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# Cardiovascular, Fall 2020 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Amy Moyer, NQF Director

Janaki Panchal, NQF Manager

Karri Albanese, NQF Analyst

Mike DiVecchia, NQF Senior Project Manager

*February 9, 2021*

*February 17, 2021*

*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task  
Order HHSM-500-T0001.*

# Welcome



## Housekeeping Reminders RingCentral

- This is a Ring Central meeting with audio and video capabilities
- Direct your web browser to the following URL:  
<https://meetings.ringcentral.com/j/1494150669>
- Optional: Dial **+1(773)231-9226** and enter passcode **149 415 0669**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - ▣ Chat box: to message NQF staff or the group
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- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [cardiovascular@qualityforum.org](mailto:cardiovascular@qualityforum.org)

## Project Team



**Amy Moyer, MS,  
PMP**  
**Director**



**Janaki Panchal,  
MSPH**  
**Manager**



**Karri Albanese,**  
**Analyst**



**Mike DiVecchia,  
MBA, PMP**  
**Senior Project  
Manager**



## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Cardiovascular Fall 2020 Cycle Standing Committee

- Thomas Kottke, MD, MSPH (Co-Chair)
- Tim Dewhurst, MD, FACC (Co-Chair)
- Michael Alexander, MD, MPH, FACC
- Jacqueline Hawkins Alikhaani
- David Boston, MD, MS
- Linda Briggs, DNP
- Leslie Cho, MD
- Helene Clayton-Jeter, OD
- Abdulla Damluji, MD, MPH, PhD
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- Howard Eisen, MD
- Naftali Zvi Frankel, MS
- Jake Galdo, PharmD, MBA, BCPS, BCGP
- Lori Hull-Grommesh, DNP, RN, APRN-BC, ACNP-BC, NEA-BC, FAANP
- Wen-Chih Hank Wu, MD, MPH
- Tiffany Johnson
- Charles Mahan, PharmD, PhC, RPh
- Soeren Mattke, MD, DSc
- Gwen Mayes, JD, MMSc
- Kristi Mitchell, MPH
- Ashley Tait-Dinger, MBA
- David Walsworth, MD, FAAFP
- Daniel Waxman, MD, PhD, FACC
- Jeffrey Wexler

# Overview of Evaluation Process and Voting Process





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

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Cardiovascular 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
- Allow others to contribute



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ 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 staff
    - » 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



## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



## Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability



## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - ▣ 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; Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion.



## Achieving Consensus

- Quorum: 66% of active committee members (17 of 25 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Committee during their absence.





# Evaluation Process Questions?

# Voting Test

# Measures Under Review

## NQF Scientific Methods Panel (SMP)

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

## Fall 2020 Cycle Measures

- Two Maintenance Measures for Committee Review
  - ▣ 0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization – (Yale Center for Outcomes Research and Evaluation (CORE))
  - ▣ 0230 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization – (Yale CORE)

## NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
  - ▣ 0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization – (Yale CORE)
  - ▣ 0230 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization – (Yale CORE)
- Both measures passed SMP Review.

# Consideration of Candidate Measures

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

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
  - ▣ Maintenance
- **Brief Description of Measure:**
  - ▣ The measure estimates a hospital-level 30-day, all-cause, risk-standardized mortality rate for patients discharged from the hospital with a principal diagnosis of HF. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.



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

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
  - ▣ Maintenance
- **Brief Description of Measure:**
  - ▣ The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of AMI. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission. CMS annually reports the measure for patients who are 65 years or older and are either Medicare fee-for-service (FFS) beneficiaries and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.

# NQF Member and Public Comment

# Next Steps



## Measure Evaluation Process After the Measure Evaluation Meetings

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
  - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

# Activities and Timeline – Fall 2020 Cycle

\*All times ET

Meeting	Date, Time
Measure Evaluation Web Meeting #2	February 17, 2021 2:00 – 4:00 pm ET
Draft Report Comment Period	March 30, 2021 – April 28, 2021
Committee Post-Comment Web Meeting	May 27, 2021 2:00 – 4:00 pm ET
CSAC Review	June 2021
Appeals Period (30 days)	July 2021

## Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- Two new measures were submitted
  - ▣ One complex measure will be sent to the SMP for review of Scientific Acceptability criterion
- Topic areas
  - ▣ Transcatheter aortic valve repair
  - ▣ Acute myocardial infarction



## Project Contact Info

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- Project page:  
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- SharePoint site:  
<https://share.qualityforum.org/portfolio/Cardiovascular/SitePages/Home.aspx>

# Questions?



**THANK YOU.**

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# Cardiovascular, Fall 2020 Measure Review Cycle (Day Two)

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# Welcome, Day Two



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## Project Team, Day Two



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**Manager**



**Karri Albanese,**  
**Analyst**



**Mike DiVecchia,  
MBA, PMP**  
**Senior Project  
Manager**

# Welcome, Recap of Day One, and Roll Call

## Cardiovascular Fall 2020 Cycle Standing Committee, Day Two

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# Voting Test, Day Two



# Consideration of Candidate Measures, Day Two

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- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
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- **Brief Description of Measure:**
  - ▣ The measure estimates a hospital-level 30-day, all-cause, risk-standardized mortality rate for patients discharged from the hospital with a principal diagnosis of HF. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.

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

- **Measure Steward:** Yale CORE/Centers for Medicare & Medicaid Services
  - ▣ Maintenance
- **Brief Description of Measure:**
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# Related and Competing Discussion

## Related and Competing Measures

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

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	<b>Competing measures-Select best measure</b> from competing measures or justify endorsement of additional measure(s).	<b>Related measures-Harmonize</b> on target patient population or justify differences.
Different target patient population	<b>Related measures-Combine</b> into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

## Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

## 0229 Related Measures

- 0330 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization (Yale CORE)
- 0358 Heart Failure Mortality Rate (IQI 16) (Agency for Healthcare Research and Quality)
- 0468 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization (Yale CORE)
- 1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) (Yale CORE)
- 1893 Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization (Yale CORE)
- 3502 Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (Yale CORE)
- 3504 Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (Yale CORE)

## 0230 Related Measures

- 0229 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization (Yale CORE)
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- 0468 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization (Yale CORE)
- 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization. (Yale CORE)
- 0506 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization (Yale CORE)
- 0730 Acute Myocardial Infarction (AMI) Mortality Rate
- 1893 Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization (Yale CORE)





## 0230 Related Measures Continued

- 2431 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (Yale CORE)
- 3502 Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (Yale CORE)
- 3504 Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (Yale CORE)

# **NQF Member and Public Comment, Day Two**

# Next Steps, Day Two



## Measure Evaluation Process

### After the Measure Evaluation Meetings, Day Two

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# Questions? Day Two



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