Meeting Summary

Core Quality Measures Collaborative Cardiology Workgroup Meeting

Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) Cardiology Workgroup on Monday, June 10, 2024, to discuss potential measure additions or measure removals to the Cardiology core set.

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC Lead, welcomed workgroup members to the Cardiology meeting to discuss core set updates. Ms. Buchanan reminded workgroup members that Battelle now holds the Centers for Medicare & Medicaid Services (CMS) consensus-based entity (CBE) contract, which was formerly held by National Quality Forum (NQF). She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and -funded effort, with additional support from CMS and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Paul Casale, MD, MPH, FACC, and Stephen Sokolyk, MD, and then provided a list of voting and non-voting members.

Dr. Casale and Dr. Sokolyk each provided opening remarks to the workgroup, and Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets, CQMC principles for core set measure selection, and the process for maintenance for the core sets.

2022 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of measures under review and results from the 2022 cycle. During the 2022 cycle, the workgroup recommended the addition of a measure to the core set: CBE #3613e: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED). This measure focuses on the percentage of ED patients with a diagnosis of STEMI who received appropriate and timely treatment. The workgroup voted to include the measure because timely treatment is important to limit heart damage. The workgroup did not remove any measures from the core set, although they did discuss removing CBE #1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy as it is no longer endorsed. Ultimately, the workgroup voted for the measure to remain because it is still maintained by the measure developer and is the only measure in the core set for atrial fibrillation in the outpatient care setting. The workgroup also discussed adding CBE #3612: Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System (MIPS), CBE #3534: 30-

Day All-Cause Risk Standardized Mortality Odds Ratio Following Transcatheter Aortic Valve Replacement (TAVR), and CBE #3610: 30-Day Risk Standardized Morbidity and Mortality Composite Following Transcatheter Aortic Valve Replacement (TAVR) but opted against voting on whether to add these measures to the core set.

The Current Core Set

Ms. Buchanan provided an overview of the current Cardiology core set, noting that it has 29 measures: 14 outcome, 11 process, 2 intermediate outcome, and 2 composite measures.

Measures for Consideration – Addition

Ms. Buchanan reviewed the process to assess potential additions to the core set. She said that Battelle requested feedback from workgroup members and conducted an environmental scan for the last 3 years. The sources for the scan include: CMS Measure Inventory Tool (CMIT), CMS Measures Under Consideration Entry/Review Information Tool (MERIT), PQM Submission Tool and Repository (STAR), measures discussed in previous meetings, CQMC analysis of Measurement Gap Areas and Measure Alignment white paper, Quality Payment Program (QPP), and Healthcare Effectiveness Data and Information Set (HEDIS).

The workgroup considered seven measures for addition to the core set:

- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke
- Cardiac Rehabilitation (CRE)
- CBE #0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting
- CBE #0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting
- CBE #3612 Risk-Standardized Acute Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System
- Screen Positive Rate for Social Drivers of Health
- Screening for Social Drivers of Health

Ms. Buchanan introduced Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke, noting that it is a CMS-stewarded measure. Battelle proposed adding this measure because it is an outcome measure and would meet the goal of the core set to focus on outcome measures. Dr. Casale noted that stroke is considered part of cardiovascular issues but added that the Cardiology core set is the largest and to be mindful of adding additional measures. He mentioned other measures to include may take priority. Ms. Buchanan indicated that no other stroke measures are in the core set. A workgroup member asked if any stroke measures were in the Neurology core set, and Ms. Buchanan confirmed that Stroke and Stroke Rehabilitation: Thrombolytic Therapy (MIPS ID 187) is the only stroke measure in that core set. The workgroup member suggested that Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke is better suited for the Neurology core set. The workgroup opted against moving forward on a vote for this measure.

Ms. Buchanan then provided an overview of the next three measures for discussion, which all address cardiac rehabilitation, a gap area the workgroup identified during its previous reviews. Battelle identified Cardiac Rehabilitation (CRE), while a workgroup member proposed CBE #0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting and CBE #0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting. A co-chair provided an overview of each measure, noting that CRE focuses on success and engagement, CBE #0643 is an outpatient referral measure, and CBE #0642 is an inpatient referral measure. The other co-chair suggested that the group decide on one measure from among the three proposed to add to the core set.

A co-chair noted that CRE requires the physician to monitor the attendance of the patient for

cardiac rehabilitation; they were not in favor of adding it to the core set. The developer for this measure, National Committee for Quality Assurance (NCQA), provided some clarity: the measure is a health plan measure that focuses on cardiac events—specifically, the time frame after discharge from events, and that the four rates mentioned in the measure description work together as a process. The developer added that the measure is somewhere in between a process and an intermediate outcome measure type. A workgroup member mentioned they liked this measure but said it may be difficult to capture data.

