NATIONAL QUALITY FORUM

Measure Evaluation 4.1
December 2009

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The subcriteria and most of the footnotes from the evaluation criteria are provided in Word comments within the form and will appear if your cursor is over the highlighted area. Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized)**:** Complete all yellow highlighted areas of the form. Evaluate the extent to which each subcriterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: *If there is no TAP or workgroup, the SC also evaluates the subcriteria (yellow highlighted areas).*

Steering Committee: Complete all pink highlighted areas of the form. Review the workgroup/TAP assessment of the subcriteria, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met
C = Completely (unquestionably demonstrated to meet the criterion)
P = Partially (demonstrated to partially meet the criterion)
M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)
N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)
NA = Not applicable (only an option for a few subcriteria as indicated)

(for NQF staff use) **NQF Review #:** 0116 **NQF Project:** Surgery Endorsement Maintenance 2010
MEASURE DESCRIPTIVE INFORMATION
De.1 **Measure Title:** Anti-Platelet Medication at Discharge
De.2 **Brief description of measure:** Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on anti-platelet medication
1.1-2 **Type of Measure:** Process De.3 **If included in a composite or paired with another measure, please identify composite or paired measure** OT1-013-09 – The STS CABG Composite Score
De.4 **National Priority Partners Priority Area:** Safety De.5 **IOM Quality Domain**: Safety De.6 **Consumer Care Need:** Getting better

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	**NQF Staff**
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. *Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.* A.1 **Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)?** Yes A.2 **Indicate if Proprietary Measure** (*as defined in measure steward agreement*)**:** A.3 **Measure Steward Agreement:** Agreement will be signed and submitted prior to or at the time of measure submission A.4 **Measure Steward Agreement attached:** STS Measure Steward Agreement. Fully Executed-634267298037423250.pdf	**A** Y☐ N☐

B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	**B** Y☐ N☐
C. The intended use of the measure includes both public reporting and quality improvement. ►**Purpose:**	**C** Y☐ N☐
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1**Testing:** Yes, fully developed and tested D.2 **Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?** Yes	**D** Y☐ N☐
(for NQF staff use) **Have all conditions for consideration been met?** **Staff Notes to Steward** (*if submission returned*)**:**	**Met** Y☐ N☐
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. ***Measures must be judged to be important to measure and report*** *in order to be evaluated against the remaining criteria.* (evaluation criteria) **1a. High Impact**	**Eval Rating**
(for NQF staff use) **Specific NPP goal**:	
1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, Frequently performed procedure, Leading cause of morbidity/mortality, High resource use, Severity of illness, Patient/societal consequences of poor quality **1a.2** **1a.3 Summary of Evidence of High Impact:** The provision of anti-platelet therapy at discharge is currently accepted as standard of care for promotion of secondary prevention of coronary artery disease. Multiple peer review publications listed below provide evidence for this marker. **1a.4 Citations for Evidence of High Impact:** - Foody JM, Ferdinand FD, Galusha D, et al. Patterns of secondary prevention in older patients undergoing coronary artery bypass grafting during hospitalization for acute myocardial infarction. Circulation. 2003;108(Suppl-1):II24-II28. - Holman WL, Sansom M, Kiefe CI, Peterson ED, Hubbard SG, DeLong JF, Allman RM. Alabama Coronary Artery Bypass Grafting Project. Ann Surg. 2004;239:99-109. - Mangano DT. Aspirin and mortality from coronary bypass surgery. N Engl J Med. 2002;347(17):1309-1317. - Topol EJ. Aspirin with bypass surgery. N Engl J Med. 2002;347(17):1359-1360. - Welke KF, Ferguson TB, Coombs LP, et al. Validity of the Society of Thoracic Surgeons National Adult Cardiac Surgery Database. Ann Thorac Surg. 2004;77:1137-1139. - Eagle KA, Guyton RA, Davidoff R, Edwards FH, Ewy GA, Gardner TJ, et al. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American	**1a** C☐ P☐ M☐ N☐

Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). Circulation. 2004;110:e340-47.

1b. Opportunity for Improvement

1b.1 **Benefits (improvements in quality) envisioned by use of this measure:** This quality measure will improve bypass graft patency and promote secondary prevention of CAD after CABG. It is expected that long-term mortality reduction following CABG surgery will occur with ASA therapy.

1b.2 **Summary of data demonstrating performance gap (variation or overall poor performance) across providers:**
Please see attachment

1b.3 **Citations for data on performance gap:**
Dates: January 1, 2009-December 31, 2009

Analysis includes 581 STS Adult Cardiac Surgery Database Participants who had at least 100 eligible cases for the measure and reported data to STS for all 12 months.

1b.4 **Summary of Data on disparities by population group:**
Please see attachment

1b.5 **Citations for data on Disparities:**
Analysis includes STS Adult Cardiac Surgery Database Participants that had more than 50 eligible cases in 2008 and 2009, and reported data for at least 15 months

219988 Patients from 865 Participants were included in the Gender = Male sub-group.
71350 Patients from 605 Participants were included in the Gender = Female sub-group.
11279 Patients from 118 Participants were included in the Race = Black sub-group.
258957 Patients from 860 Participants were included in the Race = White sub-group.
11725 Patients from 110 Participants were included in the Race = Other sub-group.
8870 Patients from 86 Participants were included in the Ethnicity = Hispanic sub-group.
285030 Patients from 879 Participants were included in the Ethnicity = Non-Hispanic sub-group.

1b
C☐
P☐
M☐
N☐

1c. Outcome or Evidence to Support Measure Focus

1c.1 **Relationship to Outcomes** (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population*)**:** Patients requiring CABG have advanced, severe 3-vessel CAD. Aspirin therapy is accepted as a cornerstone of CAD treatment. It is believed that treatment with aspirin has a proven benefit in this group of patients.

1c.2-3. **Type of Evidence:** Observational study, Expert opinion, Systematic synthesis of research, Other
Clinical results from approximately 90% of cardiac surgery centers in the US

1c.4 **Summary of Evidence** (*as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome*)**:**
The overwhelming evidence supports aspirin use for CAD.

1c.5 **Rating of strength/quality of evidence (***also provide narrative description of the rating and by whom***):**

1c.6 **Method for rating evidence:**

1c.7 **Summary of Controversy/Contradictory Evidence:**

1c.8 **Citations for Evidence (***other than guidelines***):** - Foody JM, Ferdinand FD, Galusha D, et al. Patterns of secondary prevention in older patients undergoing coronary artery bypass grafting during hospitalization for acute myocardial infarction. Circulation. 2003;108(Suppl-1):II24-II28.

