NATIONAL QUALITY FORUM
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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 30, 2020 to evaluate four 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. Committee member Howard Eisen was recused for measure #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 recusal was due to collaborating with the measure developer on this measure.

During the meeting, quorum required for voting was not achieved. Therefore, the Committee discussed all relevant criteria and voted after the meeting using an online voting tool.

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 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 four maintenance measures for endorsement consideration. 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 3, 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

0066 Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (American Heart Association)

Measure Steward/Developer Representatives at the Meeting

P. Michael Ho, MD, PhD, FACC – American Heart Association
Stacy Garcia, RT(R), RN, BSN, MBA-HCM – American Heart Association
Melanie Shahriary, RN, BSN – American Heart Association
Sana Gokak, MPH – American Heart Association
Elvia Chavarria, MPH – Physician Consortium for Performance Improvement (PCPI)
Neha Agrawal, MPH – Physician Consortium for Performance Improvement (PCPI)
Jamie Lehner, MBA, CAPM – Physician Consortium for Performance Improvement (PCPI)
Deborah Harper, MA – Physician Consortium for Performance Improvement (PCPI)

Standing Committee Votes

- Evidence: H-15; M-2; L-0; I-0
- Performance Gap: H-5; M-12; L-0; I-0
- Reliability: H-10; M-7; L-0; I-0
- Validity: H-4; M-13; L-0; I-0
- Feasibility: H-7; M-10; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-4; M-12; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-1

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2016, the focus of the measure is patients with a diagnosis of coronary artery disease who also have diabetes or left ventricular systolic dysfunction, and who are prescribed angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy. The Committee observed that the developers included the *2012 Guidelines for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease*. The Committee noted that there is a 2014 update to the 2012 guidelines, so it may be beneficial for the measure developer to consider mentioning that—although there are no substantial changes, which shows that the evidence has remained consistent. The Committee expressed some concern related to the lack of data on racial and ethnic disparities. However, they agreed that median and mean scores of low 80s demonstrate reasonable measure performance gap.

The Committee stated no concerns regarding reliability for this measure. There were some concerns regarding low correlation for score-level validity testing. However, the results were still statistically significant, and no other major concerns were expressed by the Committee.

The Committee had no concerns about measure feasibility. In their discussions related to usability and use, the Committee noted that this measure is currently used in a variety of accountability applications including the Merit-based Incentive Payment System (MIPS) program, the PINNACLE registry, and the Diabetes Collaborative. However, the Committee did highlight the feedback to request the addition of angiotensin receptor-neprilysin inhibitor (ARNI) in combination with ARB therapy to the value set as part of that use. The Committee noted improvement over time with no significant unintended consequences and passed the measure on use and usability. The Committee observed that there are several related measures with similar focus but different target populations. It was highlighted that the developer has harmonized the related measures to the extent possible and did not consider these measures to be competing.

0067 Coronary Artery Disease (CAD): Antiplatelet Therapy (American Heart Association)

Measure Steward/Developer Representatives at the Meeting

P. Michael Ho, MD, PhD, FACC – American Heart Association
Stacy Garcia, RT(R), RN, BSN, MBA-HCM – American Heart Association
Melanie Shahriary, RN, BSN – American Heart Association
Sana Gokak, MPH – American Heart Association
Elvia Chavarria, MPH – Physician Consortium for Performance Improvement (PCPI)
Neha Agrawal, MPH – Physician Consortium for Performance Improvement (PCPI)

Jamie Lehner, MBA, CAPM – Physician Consortium for Performance Improvement (PCPI)
Deborah Harper, MA – Physician Consortium for Performance Improvement (PCPI)

Standing Committee Votes

- Evidence: H-14; M-3; L-0; I-0
- Performance Gap: H-3; M-13; L-1; I-0
- Reliability: H-11; M-6; L-0; I-0
- Validity: H-6; M-11; L-0; I-0
- Feasibility: H-4; M-13; L-0; I-0
- Use: Pass-17; No Pass -0
- Usability: H-5; M-12; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-0

The Standing Committee recommended the measure for continued endorsement.

The Committee noted that this is one of the staple measures of cardiology care for patients with coronary artery disease (CAD). The Committee agreed that the evidence base has not changed since the previous NQF endorsement in 2016 and determined that the evidence provided was based on systematic review and grading of the body of empirical evidence. The Committee observed that there is a moderate measure performance gap.

The Committee did not raise any issues regarding reliability of the measure but expressed some concerns regarding the validity of the measure. The Committee noted that it did not include some of the exclusions nor did it specify the exceptions that were analyzed. The MIPS dataset used for testing did not have missing data. It was not indicated if missing data in other data sets could be systematic and if omissions could lead to unbiased performance results. The Committee also observed that no risk adjustment was conducted for the measure, which can compromise the validity of the results. It recommended that risk adjustment be considered for future iterations of the measure and determined that the measure was both reliable and valid.

The Committee regarded the measure as moderately feasible with no significant concerns. In discussions related to usability and use, it concluded that the measure is used in a variety of accountability applications with good mechanisms in place for measure feedback. The Committee also noted significant room for improvement over time and that the benefits of using antiplatelet therapy greatly outweigh the risks. The Committee observed that there are several related measures but did not consider these measures to be competing.

