



NATIONAL
QUALITY FORUM

Cardiovascular Project: April 2018 Measure Review Cycle

*Standing Committee Meeting
June 22, 2018*

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

Agenda

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

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, 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 second 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.”

Cardiovascular Portfolio of Measures Under Review

Measures for Maintenance Evaluation

Percutaneous Coronary Intervention (PCI)

- 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

Acute Myocardial Infarction (AMI)

- 2473e Hybrid Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Acute Myocardial Infarction (AMI)

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
<ul style="list-style-type: none">• Evidence – Quantity, quality, consistency (QQC)• Established link for process measures with outcomes	<p>DECREASED EMPHASIS: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence</p> <p>IF changes in evidence, the Committee will evaluate as for new measures</p>
<ul style="list-style-type: none">• Gap – opportunity for improvement, variation, quality of care across providers	<p>INCREASED EMPHASIS: data on current performance, gap in care and variation</p>

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
<ul style="list-style-type: none">• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
<ul style="list-style-type: none">• Reliability• Validity (including risk adjustment)	<p>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)</p> <p>Must address the questions regarding use of social risk factors in risk-adjustment approach</p>

Criteria #3-4: Feasibility and Usability and Use

New measures	Maintenance measures
Feasibility	
<ul style="list-style-type: none">• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
<ul style="list-style-type: none">• Use: used in accountability applications and public reporting	INCREASED EMPHASIS: Much greater focus on measure use and usefulness, including both impact and unintended consequences
<ul style="list-style-type: none">• 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

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

- **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 without STEMI and without 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 used a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI. For the purpose of maintenance, we tested the performance of the measure in a cohort of patients whose vital status was determined from the National Death Index. As such it 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 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.

Related Measures

NQF #	0229	0230	0536
Title	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	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
Steward	Centers for Medicare and Medicaid Services (CMS)	CMS	American College of Cardiology
Measure focus	Death within 30 days after admission date for index admission with diagnosis of HF	Death within 30 days after admission date for index admission with diagnosis of AMI	Death within 30 days following PCI procedure in patients with STEMI/cardiogenic shock at time of procedure
Patient population	18 years and older	18 years and older	8 years and older
Exclusions	Four exclusion criteria (e.g., discharged against medical advice, inconsistent/unknown vital status, etc.)	Four exclusion criteria (e.g., discharged against medical advice, inconsistent/unknown vital status, etc.)	Four exclusion criteria (e.g., PCIS that follow a prior in the same admission, subsequent PCIs within 30 days, etc.)
Measure timing	Lifetime history	Lifetime history	Lifetime history
Level of analysis	Facility	Facility	Facility, Other
Setting	Inpatient/Hospital, Other	Inpatient/Hospital	Inpatient/Hospital
Data Source	Claims, Other, Paper Medical Records	Claims, Other, Paper Medical Records	Claims, Other, Registry Data

Consideration of Candidate Measures

2473e Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI)

- **Measure Type:** Outcome
- **Description:** This measure estimates a hospital-level 30-day, all-cause, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute myocardial infarction (AMI). The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for AMI patients. The target population is Medicare Fee-for-Service beneficiaries who are 65 years or older. This Hybrid AMI mortality measure was developed de novo. This measure is harmonized with the Centers for Medicare and Medicaid Services' (CMS's) current publicly reported claims-only measure, hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) (NQF #2473). The measure is referred to as a hybrid because it is CMS's intention to calculate the measure using two data sources: Medicare fee-for-service (FFS) administrative claims and clinical electronic health record (EHR) data.

Related and Competing Measure Discussion

Related and Competing Measures

NQF #	0230 (Related)	0730 (Competing)
Title	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	Acute Myocardial Infarction (AMI) Mortality Rate
Steward	CMS	Agency for Healthcare Research and Quality
Measure focus	Death within 30 days after admission date for index admission with diagnosis of AMI	In-hospital deaths per 1,000 hospital discharges with AMI
Patient population	18 years and older	18 years and older
Exclusions	Four exclusion criteria (e.g., discharged against medical advice, inconsistent/unknown vital status, etc.)	Transferred to another short-term hospital where the outcome at hospital discharge was unknown; Admitted for treatment of pregnancy, childbirth, and puerperium; With missing discharge disposition, gender, age, quarter, year, or principal diagnosis
Measure timing	Lifetime history	Lifetime history
Level of analysis	Facility	Facility
Setting	Inpatient/Hospital	Inpatient/Hospital
Data Source	Claims, Other, Paper Medical Records	Claims

