

Meeting Summary

Core Quality Measures Collaborative

Cardiology Workgroup: Measure Selection Approach and Evaluation Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the Cardiology Workgroup on May 10, 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 reviewed the following meeting objectives:

- Review the CQMC decision making process
- Discuss current measures in the core set
- Evaluate new measures for addition to the core set

Decision making process

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
 - a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.

3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
 - a. The source of the evidence used to form the basis of the measure is clearly defined.
 - b. There is high quality, quantity, and consistency of evidence.
 - c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
 - a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
 - b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
 - c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

A workgroup member requested that to show alignment with the measure selection principles, NQF staff include background information such as the criteria that NQF considers when endorsing a measure e.g. testing data, scientific acceptability, performance gaps and any available new research after endorsement to allow for an easier assessment of the measures. NQF staff welcomed the suggestion and advised that they would include the information in the next iteration for the measures that are not NQF endorsed and any available information post-endorsement or new research.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

Discussion on Current Measures in Core Set

NQF staff shared the current core set for cardiology and highlighted that some measures were at the facility level of analysis as there was an absence of clinician level of analysis when the core set was selected.

Chronic Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
<i>Congestive Heart Failure</i>				
0330	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure hospitalization	CMS	Facility	Consensus reached to include measure in core set; measure to be used at the facility level only.
0229	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	CMS	Facility	Consensus reached to include measure in core set; measure to be used at the facility level only.
0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	AMA-PCPI	Clinician	Consensus reached to include measure in core set.
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	AMA-PCPI	Clinician	Consensus reached to include measure in core set.

Chronic Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
<i>Hypertension</i>				
0018	Controlling High Blood Pressure Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	NCQA	Clinician	Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set. <i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy ⁱ regarding the 2014 JAMA paper ⁱⁱ sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD). Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base. <i>Note:</i> #0018 is specified for physician-level use.

Chronic Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
N/A	Controlling High Blood Pressure (HEDIS 2016) Measure Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria: <ul style="list-style-type: none"> 18-59 = <140/90 mm Hg 60-85 w/ diabetes = <140/90 mm Hg 60-85 w/o diabetes = <150/90 mm Hg 	NCQA	Health Plan/Integrated Delivery System	Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set. <i>Note:</i> Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy ⁱⁱⁱ regarding the 2014 JAMA paper ^{iv} sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD). Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base. <i>Note:</i> Please refer to 2016 HEDIS specifications which align with the recommendations in the 2014 JAMA paper ^v . <i>Note:</i> "N/A - Controlling High Blood Pressure" HEDIS measure is specified for the health plan or integrated delivery network level use.

Consensus Core Set: Cardiovascular Measures

Chronic Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
<i>Ischemic Heart Disease / Coronary Heart Disease</i>				
0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	American College of Cardiology	Clinician	Consensus reached to include measure in core set.
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	American College of Cardiology	Clinician	Consensus reached to include measure in core set.
0070	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	AMA-PCPI	Clinician	Consensus reached to include measure in core set. <i>Note:</i> Measure also listed under Acute MI.
2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	CMS	Facility	Consensus reached to include measure in core set; report either #2558 or #0019; measure to be used at the facility level only.
0119	Risk-Adjusted Operative Mortality for CABG	The Society of Thoracic Surgeons	Clinician and Facility	Consensus reached to include measure in core set; report either #2558 or #0019; measure to be calculated at both the physician and facility level.
2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery	CMS	Facility	Consensus reached to include measure in core set; report either #2515 or #2514.

Consensus Core Set: Cardiovascular Measures

Chronic Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Consensus Agreement / Notes
2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate (30-days)	The Society of Thoracic Surgeons	Facility	Consensus reached to include measure in core set; report either #2515 or #2514.
<i>Atrial fibrillation</i>				
1525	Chronic Anticoagulation Therapy	American College of Cardiology	Clinician	Consensus reached to include measure in core set.
<i>Prevention</i>				
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	AMA-PCPI	Clinician	Consensus reached to include measure in core set. <i>Note:</i> Included in ACO and PMCH / Primary Care core set.
Acute Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Notes & Comments
<i>Acute Myocardial Infarction</i>				
0505	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization	CMS	Facility	Consensus reached to include measure in core set; measure to be used at the facility level only.
0163	Primary PCI received within 90 minutes of hospital arrival	CMS	Facility	Consensus reached to include measure in core set.

