# National Consensus Standards for Cardiovascular Conditions

*Standing Committee Meeting*
*January 29-31, 2018*

*Melissa Mariñelarena, Senior Director*
*Poonam Bal, Senior Project Manager*
*May Nacion, Project Manager*
*Vanessa Moy, Project Analyst*

# Day 1: January 29 Agenda

- Welcome
- Introductions and Disclosure of Interest
- Portfolio Review
- Overview of Evaluation Process
- Consideration of Candidate Measures
- NQF Member and Public Comment

# Welcome

# NQF Staff

- Project staff
  - *Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director*
  - *Poonam Bal, MHSA, Senior Project Manager*
  - *May Nacion, MPH, Project Manager*
  - *Vanessa Moy, MPH, Project Analyst*

- NQF Quality Measurement leadership staff
  - *Elisa Munthali, Acting Senior Vice President*

# Introductions and Disclosure of Interest

# Cardiovascular Standing Committee

- Mary George, MD, MSPH, FACS, FAHA (Co-Chair)
- Thomas Kottke, MD, MSPH (Co-Chair)
- Sana Al-Khatib, MD, MHS
- Carol Allred, BA
- Linda Baas, PhD, RN
- Linda Briggs, DNP
- Leslie Cho, MD
- Joseph Cleveland, MD
- Michael Crouch, MD, MSPH, FAAFP
- Elizabeth DeLong, PhD
- Kumar Dharmarajan, MD, MBA
- William Downey, MD
- Brian Forrest, MD
- Naftali Frankel, MS*
- Ellen Hillegass, PT, EdD, CCS, FAACVPR, FAPTA
- Thomas James, MD
- Charles Mahan, PharmD, PhC, RPh
- Joel Marrs, Pharm.D., FCCP, FASHP, FNLA, BCPS-AQ Cardiology, BCACP, CLS
- Kristi Mitchell, MPH
- Gary Puckrein, PhD
- Nicholas Ruggiero, MD FACP FACC FSCAI FSVM FCPP
- Susan Strong*
- Jason Spangler, MD, MPH, FACPM
- Mladen Vidovich, MD
- Daniel Waxman, MD, PhD

*New Committee Member

# Portfolio Review

# Cardiovascular Portfolio of Measures

- This project will evaluate measures related to Cardiovascular conditions that can be used for accountability and public reporting for all populations and in all settings of care. The first phase of this project will address topic areas including:
  - *Acute Myocardial Infarction (AMI)*
  - *Cardiac Surgery*
  - *Cardiac rehabilitation*
  - *Coronary Artery Disease*
  - *Percutaneous Coronary Intervention (PCI)*
- NQF solicits new measures for possible endorsement.
- NQF currently has more than 50 endorsed measures within the cardiovascular area. Endorsed measures undergo periodic evaluation to maintain endorsement—"maintenance."

# Cardiovascular Portfolio of Measures Under Review
## Measures for maintenance evaluation

### Percutaneous Coronary Intervention (PCI)

- 0133 In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI
- 0536 30-Day All-cause Risk-Standardized Mortality Rate following Percutaneous Coronary Intervention (PCI) for Patients with ST Segment Elevation Myocardial Infarction (STEMI) or Cardiogenic Shock

### Cardiac Rehabilitation

- 0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting
- 0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting

### New measure for evaluation

- 3309 Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arres

# Overview of Evaluation Process

# Roles of the Standing Committee
## *During the Evaluation Meeting*

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - *Indicate the extent to which each criterion is met and rationale for the rating*
- Make recommendations regarding endorsement to the NQF membership
- Oversee portfolio of Cardiovascular measures
- Select 2-year or 3-year terms

# Standing Committee Responsibilities

**Oversee NQF's Cardiovascular Portfolio of Measures:**

- Provide input on the relevant measurement framework(s)
- Know which measures are included in the portfolio and understand their importance to the portfolio
- Consider issues of measure standardization and parsimony when assessing the portfolio
- Identify measurement gaps in the portfolio
- Become aware of other NQF measurement activities for the topic area(s)
- Be open to external input on the portfolio
- Provide feedback about how the portfolio should evolve
- Consider the current portfolio when evaluating individual measures

