TAB 1

TO: Executive Committee

FR: Helen Burstin, Chief Scientific Officer

Marcia Wilson, Senior Vice President, Quality Measurement

RE: Ratification of Measures for the Cardiovascular 2015 Project

DA: February 8, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Cardiovascular 2015 Project. All of the recommended measures approved by the membership and the CSAC are listed below.

Measures Evaluated:

The 20-member Cardiovascular Standing Committee evaluated 26 measures: 13 new measures and 13 measures undergoing maintenance review against NQF's standard measure evaluation criteria. At this time, the Executive Committee is asked to consider 19 of the 26 measures reviewed by the Standing Committee; the remaining seven measures will be reviewed by the Executive Committee at a later date. Of the seven measures, one measure from the Wisconsin Collaborative for Healthcare Quality was deferred to the Cardiovascular 2016-2017 project, when it will be evaluated alongside a competing measure. The Healthcare Incentives Improvement Institute (HCI3) requested five measures that were not recommended by the Standing Committee be reconsidered. The Standing Committee reconsidered the five measures on a webinar on January 28, 2016, along with one measure from the same developer where consensus was not reached. The recommendations for the six measures will be provided to the Board of Directors during their April 6, 2016 meeting.

Consensus Process

Standing Committee: The Standing Committee recommended 17 measures for endorsement, one measure was recommended for trial-use approval, and one measure was not recommended for endorsement.

Member Voting: Members approved 16 of the recommended measures with 60 percent approval or higher. Twelve member organizations voted on the measures. No votes were received from the Consumer, Public/Community Health Agency, and Purchaser Councils.

CSAC: The CSAC reviewed a total of 19 measures. The CSAC agreed with the Standing Committee to recommend 17 measures for endorsement and one measure for trial-use approval. CSAC also agreed with the Standing Committee's recommendation not to endorse one measure. The CSAC memo and Member voting results for this project may be accessed at this link; the project report may be accessed at this link.

The measure recommended for trial-use approval, # 2764 Fixed Dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure with LVEF <40% on ACE/ARB or Beta-Blocker Therapy, was discussed at length by the Standing Committee and CSAC given that the measure names a single brand fixed-dose combination medication. Members of both the Standing Committee and the CSAC raised concerns about the requirement to use the brand name combination (BiDil) over the use of two separate medications and the implications for providers and patients. The Standing Committee determined that a gap in appropriate treatment persists in the African-American subpopulation of heart failure patients warranting a need for this measure. Studies have shown a significant reduction in mortality of this specific subpopulation with the use of the fixed-dosed combination therapy. The CSAC agreed with the Standing Committee's recommendation of this measure for trial-use approval.

Measures Recommended:

- Measure # 0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy. Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel.
- Measure # 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet. Percentage of patients 18 years of age and older who were discharged from an inpatient setting with an acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of routine use of aspirin or another antiplatelet during the measurement year.
- Measure # 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%). Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.
- Measure # 0071 Persistence of Beta-Blocker Treatment After a Heart Attack. The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.
- Measure # 0079 Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting). Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative results of a recent or prior (any time in the past) LVEF assessment is documented within a 12 month period.
- Measure # 0081 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD). Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge.
- eMeasure # 0081 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD). Percentage of

patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge.

- Measure # 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD). Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge.

- eMeasure # 0083 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD). Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge.

- Measure # 0229 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older. The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF).
- Measure # 0230 Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older. The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI).
- Measure # 0669 Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery. This measure calculates the percentage of stress echocardiography, single photon emission computed tomography myocardial perfusion imaging (SPECT MPI), or stress magnetic resonance (MR) imaging studies performed at each facility in the 30 days prior to an ambulatory non-cardiac, low-risk surgery performed at any location.
- Measure # 0694 Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD). This measure provides hospital specific risk-standardized rates of procedural complications following the implantation of an ICD in patients at least 65 years of age.
- Measure # 0730 Acute Myocardial Infarction (AMI) Mortality Rate. In-hospital deaths per 1,000 hospital discharges with acute myocardial infarction (AMI) as a principal diagnosis for patients ages 18 years and older.
- Measure # 0965 Patients with an ICD Implant who Receive ACE-I/ARB and Beta Blocker Therapy at Discharge. Proportion of patients undergoing ICD implant who received prescriptions for all medications (ACE/ARB and beta blockers) for which they are eligible at discharge.
- Measure # 2396 Evaluation of Vital Status and NIH Stroke Scale at Follow-Up. Proportion of patients with carotid artery stenting procedures who had follow up performed for evaluation of Vital Status and neurological assessment with an NIH Stroke Scale (by an examiner who is certified by the American Stroke Association) occurring between day 21 and the end of day 60 after the procedure.
- Measure # 2712 Statin Use in Persons with Diabetes. This process measure assesses the percentage of patients ages 40 – 75 years who were dispensed a medication for diabetes that receive a statin medication.

Measures Recommended for Trial-Use Approval:

- Measure # 2764 Fixed Dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-Identified Black or African American Patients with Heart Failure with LVEF <40% on ACE/ARB or Beta-Blocker Therapy. Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) and a current or prior ejection fraction (EF) <40% who are self-identified Black or African Americans and receiving ACEI or ARB and Beta-blocker therapy who were prescribed a fixed-dose combination of hydralazine and isosorbide dinitrate seen for an office visit in the measurement period in the outpatient setting or at each hospital discharge.

Measure(s) Not Recommended:

The CSAC did not recommend one measure having issues related to the validity testing provided in the measure submission.

- eMeasure # 0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%). Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.