

## Meeting Summary

### **Core Quality Measures Collaborative**

#### Cardiology Workgroup: Measure Selection Approach and Evaluation Meeting

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The National Quality Forum (NQF) convened a closed session web meeting for the Cardiology Workgroup on June 5, 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
- Review previous discussions on candidate measures and have additional discussion
- Finalize recommendations for new measures for the set
- Identify measures for removal from the core set (as time allows)

### **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 was 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 would thoroughly discuss each measure and all views would be heard. Measures for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Measures 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.

A Workgroup member inquired on how to determine how voting or non-voting status is determined. NQF and AHIP staff clarified that, voting and non-voting status is determined during the CQMC membership application process. NQF staff advised that voting members include health insurance providers, medical associations, consumer or patient groups, purchaser groups, and regional collaboratives. Members who do not fall in the specified categories join the CQMC as non-voting

members.

NQF staff informed the Workgroup that quorum had not been reached and that voting for measures under consideration for inclusion in the Cardiology core set would be done electronically through a survey link that would be emailed to voting members of the Workgroup after the meeting.

### **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.

### **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”).

## **Review Current Measures in Core Set**

NQF staff reviewed the current Cardiology core set for and highlighted that some measures were at the facility level of analysis, as there was an absence of measures at the clinician level of analysis when the core set was developed.

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 <sup>i</sup> regarding the 2014 JAMA paper <sup>ii</sup> 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"> <li>18-59 = &lt;140/90 mm Hg</li> <li>60-85 w/ diabetes = &lt;140/90 mm Hg</li> <li>60-85 w/o diabetes = &lt;150/90 mm Hg</li> </ul>	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 <sup>iii</sup> regarding the 2014 JAMA paper <sup>iv</sup> 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 <sup>v</sup> .  <i>Note:</i> "N/A - Controlling High Blood Pressure" HEDIS measure is specified for the health plan or integrated delivery network level use.

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.

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.

Acute Cardiovascular Condition Measures				
NQF #	Measure	Measure Steward	Level of Analysis	Notes & Comments
0070	Coronary Artery Disease (CAD): 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 chronic CAD section.
0230	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	CMS	Facility	Consensus reached to include measure in 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	American College of Cardiology	Facility	Consensus reached to include measure in core set. <i>Note:</i> #0536 is always to be reported with the complementary measure #0535.
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	American College of Cardiology	Facility	Consensus reached to include measure in core set. <i>Note:</i> #0535 is always to be reported with the complementary measure #0536.

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.

## Evaluation of new measures for addition

NQF staff shared additional information for the 14 Cardiology measures the Workgroup chose to continue to consider for addition. After a brief introduction of each measure, the Workgroup had additional discussion as needed and came to consensus as to whether the measure should move forward for a final vote. A survey will be sent out after the meeting to capture final votes from the voting participant organizations. Below is a summary of the Workgroup's discussion for each of the measures.

## **Acute Myocardial Infarction**

### *2377: Defect Free Care for AMI*

- A composite measure previously identified for future consideration. NQF staff outlined the all or none criteria that apply to NSTEMI and STEMI as specified for this measure. The measure utilizes registry data, is at the facility level of analysis, and average performance is around 71%. A Workgroup co-chair mentioned that the measure is important for clinical performance as it incorporates current Acute MI guidelines and include criteria critical to improving outcomes and quality. Another Workgroup co-chair shared concerns over the complexity of composite measures. Workgroup members shared the concern as failure to meet a particular criterion would result in a fail rating for the entire composite measure. A Workgroup member highlighted CMS' goal to decrease measurement burden by bundling measures and shared that a composite measure may be time consuming and costly to separate the numerator and denominator for all criteria data elements feasible for electronic clinical extraction. A Workgroup member inquired if CMS would offset the cost of using registry composite measures. A CMS Workgroup member advised that there would be no offsetting of costs, acknowledged data collection challenges for registry data, and explained that some organizations prefer using registry data to meet MIPS requirements. It was noted that these measures are currently not being collected by hospitals. NQF staff shared that the goal of CQMC is to promote alignment and harmonization of measures among public and private payers, thus reduce burden on clinicians. A Workgroup expressed concerns about the exclusion criteria and whether there will be adequate data to comparisons on this composite measure, if they report variant data based on exclusion criteria. NQF provided guidance on comparability, explaining that each process has different exclusion and inclusion criteria. The Workgroup members agreed to keep the measure and vote on potential inclusion in the Cardiology core set.

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

- This measure is an electronic version of current core set measure. Similar to measure 0081 and 0083, Workgroup members decided to keep this measure for voting.

## **Atrial Fibrillation**

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

- This is a new measure brought forth from the environmental scan by NQF staff for consideration. During the previous meeting, Workgroup members noted that the incidence of this event is about 6% within 30 days following Atrial Fibrillation (AF) ablation. Workgroup members mentioned that the current core set includes an anticoagulation measure for AF. However, Workgroup members expressed interest in an outcome measure related to AF. During discussion, at least one Workgroup members stated this is a good example of an outcome measure, and that consumers will be interested in going to a provider who had lower complication rates. Workgroup members decided to keep this measure for voting.

## **Congestive Heart Failure**

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

- This is an electronic version of current core set measure. NQF staff mentioned that 0081 is currently in the core set, and 0081e (the eMeasure version), will provide another option for reporting. Workgroup members decided to keep this measure for voting.

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

- This is an electronic version of current core set measure. Similar to measure 0081, Workgroup members decided to keep this measure for voting.

