



Table of Cardiovascular Project: NQF-Endorsed® Maintenance Standards Under Review

Click the measure numbers to read more about the measure on QPS!

Measure Number	Title	Description	Measure Steward
0078	Heart Failure (HF) : Assessment of Clinical Symptoms of Volume Overload (Excess)	Percentage of patient visits or patients with HF with assessment of clinical symptoms of volume overload (excess).	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0090	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	Type of score: Proportion Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an ECG performed	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0092	Emergency Medicine: Aspirin at Arrival for Acute Myocardial Infarction (AMI)	Type of score: Proportion Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0093	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope	Type of score: Proportion Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0132	Aspirin at arrival for acute myocardial infarction (AMI)	Percentage of acute myocardial infarction (AMI) patients who received aspirin within 24 hours before or after hospital arrival	Centers for Medicare and Medicaid Services

Measure Number	Title	Description	Measure Steward
0133	PCI mortality (risk-adjusted)©	Risk adjusted PCI mortality rate.	American College of Cardiology Foundation
0289	Median Time to ECG	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).	Centers for Medicare and Medicaid Services
0521	Heart Failure Symptoms Addressed	Percent of patients exhibiting symptoms of heart failure for whom appropriate actions were taken	Centers for Medicare and Medicaid Services
0535	30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock	This measure estimates hospital risk-standardized 30-day all-cause mortality rate following percutaneous coronary intervention (PCI) in patients who are 18 years of age or older without STEMI and without cardiogenic shock at the time of procedure. The measure uses clinical data available in the National Cardiovascular Data Registry (NCDR) CathPCI Registry for risk adjustment. For the purpose of development, the measure cohort was derived in a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI.	Centers for Medicare and Medicaid Services
0536	30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock	This measure estimates hospital risk-standardized 30-day all-cause mortality rate following percutaneous coronary intervention (PCI) in patients who are 18 years of age or older with STEMI or cardiogenic shock at the time of procedure. The measure uses clinical data available in the National Cardiovascular Data Registry (NCDR) CathPCI Registry for risk adjustment. For the purpose of development, the measure cohort was derived in a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI.	Centers for Medicare and Medicaid Services
0578	Ambulatory initiated Amiodarone Therapy: TSH Test	This measure identifies the percentage of patients who had a TSH baseline measurement at the start of amiodarone therapy	Resolution Health, Inc.

Measure Number	Title	Description	Measure Steward
0588	Stent drug-eluting clopidogrel	This measure identifies patients undergoing percutaneous coronary intervention (PCI) with placement of a drug-eluting intracoronary stent during the first 9 months of the measurement year, who filled a prescription for clopidogrel in the 3 months following stent placement.	Resolution Health, Inc.
0600	New Atrial Fibrillation: Thyroid Function Test	This measure identifies patients with new-onset atrial fibrillation during the measurement year who have had a thyroid function test 6 weeks before or after the diagnosis of atrial fibrillation.	Resolution Health, Inc.
0642	Cardiac Rehabilitation Patient Referral From an Inpatient Setting	Percentage of patients admitted to a hospital with a primary diagnosis of an acute myocardial infarction or chronic stable angina or who during hospitalization have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation who are referred to an early outpatient cardiac rehabilitation/secondary prevention program.	American College of Cardiology
0643	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program.	American College of Cardiology
0664	Patient(s) with an emergency medicine visit for syncope that had an ECG.	This measure identifies patients with an emergency medicine visit for syncope that had an ECG done as part of their evaluation.	Optum
0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	This measure calculates the percentage of low-risk, non-cardiac surgeries performed at a hospital outpatient facility with a Stress Echocardiography, SPECT MPI or Stress MRI study performed in the 30 days prior to the surgery at a hospital outpatient facility(e.g., endoscopic, superficial, cataract surgery, and breast biopsy procedures). Results are to be segmented and reported by hospital outpatient facility where the imaging procedure was performed.	Centers for Medicare & Medicaid Services
0670	Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients	Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation	American College of Cardiology Foundation

