



National Consensus Standards for Surgery

Post Meeting Call
August 25, 2016

Agenda

- In-person meeting recap
- Opt to vote on **#3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score**, criterion 2d. Composite – empirical analyses to support composite construction
- Review and discuss related and competing measures
- NQF Member and Public Timeline
- Next Steps

Standing Committee Role Call

- Karl Bilimoria, MD, MS
- Robert Cima, MD, MA
- Richard Dutton, MD, MBA
- Elisabeth Erekson, MD, MPH
- **Lee Fleisher, MD (Co-Chair)**
- Frederick Grover, MD
- **William Gunnar, MD, JD (Co-Chair)**
- John Handy, MD
- Mark Jarrett, MD, MBA
- Clifford Ko, MD, MS, MSHS, FACS
- Barbara Levy, MD, FACOG, FACS
- Barry Markman, MD
- Kelsey McCarty, MS, MBA
- Lawrence Moss, MD
- Amy Moyer, MS, PMP
- Keith Olsen, PharmD, FCCP, FCCM
- Collette Pitzen, RN, BSN, CPHQ
- Lynn Reede, DNP, MBA, CRNA
- Christopher Saigal, MD, MPH
- Salvatore T. Scali, MD
- Allan Siperstein, MD
- Larissa Temple, MD
- Melissa Thomason, MS, PMP
- Barbee Whitaker, PhD
- A.J. Yates, MD

In-Person Meeting Recap

Measures Recommended for Endorsement

- 0117 Beta Blockade at Discharge
- 0127 Preoperative Beta Blockade
- 0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)
- 0697 Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure
- 0706 Risk Adjusted Colon Surgery Outcome Measure
- 1519 Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
- 1523 Rate of Open Repair of Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive
- 1534 In-hospital mortality following elective EVAR of AAAs
- 1540 Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy
- 1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- 1551 Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
- 3030 STS Individual Surgeon Composite Measure for Adult Cardiac Surgery
- 3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score
- 3032 STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score

In-Person Meeting Recap

Measures Not Recommended for Endorsement

- 0351 Death among surgical inpatients with serious, treatable complications (PSI 4)
- 0713 Ventriculoperitoneal (VP) shunt malfunction rate in children
- 2998 Infection rate of bicondylar tibia plateau fractures
- 3016 PBM-01 Preoperative Anemia Screening
- 3017 PBM-02 Preoperative Blood Type Testing and Antibody Screening
- 3019 PBM-03 Preoperative Blood Type Testing and Antibody Screening
- 3021 PBM-05 Blood Usage, Selected Elective Surgical Patients
- 3024 Carotid Endarterectomy: Evaluation of Vital Status and NIH Stroke Scale at Follow Up

Measures where Consensus not Reached

- 1543 Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Artery Stenting (CAS)
- 3020 PBM-04 Initial Transfusion Threshold

#3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score

Scientific Acceptability of Measure Properties

2d. Composite – empirical analyses support composite construction and demonstrate:

2d1. component measures fit quality construct, add value, parsimony to extent possible; 2d2. aggregation & weighting fit quality construct, simplicity to extent possible

- Does the Committee wish to apply votes for 2d. from measure **#3032: STS MVRR + Coronary Artery Bypass Graft (CABG) Composite Score** to 2d. For **#3031**?

Related and Competing Measures

- If a measure meets the four criteria and there are endorsed/new **related** measures (same measure focus or same target population) or **competing** measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

Side-By-Side Comparison

NQF #	1523	1534	0357	0359
Title	In-hospital mortality following elective open repair of AAAs	In-hospital mortality following elective EVAR of AAAs	Abdominal Aortic Aneurysm (AAA) Repair Volume (IQI 4)	Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate (IQI 11)
Steward	Society for Vascular Surgery	Society for Vascular Surgery	AHRQ	AHRQ
Measure focus	Percentage of asymptomatic patients undergoing open repair of abdominal aortic aneurysms (AAA) who die while in hospital.	Percentage of patients undergoing elective endovascular repair of asymptomatic infrarenal abdominal aortic aneurysms (AAA) who die while in hospital.	The number of hospital discharges with a procedure for abdominal aortic aneurysm (AAA) repair for patients 18 years and older or obstetric patients.	In-hospital deaths per 1,000 discharges with abdominal aortic aneurysm (AAA) repair, ages 18 years and older.
Measure type	Outcome	Outcome	Outcome	Outcome
Level of analysis	Both facility and clinician	Both facility and clinician	Facility	Facility
Setting	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility
Data source	Registry	Registry	Administrative claims	Administrative claims

