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December 7, 2015

Elizabeth McGlynn, PhD and Harold Pincus, MD
Co-Chairs, Measure Applications Partnership
The National Quality Forum
1030 15th Street NW
Suite 800
Washington, DC 20005

RE: Measure Applications Partnership (MAP) List of Measures Under Consideration (MUC) for December 1, 2015

Dear Co-Chairs McGlynn and Pincus:

On behalf of the over 79,000 members of American College of Surgeons (ACS), I am writing to provide feedback to the *Measure Applications Partnership (MAP) List of Measures Under Consideration (MUC) for December 1, 2015*. In June 2015 ACS submitted a new Physician Quality Reporting System (PQRS) Measures Group which includes measures that encompass the various phases of surgical care. However, these measures are not included in the MUC list for consideration in 2017 rulemaking. **Therefore, ACS is writing behalf of the surgical patient to request that the ACS measures be considered by the NQF MAP for the Calendar Year (CY) 2017 Merit-Based Incentive Payment System (MIPS) program.** The ACS is a scientific and educational association of surgeons, founded in 1913, to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The ACS has a strong interest in the development and endorsement of consensus standards that will help surgeons improve the quality and safety of their care and thereby improve outcomes for patients.

Below is the PQRS Measures Group we hope to be included in the NQF MAP's deliberations for CY 2017 rulemaking. I have also enclosed the measures specifications for each measure. These measures have been developed in a consistent way across all ACS measures—through the use ACS registry-based data which encompasses a patient-centered philosophy. Please note that measures 3, 5, and 9 are current PQRS measures:

Proposed Surgical Measures Group

1. Surgical Plan and Goals of Care
2. Identification of Major Co-Morbid Medical Conditions
3. PQRS Measure #226: Preventative Care and Screening: Tobacco Screening and Cessation Intervention
4. Preoperative Key Medications Review for Anticoagulation Medication
5. PQRS Measure #358: Patient-Centered Surgical Risk Assessment and Communication
6. Patient Frailty or Functional Index
7. Perioperative Composite
8. Postoperative Care Coordination and Follow-up
9. PQRS Measure #356: Unplanned Hospital Readmission within 30 Days of Principal Procedure
10. Participation in a National Risk-adjusted Outcomes Surgical Registry

Background and Rationale

In March 2015 the ACS Performance Measurement Committee, a committee of surgeons with expertise in quality measurement representing the various sub-specialties of general surgery, conducted an extensive review of the currently available PQRS measures. Based on this analysis, they concluded that the current PQRS measure framework lacks meaningful and relevant metrics for surgical quality. In response, the Committee worked to define a set of metrics to span across the various phases of surgical care that align with a patient's clinical flow, including: preoperative preparation, perioperative final preparation, intraoperative care, postoperative care and post discharge. Each of these phases involves key processes, critical care coordination to primary care physicians and anesthesia, as well as the technical side of surgical care that relates to safety, outcomes and avoidable harms. Together, these metrics translate into patient reported outcomes and patient experience of care. This framework broadly applies to surgical care for cross-cutting comparisons and was constructed to allow for more detailed, procedure-specific metrics to be added when necessary.

These metrics are different from measures in the current PQRS and the MUC list because they span across the various phases of surgical care and when measured together they can have a real impact at the point of care. Again, ACS

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firmly believes that the current measure approach is narrow, complex, costly and sluggish. The current approach will likely slow down the ability to drive quality and improvement, which seems inconsistent with the goals of Medicare Access and CHIP Reauthorization Act (MACRA). ACS supports clinical metrics that are meaningful and actionable for improving care and matter to surgeons and their patients.

We appreciate the opportunity to comment on MAP's *Measure Applications Partnership (MAP) List of Measures Under Consideration (MUC) list*. We have also been in communication with CMS to gain further insight on why the ACS surgical measures were not chosen for inclusion in the MUC list. **With this letter, we hope to gain the support of the NQF MAP in recognizing that these broadly applicable cross-cutting measures fill a current gap in the measurement of care for general surgery.** The ACS looks forward to continuing dialogue with the MAP on these important issues. If you have any questions about our comments, please contact Jill Sage, Quality Affairs Manager in the Division of Advocacy and Health Policy for questions. She may be reached at jsage@facs.org or at (202) 672-1507.

Sincerely,

David B. Hoyt

David B. Hoyt, MD FACS
Executive Director

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