



CALL FOR NOMINATIONS TO CARDIOVASCULAR STANDING COMMITTEE

BACKGROUND

Cardiovascular disease is the leading cause of death for men and women in the United States. It accounts for approximately \$312.6 billion in health care expenditures annually. Coronary heart disease (CHD) accounts for 1 of every 6 deaths in the United States.¹ Hypertension—a major risk factor for heart disease, stroke, and kidney disease—affects 1 in 3 Americans, with an estimated annual cost of \$156 billion in medical costs, lost productivity, and premature deaths.²

This project seeks to identify and endorse measures for public reporting and quality improvement that specifically address cardiovascular conditions including hypertension, coronary artery disease, acute myocardial infarction, PCI, heart failure, atrial fibrillation, or any other heart disease, and any treatments, diagnostic studies, interventions, procedures (excluding surgical procedures), or outcomes associated with these conditions.

A total of 78 cardiovascular measures—including 16 outcome measures, 54 process measures, 4 efficiency measures, and 4 composite measures—have been endorsed by NQF, making this group of measures one of the largest in NQF's measure portfolio. Of these 78 measures, 24 currently are due for maintenance review. Because many cardiovascular measures are in use, harmonization of measures will be a critical aspect of the upcoming evaluation, particularly for similar measures at different levels of analysis or similar measures specified for different settings of care.

COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as national consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address the areas of cardiovascular care described above. Measures concerning outcomes, treatments, diagnostic studies, interventions, or procedures associated with cardiovascular conditions will be considered except cardiovascular surgery measures, which are considered under the "surgery" topic area at any level analysis or setting of care, or cerebrovascular measures, which are considered under the "neurology" topic area

¹ Lloyd-Jones D, Adams RJ, Brown TM, et al., Heart disease and stroke statistics—2013 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee, *Circulation*, 2013;127:e6-e10.

² "HHS Secretary Sebelius Statement on National High Blood Pressure Education Month." U.S. Department of Health & Human Services (HHS), 2 May 2012. Available at <http://www.hhs.gov/news/press/2012pres/05/20120502a.html>. Last accessed October 2013.

Nominations Due By MONDAY, NOVEMBER 25, 2013 6:00 PM ET

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The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee also will:

- oversee the portfolio of cardiovascular measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e., cross-cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft reports and recommendations
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

STANDING COMMITTEE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Evaluate submitted measures against NQF's measure evaluation criteria during each cycle of measure review
 - Each committee member will be assigned a portion (1-5) of the measures to fully evaluate (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
 - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)

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- Evaluate measures with the full Committee by participating in *one of four* workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure evaluation by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure evaluations via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting measure evaluations
- Present measure evaluations and lead discussions for the Committee on conference calls and in meetings

Table of scheduled meeting dates

Meeting	Date/Time
Orientation Call (2 hours)	January 30, 2014, 12-2pm ET
Technical Expert Panel Calls (2 hours)*	February 3, 2014, 2-4pm ET February 12, 2014, 11am-1pm ET
Measure Evaluation Q &A	February 17, 2014, 3-4pm ET February 25, 2014, 1-2pm ET
Workgroup Call (2 hours)	March 17, 2014, 3-5pm ET March 20, 2014, 12-2pm ET March 24, 2014, 12-2pm ET March 25, 2014, 3-5pm ET
In-Person Meeting (2 days in Washington, DC)	April 21, 2014 at 8:30am-5pm ET April 22, 2014 at 8:30am-5pm ET
Post-Meeting Conference Call (2 hours)	May 5, 2014, 12-2pm ET
Post Draft Report Comment Call (2 hours)	July 7, 2014 at 2-4pm ET

*Required for a subset of committee TBD

Preferred Expertise & Composition

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health experts, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with cardiovascular conditions across multiple care settings. NQF is seeking nominees with a variety of clinical experience (including physicians, nurses, therapists, case managers, unit managers, and executives), health plans and purchasers, as well as methodologists. We also are seeking expertise in disparities and care of vulnerable populations.

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Please review the NQF [Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Steering Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls or meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Standing Committee, please submit the following information:

- a completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Tuesday, November 19th, 2013.**

QUESTIONS

If you have any questions, please contact Farhia Mussa or Wunmi Isijola at 202-783-1300, or via e-mail at cardiovascular@qualityforum.org. Thank you for your interest.