NATIONAL QUALITY FORUM

Memo

TO: Cardiovascular Standing Committee

FR: NQF Staff

RE: Post-Comment Call to Discuss Public and Member Comments

DA: March 10, 2015

Purpose of the Post Comment Period Call

The Cardiovascular Standing Committee will meet via conference call on Wednesday, March 18, 2015 from 1-3pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period that ended on February 27, 2015 for the Phase 2 evaluated measures
- Provide input on proposed responses to the post-evaluation comments
- Determine whether reconsideration of any measures or other courses of action are warranted

Standing Committee Actions

1. Review this briefing memo and Draft Report.
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see Comment Table and additional documents included with the call materials on the project page).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 1- (877) 298-1950 (*NO CONFERENCE CODE REQUIRED)*
Web Link: http://nqf.commpartners.com/se/Rd/Mt.aspx?614806
Registration Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?614806

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after measures have been evaluated by the full committee and once a report of the proceedings has been drafted. To further hear the voice of the measurement stakeholders, NQF includes open public commenting during in person and conference call meetings.

Pre-evaluation comments

The pre-evaluation comment period was open from October 21, 2014 to November 10, 2014 for all sixteen measures under review. There were no pre-evaluation comments received during this time.

Post-evaluation comments

The Draft Report went out for Public and Member comment from January 28, 2015 to February 27, 2015. During this commenting period, NQF received 31 comments from 5 member organizations enumerated below, as well as comments from 5 members of the general public:

Consumers – 0	Professional – 1
Purchasers – 0	Health Plans – 2
Providers – 0	QMRI – 0
Supplier and Industry – 2	Public & Community Health - 0

In order to facilitate discussion for the post comment call, the post-evaluation comments have been categorized into major topic areas or themes in the Comment Table. Where possible, NQF staff has proposed draft responses for the Committee to consider. Committee members will also discuss measure-specific comments as needed. Although all comments and proposed responses are subject to discussion, the Committee may not discuss all comments and responses. Rather, the Committee will devote the bulk of time considering the major topics and the measures with the most significant issues arising from the comments reviewing the comments by exception.

All post evaluation comments received are included in the provided Comment Table. Each comment contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to the comment table to view and consider the individual comments received and the proposed responses to each.

Please note that the organization of comments into major topic areas is not an attempt to limit or steer Committee discussion.

Comments and their Disposition

4 major themes were identified in the post-evaluation comments, as follows:

1. Updated Guidelines Implications
2. Burden of paper record measures
3. Recommendations for improved measures
4. Recommendation for continued effort in developing and advancing directives measures

Theme 1 - Updated Guidelines Implications

There were several comments requesting revisions to the following measures that were impacted by the updated 2014 AHA/ACC/HRS Guidelines for Management of Patients with Atrial Fibrillations recommending developers use CHA2DS2-VASC as the risk assessment tool of choice instead of CHADS2, which is no longer recommended by the Updated Guidelines.

- 1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy *(recommended by the Committee)*
- 1524: Atrial Fibrillation: Assessment of Thromboembolic Risk Factors (CHADS2) *(not recommended by the Committee)*

Developer Response: The reason why this measure does not include the CHAD-VASC was that the NQF deadline for measure submission (December 23, 2013) did not align with the updated Atrial Fibrillation guidelines were not yet released. As a result, modifications to the measure could not be made, and tested utilizing the NQF evaluation criteria in time for the measure review. The reason we cannot modify this measure to include CHADS VASC2 during the NQF endorsement process is twofold. NQF requires that measures tested given the existing measure specification. Given that at the time of submission the guideline had not yet been released, the measure reflected the previous guideline recommendations of CHADS2, as well as the testing data provided to NQF that shows that the measure is feasible, reliable, and valid. Second, as measure developers we try to ensure an open process to providing feedback on all measures included in a measure set. Therefore, we have not only a peer review process, but also an open comment period where we encourage the public to comment on our draft measure set prior to it being finalized. We would provide such a process even for changes such as changes CHADS2 to CHADS-VASC. We are in the process of convening the writing committee and do plan to look at replacing CHADS2 with CHADS-VASC.

Proposed Committee Response: Thank for your comment. The developer should consider these suggestions for future iterations of the measure. The Committee encourages the developer to include the most recent guidelines along with the testing necessary to meet the NQF evaluation criteria.

Action Item: Should the Committee reconsider their recommendations of these measures?

Theme 2 - Burden of paper record measures

Commenters emphasized their concerns with endorsing paper medical records as it can be a potential burden for end users. Potential burden comments were raised pertaining to the following measures:

- 2438: Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge *(recommended by the Committee)*
- 2439: Post-Discharge Appointment for Heart Failure Patients *(recommended by the Committee)*
- 2443: Post-Discharge Evaluation for Heart Failure Patients *(recommended by the Committee)*

Proposed Committee Response: The Committee recognizes the commenters' concerns with paper medical records and its potential burden to the end users. However, the Committee agreed during the in-person meeting the data collection methods are based on the program the measures are used, and that they are feasible for implementation.

