2024 Pre-Rulemaking Measure Review
Preliminary Assessment

MUC ID	Title
MUC2024-073	Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)
Measure Steward & Developer	**Proposed CMS Programs**
Centers for Medicare & Medicaid Services (CMS)	Ambulatory Surgical Center Quality Reporting Program

Measure Overview
Developer-provided rationale: The goal of this measure is to assess, and incentivize improvement of, the quality of communication that ambulatory surgical centers (ASCs) provide to improve patients' understanding of clinical information related to the recovery for an outpatient procedure or surgery. Enhanced patient understanding can facilitate improved care and better intermediate outcomes (such as fewer medication errors and duplicate tests and imaging), resulting in better health outcomes, better patient experience, and lower costs. A systematic review of patient and provider preferences regarding written discharge instructions demonstrated that both patients and providers preferred discharge practices that provided relevant, concise, and personalized information.
CMS-provided program rationale: This measure addresses the priority area stated in our Meaningful Measures Framework of adopting high-value quality measures that focus on person-centered care. Additionally, the Information Transfer PRO-PM supports the National Quality Strategy goal of equity and engagement by encouraging individuals to become partners in their care and ensuring that individuals and caregivers have the information needed to make the best choices for their health. As more procedures are moving from inpatient to being performed in ambulatory surgical centers (ASCs), it is even more important that patients have a clear understanding of their discharge instructions to enhance their recovery and that ASCs understand how they are doing in providing discharge instructions. Recent studies have shown that compared to inpatient settings, outpatient settings are associated with worse patient understanding and lower patient activation (that is, an individual's understanding, competence, and willingness to participate in care decisions during their recovery), with disproportionate effects on patients with limited English proficiency and patients over age 65, indicating an area for quality-of-care improvement.
Description: The Information Transfer PRO-PM collects information from patients aged 18 years or older who had a procedure or surgery at an Ambulatory Surgical Center (ASC). Using a nine-item survey, the measure collects the average score patients rated the ASC's ability to clearly communicate personalized discharge instructions. Patients are asked to answer a brief web-based survey, comprised of three domains: applicability; medications; and

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Measure Overview	
daily activities. Patients would receive the survey within 2-7 days post-procedure. Individual scores would be calculated using a top-box approach, which accounts for the percentage of the total number of items respondents selected the most favorable responses ("Yes" or "Very Clear") out of the total number of items respondents deemed applicable to their procedure/surgery.	
Measure background: Measure is currently used in another Medicare program and is being submitted without substantive changes for a new or different program.	
Numerator: The numerator is the sum of all individual scores an ASC receives from eligible respondents to the patient survey. An individual score is calculated for each respondent by taking the sum of items for which the respondent gave the most positive response ("Yes" or "Very Clear") and dividing by the number of items the respondent deemed applicable to their procedure or surgery. Applicable items are calculated by subtracting the sum of items for which the respondent selected "Does not apply" from the total number of items (nine). **Exclusions:** None	
Denominator: The denominator is the total number of eligible respondents for an ASC. Respondents are eligible if they are patients aged 18 years or older, had a selected procedure or surgery at the ASC, and were discharged alive. **Exclusions:** None **Exceptions:** None	
Measure type: PRO-PM or Patient Experience of Care	**Measure has multiple scores:** No **Measure is a composite:** No **Measure is digital and/or an eCQM:** No **Measure is a paired or group measure:** No
Level of analysis: Facility	**Data source(s):** Digital-Applications: Patient-Reported Health Data or Survey Data (electronic)
Care setting(s): Ambulatory Surgical Centers	**Risk adjustment or stratification:** No
CBE endorsement status: Not endorsed in the ASC setting	**CBE endorsement history:** N/A The hospital outpatient version of this measure was endorsed in 2023 (CBE 4210)
Is measure currently used in CMS programs? This measure is currently being used in the Hospital Outpatient Quality Reporting Program.	**Measure addresses statutorily required area?** No

Meaningfulness

Importance	
Type of evidence:	Peer-Reviewed Systematic Review; Peer-Reviewed Original Research; Empirical Data [Source: Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT) Submission Form]
Importance: The literature review provided in the submission materials identified multiple studies focused on evaluating patients' understanding of their discharge instructions. Based on review of available literature, this measure will fill an important gap in the knowledge base and hopefully improve the quality of care for hospital outpatient department (HOPD) and ASC patients. Overall, this measure has importance for patients and measured entities and an evidence base supporting potential impact for patient experience, quality of care, and costs. During CBE endorsement in 2023 for the HOPD measure, the committee found the importance of this measure sufficient.	
Rating: Met, Prior CBE Endorsement	

Measure Performance

Please note that, due to challenges finding ASC testing partners, all testing results are amongst HOPDs. Table 1 shows deciles by performance score based on the data provided in the submission for the second round of pilot testing for the 15 hospitals that reached a threshold of 100 surveys collected.

Interpretation: The mean score for the 15 entities described in the testing submission for this measure was 81.1. For this continuous variable measure, a higher score indicates better quality of care.

