

January 06, 2025

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:

The undersigned organizations write to express our support for the inclusion of the CollaboRATE Shared Decision-Making Tool for Ambulatory or Outpatient Surgery Patients (Surgical CollaboRATE OAS-PRO-PM) (**MUC 2025-023**) in the CMS Hospital Outpatient Quality Reporting (OQR) and Ambulatory Surgery Center Quality Reporting (ASCQR) 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 Additionally, the recent elimination of the Inpatient Only List² will further expand the volume and type of procedures that will be performed in the outpatient setting. Procedures traditionally performed in the outpatient setting are lower risk with shorter episodes of care and fewer adverse events. Yet, ASCQR and OQR continue to rely on adverse event complication-based measures as the primary metric for assessing quality of care for reimbursement.

There is a clear need for the development of more patient-centric measures to focus on the aspects of care that are meaningful to patients and their caregivers in outpatient settings outside of outcome measures that capture rare events. Patient-centric measures such as patient-reported outcome measures (PROMs), patient-reported outcome performance measures (PRO-PMs), and tools that assess SDM and patient goal attainment can be more meaningful to patients and referring physicians in ambulatory and outpatient settings. These measures can capture differences in care quality that are important to patients, such as whether patients felt understood, whether surgical decisions aligned with their personal goals, and help the surgical team organize care around delivering on patient goals. **Research has demonstrated that SDM is associated with better patient satisfaction, improved outcomes, reductions in emergency room visits, reduced unnecessary healthcare use, and reduced patient regret.**³⁻⁷ **Importantly, patients who experienced complications have reported lower-quality decision-making conversations, underscoring the link between communication and outcomes.**

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 hospital outpatient department and is a positive step towards a more patient-centric quality framework. While this is a new measure, it 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} CollaboRATE is a validated, low-burden, three-question survey designed to assess the quality of SDM from the patient's perspective. This measure focuses on the rate at which a facility distributes the CollaboRATE tool, in order to incentivize an

environment that highlights the need for discussions around patient goals and appropriateness of surgical care. The tool includes the following questions which 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?*

It is critical to emphasize that the CollaboRATE tool can be completed by patients with little burden, in under 30 seconds, and feasibly administered by a facility without expending additional resources. CMS has taken steps towards implementation of other PRO-PMs in the ASCQR and Hospital OQR programs with the *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)*, 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.

The undersigned organizations appreciate the opportunity to share our support for the inclusion of the *Surgical CollaboRATE OAS-PRO-PM* in the ASCQR and Hospital OQR programs. This measure accounts for a critical step in surgical decision-making and understanding what is important to patients prior to their surgical procedure, which is lacking in both outpatient quality programs. We believe this measure not only is in alignment with the other PRO-PMs that CMS has implemented in outpatient care but will also be another important step towards creating value based on what is meaningful to patients and their caregivers.

Sincerely,

American College of Surgeons (ACS)

American Association for the Surgery of Trauma

The American Delirium Society

American Geriatrics Society (AGS)

Association of periOperative Registered Nurses (AORN)

Hartford Institute of Geriatric Nursing (HIGN) at NYU Rory Meyers College of Nursing

The John A. Hartford Foundation

National Association of Social Workers (NASW)

Nurses Improving Care for Healthsystem Elders (NICHE)

Society of Surgical Oncology (SSO)

