CQMC Core Quality Measures Collaborative

# Meeting Summary

## Cardiology Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Cardiology Workgroup on April 5, 2021.

### Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff facilitated roll call and reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2020 Cardiology Core Set
- Begin discussion on potential additions and removals to the Cardiology Core Set as part of ad-hoc maintenance

### Last Year's Work

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020. During the past year, the CQMC Workgroups reviewed and released updated versions of the eight-original condition-specific core sets, including the ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics/Gynecology, Orthopedics, and Pediatrics core sets. The CQMC also created two new condition-specific core sets: the Behavioral Health and Neurology core sets. The CQMC also released several guiding documents: Approaches to Future Core Set Prioritization, Analysis of Measurement Gap Areas and Measure Alignment report, and an Implementation Guide for stakeholders working on implementing the core sets as part of value-based payment programs.

NQF staff shared that in 2021 the CQMC will build on prior work by developing new guides on measure model alignment and digital measurement; developing a new cross-cutting measure set; updating the Implementation Guide; and maintaining the current core sets.

The Workgroup was reminded that they convened six times last year to discuss potential updates to the core set. As a result of the discussions, the Workgroup voted to add seven measures, and remove two measures; the final core set included 27 measures, making it one of the largest CQMC core sets. Clinical areas covered by the core set include Acute Myocardial Infarction, Ischemic Heart Disease/Coronary Artery Disease, and Percutaneous Coronary Intervention (inc. Angioplasty and Stents).

The Workgroup also previously identified the following measurement gap areas for future consideration:

- Pediatric surgery measures

- Long-term cardiovascular care
- Patient transitions between facilities, specifically cardiac rehabilitation
- PROs and PRO-PMs
- Functional status measures
- Measures of disparities and social determinants of health

## Considerations for Ad-Hoc Maintenance

NQF staff opened the discussion on ad-hoc maintenance of the core sets by reminding Workgroup members of the measure selection principles for the CQMC core sets. Maintaining the core sets each year helps ensure that the measures in the core sets meet these principles: person-centered and holistic; relevant, meaningful, and actionable; parsimonious; scientifically sound; feasible; and unlikely to promote unintended adverse consequences. The Workgroup was advised that during ad-hoc maintenance, NQF will not conduct a comprehensive literature review for relevant measures to consider for the core set. Instead, NQF will do the following:

1. Flag major updates (e.g., measures that have lost endorsement, topped out measures, recently endorsed measures in topic area, fully developed measures that meet a gap area, measures recommended for use in the Centers for Medicare & Medicaid Services' (CMS) Merit-based Incentive Payment System (MIPS)/Medicare Shared Savings Program).
2. Review any measures that Workgroup members identify for urgent consideration for addition or removal.

Before discussing specific measures, NQF staff also reminded the Workgroup that the measures identified as potential removals do not need to be removed but were for the Workgroup to discuss and decide i.e., keep in or remove from the core set. NQF also reminded members that based on feedback from CQMC members, all voting will be conducted after the meetings via an online survey rather than by verbal voting during the call. If the Workgroup is in consensus that a measure should not be considered for addition or removal, the measure does not need to be voted on.

### Measures for Removal Consideration

*NQF #0715 Standardized Adverse Events Ratio for Children < 18 Years of Age Undergoing Cardiac Catheterization*

The Workgroup was notified that the measure was not used in any publicly reported programs and is no longer NQF endorsed. It was reported that during the measure maintenance review the measure did not pass the Scientific Measure Panel (SMP) scientific review, which resulted in the loss of endorsement. A Workgroup co-chair asked the Workgroup if they supported voting to remove the measure from the core set. A Workgroup member inquired if this is the only pediatric measure in the core set. NQF staff advised that currently this is the only pediatric measure, but that new pediatric surgical measures will be brought forth for consideration in the future. It was noted that during the previous year's meetings, the Workgroup did not feel comfortable discussing pediatric measures without at least one pediatric cardiologist participating. The Workgroup voiced no concerns around removing the measure. NQF staff reported that the measure will be included on the voting list for potential removal.

*NQF #0671 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)*

The Workgroup was notified that the measure is no longer NQF endorsed. The measure was also reported as being high performing as a MIPS clinical quality measure (CQM). A Workgroup member shared that the measure developer will not be modifying the measure or seeking re-endorsement. The Workgroup voiced no concerns around removing the measure. NQF staff reported that the measure will be included on the voting list for potential removal.

*NQF #0028/0028e Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention*

NQF staff shared that the measure was reported as high performing in for a MIPS CQM for both the Medicare Part B Claims and electronic CQM (eCQM) versions. A Workgroup member noted that while the measure may be topped out in MIPS, it may not be topped out for all physicians and health plans. A Workgroup member recommended that different data points (e.g., payers) be considered when reviewing the data to determine a measure's topped-out status. Also noted by a Workgroup member was that when physicians are self-selecting measures for a payment program, as they do for MIPS, they are going to choose their high-performance areas to report. This can result in a non-representative distribution of scores. NQF staff shared that performance information is easily available for MIPS, but more challenging to obtain for other programs. It was noted that developers provide performance gap information when measures undergo NQF maintenance review. When this measure was submitted for maintenance endorsement, the developer used CMS payment program data for the performance gap. A member shared that most health plans are using NQF #0028 and recommended using a larger representative sample when considering if a measure has topped out. The general feeling among health plan members was that performance on this measure is fairly high. NQF staff asked the Workgroup how staff might obtain broader performance data but did receive any response. Given the general perception of high performance, the workgroup did not object to considering this measure for removal. NQF staff will therefore include the measure onto the voting list for potential removal.

