NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Cardiovascular Standing Committee – Measure Evaluation In-Person Meeting

The National Quality Forum (NQF) convened the Cardiovascular Standing Committee for an in-person meeting on February 6, 2020 at the NQF offices in Washington, DC to evaluate seven measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the in-person meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 43 in the cardiovascular portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Cardiovascular Standing Committee evaluated seven measures, six maintenance and one new, for endorsement consideration. Some Committee members were only able to attend portions of the meeting, and the vote totals reflect the number of Committee members present at each vote. No Committee members were recused from voting on any of the measures. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 18, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

0018 Controlling High Blood Pressure (National Committee for Quality Assurance (NCQA))

Measure Steward/Developer Representatives at the Meeting

Mary Barton, Daniel Roman

Standing Committee Votes

- Evidence: H-2; M-13; L-1; I-0
- Performance Gap: H-11; M-5; L-0; I-0
- Reliability:
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-4; M-1; L-0; I-2
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.

- Validity: H-0; M-13; L-3; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee chose to vote on the validity criterion.
- Feasibility: H-9; M-7; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-12; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended this maintenance measure for continued endorsement. The Committee discussed challenges with setting appropriate blood pressure goals and the nuances of blood pressure measurement. The Committee mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Committee and the developer discussed measuring based on a point measure versus an average of readings and the data challenges related to obtaining an average reading. The Committee was pleased to see the inclusion of some forms of remote monitoring in the updated specifications but noted only monitors that auto-transmit data are currently included. The Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age. They noted that as age increases, the absolute risk reduction gained through treatment also increases; however, the potential for adverse events also rises with age. A Committee member noted that age does not correspond perfectly with physiological state. Ultimately, the Committee decided this measure is appropriate for use at a population level for health plans, noting that the measure performance goal is not 100%.

0071 Persistence of Beta-Blocker Treatment After a Heart Attack (National Committee for Quality Assurance (NCQA))

Measure Steward/Developer Representatives at the Meeting

Mary Barton, Daniel Roman

Standing Committee Votes

- Evidence: H-2; M-10; L-4; I-0
- Performance Gap: H-2; M-11; L-3; I-0
- Reliability:
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-2; M-5; L-0; I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.
- Validity: H-0; M-12; L-3; I-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-0; M-5; L-1; I-1
    - The Standing Committee chose to vote on the validity criterion.

- Feasibility: H-6; M-10; L-0; I-0
- Use: Pass-15; No Pass-2
- Usability: H-0; M-13; L-4; I-0

Standing Committee Recommendation for Endorsement: Yes-17; No-0

The Standing Committee recommended the measure for continued endorsement. They mentioned that the definition and treatment of myocardial infarction has changed since the measure was initially developed and endorsed. More sensitive troponin tests for diagnosis and treatment by early reperfusion could affect the patient population included in this measure. The Committee discussed the performance and disparities data provided by the developer. The Committee agreed that the performance data provided shows a clear gap in performance and concluded there is an opportunity for improvement that warrants a national performance measure.

The Committee discussed the reliability and validity of the measure. Committee noted that the testing data included Healthcare Effectiveness Data and Information Set (HEDIS) 2018 plan data, including commercial, Medicaid, and Medicare plans. Noting that the score-level reliability was conducted using beta-binomial model, the Committee unanimously accepted the NQF Scientific Methods Panel's moderate rating for reliability. Committee members mentioned that the construct validity data made sense; however, concerns were raised regarding face validity since the measure's title indicates that it is a medication persistence measure, while the specifications are consistent with a medication adherence measure. The Standing Committee chose to vote on the validity criterion and concluded that the measure met the validity criterion.

The Committee did not express any concerns about the feasibility of the measure. They agreed that the benefits outweighed the harms and the measure passed on use and usability.

0672 Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients (American College of Cardiology (ACC))

Measure Steward/Developer Representatives at the Meeting

Joseph Allen

Standing Committee Votes

- Evidence: H-0; M-2; L-1; I-14
- Insufficient Evidence With Exception: Yes-15; No-2
- Performance Gap: H-0; M-1; L-6; I-10

Standing Committee Recommendation for Endorsement: Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Performance Gap criterion—a must-pass criterion.

For this measure, and the following two measures (0670 and 0671), the Committee noted a disconnect between the focus of the NQF measure evaluation criteria and appropriate use measures. The Committee urged NQF to consider an alternative evidence algorithm for appropriate use measures as it is extremely rare to have empirical data for appropriate use measures. The Committee was concerned that measures with good intent and very strong face validity will not be able to meet the criteria and as a result, may not be widely implemented. NQF agreed to examine the endorsement criteria and process

with a goal of with a goal of identifying and addressing any unintended barriers for endorsement of appropriate use measures.

The Committee discussed how no empirical evidence is provided for this measure since this patient population is rarely the focus of trials and testing is rare in this population. The Committee further noted that the submitted evidence is based on a consensus document. The developer stated they will likely have more data now that the educational and operations testing period of the appropriate use criteria program created under the Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b) has gone into effect. The Committee agreed that the evidence for this measure is insufficient; however, given existing systematic assessments, multiple international guidelines, and expert opinions suggesting the benefits of this measure outweigh the harms, the Committee voted that an exception should be made.

