



### Surgery Standing Committee – Measure Evaluation Web Meeting

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The National Quality Forum (NQF) convened the Surgery Standing Committee for a web meeting on July 8, 2020 to evaluate one measure.

#### 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 interest. Quorum was met and maintained for the entirety of the meeting.

#### 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 67 endorsed measures in the Surgery portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

#### Measure Evaluation

During the meeting, the Surgery Standing Committee evaluated one maintenance measure 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 August 14, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

**Rating Scale:** H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

#### **2687 Hospital Visits after Hospital Outpatient Surgery (The Centers for Medicare & Medicaid Services (CMS)/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE))**

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

Elizabeth Drye, MD, MS – Yale New Haven Health Service Corporation – CORE

Craig Parzynski, MS – Yale New Haven Health Service Corporation – CORE

Doris Peter, PhD – Yale New Haven Health Service Corporation – CORE

Anna Sigler, MPH – Yale New Haven Health Service Corporation – CORE

Victoria Taiwo – Yale New Haven Health Service Corporation – CORE

Sheng Zhou, MD, ScM – Yale New Haven Health Service Corporation – CORE

Nicole Hewitt, PhD – CMS

##### *Standing Committee Votes*

- Evidence: Pass-13; No Pass-0
- Performance Gap: H-2; M-11; L-0; I-0
- Reliability: Yes-13; No-0
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods

Panel.

- The NQF Scientific Methods Panel’s rating for Reliability: High (H-5; M-4; L-0; I-0)
- The Committee accepted the NQF Scientific Methods Panel’s rating.
- Validity: Yes-12; No-1
  - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
  - The NQF Scientific Methods Panel’s rating for Validity: Moderate (H-1; M-7; L-1; I-0)
  - The Committee accepted the NQF Scientific Methods Panel’s rating.
- Feasibility: H-8; M-5; L-0; I-0
- Use: Pass-13; No Pass-0
- Usability: H-1; M-11; L-1; I-0

*Standing Committee Recommendation for Endorsement: Yes-13; No-0*

The Standing Committee recommended the measure for continued endorsement.

This measure was discussed during the measure evaluation web meeting. The Committee reviewed the updated evidence provided for this evaluation cycle. It noted the link to processes hospitals can perform to reduce the risk of unplanned visits and the evidence supporting the link between the processes and outcomes. The Committee had no concerns with the performance gap and felt it supported a national performance measure.

The Scientific Methods Panel (SMP) evaluated the reliability and validity of #2687. The Standing Committee voted to accept the ratings of the SMP. There was strong Committee support for the SMP’s high rating on reliability with no concerns raised. Although the Committee accepted the SMP’s moderate rating for validity, it discussed several concerns. A Committee member questioned whether the term “hospital outpatient department (HOPD)” would be clearly understood by patients, raising a question of face validity. The Committee suggested validity testing strategies that could more adequately demonstrate validity than the current testing: demonstrating a relationship between measure score and performance on recommended processes, tying patients with unplanned visits to other poor outcomes, or conducting a known groups analysis. Finally, the Committee asked the developer to provide more details on the interaction of facility case-mix and measure results. The developer clarified that case-mix adjustment is performed by body part and type of surgery and that this results in good discrimination at the patient level. This adjustment is critical as the developer wanted to include a variety of procedures in the measure for a common quality signal and to increase the volume of patients included in the measure. The Committee was satisfied with this discussion.

The Committee had no concerns regarding feasibility or use, noting that the measure is currently in use, is reported on Hospital Compare, and is part of CMS’s Hospital Outpatient Quality Reporting Program. The Committee asked the developer for additional information on performance improvement since the measure has been in use. The developer responded that the measure was only publicly reported starting at the beginning of 2020 and that it may be too soon to see improvement. A Committee member noted that the strong performance gap would be useful for patients evaluating different providers.

The Committee observed that there are several related measures with a similar focus but different target populations. It was highlighted that the developer has harmonized the related measures to the extent possible, including the unplanned visits algorithm. There was a brief discussion of the related ambulatory surgery center (ASC) measures and why these measures were split out by type of procedure. The developer clarified that, in contrast to hospitals, ASCs tend to be owned by a group of specialists. Differences in patient cohort can make comparison challenging in those situations. The Committee felt it made sense to maintain the distinct measures given the differences discussed.

### **Public Comment**

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

### **Next Steps**

NQF will post the draft technical report on August 14, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on September 14, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 29, 2020.