

MAP Cardiovascular/Diabetes Task Force July 17th Meeting Summary

At the July 17th Cardiovascular/Diabetes Task Force meeting, we identified 29 measures for cardiovascular care in the context of the patient-focused episode of care (see Figures 1 and 2 at the end of the document for the episode of care models). This builds on the previously identified 7 primary prevention measures that apply to both the cardiovascular and diabetes families of measures. In developing the cardiovascular family of measures, the task force concluded: The episode of care model is a useful framework for determining a comprehensive family of measures.

- Outcome measures focused on control (e.g., measures of blood pressure or lipid control) are preferred to process measures focused on screening/testing.
- Rather than including multiple condition-specific measures, measures should have broad denominator populations to help achieve a parsimonious set of measures (e.g., one lipid control measure for both diabetes and cardiovascular conditions, rather than a lipid control measure for diabetes and a lipid control measure for cardiovascular conditions). Measures with broad denominator populations can be stratified by condition for quality improvement purposes.
- Medications should focus on persistence of medication, rather than medications ordered in an acute setting or upon discharge.
- Several gaps identified fall outside of the scope of the Cardiovascular/Diabetes Task Force and will be addressed by other MAP task forces. These gaps include:
 - Patient experience
 - Patient engagement; self-management
 - Informed decision making
 - Care coordination and safety

The table below summarizes the task force's decisions, characterizing the high-leverage opportunities along the episode of care and by level of analysis. The **bolded** high-leverage opportunities represent areas where the task force has identified measures to populate the family; non-bolded entries are considered gaps. **Gray** shading indicates that the group did not identify high-leverage opportunities for measurement in that area. *Italic* text represents measures the task force chose to hold for later decision making, which are located in the excel document and shaded yellow.

Table 1. Cardiovascular Conditions – Family of Measures

Recommended measures are **bolded**
 “Parking lot” measures are *italicized*
 Gaps are non-bolded

Detailed information on the measures selected for inclusion can be found in the [QPS](#) portfolio.

	Primary Prevention		Acute Phase		Post Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Clinician Group/ Individual	<ul style="list-style-type: none"> • Smoking Cessation/ Tobacco Use (0028, 1406); • Lifestyle Management – Weight/Obesity (0024, 0421) • Blood Pressure Control (0018) • Lipid Control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise 	<ul style="list-style-type: none"> • Smoking Cessation/ Tobacco Use 	<ul style="list-style-type: none"> • IHD Complications (0709) 	<ul style="list-style-type: none"> • IHD Procedures – CABG (0696) • Stroke Anticoag for afib at d/c (0241) 	<ul style="list-style-type: none"> • IHD Complications (0709) 	<ul style="list-style-type: none"> • IHD Rehab (0642) 	<ul style="list-style-type: none"> • IHD Medications – Aspirin (0068) • IHD Medications – ACE/ARB (0066) • IHD Medications – Beta Blocker (0070) • IHD Secondary Prevention – Lipids (0075) • Afib Medications – anti-coagulation (1525) • HF Medications – ACE/ARB (0081) • HF Medications – Beta - blocker (0083)
	<ul style="list-style-type: none"> • Resource Use (1558) 						
Provider/ Facility	<ul style="list-style-type: none"> • Lifestyle Management – Weight/Obesity (0421) • Blood Pressure Control (0018) • Smoking Cessation/ Tobacco Use • Lipid Control • Lifestyle Management – 	<ul style="list-style-type: none"> • Smoking Cessation/ Tobacco Use (1651, 1654) 	<ul style="list-style-type: none"> • IHD Diagnostic - ECG (0289) • IHD Medications - fibrinolysis (0287/0288) • Stroke Diagnostic - CT (0661) • IHD Cardiac 	<ul style="list-style-type: none"> • IHD Diagnostic - ECG (0289) • IHD Procedures - PCI(0163) • IHD Procedures -CABG (0696) • IHD Medications - fibrinolysis (0287/0288) • IHD Bilateral cardiac cath 	<ul style="list-style-type: none"> • IHD Outcomes related to rehab • Stroke Anticoagulants, statins, anti-hypertensive • Stroke Obtaining rehab 	<ul style="list-style-type: none"> • IHD Outcomes related to rehab • Stroke Rehab – assessment (0441) • Stroke Obtaining rehab services 	<ul style="list-style-type: none"> • IHD Secondary Prevention – Lipids (0075) • Stroke Anticoagulants, statins, anti-hypertensive • Stroke Outcomes related to rehab (includes functional status) • HF Medications – Beta - blocker (0083) • HF ACE/ARB persistence • HF Beta blocker persistence • HF Early identification of

