

Meeting Summary

Core Quality Measures Collaborative

Cardiology Workgroup Meeting #4

The National Quality Forum (NQF) convened a closed session web meeting for the Cardiology Workgroup on September 6, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified the Workgroup that the call will be recorded to accurately capture the discussion and allow CQMC members to listen to the discussion for a limited time. NQF staff added that the recording would be deleted as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review voting results for measures proposed for addition to the core set
- Identify measures for removal from the core set
- Discuss core set adoption

Decision-making Process

NQF staff provided background content in the slides which included an overview of quorum, the voting process, and measure selection principles. Quorum was met during the call, but no final votes took place during the meeting.

Voting Results Workgroup Recommendations – Measures for Addition

NQF staff shared voting results: six measures passed and two did not pass. Workgroup members inquired specifically about measure #2377 Defect Free Care for AMI. A member explained the rationale for not recommending this measure for addition which included a lack of clarity around “perfect care”. Fifty-four percent of members voted affirmatively for #2377; there was not an affirmative vote from each voting category. Another member shared that they felt the categories of care included in the measure were not compelling enough to represent defect free care. A member clarified that #2377 has eleven components for the composite to be fulfilled. Members expressed that they may have voted differently if they had additional measure details. The Workgroup agreed to re-vote on the measure. NQF will work with the developer to provide the Workgroup the most updated specifications.

Workgroup members requested the voting breakdown for the Functional Status Assessments for Congestive Heart Failure measure. NQF staff shared that 60% of members voted affirmatively, but there was not an affirmative for each voting participant category. Most who voted “no” indicated the measure should be included in the future when it was more mature.

PASS

2474: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation

0081e: Heart Failure (HF)-Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor

Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

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

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

N/A: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

0671: Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)

DID NOT PASS

2377: Defect Free Care for AMI (Workgroup decided they will revote on this measure)

N/A: Functional Status Assessments for Congestive Heart Failure (CONSIDER IN THE FUTURE)

Review of Current Measures in Core Set for Potential Removals

NQF staff reviewed the current Cardiology core set, noting some measures are specified at the facility level.

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

NQF shared that the measure is NQF endorsed, stewarded by CMS, and used in IQR and HRRP. NQF staff provided performance data from 2011-2014, which showed average performance was 22.4%. CMS highlighted there is wide variation in performance, approximately 10-30%, which indicates an opportunity for improvement. The Workgroup discussed that there is a fair amount of controversy in the literature around the impact of social factors and associations between mortality, readmissions, and social determinants of health. A MedPAC analysis, article published in JAMA, and review conducted by CMS were discussed. The Workgroup decided to keep this measure in the core set.

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

A member stated there is a wide variation in performance for this measure. NQF staff shared performance information submitted to NQF indicated an average performance rate of 11.7. In addition, this measure is currently used in IQR and HRRP. The Workgroup discussed that this is an important outcome measure and decided to keep it in the core set.

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

NQF shared this measure is used in MIPS and is NQF endorsed. NQF staff shared performance data from 2016, indicating a mean performance of 0.92, standard deviation is 0.15, minimum of 0.17, and maximum of 1.00. NQF staff also reminded the Workgroup that there was a unanimous vote to include the eMeasure version of this measure in the core set. A member expressed this measure is approaching topping out, but there are not many measures for heart failure. Members added that 0083 is also approaching topping out. A co-chair noted that including the eMeasure option may help with data collection. The Workgroup agree to keep this measure in the core set.

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

The Workgroup discussed that performance on the eMeasure may be more representative of national performance. The Workgroup decided to keep this in core set.

0018 Controlling High Blood Pressure

NQF shared this measure is stewarded by NCQA. It assesses the percent of patients 18-85 years old with hypertension whose blood pressure was <140/90. NQF shared that based on NQF-endorsement, it is specified at the health plan and integrated delivery systems levels. It is used in MIPS.