Following the vote on evidence, the Committee evaluated this measure against the performance gap criterion. The Committee noted that the developer did not provide updated performance gap data and that the previous data may not correspond to the measure as specified. The Committee determined the information provided was insufficient to evaluate the current performance gap. While the Committee agreed with the intent of this measure to ensure patients are not inappropriately tested, this measure did not pass the performance gap criterion.

0670 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients (American College of Cardiology (ACC))

Measure Steward/Developer Representatives at the Meeting

Joseph Allen

Standing Committee Votes

- Evidence: H-0; M-16; L-1; I-0
- Performance Gap: H-0; M-2; L-3; I-12

Standing Committee Recommendation for Endorsement: Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Performance Gap criterion—a must-pass criterion.

The Committee agreed the evidence was moderate as a strong clinical rationale was provided but the random control trial data reported was not directly related to the low-risk population included in the measure. When discussing performance gap, the Committee noted that the developer did not provide updated performance gap data and that the previous data may not correspond to the measure as specified. The Committee determined the information provided was insufficient to evaluate the current performance gap.

0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI) (American College of Cardiology (ACC))

Measure Steward/Developer Representatives at the Meeting

Joseph Allen

Standing Committee Votes

- Evidence: H-0; M-4; L-3; I-10
- Insufficient Evidence With Exception: Yes-14; No-3
- Performance Gap: H-0; M-1; L-3; I-13

Standing Committee Recommendation for Endorsement: Vote Not Taken

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Performance Gap criterion—a must-pass criterion.

The Committee noted that the evidence provided for this measure was based on expert consensus instead of empirical data. They further discussed how it is difficult to know who is accountable for the performance of this measure, as the individual ordering a stress test may not be the person performing the PCI. Given the consensus of expert opinion suggesting the importance of this measure, the Committee voted this measure as having insufficient evidence with exception.

Following the vote, the Committee discussed the performance gap of this measure. The Committee noted that the developer did not provide updated performance gap data and that the previous data may not correspond to the measure as specified. The Committee determined the information provided was insufficient to evaluate the current performance gap.

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

Measure Steward/Developer Representatives at the Meeting

Heidi Bossley, Jarrott Mayfield, and Esteban Perla

Standing Committee Votes

- Evidence: H-0; M-14; L-2; I-1
- Performance Gap: H-3; M-13; L-0; I-0
- Composite - Quality Construct and Rationale: H-5; M-12; L-0; I-0
- Reliability: H-1; M-15; L-0; I-0
- Validity: H-5; M-11; L-0; I-0
- Composite Construction: H-13; M-3; L-0; I-0
- Feasibility: H-6; M-9; L-1; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-13; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee explored the relationship between the patient populations in the evidence presented and the patient population included in the measure. Although there was not a direct match, the measured population represents a sub-set of the larger patient population covered by the evidence. The Committee also raised questions about specific medications. Angiotensin receptor-neprilysin inhibitors (ARNIs) are a new drug class used to treat heart failure and the Committee inquired if ARNIs are included in this measure. The developer clarified that ARNIs are included in the measure specifications, but not in the measure title. The Committee also inquired about hydralazine, which is a preferred medication for African American patients with heart failure. The developer stated they do not receive race data for calculation but would instead handle this by having sites indicate African American patients have contraindications to the medications in the measure. This would remove them from the measure

denominator. The Committee was satisfied that providers would not be penalized for appropriately prescribing hydralazine.

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

Measure Steward/Developer Representatives at the Meeting

Heidi Bossley, Susan Fitzgerald, Jarrott Mayfield, and Esteban Perla

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-2; M-13; L-1; I-0
- Reliability:
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Reliability: H-0; M-6; L-0; I-0
    - The Committee accepted the NQF Scientific Methods Panel's Moderate rating, unanimously.
- Validity: H-0; M-14; L-2; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's ratings for Validity: H-0; M-5; L-1; I-0
    - The Standing Committee chose to vote on the validity criterion.
- Feasibility: H-2; M-12; L-2; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-12; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended the measure for NQF endorsement. Across the criteria, the discussion focused mainly on missing data and its potential impact on the measure. Facilities that participate in the registry are excluded from risk-adjusted measure results if certain elements are less than 90% complete. The Committee was particularly concerned with whether the missing data affected the measure's validity and if the missing data were due to a feasibility issue. The data elements of concern were the Kansas City Cardiomyopathy Questionnaire (KCCQ) and the six-minute walk test, both of which are used to assess patient functional status, and both of which are included in the risk-adjustment model. The developer noted that they are seeing an increase in data capture for these elements, which are important measures of functional status, and that continuing to include the elements in the measure will encourage continued improvement in the use and recording of the data elements. The developer stated that care for patients who are candidates for a TAVR procedure should include functional status assessment. The Committee ultimately agreed that the measure was suitable for endorsement but encouraged the developer to continue to monitor the completeness of data submissions and the usefulness of the data for measure calculation and risk adjustment.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 18, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on April 16, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on May 7, 2020.