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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Recommendation

ACP supports NQF 0162: "Angiotensin Converting Enzyme Inhibitor or Angiotensin Receptor Blocker Therapy for Left Ventricular Systolic Dysfunction-Heart Failure Patients."

Rationale

ACP supports this measure. The balance of evidence shows that long-term treatment with beta blockers and angiotensin converting enzyme inhibitors 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.

Measure Specifications

NQF 0162: ACE-I or ARB Therapy for Left Ventricular Systolic Dysfunction-HF Patients	
Status:	NQF Endorsement Removed, Last Updated May 22, 2015 **(2015 PQRS Measure #5)**
Measure Steward:	Centers for Medicare and Medicaid Services
Description:	Percentage of heart failure (HF) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.
Numerator Statement:	HF patients who are prescribed an ACEI or ARB at hospital discharge
Denominator Statement:	HF patients (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9); with chart documentation of a left ventricular ejection fraction (LVEF) < 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction
Exclusions:	Exclusions: •Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM procedure code of LVAD or Heart Transplant: 33.6, 37.51, 37.52, 37.53, 37.54, 37.60, 37.62, 37.63, 37.65, 37.66, 37.68) •<18 years of age •Patients who have a length of stay greater than 120 days •Discharged to another hospital •Expired •Left against medical advice •Discharged to home for hospice care

	•Discharged to a health care facility for hospice care •Patients enrolled in clinical trials •Patients with comfort measures only documented •Patients with a documented reason for no ACEI and no ARB at discharge
Type of Measure:	Process
Level of Analysis:	Facility, Population: National, Population: Regional
Care Setting:	Hospital/Acute Care Facility
Data Source:	Administrative claims, Paper Medical Records

Recommendation

ACP does not support NQF 0229: "Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization for Patients 18 and Older."

Rationale

ACP does not support this measure because it is not appropriately risk-adjusted. Recent literature identifies a set of patient characteristics for risk-adjustment that are significantly more robust than the characteristics currently used by CMS. Furthermore, this measure could have immediate financial impact on hospitals, and without accurate risk-adjustment, patient populations that need more care are going to be penalized. Targeting mortality rates would require significant resources to make minimal impact, but the hospitals that need the most impact have the most limited resources.

Measure Specifications

NQF 0229: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization for Patients 18 and Older	
Status:	NQF Endorsed, Last Updated Apr 01, 2014 **(MSSP Measure)**
Measure Steward:	Centers for Medicare and Medicaid Services
Description:	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
Numerator Statement:	The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days of the index admission date for patients 18 and older discharged from the hospital with a principal

	diagnosis of HF.
Denominator Statement:	This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 18 years or older. The cohorts include admissions for patients discharged from the hospital with a principal diagnosis of HF and with a complete claims history for the 12 months prior to admission.
Exclusions:	The measure excludes index admissions for patients: 1. Discharged alive on the day of admission or the following day who were not transferred; 2. With inconsistent or unknown vital status or other unreliable demographic data; 3. Enrolled in the Medicare or VA Hospice programs any time in the 12 months prior to the index admission, including the first day of the index admission; and 4. Who were discharged against medical advice (AMA). After the above exclusions (#1-4) are applied, the measure randomly selects one index admission per patient per year for inclusion in the cohort. Each episode of care must be mutually independent with the same probability of the outcome. The probability of death increases with each subsequent admission and therefore the episodes of care are not mutually independent. For the three year combined data, when index admissions occur during the transition between measure reporting periods (June and July of each year) and both are randomly selected for inclusion in the measure, the measure only includes the June admission. The July admissions are excluded from the measure to avoid assigning a single death to two admissions.
Type of Measure:	Outcome
Level of Analysis:	Facility
Care Setting:	Hospital/Acute Care Facility
Data Source:	Administrative claims

Recommendation
ACP does not support NQF 0277: "Heart Failure Admission Rate (PQI 8)."

