National Consensus Standards for Cardiovascular Conditions, 2016-2017

Standing Committee In-Person Meeting
July 12, 2016

Mary George, MD, MSPH, FACS, FAHA (Co-chair)
Tom Kottke, MD, MSPH (Co-chair)

Melissa Mariñelarena, RN, MPA, Senior Director
Wunmi Isijola, MPH, Administrative Director
Donna Herring, MPH, Project Analyst

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Welcome

- Restrooms
  - Exit main conference area, past elevators, on right.
- Breaks
  - 10:15am- 15 minutes
  - 1:00pm – Lunch provided by NQF
  - 3:15pm – 15 minutes
- Laptops and cell phones
  - Wi-Fi network
    - User name “guest”
    - Password “NQFguest”
  - Please mute your cell phone during the meeting

NQF Staff

- Marcia Wilson, PhD, MBA
  - Senior Vice President, Quality Measurement
- Elisa Munthali, MPH
  - Vice President, Quality Measurement
- Melissa Mariñelarena, RN, MPA
  - Senior Director, Quality Measurement
- Wunmi Isijola, MPH
  - Administrative Director, Quality Measurement
- Donna Herring, MPH
  - Project Analyst, Quality Measurement

Introductions and Disclosures of Interest

Standing Committee

- Mary George, MD, MSPH, FAHA (Co-chair)
- Sana Al-Khatib, MD, MHS
- Carol Allred, BA
- Linda Briggs, DNP
- Leslie Cho, MD
- Joseph Cleveland, MD
- Michael Crouch, MD, MSPH, FAAFP
- Elizabeth DeLong, PhD
- Kumar Dharmarajan, MD, MBA
- William Downey, MD
- Brian Forrest, MD
- Ellen Hillegass, PT, EdD, CCS, FAACVPR, FAPTA
- Thomas Kottke, MD, MSPH (Co-chair)
- Thomas James, MD
- Charles Mahan, PharmD, PhC, RPh
- Joel Marrs, PharmD, FNLA,BCPS , CLS
- Gerard Martin, MD, FAAP, FACC, FAHA
- Kristi Mitchell, MPH
- Gary Puckrein, PhD
- Nicholas Ruggiero, MD, FACP, FACC, FSCAI, FSVM, FCPP
- Jason Spangler, MD, MPH, FACPM
- Mladen Vidovich, MD
- Daniel Waxman, MD, PhD

Portfolio Overview and Project Introduction

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Cardiovascular Project 2016-2017

- This project will evaluate measures that address conditions, treatments, interventions, or procedures related to cardiovascular care that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including:
  - Acute myocardial infarction
  - Atherosclerotic disease
  - Coronary artery disease
  - Ischemic vascular disease
- NQF currently has more than 54 endorsed measures related to cardiovascular care.

Cardiovascular Portfolio of NQF-endorsed measures

*Measures for maintenance evaluation

- Afib/flutter: 2 measures
  - 1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
  - 2474: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
- Blood Pressure Control: 1 measure
  - 0018: Controlling High Blood Pressure
- Coronary Artery Disease: 4 measures
  - 0074: Chronic Stable Coronary Artery Disease: Lipid Control
  - 0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
  - 0067: Chronic Stable Coronary Artery Disease: Antiplatelet Therapy
  - 0066: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)*
- Cardiac Catheterization: 2 measures
  - 0355: Bilateral Cardiac Catheterization Rate (IQI 25)
  - 0715: Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization
- Cardiac Imaging: 3 measures
  - 0672: Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients
  - 0670: Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients
  - 0669: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery

Cardiovascular Portfolio of NQF-endorsed measures

*Measures for maintenance evaluation

- Heart failure: 13 measures
  - 2455: Heart Failure: Post-Discharge Appointment for Heart Failure Patients
  - 2450: Heart Failure: Symptom and Activity Assessment
  - 0083: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  - 0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  - 0079: Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)
  - 2443: Post-Discharge Evaluation for Heart Failure Patients
  - 2439: Post-Discharge Appointment for Heart Failure Patients
  - 2438: Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge
  - 2907: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (eMeasure paired with 0081)
  - 2908: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (eMeasure paired with 0083)
  - 2764: Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy
  - 0229: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older.
  - 0358: Heart Failure Mortality Rate (IQI 16)

