

CALL FOR MEASURES AND MEASURE CONCEPTS: SURGERY PROJECT 2015-2017

The National Quality Forum (NQF) is seeking fully developed and tested performance measures in the areas of general and specialty surgery that address surgical events, including pre-, intra- and post-surgical care, use of medications peri-operatively, and adverse surgical outcomes. As part of NQF's ongoing work with performance measurement for patients undergoing surgery, this project seeks to identify and endorse surgical performance measures for accountability and quality improvement that address a number of surgical topic areas including, but not limited to, cardiac, bariatric, vascular, orthopedic, neurologic, urologic, pediatric, and general surgery. NQF is also soliciting measure concepts through NQF's new Measure Inventory Pipeline (see discussion on page 2).

NQF is particularly interested in:

- measures of clinical outcomes, including long term health and intermediate clinical outcomes;
- measures applicable to more than one setting; e.g., inpatient and outpatient, care coordination across settings;
- measures applicable to broad populations, including children and adolescents where applicable;
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities and Medicaid populations;
- measures that target high impact aspects of care; e.g., morbidity and mortality, resource use;
- composite performance measures; and
- measures that are harmonized with related measures.

The Surgery Project 2015-2017 will open Call for Measures on **October 26, 2015**. The final submission deadline is **May 31, 2016**.

BACKGROUND

Given the increasing rates of, and costs associated with, inpatient and outpatient surgeries in the United States, performance measurement and reporting provides an opportunity to improve the safety and quality of care received by Americans undergoing surgery and surgical procedures. The rate of surgical procedures is increasing annually. In 2010, 51.4 million inpatient surgeries were performed and 53.3 million procedures in ambulatory surgery centers

were completed in the United States.ⁱ Ambulatory surgery centers account for 43 percent of all same-day surgery in the United States and are the fastest growing provider type participating in Medicare.ⁱⁱ In 2012, 28 percent of hospital stays (excluding maternal and neonatal stays) involved operating room procedures and accounted for nearly half (49.1 percent) of total hospital costs.ⁱⁱⁱ

The National Quality Forum (NQF) has endorsed surgical measures through a variety of projects beginning in 2004 with the National Voluntary Consensus Standards for Cardiac Surgery. NQF recently completed a surgery endorsement project in February 2015. A second phase of this endorsement project is currently active and will be completed in November 2015. The current NQF surgery portfolio includes measures focused on key surgical care processes across an array of procedure types that include outcomes for general and sub-specialty surgical procedures, use of peri-operative chemo-prophylaxis, and all phases of peri-operative care.

As part of the 2015-2017 Surgery project, 18 previously NQF-endorsed surgery measures are due for maintenance and, along with newly submitted measures, will be re-evaluated against the most recent NQF measure evaluation criteria.

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through [NQF's new Measure Inventory Pipeline](#). This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Standing Committee against the NQF Criteria. Submitted information will

be catalogued by NQF and used to help inform the Standing Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement](#) Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meeting dates to represent their measure(s) and respond to questions from the Committee and members of the public.

Scheduled meeting dates

Meeting	Date/Time
Standing Committee Orientation Webinar	July 12, 2016 at 2PM–4PM ET
In-person meeting (2 days in Washington, DC)	August 16 – 17, 2016
Post-Meeting Webinar	August 25, 2016 at 2PM–4M ET PM
Post Draft Report Comment Webinar	November 3, 2016 at 2PM–4M ET PM

Materials must be submitted using the online submission form by 6:00 pm, ET May 31, 2016.

If you have any questions, please contact Michael Pheulpin or Janine Amirault at 202-783-1300 or via e-mail at surgery@qualityforum.org.

Conditions for Consideration:

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.^{iv}
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.



- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

Submission Guidance:

- [Developer Guidebook](#):
 - A Developer Guidebook as has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
 - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be specified in the Heath Quality Measures Format (HQMF) and use the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC)
 - Must meet requirements specified in the [current measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- ☐ Measure steward agreement or concept agreement is completed and signed
- ☐ All conditions for submission are met.
- ☐ There are responses in all fields on measure submission form (MSF) unless a particular item is not applicable as indicated in the item instructions.
- ☐ Attachments include: eMeasure specifications (S.2a) if applicable; data dictionary/code list (S.2b); Evidence and Measure Testing attachments.
- ☐ All URLs are active and accurate.
- ☐ Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage or justify submitting competing or non-harmonized measures? (see Harmonization process in the [Developer Guidebook](#)).
- ☐ Paired measures should be submitted on separate forms.



- ☐ An eMeasure must be specified in HQMF format, using QDM and value sets vetted through the VSAC.
- ☐ Composite performance measures: responses to the composite measure items are included.
- ☐ Both ICD-9 and ICD-10 codes are included

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure submission and evaluation, please see:

- [Submitting Standards Web Page](#)
- [Measure Evaluation Criteria and Guidance PDF](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Endorsement Maintenance Policy](#)
- [What Good Looks Like - Measure Submission Examples](#)
- [Composite Measure Evaluation Guidance Report](#)
- [Patient Reported Outcomes Report](#)
- [eMeasure Feasibility Report](#)
- [Reserve Status Policy](#)

ⁱ [National Hospital Discharge Survey: 2010 table, Procedures by selected patient characteristics - Number by procedure category and age](#)

ⁱⁱ http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/ASC_HAI_MAP.pdf

ⁱⁱⁱ <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb186-Operating-Room-Procedures-United-States-2012.pdf>

^{iv} Measure stewards must execute a Measure Steward Agreement with NQF.