2025 Pre-Rulemaking Measure Review
Preliminary Assessment

MUC ID	Title
MUC2025-023	CollaboRATE Shared Decision-Making Tool for Ambulatory or Outpatient Surgery Patients (Surgical CollaboRATE OAS-PM)
Measure Steward & Developer	**Proposed CMS Programs**
American College of Surgeons	Ambulatory Surgical Center Quality Reporting Program Link: Ambulatory Surgical Center Quality Reporting Hospital Outpatient Quality Reporting Program Link: Hospital Outpatient Quality Reporting Program

Measure Overview
Rationale: The intent of this measure is to improve awareness and build the necessary infrastructure to optimize patient-centered care quality. Currently available clinical quality measures in ambulatory surgery focus on events that are far rarer in the ambulatory and outpatient settings, such as complications, readmissions, and deaths. Patient-reported outcomes-based performance measures (PRO-PMs) can evaluate other key dimensions of health care quality that are pertinent to ambulatory surgical care. For example, the Information Transfer PRO-PM assesses patients' perceptions of how effectively discharge information was communicated and understood. Shared decision making is an integral component of high-quality, patient-centered surgical care, which can be readily evaluated using the CollaboRATE measure, a validated three-item patient-reported measure, that assesses the adequacy of shared decision making from the patient's perspective. The CollaboRATE measure is short and fast, is freely available in the public domain under a Creative Commons license, and is available in multiple translations.
CMS-provided program rationale: CMS believes shared decision-making is important in engaging patients in treatment decisions and supports shared decision-making in elective outpatient surgeries. Use of this survey tool has shown to improve patient satisfaction and health outcomes. This brief three-question survey can be administered at any point after the shared decision-making conversation and before the surgical procedure takes place, allowing for flexibility in how facilities incorporate this survey and opportunity to collaborate with surgeons to ensure the completion of the survey.
Description: This measure assesses facility level compliance with administration of the CollaboRATE Shared Decision-Making tool to patients undergoing outpatient or ambulatory surgery. To be compliant, facilities must offer 95% of patients the option to complete the CollaboRATE survey within 1 week of the shared decision making conversation. CollaboRATE has been administered as a paper handout, via mail, electronic mail, computer or web interface, voice recorded telephone interviews, SMS text messages, and through MyChart EHR integration. It is available in 11 different languages, as well as for use in pediatrics, and patients with special considerations such as those with proxies or who are unable to speak for themselves. The CollaboRATE survey tool was developed by Glyn Elwyn with The Dartmouth Institute for Health Policy & Clinical Practice and is Licensed under CC BY-NC-ND https://creativecommons.org/licenses/by-nc-nd/3.0/ The CollaboRATE survey tool was developed through cognitive interviews with a group of 12 patients

Measure Overview	
and then underwent item refinement via interviews with a separate group of 15 patients, and finally underwent pilot testing with a final group of 30 patients. It has since undergone extensive validation testing with intercoder reliability with simulated interviews, and real patients. The tool was developed prior to development of this measure, and this measure aligns with the tool as originally designed and tested, and uses the original survey language in its entirety without modification.	
Measure background: New measure never reviewed by the Measure Applications Partnership (MAP) Workgroup or PRMR; never used in a Medicare program.	
Numerator: Number of patients who were administered the CollaboRATE PRO tool before the surgical procedure. Number of patients who were administered (or offered) the CollaboRATE tool after the initial shared decision-making conversation at the time of surgical consultation and prior to the surgical procedure. **Exclusions:** N/A	
Denominator: All eligible patients scheduled for and who undergo an ambulatory or an outpatient surgical procedure during the reporting period. **Exclusions:** N/A **Exceptions:** N/A	
Substantive changes from prior version (if applicable): N/A	
Measure type: PRO-PM	**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) • Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based)
Care setting(s): • Ambulatory surgery center • Ambulatory/office-based care • Hospital outpatient department (HOD)	**Risk adjustment or stratification:** No
CBE endorsement status: Endorsed	**CBE endorsement history:** Endorsed in 2019; measure developer will pursue maintenance of endorsement in Spring 2026.
Is measure currently used in CMS programs? No	**Measure addresses statutorily required area?** No

