

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

Cardiovascular and Diabetes Task Force Summary of In-Person Meeting #1

An in-person meeting of the Measure Applications Partnership (MAP) Cardiovascular and Diabetes Task Force was held on Thursday, June 21, 2012. For those interested in reviewing an online archive of the web meeting, please follow this link to the [meeting recordings](#).

Cardiovascular and Diabetes Task Force Members Attending:

Christine Cassel (Chair)	
Uri Adler, American Medical Rehabilitation Providers Association (substitute for Suzanne Snyder)	Robert Krughoff, Consumer's CHECKBOOK
Rhonda Anderson, American Hospital Association [phone]	Mark Metersky, Physician Consortium for Performance Improvement
Bruce Auerbach, American College of Emergency Physicians [phone]	Eugene Nelson [subject matter expert: Population Health]
Beth Averbeck, Minnesota Community Measurement	Peggy O'Kane, National Committee of Quality Assurance
Bruce Bagley, American Academy of Family Physicians	David Polakoff, American Medical Directors Association
Richard Bankowitz, Premier, Inc.	Michael Rapp, Centers for Medicare & Medicaid Services [phone]
Peter Briss [liaison: National Priorities Partnership]	Lance Roberts, Iowa Healthcare Collaborative
Paul Casale, American College of Cardiology	Marissa Schlaiffer, Academy of Managed Care Pharmacy
Mary George [liaison: Consensus Development Process]	Joshua Seidman, Office of the National Coordinator for HIT [phone]
Randall Krakauer, AETNA	James Walker [subject matter expert: Health IT/Patient Reported Outcome Measures]

The primary objectives of the meeting were to:

- Review task force charge, role within the MAP, and plan to complete the tasks;
- Identify priority performance measurement areas for diabetes and cardiovascular conditions;
- Establish diabetes family of measures; and
- Begin defining cardiovascular family of measures.

Welcome and Review of Meeting Objectives

Led by Christine Cassel, Cardiovascular and Diabetes Task Force Chair, with additional presentation by Ann Hammersmith, National Quality Forum (NQF) General Counsel.

- Dr. Cassel welcomed the task force to the first convening and reviewed the meeting objectives.
- Dr. Cassel introduced Ms. Hammersmith, who explained conflicts of interest for MAP members and led disclosure of interest from the task force members

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

Establishing Families of Measures and Measure Gaps

Led by Dr. Cassel, with additional presentations by Connie Hwang, NQF Vice President, and Aisha Pittman, NQF Senior Program Director.

- Dr. Hwang presented the proposed MAP scope of work for 2012-2013 and the charge of the Cardiovascular and Diabetes Task Force.
- Ms. Pittman presented the approach used to identify families of measures, gaps, and phasing strategies.

Primary Prevention of Diabetes and Cardiovascular Conditions

Led by Dr. Cassel, with presentation by Allen Leavens, NQF Senior Director.

- Dr. Leavens presented areas identified as high leverage opportunities per the Institute of Medicine 3I's—Impact, Inclusiveness, and Improvability—within the Patient-Centered Episode of Care Model.
- Since many of the key contributors to diabetes are also important to measure for cardiovascular disease, the group determined that some measures will apply to both families.
- In identifying primary prevention measures for the diabetes and cardiovascular families of measures (see attachment), the task force emphasized the essential opportunities through community-level prevention to increase awareness, adherence, and disease control to move the nation in the direction of healthy lifestyles. Process and intermediate outcomes measures are needed for early identification and management of disease, such as blood pressure and cholesterol control.

Diabetes Evaluation, Ongoing Management, and Complications

Led by Dr. Cassel, with presentation by Dr. Leavens.

- Dr. Cassel introduced the episode of care model modified for the diabetic patient, and Dr. Leavens presented areas identified as high-leverage opportunities for diabetes management using the IOM's 3I's framework.
- In identifying the diabetes family of measures (see attachment), the task force discussed early diagnosis and treatment of diabetes to improve care and modify patient behavior to prevent complications and undesirable outcomes.
- The group highlighted some available measures are not suitable or sufficient for all populations. For example, pediatric patients should be screened for cardiovascular disease and diabetes when appropriate, though not all measures apply. Thresholds established in measure specifications might better serve as ranges for control of blood pressure, cholesterol, or hemoglobin A1C and some age limits should be expanded to measure the entire population at risk.
- The task force made a conscious effort to choose a parsimonious set of measures and limit the burden of measurement.
- As the group discussed diabetes complications, members expressed a need for measures focusing on person-centered care, shared decision-making, and outcomes. In addition, the value and trade-offs of composite measures are not fully known, including their ability to drive improvement further than individual measures or providing a more comprehensive person-centered picture or measures of systems, teams, and providers for the whole patient.
- The task force considered the potential adverse impacts of measurement, such as discouraging patients from seeking care or providers treating patients in inappropriate care settings, such as routine care in the urgent care or emergency department, to avoid penalties associated with quality measurement. For patients who have chronic conditions, emergency department visits or some complications and exacerbations of disease may not be avoidable; therefore, measures of emergency department visits may be inappropriate or too general in some cases.
- The group identified patient level of engagement and informed decision-making as gaps in measurement.