# Ground Rules for Today's Meeting

**During the discussions, Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

# Major Endorsement Criteria (page 28)

- **Importance to measure and report**: Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (**must-pass**)
- **Reliability and Validity-scientific acceptability of measure properties**: Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (**must-pass**)
- **Feasibility**: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use**: Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- **Comparison to related or competing measures**

# Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - *Providing a brief summary of the pre-meeting evaluation comments*
  - *Emphasizing areas of concern or differences of opinion*
  - *Noting, if needed, the preliminary rating by NQF*
    - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

# Voting on Endorsement Criteria

- Importance to Measure and Report (must-pass)
  - *Vote on evidence (if needed) and performance gap*
- Scientific Acceptability (must pass):
  - *Vote on Reliability and Validity (if needed)*
- Feasibility:
  - *Vote on Feasibility*
- Usability and Use (Use is a must pass for maintenance measures):
  - *Vote on usability and use*
- Overall Suitability for Endorsement

If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; we move to the next measure.

# Criterion #1: Importance to measure and report Criteria emphasis is different for new vs. maintenance measures

| New measures | Maintenance measures |
|---|---|
| • Evidence – Quantity, quality, consistency (QQC)<br>• Established link for process measures with outcomes | **DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence<br>IF changes in evidence, the Committee will evaluate as for new measures |
| • Gap – opportunity for improvement, variation, quality of care across providers | **INCREASED EMPHASIS**: data on current performance, gap in care and variation |

# Criterion #2: Scientific Acceptability

| New measures | Maintenance measures |
|---|---|
| • Measure specifications are precise with all information needed to implement the measure | NO DIFFERENCE: Require updated specifications |
| • Reliability<br>• Validity (including risk-adjustment) | **DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting)<br>Must address the questions regarding use of social risk factors in risk-adjustment approach |

# Criteria #3-4: Feasibility and Usability and Use

| New measures | Maintenance measures |
|---|---|
| **Feasibility** | |
| • Measure feasible, including eMeasure feasibility assessment | NO DIFFERENCE: Implementation issues may be more prominent |
| **Usability and Use** | |
| • Use: used in accountability applications and public reporting | **INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences |
| • Usability: impact and unintended consequences | |

# Voting During Today's Meeting

- Voting Tools:
  - *All voting members can vote by accessing through a voting link emailed by CommPartners.*
  - *Each of you will be assigned a personalized link to enter the meeting and vote.*
- Instructions:
  - *Please use your specific link to enter the meeting and to vote.*
  - *Please note the voting feature will not work on a tablet—you must use a PC or Mac.*
  - *If you are unable to access the webinar platform, you may indicate your vote through the chat box.*

# Achieving Consensus

- Quorum: 66% of the Committee
- **Pass/Recommended**: Greater than 60% "Yes" votes of the quorum (this percent is the sum of high and moderate)
- **Consensus not reached (CNR)**: 40-60% "Yes" votes (inclusive of 40% and 60%) of the quorum
- **Does not pass/Not Recommended**: Less than 40% "Yes" votes of the quorum

CNR measures move forward to public and NQF member comment and the Committee will revote

# Questions?

# Consideration of Candidate Measures

# 0133 In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI

- Measure Type: Outcome
- Description: Risk adjusted rate of mortality for all patients age 18 and over undergoing PCI.

# Related and Competing Measure Discussion

# Related Measures

- 0119 Risk-Adjusted Operative Mortality for CABG
- 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older
- 2411 Comprehensive Documentation for Indications for PCI
- 2459 In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI
- 0535 30-day All-Cause Risk-Standardized Mortality Rate Following PCI for Patients Without STEMI and Without Cardiogenic Shock
- 0536 30-Day All-Cause Risk-Standardized Mortality Rate Following PCI for Patients with STEMI or Cardiogenic Shock
- 0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)
- 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
- 2411 Comprehensive Documentation for Indications for PCI
- 2452 Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy
- 2459 In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI

# Consideration of Candidate Measures

# 0536 30-Day All-cause Risk-Standardized Mortality Rate following Percutaneous Coronary Intervention (PCI) for Patients with ST Segment Elevation Myocardial Infarction (STEMI) or Cardiogenic Shock

- Measure Type: Outcome
- Description: This measure estimates hospital risk-standardized 30-day all-cause mortality rate following percutaneous coronary intervention (PCI) among patients who are 18 years of age or older with STEMI or cardiogenic shock at the time of procedure. The measure uses clinical data available in the National Cardiovascular Data Registry (NCDR) CathPCI Registry for risk adjustment. For the purpose of development and testing, the measure cohort was derived in a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI. For the purpose of maintenance, the measure used a cohort of patients whose vital status was determined from the National Death Index (which reflects an all-payor sample as opposed to only the Medicare population). This is consistent with the measure's intent to be applicable to the full population of PCI patients.

