NATIONAL QUALITY FORUM

Meeting Summary

Cardiovascular Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Cardiovascular Standing Committee for a web meeting on June 19 and 20, 2019 to evaluate six Cardiovascular maintenance measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web 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. There are currently over 50 endorsed measures 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 six measures for endorsement maintenance. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 1, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%) (PCPI)

Measure Steward/Developer Representatives at the Meeting

- Yvette Apura, PCPI
- Nadene Chambers, PCPI
- Marjorie Rallins, PCPI
- Kerri Fei, PCPI
- Ileana Pina, PCPI
- Gregory Foakes, PCPI
- Samantha Tierney, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-4; M-8; L-4; I-0
- Reliability: H-1; M-14; L-0; I-1
- Validity: H-0; M-11; L-3; I-2

- Feasibility: H-0; M-16; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-0; M-12; L-2; I-2

Standing Committee Recommendation for Endorsement: Yes-15; No-1

The Standing Committee recommended the measure for continued endorsement. The Standing Committee found no major concerns on the methodological soundness of this measure. The Committee accepted the prior high rating for this measure's evidence and agreed there was a demonstrated performance gap. They were concerned by the fact that no disparities data for this measure was provided by the developer. The Committee deemed the decrease in reliability for 10+ events compared to 1+ events insignificant and voted to pass the measure on this criterion. This measure was correlated to NQF 0066 *Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%).* This measure passed on validity; however, the Committee noted that the correlated measure was markedly different due to its testing of a different medication (ACE/ARB) for a different population (diabetic patients). Additionally, no data validating this measure was provided, despite the measure's 10-year existence. Due to this measure's use of available PQRS data, the Committee felt it was feasible. The Committee agreed the benefits of this measure outweighed the harms, and thus it passed on use and usability.

0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%) eCQM (PCPI)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

- Yvette Apura, PCPI
- Nadene Chambers, PCPI
- Marjorie Rallins, PCPI
- Kerri Fei, PCPI
- Ileana Pina, PCPI
- Gregory Foakes, PCPI
- Samantha Tierney, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-4; M-11; L-0; I-0
- Reliability: H-0; M-7; L-7; I-1
    - Consensus not reached
- Validity: H-1; M-10; L-4; I-1
- Feasibility: H-0; M-10; L-5; I-1

- Use: Pass-16; No Pass-0
- Usability: H-1; M-8; L-5; I-2

Standing Committee Recommendation for Endorsement: No vote taken due to consensus not reached on reliability

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on both reliability and validity—a must-pass criterion. The Committee accepted the prior high rating for this measure's evidence. The Committee agreed there was a demonstrated performance gap but expressed concern for the fact that no disparities data was provided. For reliability, the fact that only 32 percent of the providers in the data set had all the required data elements was of major concern. For validity, it was noted that the accuracy of the data elements used in this measure was considerably low. The Committee further discussed how this beta-blocker measure had significant accuracy and workflow issues for three beta-blocker data elements, thus questioning the feasibility of this measure. The Committee noted that validity testing to describe the amount of missing data and its impact on scores was not provided. The measure passed use and usability since this measure has been used in the past in programs like MIPS. The Committee will re-vote on the reliability of the measure and overall recommendation for endorsement on the post-comment web meeting on September 24, 2019.

0081 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (PCPI)

Measure Steward/Developer Representatives at the Meeting

- Yvette Apura, PCPI
- Nadene Chambers, PCPI
- Marjorie Rallins, PCPI
- Kerri Fei, PCPI
- Ileana Pina, PCPI
- Gregory Foakes, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-2; M-12; L-1; I-1
- Reliability: H-0; M-13; L-2; I-1
- Validity: H-0; M-12; L-2; I-2
- Feasibility: H-2; M-11; L-2; I-1
- Use: Pass-15; No Pass-1
- Usability: H-0; M-11; L-2; I-3

Standing Committee Recommendation for Endorsement: Yes-13; No-3

The Standing Committee recommended the measure for continued endorsement. The Committee discussed the small difference between MIPS and performance data, indicating a performance gap. There was concern regarding the lack of disparities data. This measure passed reliability; however, the Committee noted that reliability testing used different registries—GPRO in 2015 and PQRS in 2016—and only 27 percent of providers were included in the analysis of 10+ events. Validity for this measure also passed, though there was Committee concern regarding the lack of missing-data analysis. The Committee noted that this measure was previously used in PQRS and MIPS, and therefore passed this measure on usability and use.