Evaluation

Meaningfulness

Importance	
Type of evidence:	Empirical data; Grey Literature; Peer-Reviewed Original Research
Importance: Data from the measure developer show that there is variability in the use of shared decision-making in outpatient surgical settings. The purpose of this measure is to increase quality measurement for shared decision-making in this care setting by increasing the proportion of patients administered the CollaboRATE PRO tool prior to undergoing a surgical procedure. The tool is a three-item survey measure that assesses the adequacy of shared decision-making from the patient's perspective. Currently available clinical quality measures in ambulatory surgery focus on events that are far rarer in the ambulatory and outpatient settings, such as complications, readmissions, and deaths. This PRO-PM can assess a dimension of care that is relevant to this care setting and important to patients. The evidence supporting the importance of this measure was found to be sufficient during CBE endorsement review in 2019.	
Rating: Met; Prior CBE Endorsement	

Conformance
Measure alignment with conceptual intent: The purpose of this measure is to improve awareness and build the necessary infrastructure to optimize patient-centered care quality. The measure's numerator, denominator, and exclusions are clearly defined and directly support the intent of this measure to increase use of the CollaboRATE PRO tool. Specifically, the numerator includes all patients who completed the CollaboRATE PRO tool and patients who were offered the CollaboRATE PRO tool. The denominator includes all eligible patients scheduled for and who undergo an outpatient surgical procedure. This measure aligns with the Hospital Outpatient Quality Reporting Program objective to improve the quality of care that hospitals provide and to distribute clearly defined and objective data about hospital performance as well as the Ambulatory Surgical Center Quality Reporting Program objective to evaluate the care with which an ambulatory surgical center (ASC) provides treatment or adheres to processes expected to facilitate the best patient outcomes for the aspects of care measured.
Rating: Met

Feasibility	
eCQM feasibility testing/analysis conducted:	No, not an eCQM
Feasibility: The measure developer highlights the feasibility of using CollaboRATE, citing its short three-question structure and prior successful implementations. They have administered the tool through multiple modes, including mail, email, web-based platforms, telephone, SMS, and paper surveys. For this program, the developer plans to administer the survey via a web interface provided by an approved survey vendor and	

Feasibility
will manually abstract the data for collection. Potential challenges to feasibility of the measure in CMS programs include additional labor hours required by staff, which may increase burden for lower-resource or short-staffed facilities. Additional data challenges may present with the use of third-party survey vendors and current clinical workflows and EHR interoperability. While the questionnaire is short, responding does create burden for patients who may already be asked to complete other surveys or patient-reported information for the relevant visit. The feasibility of this measure was found sufficiently demonstrated during CBE endorsement review in 2019. **Considerations for the committee:** The committee may wish to discuss the feasibility of the second numerator, which measures administration of the CollaboRATE tool after the initial shared decision-making conversation at the time of surgical consultation and prior to the surgical procedure.
Rating: Met; Prior CBE Endorsement

Validity	
Validity testing method(s):	Face Validity, Empiric Validity [MUC Entry/Review Information Tool (MERIT) Submission Form]
Testing level(s):	Provider, Facility
Was this measure tested in the same target population as the CMS program?	Yes
Validity: The measure was pilot tested with 30 patients to ensure it was clear and reflected priority concerns. Face validity was assessed using a Modified Delphi panel with 12 experts in surgical leadership, 83% of whom felt the CollaboRATE tool should be included in reporting programs. This result exceeds the common Delphi consensus threshold of 70%. Construct validity was assessed by comparing performance across procedures and surgical specialties. Variation in adequacy of shared decision-making was calculated between surgical procedure, specialty, hospital type, and patient characteristics. CollaboRATE was found to behave as expected for a measure of shared decision-making when compared between different surgical procedures and specialties. The validity of this measure was found sufficiently demonstrated during CBE endorsement review in 2019. **Considerations for the committee:** While the validity of this measure was found sufficient during prior endorsement in 2019, the committee may wish to consider whether the evidence submitted to the Measures Under Consideration (MUC) List is sufficient for an established measure.	
Threats to validity: The developer does not discuss threats to validity in their application. The measure is not recommended for risk adjustment or stratification.	
Rating: Met; Prior CBE Endorsement	

