



## Cardiovascular Project 2016-2017

### 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.<sup>1</sup> 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.<sup>2</sup>

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.

During Phase 1 seventeen measures were reviewed and fourteen measures were endorsed by the Standing Committee. During Phase 2 sixteen measures were reviewed and eleven endorsed by the Standing Committee. The Cardiovascular portfolio contains a total of 53 measures—including 31 process measures, 20 outcome and resource use measures, and 2 composite measures—that have been endorsed by NQF, making this group of measures one of the largest in NQF's measure portfolio. Of these 53 measures, 13 are currently 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.

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<sup>1</sup> 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.

<sup>2</sup> "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.

## COMMITTEE CHARGE

The multi-stakeholder Standing Committee evaluates newly submitted measures and measures undergoing maintenance review, and makes recommendations for which measures should be endorsed as national consensus standards. This Committee will continue to 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.

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 documents
- 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](#).

## COMMITTEE STRUCTURE

This Committee currently has 17 seated Standing Committee members, and is seeking additional Standing Committee members for a full Committee 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)
- 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**

<b>Meeting</b>	<b>Date/Time</b>
<b>Standing Committee Orientation Call</b>	May 23, 2016 3:00 PM – 4:00 PM EST
<b>Q &amp; A Call</b>	June 21, 2016 11:00 AM – 12:00 PM EST
<b>In-Person Meeting</b>	July 11 & 12, 2016
<b>Post Meeting Webinar</b>	July 27, 2016 3:00 PM- 5:00 PM EST
<b>Post Draft Report Comment Webinar</b>	October 7, 2:00 PM – 4:00 PM EST

## PREFERRED EXPERTISE & COMPOSITION

NQF attempts to represent a diversity of stakeholder perspectives on committees and is currently seeking representation from specific stakeholder groups for the open seats on the Cardiovascular Standing Committee. This includes consumers, purchasers, internal medicine and general cardiology providers, nursing and other healthcare professionals specializing in cardiac care, health plans, and community and public health experts.

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. We are also seeking expertise in disparities and care of vulnerable populations.

**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.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

## CONSIDERATION & 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

Nominations are sought for individuals as subject matter experts, not organizations. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Cardiovascular 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; CDP only]
- 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 April 11, 2016**

#### QUESTIONS

If you have any questions, please contact Leslie Vicale at 202-783-1300 or [cardiovascular@qualityforum.org](mailto:cardiovascular@qualityforum.org). Thank you for your interest.