1c
C☐
P☐
M☐
N☐

- Holman WL, Sansom M, Kiefe CI, Peterson ED, Hubbard SG, DeLong JF, Allman RM. Alabama Coronary Artery Bypass Grafting Project. Ann Surg. 2004;239:99-109.
- Mangano DT. Aspirin and mortality from coronary bypass surgery. N Engl J Med. 2002;347(17):1309-1317.
- Topol EJ. Aspirin with bypass surgery. N Engl J Med. 2002;347(17):1359-1360.
- Welke KF, Ferguson TB, Coombs LP, et al. Validity of the Society of Thoracic Surgeons National Adult Cardiac Surgery Database. Ann Thorac Surg. 2004;77:1137-1139.
- Eagle KA, Guyton RA, Davidoff R, Edwards FH, Ewy GA, Gardner TJ, et al. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). Circulation. 2004;110:e340-47.

1c.9 Quote the Specific guideline recommendation (*including guideline number and/or page number***):**
Guideline Number 4.2.1. Page e254 of the AHA/ACC guidelines

1c.10 Clinical Practice Guideline Citation: n/a
1c.11 National Guideline Clearinghouse or other URL: n/a

1c.12 Rating of strength of recommendation (*also provide narrative description of the rating and by whom***):**
n/a

1c.13 Method for rating strength of recommendation (*If different from USPSTF system, also describe rating and how it relates to USPSTF)*:
n/a

1c.14 Rationale for using this guideline over others:
n/a

TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Importance to Measure and Report?*

1

Steering Committee: Was the threshold criterion, *Importance to Measure and Report*, met?
Rationale:

1
Y☐
N☐

2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)

Eval Rating

2a. MEASURE SPECIFICATIONS

S.1 Do you have a web page where current detailed measure specifications can be obtained?
S.2 If yes, provide web page URL:

2a. Precisely Specified

2a.1 Numerator Statement (*Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome***):**
Number of patients undergoing isolated CABG who were discharged on anti-platelet medication

2a.2 Numerator Time Window (*The time period in which cases are eligible for inclusion in the numerator***):**

2a.3 Numerator Details (*All information required to collect/calculate the numerator, including all codes, logic, and definitions***):**
Number of isolated CABG procedures in which discharge aspirin [DCASA (STS Adult Cardiac Surgery Database Version 2.73)] or discharge ADP inhibitors (DCADP) is marked “yes”

2a-specs
C☐
P☐
M☐
N☐

If a patient is on Plavix due to an aspirin contraindication, s/he is counted in the numerator because STS accepts either ASA or ADP inhibitors for the numerator

2a.4 **Denominator Statement (***Brief, text description of the denominator - target population being measured***):**
All patients undergoing isolated CABG

2a.5 **Target population gender:** Female, Male
2a.6 **Target population age range:** 18 and older

2a.7 **Denominator Time Window (***The time period in which cases are eligible for inclusion in the denominator***):**
12 months

2a.8 **Denominator Details (***All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions***):**
Number of isolated CABG procedures excluding cases with in-hospital mortality or cases for which discharge aspirin use was contraindicated.

Isolated CABG is determined as a procedure for which all of the following apply:
- OpCAB is marked "Yes"
- (VADProc is marked "No" or "Missing") or (VADProc is marked "Yes, Implanted" and UnplVAD is marked "yes")
- OCarASDTy is marked "PFO" or "missing"
- OCarAFibAProc is marked "primarily epicardial" or "missing" and
- OpValve, VSAV, VSAVPr, ResectSubA, VSMV, VSMVPr, OpTricus, OpPulm, OpONCard, OCarLVA, OCarVSD, OCarSVR, OCarCong, OCarTrma, OCarCrTx, OCAoProcType, EndoProc, OCTumor, OCPulThromDis, OCarOthr are all marked "no" or "missing"

2a.9 **Denominator Exclusions (***Brief text description of exclusions from the target population***):** Cases are removed from the denominator if there was an in-hospital mortality or if discharge aspirin was contraindicated.

In other words, if discharge aspirin is marked contraindicated or there is an in-hospital mortality, the patient is excluded from the denominator, and therefore, the measure is calculated without those patients.

2a.10 **Denominator Exclusion Details (***All information required to collect exclusions to the denominator, including all codes, logic, and definitions***):**
Mortality Discharge Status (MtDCStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality; discharge aspirin (DCASA) is marked as "Contraindicated"

2a.11 **Stratification Details/Variables (***All information required to stratify the measure including the stratification variables, all codes, logic, and definitions***):**
N/A

2a.12-13 **Risk Adjustment Type:** No risk adjustment necessary

2a.14 **Risk Adjustment Methodology/Variables (***List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method***):**
N/A

2a.15-17 **Detailed risk model available Web page URL or attachment:**

2a.18-19 **Type of Score:** Rate/proportion
2a.20 **Interpretation of Score:** Better quality = Higher score
2a.21 **Calculation Algorithm (***Describe the calculation of the measure as a flowchart or series of steps***):**
N/A

2a.22 **Describe the method for discriminating performance** ***(e.g., significance testing)*****:**
Two-sided 95% binomial confidence intervals; a confidence interval is calculated for each database participant. If the overall STS database result falls within the participant's 95% binomial confidence

interval, the participant's performance is considered not significantly different from the overall database result. If the overall STS database result falls to the right of the participant's 95% binomial confidence interval, then the participant's performance is considered significantly lower than the overall database results. If the overall STS database result falls to the left of the participant's 95% binomial confidence interval, then the participant's performance is considered significantly higher than the overall database results.

