NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

Cardiovascular and Diabetes Task Force
Summary of In-Person Meeting #2

An in-person meeting of the Measure Applications Partnership (MAP) Cardiovascular and Diabetes Task Force was held on Tuesday, July 17, 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)	Mary George [liaison: Consensus Development Process]
Uri Adler, American Medical Rehabilitation Providers Association (substitute for Suzanne Snyder)	Jesse James, Office of the National Coordinator for HIT [phone]
Rhonda Anderson, American Hospital Association [phone]	Randall Krakauer, AETNA
Bruce Auerbach, American College of Emergency Physicians [phone]	Robert Krughoff, Consumer's CHECKBOOK
Beth Averbeck, Minnesota Community Measurement	Mark Metersky, Physician Consortium for Performance Improvement
Bruce Bagley, American Academy of Family Physicians	Amy Moyer, The Alliance
Richard Bankowitz, Premier, Inc.	Eugene Nelson [subject matter expert: Population Health]
Kathleen Blake, American College of Cardiology	Peggy O'Kane, National Committee of Quality Assurance
Peter Briss [liaison: National Priorities Partnership]	David Polakoff, American Medical Directors Association
Ahmed Calvo, Health Resources and Services Administration	Michael Rapp, Centers for Medicare & Medicaid Services [phone]
Paul Casale, American College of Cardiology	Lance Roberts, Iowa Healthcare Collaborative
Joyce Dubow, American Association for Retired Persons	

The primary objectives of the meeting were to:

- Finalize diabetes family of measures;
- Establish cardiovascular family of measures; and
- Discuss pathways for filling measure gaps.

Welcome and Review of Meeting Objectives

Led by Christine Cassel, Cardiovascular and Diabetes Task Force Chair, with additional presentation by Aisha Pittman, NQF Senior Project Director.

- Dr. Cassel reviewed the June 21, 2012 meeting results, including the measures selected for primary prevention of diabetes and cardiovascular disease, measures selected for management of diabetes, and prioritized gaps in quality measures.

- Dr. Cassel reintroduced cost measures presented during the previous meeting and, through a follow-up group exercise, the task force selected population-based cost measures.

Establishing a Cardiovascular Family

Led by Christine Cassel.

- Helen Burstin, NQF Senior Vice President of Performance Measures, presented a summary of the NQF disparities project. Some measures previously thought to have achieved high levels of performance are showing room for improvement after aggregation for information relevant to disparities.
- The task force identified a gap in measures for Care Coordination and the Social Determinants of Health, and development of these measures could benefit Cardiovascular and Diabetes care.

Ischemic Heart Disease

Led by Christine Cassel.

- Ms. Pittman presented the episode of care model adapted for Ischemic Heart Disease (IHD). Mary Jo Goolsby, Randy Krakauer, Robert Krughoff, and Mark Matersky led the discussion for measures for diagnostics and procedures. Bruce Auerbach, Kathleen Blake, Peter Briss, and Peggy O'Kane led the discussion on measures for medications, secondary prevention, rehabilitation and complications.
- In identifying the cardiovascular family of measures, the task force preferred person-centered measures, but also concluded that health outcomes are dependent on the key care process in the response to acute cardiac events, and therefore, selected specific process measures for the family of measures.
- To measure overuse in IHD care, such as potentially unnecessary tests and procedures in low-risk patients, the group chose measures of participation in cardiac registries. Subject matter experts on the task force confirmed that most facilities participate in cardiac registries, and these measures would not increase measurement burden.
- The task force selected medication and rehabilitation measures for secondary prevention. Appropriate referral to rehabilitation measures were selected while measures of rehabilitation functional goals and outcomes were highlighted as a gap.

Stroke

Led by Christine Cassel.

- Dr. Cassel led the continuation of discussion regarding measures for Stroke care in follow-up to the June 21, 2012 meeting. Task force members Uri Adler, Joyce Dubow, Mary George, and Marissa Schlaifer provided their input on the available measures.
- In identifying Stroke measures for the cardiovascular family of measures, measures of treatment and outcomes were generally preferred by the task force to measures of diagnostics and imaging.

Atrial Fibrillation

Led by Christine Cassel.

- Dr. Cassel led the task force discussion, and task force members Richard Bankowitz and Amy Moyer provided their input on available measures.
- In identifying Atrial Fibrillation measures for the cardiovascular family of measures, measures applicable across multiple levels of analysis or included in public and private programs were preferred. Gaps included patient outcomes, engagement, and preferences.

Heart Failure

Led by Christine Cassel.