Action Item: Should the Committee reconsider their recommendations of these measures?

Theme 3- Recommendations for improved measures

There were several submitted comments requesting revisions to measures to capture more meaningful information:

- 0543: Adherence to Statin Therapy for Individuals with Cardiovascular Disease *(recommended by the Committee)*
    - a recommendation to include “at least moderate or high intensity” statin in the measure description
    - a recommendation to define therapeutic treatment level in measure description

  - a recommendation to include or acknowledge the use of non-statins for cardiac care prevention (for statin intolerance)
  - questions related to patient dosing, outcomes and socio-demographic concerns with the data collection methodology
- 1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy *(recommended by the Committee)*
  - a recommendation to include "at risk" for thromboembolism
  - recommendation to consider the role or impact of percutaneous closure devices
  - a recommendation to include patients preference or refusal
- 2440: Care Transition Record Transmitted *(not recommended by the Committee)*
  - recommends transmission of records within 24 hours (not 7 days)

Action Item: Should the Committee reconsider their recommendations of these measures? How should this Committee and NQF encourage more meaningful measures?

Theme 4 - Recommendation for further development of advanced care/ directives measures

Several comments were received from health plans regarding advance directives for end-of-life care. The commenters emphasized the importance of measuring advance directives as it is essential in addressing the quality of life and cost issues with end-of-life care. Moreover, commenters highlighted that continued effort to develop Advance Directive measures should be a priority. Comments were received for the following measures:

- 2441: Discussion of Advance Directives/Advance Care Planning *(not recommended by the Committee)*
- 2442: Advance Directive Executed *(not recommended by the Committee)*

Proposed Committee Response: Thank you for your comment. The Committee questioned the qualifications of the healthcare worker assessing patients' end-of-life preferences, stating is should not be "passed off" function, rather one who is appropriately trained, cares about the patient and has a focal role in their care. The Committee discussed the potential psychological unintended consequences as it only focuses on one-time discussions. As part of our portfolio of endorsed measures, *0326: Advance Care Plan* addresses documentation of a discussion regarding advance care plan or surrogate decision maker documentation for patients 65 and older regardless of diagnosis in the ambulatory, home health, hospice, acute care facility, post-acute/long term care inpatient rehab and nursing facilities.

Action Item: Should the Committee reconsider their recommendations of these measures?

Measure Specific Comments

Measure specific comments were received for the following measures:

- 2461: In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED) *(recommended by the Committee)*

  One commenter recommended that the time frame for follow-up visits to be stratified, "We recommend that the range of in-person follow up visits be stratified by time (e.g. 2-7 weeks; 8-12 weeks) since the time frame for the in-person evaluation is fairly broad, ranging from 2 through 12 weeks."

  Developer Response: As noted in the measure submission application, appropriate device programming can impact on patient outcomes following CIED implantation.

Intermediate outcomes include optimizing cardiac device function to meet the patient's clinical needs, along with detection and treatment of arrhythmias. Health outcomes include improving the patient's quality of life. For example, optimizing ICD programming may reduce unnecessary device therapy and could potentially reduce mortality (as suggested by MADIT-RIT)."It has also been recently demonstrated that follow-up within 2-12 weeks after CIED placement is independently associated with improved survival at 1 year. (Hess 2013) In addition, the HRS/EHRA expert consensus on the monitoring of cardiovascular implantable electronic devices (CIEDs): description of techniques, indications, personnel, frequency and ethical considerations states that device interrogations should continue every 3-6 months after the initial outpatient face-to-face visit that occurs within the first 2-12 weeks post-implantation. Heart Rhythm. 2008;5(6):907-925. The timeframe for the performance measure should align with the timeframe specified in the clinical evidence and the consensus statement and should not be further delineated or stratified.

Proposed Committee Response: Thank you for your comment, the Committee recognizes the commenters' recommendation. The developer may consider these suggestions for future iterations of the measure.

Action Item: Should the Committee reconsider their recommendations of this measure?

- 2474: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation *(recommended by the Committee)*

  One commenter questioned the Committee's decision with respect to the performance gap of this measure, "Due to the continued need for patient safety and continued quality concerns we understand the consideration of this measure. However, the performance rates associated with this measure is already high. We encourage the Committee to discuss revisions to this measure and/or the "value add" of this measure."

  Proposed Committee Response: Thank you for your comment. The Committee reviewed this issue of performance gap at the in-person meeting and agreed that although the performance rates were low across literature reviews, cardiac tamponade is critical to patient safety in cardiovascular care.

  Action Item: Should the Committee reconsider their recommendations of this measure?