Rationale
ACP does not support this measure for several reasons: 1) the patient populations should be stratified for accurate comparisons in a value-based care environment; 2) the measure specifications do not distinguish between chronic and newly diagnosed heart failure patients; and 3) it is unclear whether the intent of the measure is to identify characteristics of individual Accountable Care Organizations (ACOs) or to be used as a utilization measure.

Measure Specifications

NQF 0277: Heart Failure Admission Rate (PQI 8)	
Status:	NQF Endorsed, Last Updated Dec 23, 2014 **(MSSP Measure)**
Measure Steward:	Agency for Healthcare Research and Quality
Description:	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions. [NOTE: The software provides the rate per population. However, common practice reports the measure as per 100, 000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]
Numerator Statement:	Discharges, for patients ages 18 years and older, with a principal ICD-9-CM diagnosis code for heart failure. [NOTE: By definition, discharges with a principal diagnosis of heart failure are precluded from an assignment of MDC 14 by grouper software. Thus, obstetric discharges should not be considered in the PQI rate, though the AHRQ QITM software does not explicitly exclude obstetric cases.]
Denominator Statement:	Population ages 18 years and older in metropolitan area or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.
Exclusions:	None
Type of Measure:	Process
Level of Analysis:	Health Plan, Integrated Delivery System
Care Setting:	Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care, Behavioral Health/Psychiatric: Inpatient, Behavioral Health/Psychiatric: Outpatient, Emergency Medical Services/Ambulance, Hospital/Acute Care Facility

Data Source:	Administrative claims, Electronic Clinical Data

Recommendation

ACP does not support NQF 0330: "Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Heart Failure."

Rationale

ACP does not support this measure because it is not appropriately risk-adjusted. Recent literature identifies a set of patient characteristics for risk-adjustment that are significantly more robust than the characteristics currently used by CMS. The paper presented data indicating that the range in readmission rates (around 5%) between hospitals in the lowest quartile and hospitals in the highest quartile is cut in half when additional patient characteristics are included. ACP acknowledges that readmission rates are not entirely independent of provider control; however, NQF #0330 employs a measurement period (30 days) that is more likely to be influenced by outside factors than a shorter interval, such as 7 days. Furthermore, this measure could have immediate financial impact on hospitals, and without accurate risk-adjustment, patient populations that need more care are going to be penalized. Targeting readmission rates would require significant resources to make minimal impact, but the hospitals that need the most impact have the most limited resources.

Measure Specifications

NQF 0330: Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate Following Heart Failure	
Status:	NQF Endorsed, Last Updated Nov 06, 2014
Measure Steward:	Centers for Medicare and Medicaid Services
Description:	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF). The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
Numerator Statement:	The outcome for this measure is 30-day readmission. We define readmission as an inpatient admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge from the index HF admission. If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first one is counted as a readmission. The measure looks for a dichotomous

	yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.
Denominator Statement:	The target population for this measure is patients aged 18 years and older discharged from the hospital with a principal diagnosis of HF with a complete claims history for the 12 months prior to admission. The measure is currently publicly reported by CMS for patients 65 years and older who are either Medicare FFS beneficiaries admitted to non-federal hospitals or patients admitted to VA hospitals. As noted above, this measure can also be used for an all-payer population aged 18 years and older. We have explicitly tested the measure in both patients aged 18+ years and those aged 65+ years.
Exclusions:	For all cohorts, the measure excludes admissions for patients: -Discharged against medical advice (AMA); -Admitted with HF within 30 days of discharge from a qualifying index admission (Admissions within 30 days of discharge of an index admission will be considered readmissions. No admission is counted as a readmission and an index admission. The next eligible admission after the 30-day time period following an index admission will be considered another index admission.) For Medicare FFS patients, the measure additionally excludes admissions for patients: -Without at least 30 days post-discharge enrollment in FFS Medicare
Type of Measure:	Outcome
Level of Analysis:	Facility
Care Setting:	Hospital/Acute Care Facility
Data Source:	Administrative claims

Recommendation

ACP supports NQF 2438: "Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for Left Ventricular Systolic Dysfunction Prescribed at Discharge**."**

Rationale

ACP supports this measure because it is evidence-based, aligns with current clinical recommendations, and is low burden to physicians, as the data is automatically captured in the electronic medical record.