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- ICD: 2 measures
  - 0965: Patients with an ICD implant who receive ACE-I/ARB and beta blocker therapy at discharge
  - 0694: Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)
- Cardiovascular Implantable Electronic Device: 1 measure
  - 2461: In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)
- IVD: 3 measures
  - 0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
  - 0073: Ischemic Vascular Disease (IVD): Blood Pressure Control
  - 0076: Optimal Vascular Care*

Cardiovascular Portfolio of NQF-endorsed measures

*Measures for maintenance evaluation

- Acute MI: 12 measures
  - 0643: Cardiac Rehabilitation Patient Referral From an Outpatient Setting
  - 0642: Cardiac Rehabilitation Patient Referral From an Inpatient Setting
  - 0290: Median Time to Transfer to Another Facility for Acute Coronary Intervention*
  - 0288: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival*
  - 0142: Aspirin prescribed at discharge for AMI
  - 0137: ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients
  - 0090: Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
  - 0071: Persistence of Beta-Blocker Treatment After a Heart Attack
  - 2377: Defect Free Care for AMI
  - 2473: Hospital 30-Day Risk-Standardized Acute Myocardial Infarction (AMI) Mortality eMeasure
  - 0730: Acute Myocardial Infarction (AMI) Mortality Rate
  - 0230: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older.

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- PCI: 8 measures
  - 2411: Percutaneous Coronary Intervention (PCI): Comprehensive Documentation of Indications for PCI
  - 2452: Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy
  - 0671: Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)
  - 0964: Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
  - 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
  - 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
  - 0133: In-Hospital Risk Adjusted Rate of Mortality for Patients Undergoing PCI
  - 2459: Risk Adjusted Rate of Bleeding Events for patients undergoing PCI

Cardiovascular Portfolio of NQF-endorsed measures

*Measures for maintenance evaluation

- Statin Use: 1 measure
  - 2712: Statin Use in Persons with Diabetes
- Stent Placement: 2 measures
  - 2379: Adherence to Antiplatelet Therapy after Stent Implantation
  - 2396: Carotid artery stenting: Evaluation of Vital Status and NIH Stroke Scale at Follow Up

Overview of Evaluation Process

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Roles of the Standing Committee

- Act as a proxy for the NQF multi-stakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations to the NQF membership for endorsement
- Oversee the portfolio of Cardiovascular measures
- Select 2-year or 3-year terms

Standing Committee Responsibilities

Oversee NQF's Cardiovascular Portfolio of Measures:

- Provide input on the relevant measurement framework(s)
- Know which measures are included in the portfolio and understand their importance to the portfolio
- Consider issues of measure standardization and parsimony when assessing the portfolio
- Identify measurement gaps in the portfolio
- Become aware of other NQF measurement activities for the topic area(s)
- Be open to external input on the portfolio
- Provide feedback about how the portfolio should evolve
- Consider the current portfolio when evaluating individual measures

Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times (except at breaks)
- Keep comments concise and focused
- Foster meaningful participation - prevent dominating and encourage contribution
- Indicate agreement without repeating what has already been said

Process for Measure Discussion and Voting

- Brief introduction by measure developer (2-3 minutes)
- Lead discussants will begin Committee discussion for each criterion:
  - Providing a brief summary of the pre-meeting evaluation comments and/or Workgroup discussion
  - Emphasizing areas of concern or differences of opinion
  - Noting, if needed, the preliminary rating by NQF
    - This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Voting on Endorsement Criteria

- **Importance to Measure and Report** *(must-pass)**
  - Vote on evidence (if needed) and performance gap
- **Scientific Acceptability** *(must pass)**:
  - Vote on Reliability and Validity (if needed)
- **Feasibility:**
  - Vote on Feasibility
- **Usability and Use**:
  - Vote on usability and use
- **Overall Suitability for Endorsement**

If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; we move to the next measure.