2a.23 Sampling (Survey) Methodology *If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate)*:
N/A

2a.24 Data Source (*Check the source(s) for which the measure is specified and tested)*
Registry data

2a.25 Data source/data collection instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.***):**
STS Adult Cardiac Surgery Database – Version 2.73

2a.26-28 Data source/data collection instrument reference web page URL or attachment: URL Data Collection Form (an updated version will be made available on the STS Website in mid-December of 2010)---http://www.sts.org/documents/pdf/ndb2010/STSAdultCVDataCollectionForm2_7_Annotated_20101021.pdf

2a.29-31 Data dictionary/code table web page URL or attachment: URL http://www.sts.org/documents/pdf/ndb2010/STSAdultCVDataSpecificationsV2_7_20101021.pdf -- an updated version will be made available on the STS Website in mid-December of 2010

2a.32-35 Level of Measurement/Analysis (*Check the level(s) for which the measure is specified and tested)*
Clinicians : Group, Facility/Agency, Population : Counties or cities, Population : National, Population : Regional/network, Population : states

2a.36-37 Care Settings (*Check the setting(s) for which the measure is specified and tested)*
Hospital

2a.38-41 Clinical Services (*Healthcare services being measured, check all that apply*)
Clinicians: Physicians (MD/DO)

TESTING/ANALYSIS

2b. Reliability testing

2b.1 Data/sample *(description of data/sample and size)***:** STS Adult Cardiac Surgery Database - Compared results between two proximate time periods: January 2008-December 2008 and January 2009-December 2009.

2b.2 Analytic Method *(type of reliability & rationale, method for testing)***:**
Compare results between two proximate time periods: January 2008-December 2008 and January 2009-December 2009. Excluded from analysis are participants that did not submit results for both time periods. As database participants can change their underlying care processes at any time, we would not expect perfect correlation between two sets of results from even proximate time periods.

2b.3 Testing Results *(reliability statistics, assessment of adequacy in the context of norms for the test conducted)***:**
Please see attachment

2b
C☐ P☐ M☐ N☐

2c. Validity testing

2c.1 Data/sample *(description of data/sample and size)***:** STS Adult Cardiac Surgery Database

Audits conducted in 2010, all cases performed in 2009; N = 40 randomly selected sites participating in the

2c
C☐ P☐ M☐ N☐

STS Adult Cardiac Surgery Database

2c.2 **Analytic Method** *(type of validity & rationale, method for testing)*:
Participating sites are randomly selected for participation in STS Adult Cardiac Surgery Database Audit, which is designed to evaluate the accuracy, consistency, and comprehensiveness of data collection and ultimately validate the integrity of the data contained in the database. The Iowa Foundation for Medical Care (IFMC), the quality improvement organization for Iowa and Illinois, has conducted audits on behalf of STS since 2006.

Each year, the IFMC conducts audits at randomly selected sites throughout the country and tracks the individual agreement rates by variable and by year. More specifically, for each site, agreement rates are calculated for 73 individual elements. In addition, aggregate agreement rates for each element, variable category (e.g., pre-operative risk factors, previous interventions, etc), and overall for all categories are calculated for all sites. While this is not region specific, it is data point specific and comparison agreement rates confirm the improvement over time as well as the consistency.

2c.3 **Testing Results** *(statistical results, assessment of adequacy in the context of norms for the test conducted)*:
Aspirin at Discharge: 96.9% agreement rate
ADP Inhibitors at Discharge: 92.1% agreement rate

2d. Exclusions Justified

2d.1 **Summary of Evidence supporting exclusion(s):**

2d.2 **Citations for Evidence:**

2d.3 **Data/sample** *(description of data/sample and size)*: Dates: January 1, 2009-December 31, 2009; 628 STS Adult Cardiac Surgery Database Participants who had at least 100 eligible cases for the measure and reported data to STS for all 12 months. Patients with contraindications to the medication are excluded from this NQF measure.

2d.4 **Analytic Method** *(type analysis & rationale)*:

2d.5 **Testing Results** *(e.g., frequency, variability, sensitivity analyses)*:
Please see attachment

2d
C☐
P☐
M☐
N☐
NA☐

2e. Risk Adjustment for Outcomes/ Resource Use Measures

2e.1 **Data/sample** *(description of data/sample and size)*: N/A

2e.2 **Analytic Method** *(type of risk adjustment, analysis, & rationale)*:

2e.3 **Testing Results** *(risk model performance metrics)*:

2e.4 **If outcome or resource use measure is not risk adjusted, provide rationale:**

2e
C☐
P☐
M☐
N☐
NA☐

2f. Identification of Meaningful Differences in Performance

2f.1 **Data/sample from Testing or Current Use** *(description of data/sample and size)*: 581 STS Adult Cardiac Surgery Database Participants who had at least 100 eligible cases for the measure and reported data to STS for all 12 months; January 1, 2009-December 31, 2009

2f.2 **Methods to identify statistically significant and practically/meaningfully differences in performance** *(type of analysis & rationale)*:

2f
C☐
P☐
M☐
N☐

Two-sided 95% binomial confidence intervals; a confidence interval is calculated for each database participant. If the overall STS database result falls within the participant's 95% binomial confidence interval, the participant's performance is considered not significantly different from the overall database result. If the overall STS database result falls to the right of the participant's 95% binomial confidence interval, then the participant's performance is considered significantly lower than the overall database results. If the overall STS database result falls to the left of the participant's 95% binomial confidence interval, then the participant's performance is considered significantly higher than the overall database results. 2f.3 **Provide Measure Scores from Testing or Current Use** *(description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*: Please see attachment	
2g. Comparability of Multiple Data Sources/Methods 2g.1 **Data/sample** *(description of data/sample and size)*: N/A 2g.2 **Analytic Method** *(type of analysis & rationale)*: 2g.3 **Testing Results** *(e.g., correlation statistics, comparison of rankings)*:	**2g** C☐ P☐ M☐ N☐ NA☐
2h. Disparities in Care 2h.1 **If measure is stratified, provide stratified results** *(scores by stratified categories/cohorts)*: N/A 2h.2 **If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:**	**2h** C☐ P☐ M☐ N☐ NA☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Scientific Acceptability of Measure Properties?*	**2**
Steering Committee: Overall, to what extent was the criterion, *Scientific Acceptability of Measure Properties*, met? **Rationale:**	***2*** C☐ P☐ M☐ N☐
3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)	**Eval Rating**
3a. Meaningful, Understandable, and Useful Information 3a.1 **Current Use:** In use 3a.2 **Use in a public reporting initiative (disclosure of performance results to the public at large)** (*If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years*): This measure is one of eleven component measures of the STS CABG Composite Score. Composite star ratings are presented on the STS website, www.sts.org/publicreporting and in the health section of the Consumers Union website, www.ConsumerReportsHealth.org. There are approximately 330 STS Adult Cardiac Surgery Database Participants who voluntarily participate in the Consumer's Union public reporting initiative. In addition, approximately 352 STS Adult Cardiac Surgery Database Participants voluntarily take part in STS Public Reporting Online. 3a.3 **If used in other programs/initiatives (***If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI	**3a** C☐ P☐ M☐ N☐

within 3 years):
CMS Physician Quality Reporting Initiative (PQRI), www.cms.hhs.gov/pqri