*NQF #1525 Chronic Anticoagulation Therapy*

NQF staff shared that the measure was reported as high performing in Medicare Part B Claims and MIPS CQM. A Workgroup member noted that the American Heart Association (AHA) guidelines around the denominator have been updated, and that the measure may not be high performing under that update. NQF noted that the measure is expected to come through the next NQF measure endorsement cycle for maintenance review. It was noted that more information on the measure's performance may be available during that time. A Workgroup co-chair shared that other data sources (e.g., medical literature) suggest that performance is not high and that it is not topped out. The Workgroup reached a consensus not to consider removing the measure from the core set. NQF shared that the measure will not be included on the list for removal from the core set.

## Measures for Addition Consideration

NQF staff noted that none of the measures identified for consideration for addition address identified gap areas. A total of four measures were brought forth for review: one newly endorsed measure, two measures that the Workgroup considered last year and asked to reconsider, and an optimal vascular

composite measure (with two competing specifications) proposed by NQF.

*NQF #3534 30-Day All-Cause Risk Standardized Mortality Odds Ratio Following Transcatheter Aortic Valve Replacement (TAVR)*

NQF staff shared that this measure was recently endorsed and is a facility-level measure that uses data from the National Cardiac Disease Registry. It was noted that a TAVR complications measure has been submitted for endorsement review for the next cycle. A co-chair shared that there has been an increase in the use of TAVR which is becoming a standard of care for aortic valve disease. The co-chair therefore expressed support add the measure to the core set. The Workgroup agreed to include the measure on the voting list for potential addition to the core set.

*N/A HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications (MIPS ID 348)*

NQF staff shared that this measure was reviewed during the previous year and that the Workgroup requested that it be brought back during the ad hoc maintenance. It was noted that the measure is a registry measure and that is has been tested at the clinician/group level of analysis. NQF staff advised that the measure is not currently in use in any federal programs. A co-chair shared the concerns that were expressed regarding the measure during the previous Workgroup meetings (i.e., who to attribute the measure to, the implanting cardiologist or the cardiologist managing the patient's daily care). There was also concern expressed over this being a registry measure. It was noted that there was some concern that the measure duplicated *NQF #0694: Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD) (Composite measure)*. The Workgroup was in favor of having attribution at the hospital level versus the clinician level for this clinical area. A co-chair indicated that they would like to hear more from the Workgroup but was not particularly excited by the measure. A Workgroup member inquired if only NQF endorsed measures can be considered for inclusion into the core set. A co-chair shared that NQF endorsed measures are preferred but non-NQF endorsed measures can also be considered. The Workgroup reached consensus not to include the measure for a future vote.

*N/A: Functional Status Assessments for Congestive Heart Failure (eCQM) (MIPS ID 377)*

NQF staff shared the measure specifications, noting that it is a process measure and not a patient-reported outcome measure. The measure examines if a functional assessment tool was used and does not consider the results or scoring outcomes. A co-chair noted that there is a gap in PROs/PRO-PMs and that the tools have been in use for some time. It was noted that the measure is not objective, but that it is used often and may be worth the consideration. The Workgroup reached a consensus to include the measure for a future vote.

*NQF #0076 Optimal Vascular Care*

*N/A Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (MIPS ID 441)*

NQF staff shared that both measures examined the same concept, i.e., of patients with vascular disease, how many have all four major cardiac risk factors optimally managed. The biggest difference between the two measures the number of visits required for a patient to be included in the denominator. Both measures require all of the components to be met for a patient to be included in the numerator, including blood pressure less than 140/90 mmHg; on a statin medication, unless

allowed contraindications or exceptions are present; non-tobacco user; and on a daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present. A Workgroup member noted that the title of *NQF #0076 Optimal Vascular Care* is not descriptive, as it does not specify ischemic vascular disease. A co-chair indicated that the Cardiology core set is one of the largest CQMC core sets and asked the Workgroup about adding an additional vascular measure. A question was posed to CMS on the size of the core set. A CMS Workgroup member advised that their subject matter expert was not present but would provide a response prior to the next Workgroup meeting. CMS later provided an update that the quantity of measures included in the core set was not important, rather the alignment of included measures was the priority. The co-chair noted that the measure highlights an important area of vascular disease and was open to adding the measure to the voting list. A Workgroup member shared that prior to voting, the Workgroup should consider if an all-or-none composite measure is suitable for inclusion. NQF staff shared that they would provide a comparison of the two measures prior to the next Workgroup meeting to aid the Workgroup in deciding during the vote.

### *Additional Notes in the Core Set Presentation*

NQF staff asked the Workgroup whether the information in the "Notes" column of the current core set presentation was still accurate and relevant, or if any of the notes should be updated or deleted. The Workgroup did not offer any additional comments. A co-chair invited the Workgroup to submit any comments via email.

## Next Steps

The Workgroup was notified that a STEMI measure was conditionally supported during the Measures Application Partnership (MAP) process and that this measure would be brought forth for Workgroup consideration next year. The Workgroup was notified that the meeting summary will be emailed and posted onto the CQMC SharePoint page. The Workgroup was informed that the next meeting time is scheduled for May 27, from 12:00 – 2:00 pm ET. Finally, NQF staff reminded the Workgroup that CQMC will convene to discuss strategic priorities during the first Full Collaborative meeting of the year on April 13, from 11:00 am – 4:00 pm ET; additional information on the agenda items and dial-in will be shared via email.