CQMC Core Quality Measures Collaborative

Meeting Summary

Cardiology Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the Cardiology Workgroup on May 5, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff began the meeting welcoming workgroup members and briefly noting the meeting's objectives. Meeting objectives included providing an update on Cardiology voting results, continuing review and discussion of measures, and discussing measure gaps and core set presentation.

Brief Summary from Meeting 4

NQF staff briefly summarized the Cardiology workgroup's previous meeting in September of 2019 where workgroup members discussed and voted upon measures for addition/removal.

Update on Cardiology Voting Results

NQF staff shared voting results on the cardiology core set. Out of eight measures being considered for addition to the core set, seven were recommended for addition and one was not:

2377: Defect Free Care for AMI
Voting Totals: Add – 8, Do not add – 2
Result: Add

2474: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
Voting Totals: Add – 9, Do not add – 2
Result: Add

0081e: Heart Failure (HF)-Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Voting Totals: Add – 11, Do not add – 0
Result: Add

0083e: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Voting Totals: Add – 11, Do not add – 0
Result: Add

N/A: Functional Status Assessments for Congestive Heart Failure (eCQM)
Voting Totals: Add – 7, Do not add – 2, Other – 2
Result: Do not add ("other" voters wanted to consider this measure in the future when it is more mature)

0070e: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)

Voting Totals: Add – 9, Do not add – 1
Result: Add

N/A: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (MIPS)
Voting Totals: Add – 9, Do not add – 2
Result: Add

0671: Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)
Voting Totals: Add – 9. Do not add – 2
Result: Add

The group also noted the measures that were discussed, but not added to the core set based on workgroup consensus. The list of those measures is as follows:

2439: Post-Discharge Appointment for Heart Failure Patients

N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

2461: In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device

N/A: HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate (future consideration)

0732: Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the 5 STAT Mortality Categories (future consideration, pending advice from those with expertise in pediatric cardiac surgery)

0734: Participation in a National Database for Pediatric and Congenital Heart Surgery

2683: Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery (future consideration, pending advice from those with expertise in pediatric cardiac surgery)

0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category

N/A: Preventive Care and Screening: Cholesterol -Fasting Low Density Lipoprotein (LDL-C) Test Performed (eCQM)

Out of eight measures being considered for removal from the core set, two were recommended for removal and six will remain in the set:

0018: Controlling High Blood Pressure
Voting Totals: Keep – 8, Remove – 3
Result: Keep

N/A: Controlling High Blood Pressure (HEDIS measure)
Voting Totals: Keep – 2, Remove – 9
Result: Remove

0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
Voting Totals: Keep – 5, Remove – 5

Result: Keep

0163: Primary PCI received withing 90 minutes of hospital arrival
Voting Totals: Keep – 2, Remove – 8
Result: Remove

0964: Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients
Voting Totals: Keep – 4, Remove – 6
Result: Keep (voted to remove, but there was not a removal vote from the C/P/RC category)

0715: Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization
Voting Totals: Keep – 4, Remove – 5
Result: Keep

0733: Operative Mortality Stratified by the 5 STAT Mortality Categories
Voting Totals: Keep – 8, Remove – 2
Result: Keep

0067: Chronic Stable Coronary Artery Disease: Antiplatelet Therapy
Voting Totals: Keep – 6, Remove – 5
Result: Keep

The workgroup noted the following measures will remain in the core set based on workgroup consensus:

0330: Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization

0229: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization

0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

0083: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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

2558: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery

0119: Risk-Adjusted Operative Mortality for CABG

2515: Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery

2514: Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate

1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.

0230: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization

0536: 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock

0535: 30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock

2459: In-hospital Risk Adjusted Rate of Bleeding Events for patients undergoing PCI

0694: Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator

Continue Review & Discussion of Measures

NQF staff noted several discussion topics around the composition of the updated core set. The workgroup voted to remove 2 of the 25 current core set measures. After reviewing 18 measures for potential addition, the workgroup voted to add 4 measures and eCQM reporting options for 3 measures. The final measure count for the core set is now 27 measures, which is one of the larger core sets. The Cardiology core set covers both chronic cardiovascular conditions and acute cardiovascular conditions. Some measures are specified at the facility level. The Steering Committee asked the workgroup to revisit the inclusion of inpatient, facility level measures. Although pediatric surgery is identified as a gap, the workgroup did not move forward with pediatric surgery measures at this time. The workgroup encouraged additional discussion about the role of these measures in the future. Cardiology measures related to long-term care were identified as a gap area. The workgroup noted that several core set measures have been in use for some time, but they remain important. The workgroup was interested in measures that show greater performance variation.

Discussion was then opened up to the workgroup members and was based largely around the topic of inpatient, facility measures. NQF staff noted that the stated focus of the CQMC core sets is outpatient settings and analysis at the clinician or clinician group level. The workgroup felt strongly that the inpatient, facility-level measures that are currently part of the set must remain in the set. Facility measures provide a holistic view of care and are able to reflect care provided by an entire team of providers. The measures capture important concepts that would be difficult to attribute to one clinician. Additionally, facility measures are critical for use in episodes of care and alternative payment models. Further, outpatient performance is a key component in potentially managing and reducing readmissions. The workgroup concluded that facility measures should indeed be included in the core set.

Discussion on Core Set Presentation and Communication

NQF staff began a discussion on how to best present and communicate the core sets once they have been finalized. The workgroup expressed the importance of presenting the core sets in a way that increases private payor buy-in. A payor in the workgroup noted that it would be beneficial to include quality measures set up in a way which would help payors reward their providers. Additionally, there was resounding support for making the core set as “user-friendly” as possible to capture a wider

audience. The group also emphasized that it may be important to show which programs use the measures, making alignment more visible. Further, workgroup members agreed with NQF staff's proposal to present the measures with a column noting which measures are eCQM's and whether the measure is process or outcome based. Lastly, the workgroup encouraged inclusion of context around each measure to bridge the gap between users and the stewards themselves. Without the connection to the measure stewards, it's difficult for measure users to ensure they have the most recent specifications.

Discussion on Measure Gaps

NQF staff turned the discussion to the topic of measure gaps. The goal of this discussion was to note any necessary topic areas currently not covered in the core set. The conversation was prefaced with discussion around the gaps noted from the 2016 measure set. Workgroup members did bring up the missed opportunity of stratifying measures on socioeconomic factors as there is data readily available for this purpose. Additionally, members noted that there is currently a large gap area in patient handoff between facilities. NQF staff noted that there are measures available noting referral to cardiac rehabilitation, but no visibility into whether that rehabilitation is completed. There was also wide agreement that there is a need for more patient reported outcome measures within cardiology. Lastly, workgroup members emphasized the inclusion of functional status and disparities.

Next Steps

NQF staff concluded the meeting by sharing next steps. The workgroup's recommendations on gaps will be used to inform a Gap Analysis Report. Additionally, the group's recommendations on the core set presentation will be used to inform information included in the final core set.