Testing of Interpretability (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*)
3a.4 **Data/sample** *(description of data/sample and size)*: See 3a.6 below

3a.5 **Methods** *(e.g., focus group, survey, QI project)*:

3a.6 **Results** *(qualitative and/or quantitative results and conclusions)*:
Please see attachment

3b/3c. Relation to other NQF-endorsed measures

3b.1 **NQF # and Title of similar or related measures:**
OT1-013-09 – The STS CABG Composite Score; Component measures: 0114 Risk-Adjusted Post-operative Renal Failure, 0115 Risk-Adjusted Surgical Re-exploration, 0116 Anti-Platelet Medication at Discharge, 0117 Beta Blockade at Discharge, 0118 Anti-Lipid Treatment at Discharge, 0119 Risk-Adjusted Operative Mortality for CABG, 0127 Pre-Operative Beta Blockade, 0129 Risk-Adjusted Prolonged Intubation (ventilation), 0130 Risk-Adjusted Deep Sternal Wound Infection Rate, 0131 Risk-Adjusted Stroke/Cerebrovascular Accident, 0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)

(for NQF staff use) **Notes on similar/related endorsed or submitted measures:**

3b. Harmonization
If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source or different topic but same target population):
3b.2 **Are the measure specifications harmonized? If not, why?**
N/A; however, data definitions and key elements have been established by a multi-societal writing committee called the "ACCF/AHA Writing Committee to Develop Acute Coronary Syndromes and Coronary Artery Disease Clinical Data Standards" with representatives from each of the following organizations:

Agency for Healthcare Research and Quality
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Physicians
American College of Preventative Medicine
American Heart Association
American Medical Association
Centers for Disease Control and Prevention
Emergency Nurses Association
Food and Drug Administration
Joint Commission on Accreditation of Healthcare Organizations
National Association of Emergency Medical Technicians
National Association of EMS Physicians
National Heart, Lung, and Blood Institute
Preventive Cardiovascular Nurses Association
Society for Academic Emergency Medicine
Society of Chest Pain Centers and Providers
Society of General Internal Medicine
Society of Thoracic Surgeons

3b
C☐
P☐
M☐
N☐
NA☐

3c. Distinctive or Additive Value
3c.1 **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**
N/A

5.1 **If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the**

3c
C☐
P☐
M☐
N☐
NA☐

same target population), Describe why it is a more valid or efficient way to measure quality: N/A	
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Usability?*	**3**
Steering Committee: Overall, to what extent was the criterion, *Usability*, met? **Rationale:**	**3** **C☐** **P☐** **M☐** **N☐**
4. FEASIBILITY	
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)	**Eval Rating**
4a. Data Generated as a Byproduct of Care Processes **4a.1-2 How are the data elements that are needed to compute measure scores generated?** Data generated as byproduct of care processes during care delivery (Data are generated and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition), Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)	**4a** **C☐** **P☐** **M☐** **N☐**
4b. Electronic Sources **4b.1 Are all the data elements available electronically?** (*elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims*) Yes **4b.2 If not, specify the near-term path to achieve electronic capture by most providers.**	**4b** **C☐** **P☐** **M☐** **N☐**
4c. Exclusions **4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?** No **4c.2 If yes, provide justification.**	**4c** **C☐** **P☐** **M☐** **N☐** **NA☐**
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences **4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results.** This measure may be susceptible to human error (i.e., recording the measure inaccurately or not at all). When data collection on this measure is done through participation in the STS Adult Cardiac Surgery Database, an auditing strategy is in place. Both STS and the Duke Clinical Research Institute have a list of database participants making participation in the STS Adult Cardiac Surgery Database easy to track. Each participant is responsible for the quality and accuracy of the data they submit to the database. The participant agrees to the following quality control measures in the participation agreement: i) Participant hereby warrants that all data submitted for inclusion in the STS National Database will be accurate and complete, and acknowledges that such data may be subject to independent audit. Participant will use its best efforts to address any data or related deficiencies identified by the independent data warehouse service provider and agrees to cooperate with and assist STS and its designees in connection with the performance of any independent audit.	**4d** **C☐** **P☐** **M☐** **N☐**

ii) Participant warrants that it will take all reasonable steps to avoid the submission of duplicative data for inclusion in the STS National Database, including but not limited to apprising the Director of the STS National Database and the independent data warehouse service provider about any other Participation Agreements in which an individual cardiothoracic surgeon named above or on Schedule A attached hereto (as amended from time to time) is also named. STS audited for these potential problems during testing. Please see IFMC audit results.	
4e. Data Collection Strategy/Implementation **4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:** **4e.2 Costs to implement the measure** (*costs of data collection, fees associated with proprietary measures*)**:** Data Collection: There are no direct costs to collect the data for this measure. Costs to develop the measure included volunteer cardiothoracic surgeon time, STS staff time, and DCRI statistician and project management time. Other fees: STS Adult Cardiac Surgery Database participants (single cardiothoracic surgeons or a group of surgeons) pay annual participant fees of $2,950 or $3,700, depending on whether participants are STS members (or whether the majority of surgeons in a group are STS members). As a benefit of STS membership, STS members are charged the lesser of the two fees. **4e.3 Evidence for costs:** **4e.4 Business case documentation:**	**4e** C☐ P☐ M☐ N☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for *Feasibility?*	**4**
Steering Committee: Overall, to what extent was the criterion, *Feasibility*, met? **Rationale:**	**4** C☐ P☐ M☐ N☐
RECOMMENDATION	
(for NQF staff use) **Check if measure is untested and only eligible for time-limited endorsement.**	**Time-limited** ☐
Steering Committee: Do you recommend for endorsement? **Comments:**	**Y**☐ **N**☐ **A**☐
CONTACT INFORMATION	
Co.1 Measure Steward (Intellectual Property Owner) **Co.1 Organization** Society of Thoracic Surgeons, 633 North Saint Clair Street, Suite 2320, Chicago, Illinois, 60611 **Co.2 Point of Contact** Jane, Han, MSW, jhan@sts.org, 312-202-5856-	
Measure Developer If different from Measure Steward	

Co.3 Organization
Society of Thoracic Surgeons, 633 North Saint Clair Street, Suite 2320, Chicago, Illinois, 60611

Co.4 Point of Contact
Jane, Han, MSW, jhan@sts.org, 312-202-5856-

Co.5 Submitter If different from Measure Steward POC
Jane, Han, MSW, jhan@sts.org, 312-202-5856-, Society of Thoracic Surgeons

Co.6 Additional organizations that sponsored/participated in measure development

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development
Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
Members of the STS Task Force on Quality Initiatives provide clinical expertise as needed. The STS Workforce on National Databases meets at the STS Annual Meeting and reviews the measures on a yearly basis. Changes or updates to the measure will be at the recommendation of the Workforce.

