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Cardiovascular, Fall 2019 Measure Review Cycle

Measure Evaluation Standing Committee
In-Person Meeting

February 6, 2020

Welcome

Agenda

- Introductions, Disclosures of Interest, Cardiovascular Measures Under Review
- Overview of Evaluation Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps

NQF Staff

- Project Staff
 - ▣ Amy Moyer, MS, PMP, Director
 - ▣ Janaki Panchal, MSPH, Manager
 - ▣ Ameera Chaudhry, MS, Analyst

- NQF Quality Measurement Leadership Staff
 - ▣ Kathleen Giblin, RN, Acting Senior Vice President
 - ▣ Apryl Clark, MHSA, Acting Vice President

Introductions, Disclosures of Interest, and Cardiovascular Measures Under Review

Cardiovascular Standing Committee

- Mary George, MD, MSPH, FACS, FAHA*
- Thomas Kottke, MD, MSPH*
- Linda Briggs, DNP
- Leslie Cho, MD
- Helene Clayton-Jeter, OD
- Joseph Cleveland, MD
- Michael Crouch, MD, MSPH, FAAFP
- Tim Dewhurst, MD, FACC
- Kumar Dharmarajan, MD, MBA
- William Downey, MD
- Howard Eisen, MD
- Naftali Zvi Frankel, MS
- Jake Galdo, PharmD, MBA, BCPS, BCGP
- Ellen Hillegass, PT, EdD, CCS, FAACVPR, FAPTA
- Charles Mahan, PharmD, PhC, RPh
- Soeren Mattke, MD, DSc
- Gwen Mayes, JD, MMSc
- Kristi Mitchell, MPH
- Jason Spangler, MD, MPH, FACPM
- Susan Strong
- Mladen Vidovich, MD
- David Walsworth, MD, FAAFP
- Daniel Waxman, MD, PhD, FACC

*co-chair

Cardiovascular Measures Under Review

- **0018** Controlling High Blood Pressure
- **0071** Persistence of Beta-Blocker Treatment After a Heart Attack
- **0670** Cardiac stress imaging not meeting appropriate use criteria - Preoperative evaluation in low risk surgery patients
- **0671** Cardiac stress imaging not meeting appropriate use criteria - Routine testing after percutaneous coronary intervention
- **0672** Cardiac stress imaging not meeting appropriate use criteria - Testing in asymptomatic, low risk patients
- **0965** Discharge Medications (ACE ARB and beta blockers) in Eligible ICD CRT-D Implant Patients
- **3534** 30-Day All-cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)

NQF Scientific Methods Panel (SMP) Review

The following Fall 2019 Cardiovascular measures were reviewed by the SMP:

- **3534** 30-Day All-cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)
- **0018** Controlling High Blood Pressure
- **0071** Persistence of Beta-Blocker Treatment After a Heart Attack

Overview of the Evaluation Process

Cardiovascular Portfolio of Measures

- This project evaluates measures related to Cardiovascular conditions that can be used for accountability and public report for adult populations in outpatient settings of care.
- The fall phase of this project addresses the following conditions:
 - ▣ Hypertension
 - ▣ Acute Myocardial Infarction
 - ▣ Arrhythmia
 - ▣ Aortic Valve Stenosis
- 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 (i.e., maintenance).

Standing Committee Roles

- 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 endorsement recommendations to the NQF membership
- Oversee the portfolio of CV measures



Standing Committee Responsibilities

Oversee NQF's Cardiovascular Portfolio of Measures

- Provide input on relevant measurement frameworks
- 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 areas
- 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
- Always attend the meeting
- 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 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

- **Votes will be taken after the discussion of each criterion**
 - Importance to measure and report (must pass):
 - ▣ Vote on Evidence
 - ▣ Vote on Gap
 - Scientific acceptability of measure properties (must pass):
 - ▣ Vote on Reliability
 - ▣ Vote on Validity
 - Feasibility
 - Use (must pass)
 - ▣ Must pass for maintenance
 - 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

- **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/Recommend:
 - ▣ 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
 - ▣ CNR measures move forward to public and NQF member comment, and the Committee will revote at the next webinar
- Does not pass/Not Recommend:
 - ▣ Less than 40% “Yes” votes of the quorum

Using PollEverywhere to Vote

- A voting link was shared with the Committee prior to today's meeting
- When voting opens, please enter your first and last name where shown and 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

Consideration of Candidate Measures

0018 Controlling High Blood Pressure

- **Measure Type:** Outcome: Intermediate Clinical Outcome
- **Description:** The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
- **Lead Discussants:** Michael Crouch, Elizabeth DeLong
 - ▣ **Additional Discussant:** David Walsworth

Break



0071 Persistence of Beta-Blocker Treatment After a Heart Attack

- **Measure Type:** Outcome: Intermediate Clinical Outcome
- **Description:** The percentage of patient's 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.
- **Lead Discussants:** Kristi Mitchell, Kurt Mahan
 - ▣ **Additional Discussant:** Ellen Hillegass

Lunch



0670 Cardiac stress imaging not meeting appropriate use criteria - Preoperative evaluation in low risk surgery patients

- **Measure Type:** Efficiency
- **Description:** Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation
- **Lead Discussants:** Tim Dewhurst, Kumar Dharmarajan



0671 Cardiac stress imaging not meeting appropriate use criteria - Routine testing after percutaneous coronary intervention

- **Measure Type:** Percentage of all stress SPECT MPI, stress echo, CCTA and CMR performed routinely after PCI, with reference to timing of test after PCI and symptom status.
- **Description:** Efficiency
- **Lead Discussants:** Mladen Vidovich, Jason Spangler



0672 Cardiac stress imaging not meeting appropriate use criteria - Testing in asymptomatic, low risk patients

- **Measure Type:** Efficiency
- **Description:** Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment.
- **Lead Discussants:** Leslie Cho, Helene Clayton-Jeter

Break



0965 Discharge Medications (ACE ARB and beta blockers) in Eligible ICD CRT-D Implant Patients

- **Measure Type:** Composite
- **Description:** Proportion of patients undergoing ICD/CRT-D implant who received prescriptions for all medications (ACE/ARB and beta blockers) for which they are eligible at discharge.
- **Lead Discussants:** Jake Galdo, Soren Mattke
 - ▣ **Additional Discussant:** Gwen Mayes



3534 30-Day All-cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)

- **Measure Type:** Outcome
- **Description:** This measure estimates hospital risk standardized odds ratio for death from all causes within 30 days following transcatheter aortic valve replacement. The measure uses clinical data available in the STS/ACC TVT Registry for risk adjustment. For the purpose of development and testing, the measure used site-reported 30-day follow-up data contained in the STS/ACC TVT Registry.
- **Lead Discussants:** Linda Briggs, Howard Eisen
 - ▣ **Additional Discussants:** Naftali Zvi Frankel, Susan Strong

NQF Member and Public Comment

Next Steps

Next Steps

- Draft Report for Public and NQF Member Comment
- Post-Comment Web Meeting – **May 7, 2020, 12:00 pm – 2:00 pm ET**
- CSAC – review and approval
- Appeals



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.

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