

Memorandum

June 16, 2023

To: Cardiovascular Standing Committee, Fall 2022

From: Battelle staff

Re: Post-comment web meeting to discuss public comments received

Background

Heart disease is a significant burden in the United States (U.S.), leading to approximately 1 in 4 deaths per year.¹ The American Heart Association (AHA) projects that the direct costs of heart disease will continue to increase through 2035 for patients ages 45 and older.² Considering the effect of cardiovascular disease (CVD), measures that assess clinical care performance and patient outcomes are critical to reducing its negative impact. For the Fall 2022 cycle of the Cardiovascular project, the standing committee evaluated two newly submitted measures and two measures undergoing maintenance review against standard measure evaluation criteria.³ The standing committee recommended two measures for endorsement but did not recommend two measures for endorsement.

The standing committee recommended the following measures:

- CBE #2377 Overall Defect-Free Care for AMI (American College of Cardiology)
- CBE #2558 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (Centers for Medicare & Medicaid Services [CMS]/Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation [Yale CORE])

The standing committee did not recommend the following measures:

- CBE #3716 CVD Risk Assessment Measure – Proportion of Pregnant/Postpartum Patients That Receive CVD Risk Assessment With a Standardized Tool (University of California, Irvine)
- CBE # 3735 CVD Risk Follow-Up Measure – Proportion of Patients With a Positive CVD Risk Assessment Who Receive Follow-Up Care (University of California, Irvine)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [meeting summary](#).
2. Review and consider the [full text of all comments](#) received and the proposed responses to the post-evaluation comments.

¹Centers for Disease Control and Prevention (CDC). Heart Disease Facts | [cdc.gov](https://www.cdc.gov/heartdisease/facts.htm). Centers for Disease Control and Prevention. <https://www.cdc.gov/heartdisease/facts.htm>. Published September 27, 2021. Last accessed October 2021.

²Virani S, Alonso A, Benjamin EJ, et al. Heart Disease and Stroke Statistics-2020 Update: A Report From the American Heart Association. *Circulation*. 2020;141(9):e139-e596.

³National Quality Forum. Measure Evaluation Criteria and Guidance. 2021.

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3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Comments Received

Following the standing committee's measure evaluation meeting on February 23, 2023, the committee endorsement recommendations were posted on the PQM website for public comment. The commenting period opened on March 28, 2023 and closed on May 5, 2023. The committee received four comments from two organizations pertaining to the measures under review and the committee endorsement recommendations. This memo focuses on two comments received for CBE #3716 and #2558 due to concerns raised by the commenters. The remaining two comments were in support of the committee's recommendations.

All comments that have been received are posted on the respective committee post-comment [webpage](#).

PQM staff have included all post-evaluation comments that were received in the Post-comment Response Excel file. Measure stewards/developers were asked to respond to comments where appropriate, which have also been included in the Excel file. Please review this memo, agenda, and the Post-comment Response Excel file in advance of the meeting and consider whether you have any concerns with comments received and the responses for each comment.

Comments and Their Disposition

Measure-Specific Comments

CBE #2558 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery (CMS/Yale CORE)

The American Medical Association (AMA) expressed concern about the minimum measure score reliability result, the lack of testing and adjustment for social risk factors, and the amount of variation demonstrating small differences in performance scores.

Measure Steward/Developer Response:

Thank you for your comment. We have addressed each of your concerns separately in our response below. Reliability: The facility-level reliability (signal-to-noise reliability) for the 30-day CABG mortality measure (CBE 2558) is sufficiently high for a publicly reported measure and meets CBE requirements for reliability. The mean signal-to-noise reliability, as presented in the measure maintenance submission, is 0.86; the minimum reliability is 0.57. Variation in performance: The range of performance on the measure score is also substantial; as described in section 2b.06, updated analyses of Medicare FFS data show substantial variation in measure scores among hospitals. Using data from July 2016-June 2019 (Fall 2022 Endorsement Maintenance Dataset), the median hospital risk-standardized mortality rate (RSMR) was 2.9%, with a range of 1.4% to 6.8%.

The interquartile range was 2.6%-3.4%. Social risk factor testing: CORE provided substantial social risk factor testing, summarized as follows. (1) In a multivariate model that includes all of the measure's risk variables, only the low AHRQ SES variable (and not the Black or dual eligible variable) is statistically significantly associated with the outcome, suggesting that the clinical risk variables are attenuating the impact of the dual

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eligible and race (Black) variables. (2) Measure scores calculated with and without the social risk factors are highly correlated, with very small absolute differences. (3) None of the social risk variables show a significant relationship between the proportion of patients with that variable and measure scores across all facilities with the highest proportion of patients with social risk factors, including the low AHRQ SES variable. (4) As shown by a decomposition analysis, the impact of the low AHRQ SES variable is mainly at the hospital level rather than the patient level. (5) As shown by calibration curves, the risk model performs well separately for patients with each social risk factor.

Proposed Standing Committee Response:

Thank you for your comment. During the measure evaluation meeting on February 23, 2023, the Cardiovascular standing committee considered the reliability and validity testing for this measure, including the consideration of social risk factors and the differences in performance scores across accountable entities. The standing committee voted with 100% agreement to pass the measure on both reliability and validity.

Action Item:

Discuss and finalize standing committee response.

CBE #3716 CVD Risk Assessment Measure – Proportion of Pregnant/Postpartum Patients That Receive CVD Risk Assessment With a Standardized Tool (University of California, Irvine)

The American College of Obstetricians and Gynecologists (ACOG) acknowledged the standing committee's concerns regarding evidence but encouraged the standing committee to reconsider the measure as soon additional evidence is available.

Measure Steward/Developer Response:

We appreciate the encouragement and are working on gathering more data on the evidence for a resubmission of the measure.

Proposed Standing Committee Response:

Thank you for your comment. The standing committee will evaluate the measure for endorsement consideration once the evidence is updated and the measure is submitted to a later review cycle.

Action Item:

Discuss and finalize standing committee response.