NATIONAL QUALITY FORUM

Memo

September 20, 2019

To: Cardiovascular Standing Committee

From: NQF staff

Re: Post-comment web meeting to re-vote on criteria where the Committee did not reach consensus

Purpose of the Call

The Cardiovascular Standing Committee will meet via conference call on Tuesday, September 24, 2019 from 11 am to 1 pm ET. The purpose of this call is to:

- Re-vote on "must-pass" criteria where the Committee did not reach consensus in the initial evaluation;
- Discuss the voting results that appear to be different from or conflict with the initial evaluation web meeting discussion and re-vote.

Standing Committee Actions

1. Review this briefing memo and draft report.
2. Be prepared to re-vote on the measure where consensus was not reached on reliability.
3. Be prepared to re-vote on two measures per Co-chair and NQF staff request due to inconsistencies.
4. Review and consider the comment received and the proposed response to the post-evaluation comment (see comment table).

Conference Call Information

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

Dial-in #: 800-768-2983, Access Code: 7225131
Weblink: https://cc.callinfo.com/r/1frhkl9qmbcxa&eom

Background

In the spring 2019 cycle, the Cardiovascular Standing Committee discussed issues related to the lack of disparities data; the lack of evidence to demonstrate that the measures improved healthcare quality and patient outcomes over the years; the inconsistencies between measure specifications and the testing provided; and multiple feasibility issues with the electronic clinical quality measures (eCQMs) reviewed.

The Committee evaluated six measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended five measures for continued endorsement:

- 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)

- 0081 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) eCQM

The Committee did not reach consensus on reliability (must-pass) and usability (not must-pass) for one eCQM:

- 0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)

The Committee did not reach consensus on feasibility and usability (not must-pass) for one eCQM:

- 0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits 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 May 1, 2019 to June 12, 2019 for the measures under review. NQF did not receive any comments prior to the evaluation meetings.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on August 8, 2019 for 30 calendar days. During this commenting period, NQF received one comment from a member organization:

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

Member Council	# of Member Organizations Who Commented
Public/Community Health Agency	0
Purchaser	0
QMRI	1
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, and draft responses for the Committee's consideration.

Measure-Specific Comment

0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%) eCQM

The measure developer encourages the Committee to reconsider their vote on the measure's reliability.

Proposed Committee Response:

Thank you for your comment. The Committee will review these comments during their deliberations on the Post-Comment Call scheduled on Tuesday, September 24, 2019 to re-vote on the reliability and this measure's overall suitability for endorsement.

Action Item:

See action items below.

Co-Chair and NQF Staff Re-vote Request

During the two measure evaluation webinars on June 19, 2019 and June 20, 2019, the Committee discussed the feasibility testing results for the eCQMs. The testing results identified considerable feasibility issues with numerous data elements, including the critical data elements (numerator, denominator, exceptions) needed to calculate the measures. The testing demonstrated the critical data elements are not currently available in a structured format within the EHRs tested.

During the webinars, the Committee expressed substantial concerns about the effect of the feasibility results on the reliability, validity, and usefulness of the eCQMs. The voting results for the eCQMs are different from or conflict with the Committee's discussions and concerns. Additionally, the voting results for reliability, validity, feasibility, and usability are inconsistent among the three eCQMs. The Co-chairs and NQF staff request a re-vote due to the inconsistencies in the voting results.

- 0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%):
  - Reliability: Consensus not reached
  - Validity: Moderate

    - Feasibility: Moderate
    - Usability: Consensus not reached
- 0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
    - Reliability: Moderate
    - Validity: Moderate
    - Feasibility: Consensus not reached
    - Usability: Consensus not reached
- 0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
    - Reliability: Moderate
    - Validity: Moderate
    - Feasibility: Moderate
    - Usability: Moderate

The Committee recommends a measure for endorsement when >60 percent of a quorum votes to pass all "must-pass" criteria and overall suitability. If a "must-pass" criterion does not receive >60 percent of the re-votes at the post-comment call, the evaluation stops and the measure is not recommended for endorsement.

There is no grey zone or consensus not reached for the re-vote at the post-comment call. A measure must pass all "must-pass" criteria and overall suitability by >60 percent of a quorum. A measure is not recommended for endorsement if it does not receive >60 percent.

Standing Committee Action Items for Three Measures

0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)

- The Committee must re-vote on reliability (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on validity.
- The Committee must re-vote on validity (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on feasibility and usability.
- The Committee must re-vote on feasibility (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - Re-vote on usability.
- The Committee must re-vote on usability (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
- The Committee must vote on overall suitability. Criterion passes if >60 percent of a quorum recommends the measure for endorsement.

0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- The Committee must re-vote on reliability (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on validity.
- The Committee must re-vote on validity (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on feasibility and usability.
- The Committee must re-vote on feasibility (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - Re-vote on usability.
- The Committee must re-vote on usability (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
- The Committee must vote on overall suitability. Criterion passes if >60 percent of a quorum recommends the measure for endorsement.

0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- The Committee must re-vote on reliability (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on validity.
- The Committee must re-vote on validity (must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - If criterion does not pass, measure is not recommended for endorsement.
    - If criterion passes, re-vote on feasibility and usability.
- The Committee must re-vote on feasibility (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
    - Re-vote on usability.
- The Committee must re-vote on usability (not must-pass). Criterion passes if >60 percent of a quorum votes high or moderate.
- The Committee must vote on overall suitability. Criterion passes if >60 percent of a quorum recommends the measure for endorsement.

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. NQF members did not provide expressions of support.