N/A Controlling High Blood Pressure

NQF shared that this is a HEDIS measure. It previously was specified to allow for patients 60-85 years without diabetes to have a blood pressure target of <150/90; however, it has been modified so all patients 18 to 85 years have a target of <140/90. The goals in the two measures are now aligned; there is no longer a need to include both measure options related to high blood pressure control in the core set. The Workgroup decided that one measure should remain in the core set – the measure specified and tested at the clinician level that adheres to updated guidelines. The Workgroup will vote on which measure to keep and which to remove.

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

NQF staff shared this measure is NQF endorsed and used in MIPS. Mean performance was 81.2% in 2014. A member expressed that this measure has been used for a long time and may be topped out. Members emphasized the importance of measures related to heart failure. NQF staff shared the data submitted for endorsement shows the following performance by year: 2011: 63.5%, 2012: 64%, and 2013: 70%, indicating improvement over time. NQF shared MIPS benchmarking information based on registry reporting: decile 3: 76-78%, decile 5: 81-83%, decile 7: 86-88%, and decile 10: 98%. The Workgroup ultimately decided to keep this measure in the core set.

0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy

NQF staff shared that this measure is NQF endorsed. It is stewarded by the American Heart Association (AHA) and used in MIPS. PINNACLE registry performance data from 2013 was provided, which showed mean performance of 86.2% and a standard deviation of 10%. The Workgroup discussed that this measure is specific to CAD and included ASA 81mg. A co-chair stated the data may not be captured appropriately because ASA 81mg is included. The Workgroup expressed some concern that the measure should be performing better than indicated by the registry data. NQF staff shared benchmarking data from MIPS which shows an average performance of 84-88% for decile 3, 90-92% for decile 5, 95-97% for decile 7, and 99% for decile 8. The Workgroup decided that they will vote on whether this measure should be removed from the core set.

*0070 Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) *Note: measure also listed under acute MI in core set*

NQF staff shared this measure is used in MIPS and is NQF endorsed. The eMeasure version of the measure was voted to be included in the core set. Performance data from the NQF submission in 2016 indicates a narrow performance range: mean performance of 90%, median of 1, mode of 1 and standard deviation of 19%. MIPS registry benchmarking indicates it is topped out, while the eCQM version has a wider performance distribution (e.g., decile 3: 77-80%, decile 5: 83-85%, decile 9: 92-94%). The Workgroup decided to put this version of the measure (reported using registry data) up for a vote since it is potentially topped out.

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

NQF shared this NQF-endorsed measure is used in IQR and HVBP. NQF shared performance data from 2015-2016, which indicates a mean of 3.2 and range of 1.4 to 6.8. Members expressed that for this outcome measure, 3% is not too low for additional improvement and there is some variation. The Workgroup decided to keep this measure in the core set.

0119 Risk-Adjusted Operative Mortality for CABG

This NQF-endorsed measure is stewarded by STS measures and used in the STS Adult Cardiac Surgery Database. From July 2015 to June 2016 the odds ratio ranged from 0.46 to 2.85 (median 0.98) and the risk adjusted event rate ranged from 1.10% to 5.54% (median 2.14%). The odds ratio ranged from

0.44 to 2.84 (median OR =0.97) in July 2016-June 2017; the risk adjusted event rate ranged from 0.67% to 6.11% (median = 2.21%) in the same time period. A member shared this measure focuses on the pre-operative phase while #2558 focuses on post-op. NQF staff noted this measure is at the clinician group practice level (in addition to the facility level) and also includes deaths that occur up to 30 days after the procedure. Members stated this is a registry measure. NQF confirmed the measure is used in MIPS. The Workgroup favored the measure since it captures mortality at the clinician group level. The Workgroup decided to keep this measure in the core set.

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

NQF shared this NQF-endorsed measure is used in IQR and HRRP. Performance data from the developer's analyses included a sample of 2009 to 2011 Medicare claims data (n=151,443 admissions from 1,195 hospitals) and reported hospital-level RSRRs having a mean of 16.8% (SD=0.02) and a range of 12.0% to 23.1%. CMS shared there is updated performance data and while there has been performance improvement over time, there is still variation. The Workgroup decided to keep this measure in the core set at the facility level but was also interested in more recent performance data.