# Related and Competing Measure Discussion

# Related Measures

- 0229 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older
- 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older
- 0535 30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock

# Public Comment

# Adjourn

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# Day 2: January 30 Agenda

- Welcome, Recap of Day 1
- Consideration of Candidate Measures
- NQF Member and Public Comment

# Welcome and Recap of Day 1

# Consideration of Candidate Measures

# 0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting

- Measure Type: Process
- Description: Percentage of patients admitted to a hospital with a primary diagnosis of an acute myocardial infarction or chronic stable angina or who during hospitalization have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation who are referred to an early outpatient cardiac rehabilitation/secondary prevention program.

# Related and Competing Measure Discussion

# Related Measures

- 0071 Persistence of Beta-Blocker Treatment After a Heart Attack
- 0090 Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
- 0137 ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients
- 0142 Aspirin prescribed at discharge for AMI
- 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older.
- 0290 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- 0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting (in our portfolio)
- 0730 Acute Myocardial Infarction (AMI) Mortality Rate
- 0964 Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients
- 2377 Defect Free Care for AMI
- 2379 Adherence to Antiplatelet Therapy after Stent Implantation
- 2452 PCI: Post-Procedural Optimal Medical Therapy [clinician]
- 2473 Hospital 30-Day Risk-Standardized Acute Myocardial Infarction (AMI) Mortality eMeasure

# Consideration of Candidate Measures

# 0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting

- Measure Type: Process
- Description: Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program.

# Related and Competing Measure Discussion

# Related Measures

- 0071 Persistence of Beta-Blocker Treatment After a Heart Attack
- 0090 Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
- 0137 ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients
- 0142 Aspirin prescribed at discharge for AMI
- 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older.
- 0290 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- 0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting
- 0730 Acute Myocardial Infarction (AMI) Mortality Rate
- 0964 Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients
- 2377 Defect Free Care for AMI
- 2379 Adherence to Antiplatelet Therapy after Stent Implantation
- 2452 PCI: Post-Procedural Optimal Medical Therapy [clinician]
- 2473 Hospital 30-Day Risk-Standardized Acute Myocardial Infarction (AMI) Mortality eMeasure

# Public Comment

# Adjourn

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# Day 3: January 31 Agenda

- Welcome, Recap of Day 2
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps/Committee Timeline

# Welcome and Recap of Day 2

# Consideration of Candidate Measures

# 3309 Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest

- Measure Type: Outcome
- Description: This measure estimates a hospital -level risk standardized survival rate (RSSR) for patients aged 18 years and older who experience an in-hospital cardiac arrest.

# Public Comment

# Next Steps

# Activities and Timeline

## *All times ET

| Meeting | Date/Time |
|---|---|
| **Cycle 1** | |
| Committee Post-Meeting Web Meeting | Friday, February 9, 2:00-4:00 PM |
| Post Comment Web Meeting | Thursday, April 19, 2:00-4:00 PM |
| **Cycle 2** | |
| Committee Measure Evaluation Tutorial Web Meeting | Thursday, May 24, 2:00-4:00 PM |
| Committee In-Person Meeting (1 day in Washington, D.C.) | Friday, June 22, 9:00 AM-5:00 PM |
| Committee Post-Meeting Web Meeting | Friday, June 29, 2:00-4:00 PM |
| Post Comment Web Meeting | Thursday, September 13, 1:00-3:00 PM |

# Project Contact Info

- Email: cardiovascular@qualityforum.org
- NQF Phone: 202-783-1300
- Project page: http://www.qualityforum.org/Project_Pages/Cardiovascular.aspx
- SharePoint site: http://share.qualityforum.org/Projects/Cardiovascular/SitePages/Home.aspx


THANK YOU