NATIONAL QUALITY FORUM
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Meeting Summary

Surgery Standing Committee Fall 2021 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Surgery fall 2021 post-comment web meeting on Wednesday, June 8, 2022, from 11:00 AM – 2:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

LeeAnn White, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member comment period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expression(s) of support of the measure under consideration
- Determine whether reconsideration of any measures or other courses of action are warranted

Review and Discuss Public Comments

Ms. White presented the public comments for the one measure under review by introducing the measure and describing the comments received, including the developer's responses.

Ms. White began by reviewing the two comments received for NQF #3639 *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)*. Both comments supported the development and implementation of patient-reported outcome performance measures (PRO-PMs); however, both commenters did not support the Standing Committee's decision to recommend the measure for endorsement and raised concerns with several aspects of the measure:

- The potential for survey fatigue among patients and the data collection burden posed to clinicians, practices, and patients
- The potential impact that additional PRO-PMs may have on reporting other well-established measures, specifically the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) and the Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey (CG-CAHPS)
- The case minimum and the minimum reliability threshold for reliability
- The measure's risk adjustment approach and the addition of social risk variables supplementary to clinical risk factors after the model's development for validity
- One commenter requested clarification on which version of this measure is under endorsement review by highlighting the differences in the postoperative timeline specified in the Measure Applications Partnership (MAP) measure under consideration (MUC201-107) of 300–425 days and the time frame included in the measure specifications for this endorsement review, which is 270–365 days.

Ms. White summarized the developer's response to the comments. The developer responded to the concerns of data burden collection by explaining that the burden was carefully considered during

measure development and will continue to be monitored as the measure is implemented. The developer noted that data collection would be at the clinician's or clinician group's discretion, allowing accountable entities the freedom and flexibility to choose an approach that meets their needs and the needs of their patients. The developer also responded to the concerns with survey fatigue, noting that the measure's approach serves to increase patient engagement. The developer noted that patients have expressed the importance of knowing what survey results will be used for and that patients are more willing to complete surveys if they are used in shared decision making with their providers.

Ms. White also summarized the developer's response to the concern raised with the potential unintended burden that additional PRO-PMs would have on accountable entities that are already reporting other well-established measures, such as HCAHPS and CG-CAHPS. The developer noted that there was no overlap in the data collection timelines, considering the HCAHPS and the CG-CAHPS are administered two weeks after a hospital or clinician visit. Additionally, the developer's response highlighted that the eligible population for NQF #3639 is procedure-specific and reduces the likelihood of the same patients receiving the HCAHPS/CG-CAHPS.

Ms. White then summarized the developer's response to the concerns with the case minimum and minimum reliability threshold by explaining that the patient-reported outcome (PRO) data were collected at the hospital level in the Center for Medicare and Medicaid Innovation's (CMMI) Comprehensive Care for Joint Replacement (CJR) Model and were successfully linked to the clinicians conducting the total hip arthroplasty (THA) and total knee arthroplasty (TKA) procedures performed in these hospitals. The developer noted that measure score reliability across a range of minimum case volume thresholds was conducted for the Centers for Medicare & Medicaid Services' (CMS) consideration in future implementation planning.

Regarding the risk adjustment model concerns, Ms. White noted that the developer acknowledged the commenters' concern with the burden of risk variable collection and summarized the developer's response. The developer acknowledged the commenter's support for including health literacy in the risk model. The developer explained that this measure utilizes the same risk variables that were finalized for the hospital-level THA/TKA PRO-PM (NQF #3559 *Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty [THA/TKA])*. The developer explained that they included risk factors in their statistical approach to the nonresponse adjustment of the measure due to their significant association with survey response in the measure development data and the literature. These risk factors include dual eligibility, the Agency for Healthcare Research and Quality (AHRQ), the lowest quartile in the socioeconomic status (SES) index, and non-White race. The developer further noted that they would continue to evaluate the relationship between social risk factors and the measured outcome and evaluate the risk model over time.

Lastly, Ms. White noted that the developer recognized the differences in the postoperative time frame periods and that the finalized PRO postoperative data collection period for CJR was 270 to 365 days after the procedure occurred. The developer acknowledged that they have heard from multiple clinical experts who strongly recommend refining the postoperative data collection period to better align with clinical workflow, typical one-year follow-up scheduling, and to allow for better postoperative PRO data capture. Based on the feedback received, the developer has proposed measure specifications for future measure implementation with a postoperative PRO data collection period representing this slight shift to 300 to 425 days following the procedure.

The Standing Committee then reviewed the proposed response drafted by NQF staff. The Standing Committee recognized the importance of improving outcomes for individuals undergoing surgical procedures and the opportunity for clinicians to enhance their surgical practice using provider

performance tools, such as PRO-PMs. The Standing Committee also recognized the commenters' concerns and noted that these topics were discussed extensively during the measure evaluation meeting. While the Standing Committee maintains that the measure meets NQF criteria and should be endorsed, it urges the developer to continue to monitor these issues as the measure is implemented and to make updates as needed. The Standing Committee agreed with the staff's proposed response and had no additional information to add.

NQF Member and Public Comment

Ms. White opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Isaac Sakyi, NQF manager, reviewed the next steps. Mr. Sakyi informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meetings on July 26, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from August 1–30, 2022.