Public Comment

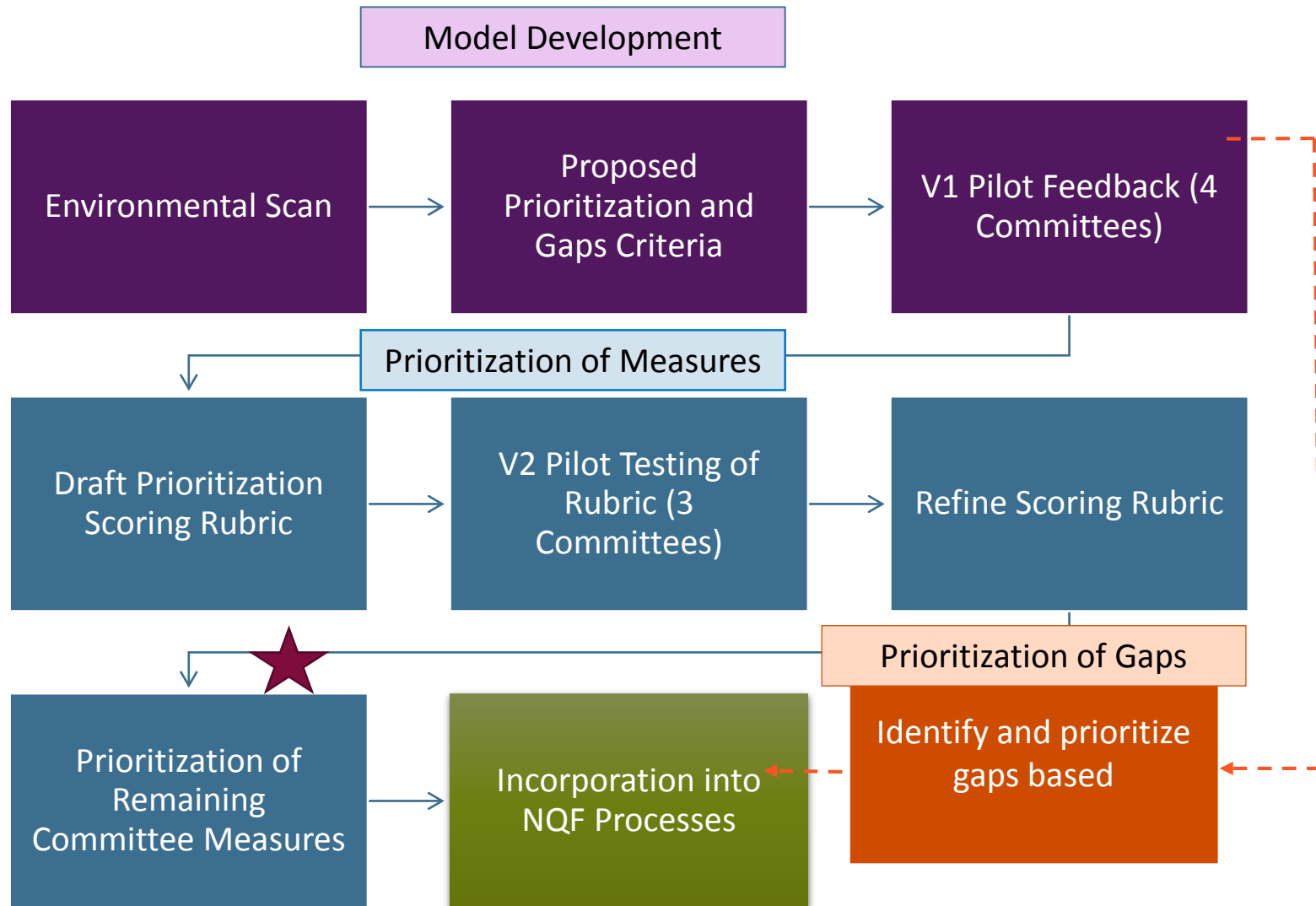
Prioritization Initiative

NQF's Strategic Direction



Learn more about NQF's Strategic Plan at
http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