Voting During Today's Meeting

- **Voting Tools:**
  - All in-person voting members have a remote clicker to vote
  - All voting members not attending in-person will vote via proxy staff member on location
- **Instructions:**
  - Point clicker towards staff member at the east side of the room
  - When voting, remote will briefly display vote choice
  - You may change your response without duplicating your vote, only the last option pressed before voting is closed will register

Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum

CNR measures move forward to public and NQF member comment and the Committee will revote

Maintenance Measure Review Process

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Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs. maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – Opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: Data on current performance, gap in care and variation

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk-adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions for SDS Trial Period

Criteria #3-4: Feasibility and Usability and Use

New measures	Maintenance measures
Feasibility	
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Consideration of Candidate Measures

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Measure 0076: Optimal Vascular Care (MNCM)

- **Lead Discussants:**
  - Kumar Dharmarajan
  - Brian Forrest
  - Tom Kottke
  - Jason Spangler
- **Measure Type: Composite**
- **Description:** The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:
  • Blood pressure less than 140/90 mmHg
  • On a statin medication, unless allowed contraindications or exceptions are present
  • Non-tobacco user
  • On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Break

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Measure 0288: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival (CMS)

- **Lead Discussants:**
  - William Downey
  - Ellen Hillegass
  - Nicholas Ruggiero
  - Daniel Waxman
- **Measure Type: Process**
- **Description:** This measure calculates the percentage of Emergency Department (ED) acute myocardial infarction (AMI) patients with ST-segment elevation on the electrocardiogram (ECG) closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less. The measure is calculated using chart-abstracted data, on a rolling, quarterly basis and is publicly reported, in aggregate, for one calendar year. The measure has been publicly reported, annually, by CMS as a component of its Hospital Outpatient Quality Reporting (HOQR) Program since 2012.

Measure 0290: Median Time to Transfer to Another Facility for Acute Coronary Intervention (CMS)

- **Lead Discussants:**
  - Sana Al-Khatib
  - Joseph Cleveland
  - Mary George
  - Mladen Vidovich
- **Measure Type: Process**
- **Description:** This measure calculates the median time from emergency department (ED) arrival to time of transfer to another facility for acute coronary intervention (ACI) for ST-segment myocardial infarction (STEMI) patients that require a percutaneous coronary intervention (PCI). The measure is calculated using chart-abstracted data, on a rolling quarterly basis, and is publically reported, in aggregate, for one calendar year. The measure has been publically reported, annually by CMS as a component of its Hospital Outpatient Quality Reporting (HOQR) Program since 2008.

Measure 0066: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (AHA)

- **Lead Discussants:**
  - Carol Allred
  - Linda Baas
  - Leslie Cho
  - Charles Mahan
- **Measure Type: Process**
- **Description:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.

Related and Competing Measure Discussion

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NQF Member and Public Comment

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Lunch

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Consideration of Candidate Measures (Continued)

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Use of BONNIE for Legacy eMeasures/eCQMs

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What is a Legacy eMeasure/eCQM?

- There are a number of ways to develop and submit an eMeasure for NQF Endorsement
- Legacy refers to a chart-abstracted/claims-based quality measure that is used in a federal quality program
- The measure has been respecified into an electronic version
- This has been emphasized with the rise in adoption of electronic health records
- Desire to move away from chart abstraction

NQF Criteria for eMeasure Endorsement

- Measure must meet the same criteria as all other NQF measures
- eMeasures must be tested in more than one EHR system.
- Measure developers must assess feasibility of the eMeasure.

Potential Problems with Legacy Measures

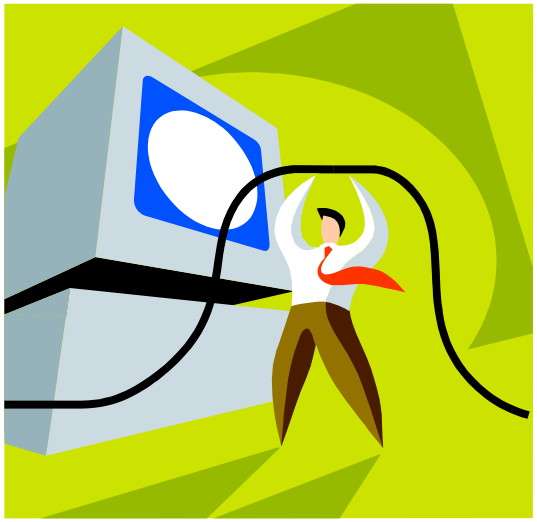
- Difficulty with finding EHR systems
- Difficulty with test data
- Difficulty with feasibility
- Difficulty in comprehension of a legacy measure

The Use of BONNIE as a (temporary) Solution

- BONNIE is a tool developed by the MITRE Corporation
- BONNIE is a software tool that allows Meaningful Use (MU) Clinical Quality Measure (CQM) developers to test and verify the behavior of their measure logic.
- The main goal of the application is to reduce the number of defects in eMeasures by providing a robust and automated testing framework
- The Bonnie application can convert the eMeasure into the appropriate electronic specification that allows calculation of the measure directly from the logic.