Cardiovascular Care

Led by Dr. Cassel, with presentation by Dr. Leavens.

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

- Dr. Cassel introduced the episode of care model modified for acute and chronic cardiovascular care. Dr. Leavens presented areas identified as high-leverage opportunities of cardiovascular care, including Stroke, Ischemic heart Disease, Heart Failure, and Atrial Fibrillation, using the IOM's 3I's framework.

Stroke

Led by Dr. Cassel

- Dr. Cassel led the task force discussion on the topic of Stroke care and measure selection.
- The task force determined to discuss Stroke more thoroughly at the next in-person task force meeting on July 17, 2012.

Affordability

Led by Dr. Cassel, with presentations by Taroon Amin, NQF Senior Director, and Ashley Wilbon, NQF Senior Project Manager.

- Dr. Cassel discussed the changing environment of resource use and cost measures in health care.
- Mr. Amin and Ms. Wilbon presented the results of the recent endorsement project completed by NQF on resource use measures.
- The task force discussed the importance of cost and resource use measures to patients, the relationship of cost measures and value of healthcare, and the necessity of cost measures to directly link to quality of care.
- The task force will conduct additional work on choosing costs and resource use measures for the cardiovascular and diabetes families of measures prior to the next in-person meeting, July 17, 2012.

Conclusion

The meeting concluded with a discussion of next steps. The next meeting of the Cardiovascular and Diabetes Task Force will be an in-person meeting on July 17, 2012.

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

Primary Prevention of Cardiovascular Conditions and Diabetes Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Smoking Cessation/Tobacco Use				
0028 Endorsed	Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	Clinician Office/Clinic	Individual	
1406 Endorsed	Risky Behavior Assessment or Counseling by Age 13 Years	Clinician Office/Clinic, Outpatient	Group/Practice, Individual, National, Regional, Team	
1651 Recommend ed	TAM-1 Tobacco Use Screening	Behavioral Health/Psychiatric: Inpatient, Hospital/Acute Care Facility	Facility, National	
1654 Deferred	TAM-2 Tobacco Use Treatment Provided or Offered	Behavioral Health/Psychiatric: Inpatient, Hospital/Acute Care Facility	Facility, National	
Lifestyle Management				
0421 Endorsed	Adult Weight Screening and Follow-Up	All settings	Can be measured at all levels	
0024 Endorsed	Body Mass Index (BMI) 2 through 18 Years of Age	Clinician Office/Clinic	Individual	
Blood Pressure				
0018 Endorsed	Controlling High Blood Pressure	All settings, Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Hospital/Acute Care Facility, Urgent Care, Clinician Office/Clinic	Group/Practice, Individual	Public commenters supported inclusion.
GAPS			MAP Findings	
Lipid Control	<ul style="list-style-type: none"> All levels of analysis 		Public commenters supported the need for lipid control measures broadly, and they encouraged timely development of a control measure applicable across the population.	

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Smoking Cessation	<ul style="list-style-type: none"> Outcomes of smoking cessation interventions 			
Lifestyle Management	<ul style="list-style-type: none"> Physical activity/exercise, diet/nutrition across all levels of analysis and settings 		Public commenters suggested that MAP consider Health Partner's Optimal Lifestyle measure to fill the gap. MAP recommends that the measure be brought forward for NQF endorsement.	
Cardiometabolic Risk	<ul style="list-style-type: none"> Across all levels of analysis and settings 			

Diabetes Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
0575 Endorsed	Comprehensive Diabetes Care: HbA1c Control (<8.0%)	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State	One public commenter suggested HbA1c control use stricter standards, such as those developed by the American Association of Clinical Endocrinologists.
0064 Endorsed	Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State	MAP noted that forthcoming National Heart, Lung and Blood Institute (NHLBHI) guidelines could change the low density lipoprotein targets. Adjusting measures to align with new guidelines will be addressed through the NQF-endorsement process.
Composites				
0729 Endorsed	Optimal Diabetes Care	Clinician Office/Clinic	Group/Practice, Integrated Delivery System	MAP suggested that both diabetes composites consider addressing body mass index.
0731 Endorsed	Comprehensive Diabetes Care	Clinician Office/Clinic	Group/Practice, Health Plan, Individual	
GAPS			MAP Findings	

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Glycemic Control	<ul style="list-style-type: none"> • Measures addressing glycemic control for complex patients (e.g., geriatric population, multiple chronic conditions) at the clinician, facility, and system levels of analysis • Pediatric glycemic control • Measures addressing glycemic control at the facility level 			Public commenters supported expansion of levels of analysis for glycemic control.
Lipid Control	<ul style="list-style-type: none"> • Measures addressing lipid control at the facility level of analysis 			Public commenters supported expansion of levels of analysis for lipid control.
Sequelae of Exacerbations	<ul style="list-style-type: none"> • Measures addressing sequelae of diabetes exacerbations at all levels of analyses 			Public commenters recommended inclusion of measures that address retinopathy (NQF #0055, 0088, 0089). MAP noted that measure #0055 is included in composite #0729, and that these measures should be considered for federal programs (i.e., PQRS), as appropriate, to meet the program needs.