



NATIONAL QUALITY FORUM

Driving measurable health
improvements together

Memo

May 27, 2021

To: Cardiovascular Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Introduction

NQF closed the public commenting period on the measures submitted for endorsement consideration to the fall 2020 measure review cycle on April 28, 2021

Purpose of the Call

The Cardiovascular Standing Committee will meet via web meeting on May 27, 2021 from 2:00 to 4:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table and additional documents included with the call materials).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 1-844-621-3956

Web link: <https://nqf.webex.com/nqf/j.php?MTID=mc9e7c46a9b9ca544452038f6a0dd3072>

Access Code: 173 275 5735

Background

Heart disease is the leading cause of death in the U.S.³ The American Heart Association estimates that the direct costs of heart disease were \$214 billion during the 2014 calendar year and projects that these

costs will continue to increase through 2035 for patients ages 45 and older.⁴ Costs related to hospitalization account for the majority of these direct health costs.⁵

The measures in the Cardiovascular portfolio have been grouped into various topic areas related to cardiovascular health. These topic areas include primary prevention and screening, coronary artery disease (CAD), ischemic vascular disease (IVD), acute myocardial infarction (AMI), cardiac catheterization, percutaneous catheterization intervention (PCI), heart failure (HF), rhythm disorders, implantable cardioverter-defibrillators (ICDs), cardiac imaging, cardiac rehabilitation, and high blood pressure.

On February 9, 2021, NQF convened a multistakeholder Standing Committee composed of [25 individuals](#) to review two maintenance measures against NQF's standard evaluation criteria. Both measures were recommended for continued endorsement.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF accepts comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from December 17, 2020 to April 28, 2021 for the measures under review. The majority of the comments received were regarding reliability testing thresholds and social risk adjustment. All of these pre-evaluation comments were provided to the Committee prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on March 30, 2021 for 30 calendar days. The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on June 29-30, 2021. The CSAC will determine whether to uphold the Standing Committee's recommendation for each measure submitted for endorsement consideration. All committee members are encouraged to attend the CSAC meeting to listen to the discussion. During this commenting period, NQF received eight comments from three member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	0
Health Plan	0
Health Professional	2
Provider Organization	1

Member Council	# of Member Organizations Who Commented
Public/Community Health Agency	0
Purchaser	0
QMRI	0
Supplier/Industry	0

We have included all comments that we received (both pre- and post-evaluation) in the comment table (Excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the May 27, 2021 post-comment call. Instead, we will spend the majority of the time considering the two themes discussed below, and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion. Additionally, please note measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff have proposed draft responses for the Committee to consider.

Comments and Their Disposition

Themed Comments

Two major themes were identified in the post-evaluation comments, as follows:

1. Reliability testing thresholds
2. Social risk adjustment

Theme 1 – Reliability Testing Thresholds

Two commenters expressed concern with the reliability testing results for NQF #0229 and NQF #0230, particularly at lower case counts. These commenters stated that the developer should increase the minimum sample size until a reliability threshold of 0.70 is met for all allowed case counts.

Measure Steward/Developer Response:

Awaiting developer response.

Proposed Committee Response:

Both measures were reviewed by the NQF Scientific Methods Panel (SMP) and both received a moderate rating for reliability. It is worth noting that reliability thresholds are an ongoing topic of discussion for the SMP and at this time it has not adopted a hard threshold for reliability ratings. Both the SMP and the Committee noted that the reliability for low case counts is not ideal but is acceptable.

Theme 2 – Social Risk Adjustment

One commenter expressed concern with the developer’s decision to not include social risk factors in its risk adjustment for NQF #0229 and NQF #0230. Both developers stated that the report to Congress by Assistant Secretary for Planning and Evaluation (ASPE) on Social Risk Factors and Performance in Medicare’s Value-based Purchasing program released in March of last year (ASPE, 2020) was flawed due to its lack of guidance on how to handle risk adjustment for measures used in more than one program.

Measure Steward/Developer Response:

Awaiting developer response.

Proposed Committee Response:

Both measures were reviewed by the SMP and both received a moderate rating for validity. The Committee discussed the risk model and reviewed the results the developer provided for its testing of dual eligible status and AHRQ SES Index. For NQF #0229, results were negatively correlated with dual eligibility. Adjusting for this factor would result in a penalty to providers with a higher proportion of dual-eligible patients.

Measure-Specific Comments

NQF #0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization

One commenter raised concerns regarding the exclusions for this measure. The commenter stated it would be challenging to reach comparable populations, even with risk adjustment, while patients receiving palliative care or advanced therapies are included in the denominator.

Measure Steward/Developer Response:

Awaiting developer response.

Proposed Committee Response:

None at this time.

Action Item:

None at this time.

NQF #0230 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI)

Two commenters questioned whether there is sufficient variation in the measure results to distinguish performance and support the measure’s use in accountability programs.

Measure Steward/Developer Response:

No response requested.

Proposed Committee Response:

The Committee will discuss the gap and usability at the post-comment meeting.

Action Item:

Discuss during post-comment meeting.

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support (“support” or “do not support”) for each measure submitted for endorsement

consideration to inform the Committee's recommendations. No NQF members provided their expressions of support or non-support.