

Cardiovascular, Fall 2018 Measure Review Cycle

Standing Committee Meeting February 6-7, 2019

Melissa Mariñelarena, Senior Director Poonam Bal, Senior Project Manager May Nacion, Project Manager Ameera Chaudhry, Project Analyst

Agenda

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

NQF Staff

- Project staff
 - Melissa Mariñelarena, RN, MPA, CPHQ, Senior Director
 - Poonam Bal, MHSA, Senior Project Manager
 - May Nacion, MPH, Project Manager
 - Ameera Chaudhry, MS, Project Analyst
- NQF Quality Measurement leadership staff
 Elisa Munthali, Senior Vice President

Day 1

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Introductions and Disclosure of Interest

Cardiovascular Standing Committee

- Mary George, MD, MSPH, FACS, FAHA (Co-Chair)
- Thomas Kottke, MD, MSPH (Co-Chair)
- 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, PharmD, 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

Portfolio Review

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Cardiovascular Measures Under Review

Measures for Maintenance Evaluation Percutaneous Coronary Intervention (PCI)

- 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
- 2459 Risk Standardized Bleeding for patients undergoing percutaneous coronary intervention (PCI)

Acute Myocardial Infarction (AMI)

2377 Defect Free Care for AMI

New Measure for Evaluation

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

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures.
 - **0964** Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
 - **2459** *Risk Standardized Bleeding for patients undergoing percutaneous coronary intervention (PCI)*
 - **2377** Defect Free Care for AMI
 - **3309** Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.

Overview of Evaluation Process

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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 fall phase of this project will address topic areas including:
 - Acute Myocardial Infarction (AMI)
 - 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."

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 the 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
- Keep comments concise and focused
- Avoid dominating a discussion and allow others to contribute
- Indicate agreement without repeating what has already been said

Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for <u>each criterion</u>:
 - 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

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
 - Vote on Evidence
 - Vote on Gap
 - Composite measures only rationale
- Scientific acceptability of measure properties (must pass):
 - Vote on Reliability
 - Vote on Validity
 - Composite measures only quality construct
- Feasibility
- Use (must pass)
 - Must pass for maintenance measures
- Usability
- If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.
- Vote on the measure as specified.

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

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

Voting During Today's Meeting

- We are piloting a new voting tool that allows Committee members to vote via computer.
- You received instructions on how to vote.
- When voting opens, please enter your first and last name where shown. Click "Continue."
- You are now ready to vote from the options on the screen.
- Please alert an NQF staff member if you are having difficulty with the new electronic voting system

Questions?

Consideration of Candidate Measures

Measures under Consideration

- **3309** Risk-Standardized Survival Rate (RSSR) for In-Hospital Cardiac Arrest
- 2377 Defect Free Care for AMI

Consideration of Candidate Measures

Measure 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.

Measure 2377 Defect Free Care for AMI

Measure Type: Composite

Description:

 The proportion of acute MI patients >= 18 years of age that receive "perfect care" based upon their eligibility for each performance measures

Related and Competing Measure Discussion

Related and Competing Measures

If a measure meets the four criteria <u>and</u> there are endorsed/new related measures (same measure focus <u>or</u> same target population) or competing measures (both the same measure focus <u>and</u> same target population), the measures are compared to address harmonization and/or selection of the best measure.

Related and Competing Measures

- 0132 Aspirin on arrival for Acute MI
- 0137 ACEI or ARB for Left Ventricular Systolic Dysfunction AMI Patients
- 0142 Aspirin Prescribed at Discharge for AMI
- **0160** Beta-blocker Prescribed at Discharge for AMI
- 0163 Primary PCI Received within 90 min of Hospital Arrival
- 0288 Fibrinolytic Therapy Received within 30 Minutes of ED Arrival
- 0639 Statin Prescribed at Discharge
- 0642 Cardiac Rehabilitation Patient Referral from an Inpatient Setting

NQF Member and Public Comment

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Next Steps



*All times ET

Meeting	Date/Time
Measure evaluation web meeting #2	February 7, 2019 (3-5 pm)

Day 2

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Roll Call

Cardiovascular Standing Committee

- Mary George, MD, MSPH, FACS, FAHA (Co-Chair)
- Thomas Kottke, MD, MSPH (Co-Chair)
- Carol Allred, BA
- Linda Baas, PhD, RN
- Linda Briggs, DNP
- Leslie Cho, MD
- Joseph Cleveland, MD
- Michael Crouch, MD, MSPH, FAAFP
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Questions?

Consideration of Candidate Measures

Measures under Consideration

- 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
- 2459 Risk Standardized Bleeding for patients undergoing percutaneous coronary intervention (PCI)

Measure 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients

- Measure Type: Composite
- Description:
 - Proportion of eligible patients = 18 years of age, who were prescribed aspirin, P2Y12 inhibitor, and statin at discharge following PCI with or without stenting.

Related and Competing Measure Discussion

Related and Competing Measures

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Related and Competing Measures

- 0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy
- 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
- 0074 Chronic Stable Coronary Artery Disease: Lipid Control
- 0118 Anti-Lipid Treatment Discharge
- 0142 Aspirin prescribed at discharge for AMI
- 0543 Adherence to Statin Therapy for Individuals with Cardiovascular Disease
- **0569** Adherence to Statins
- 0631 Secondary Prevention of Cardiovascular Events Use of Aspirin or Antiplatelet Therapy
- 0639 Statin Prescribed at Discharge
- 2452 Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge

Measure 2459 Risk Standardized Bleeding for patients undergoing percutaneous coronary intervention (PCI)

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

NQF Member and Public Comment

Next Steps



*All times ET

Meeting	Date/Time
Committee Post-Meeting Web Meeting	February 19, 2019 (11 am - 1 pm)
Post-Comment Web Meeting	April 30, 2019 (11 am - 1 pm)

Project Contact Info

- Email: <u>cardiovascular@qualityforum.org</u>
- NQF phone: 202-783-1300
- Project page: <u>http://www.qualityforum.org/Project_Pages/Cardiovasc_ular.aspx</u>
- SharePoint site: <u>http://share.qualityforum.org/Projects/Cardiovascular/Si</u> <u>tePages/Home.aspx</u>

Questions?

Thank You