How Does BONNIE Work?

- Synthetic patient test deck
- Execute the measure logic against the test deck
- Evaluate the metric to determine if there are any errors
- Isolate where the errors are and make corrections



How to Evaluate Legacy Measures with BONNIE

- Accurate metric
- Realistic scenario
- Appropriate assessments
- Existence of data
- Accurate capture of data
- Impact on workflow
- Value on quality of care

Measure 2906: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) (AMA-PCPI) *e-measure*

- **Lead Discussants:**
  - Linda Briggs
  - Liz DeLong
  - Gerard Martin
  - Kristi Mitchell
- **Measure Type: Process**
- **Description:** 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 2939: Statin Therapy in Patients with Clinical Atherosclerotic Disease (ACC)

- **Lead Discussants:**
  - Michael Crouch
  - Joel Marrs
  - Gary Puckrein
  - Thomas James
- **Measure Type: Process**
- **Description:** Percentage of patients 18-75 year of age with clinical atherosclerotic cardiovascular disease (ASCVD) who were offered moderate-to high-intensity statin.

Related and Competing Measure Discussion

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Break

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Gaps in the Cardiovascular Measure Portfolio

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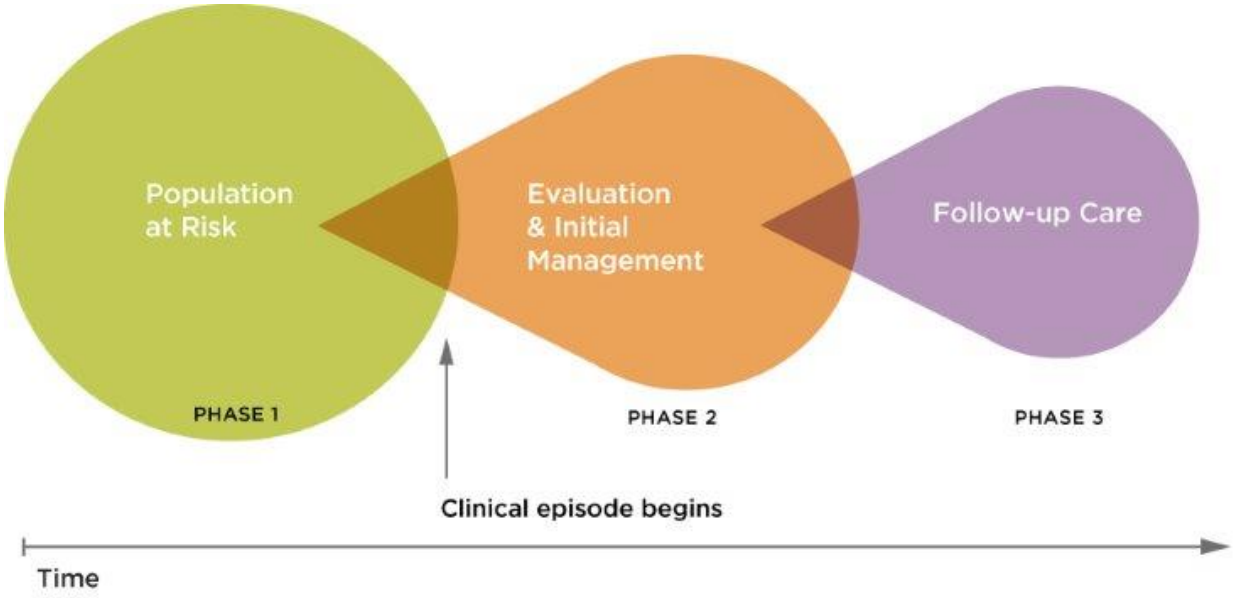
Patient Episode of Care