Reliability	
Reliability testing method(s):	Signal-to-Noise [MERIT Submission Form]
Testing level:	Facility
Reliability discussion: Reliability was estimated from a dataset of 31,003 respondents across 65 facilities as part of the American College of Surgeons (ACS) Patient-Reported Outcome Measures (PROMs) Demonstration Project. The developer reports facility-level and surgeon-level reliability but concludes that due to low surgeon-level reliability, the measure will be aggregated at the facility level. Calculations are also performed for a risk-adjusted version and with a non-response correction; however, the developer concludes that these adjustments do not add value. This assessment is based on the facility-level measure without risk adjustment or non-response correction. A logistic mixed-effects regression is used to calculate signal-to-noise reliability: 74% of the facilities have a reliability greater than 0.7, which indicates that the threshold of at least 70% of entities with a reliability greater than 0.6 is met. The developer also calculated that the minimum sample size to achieve a reliability of 0.4 is 80 respondents. The reliability of this measure was found sufficiently demonstrated during CBE endorsement review in 2019.	
Additional reliability analyses: Information about the number of entities, mean top box score, and reliability median and interquartile range (IQR) were used to estimate performance score and reliability deciles shown in Tables 1 and 2. As shown in table 2 below, roughly 70% of entities have a reliability greater than 0.6.	
Rating: Met; Prior CBE Endorsement	

Reliability Tables

Tables 1 and 2 show deciles by performance score and reliability based on the information provided in the submission materials for the performance score and calculated reliability for the 31,003 persons across 65 entities. Battelle creates these tables to provide reviewers with a standardized format to assess reliability. For this proportion measure, scores passing a threshold of 95% indicate better quality of care.

Table 1. MUC2025-023 Performance Score Deciles

Lowest Performers → **Highest Performers**

	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	63.7	0	35	46	53	58	63	67	72	77	82	89	100
Entities	65	1	7	6	7	6	7	6	7	6	7	6	1

Table 2. MUC2025-023 Mean Reliability (by Reliability Decile)

Mean	SD	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
0.74	0.18	0.41	0.60	0.69	0.75	0.77	0.80	0.82	0.83	0.86	0.90

Usability	
Usability considered in application?	No, the developer did not discuss the specific usability of this measure within the selected CMS programs.
Usability discussion: The measure developer presents evidence the CollaboRATE PRO tool could be more widely distributed; however, they do not provide a discussion of the usability of this tool within the two selected CMS programs. The focus of this measure is on administration of the CollaboRATE PRO tool, not changes in shared decision-making because of findings gathered using the tool. The developer did not identify any potential unintended consequences of measure use. **Considerations for the committee:** Committee members may consider their professional and patient care experience to assess the usability of this tool within the provider and patient populations served by the two programs under review. They should also identify any additional information that would support a more thorough evaluation of the tool's usability.	
Rating: Not Met but Addressable	

Appropriateness of Scale

Appropriateness of Scale	
Similar or related measures in program(s):	None
Measure balance, burden, and value across target populations/measured entities: This measure fills a gap in appropriate measures for use in ambulatory and outpatient surgical settings. It also captures a dimension of care that is important to patients. Although the measure developer indicates that patient burden is expected to be minimal, implementing the measure may present challenges for providers in lower-resource or rural settings, as well as for patients who may face time constraints or have varying levels of health literacy. **Considerations for the committee:** Based on clinical and professional experience, the committee should consider the distribution of benefit and risks/burdens of the measure within the proposed program population.	

Time-to-Value Realization

Time-to-Value Realization	
Plan for near- and long-term impacts after implementation:	None specified.

Measure implementation impacts over time: The intent of this measure is to improve awareness of the CollaboRATE tool and build the necessary infrastructure to optimize patient-centered care quality. Currently available clinical quality measures for ambulatory and outpatient surgery focus on events that are rare in these settings (e.g., complications, deaths). In the long term, increased uptake of the CollaboRATE PM may increase the use of shared decision-making, moving this area toward providing more patient-centered care.

Considerations for the committee:

- This measure was initially endorsed in 2019. Is a measure focused on the infrastructure of the CollaboRATE tool still appropriate, or would a measure focused on patient-reported experiences assessed by the tool be more appropriate?
- What are the potential near- and long-term impacts of this measure on measured entities, proposed CMS programs, 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 the Ambulatory Surgical Center Quality Reporting Program and the Hospital Outpatient Quality Reporting Program measure sets?