- Dr. Cassel led the task force discussion, and task force members Rhonda Anderson, Beth Averbeck, and Mike Rapp provided their input on available measures.
- In identifying Heart Failure measures for the cardiovascular family of measures, the task force members shared their prior experience:
    - Ejection fraction measures are inconsistently recorded, resulting in missing or unconfirmed heart failure diagnosis across care settings.
    - Heart Failure measures available do not differentiate between the two types of heart failure, systolic and diastolic, for which the treatments differ.
- Measure gaps include admission and readmission to the hospital setting at the hospital, health plan, and population level; patient preferences, engagement, and functional status; and medication prescription and persistence outside of the inpatient setting.

Mortality

Led by Dr. Cassel.

- Ahmed Calvo, Gene Nelson, and Lance Roberts shared their reflections on measures available for cardiovascular mortality.
- In identifying mortality measures for the cardiovascular family of measures, the task force recognized that mortality measures generally exclude patients enrolled in hospice programs and supported broadening the exclusion to patients enrolled in palliative care.

General Themes

- Across high-leverage opportunities for cardiovascular care, measures of patient preference, engagement, and experience, and patient reported outcomes were noted as gaps.
- Measures were preferred to detect appropriate prescribing, monitor persistence, and adherence to prescriptions, and those which exclude patients with contraindications from the denominator. The task force also sought medication measures for cardiovascular care beyond the inpatient setting.
- The MAP Safety and Care Coordination Task Force was determined to be best suited to select measures of complications since these measures are not disease-specific and are important to patient and family decision-making across care settings.
- The task force preferred composites as a method to obtain actionable information, but recognized the increase in data collection burden and challenges to update individual measures with changing clinical practice guidelines.

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Cost of Care Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
1598 Endorsed	Total Resource Use Population-based PMPM Index	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Dialysis Facility, Emergency Medical Services/Ambulance, Home Health, Hospice, Hospital/Acute Care Facility, Imaging Facility, Inpatient, Laboratory, Nursing Home/Skilled Nursing Facility, Outpatient, Pharmacy, Rehabilitation (renamed to "Inpatient Rehabilitation Facility"), Urgent Care	Community, Clinician: Group/Practice	MAP recognizes it may be difficult to apply this measure to other programs as the measure has not been tested outside of an integrated delivery system.
1604 Endorsed	Total Cost of Care Population-based PMPM Index	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Dialysis Facility, Emergency Medical Services/Ambulance, Home Health, Hospice, Hospital/Acute Care Facility, Imaging Facility, Inpatient, Laboratory, Nursing Home/Skilled Nursing Facility, Outpatient, Pharmacy, Inpatient Rehabilitation Facility, Urgent Care	Community, Clinician: Group/Practice	MAP recognizes it may be difficult to apply this measure to other programs as the measure has not been tested outside of an integrated delivery system.

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Acute Cardiovascular Conditions Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Ischemic Heart Disease				
0289 Endorsed	Median Time to ECG	Hospital/Acute Care Facility, Urgent Care	Facility, National	This intermediate process measure should be used in facilities that do not offer percutaneous coronary intervention (PCI); facilities offering PCI should report NQF #0163.
0163 Endorsed	Primary PCI Received within 90 Minutes of Hospital Arrival	Hospital/Acute Care Facility	Facility, National, Regional	This measure is preferred to NQF #0289 (Median Time to ECG) for facilities offering PCI, because it assesses processes more closely linked with outcomes.
0669 Endorsed	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Urgent Care	Facility, National	
0670 Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients	Hospital Outpatient Urgent Care, Clinician Office/Clinic	Facility/Agency, Facility	
0671 Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	Urgent Care, Clinician Office/Clinic	Facility	
0672 Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients	Urgent Care, Clinician Office/Clinic	Facility	
0355 Endorsed	Bilateral Cardiac Catheterization Rate (IQI 25)	Hospital/Acute Care Facility	Facility	
0696 Endorsed	The STS CABG Composite Score	Hospital/Acute Care Facility	Community, County or City, Facility, Clinician: Group/Practice, National, Regional, State, Team	

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NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
0287 Endorsed 0288 Endorsed	Median Time to Fibrinolysis Fibrinolytic Therapy Received within 30 Min of ED Arrival	**Hospital/Acute Care Facility**	Facility	
0068 Endorsed	IVD: Use of Aspirin or Another Antithrombotic	Clinician Office/Clinic	Clinician: Group/Practice, Clinician: Individual	
0066 Endorsed	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	Assisted Living, Clinician Office/Clinic, Outpatient, Home Health, Urgent Care, Nursing Home/Skilled Nursing Facility, Clinician Office/Clinic	Clinician: Group/Practice, Clinician: Individual	
Ischemic Heart Disease				
0070 Endorsed	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinician Office/Clinic, Outpatient, Home Health, Urgent Care, Nursing Home/Skilled Nursing Facility, Clinician Office/Clinic	Group/Practice, Individual	
0075 Endorsed	IVD: Complete Lipid Profile and LDL Control <100	All settings, Clinician Office/Clinic	Clinician: Group/Practice, Clinician: Individual	
0642 Endorsed	Cardiac Rehabilitation Patient Referral from an Inpatient Setting	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Facility, Clinician: Group/Practice, Health Plan, Clinician: Individual, Integrated Delivery System	MAP noted a prominent measure gap in patient-reported outcomes measures for rehabilitation. Although measure #0642 focuses on referrals, MAP recognized an opportunity for increased rates of referral for cardiac conditions.

