. However, the Standing Committee did not have anything to add to the discussion that it already had for NQF #1550.

## Related and Competing Measures Discussion

Ms. Moyer reminded the attendees that the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meetings. The goal of this discussion is to identify potential measurement burden due to misaligned or duplicative measures. Ms. Moyer noted that no competing measures were listed for any of the measures submitted during the fall 2020 cycle. Ms. Moyer introduced the first set of related measures (full list available [here](#)) for NQF #0117. Ms. Moyer highlighted that the related measures for NQF #0117 are developed by the same developer: STS. The measures rely on similar data elements from the same registry and have strong harmonization. The Standing Committee members agreed that STS has been very strategic in developing their measures and that all of the related measures explore different aspects of cardiac surgical care and outcomes. Ms. Moyer then introduced the related measures for NQF #0127 and NQF #0134. The Standing Committee agreed that the same comments from NQF #0117 would apply for NQF #0127 and NQF #0134. Next, Ms. Moyer introduced the related measures for the three STS composite measures: NQF #3030, NQF #3031, and NQF #3032. However, the Standing Committee did not raise any questions or concerns regarding these measures. Lastly, Ms. Moyer introduced the related measures for two measures developed by the Yale Center for Outcomes Research & Evaluation (CORE): NQF #1550 and NQF #1551. The Standing Committee did not raise any questions or concerns regarding these measures.

## Member and Public Comments

No public or NQF member comments were provided during the post-comment meeting.

## Next Steps

Karri Albanese, NQF analyst, provided the next steps for the project, including the incorporation of the Standing Committee's feedback on the recommendations from this web meeting into the draft report. The Consensus Standards Approval Committee (CSAC) will convene on June 29 and 30, 2021, to finalize endorsement for fall 2020 measures. This meeting is open to the public. In addition, a 30-day Appeals period will be held from July 7 to August 5, 2021. Ms. Albanese reminded the Standing Committee that no measures were submitted for spring 2021; therefore, the Surgery team will be holding a topical webinar. The specific topic for this webinar has not been finalized. Ms. Moyer asked the Standing

Committee members to submit any topics of interest using the project team's email.

## **Adjourn**