



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

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The National Quality Forum (NQF) convened the Surgery Standing Committee for a web meeting on September 29, 2020 to discuss a comment received on measure #2687 *Hospital Visits After Hospital Outpatient Surgery*.

#### Welcome and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives and conducted roll call.

#### Acknowledge Standing Committee Members with Expiring Terms

NQF staff acknowledged the five Committee members whose terms end on September 30, 2020: Fred Grover, John Handy, Mark Jarrett, Clifford Ko, and Larissa Temple. NQF staff and the Committee expressed appreciation for the time and knowledge these Committee members have shared over their years of participation.

#### Review and Discuss Public Comments

The [draft report](#) for this measure cycle was posted on the project webpage for public and NQF member comment on August 14, 2020 for 30 days. The commenting period closed on September 14, 2020. NQF received one comment from a single member organization.

#### Measure-Specific Comment

##### **#2687 Hospital Visits After Hospital Outpatient Surgery (Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE))**

The American Geriatrics Society's (AGS) comment questioned whether the measure's restriction to Medicare fee-for-service patients impacts the measure's validity. AGS noted that roughly one-third of older adults in the United States are enrolled in Medicare Advantage plans. Citing differences in Medicare Advantage and Medicare fee-for-service enrollees and variation in Medicare Advantage market penetration, AGS questioned the comparability of hospital scores across markets. AGS suggested that this potential issue could be addressed through the risk adjustment model.

The developer (Yale CORE) provided a written response, which was shared with the Committee prior to the meeting. Yale CORE stated that the risk model shows good discrimination across the spectrum of risk, making it unlikely that differences between Medicare Advantage and fee-for-service patients would affect scores on a regional level. Yale CORE expressed a desire to include Medicare Advantage patients in its measures; however, they cited differences in claims and coding that would make it difficult to include these patients in measures at this time.

After reviewing the comment and developer response, the Committee discussed whether exclusion of Medicare Advantage patients presented a threat to validity. The Committee noted that high-risk patients drive the risk model and that the inclusion of a larger number of low-risk patients, such as those theorized to be in Medicare Advantage, should not impact the model. Committee members stated that

the current measure population is more homogeneous than a combined Medicare Advantage and fee-for-service population would be, making results more relevant to those included in the measure. The Committee did not feel a need to revisit its previous decision that the measure met NQF's criteria for validity.

Faseeha Altaf, MPH, attending on behalf of Yale CORE, stated that the risk model is a good fit and that the model design is flexible enough to address all patients. Ms. Altaf reiterated that Yale CORE hopes to include Medicare Advantage patients in a future version of the measure once the data issues have been resolved.

### **Public Comment**

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

### **Next Steps**

The Surgery Committee's recommendation to maintain endorsement of measure #2687 will be reviewed during the Consensus Standards Approval Committee meeting scheduled for November 17-18, 2020.