Ad.2 If adapted, provide name of original measure:
Ad.3-5 If adapted, provide original specifications URL or attachment

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.6 Year the measure was first released: 2004
Ad.7 Month and Year of most recent revision: 12, 2010
Ad.8 What is your frequency for review/update of this measure? annually
Ad.9 When is the next scheduled review/update for this measure? 2011

Ad.10 Copyright statement/disclaimers:

Ad.11 -13 Additional Information web page URL or attachment: Attachment 0116 Sections 1b.2, 1b.4, 2b.3, 2d.5, 2f.3, 3a.6.pdf

Date of Submission (*MM/DD/YY*)**:** 03/28/2011

1b.2. Summary of Measure Results Demonstrating Performance Gap *(Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.)*

Measurement	*Anti-platelet Medication at Discharge*
N	581
Mean	96.8%
1st	85.2%
5th	89.9%
10th	93.0%
25th	95.6%
Median	97.6%
75th	99.2%
90th	100.0%
95th	100.0%
99th	100.0%
Outlier	197 (33.9%)
High	115
Low	82

1b.4. Summary of Measure Results on Disparities by Population Group *(Descriptive statistics for performance results for this measure by population group)*

	Anti-platelet Medication at Discharge	
	Population Group	
	Men	*Women*
Measurement		
N	865	605
Mean	96.5%	95.7%
1st	86.0%	83.0%
5th	89.0%	87.2%
10th	92.0%	89.7%
25th	95.0%	94.0%
Median	97.5%	96.6%
75th	99.0%	98.7%
90th	100.0%	100.0%
95th	100.0%	100.0%
99th	100.0%	100.0%
Outlier	328 (37.9%)	144 (23.8%)
High	181	72
Low	147	72

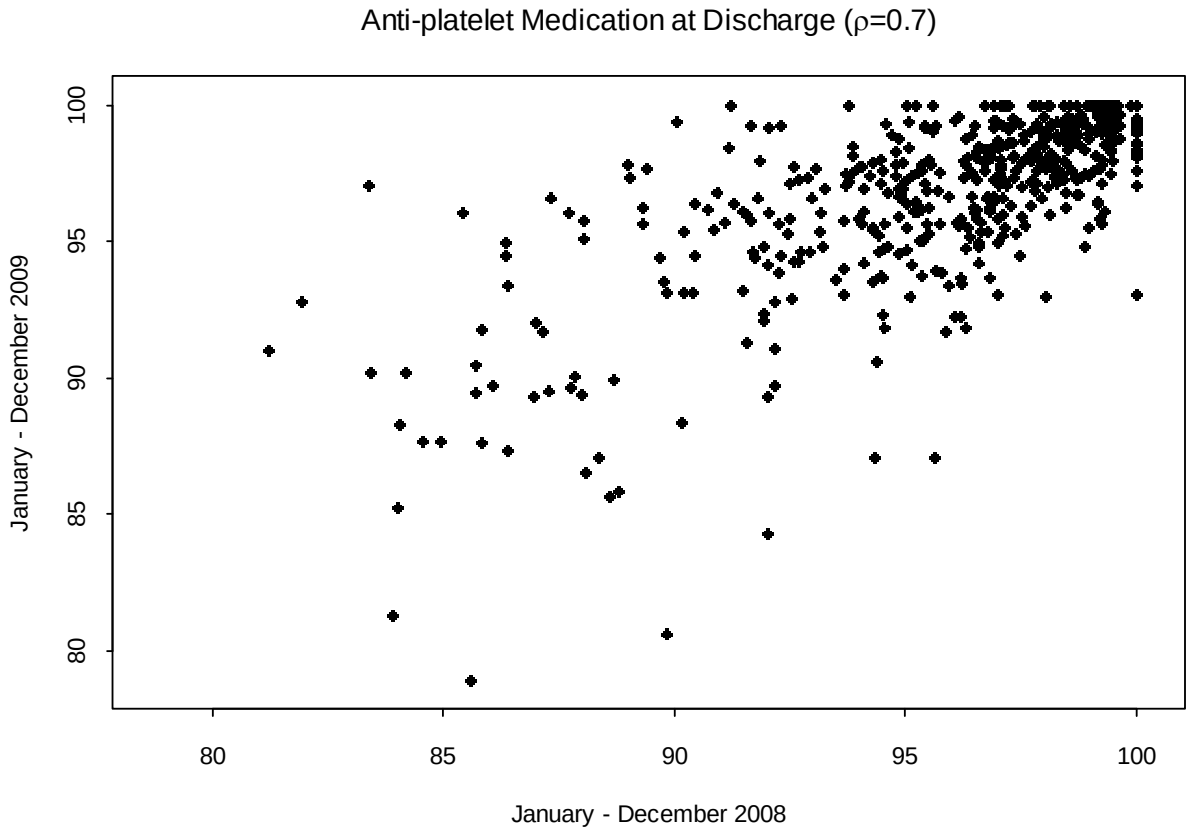
	Anti-platelet Medication at Discharge		
	Population Group		
	Black	*White*	*Other*
Measurement			
N	118	860	110
Mean	95.8%	96.3%	95.2%
1st	85.4%	84.3%	83.4%
5th	89.1%	88.5%	87.4%
10th	90.6%	91.7%	88.4%
25th	93.4%	94.8%	92.3%
Median	96.3%	97.3%	96.6%
75th	98.6%	98.9%	98.4%
90th	100.0%	99.7%	100.0%
95th	100.0%	100.0%	100.0%
99th	100.0%	100.0%	100.0%

	Anti-platelet Medication at Discharge		
	Population Group		
	Black	*White*	*Other*
Measurement			
Outlier	17 (14.4%)	360 (41.9%)	23 (20.9%)
High	8	210	11
Low	9	150	12