0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-NeprilysinInhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) eCQM (PCPI)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

- Nadene Chambers, PCPI
- Elvia Chavarria, PCPI
- Kerri Fei, PCPI
- Gregory Foakes, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-2; M-10; L-2; I-2
- Reliability: H-0; M-12; L-3; I-1
- Validity: H-0; M-12; L-1; I-3
- Feasibility: H-0; M-9; L-6; I-1
- Use: Pass-16; No Pass-0
- Usability: H-0; M-9; L-4; I-3

Standing Committee Recommendation for Endorsement: Yes-12; No-4

The Standing Committee recommended the measure for continued endorsement. This measure passed on performance gap, despite no disparities data. This measure passed on reliability and validity; however, there was significant Committee concern about missing data/lack of missing-data analysis and how most data elements appear to lack availability and accuracy (14 of 25 data elements scored less than 3 on the eCQM scorecard). This measure did not reach consensus on feasibility. Committee members expressed concern about how only 26 percent of providers were included in the analysis of the measure and how only two sites were tested for feasibility. They reiterated their concerns about high missing data rates. For use and usability, this measure passed since it is being both used and publicly reported. The Committee did discuss how no information was provided on how care has improved over time.

0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (PCPI)

Measure Steward/Developer Representatives at the Meeting

- Nadene Chambers, PCPI
- Elvia Chavarria, PCPI
- Kerri Fei, PCPI
- Gregory Foakes, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-1; M-11; L-2; I-2
- Reliability: H-0; M-14; L-1; I-1
- Validity: H-0; M-12; L-1; I-3
- Feasibility: H-1; M-11; L-4; I-0
- Use: Pass-16; No Pass-0
- Usability: H-0; M-11; L-2; I-3

Standing Committee Recommendation for Endorsement: Yes-14; No-2

The Standing Committee recommended the measure for continued endorsement. The Committee discussed how the performance gap is relatively small, but room for improvement exists due to the variation and distribution of data provided for 2018; thus, the measure passed on performance gap. This measure passed on reliability, though the Committee did have concerns about how the level of analysis was inconsistent with the testing provided. There was also Committee concern regarding the decrease in reliability as more events were tested. This measure passed on validity following clarification from the developer on a submission error in which the validity testing measured eCQM data for correlation analysis, rather than with the measure as specified. The developer clarified that two registry measures were compared. This measure passed on feasibility since it has been in use over time and data can be collected through multiple avenues including numerical values using ejection fraction or diagnosis codes or descriptive terms for LVEF. This measure is used in MIPS and is publicly reported, and it passed use and usability.

0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) eCQM (PCPI)

This is an electronic clinical quality measure (eCQM)

Measure Steward/Developer Representatives at the Meeting

- Nadene Chambers, PCPI
- Elvia Chavarria, PCPI
- Kerri Fei, PCPI
- Gregory Foakes, PCPI

Standing Committee Votes

- Evidence: Accepted Prior Evaluation (High)
- Performance Gap: H-1; M-11; L-2; I-2
- Reliability: H-0; M-13; L-2; I-1
- Validity: H-0; M-12; L-1; I-3
- Feasibility: H-0; M-11; L-4; I-1
- Use: Pass-16; No Pass-0
- Usability: H-1; M-9; L-3; I-3

Standing Committee Recommendation for Endorsement: Yes-12; No-4

The Standing Committee recommended the measure for continued endorsement. The Committee voted to pass this measure on performance gap, though no disparities data was reported and there was some concern about how the mean was lower in this measure compared to its non-eCQM version. This measure passed on reliability and validity. The Committee discussed that reliability data reflected the feasibility of this measure and expressed how concerns for reliability, validity, and feasibility were like those of measure 0083. There was additional concern for the fact that validity was lower for this measure when compared to 0083. This measure passed on feasibility; however, the Committee did express concern about missing data elements, how several data elements were rated low on availability and accuracy, and how this measure was found to be 51 percent feasible by the eCQM scorecard. The Committee noted that on the IU scorecard this measure was considered 80 percent feasible, but that scoring did not account for outpatient settings. This measure is used in MIPS and public reporting and passed the use criterion. No improvement results were provided by the developer for usability, and consensus was not reached by the Committee on this criterion.

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 August 1, 2019 for public comment for 30 calendar days. The continuous public comment with member support will close on August 30, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on September 24, 2019.