June 27, 2014

Mary George, MD, MSPH, FACS, FAHA
Thomas Kottke, MD, MSPH
Co-chairs, Cardiovascular Standing Committee
National Quality Forum
1030 15th Street NW
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Dear Dr. George and Dr. Kottke:

Thank you for the opportunity to comment on the draft report, "NQF-endorsed Measures for Cardiovascular Conditions: 2014." As developers for NQF #2452 (Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy), the American College of Cardiology Foundation (ACCF), the American Heart Association (AHA), and the American Medical Association-Convened Physician Consortium for Performance Improvement® (PCPI®) are writing to request that the Cardiovascular Standing Committee review their concerns surrounding measure NQF # 2452 and reconsider recommending the measure for endorsement.

Measure # 2452 is an individual clinician-level composite measure that focuses on optimal post-operative medical therapy for PCI patients in order to prevent stent thrombosis and reduce the risk of adverse outcomes such as MI or death. Each component of the composite includes a distinct medical therapy (ie, aspirin, statin, P2Y12 inhibitor) which together are recommended as the optimal regimen for patients following PCI with the placement of a stent. These agents have individually and together been shown to improve patient outcomes. During its evaluation of measure # 2452, the Cardiovascular Standing Committee failed to reach consensus on an overall vote for endorsement despite rating the measure favorably according to the four NQF endorsement criteria (voting results are as follows: 1a. Evidence: H-13; M-7; L-1; I-0; IE-0; 1b. Performance Gap: H-8; M-13; L-1; I-0; 1c. Impact: H-18; M-4; L-0; I-0 / Reliability: H-3; M-13; L-3; I-2; 2b. Validity: H-2; M-17; L-0; I-0/ Feasibility: H-18; M-4; L-0; I-0/ Use and Usability: H-19; M-3; L-0; I-0). We understand that there was some reluctance to recommend measure # 2452 for endorsement, given that a facility level ACCF's measure (NQF #0964: Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients) addressing the same measure focus and the same target population had been recommended for endorsement.

We strongly believe that measure #2452 would provide valuable information regarding the quality of care provided by *PCI operators* and facilitate the identification of opportunities for improvement. Similarly, measure #0964 is vitally important for assessing the performance of *facilities* where PCI procedures are performed and to improve the rates of post-operative medical therapy. While both measures serve distinct functions by assessing performance at different levels of measurement, they are complimentary to each other and both share the same end goal of improving outcomes for patients undergoing PCI procedures. It's important to recognize that most, if not all, of today's public reporting and accountability programs are focused on different levels of measurement. Endorsement from NQF would better ensure these measures are included in key national public reporting and payment programs and provide an avenue to promote use of the measures for facility and physician accountability and quality improvement.

Throughout NQF's vast portfolio of endorsed measures, there are many examples of two similar measures addressing different levels of measurement. These include measures addressing tobacco screening and cessation interventions, the administration of prophylactic antibiotics for patients undergoing surgical procedures, medical therapy for patients following a stroke, and influenza immunization. In those cases,

NQF acknowledged not only that the measures were used for different levels of measurement, but that measure users and the public could benefit from both measures being endorsed by NQF. Recommending measure # 2452 for endorsement would therefore be consistent with previous NQF endorsement recommendations, recognize the 2 distinct pathways these measures were developed, and would highlight the importance of optimal post-operative medical therapy for patients undergoing PCI.

When similar measures exist and are available for use, we do appreciate that harmonization is a necessity to minimize the burden of data collection. NQF has previously described harmonization according to both the *conceptual* descriptions of the concepts or constructs being addressed in a measure (e.g., numerator and denominator statements) and *technical* details of how to operationalize or implement the conceptual intent of the measure (e.g., specific data elements, code sets, and code values). We have carefully reviewed the two measures and believe they are almost fully harmonized both conceptually and technically as outlined in the attached document.

Given that both measures are harmonized to the extent possible, we do not believe that there would be any added value by only moving one measure forward for NQF endorsement. The ACCF has a proprietary interest for measure #0964, while ACCF, AHA, and PCPI jointly have an interest in measure #2452. We do not believe that removing the ownership interests of any organizations, in an effort to move forward only one reconciled measure, would be beneficial for measure development given the expense undertaken by the respective organizations in measure development, testing, validating, and promoting adoption of the measure in appropriate programs. In fact, we believe that moving only one measure forward could serve as an indication to measure developers seeking NQF endorsement that respective committee may seek to push only one measure forward, in an effort to harmonize at the expense of intellectual property for an organization or organizations involved in that measure development work.

The ACCF, the AHA and the PCPI support your overall efforts to expand the NQF portfolio of cardiovascular measures and to ensure that only the best measures become NQF-endorsed voluntary consensus standards. We appreciate your time and consideration of the comments above and throughout the review process and look forward to future opportunities to work together towards our common goal of improving the quality of health care provided to all Americans.

Sincerely,

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