Consensus Core Set: Cardiovascular Measures

Acute Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Notes & Comments
<i>Angioplasty and Stents</i>				
0964	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	American College of Cardiology	Facility	Consensus reached to include measure in core set.
2459	In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI	American College of Cardiology	Facility	Consensus reached to include measure in core set; measure to be used at the facility level only.
<i>Implantable Cardiac Defibrillators</i>				
0694	Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)	American College of Cardiology	Facility	Consensus reached to include measure in core set.
<i>Cardiac Catheterization</i>				
0715	Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization	Boston Children's Hospital	Facility	Consensus to include in core set however measure may be subject to small numbers so should be implemented only when there is adequate sample size.
<i>Pediatric Heart Surgery</i>				
0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	Society of Thoracic Surgeons	Clinician	Consensus to include in core set however measure may be subject to small numbers so should be implemented only when there is adequate sample size.

A Workgroup member requested NQF staff to provide performance data and use information for the current Cardiology measure set.

Measures Previously Identified for future Consideration

NQF staff shared measures that were identified by the previous Cardiology workgroup but were not selected for inclusion into the core set but were recommended for further review in the next workgroup.

NQF#	Measure	Steward	Previous Notes
0541	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	PQA	Consensus to hold measure in queue pending better availability of data. Rationale: It may be difficult to accurately calculate this measure for some providers because of the way their EMRs track medications and their refills. Additionally, this measure may not be appropriate for all hypertension patients as not all are prescribed medications for diabetes. Measure aligns with CMS Stars and health plans collect measure data; Population is important to monitor.
2377	Defect Free Care for AMI (Composite Measure)	ACC	None
N/A	Clinician Level Companion Measure to (0694) Hospital Risk-Standardized Complication Rate following Implantation of Implantable	ACC	Submitted to NQF for endorsement. Review in July 2015.

	Cardioverter-Defibrillator (ICD)		
2439	Post-Discharge Appointment for Heart Failure Patients	TJC	Data collection is currently challenging. Reconsider measure upon measure updates.
0671	Cardiac Stress Imaging Not Meeting the Appropriate Use Criteria: Routine Testing after PCI	ACC	<ul style="list-style-type: none"> • Documentation measure. Low bar. Proposed to be removed from PQRS. • Would suggest updating the measure to be more contemporary and reassess in the future.

Previously Identified Cardiology Measure Gaps

- Heart Failure:
 - Evidence-based anticoagulation status -- ACC note: Not all HF patients are on anticoagulants
 - Outpatient – symptom control or change in symptoms
 - Functional status or quality of life measure for patients with heart failure
 - Goals of care (does not need to be specific to heart failure)
 - Follow-up visit after hospitalization by PCP
 - End of life measures for heart failure
 - Management of women with peripartum cardiomyopathy
 - Proportion of days covered for beta blocker therapy: HF patients
- Hypertension:
 - Renal function measures (e.g. creatinine measures)
- Other:
 - Lipid measure based on new guidelines
 - Additional cost and overutilization measures
 - Rehabilitation measures
 - Mental health measures following cardiovascular events
 - Symptom management measures
 - Disparities in cardiovascular care
 - ICD counseling and appropriate use of ICDs (underutilization in women and the elderly)

Gap Areas Identified During Orientation

- Long-term care
- Clear definition of set focus/setting for the set:
 - Could have separate sets based on setting (e.g., ambulatory and hospital, both under the cardiology umbrella)
 - Otherwise, need to clearly define the setting of each measure in the set.
 - However, physicians are increasingly being held responsible for hospital-level metrics.

Evaluation of new measures

NQF staff shared findings from the environmental scan of cardiology measures, which included NQF-endorsed measures and measures in MIPS and other federal programs.