	Primary Prevention		Acute Phase		Post Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
	Diet/nutrition • Lifestyle Management – Activity/Exercise		imaging (NQF 0669, 0670, 0671, 0672)	(0355) • IHD Cardiac imaging composite • IHD Appropriateness for CABG and non-emergent PCI • Stroke Diagnostic - CT (0661) • Stroke Medications - Thrombolytic (0437) • Mortality – IHD CABG (0119) • Mortality – IHD CABG/MV (0122)	services • Stroke Outcomes related to rehab (includes functional status) • Stroke High risk medication management • HF Functional status • HF ACE/ARB persistence • HF Beta blocker persistence • Mortality – IHD AMI (0230) • Mortality – IHD PCI (535) • Mortality – HF (229)	• Stroke Outcomes related to rehab (includes functional status) • HF Functional status • HF ACE/ARB persistence • HF Beta blocker persistence • Mortality – IHD AMI (0230) • Mortality – IHD PCI (535) • Mortality – HF (229)	decompensated HF
System	• Lifestyle Management-Weight/Obesity (0024) • Blood Pressure Control (0018) • Smoking Cessation/Tobacco Use • Lipid Control • screening	• Smoking Cessation/Tobacco Use	• IHD Complications (0709)	• IHD Cardiac imaging composite • IHD Global resource measures • IHD Appropriateness for CABG and non-emergent PCI	• IHD Complications (0709) • IHD outcomes related to rehab • Stroke Anticoagulants, statins, anti-	• IHD Rehab (0642) • IHD outcomes related to rehab • Stroke obtaining rehab services • HF	• HF ACE/ARB persistence • HF Beta blocker persistence

	Primary Prevention		Acute Phase		Post Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
	<ul style="list-style-type: none"> Lifestyle Management – Diet/nutrition Lifestyle Management – Activity/Exercise Cardiometabolic risk 			<ul style="list-style-type: none"> Stroke Medications - Thrombolytic (0437) 	hypertensive <ul style="list-style-type: none"> Stroke obtaining rehab services HF Functional status HF ACE/ARB persistence HF Beta blocker persistence 	Functional status <ul style="list-style-type: none"> HF ACE/ARB persistence HF Beta blocker persistence 	
	<ul style="list-style-type: none"> Resource Use (1558) 						
Community	<ul style="list-style-type: none"> Smoking Cessation/Tobacco Use (1406, 1651, 1654); Lifestyle Management – Weight/Obesity (0024, 0421) Blood Pressure Control (0018) Cardiometabolic risk Lipid Control Lifestyle Management – Diet/nutrition Lifestyle Management – Activity/Exercise 		<ul style="list-style-type: none"> IHD Diagnostic – ECG (0289) IHD Procedures – PCI (0163) IHD Procedures – CABG (0696) IHD Medications – Fibrinolysis (0287/ 0288) <i>IHD Cardiac imaging (0669)</i> Stroke Medications -Thrombolytic (0437) Mortality – IHD – CABG (0119) Mortality – IHD CABG/MV (0122) 		<ul style="list-style-type: none"> IHD Avoidable complication (0709) IHD Outcomes related to rehab Stroke Rehab – assessment (0441) Stroke Anticoagulants, statins, anti-hypertensive 		
	<ul style="list-style-type: none"> Resource Use (1558) 						

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Detailed information on the measures selected for inclusion can be found in the [QPS](#) portfolio.

Figure 1 Context for Considering Cardiovascular Episode of Care for Chronic Conditions