American College of Cardiology (ACC) steward both CBE #0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting and CBE #0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting, and they both address patient transitions between facilities. A workgroup member stated that an inpatient referral may be a more appropriate measure to incorporate into the core set because (1) most events are diagnosed during inpatient stays and (2) the measure addresses a known gap area.

The workgroup agreed to move forward with voting on Cardiac Rehabilitation (CRE) and CBE #0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting. The workgroup will not vote to add CBE #0643 Cardiac Rehabilitation Patient Referral From an Outpatient Setting.

Ms. Buchanan introduced CBE #3612 Risk-Standardized Acute Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System, which was discussed during the last review cycle and aligns with the CQMC measure selection principles. A workgroup member mentioned that a readmission measure is already in the core set. The workgroup opted against holding a vote to add this measure.

Ms. Buchanan introduced two social drivers/determinants of health (SDOH) measures, mentioning that the workgroup had previously expressed interest in this topic. These measures are cross-cutting and not specific to cardiology but are in frequent use in CMS programs, and Screening for Social Drivers of Health is part of the CMS Universal Foundation. She proposed Screen Positive Rate for Social Drivers of Health and Screening for Social Drivers of Health for discussion. The measure steward, CMS, noted that these measures are part of a shift in thinking around patient care and that addressing patients' SDOH is part of the entire medical field's responsibility. The workgroup agreed on the importance of addressing SDOH but discussed the risk of creating repetitive screenings in different care settings, data collection concerns, and the relevance of screening in the ambulatory surgical care (ASC) setting. CMS added that data collection is flexible, with no specific tool required for collecting information. The workgroup decided to not move forward with voting to add these measures to the core set.

Measures for Consideration – Removal

Ms. Buchanan reminded the workgroup that four measures were identified for removal and that all had been discussed at previous workgroup meetings.

Measures CBE #2558 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following CABG Surgery and CBE #0119 Risk-Adjusted Operative Mortality for CABG were introduced together. Ms. Buchanan reminded the workgroup of prior discussions noting that both measures address mortality rates following coronary artery bypass surgery (CABG). The workgroup may want to choose one of the measures to reduce the size of the core set. She added that CMS stewards CBE #2558 and it is required for accountable care organization (ACO) reporting. CBE #0119 is stewarded by The Society of Thoracic Surgeons (STS) who provided some information on the differences between the two measures during the meeting. CBE #0119 uses registry-based risk adjustment. Further, CBE #2558 focuses on 30-day mortality while CBE #0119 looks at operative mortality, which includes deaths occurring during

the hospitalization in which the CABG was performed, even after 30 days. The workgroup discussed the importance of CBE #0119 Risk-Adjusted Operative Mortality for CABG to remain in the core set and will move forward with voting to remove CBE #2558 Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following CABG Surgery.

Ms. Buchanan then introduced the last two measures for workgroup discussion, CBE #2515 Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following CABG Surgery and CBE #2514 Risk-Adjusted CABG Readmission Rate (30 Days). Previously, the workgroup noted both CBE #2515 and CBE #2514 address CABG readmission. The workgroup may want to choose one of the measures to reduce the size of the core set. Ms. Buchanan added that CMS stewards CBE #2515 and it is required for ACO reporting. The workgroup discussed the population focus by age and clarified that both measures look at patients who are 65 years of age and older. The workgroup requested contextual information from CMS about whether CBE #2515 will be used in CMS models in the future. The workgroup decided to include both measures on the voting ballot.

Gaps Discussion

Ms. Buchanan provided an overview of measurement gap areas identified in previous workgroup meetings. Important gaps in the core set include long-term cardiovascular care; patient transitions between facilities, specifically cardiac rehabilitation; patient-reported outcomes (PROs) and patient-reported outcome performance measures (PRO-PMs); and measures of disparities and SDOH. The co-chairs noted that most gap areas have been addressed either previously or in the present discussion except for PRO-PMs. A workgroup member commented that these measures present greater data collection challenges. No other gaps areas were proposed by the group.

Next Steps

Kelsey Conner, Battelle, provided an overview of voting procedures and informed the group that voting will open once the meeting summary is available. The voting link will be sent from CQMC@Battelle.org. Ms. Conner reminded the group of supermajority rules around voting and provided an overview of the Full Collaborative Approval process. Ms. Buchanan and the co-chairs gave closing remarks before adjourning the meeting.