	Anti-platelet Medication at Discharge	
	Population Group	
	Hispanic	*Non-Hispanic*
Measurement		
N	86	879
Mean	94.9%	96.2%
1st	83.2%	83.8%
5th	86.9%	88.2%
10th	87.9%	91.1%
25th	92.7%	94.7%
Median	96.0%	97.3%
75th	98.0%	98.8%
90th	100.0%	99.6%
95th	100.0%	100.0%
99th	100.0%	100.0%
Outlier	16 (18.6%)	387 (44.0%)
High	6	222
Low	10	165

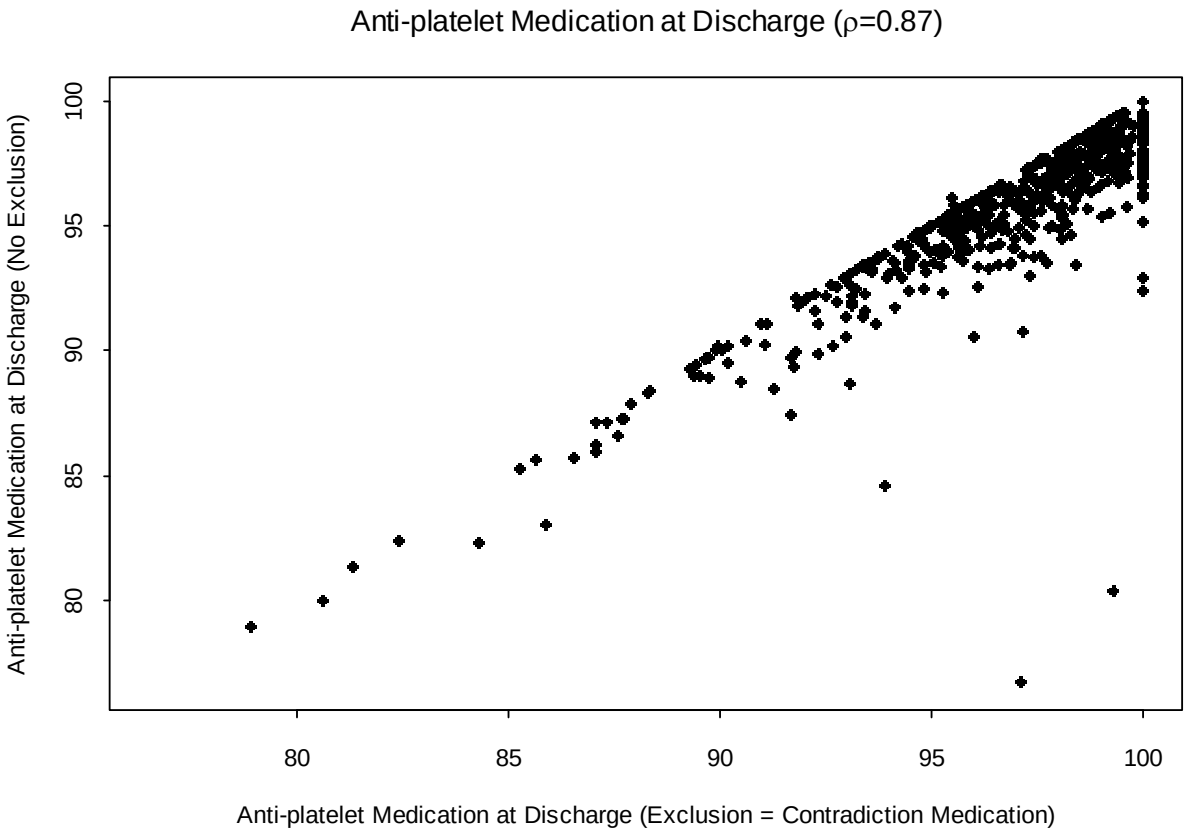
2b.3. Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)*

Testing results: $\rho = 0.70$



2d.5. Testing Results *(E.g., frequency, variability, sensitivity analyses)*

Anti-platelet Medication at Discharge	
# of Patients	140,573
# excluded	8,521
% excluded	0.06



2f.3. Measure Scores from Testing or Current Use *(Description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*

Results below are from January 1, 2009-December 31, 2009. Sample contains 581 STS Adult Cardiac Surgery Database Participants who had at least 100 eligible cases for the measure and reported data to STS for all 12 months.

Measurement	*Anti-platelet Medication at Discharge*
N	581
Mean	96.8%
1st	85.2%
5th	89.9%
10th	93.0%
25th	95.6%
Median	97.6%
75th	99.2%
90th	100.0%
95th	100.0%
99th	100.0%
Outlier†	197 (33.9%)
High	115
Low	82

†Represents the number of participants that are outliers according to two-sided 95% binomial confidence interval.

3a.6. Results *(Qualitative or quantitative results and conclusions)*

Although formal testing of interpretability has not been performed, this measure has been used and reported for STS Adult Cardiac Surgery database participants since 2007. Current report presentation and interpretation manuals are presented below. These materials are updated as needed based upon feedback from database participants.

1) Report Overview and Interpretation Manual:

The NQF Measures Report

a. Organization

This report section is separated into three areas corresponding to: 1) NQF volume measures, 2) NQF process measures, and 3) NQF outcomes measures, in that order. The header at the top of each page references the report section for that page. Each NQF measure is presented on a single row in the section. Tabular data are on the left-hand side of each page and a standard graphic representation is shown on the right-hand side.

b. Statistical Calculation and Details – NQF Measures

Time period: This report section contains information on the individual STS participant and overall STS performance for the most recent 12 months for volume, process and CABG outcomes measures and the most recent 60 months for Valve and Valve + CABG outcomes. The 5 years (60 months) of performance for outcomes involving Valve procedures is necessary due to smaller sample sizes.

Volume Measures: The NQF report provides average annual case volumes data for three surgery categories: i) Isolated CABG, ii) Valve without CABG, and iii) combined CABG + Valve. Definitions of the three surgery categories are provided in Table 2 of this NQF Report Overview. For each type of surgery, the participant's annualized volume is calculated as:

$$\text{Participant Annualized Volume} = 12 \times (\#\text{ of surgeries}) / (\#\text{ of months})$$

where (# of surgeries) denotes the number of surgeries of the specified type performed by the participant during the specified time period, and (# of months) is the number of months during the specified time period for which the participant submitted at least one cardiac surgery of any type. The intent of calculating "annualized" volumes is to adjust for participants who participated in the database for fewer months than the time period specified. For participants who participated in the database and submitted cases every month during 2006, the annualized volume for 2006 is simply the total number of cases.

