



January 06, 2026

Partnership for Quality Measurement
505 King Avenue
Columbus, OH 43201

Re: Support for CollaboRATE Shared Decision-Making Measure for CMS Ambulatory and Outpatient Surgery

Dear Members of the 2025-2026 Pre-Rulemaking Measure Review (PRMR) Hospital Recommendation Committee:

On behalf of the over 90,000 members of the American College of Surgeons (ACS), we write to express our support for the adoption of the *CollaboRATE Shared Decision-Making Tool for Outpatient or Ambulatory Surgery Patients* measure (MUC2025-023) 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. With approximately 80% of elective surgical procedures being performed—or are expected to be performed—in hospital outpatient departments (HOPDs) or ambulatory surgery centers (ASCs).¹ This will only continue to increase as CMS moves to phase out the procedures on the Inpatient Only List (IPO list).² Because of this shift, a change in perspective is necessary to effectively assess the quality of surgical care in outpatient settings.

ASCQR and OQR rely on adverse event, complication-based measures as the primary metric for assessing quality of care for reimbursement, however, there is a clear need for the development of measures that focus on aspects of care that are meaningful to patients and their caregivers in outpatient settings. In many cases, patients must be low risk to be eligible for outpatient surgical care leading to less variation in outcomes, lower risk procedures, and shorter episodes of care in HOPDs and ASCs. While still important to track, adverse events are rare, making it difficult to use to distinguish care. When patients, their primary care providers, or Accountable Care Organizations (ACO)/Medicare Advantage (MA) plans attempt to refer care to a care team and a facility, most PCPs refer based on longstanding personal relationships, while ACOs push referrals based on narrowed networks due to cost and avoidable harms. The results have frustrated savings efforts since most care teams and facilities will appear indistinguishable. 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.

Patient-reported outcomes (PROs), patient-reported outcome performance measures (PRO-PMs), and tools that assess SDM can be more appropriate and informative in outpatient and ambulatory settings. These measures can capture meaningful differences in care

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quality from the patient perspective, such as whether patients understood or felt understood and whether surgical decisions aligned with their personal goals. This helps the surgical team organize care around the patient's goals. **Research has shown that SDM is associated with better patient satisfaction, improved outcomes, reductions in emergency room visits, reduced unnecessary healthcare use, and reduced patient's post-operative regret about the decision to have surgery.³⁻⁷ Importantly, patients who experienced complications have reported lower-quality decision-making conversations, underscoring the link between communication and outcomes.**

CMS has made an effort to incorporate patient experience and other PRO-PMs in the Hospital OQR and ASCQR programs with the *Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS)*, *Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery*, *Patient Reported Outcome-Based Performance Measure (PRO-PM) (Information Transfer PRO-PM)*, and *Total Hip Arthroplasty / Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)*. These measures collect important information about experience and a safe recovery, but a gap still exists in highlighting the need for SDM and patient goal setting conversation prior to surgery. From the ACS' perspective, SDM should be a top priority for CMS as it allows for the assessment and promotion of alignment between an individualized decision to operate and patient goals.

The *Surgical CollaboRATE OAS-PRO-PM* (MUC 2025-023) reinforces the importance of SDM between the patient and surgeon prior to a surgical procedure in an ambulatory surgery center or outpatient hospital department and is a positive step towards more a patient-centric quality framework in these settings. This measure uses the CollaboRATE tool which was rigorously developed using cognitive interviews, modified based on patient feedback during pilot testing, and was initially validated using simulated clinical scenarios.⁸⁻⁹ It has since been studied and used successfully in multiple surgical and medical settings including outpatient clinics and ambulatory surgical settings.^{5,7,9-17} The ACS also conducted a study that demonstrated the reliability of the CollaboRATE tool and the feasibility of administration across surgical specialties and settings. From 2020-2023, the CollaboRATE instrument was administered to 30,000 patients from 977 surgeons at 65 sites. During this study, CollaboRATE was tested side by side against other measures of SDM and was assessed for reliability both as a surgeon and facility metric. The results of this analysis showed highest reliability when calculated at the facility level, as well as improved likelihood of meeting reliability volume thresholds.¹⁸

It is important to emphasize that CollaboRATE is a validated, low-burden, three-question survey designed to assess the quality of SDM from the patient's perspective, which can be completed under 30 seconds. In comparison to PRO-PMs in CMS programs, this tool requires significantly less patient work due to the minimal number of questions. The tool also only requires pre-operative administration, increasing feasibility in comparison to PRO-PMs that require pre- and post-operative survey follow up. The tool includes the following questions which should be privately administered prior to surgery:

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?*

To further reduce barriers to implementation of this important measure, this MUC focuses on the rate at which a facility distributes the CollaboRATE tool. We envision this 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.

It is critical to reiterate that this tool can be completed by patients with little burden, in under 30 seconds, and feasibly administered without expending additional resources. As stated, CMS has taken steps toward implementation of other PRO-PMs in the ASCQR and Hospital OQR programs with the *Information Transfer PRO-PM* and *THA/TKA PRO-PM*, which has pushed facilities to implement the infrastructure to administer, collect, and report PRO-PMs. Not only does this highlight the importance of these patient-centric measures, but it also creates a path forward for the implementation of additional PRO-PMs that cover the patient's full episode of care with little excess cost and burden on the facility. Ultimately, the addition of the *Surgical CollaboRATE OAS-PRO-PM* is in alignment both conceptually and practically with the existing PRO-PMs and incorporates assessments of another important aspect of care that aligns the individualized decision to operate with patient goals.

In conclusion, this measure aligns with CMS's vision for person-centered care and 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 accounts for a critical step in SDM and understanding what is important to patients prior to their surgical procedure, which is lacking in both outpatient quality programs. To that end, the measure should be incorporated into both the ASCQR and the Hospital OQR so that patients can compare care between the two settings. 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,



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Executive Director and CEO

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