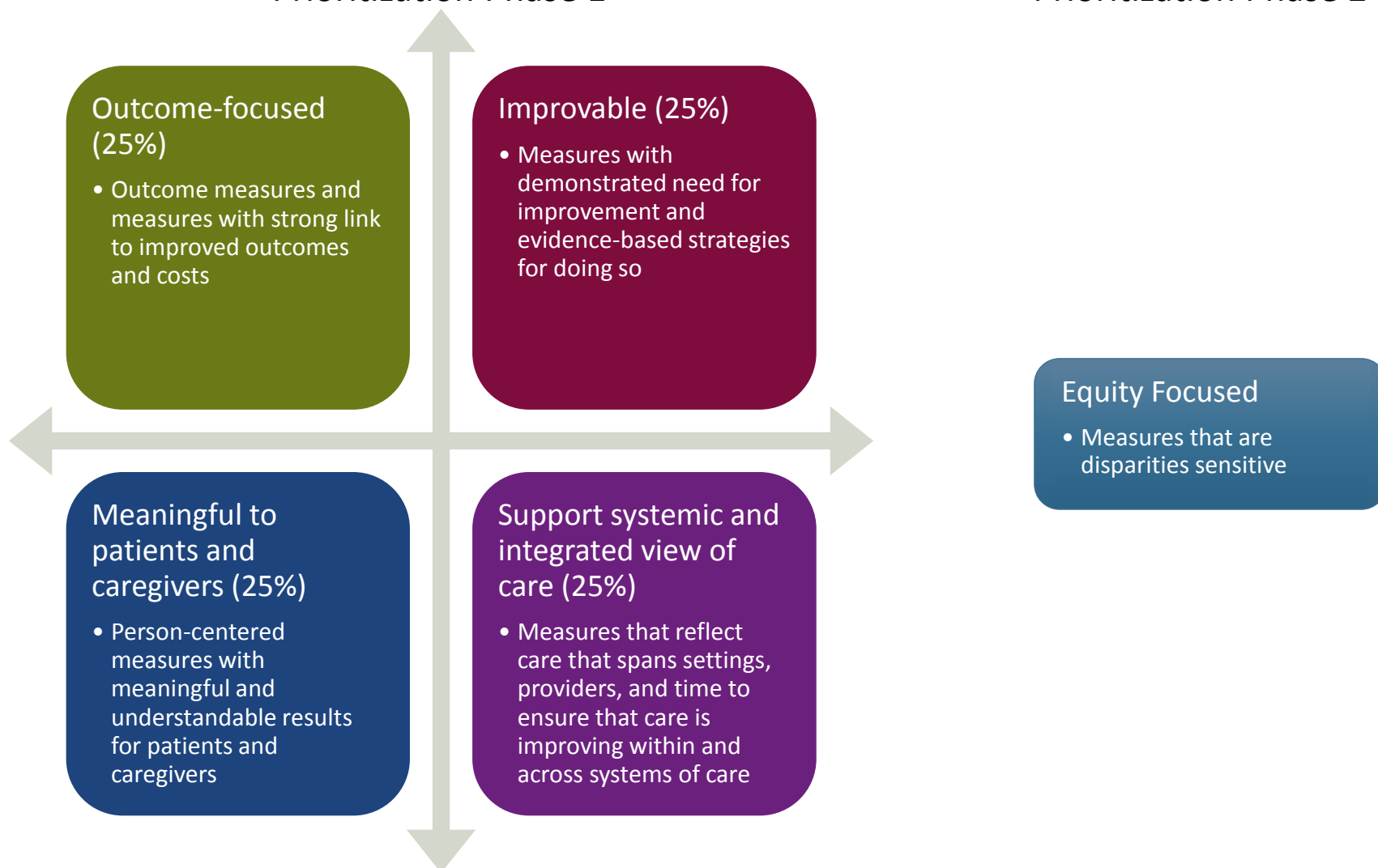
NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1