The STS Average Annualized Volume is the average value of all of the participant annualized volumes across the entire population of STS participants. The Participant Percentile indicates the percent of STS participants whose annualized volumes are less than, or equal to, your own. Higher percentiles indicate higher volumes in relation to other STS participant sites. The Distribution of Participant Values shows the range and percentiles of the distribution of participant annualized volumes across all database participants. For example, 90% of participants have annualized volumes less than or equal to the value marked "90th percentile." Confidence intervals are not provided for volume measures, as volume is known with certainty and is not estimated.

Process Measures: The NQF process measures provide data on the frequency of usage of five therapies among subsets of Isolated CABG patients. The therapies are: i) preoperative beta blockade therapy, ii) use of IMA, iii) discharge anti-platelet medication, iv) discharge beta blockade therapy, and v) discharge anti-lipid medication. The patient population for each measure differs, in accordance with the NQF specifications (see Table 2 of this NQF Report Overview for details). The number of Eligible

Procedures is the number of cases performed by the participant during the specified time period who meet the eligibility requirements to be included in the calculations when summarizing the participant's data. ***Beginning with the 2008 Harvest 3 report (covering the procedure time period through 6/30/2008), STS implementation of NQF medication process measures using data version 2.61 excludes records for which the medication was contraindicated/not indicated from the eligible population.*** The main summary statistic, Participant Usage, is the percent of eligible Isolated CABG cases during the specified time period for which the patient received the specified therapy. The Overall STS Usage is the percent of all eligible patients in the entire STS population during the specified time period who received the specified therapy. ***In calculating these percentages, missing data are treated as a "No", emphasizing the importance of having complete data in these fields***.

The Participant Percentile indicates the percent of STS participants who applied the therapy in their respective populations less frequently than or as frequently as did your institution. The Distribution of Participant Values shows the range and percentiles of the distribution of participant usage across all participants in the database. For example, 90% of participants use the therapy less frequently than the amount indicated by the "90th percentile". A bar identified as "Participant" indicates the point estimate and limits of a 95% Confidence Interval (CI) for the participant's usage of therapy. The underlying parameter being estimated is the long-run usage rate that would be observed in a large sample of patients. The 95% CI indicates the range of usage rates that are consistent with the data in light of sampling variability.

Outcomes Measures: The NQF outcomes data provide risk-adjusted analyses of mortality and morbidity for Isolated CABG surgery as well as risk-adjusted operative mortality for Isolated AVR, Isolated MVR, AVR+CABG, and MVR+CABG. The main summary statistic provided is the Participant's Estimated Odds Ratio (OR) based on a hierarchical logistic regression analysis. The OR measures the impact that a participant's performance level has on a patient's probability of experiencing an adverse outcome. The interpretation is similar to that of an O/E ratio (see the Risk-Adjusted Results: Overview portion of the General Report Overview for details on STS risk adjustment). An OR greater than 1.0 implies that the participant increases a patient's risk of experiencing the outcome, relative to an "average" STS participant. An OR less than 1.0 implies that the participant decreases a patient's risk of experiencing the outcome, relative to an "average" STS participant. Each measure is calculated among patients undergoing surgery of the type specified during the time period specified who additionally meet certain eligibility requirements. The column labeled Eligible Procedures indicates the number of patients who met the inclusion criteria to be included in the analysis for the indicated measure. The Participant Percentile is the percent of STS participants who have an estimated OR that is greater than or equal to your estimated OR. Note that this is different than performance percentiles for process measures, where the percentile indicates the percentage of STS participants with performance that is *less than* the specified number. This simply reflects the fact that high process compliance is desirable, whereas a high OR is undesirable.

The Observed Participant Rate is the percent of eligible patients who experienced the specified outcome. Unlike the participant estimated OR, the observed participant rate is not risk-adjusted. The estimated OR is the main summary statistic for summarizing the NQF measure in this report.

The Distribution of Participant Values shows the range and percentiles of the distribution of estimated Odds Ratios across all STS participants. For example, 90% of STS participants have an OR greater than the value indicated by the "90th percentile." The line that extends to the left and right of the Participant Value indicates the lower and upper limits of a 95% Confidence Interval (CI) surrounding the participant's estimated OR.

c. Technical Notes

Calculation of Percentiles for the Distribution of Participant Values: The graph provided for each measure contains information about the distribution of the value of the measure across all STS

participants, namely the minimum, maximum, 10th percentile, 50th percentile, and 90th percentile. The "X^{th}" percentile, denoted P_x, is loosely defined as the number having the property that X% of the participant values are less than P_x, and (100 – X)% of the participant values are greater than P_x. **For process measures, participants with greater than 5% missing data were excluded when calculating percentiles of the STS distribution and do not have a calculated participant percentile**. For participants having less than 5% missing data on a process measure, the missing values on the process measure were converted to "No" before calculating percentiles. For outcomes measures, all participants submitting at least one eligible case were included when calculating percentiles of the STS distribution. Missing data on outcomes variables were treated as "No."

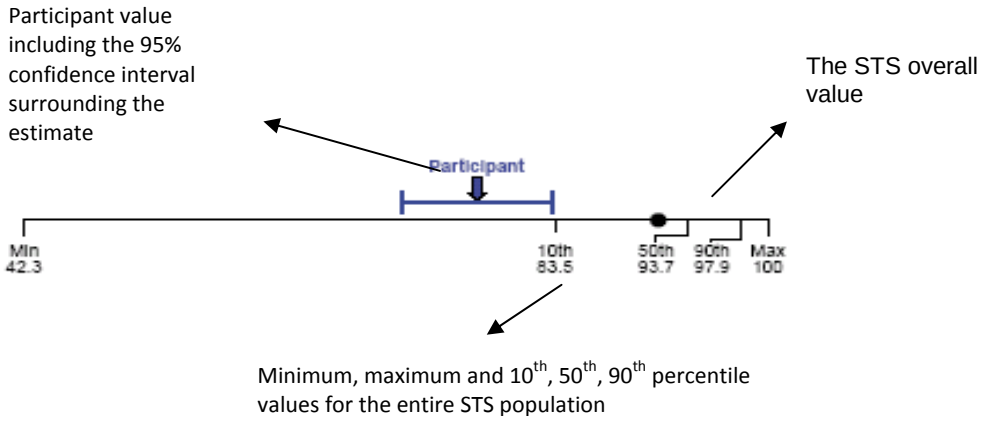
NQF/STS Results Comparison: Participants may see some differences between summaries of their data provided in the NQF section of the report and summaries of their data reported elsewhere in the STS report. These differences are due to subtle variations in variable definitions, patient inclusion and exclusion criteria, and rules for handling missing data in the NQF section versus the rest of the report. Definitions used in the NQF report were designed to match current NQF specifications as closely as possible. It is expected that these differences will eventually disappear as the NQF measures are refined. Some important differences are:

Case Volumes – The NQF report section presents "annualized" volumes. These are case volumes that have been adjusted for the number of months that a participant was an active contributor to the database. Elsewhere in the STS report, total case volumes are presented without adjustment for the length of participation.