0076 Optimal Vascular Care (MN Community Measurement)

Measure Steward/Developer Representatives at the Meeting

Collette Cole, RN, BSN, CPHQ – MN Community Measurement
Gunnar Nelson, BS – MN Community Measurement

Standing Committee Votes

- Evidence: H-2; M-15; L-0; I-0

- Performance Gap: H-11; M-6; L-0; I-0
- Composite - Quality Construct and Rationale: H-11; M-5; L-1; I-0
- Reliability: H-10; M-7; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for reliability: High (H-5; M-3; L-1; I-0)
    - Because voting was done via survey after the meeting, the Committee did not have the option to accept the Scientific Methods Panel's rating and voted on reliability.
- Validity: H-1; M-16; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for validity: Pass (H-3; M-3; L-2; I-1)
    - Because voting was done via survey after the meeting, the Committee did not have the option to accept the Scientific Methods Panel's rating and voted on validity.
- Composite Quality Construct: H-4; M-13; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for Composite Quality Construct: Pass (H-3; M-3; L-1; I-1)
    - Because voting was done via survey after the meeting, the Committee did not have the option to accept the Scientific Methods Panel's rating and voted on composite quality construct.
- Feasibility: H-0; M-16; L-1; I-0
- Use: Pass-16; No Pass-1
- Usability: H-9; M-7; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-2

The Standing Committee recommended the measure for continued endorsement.

This measure, originally developed by Health Partners, has been publicly reported in Minnesota for over 12 years. The measure is a patient-level, all-or-none composite measure that seeks to reduce modifiable risk factors associated with short- and long-term complications associated with ischemic vascular disease. The Committee noted that the developer provided evidence for each component of the composite and that the evidence for each component was of at least moderate strength. The Committee observed that performance has dropped slightly from 2016 to 2019, while the number of eligible patients almost doubled. The Committee further noted that, while performance was high on the individual components of the composite, the all-or-none construction showed a large opportunity for improvement. In addition, breaking the scores out by race and ethnicity demonstrates disparity and

continued opportunity for improvement. The Committee indicated strong support for the composite quality construct and rationale. The Committee discussed the impact of socio-economic status on the components of the composite, particularly smoking status. A member noted that smoking status is one of the most important lifestyle components of cardiovascular risk. Ultimately, the Committee was satisfied with the quality construct and rationale.

The Committee was satisfied with the Scientific Methods Panel's rating and review of reliability, validity, and quality construct. The developer provided an overview of their use of area deprivation index in the risk-adjustment. The index allows adjustment for social risk variables based on the patient's home zip code. The Committee appreciated the additional information and had no additional comments or questions scientific acceptability of the measure.

The Committee regarded the measure as moderately feasible with no significant concerns. In discussions related to usability and use, the Committee concluded that the measure is used in accountability applications with no unintended consequences or harms identified. It also noted general improvement over time. The Committee observed that there are several related measures but did not consider these measures to be competing.

0290 Median Time to Transfer to Another Facility for Acute Coronary Intervention (Centers for Medicare and Medicaid Services (CMS)/Mathematica)

Measure Steward/Developer Representatives at the Meeting

Lynn Perrine, MSN, RN – Lantana Group
Kirsten Barrett, PhD – Mathematica
Robert Dickerson, RRT, MSHSA – Mathematica
Sharon Zhao, PhD, MSc – Mathematica
Madeline Pearse, MPH – Mathematica
Michelle Dardis, MSN, MBA, RN-BC, PMP – Mathematica
Annese Abdullah-Mclaughlin, RN – CMS
Nicole Hewitt, PhD – CMS

Standing Committee Votes

- Evidence: H-2; M-13; L; 1; I-0
- Performance Gap: H-1; M-15; L-0; I-0
- Reliability: H-0; M-16; L-0; I-0
- Validity: H-0; M-15; L-1; I-0
- Feasibility: H-1; M-15; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-1; M-12; L-3; I-0

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

The Standing Committee recommended the measure for continued endorsement.

This measure is a continuous variable measure of time in minutes from a patient's arrival in the emergency department to a patient's transfer to another facility for acute coronary intervention. The Committee noted updated evidence since the previous endorsement in 2016 and that the evidence was at least moderate in strength. It observed that while median time to transfer has stayed

consistent over time, there is continued demonstration of significant variation across facilities, supporting a moderate measure performance gap.

The Committee noted that reliability was sufficient across all sizes of institutions and that it tended to be higher at larger institutions, as expected. NQF received a pre-evaluation meeting comment from a member organization suggesting that empiric score-level validity testing would be ideal for measures in accountability programs. NQF staff clarified that for process measures, demonstration of data element validity meets the validity testing requirements currently in place. The Committee had questions regarding the significance of the cases excluded due to "Initial EKG Interpretation" and whether facilities that misinterpret an EKG could be excluded from the measure. The developers clarified that the audit process for validating the data elements pulls a random sample of cases, and that hospitals are not able to influence which cases are selected for audit. The Committee determined that the measure was both reliable and valid.

The Committee regarded the measure as moderately feasible with no significant concerns. In discussions related to usability and use, the Committee concluded that the measure is used in the Hospital Outpatient Quality Reporting program and reported on Hospital Compare. It also noted that the median score does not appear to have shown much improvement over time, but that there was variation in performance across facilities. The Committee observed that there is a related measure but that it focuses on a different treatment path.

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 3, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on September 1, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 23, 2020.