Prioritization Phase 2



Breakdown of the Criteria

Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

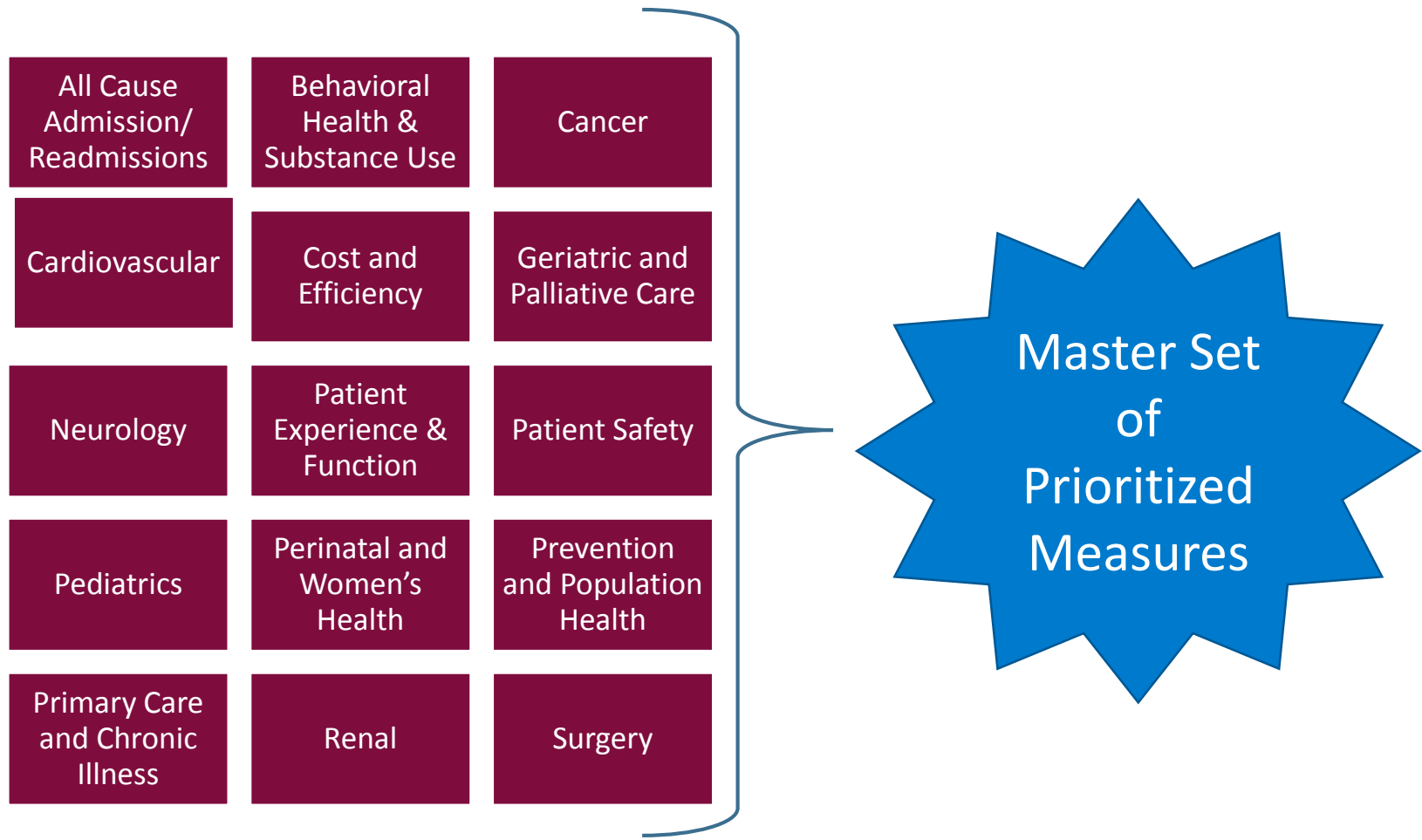
Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