*Functional Status Assessments for Congestive Heart Failure (eCQM)*

- NQF staff advised that this eMeasure is not NQF endorsed but used in MIPS. It is a process measure that collects actual performance data at two points and there is a plan for the measure to evolve to an outcome measure over time. CMS provided additional information that submitting clinicians have not had any issues reporting this measure and shared that this is a building block measure that will strengthen with the collection of additional data. There was some concern about the current IT infrastructure and ability to capture data as well as the evidence and validity for the measure as currently presented. One member asked if this is a “core” measure in 2019. There was also conversation about the need for the future iteration to consider factors for risk adjustment. The Workgroup decided to keep this measure and vote on inclusion in the core set.

**Prevention**

*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)*

- This measure is not NQF-endorsed but used in MIPS. A Workgroup member inquired about other screening for HTN measures in the core set. NQF staff clarified that NQF #0018 and the NCQA version of the measure are currently in the core set. A Workgroup member inquired as to whether the measure belongs in the Accountable Care Organization (ACO) versus the Cardiology core set, as most Cardiologist work on complex cases and treat patients who have already been diagnosed. Workgroup members stated the measure is not NQF endorsed and increases data collection burden. The Workgroup decided that this will not move forward for voting for the Cardiology core set but recommended that it be presented to the ACO Workgroup.

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

- The Workgroup was concerned that the requirement for fasting may be too burdensome to patients and prevent some individuals from getting screened. CMS provided additional information that this measure has been removed from MIPS. The Workgroup decided to no longer consider this measure.

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

- This measure is not NQF endorsed but is used in MIPS. The Workgroup noted the difference between being prescribed therapy versus adherent to medication. The Workgroup chose not to continue considering the measure that considers adherence (0541) since it is specified and tested at the health plan level of analysis. There was some interest in alignment across levels of analysis. The Workgroup requested that the measure developers consider testing and validating the measure at the provider level of analysis and that the Steering Committee be made aware of the challenges of clinician access to data for measures that are at the health plan level of analysis.

**Implantable Cardiac Defibrillators**

*2461: In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)*

- NQF staff advised that this was a new claims-based measure brought forth for consideration. A Workgroup member inquired about the quality gap to justify the measure's inclusion. A Workgroup member noted that there was a disparity issue per 2013 data provided by NQF staff. A Workgroup member inquired about variation and disparities for this measure. Data provided to NQF in 2009 indicated a mean performance of 19.6%, range from 14-27% and a study from 2013 showed 42% had received follow up within 2-12 weeks. Although the measure is NQF endorsed it is currently not used in MIPS. Workgroup members expressed some concern between the link between this process measure and outcomes. A Workgroup member inquired if there was a measure on ICDs in the core set. *0694: Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD)* is currently in the core set. Workgroup members decided to not include the measure for voting for potential inclusion into the core set.

#### *HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate*

- NQF staff advised that this was a new measure, not NQF endorsed being brought forth for consideration. The Workgroup noted that this was a registry measure and inquired if non-registry participants could use this measure. The Workgroup noted that the registry requirement could prohibit broad implementation. CMS staff shared that the measure is used in MIPS, reported at the individual clinician or clinician group level of analysis and that clinicians/group must attain the case threshold for the measure to be scored. Workgroup members inquired how this is different from 0694. Another Workgroup member stated that 0694 is part of BPCIA. The Workgroup wanted to keep this measure for consideration in the future, pending more information comparing this measure and 0694.

#### **Angioplasty and Stents**

##### *0671: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine testing after PCI*

- NQF staff advised that the measure is due for maintenance endorsement and it will be resubmitted. A Workgroup member noted that the measure is important as it would prevent patients from undergoing unnecessary annual stress tests after a PCI. Another Workgroup member inquired if this information could be retrieved through claims data. A Workgroup member explained that data is currently from utilization management and prior authorization. Workgroup members decided to keep this measure for voting.

#### **Pediatric Heart Surgery**

##### *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. NQF staff stated that this measure can be paired with 0733, which is in the current core set. The Workgroup previously inquired about registry concerns, and also that there are no representatives with experience in pediatric cardiac surgery to offer expertise on this measure. A Workgroup member noted that this measure may lead to consolidation of pediatric cardiac surgery centers, therefore a few places with high volumes will result in better reporting and better outcome measurements. Another Workgroup member inquired about the possible relationship between case volume and mortality. Workgroup members decided to wait on voting for this measure pending advice from individuals with additional expertise in pediatric cardiac surgery.

##### *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 and data for this measure is from the STS registry. NQF staff stated that this measure is not competing with #0733. NQF staff will provide more information comparing measure 2683 and 0733. Workgroup members suggested that the measure potentially be presented to the



Steering Committee for their recommendation. AHIP staff suggested that the Pediatric Workgroup may be able to review and provide guidance on this measure. Workgroup members decided to wait on voting for this measure pending advice from individuals with additional expertise in pediatric cardiac surgery.

NQF shared that the following Measures were previously removed from consideration:

- *0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category*
  - The Workgroup had expressed Implementation concerns and advised that it is more appropriate at the health plan level
- *0734: Participation in a National Database for Pediatric and Congenital Heart Surgery*
  - Considered by the Workgroup as a too low-bar for a core set
- *2439: Post-Discharge Appointment for Heart Failure Patients*
  - The Workgroup had concerns that the measure may have data collection challenges; limited uptake of the measure.

## Next Steps

NQF staff shared that voting members of the Workgroup would be sent an online survey to vote on whether each measure should be included in the core set. NQF staff advised that the next Workgroup meeting would focus on identifying potential measures for removal from the core set.