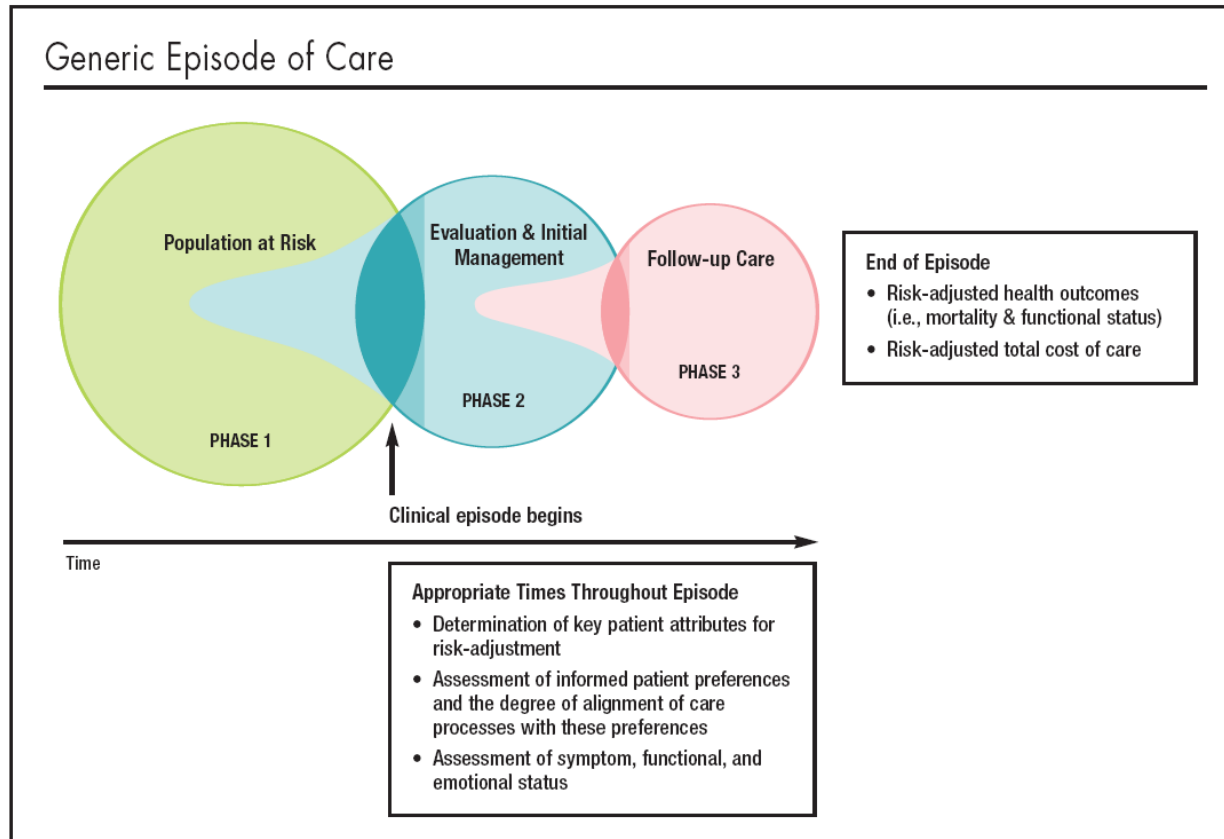
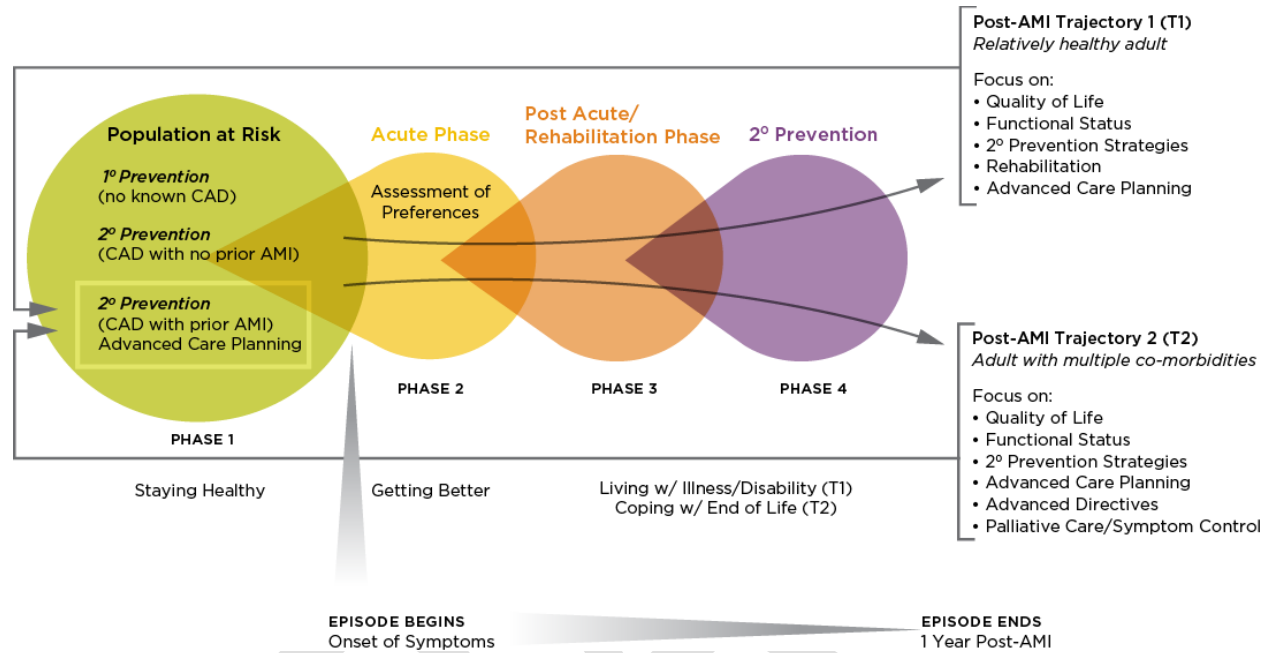


Figure 2: Context for Considering Episode of Care Model for Acute Conditions



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