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NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
0709 Endorsed	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	Clinician Office/Clinic, Other	County or City, Group/Practice, Health Plan, National, Regional, State	MAP recommended exploring the expansion of the denominator population to include individuals over 65 and stratification of data by condition.*
Stroke				
0661 Endorsed	OP–23: ED–Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Who Received Head CT Scan Interpretation Within 45 minutes of Arrival	Clinician Office/Clinic, Hospital/Acute Care Facility	Facility	
0437 Endorsed	Stroke and Stroke Rehabilitation: Thrombolytic Therapy	Hospital/Acute Care Facility	Facility, Integrated Delivery System, National	
0241 Endorsed	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	Hospital/Acute Care Facility	Clinician: Individual	
0441 Endorsed		Hospital/Acute Care Facility	Facility, Integrated Delivery System, National	MAP noted a prominent measure gap in patient-reported outcomes measures for rehabilitation; however, MAP recognized the importance of the intermediate step to determine if rehabilitation services are needed.

GAPS		MAP Findings
Diagnostics/ Procedures	• Composite measure assessing appropriateness of all cardiac imaging. The ability to stratify the composite by procedure for quality improvement purposes is important. • Appropriateness of coronary artery bypass graft and PCI at the provider and system levels of analysis	

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Rehabilitation	• Patient-reported outcomes related to rehabilitation, assessed at the facility, system, and community levels of analysis			Public commenters noted that measures should ensure referrals to appropriate rehabilitation service or setting and assess the change in patients' functional status and cognition.
Medication Persistence	• Medication management measures that focus on persistence of medications (patients taking medications) for secondary prevention • ACE/ARB, beta blocker, statin persistence for ischemic heart disease • Anticoagulants, statins, and hypertensive medication for stroke			Public commenters noted that NQF-endorsed measures related to medication persistence exist (e.g., #0541 Proportion of Days Covered, developed by PQA). MAP aimed to include measures that assess whether patients are taking medications; however, the existing NQF-endorsed measures may be suitable to meet the purposes of specific programs.

Chronic Cardiovascular Condition Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
Atrial Fibrillation				
1525 Endorsed	Chronic Anticoagulation Therapy	Clinician Office/Clinic	Clinician: Individual	One public commenter expressed concern about the breadth of the measure exclusions.
Heart Failure				
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Assisted Living, Clinician Office/Clinic, Outpatient, Home Health, Hospital/Acute Care Facility, Urgent Care, Nursing Home/Skilled Nursing Facility, Clinician Office/Clinic	Clinician: Group/Practice, Clinician: Individual	Although MAP emphasized measures assessing persistence of medications, prescribing ACE/ARBs varies across providers.
0083 Endorsed	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	Urgent Care, Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility, Group/Practice, Individual	One public commenter expressed concern about the breadth of the measure exclusions.

GAPS		MAP Findings
Functional Status	• Assessment of functional status at all levels of analysis and settings	
Medications	• Medication management measures the focus on persistence of medications (patients taking medications) as part of follow-up care o ACE/ARB, beta blockers	Public commenters noted that NQF-endorsed measures related to medication persistence exist (e.g., Proportion of Days Covered developed by PQA). MAP aimed to include measures that assess whether patients are taking medications; however, the existing NQF-endorsed measures may be suitable to meet the purposes of specific programs.
Diagnostics	• Early identification of heart failure decompensation	

Cardiovascular Conditions Mortality Measures Selected for Family

NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
0119 Endorsed (part of 0696 composite)	Risk-Adjusted Operative Mortality for CABG	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, National, Regional, State	
0122 Endorsed	Risk-Adjusted Operative Mortality MV Replacement + CABG Surgery	Cardiac Surgery, Surgery	County or City, Facility, Group/Practice, National, Regional, State, Team	One public commenter recommended replacement with NQF #0120, Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR), stating that #0120 would capture more cardiac cases and provide a more comprehensive assessment of performance.
0230 Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization for Patients 18 and Older	Hospital/Acute Care Facility	Facility	

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NQF # and Status	Measure	Care Setting	Level of Analysis	MAP Findings
0535 Endorsed	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	Hospital/Acute Care Facility	Facility	
0536 Endorsed	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	Hospital/Acute Care Facility	Facility	
0229 Endorsed	Heart Failure (HF) 30-Day Mortality Rate	Hospital/Acute Care Facility	Facility	