Side-By-Side Comparison

NQF #	0117	0127	0284
Title	Beta Blockade at Discharge	Preoperative Beta Blockade	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
Steward	The Society of Thoracic Surgeons	The Society of Thoracic Surgeons	Centers for Medicare & Medicaid Services
Measure focus	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on beta blockers	Percent of patients aged 18 years and older undergoing isolated CABG who received beta blockers within 24 hours preceding surgery.	Percentage of patients on beta blocker therapy prior to arrival who received a beta blocker during the perioperative period. To be in the denominator, the patient must be on a beta-blocker prior to arrival. The case is excluded if the patient is not on a beta-blocker prior to arrival.
Patient population	All patients undergoing isolated CABG	All patients undergoing isolated CABG	All surgery patients on beta-blocker therapy prior to arrival.
Measure type	Process	Process	Process
Level of analysis	Facility and clinician	Facility and clinician	Facility
Setting	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility
Data source	Registry	Registry	Administrative claims, Paper Medical Records, Vendor tools (electronic) or CART

Side-By-Side Comparisons

NQF #	1550	0564	0534	2052
Title	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Hospital specific risk-adjusted measure of mortality or one or more major complications within 30 days of a lower extremity bypass (LEB).	Reduction of Complications through the use of Cystoscopy during Surgery for Stress Urinary Incontinence
Steward	CMS	PCPI	ACS	AUA
Measure focus	Hospital-level risk-standardized complication rate associated with elective primary THA and TKA	Percentage of patients with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of the specified complications	Hospital specific risk-adjusted measure of mortality or one or more of the specified major complications within 30 days of a lower extremity bypass (LEB)	Percentage of SUI surgeries for which cystoscopy was used during the surgical procedure to reduce complications
Patient population	Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.	Patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery	Adult patients age 16 and older undergoing lower extremity bypass surgery	Female patients who had SUI surgeries (without concomitant surgery for prolapse)
Measure type	Outcome	Outcome	Outcome	Process
Level of analysis	Facility	Clinician	Facility	Clinician
Setting	Hospital/Acute Care Facility	Ambulatory Care: Ambulatory Surgery Center, Clinician Office/Clinic; Hospital/Acute Care Facility	Hospital, Long Term Acute Care Hospital	Ambulatory Care: Clinician Office/Clinic
Data source	Administrative claims, Paper Medical Records	Electronic Health Record, Registry	Registry	Administrative claims, Paper Medical Records

Side-By-Side Comparisons

NQF #	1551	0330	0506	1789	1891
Title	Hospital-level 30-day risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
Steward	CMS	CMS	CMS	CMS	CMS
Measure focus	Hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare Fee-For-Service beneficiaries who are 65 years and older	Hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF)	Hospital-level 30-day, all-cause, RSRR for patients discharged from the hospital with either a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis with a secondary diagnosis of pneumonia	Hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge	Hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD
Patient population	Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.	(1) patients aged 65 years or older or (2) patients aged 18 years or older	(1) patients aged 65 years or over or (2) patients aged 18 years or older	Medicare beneficiaries who are 65 yrs and older and are discharged from all non-federal, acute care inpatient US hospitals (incl. territories) w/ complete claims history for the 12 mo prior to admission	(1) patients aged 65 years or older or (2) patients aged 40 years or older.
Measure type	Outcome	Outcome	Outcome	Outcome	Outcome
Level of analysis	Facility	Facility	Facility	Facility	Facility
Setting	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility	Hospital/Acute Care Facility
Data source	Administrative claims, Other Data sources	Administrative claims Data sources for the Medicare FFS measure	Administrative claims Data sources for the Medicare FFS measure	Administrative claims Data sources for the Medicare FFS measure:	Administrative claims Data sources for the Medicare FFS measure:

Project Next Steps

Activities and Timeline

Meeting	Date/Time
NQF Member and Public Comment Period	September 21 – October 20, 2016
Post Draft Report Comment Call	November 3, 2016 from 2PM-4PM
NQF Member Vote	November 21 – December 5, 2016