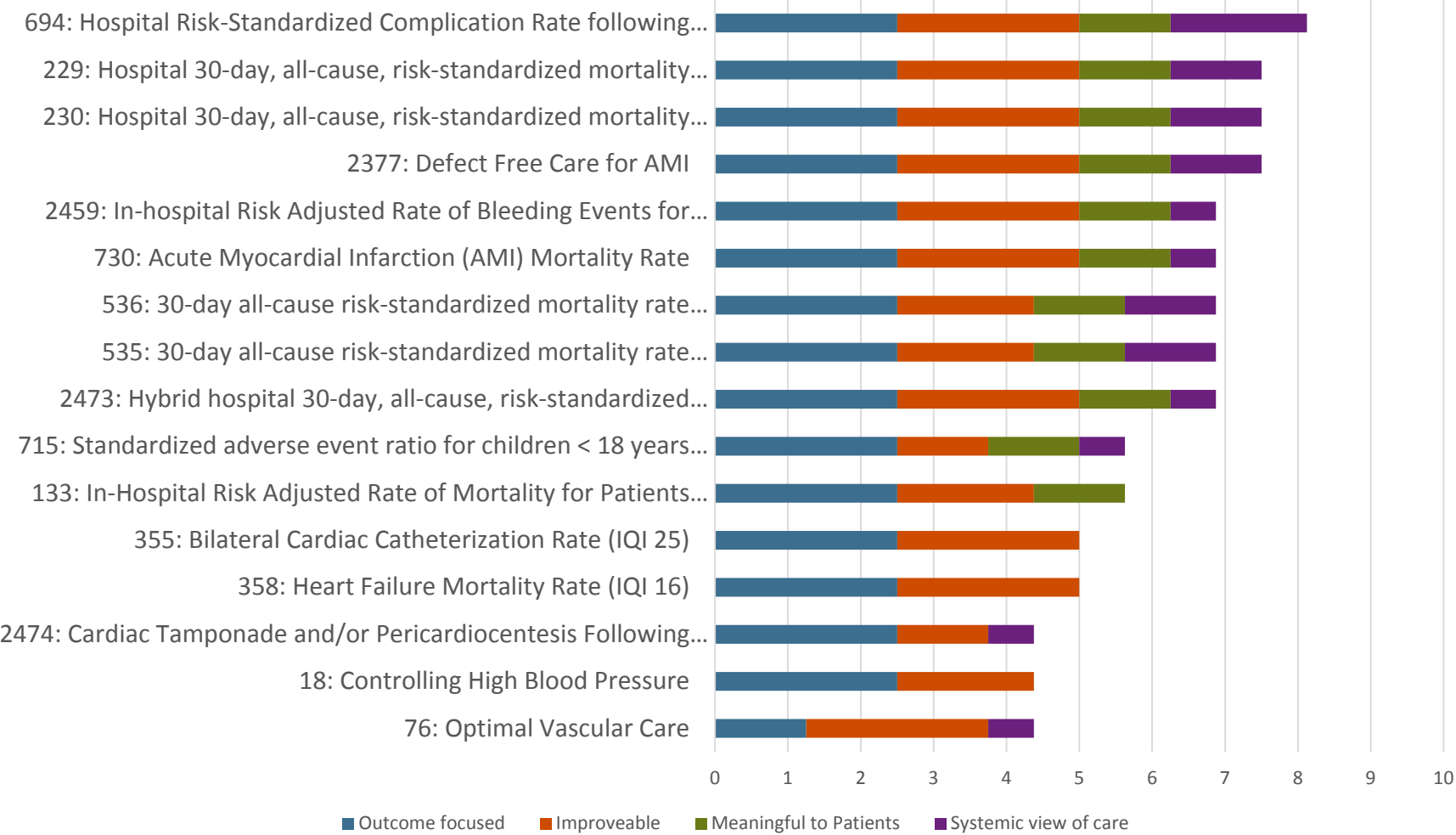
Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