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

NQF shared this endorsed measure is stewarded by STS. Performance data showed a mean rate of 17.0% and a range of 12.5%-34.2%. The Workgroup agreed this measure was appropriate and important to assess at the facility level. The Workgroup decided to keep this measure in the core set.

1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

NQF shared this measure is currently endorsed but has not yet been submitted for maintenance. NQF shared 2012 performance data indicating mean performance of 59.4% with a standard deviation of 17.3%. The minimum score equals 0.00%, while the maximum score equals 100.00%. The interquartile score is equal to 18.5. A member stated this measure is now stewarded by AHA rather than ACC. This measure is used in MIPS and can be reported using Medicare Part B claims or registry data. Claims data indicates high performance (e.g., decile 5 is 95-99%) but there is more variation using registry data (e.g., decile 5 is 78-83%, decile 7 is 88-95%). A member explained differences between reporting via claims and registry data. Claims is not only administrative claims submitted for payment, but rather G-code claims. It was discussed that data submitted in this manner have been shown to be significantly higher than when reported using a registry or as an eCQM. It was also discussed that selection bias affects MIPS reporting results. It was noted that CMS has been phasing out the G-code claims for all measures, except for individual reporting or small practices. The Workgroup decided to keep this measure in the core set.

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

NQF staff shared that this endorsed measure is used in MIPS. NQF staff shared performance data from PQRS in 2015. Results show mean performance of 96% (claims) and 84% (registry). CMS shared that there have been changes to the measure specifications, which have resulted in lower performance than indicated by 2015 data. The changes made to the intervention part of the measure were made to strengthen the measure. The Workgroup discussed the importance of this topic to health. The Workgroup decided to keep this measure in the core set.

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

This endorsed measure is used in IQR and HRRP. Performance data from 2009-2012 showed a mean rate of 18.3% and range of 14.4-24.3%. The Workgroup decided to keep this measure in the core set.

0163 Primary PCI received within 90 minutes of hospital arrival

NQF staff shared this measure was removed from IQR and the HVBP program. NQF endorsement was

removed as the measure was withdrawn by the developer since it was considered “topped out” and no longer addressed a gap in care. The Workgroup generally agreed this measure should be removed and decided to include this measure in the voting survey.

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

NQF staff shared the measure specifications. This endorsed measure is used in MIPS, IQR, and HVBP. NQF shared performance from 2011-2014; the developer reported a range of 9.9-20.6%. The Workgroup discussed that this is an important outcome measure and agreed there is variation in performance. The Workgroup decided to keep this measure in the core set.

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

NQF shared this endorsed measure is stewarded by ACC and used in the National Cardiovascular Data Registry (NCDR). It is specified at the facility level and not currently used in federal programs. NQF staff shared performance data: the unadjusted 30-day mortality rate was 7.9% in 2011-12, increased slightly to 8.3% in 2012-2013, and decreased to 7.4% in 2013-2014. The Workgroup was interested in additional data about performance variation. The Workgroup discussed that this is an important outcome measure, and it seems to capture higher-risk patients than the population of measure #0230. Though interested in additional performance variation data, the Workgroup decided to keep this measure in the core set.

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

NQF shared that this measure is used in the National Cardiovascular Data Registry (NCDR). Performance data indicated that the unadjusted 30-day mortality rate remained low and increased slightly from 1.00% in 2011-12 to 1.10% in 2012-2013 to 1.12% in 2013-2014. A co-chair stated the NSTEMI population is larger than the STEMI population and has more variability as patients with a positive Troponin get PCI for different reasons (thus the lower mortality rates). There was a question about whether the NCDR measures are used for quality improvement or accountability. NQF shared that the submission indicates the measure is to be used for public reporting within the NCDR. A health plan member shared they do not use this measure since there is not much actionability based on results and there are not meaningful differences in performance. The goal of the CQMC, to align measures used by public and private payers, was discussed more generally. The Workgroup noted that there are facility measures in the core set, but the focus is primarily on clinician-level measures. It was discussed that the CQMC should continue to discuss whether measures beyond the clinician level should be included in core sets. The Workgroup also discussed measures' intended use (e.g., accountability, public reporting, quality improvement) and how this information should be communicated. Members also questioned whether measures with various intents should be included within the core sets. The Workgroup decided to keep this measure in the core set for now.