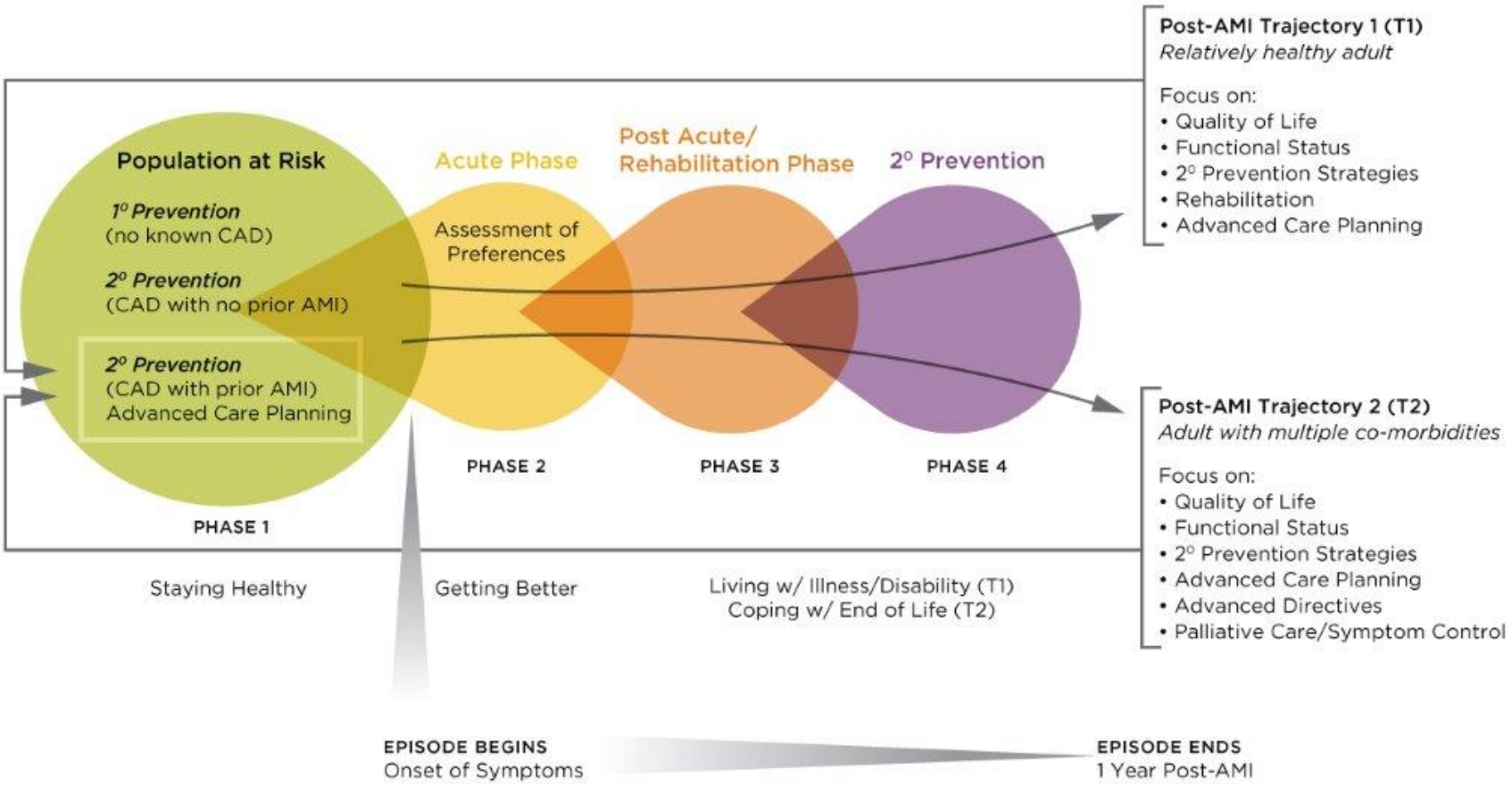
End of Episode:

- Risk-adjusted health outcomes (i.e., mortality & functional status)
- Risk-adjusted total cost of care

APPROPRIATE TIMES THROUGHOUT EPISODE:

- Determination of key patient attributes for risk-adjustment
- Assessment of informed patient preferences and the degree of alignment of care processes with these preferences
- Assessment of symptom, functional, and emotional status

AMI Patient Episode of Care



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NQF Member and Public Comment

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Adjourn

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