NATIONAL QUALITY FORUM

Memo

TO: The Cardiovascular Standing Committee

FR: NQF Staff

RE: CSAC Cardiovascular Phase 2 Evaluation Synopsis & Requests

DA: April 20, 2015

Background

The Consensus Standards Advisory Committee (CSAC) reviewed the Cardiovascular Standing Committee recommendations for fifteen measures during their in person meeting on April 8, 2015. Following the review of these recommendations, CSAC requested that the Standing Committee convene to further discuss five of the fifteen measures reviewed within the Cardiovascular Phase 2 project. This memo provides a synopsis of the CSAC's deliberations to guide the Committee's discussion and follow-up actions to be taken.

No Further Action Needed

Seven measures that were recommended for endorsement by the Committee were upheld by the CSAC, including:

- 0670 Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients
- 0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)
- 0672 Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients
- 0715 Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization
- 2438 Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge
- 2443 Post-Discharge Evaluation for Heart Failure Patients
- 2474 Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation

Two measures that were not recommended for endorsement by the Committee were upheld by CSAC, including:

- 1524 Atrial Fibrillation: Assessment of Thromboembolic Risk Factors (CHADS2)
- 2440 Care Transition Record Transmitted

Further Actions Requested

Recommended Measures

RECOMMENDATION:
The CSAC unanimously agreed to delay voting on the following three measures recommended for endorsement by the Standing Committee, requesting the reconsideration of the patient reasons for measure exclusions:

- 0090 (PCPI/ACEP) Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain (eMeasure)
- 1525 (ACCF) Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- 2461 (HRS) In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)

DISCUSSION:

- Generally, the CSAC was concerned that the concept of patient refusal is too broad as presented within these measures. There are instances when a true patient refusal might be warranted, and others when it is not. An overly broad definition allows for exclusionary catchments and the potential for measure gaming. Specifically, CSAC found economic, social, religious, non-compliance or other patient reasons allow for excessive interpretation for a patient reason exclusion.
- The concept of patient refusal might not be a patient centric concept, meaning it may not account for including the patient preference in the measure calculation. Measure users should not necessarily expect to attain 100% performance when patient refusal is included in a measure. Others discussed that patient refusal allows for the use of the measures in accountability programs without financial penalty when the clinical action of the measure is not performed.
- Some of the CSAC members asked if patient reason exclusion could be stratified in measure calculation, while others stated there is currently not an NQF process for managing stratified results in process measures.
- Some of the CSAC members stated the significant measure burden for users and EHR vendors without explicit definitions and coding for patient reasons.
- For Measures 0090 & 2461, the CSAC could not delineate a clinical scenario where the patient would refuse the clinical action of the measures.

ACTIONS TO BE TAKEN:

- Request developer modify measures to include explicit patient reasons for measure exclusions that fit the context of the measure
- Request developer exclude patient reasons for measure exclusions
- Uphold previous Standing Committee decision: recommend the measures for endorsement
- Reverse previous Standing Committee decision: not recommend the measures for endorsement

Not Recommended Measures

RECOMMENDATION:
The CSAC unanimously agreed to delay voting on the following two measures that were not recommended for endorsement, requesting the reconsideration of Advanced Care Planning & Surrogate Decision-Making deliberations:

- 2441 (TJC) Discussion of Advance Directives/Advance Care Planning
- 2442 (TJC) Advance Directive Executed

DISCUSSION:

- Though the Committee did not evaluate either Measure # 2441 or 2442 for relating and competing criteria, Measure # 0326 Advance Care Planning (developed by NCQA) was discussed by CSAC as a possible related measure.
- The CSAC grappled with the concept of Advanced Care Planning for heart failure (HF) patients, acknowledging measure gaps for this population. There were mixed discussions on the effectiveness of Measure #2441 and 2442 to cover these patients due to the onetime-only advanced care planning assessment for HF patients 18 years and older, and their limited uses as facility-only measures. The CSAC stated 0326 is much broader in setting use, though use is limited to patients 65 years and older. Measure gaps are noted in all measures.
- The CSAC noted that advanced care planning is the responsibility of all healthcare providers, irrespective of setting, and would prefer a measure that expands age to all patients 18 years and older, though other members noted pediatrics with chronic and life-threatening conditions could also be included. They further noted future payment models will ask if the patient is “covered”, rather than “was it done in one setting or another”.
- Measure # 2441 Standing Committee Recommendation: The focus is patients with documentation in the medical record of a one-time discussion of advance directives/advance care planning with a healthcare provider for HF patients 18 years and older, in the hospital setting only as a facility-level measure. The Standing Committee found the evidence insufficient with exception, and did not pass the measure based on the performance gap portion of the importance criteria. Topics of the Committee discussion included a one-time discussion without time parameters mixed, an extensive list of exclusions, and 2004 performance gaps demonstrating 50% of patients with advanced care plans in their medical records. They stated the data provided by the developer to be dated, missing patient input and questioned whether 100% performance was an appropriate goal for the measure.
- Measure # 2442 Recommendation: The focus is patients with documentation in the medical record that an advance directive was executed for HF patients 18 years and older, in the hospital setting only as a facility-level measure. The term “executed” refers to a legal document signed by all applicable parties. The Committee strongly felt this was out of the purview of the hospital’s control and the measure did not pass the evidence portion of the importance criteria.

- Measure # 0326 has a focus of advance care planning and discussions with surrogate decision-makers for patients 65 years and older, and is a clinician-level individual and group measure for ambulatory, home health, hospice, hospital/acute care, post-acute/ long term care facility, and post-acute/long term care rehabilitation facility.

ACTIONS TO BE TAKEN:

- Request developer to modify measures to include individual-level of analysis
- Uphold the previous Standing Committee decision: to not recommend both measures for endorsement
- Reverse the previous CV Standing Committee decision: recommend one or both of the measures for endorsement