Performance Measurement

Management of Heart Failure: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

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Introduction

Heart failure is an important clinical condition affecting approximately 5.8 million Americans, with inpatient costs estimated to have exceeded $10.5 billion in 2011.(1,2) Despite the availability of effective treatments, the mortality rate associated with heart failure is still very high – 30-40% of patients die within one year of diagnosis.(3) There is also evidence of significant gaps in care. A 2003 study reported that only 35.25% of patients with congestive heart failure received an evaluation of left ventricular ejection fraction within 1 month of the start of treatment.(4) Another study found that the use of recommended drug therapies, such as angiotensin converting enzyme inhibitors (ACE) and angiotensin receptor blockers (ARB), varied widely (from 5.9% to 96.3%) by practice.(5)

The ACP Performance Measurement Committee (PMC) reviewed performance measures related to the management of heart failure to assess whether the measures are evidence-based, methodologically sound, and clinically meaningful.

Methods

We performed a search to identify relevant performance measures from the National Quality Forum (NQF), the American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI), and National Quality Measure Clearinghouse (NQMC) websites. The inclusion criteria were performance measures currently used in the Centers for Medicare and Medicaid Services' (CMS) Physician Quality Reporting System (PQRS) or currently used in the CMS Electronic Record Incentive program. The PMC identified and reviewed 3 performance measures. A fourth relevant performance measure, NQF 0028: "Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention," was reviewed earlier and not re-reviewed for this report.

Conclusion

Recommendation

ACP does not support NQF 0079: "Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)."

Rationale

While current clinical guidelines recommend LVEF evaluation in patients with heart failure at the time of diagnosis and with changes in clinical status or treatment, no data demonstrate that annual documentation of a prior LVEF assessment impacts clinical outcomes among patients with heart failure. ACP agrees that physicians who treat heart failure should have knowledge of the LVEF but feels that the level of evidence that this practice improves health is insufficient to warrant a performance measure.

Measure Specifications

NQF 0079: Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)	
Status:	NQF Endorsed Jan 18, 2012 **(2013 PQRS Measure #198)**
Measure Steward:	American College of Cardiology
Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative results of a recent or prior (any time in the past) LVEF assessment is documented within a 12 month period
Numerator Statement:	Patients for whom the quantitative or qualitative results of a recent or prior (any time in the past) LVEF assessment is documented* within a 12 month period *Documentation must include documentation in a progress note of the results of an LVEF assessment, regardless of when the evaluation of ejection fraction was performed. Qualitative results correspond to numeric equivalents as follows: Hyperdynamic: corresponds to LVEF greater than 70% Normal: corresponds to LVEF 50% to 70% (midpoint 60%) Mild dysfunction: corresponds to LVEF 40% to 49% (midpoint 45%) Moderate dysfunction: corresponds to LVEF 30% to 39% (midpoint 35%) Severe dysfunction: corresponds to LVEF less than 30%
Denominator Statement:	All patients aged 18 years and older with a diagnosis of heart failure
Exclusions:	None
Type of Measure:	Process
Level of Analysis:	Group, Individual
Care Setting:	Clinic, Hospital Outpatient, Office
Data Source:	Electronic administrative data/claims, Electronic Clinical Data, Electronic Health/Medical Record, Paper medical record/flow-sheet, Registry data

Recommendation

ACP supports NQF 0081: "Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction."

Rationale

ACP supports this measure because there is good evidence that ACE inhibitors and ARBs improve the health of people with heart failure and LVEF < 40%. The measure aligns with current guidelines and represents high-value care for patients with chronic heart failure.(6)

Measure Specifications

NQF 0081: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	
Status:	NQF Endorsed Jan 18, 2012 **(2013 PQRS Measure #5)**
Measure Steward:	American College of Cardiology
Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge
Numerator Statement:	Patients who were prescribed* ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge *Prescribed may include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list
Denominator Statement:	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF <40%
Exclusions:	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB therapy (Append modifier to CPT II code 4009F-1P); Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB (Append modifier to CPT II code 4009F-2P); Documentation of system reason(s) for not prescribing ACE inhibitor or ARB (Append modifier to CPT II code 4009F-3P);
Type of Measure:	Process
Level of Analysis:	Group, Individual
Care Setting:	Clinic, Hospital Outpatient, Office
Data Source:	Electronic administrative data/claims, Electronic Clinical Data, Electronic Health/Medical Record, Paper medical record/flow-sheet, Registry data

Recommendation

ACP supports NQF 0083: "Heart Failure: Beta-blocker therapy for Left Ventricular Systolic Dysfunction."

Rationale

ACP supports this measure because the balance of evidence shows that long-term treatment with beta blockers can lessen the symptoms of heart failure, improve the clinical status of patients, and enhance the patient's overall sense of well-being. The measure aligns with current guidelines and represents high-value care for patients with chronic heart failure.(6)

Measure Specifications

NQF 0083: Heart Failure: Beta-blocker therapy for Left Ventricular Systolic Dysfunction	
Status:	NQF Endorsed Jan 18, 2012 **(2013 PQRS Measure #8)**
Measure Steward:	American College of Cardiology
Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge
Numerator Statement:	Patients who were prescribed* beta-blocker therapy** either within a 12 month period when seen in the outpatient setting or at hospital discharge *Prescribed may include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list **Beta-blocker therapy should include bisoprolol, carvedilol, or sustained release metoprolol succinate.
Denominator Statement:	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF <40%
Exclusions:	Documentation of medical reason(s) for not prescribing beta-blocker therapy; Documentation of patient reason(s) for not prescribing beta-blocker therapy; Documentation of system reason(s) for not prescribing beta-blocker therapy
Type of Measure:	Process
Level of Analysis:	Group, Individual
Care Setting:	Clinic/Urgent Care, Clinician Office
Data Source:	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Paper Records

Gaps in Performance Measurement — Opportunities to Promote High-Value Care

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