

Consensus Core Set: Cardiology

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. The CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established measure selection principles. Measure specifications and details are linked in the *CBE Number* column, and additional considerations for use are included in the *Notes* section of the table below.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Acute Myocardial Infarction	<u>0505</u>	Hospital 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Centers for Medicare & Medicaid Services (CMS)	Facility	Inpatient/Hospital
	0230	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization for Patients 18 and Older	CMS	Facility	Inpatient/Hospital
	<u>2377</u>	Overall Defect-Free Care for AMI (Composite Measure)	American College of Cardiology (ACC)	Facility	Inpatient/Hospital
Atrial Fibrillation	<u>1525</u>	Chronic Anticoagulation Therapy	American Heart Association (AHA)	Clinician	Outpatient No longer CBE-endorsed. Developer plans to maintain measure independently.
	2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	ACC	Clinician, Facility	Outpatient, Inpatient/Hospital

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Heart Failure	0229	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization for Patients 18 and Older	CMS	Facility	Inpatient/Hospital
	0081/ 0081e	Heart Failure (HF): Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	ACC/AHA	Clinician	Outpatient, Inpatient/Hospital, Other eCQM available* Telehealth eligible for CMS programs in 2023
	0083/ 0083e	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	ACC/AHA	Clinician	Outpatient, Inpatient/Hospital, Other eCQM available* Telehealth eligible for CMS programs in 2023
	0330	Hospital 30-Day, All-Cause, Risk Standardized Readmission Rate (RSRR) Following Heart Failure Hospitalization	CMS	Facility	Inpatient/Hospital
	<u>N/A</u>	Functional Status Assessments for Congestive Heart Failure (MIPS ID 377)	CMS	Clinician	Outpatient eCQM Telehealth eligible for CMS programs in 2023
Hypertension	0018	Controlling High Blood Pressure	National Committee for Quality Assurance (NCQA)	Health Plan	Outpatient eCQM available* Telehealth eligible
Implantable Cardiac Defibrillators	<u>0694</u>	Hospital Risk-Standardized Complication Rate Following Implantation of Implantable Cardioverter-Defibrillator (ICD)	ACC	Facility, Other	Outpatient, Inpatient/Hospital

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Ischemic Heart Disease/ Coronary Artery	<u>0066</u>	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	АНА	Clinician	Outpatient, Other
Disease	<u>0067</u>	Coronary Artery Disease: Antiplatelet Therapy	АНА	Clinician	Outpatient, Other
	<u>0070</u> / <u>0070e</u>	Coronary Artery Disease: Beta- Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	ACC/AHA	Clinician	Outpatient, Other eCQM available* Telehealth eligible for CMS programs in 2023
	2558	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	CMS	Facility	Inpatient/Hospital
	<u>0119</u>	Risk-Adjusted Operative Mortality for CABG	The Society of Thoracic Surgeons (STS)	Clinician, Facility	Inpatient/Hospital
	2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	CMS	Facility	Inpatient/Hospital
	2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate (30 Days)	STS	Facility	Inpatient/Hospital
	<u>N/A</u>	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (MIPS ID 441)	Wisconsin Collaborative for Healthcare Quality (WCHQ)	Clinician	Outpatient Telehealth eligible

Measure	CBE	Measure	Steward	Level of Analysis	Notes
Торіс	Number				
Percutaneous	<u>0535</u>	30-Day All-Cause Risk	ACC	Facility, Other	Inpatient/Hospital
Coronary		Standardized Mortality Rate			
Intervention		Following Percutaneous Coronary Intervention (PCI) for			
(including		Patients Without ST Segment			
Angioplasty and Stents)		Elevation Myocardial Infarction			
and stents)		(STEMI) and Without Cardiogenic			
		Shock			
	0536	30-Day All-Cause Risk-	ACC	Facility, Other	Inpatient/Hospital
		Standardized		,,	
		Mortality Rate Following			
		Percutaneous Coronary			
		Intervention (PCI) for Patients			
		With ST Segment Elevation			
		Myocardial Infarction (STEMI) or			
		Cardiogenic Shock			
	<u>3613e</u>	Appropriate Treatment for ST-	CMS	Facility	Outpatient Services
		Segment Elevation Myocardial			eCQM
		Infarction (STEMI) Patients in the			
		Emergency Department (ED)			
	0964	Therapy With Aspirin, P2Y12	ACC	Facility	Inpatient/Hospital
		Inhibitor, and Statin at Discharge			
		Following PCI in Eligible Patients			
	<u>2459</u>	In-hospital Risk-Adjusted Rate of	ACC	Facility	Inpatient/Hospital
		Bleeding Events for Patients			
		Undergoing PCI			
Pediatric	<u>0733</u>	Operative Mortality Stratified by	STS	Clinician	Inpatient/Hospital
Heart		the Five STS-EACTS Mortality			
Surgery		Categories			
Prevention	<u>0028</u> /	Preventive Care & Screening:	NCQA	Clinician	Outpatient, Other eCQM
	<u>0028e</u>	Tobacco Use: Screening &			available*
		Cessation Intervention			Telehealth eligible for CMS
					programs in 2023

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Prevention	<u>N/A</u>	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (MIPS ID 438)	CMS	Clinician	Outpatient eCQM available* Telehealth eligible for CMS programs in 2023
Transcatheter Aortic Valve Replacement	<u>3610</u>	30-Day Risk-Standardized Morbidity and Mortality Composite Following Transcatheter Aortic Valve Replacement (TAVR)	ACC	Facility	Inpatient/Hospital

*Separate benchmarks should be used based on the reporting method.

† This measure is a cross-cutting measure that may be highly relevant across multiple core sets.

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Gap Areas for Future Consideration and Measure Development

- Long-term cardiovascular care
- Patient transitions between facilities, specifically cardiac rehabilitation
- Patient-reported outcomes (PROs) and patient-reported outcome performance measures (PRO-PMs)
- Measures of disparities and social determinants of health

Core Set Updates for 2022

Updated notes related to telehealth eligibility for all measures

CBE measures #0081/#0081e, #0083/#0083e, #0070/#0070e, #0028/#0028e, Functional Status Assessments for Congestive Heart Failure, and Statin Therapy for the Prevention and Treatment of Cardiovascular Disease remain telehealth eligible for CMS programs in 2023; the notes on these measures have been updated to reflect this continued eligibility.

Added notes related to care setting for all measures

The Workgroup recommended the addition of notes on care setting (inpatient versus outpatient) for all measures to help improve usability of the core set for end users, given the breadth of topics and size of the Cardiology core set.

Added measure #3613e Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) This electronic clinical quality measure (eCQM) calculates the proportion of ST-Segment Elevation Myocardial Infarction (STEMI) patients who received timely treatment (e.g., fibrinolysis, percutaneous coronary intervention [PCI], or transfer), limiting heart damage.

Added measure #3610 30-Day Risk-Standardized Morbidity and Mortality Composite Following Transcatheter Aortic Valve Replacement (TAVR) This composite measure assesses risk-standardized site differences for five outcomes—death, stroke, major or life-threatening bleeding, acute kidney injury, and moderate or severe paravalvular aortic regurgitation—after transcatheter aortic valve replacement (TAVR). This measure is an important inclusion as TAVR becomes more common.

Updated note related to #1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

This measure is no longer endorsed by the CBE because the developer was unable to submit the measure for maintenance due to a lack of testing data. The developer plans to maintain the measure independently and may resubmit this measure for endorsement in the future.