



TO: Surgery Standing Committee
FR: NQF Staff
RE: Post-Comment Call to Discuss Public and Member Comments
DA: August 19, 2014

Background

On May 28-29, 2014, the Surgery Standing Committee evaluated 9 new measures and 20 measures undergoing maintenance review against NQF's standard evaluation criteria. Twenty of these measures were recommended for endorsement by the Committee (8 of which were recommended for reserve status), seven were not recommended, one did not reach consensus, and one was withdrawn by the developer.

Purpose of the Call

The Surgery Standing Committee will meet via conference call on August 26, 2014 from 2:00-4:00 pm ET. The purpose of this call is for the Committee to:

- Review and discuss comments received during the post-evaluation public and member comment period that ended on August 4, 2014;
- Decide whether reconsideration of any measures or other courses of action is warranted;
- Vote again on measures that did not reach consensus during the initial evaluation; and
- Review proposed responses to the post-evaluation comments.

Due to time constraints on the call, we would like for the Committee member who served as the lead discussant for each measure to be prepared to summarize the rationale for the Committee's decision on the measure and to summarize any new information that was included in the comments.

In the interest of efficiency, during this call we will review comments by exception, discussing specific comments only in cases where the Committee disagrees with the proposed responses.

Standing Committee Actions

1. Review this briefing memo and [Draft Report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see [Comment Table](#) included with the call materials).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: (866) 599-6630 (*NO CONFERENCE CODE REQUIRED*)
Web Link: <http://nqf.commpartners.com/se/Rd/Mt.aspx?199817>
Registration Link: <http://nqf.commpartners.com/se/Rd/Rg.aspx?199817>

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 April 15, 2014 to May 2, 2014 for 32 measures under review. Please note that 3 measures under review were withdrawn prior to the workgroup calls and 1 measure was withdrawn during the in-person meeting. A total of four pre-evaluation comments were received. Much of the commentary noted challenges related to data collection based on current administrative practices of bundling CPT coding, and its impact on measure specifications. All of these pre-evaluation comments were provided to the Committee prior to their initial deliberations held during the workgroups calls.

Post-evaluation comments

The Draft Report was made available for Public and Member comment from July 3, 2014 to August 4, 2014. During this commenting period, NQF received 21 comments from member organizations:

Consumers – 0	Professional – 5
Purchasers – 0	Health Plans – 12
Providers – 3	QMRI – 1
Supplier and Industry – 0	Public & Community Health - 0

Additionally, comments were received from 6 members of the general public.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Where possible, NQF staff has proposed draft responses for the Committee to consider. Although all comments and proposed responses are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics and/or those measures with the most significant issues that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received (both pre- and post-evaluation) in the [Comment Table](#). This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each.

Comments and their Disposition

The vast majority of the comments were supportive of the recommendations made by the Committee. Two major themes were identified in the post-evaluation comments, as follows:

1. Consensus Not Reached for measure **0268: Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin**
2. Reserve status

Theme 1-- Consensus Not Reached for measure 0268: Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin

The measure developer requests reconsideration of this measure specifically around the Use and Usability criteria, noting that “the Committee expressed some concern over the seemingly low percentage (8.9%) of eligible professionals who were able to successfully report on the measure in the PQRS program. However, it is important to note that based on the 2012 PQRS Experience Report, the reporting rate of #0268 is equal to or higher than that of other NQF-endorsed measures.”

Comments from two surgical specialty societies support endorsement of the measure.

A commenter was concerned that the numerator did not reflect the current best practice regarding antibiotic prophylaxis in colorectal surgery and sought further clarification.

Developer Response: We recognize that the use of a first or second generation cephalosporin would not be appropriate for prophylaxis for some colorectal procedures. For those scenarios where first or second generation cephalosporins are not appropriate for prophylaxis, we encourage providers to use the medical reason exception, which will allow for clinical judgment on a patient-by-patient basis. We have chosen to focus our measure on the use of first and second generation cephalosporins since they are the most broadly-recommended agents for antimicrobial prophylaxis and they allow for us to include the broadest range of procedures in the measure. The inclusion of an antibiotic that is appropriate for a narrower range of procedures in the numerator would require us to limit the procedures included in the denominator, which would subsequently narrow the scope of the measure.

Committee Action Item: After review and discussion of the comments, the Committee will re-vote on the recommendation for endorsement.

Theme 2 – Reserve status

One general comment and five measure-specific comments voiced concerns regarding the Committee’s recommendation for reserve status for clinician-level measures #0269 and #0271 and use in the PQRS program.

NQF response: Measures placed in reserve status remain endorsed by NQF. The reserve status designation indicates that the measure is a credible, reliable and valid measure of quality but offers little opportunity for improvement, i.e., it is "topped out". At their July 7, 2014 meeting, the Consensus Standards Approval Committee (CSAC) revisited the reserve status policy to review the first three years' experience. The CSAC strongly supports continuation of the reserve status designation as a signal that the measures are still good measures that are endorsed by NQF but may not be useful in driving improvements in quality because performance rates are very high. The CSAC also indicated that the Surgery Committee used the reserve status designation as intended. In the absence of a reserve status option, the measure would lose endorsement if the Committee determines that it no longer meets NQF criteria **1b. Opportunity for Improvement** which is a "must pass" criterion. One important purpose of maintaining endorsement in reserve status is that the measure is available for periodic checks on performance.

Committee Action Item: After review and discussion of the comments, does the Committee wish to change their recommendation for reserve status for any of the measures?

Measure Specific Comments

0114: Risk-Adjusted Postoperative Renal Failure

A commenter noted “[We] recommend adding CVVHD and other bedside modalities as numerator compliant. These treatments are costly in terms of resources and nursing time and are complex and associated with adverse events.”

Developer Response: Measure: 0114 (Risk-Adjusted Postoperative Renal Failure) documents the percent of patients aged 18 years and older undergoing isolated CABG (without pre-existing renal failure) who develop postoperative renal failure or require dialysis. Therefore, “CVVHD and other bedside modalities” are already included in the numerator when CVVHD and other bedside modalities” are used in patients who develop new onset postoperative renal failure. Meanwhile, “CVVHD and other bedside modalities” are intentionally excluded when they are used in patients without renal failure (such as the patient whose major problem is not renal insufficiency but massive volume overload following prolonged cardiopulmonary bypass recognizing in these scenarios that “CVVHD and other bedside modalities” are used mainly to remove excess fluid.)

Committee Action item: After review the comment and developer response does the Committee have anything further to add to the response?

0178: Improvement in status of surgical wounds

A commenter indicated “We support this measure and recommend that the measure developer further clarify what is meant by episodes of care in which the patient was “eligible to improve.”

Developer Response: Thank you for your interest in quality improvement and your support of the measure. "Eligible for improvement" means that at the start of the home health episode of care:

- 1) the patient has a surgical wound that is observable (OASIS-C item M1340 = 1); and
- 2) the surgical wound is not at the highest stage of healing indicated in OASIS-C item M1342 and so is capable of improving (M1342 response = 1, 2 or 3).

The OASIS-C instrument is available for download here:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASISC.html>

Committee Action item: After review the comment and developer response does the Committee have anything further to add to the response?