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0671	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	Percentage of all stress SPECT MPI, stress echo, CCTA and CMR performed routinely after PCI, with reference to timing of test after PCI and symptom status.	American College of Cardiology Foundation
0672	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment	American College of Cardiology Foundation

Measure Number	Title	Description	Measure Steward
0704	Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	<p>Percent of adult population aged 18 – 65 years who were admitted to a hospital with acute myocardial infarction (AMI), were followed for one-month after discharge, and had one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period (Please reference attached document labeled NQF_AMI_PACs_Risk_Adjustment_2.16.10.xls, tabs labeled CIP_Index PAC_Stays and CIP_PAC_Readmission). We define PACs during each time period as one of three types:</p> <p>(A) PACs during the Index Stay (Hospitalization):</p> <p>(1) PACs related to the anchor condition: The index stay is regarded as having a PAC if during the index hospitalization the patient develops one or more complications such as cardiac arrest, ventricular fibrillation, cardiogenic shock, stroke, coma, acute post-hemorrhagic anemia etc. that may result directly due to AMI or its management.</p> <p>(2) PACs due to Comorbidities: The index stay is also regarded as having a PAC if one or more of the patient’s controlled comorbid conditions is exacerbated during the hospitalization (i.e. it was not present on admission). Examples of these PACs are diabetic emergency with hypo- or hyperglycemia, tracheostomy, mechanical ventilation, pneumonia, lung complications gastritis, ulcer, GI hemorrhage etc.</p> <p>(3) PACs suggesting Patient Safety Failures: The index stay is regarded as having a PAC if there are one or more complications related to patient safety issues. Examples of these PACs are septicemia, meningitis, other infections, phlebitis, deep vein thrombosis, pulmonary embolism or any of the CMS-defined hospital acquired conditions (HACs).</p> <p>(B) PACs during the 30-day post discharge period:</p> <p>(1) PACs related to the anchor condition: Readmissions and emergency room visits during the 30-day post discharge period after an AMI are considered as PACs if they are for angina, chest pain, another AMI, stroke, coma, heart failure etc.</p> <p>(2) PACs due to Comorbidities: Readmissions and emergency room visits during the 30-day post discharge period are also considered PACs if they are due to an exacerbation of one or more of the patient’s comorbid conditions, such as a diabetic emergency with hypo- or hyperglycemia, pneumonia, lung complications, tracheostomy, mechanical ventilation etc.</p> <p>(3) PACs suggesting Patient Safety Failures: Readmissions or emergency room visits during the 30-day post discharge period are considered PACs if they are due to sepsis, infections, phlebitis, deep vein thrombosis, or for any of the CMS-defined hospital acquired conditions (HACs).</p> <p>The enclosed workbook labeled NQF_AMI_PACs_Risk_Adjustment_2.16.10.xls, gives the frequency and costs associated with each of these types of PACs during the index hospitalization (tab labeled CIP_Index PAC_Stays) and for readmissions and emergency room visits during the 30-day post-discharge period (tab labeled CIP_PAC_Readmission). The information is based on a two-year national commercially insured population (CIP) claims database. The database had 4.7 million covered lives and \$95 billion in “allowed amounts” for claims costs. The database was an administrative claims database with medical as well as pharmacy claims. The two tabs demonstrate the most common PACs that occurred in patients hospitalized with AMI.</p>	Bridges to Excellence

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0964	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	Patients undergoing PCI who receive prescriptions for all medications (aspirin, P2Y12 and statins) for which they are eligible for at discharge	American College of Cardiology Foundation (ACCF)
1524	Assessment of Thromboembolic Risk Factors (CHADS2)	Patients with nonvalvular atrial fibrillation or atrial flutter in whom assessment of thromboembolic risk factors using the CHADS2 risk criteria has been documented	American College of Cardiology Foundation/ American Heart Association/ American Medical Association's Physician Consortium for Performance Improvement
1525	Chronic Anticoagulation Therapy	Prescription of warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification.	American College of Cardiology Foundation/ American Heart Association/ American Medical Association's Physician Consortium for Performance Improvement