Review of Potential Cardiology Measures

Highlighted in the scan were measures that were previously discussed and recommended for future consideration, new measures endorsed by NQF since 2016, and eMeasure versions of current core set measures.

- Acute Myocardial Infarction
 - #2377 Defect Free Care for AMI. A composite measure previously identified for future consideration.
- Atrial Fibrillation
 - #2474 Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation. A new measure brought forth by NQF staff for consideration.
- Congestive Heart Failure
 - #2439 Post-Discharge Appointment for Heart Failure Patients. A measure that was identified by the previous workgroup for future consideration.
 - #0081e Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD). An Electronic version of current core set measure.
 - #0083e Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD). An Electronic version of current core set measure.
 - Functional Status Assessments for Congestive Heart Failure (eCQM). Not NQF endorsed but used in MIPS.

New measures for consideration

- Hypertension
 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented and Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (eCQM). Not NQF-endorsed but used in MIPS.
- Implantable cardiac defibrillators
 - #2461 In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)
 - HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
- Ischemic Heart Disease/Coronary Artery Disease
 - #0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%). Electronic version of current core set measure
- Percutaneous Coronary Intervention (PCI)
 - #0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after PCI.
- Pediatric
 - #0732 Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the 5 STAT Mortality Categories. Previously identified for future consideration.
 - #0734 Participation in a National Database for Pediatric and Congenital Heart Surgery. New measure for consideration.
 - #2683 Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery. New measure for consideration.
- Prevention
 - #0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category. Previously identified for future consideration.

- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Not NQF-endorsed but used in MIPS.
- Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed (eCQM). Previously identified for future consideration and not NQF-endorsed but used in MIPS.

The Workgroup discussed the following measures;

2377: Defect Free Care for AMI. A composite NQF endorsed measure that was identified by the previous workgroup as one for future consideration. The Workgroup shared concern over the complexity of composite measures as they comprise of different measures which all have the hard to attain measures which may not always be equally distributed. As a result, the shaping of measurement unit may be affected. A workgroup member inquired on whether registries could provide more clinical data than claims data and therefore become a potential source of data. The workgroup agreed to review the measure in their next meeting once more information is made available by NQF staff.

2474: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation. A new NQF measure that was identified during the environmental scan was brought forth for consideration. A workgroup member inquired if the rate of incidents was too high to start comparing operators or hospitals. In response another workgroup member noted that the rate was 6% which can be considered as too high for the procedure and noted that in the current set the atrial fibrillation measure is on anti-coagulation and recommended that an outcome measure is something worth considering. A workgroup member inquired if the inclusion of the measure would result in the removal of the atrial fibrillation measure from the current core set. A workgroup member noted that there is still underuse in the atrial fibrillation measure, with the rate of atrial fibrillation increasing. A recommendation was made by a workgroup member to include both measures. The workgroup agreed to review the measure in their next meeting once more information is made available by NQF staff.

2439: Post-Discharge Appointment for Heart Failure Patients. A previously NQF endorsed process measure which lost endorsement was identified by the previous workgroup for future consideration but had indicated data collection challenges. NQF staff highlighted that the measure is not publicly reported. A Workgroup member inquired about how well the measure functions and in response another Workgroup member stated that there is growing evidence that having appointment 7-14 days post-discharge of heart failure lessens the chances for readmission. A workgroup member indicated that there may be a challenge in the collection of data and variation but conceptually it is something that the field strives towards. A workgroup member inquired if the measure is currently under use in the Joint Commission Certification Program. Neither of the workgroup members were aware but one member stated that the measure is in use in the Medicaid bundles in Arkansas. NQF staff indicated that they would research what is being considered by the Joint Commission Certification Program. The workgroup however agreed with NQF staff that there was not much workgroup interest garnered by the measure as it was presented.

0081e: Heart Failure (HF)- Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD). An electronic version of current core set measure. The workgroup agreed on the inclusion of the e-measure as it aligns with the aim of labor reduction and is an aspirational direction, a caution was however made to the detail as use of different source e.g. single source practices versus multi-source practices which can lead to some aberration in the results.

