



Cardiovascular Standing Committee – Fall 2020 Post-Comment Web Meeting

The National Quality Forum (NQF) held the post-comment web meeting ([link to slides](#)) for the Cardiovascular Standing Committee on Thursday, May 27, 2021, from 2–4 PM ET.

Welcome and Introductions

Amy Moyer, NQF senior director, welcomed the Standing Committee and participants to the web meeting. Ms. Moyer introduced the Standing Committee Co-Chairs Tom Kottke and Tim Dewhurst and the NQF project team: Janaki Panchal, Karri Albanese, and Mike DiVecchia. Ms. Moyer provided an overview of the agenda:

- Review public comments received on the draft report
- Discuss any potential revisions to the Committee’s recommendations and/or the draft report based on the comments received
- Discuss the remaining related and competing measures
- Discuss potential next steps

Review and Discuss Public Comments

Ms. Moyer briefly reviewed the two measures under discussion before handing it off to Dr. Kottke and Dr. Dewhurst to facilitate the discussion with the Committee on the comments. Dr. Kottke facilitated the discussion of the three comments received on NQF #0229 *Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization*, which was recommended for endorsement during the measure evaluation meeting. The comments raised concerns regarding the measure’s reliability, particularly at lower case counts; the decision to not include social risk adjustments; and the inadequacy of the exclusions (e.g., do not exclude patients receiving palliative care or advanced therapies). The Standing Committee noted that these concerns had been raised prior to the measure evaluation meeting and had been discussed during that meeting ([link to the measure evaluation meeting summary](#)). The Committee had no further discussion on the comments for NQF #0229.

Dr. Dewhurst facilitated the discussion of the two comments received on NQF #0230 *Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI)*, which was recommended for endorsement during the measure evaluation meeting. The comments raised concerns regarding the measure’s reliability, particularly at lower case counts; the decision to not include social risk adjustment; and the insufficient number of outliers (i.e., best and worst performers) to adequately distinguish performance. One of the Standing Committee members made a general comment, stating that risk-adjusted outcome measures have less variation in performance compared with process measures. Another Standing Committee member questioned whether the goal of social risk adjustment was to be able to predict outcomes for patients. This Committee member also asked

whether it was correct to note that the data currently in use are not robust enough to predict outcomes. Overall, it was generally agreed that more robust social risk data are needed. Another Standing Committee member asked about the path to including variables beyond those in claims data. The measure developer clarified that it used the Agency for Healthcare Research and Quality's (AHRQ) Socioeconomic Status (SES) Index when testing social risk factors. These data go beyond those data available in claims. The developer also noted that social risk factors continue to be a high priority when working on their measures. The Standing Committee noted that the concerns raised in these post-evaluation meeting comments had also been raised prior to the measure evaluation meeting and had been discussed during that meeting. They had no further discussion on the comments for NQF #0230.

Related and Competing Measure Discussion

Ms. Moyer reminded the attendees that the related and competing measures discussion was deferred to the post-comment meeting due to insufficient time during the measure evaluation meeting. The goal of this discussion is to identify potential measurement burden due to misaligned or duplicative measures. Ms. Moyer introduced the related measures for NQF #0229. Ms. Moyer noted that one of the measures on the related and competing measures slide (Heart Failure Mortality Rate [IQI 16]) had been removed from endorsement, and therefore, it should not be considered in this discussion. The Standing Committee noted that the six remaining related measures all came from the same measure developer and that the developer had harmonized the measures to the extent possible. The Standing Committee expressed no concerns regarding harmonization or duplication. Ms. Moyer then introduced the related measures for NQF #0230. Ms. Moyer noted that one of the measures on the related and competing measures slide (Acute Myocardial Infarction [AMI] Mortality Rate) had been removed from endorsement, and therefore, it should not be considered in this discussion. The Standing Committee noted that the nine remaining related measures all came from the same measure developer and that the developer had harmonized the measures to the extent possible. The Standing Committee expressed no concerns regarding harmonization or duplication.

Member and Public Comments

No public or NQF member comments were provided during the post-comment meeting.

Next Steps

Karri Albanese, NQF analyst, provided the next steps for the project. The Standing Committee's discussion from this web meeting will be incorporated into the draft technical report. The Consensus Standards Approval Committee (CSAC) will convene on June 29 and 30, 2021, to finalize endorsement for the two fall 2020 measures discussed during this meeting. This CSAC meeting is open to the public. There will also be a 30-day appeals period occurring from July 7 to August 5, 2021. Ms. Moyer reminded the Standing Committee that the spring 2021 cycle is beginning and that they need to disclose any potential conflicts of interest with spring 2021 measures by June 21, 2021.

Adjourn