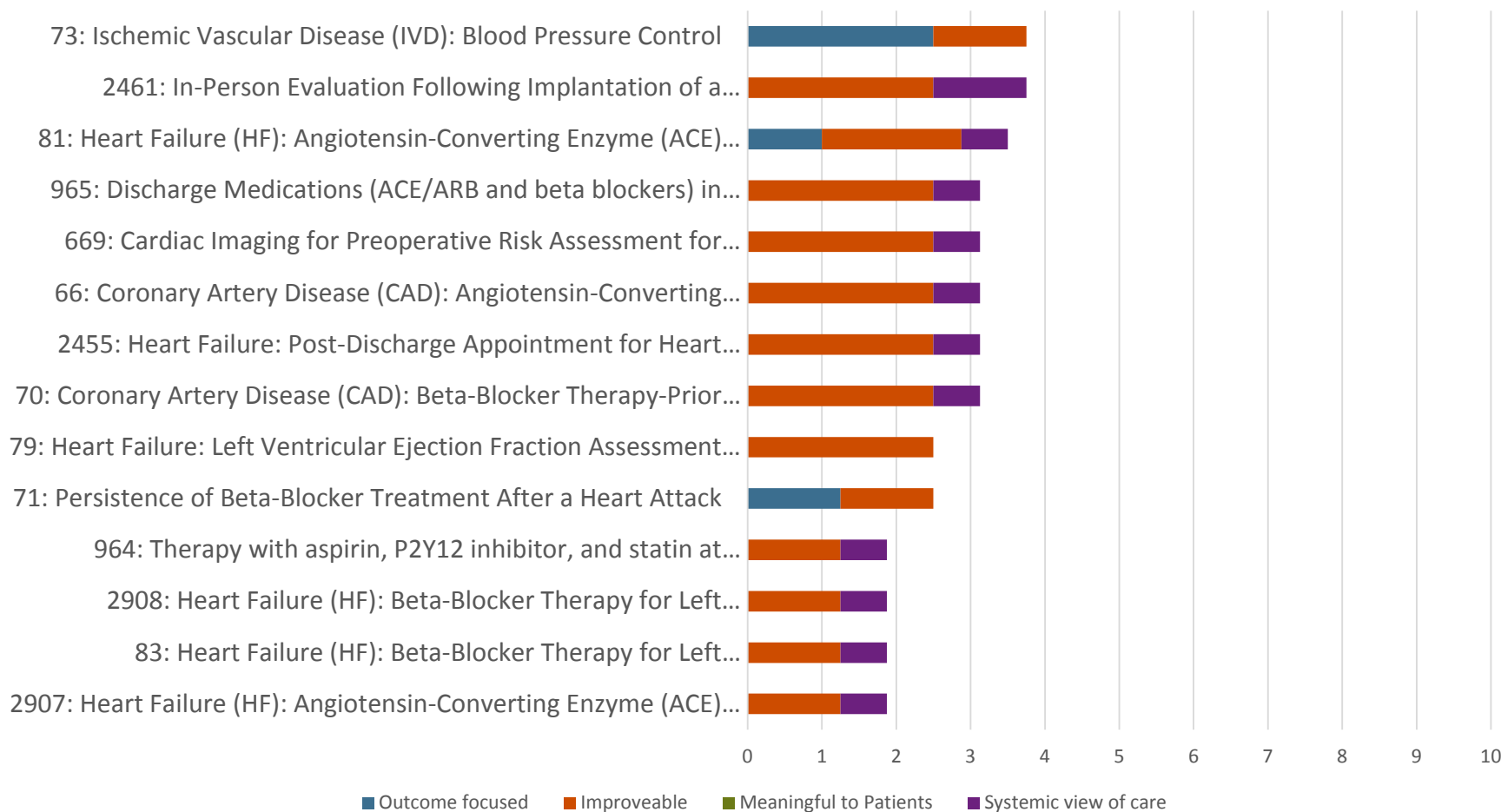
Prioritization will be conducted within and across portfolios



