



TO: NQF Members
FR: NQF Staff
RE: Voting Draft Report: NQF-Endorsed Measures for Surgery Phase 2
DA: July 13, 2015

Background

During this second phase of the project, detailed in the [Phase 2 Draft report](#), the 25 member [Surgery Standing Committee](#) evaluated four newly-submitted measures, one resubmitted measure, and nineteen previously-endorsed measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended twenty-two of these measures for endorsement (with one recommended for reserve status); one was not recommended and one was deferred. A decision on measure #0361 (Esophageal Resection Volume (IQI 1)) was deferred to allow the developer to develop a volume-mortality composite measure to replace measures #0360 and #0361, as requested by the Standing Committee. In addition, the maintenance reviews of three measures (#0736: Survival Predictor for Abdominal Aortic Aneurysm (AAA)©, #0737: Survival Predictor for Esophagectomy Surgery©, and #0738: Survival Predictor for Pancreatic Resection Surgery©) were rescheduled prior to the Committee meeting. Evaluated measures are listed by recommended endorsement status in the draft report.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open from January 28, 2015 to February 10, 2015 for measures under review in this project. A total of 19 pre-evaluation comments were received. The Committee was provided all pre-meeting comments for consideration before, and during the in-person meeting discussions prior to making an endorsement recommendation.

Post-evaluation comments

The draft report was made available for Public and Member comment on April 17, 2015 through May 18, 2015. Due to a technical error related to the measures' status in NQF's measure management system, the online tool did not display separate commenting links for each individual measure. As a result, NQF provided an additional 15-day commenting period from May 22, 2015 through June 5, 2015 to ensure that members and the public had full opportunity

to provide input on the measures. During this commenting period, NQF received seven comments from three member organizations and one non-member organization:

| | |
|---------------------------|-------------------------------|
| Consumers – 0 | Professional – 1 |
| Purchasers – 0 | Health Plans – 0 |
| Providers – 3 | QMRI – 0 |
| Supplier and Industry – 0 | Public & Community Health - 0 |

During the post draft report comment call, the Committee reviewed and responded to post-evaluation comments. All comments that NQF received (both pre- and post-evaluation) are included in the [Comment Table](#). This comment table contains the commenter’s name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—Committee responses. Please refer to this comment table to view the individual comments received and the responses to each.

Where appropriate, NQF staff has made revisions to the draft report consistent with the Standing Committee responses to comments. These are identified as red-lined changes in the draft report. Please note that typographical errors and grammatical changes are not red-lined, to assist in reading.

Summary of Comments Received

NQF received seven comments, including comments related to socio-demographic status adjustment, the potential need for harmonization, and additional measure-specific issues for the Standing Committee’s consideration.

Adjustment for Socioeconomic Status and Other Demographic Factors (SDS)

Two commenters noted that NQF is currently holding a trial period under which measures may be risk-adjusted for patients’ socioeconomic status and other demographic factors (SDS). The commenters suggested that SDS adjustment for measure #2687 (Hospital Visits After Outpatient Surgery) may be appropriate, and questioned why this had not been discussed or considered by the Standing Committee.

As noted in the table of comments, previous NQF policy prohibited the inclusion of sociodemographic status (SDS) factors in risk-adjustment approaches out of concern that doing so might conceal inequalities in care and result in lower standards of provider performance for certain subpopulations. However, in 2014, NQF convened a multi-stakeholder panel of experts in healthcare performance measurement and disparities to consider if, when, and how performance measures should be adjusted for SDS. After its deliberations, the Expert Panel recommended that NQF should allow inclusion of SDS factors in the risk-adjustment approach for performance measures when conceptual reasons and empirical evidence demonstrate it is appropriate. The NQF Board of Directors reviewed the Expert Panel’s recommendations and decided to make a time limited change to NQF’s policy and evaluate its impact during the course of a two-year trial period. This trial period went into effect on April 15, 2015, meaning that projects with measure submission deadlines before that date fell under NQF’s previous policy/guidance on SDS adjustment, while projects with measure submission deadlines after that date are subject to the trial period on SDS adjustment. The 2015 Surgery project’s measure submission deadline was January 14, 2015, prior to the start of NQF’s SDS trial period. Therefore, both the developer and the Surgery Standing Committee conformed to the previous policy regarding inclusion of SDS factors in the risk-adjustment approach.

Harmonization

Commenters observed that a measure (#2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy) similar to measure #2687 (Hospital Visits after Hospital Outpatient Surgery) was recently endorsed by NQF's Readmissions Standing Committee, and questioned why the Surgery Standing Committee had not addressed harmonization of these two measures.

As noted in the comment table, both measures are new and in very early stages of implementation. In the process of conducting a "dry run" of #2539, the developer has feedback from using entities as well as other learnings that suggest minor changes in data processing and attribution likely will be made to each of the measures. The Surgery Standing Committee agreed with the developer that the implementation and impact of these two new measures should be assessed independently before further consideration about how additional alignment might occur.

Measure-Specific Comments

Individual comments specific to particular measures, along with developer responses and proposed Committee responses, can be found in the [Comment Table](#).

NQF Member Voting

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted via the online voting tool.

Please note that voting concludes on July 27, 2015 at 6:00 pm ET – no exceptions.