1. Snodgrass J. Filling a Healthcare Need: How Ambulatory Surgery Centers are Poised for Continued Growth. AMSURG. July 25, 2024. Accessed April 25, 2025.
2. Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Rating; Hospital Price Transparency; and Notice of Closure of a Teaching Hospital and Opportunity To Apply for Available Slots. *Federal Register*. 2025. <https://public-inspection.federalregister.gov/2025-20907.pdf>
3. Hughes TM, Merath K, Chen Q, et al. Association of shared decision-making on patient-reported health outcomes and healthcare utilization. *Am J Surg*. 2018 Jul;216(1):7-12. doi: 10.1016/j.amjsurg.2018.01.011. Epub 2018 Jan 31. PMID: 29395026.
4. Brown TT, Hurley VB, Rodriguez HP, et al. Shared Decision-making Lowers Medical Expenditures and the Effect Is Amplified in Racially-Ethnically Concordant Relationships. *Med Care*. 2023 Aug 1;61(8):528-535. doi: 10.1097/MLR.0000000000001881. Epub 2023 Jun 12. PMID: 37308806.
5. Liu JB, Pusic AL, Gibbons CJ, et al. Association of Patient-reported Experiences and Surgical Outcomes Among Group Practices: Retrospective Cohort Study. *Ann Surg*. 2020 Mar;271(3):475-483. doi: 10.1097/SLA.0000000000003034. PMID: 30188401.
6. Niburski K, Guadagno E, Abbasgholizadeh-Rahimi S, Poenaru D. Shared Decision Making in Surgery: A Meta-Analysis of Existing Literature. *Patient*. 2020 Dec;13(6):667-681. doi: 10.1007/s40271-020-00443-6. PMID: 32880820.
7. Chrenka EA, Solberg LI, Asche SE, Dehmer SP, Ziegenfuss JY, Whitebird RR, Norton CK, Reams M, Johnson PG, Elwyn G. Is Shared Decision-making Associated with Better Patient-reported Outcomes? A Longitudinal Study of Patients Undergoing Total Joint Arthroplasty. *Clin Orthop Relat Res*. 2022 Jan 1;480(1):82-91. doi: 10.1097/CORR.0000000000001920. PMID: 34495891; PMCID: PMC8673995
8. Barr P, Thompson R, Walsh T, Grande S, Ozanne E, Elwyn G. The Psychometric Properties of CollaboRATE: A Fast and Frugal Patient-Reported Measure of the Shared Decision-Making Process *J Med Internet Res* 2014;16(1):e2 URL: <https://www.jmir.org/2014/1/e2> DOI: 10.2196/jmir.3085
9. Elwyn G, Barr PJ, Grande SW, Thompson R, Walsh T, Ozanne EM. Developing CollaboRATE: a fast and frugal patient-reported measure of shared decision making in clinical encounters. *Patient Educ Couns*. 2013 Oct;93(1):102-7. doi: 10.1016/j.pec.2013.05.009. Epub 2013 Jun 12. PMID: 23768763.
10. Forcino RC, Barr PJ, O'Malley AJ, Arend R, Castaldo MG, Ozanne EM, Percac-Lima S, Stults CD, Tai-Seale M, Thompson R, Elwyn G. Using CollaboRATE, a brief patient reported measure of shared decision making: Results from three clinical settings in the United States. *Health Expect*. 2018 Feb;21(1):82-89. doi: 10.1111/hex.12588. Epub 2017 Jul 5. PMID: 28678426; PMCID: PMC5750739.
11. Forcino RC, Thygeson M, O'Malley AJ, Meinders MJ, Westert GP, Elwyn G. Measuring Patient-Reported Shared Decision-Making to Promote Performance Transparency and Value-Based Payment: Assessment of collaboRATE's Group-Level Reliability. *J Patient Exp*. 2020 Oct;7(5):742-748. doi: 10.1177/2374373519884835. Epub 2019 Nov 3. PMID: 33294610; PMCID: PMC7705832.
12. McTigue K, Courcoulas A, Wellman R, Tavakkoli A, Eavey J, Klawson E, Anau J, Garcia R, Stilwell D, Ahmed B, Fischer GS, Maier J, Paul K, Handley M, Saurabh S, Daigle C, Elwyn G, Arterburn D. Exploring patient perspectives on shared decision making about bariatric surgery in two healthcare systems. *Obes Sci Pract*. 2024 Nov 26;10(6):e779. doi: 10.1002/osp4.779. PMID: 39600533; PMCID: PMC11590127.
13. Leu S, Cahill J, Grundy PL. A prospective study of shared decision-making in brain tumor surgery. *Acta Neurochir (Wien)*. 2023 Jan;165(1):15-25. doi: 10.1007/s00701-022-05451-z. Epub 2022 Dec 28. PMID: 36576561; PMCID: PMC9795149.
14. Bergeron M, Duggins AL, Cohen AP, Tiemeyer K, Mullen L, Crisalli J, McArthur A, Ishman SL. A shared decision-making tool for obstructive sleep apnea without tonsillar hypertrophy: A randomized controlled trial. *Laryngoscope*. 2018 Apr;128(4):1007-1015. doi: 10.1002/lary.26967. Epub 2017 Nov 8. PMID: 29114896.
15. Koning M, Lok C, Ubbink DT, Aarts JWM. Exploring the MAPPING application to facilitate risk communication and shared decision-making between physicians and patients with gynaecological cancer. *BMJ Open Qual*. 2024 Aug 19;13(3):e002776. doi: 10.1136/bmjopen-2024-002776. PMID: 39160112; PMCID: PMC11337712.
16. Melucci AD, Liu JB, Brajeich BC, Collins CE, Kazaure HS, Ko CY, Pusic AL, Temple LK. Scaling and spreading the electronic capture of patient-reported outcomes using a national surgical quality improvement programme: a feasibility study protocol. *BMJ Open Qual*. 2022 Nov;11(4):e001909. doi: 10.1136/bmjopen-2022-001909. PMID: 36375858; PMCID: PMC9664302.
17. De Las Cuevas C, Mundal I, Betancort M, Lara-Cabrera ML. Assessment of shared decision-making in community mental health care: Validation of the CollaboRATE. *Int J Clin Health Psychol*. 2020 Sep-Dec;20(3):262-270. doi:10.1016/j.ijchp.2020.06.004. Epub 2020 Aug 1. PMID: 32994799; PMCID: PMC7501445.