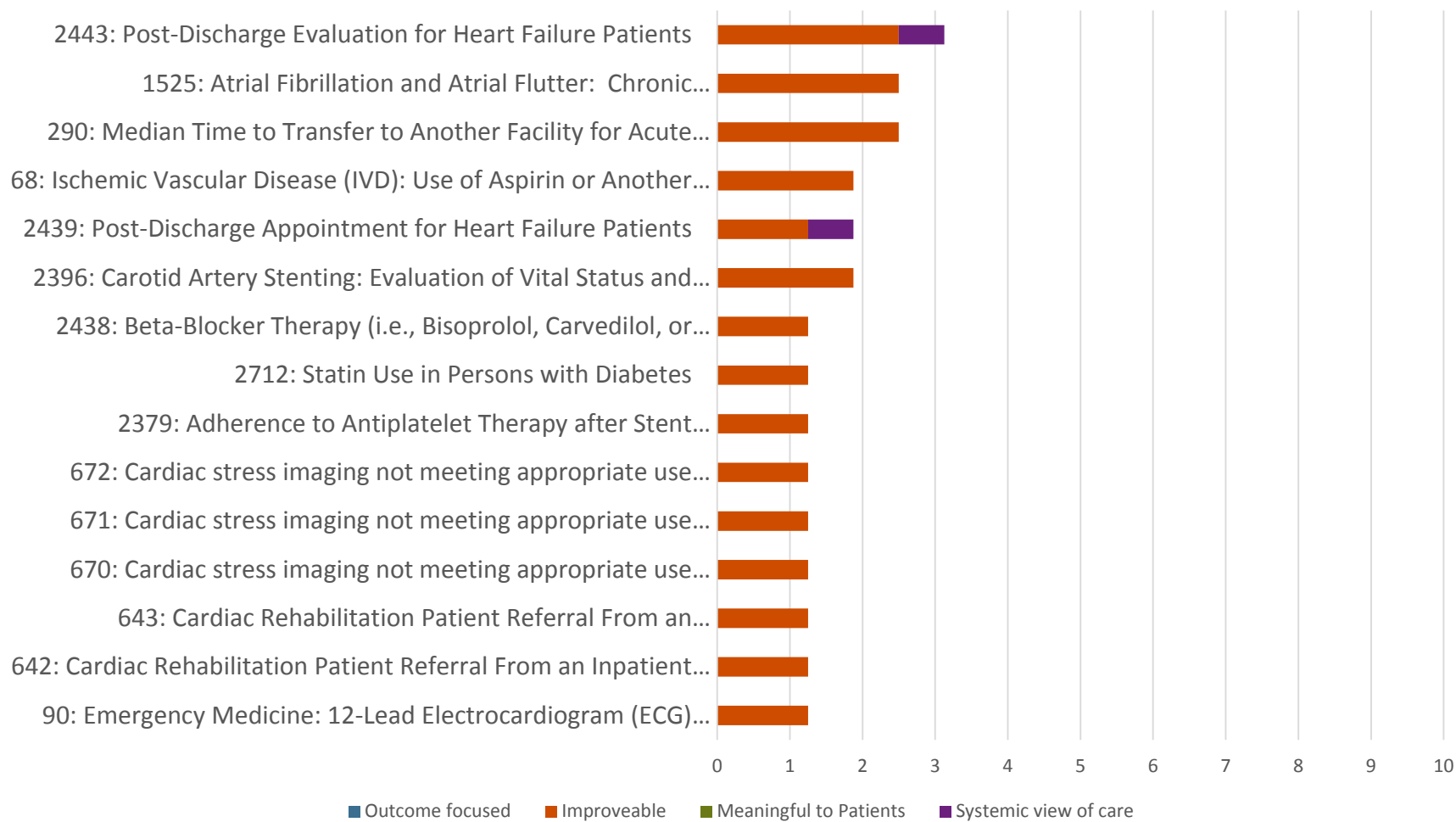
Cardiovascular Portfolio Prioritization Scoring: Page One



Cardiovascular Portfolio Prioritization Scoring: Page Two



Cardiovascular Portfolio Prioritization Scoring: Page Three



NQF Prioritization Initiative: What's Next?

Activity	Date
Roll out at Spring 2018 Standing Committee Meetings	May-June 2018
Compile Phase I results from across Committees	June-August 2018
Measure Evaluation Annual Report Appendix	September 2018
Presentation/Update at NQF Annual Meeting	March 2019

Questions for Committee

- Do the initial scoring results yield the outcomes you might have expected?
 - ▣ *Are the highest and lowest impact measures scoring correctly based on the rubric?*
 - ▣ *Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?*
- Survey to be sent by email following the presentation.

Next Steps

Next Steps

*All times ET

Cycle 2

Meeting	Date/Time
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>

Questions?

Thank You