0083e: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD). An electronic version of current core set measure. Similar to measure 0081 the workgroup agreed to consider the measure for potential inclusion into the core set.

Functional Status Assessments for Congestive Heart Failure (eCQM). NQF staff advised that the measure is a process measure that also includes an e-measure, is not NQF endorsed but used in MIPS. A workgroup member gave some insight on the measure as it is currently used by their organization, that as a process measure it collects actual performance data at two points and is expected to overtime evolve into an outcomes measure. A workgroup member offered to research and share implementation challenges with the workgroup. The workgroup requested to review the measure in the next workgroup meeting.

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented. NQF staff advised that the measure is claims and eCQM reported, not NQF-endorsed but used in MIPS. A workgroup member inquired why the measure is not NQF endorsed. A workgroup member advised that the measure has not been submitted for NQF. A workgroup member shared that the screening is very important for preventative purposes. A workgroup member inquired as to whether the measure belongs in the ACO versus the cardiology set as most cardiologist work on complex cases and not screening. The workgroup was unable to reach consensus and agreed it was a good concept that may need some improvement but would review the measure in their next meeting. The workgroup requested NQF staff to recommend the measure to the ACO workgroup.

2461: In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED). NQF advised that this was a new measure brought forth for consideration. A workgroup member inquired about the quality gap, to justify the measures inclusion. A workgroup member noted that there was a disparity issue per 2013 data indication on materials provided by NQF staff. The workgroup member stated considering the variation and disparity to move the measure along for consideration in the next workgroup meeting.

HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate. NQF advised that this was a new measure and not NQF endorsed brought forth for consideration. The workgroup noted that this was a registry measure and inquired if non-registry participants would be accommodated in this measure. The workgroup noted that the registry requirement could be prohibitive to some but agreed to discuss the measure in their next workgroup meeting.

0070e Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%). Electronic version of current core set measure. Similar to measure 0081 and 0083 the workgroup agreed to consider the measure for potential inclusion into the core set.

0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after Percutaneous Coronary Intervention (PCI). NQF staff advised that the measure is due for review but was not resubmitted and may lose endorsement. A workgroup member inquired on whether the developer did not undergo the measure maintenance because the measure was undergoing some updating or being dropped. NQF staff advised that they would research and advise the workgroup of their findings.

0732 Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the 5 STAT Mortality Categories. NQF staff advised that the registry measure was identified in the environmental scan and advised that the measure can be paired with measure 0733 which is in the current core set. The workgroup agreed to bring the measure forward for consideration during their next workgroup meeting.

0734 Participation in a National Database for Pediatric and Congenital Heart Surgery. NQF staff advised that this was a new registry measure identified during the environmental scan. A workgroup

member shared although reporting to registries is to be encouraged the measure was weak as all it required was participation. The workgroup agreed not to move forward with the measure.

2683 Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery. NQF staff advised that this was a new measure identified during the environmental scan. The workgroup agreed to move the measure forward for consideration in the next workgroup meeting.

0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category. NQF staff advised that the measure was previously identified for future consideration as during the previous workgroup deliberations there was concern over its general implement ability. A workgroup member inquired on how data for the measure was collected. The workgroup member was notified that it was through pharmacy claims, which would be to calculate for individuals who pay cash for the script. The workgroup agreed to hold off proceeding with the measure.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. NQF staff advised that the measure is not endorsed by NQF but is used in MIPS that can be calculated using registry and/ or electronic data. The workgroup agreed to keep the measure on for consideration during the next workgroup meeting.

Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed (eCQM). NQF staff advised that the measure was previously identified for future consideration as during the previous workgroup deliberations, is not NQF endorsed but used in MIPS. A workgroup member advised that from the specifications the measure may be burdensome and prevent individuals outside the age specification range from getting screened. A workgroup member agreed to research on the MIPS measure status and revert to the group.

Next Steps

NQF staff shared that the focus of the next Workgroup meeting would be to continue discussing measures for potential addition and identify potential measures for removal from the core set. NQF staff requested members who have not submitted DOI forms to send the completed DOIs to the CQMC email CQMC@qualityforum.org.