Table 1. MUC2024-073 Performance Score Deciles

	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	81.1 (3.7)	74.6	76.6	77.9	79.4	80.2	81.1	82.2	82.9	83.7	86.3	87.3	87.3
Number of Entities	15	1	2	1	2	1	1	2	1	2	1	2	1

Conformance
Measure alignment with conceptual intent: Measure specification is appropriate and aligned with the focus (patient understanding of key information related to recovery) within the population of patients aged 18 years or older who had a procedure or surgery at an Ambulatory Surgical Center (ASC). Numerator and denominator populations are appropriate and exclusions align with clinical evidence.
Rating: Met, Prior CBE Endorsement

Feasibility	
eCQM feasibility testing conducted:	No [Source: MERIT Submission Form]
Feasibility: The measure submission materials indicate that no data elements are in defined fields in electronic sources and there are no provider workflow changes necessary for measure use. As this measure is a PRO-PM, patients are asked to answer a brief web-based survey, comprised of three domains: applicability to patient needs; medications; and daily activities. Patients receive the survey within 2-7 days post-procedure. The committee should consider potential challenges to survey completion at the patient level. During CBE endorsement in 2023 for the HOPD measure, the committee found the feasibility of this measure sufficient.	
Rating: Met, Prior CBE Endorsement	

Validity	
Validity testing:	Face Validity & Empiric Validity [Source: MERIT Submission Form]
Testing level(s):	Facility
Validity: In an assessment of face validity, 80% of technical experts (n=8) with backgrounds in clinical practice, quality measurement, performance improvement, statistics, and/or patient advocacy agreed that the unadjusted measure could distinguish between facilities providing good and poor quality of care by offering patients clear and personalized discharge instructions following an outpatient surgery or procedure. To establish empiric validity, the developer used a Pearson correlation to compare the mean score of this measure against a similar, more established measure (OAS CAHPS "Communication about your procedure"). This assessment looks at the strength and direction of the relationship between the two measures. The correlation was found to be 0.64, indicating strong correlation between the measure and the OAS CAHPS.	
Threats to validity: The developer does not recommend this measure for stratification and does not have a risk-adjustment model. The committee should consider potential threats to validity on this measure at the patient or facility level. During CBE endorsement in 2023 for the HOPD measure, the committee found the validity of this measure sufficient.	
Rating: Met, Prior CBE Endorsement	

Reliability	
Reliability testing method(s):	Signal-to-Noise [Source: MERIT Submission Form]
Testing level:	Facility
Reliability discussion: The numerator and denominator for this measure are well defined. The developer calculated the reliability results from data consisting of 15 hospitals. The median reliability is 0.70, and the minimum reliability is 0.57. At least 75% of the entities have a reliability >0.6, indicating that 25% of entities may not be able to distinguish good from poor quality care.	
Additional reliability analyses: For Table 2, Battelle used the performance and reliability data provided and approximated decile averages by interpolation. During CBE endorsement in 2023 for the HOPD measure, the committee found the reliability of this measure sufficient.	
Rating: Met, Prior CBE Endorsement	

Reliability Table

Table 2 shows deciles by reliability (calculated using a mixed-effect intercept only model) based on the data provided in the testing submission for the 15 hospitals that reached a threshold of 100 surveys collected. Battelle created this table to provide reviewers with a standardized format to assess reliability.

Interpretation: At least 75% of the entities have a reliability >0.6, indicating that 25% of entities may not be able to distinguish good from poor quality care.

Table 2. MUC2024-073 Mean Reliability (by Reliability Decile)

Mean	SD	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max	IQR
0.690	0.090	0.570	0.579	0.585	0.594	0.654	0.694	0.712	0.741	0.773	0.785	0.820	0.820	0.178

Usability	
Usability considered in application:	Yes
Usability discussion: This measure is currently in use in the Hospital Outpatient Quality Reporting Program. The developer reported no unintended consequences from use in hospital outpatient settings. Based on discussion of the measure in the MUC List submission documents, there is an opportunity for improvement on the measure target among clinician and clinician groups participating in the CMS program. No external program-level factors that may present barriers to measure use were identified during review. The committee should consider if the use in ambulatory surgical centers may result in unintended consequences. During CBE endorsement in 2023 for the HOPD measure, the committee found the usability of this measure sufficient.	
Rating: Met, Prior CBE Endorsement	

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes
External validity discussion: The developer conducted testing in populations generalizable to the ASC program population.	
Rating: Met, Prior CBE Endorsement	

Appropriateness of Scale

Similar or related measures in program(s):	• 00162-01-C-HOQR Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS)
Measure appropriateness, equity, and value across target populations/measured entities: While the related OAS CAHPS survey addresses overall quality of provider communication, it does not explore clarity of communication about medication, activity, and applicability/personalization of discharge instructions. The proposed measure is sufficiently different from this current measure. Regarding equity of this measure's performance and benefit across populations, the developer's literature review and analysis do not provide sufficient information to assess the potential for differential benefit or harm to specific subgroups of participating entities or their patient populations. The committee should consider the distribution of benefit and risks/burdens of the measure within the proposed program population.	

Time to Value Realization

Plan for near- and long-term impacts after implementation:	No
Measure implementation impacts over time: While the measure developer briefly mentions potential outcomes for their measure on patient populations, there may be a need for further examination of near- and long-term impacts of this measure for measured entities and patients after implementation. Questions for the committee to consider: • What are the potential near- and long-term impacts of this measure on measured entities, proposed CMS program, and patient populations? • Will benefits and burdens associated with this measure be realized within an appropriate implementation time frame? • How will this measure mature through revisions in the future if added to ASCQRP?	