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Michelle Schreiber, MD
Deputy Director of Center for Clinical Standards and Quality
Director of the Quality Measurement and Value-based Incentives Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients in the ASCQR and HOQR

Dear Deputy Director Schreiber,

On behalf of the over 90,000 members of the American College of Surgeons (ACS), we appreciate the opportunity to submit the *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* measure for consideration in the Ambulatory Surgical Center Quality Reporting (ASCQR) and Hospital Outpatient Quality Reporting (OQR) programs. The *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* measure was developed to assess the quality of patients' shared decision-making (SDM) for surgery in the ambulatory setting to improve patient-centricity, patient outcomes, and unnecessary care.

The landscape of surgical care delivery is rapidly evolving. Approximately 80% of elective surgical procedures are now performed—or are expected to be performed—in outpatient or ambulatory settings, including Ambulatory Surgical Centers (ASCs).¹ From a cost perspective, procedures performed in ASCs and Hospital Outpatient Departments (HOPDs) are reimbursed at a lower rate than inpatient procedures, leading to cost savings. The complexity of procedures performed in these settings is increasing as the Centers for Medicare & Medicaid Services (CMS) continues to expand the list of procedures eligible for reimbursement in outpatient settings rather than restricting them to inpatient. This shift is reflective of the broader movement toward more cost-effective care with payors and health systems increasingly incentivizing migration away from inpatient facilities.

Surgical procedures in ASCs and the ambulatory setting are typically lower risk with shorter episodes of care and less variation in outcomes. Because of this, adverse events are rare. However, this also makes it more challenging to assess quality using traditional complication-based measures, which are common in CMS quality programs. Therefore, when patients, their primary care providers, or Accountable Care Organizations/Medicare Advantage plans attempt to refer care to a care team and a facility, most care teams and facilities will appear indistinguishable when they may not be due to the measurement of rare events. Given the low frequency of adverse events, the next generation of quality measures for the ambulatory setting should be more patient-centered and tied to the condition and surgical procedures under consideration. Measures are

facs.org

CHICAGO HEADQUARTERS
633 N. Saint Clair Street
Chicago, IL 60611-3295
T 312-202-5000
F 312-202-5001
E-mail: postmaster@facs.org

WASHINGTON OFFICE
20 F Street NW, Suite 1000
Washington, DC 20001
T 202-337-2701
F 202-337-4271
E-mail: ahp@facs.org

needed that focus on metrics that are more meaningful to patients and their primary care referral base.

Patient-reported outcomes (PROs), patient-reported outcome performance measures (PRO-PMs), and tools that assess (SDM) can more appropriate and informative in ambulatory settings. These measures can capture meaningful differences in care quality from the patient perspective, such as whether patients felt understood and whether surgical decisions aligned with their personal goals, to name a few. **Research has shown that SDM is associated with better patient satisfaction, improved outcomes, and reduced unnecessary healthcare use.²⁻⁵ Importantly, patients who experienced complications have reported lower-quality decision-making conversations, underscoring the link between communication and outcomes.**

Despite the need for PROs, the majority of measures in the CMS ASCQR and Hospital OQR programs do not include patient preferences or the appropriateness of surgical decisions, which is an especially important metric where complications are infrequent. While CMS has incorporated patient experience into measures such as the *Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS)* and *Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery*, *Patient Reported Outcome-Based Performance Measure (PRO-PM)*, which collect important information about experience and a safe recovery, we believe a SDM measure should be a top priority to assess and promote alignment between an individualized decision to operate and patient goals. This measure represents an opportunity for CMS to lead the way in driving care toward patient-centered values.

To address this gap, the ACS proposes adopting the *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* as a new measure for surgery in the ASCQR and Hospital OQR programs. The CollaboRATE tool asks patients or their representatives the following three questions graded on a 10-point scale from 0 (no effort was made) to 9 (every effort was made). The following questions should be privately administered prior to surgery, preferably within 24-48 hours of the clinical encounter:

1. How much effort was made to help you understand your health issues?
2. How much effort was made to listen to the things that matter most to you about your health issues?
3. How much effort was made to include what matters most to you in choosing what to do next?

The CollaboRATE Shared Decision-Making tool is a validated, low-burden, 3-question survey designed to assess the quality of SDM from the patient's perspective. It can be completed in under 30 seconds and has demonstrated strong reliability and construct validity in surgical settings.⁶ The CollaboRATE Shared Decision-Making tool is endorsed by the National Quality Forum (NQF) (CBE ID #3227). The ACS conducted rigorous testing of the CollaboRATE tool at the inpatient and outpatient facility and individual levels. The ACS also conducted a formal Delphi process to gather stakeholder input on the development and adoption of the *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* measure to gauge need and facilities readiness for implementation in quality programs.

The *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* aligns with CMS's vision for person-centered care and the Universal Foundation of quality measurement. The measure will drive implementation of the CollaboRATE tool with the intent of improving the quality and patient-centeredness in the ambulatory and outpatient settings. The measure should be administered to all patients undergoing elective cases across all surgical specialties and will be assessed by attestation at the facility level. The attestation would reflect that all cases utilized SDMs evaluated by the CollaboRATE tool. Facilities will get credit for participating in the Surgical CollaboRATE measure if they attest that all ambulatory surgery patients were offered the opportunity to complete the survey. We believe that the measure should be incorporated into both the ASCQR

and the Hospital OQR so that patients can compare care between the two settings. We recommend incorporating the CollaboRATE measure as a participation-based requirement as the first step toward widespread adoption in the ASCQR and Hospital OQR programs, with a path toward future pay-for-performance use. This will allow facilities to get accustomed to incorporating the tool into their workflow and to gain familiarity with the measure before scoring the measure for performance. We also envision a future measure to evaluate whether goals were achieved based on the initial SDM discussion for truly meaningful data. Without important patient-centered and actionable data, the ASCQR and Hospital OQR programs offer limited opportunity for quality improvement in ASCs and outpatient surgery.

The ACS appreciates your consideration and welcomes the opportunity to provide additional information or participate further in the review process. Please contact Jill Sage, Chief of Quality Affairs, at jsage@facs.org with questions.

Sincerely,

The ACS Quality Verification Program and Health Policy Teams

Clifford Ko, MD, MS, MSHS, FACS

Frank Opelka, MD, FACS

Geoffrey Hobika, MD

Jill Sage, MPH

Haley Jeffcoat, MPH

Shelby Eagle, MPH

Amy Robinson-Gerace

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