0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients

NQF shared this endorsed measure is used by Blue Distinction Centers for Cardiac Care. Performance scores from 2015-2016 indicated the following: mean: 93.6%; median: 95.8% ; minimum: 25.9%; and maximum: 100%. The performance data provided demonstrated most hospitals scored between 90% to 100% on the discharged medications within the composite measure. The Workgroup expressed that prescription of these medications is automatically provided to patients following PCI. There was discussion that this measure should be removed. The measure will be included on the voting list.

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

NQF staff shared that this endorsed measure is used by Blue Distinction Centers for Cardiac Care.

Performance data from 2016 showed a range of 1.7% in the top performing decile to an almost 3-fold greater rate of 5.0% in the worst performing decile. The Workgroup noted this is an important outcome measure and variation indicates room for improvement. A co-chair mentioned there is a shift from using femoral artery to radial artery access, which is reducing bleeding, but there is still room for performance. The Workgroup decided to keep this hospital-level measure in the core set at this time.

0694 Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)

NQF staff shared that this endorsed measure is used in the National Cardiovascular Data Registry (NCDR). In the NCDR, the incidence of in-hospital complications is approximately 4%. A member inquired if the measure only includes complications during hospitalization or if it also includes the post-hospitalization time period. NQF staff clarified the measure includes complications within 30 or 90 days following implantation, depending on the complication. The Workgroup decided to keep this measure but was interested in additional information about performance following hospitalization.

0715 Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization

NQF staff shared that this endorsed measure is stewarded by the Centers for Excellence Pediatric Quality Measurement and used in the Congenital Cardiac Catheterization Project, which is a registry risk reporting program. Performance data is not publicly available. A member stated that given the age range for this measure, it would not be used in Medicare. Other members mentioned this measure was included in the core set because there were no other pediatric measures. The Workgroup inquired about the rate of cardiac events for this population and requested additional data. NQF will reach out to the steward for additional information. The Workgroup decided to re-evaluate keeping this measure after additional performance data is provided.

0733 Operative Mortality Stratified by the 5 STAT Mortality Categories

NQF shared that this endorsed measure is stewarded by STS and used in their Congenital Heart Surgery Database. In the NQF submission, the developer noted variation across institutions in each of the 5 STAT categories, especially in levels 4 and 5. It was discussed that STAT Mortality categories are based on an STS tool. The measure includes mortality 30 days after of the procedure. The Workgroup generally wanted to keep this measure in the core set but was interested in additional performance details.

Core Set Adoption

NQF initiated a conversation about core set implementation and promoting the use of the CQMC core sets. CMS staff expressed the previous core set was considered during the rule-making process. One challenge expressed was that some of the core set measures were topped out or close to topping out. CMS expressed surprise that the consumer/purchase/quality collaborative community voted not to include the Functional Status Assessments for Congestive Heart Failure measure. CMS reiterated that they will continue to use this measure even if it is not in the core set. They will use the data generated by this measure in the development of an outcome measure to promote alignment in the hospital and outpatient settings.

A member expressed that variation in measure specifications as well as differences in how measures are used (e.g., tobacco cessation and screening in hospitals and primary care cardiac centers) are some of the challenges faced in implementation. A member expressed the need for clear alignment between federal and private programs. Another member mentioned the biggest challenge is interoperability because commercial payers are limited to claims data and HEDIS measures (or the HEDIS data set). The Workgroup discussed that since contract discussions may not occur every year,

there can be a delay in using the latest measures. It was also mentioned that physician groups push back against using measure that are high performing with little variation. Physicians prefer variation. A member also added that plans do not really use quality improvement measures, which can impact adoption rates.

Next Steps

NQF staff shared that a voting survey will be sent out following the meeting. Additional information requested will be provided after the meeting. A summary of the meeting and recording will also be available for a limited time. The voting survey will also include a revote on measure #2377. Following Workgroup voting, the core set will be presented to the Steering Committee and Full Collaborative for final approval.