Eligible Cases - The NQF report also presents the number of "eligible cases" for each measure. Separate inclusion criteria are applied to each measure, and these inclusion criteria do not always match the definitions used elsewhere in the STS report. Please refer to the footnotes in each section for specific details.

Interpretation Manual

In addition to the statistics provided for each of the STS Composite Quality Domains and NQF measures, a figure representing the distribution of values for the entire STS population is provided.



The figure allows participants to quickly judge their performance relative to the overall STS. The scale of the figure is set up such that the right side of the distribution represents the most favorable performance and the left side represents the least favorable performance (Note that in some cases smaller numbers will be on the left; in other instances, smaller numbers will be on the right. For example, for the Pre-operative Beta Blockade Therapy measure, the far left side of the distribution will contain the *lowest* percentage Beta Blockade Therapy for an STS participant – this corresponds to least

favorable performance. Alternatively, for the Operative Mortality Measure, the far left side of the distribution will contain the *highest* Estimated Odds Ratio – this also corresponds to least favorable performance). If a participant's value for a given measure is to the left of the STS overall value, the participant is performing worse on that measure than the overall STS. Conversely, if the participant's value for a given measure is located to the right of the overall STS value, the participant is performing better than the overall STS.

NOTE! Care should be given to reading these figures. In some instances, the various percentiles presented cluster very close together in the data. In such cases, the label for the percentile is not necessarily located immediately at the point on the distribution where the percentile occurs. An example of this is apparent in the figure above: The 50th percentile corresponds to a value of 93.7 and looks to align fairly closely with the STS overall value as represented by the large black dot. However, the expandable figure marking actually points to a place somewhere to the right of the STS overall value for the 50th percentile marking. So the STS overall value would be some amount less than 93.7.

Also, please note that in some cases, small sample sizes preclude valid comparisons between the participant and the STS overall. Such instances are clearly noted in the report output.

a. NQF Measures Interpretation Example

Sample CABG Operative Mortality results – tabular and figure representation.

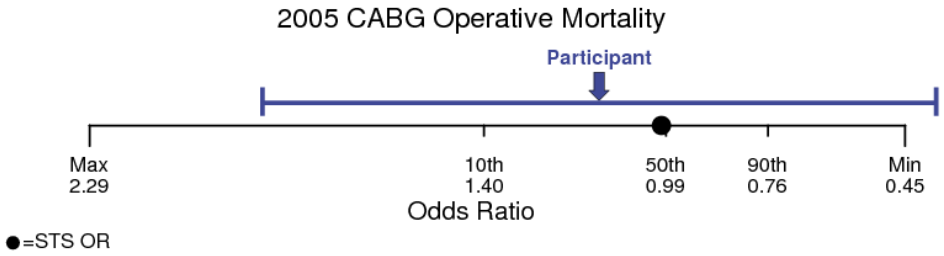
NQF Measure	Eligible Procedures	Participant Estimated OR	Participant Percentile	Participant Observed Rate
2005 CABG Operative Mortality	74	1.14	26.3	5.4%

Eligible Procedures: 74 patients met the inclusion criteria for the indicated measure.

Participant Estimated OR (Odds Ratio): The main summary statistic measuring the impact that a participant's performance has on a patient's probability of experiencing an adverse outcome has a value of 1.14 indicating worse than expected performance.

Participant Percentile: 26.3% of STS participants had an estimated OR greater than or equal to your estimated OR. In other words, 26.3% had the same or worse performance.

Participant Observed Rate: 5.4% of the 74 eligible patients experienced the specified outcome.



The highest OR among all STS participants = 2.29
The lowest OR among all STS participants = 0.45
The STS average OR is 1.00

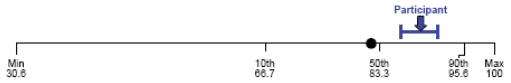
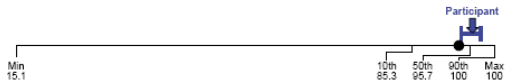
The 95% confidence interval for the participant's OR spans from <0.45 to ~1.90

2) Sample page from section of the report that contains NQF measure results:

NQF Measures
Process Measures

Participant 99999
STS Period Ending 12/31/2008

Duke Clinical Research Institute
DUKE UNIVERSITY MEDICAL CENTER

NQF Measure	Eligible Procedures	Participant Usage (95% CI)	Participant Percentile	Overall STS Usage	Distribution of Participant Values ● = Overall STS Usage
Jan 2008 - Dec 2008 Preoperative Beta Blockade Therapy[1]	541	89.3% (86.4 , 91.8)	69.9	82.1%	
Jan 2008 - Dec 2008 Use of IMA[2]	536	96.5% (94.5 , 97.9)	63.3	94.2%	
Jan 2008 - Dec 2008 Discharge Anti-Platelet Medication[3]	536	98.7% (97.3 , 99.5)	68.7	96.1%	
Jan 2008 - Dec 2008 Discharge Beta Blockade Therapy[4]	538	96.1% (94.1 , 97.6)	53.4	93.7%	
Jan 2008 - Dec 2008 Discharge Anti-Lipid Treatment[4]	535	91.8% (89.1 , 94.0)	40.7	91.4%	

[1]Excludes v2.61 contranindicated / not indicated records.
[2]Excludes patients with prior CABG surgery
[3]Anti-platelet use includes Aspirin and ADP Inhibitors, and excludes in-hospital mortalities. Excludes v2.61 contranindicated / not indicated records.
[4]Excludes in-hospital mortalities. Excludes v2.61 contranindicated / not indicated records.