Measure Specifications

NQF 2438: Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge	
Status:	NQF Endorsed, Last Updated Jun 29, 2015
Measure Steward:	The Joint Commission
Description:	Proportion of heart failure patients age18 and older with LVSD for whom beta-blocker therapy (i.e., bisoprolol, carvedilol, or sustained-release metoprolol succinate) is prescribed at discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.
Numerator Statement:	Patients who are prescribed bisoprolol, carvedilol, or sustained-release metoprolol succinate for LVSD at hospital discharge.
Denominator Statement:	Heart failure patients with current or prior documentation of left ventricular ejection fraction (LVSD) < 40%.
Exclusions:	Excluded Populations: • Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2) • Patients less than 18 years of age • Patients who have a Length of Stay greater than 120 days • Patients with Comfort Measures Only documented • Patients enrolled in a Clinical Trial • Patients discharged to another hospital • Patients who left against medical advice • Patients who expired • Patients discharged to home for hospice care • Patients discharged to a healthcare facility for hospice care • Patients with a documented Reason for No Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate Prescribed for LVSD at Discharge
Type of	Process

Measure:	
Level of Analysis:	Facility
Care Setting:	Hospital/Acute Care Facility
Data Source:	Electronic Clinical Data: Electronic Health Record, Paper Medical Records

Recommendation

ACP supports NQF 2439: **"**Post-Discharge Appointment for Heart Failure Patients**."**

Rationale

ACP supports this measure. This measure has appropriate exclusions for patients receiving hospice/palliative care and accounts for adherence that is beyond the physician's control by recording whether an appointment is scheduled rather than completed.

Measure Specifications

NQF 2439: Post-Discharge Appointment for Heart Failure Patients	
Status:	NQF Endorsement Removed, Last Updated Aug 10, 2015
Measure Steward:	Resolutions Health, Inc.
Description:	This measure identifies women age 12 to 65 diagnosed with cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS prior to the measurement year, and who still have a cervix, who had a cervical CA screen during the measurement year.
Numerator Statement:	Patients in the denominator who had a cervical CA screen during the measurement year
Denominator Statement:	Women who are 12-65 years of age who have a diagnosis of cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS diagnosed prior to the measurement year, and who still have a cervix (excludes women with a hysterectomy and no residual cervix).
Exclusions:	No claims for cervical cancer screening exclusions, based on NCQA/HEDIS technical specifications: Women who had a hysterectomy with no residual cervix.
Type of Measure:	Process
Level of Analysis:	Clinician: Group/Practice, Clinician: Individual, Health Plan, Integrated Delivery System, Population: Community, Population: County or City
Care Setting:	Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care
Data Source:	Administrative claims, Electronic Clinical Data: Pharmacy

Recommendation
ACP does not support NQF 2443: **"**Post-Discharge Evaluation for Heart Failure Patients**."**

Rationale
ACP does not support this measure. ACP supports the concept behind this measure; however, the evidence for re-evaluation via phone call within 72 hours after discharge is not strong enough to warrant a performance measure. The measure also does not clearly define who is responsible for setting the appointment. Additionally, this practice may not be cost-effective for facilities that have limited resources.

NQF 2443: Post-Discharge evaluation for Heart Failure Patients	
Status:	NQF Endorsement, Last Updated Jun 29, 2015
Measure Steward:	The Joint Commission
Description:	Patients who receive a re-evaluation for symptoms worsening and treatment compliance by a program team member within 72 hours after inpatient discharge.
Numerator Statement:	Patients who have a documented re-evaluation conducted via phone call or home visit within 72 hours after discharge.
Denominator Statement:	All heart failure patients discharged from a hospital inpatient setting to home or home care AND patients leaving against medical advice (AMA).
Exclusions:	Excluded Populations: • Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM procedure code for LVAD and heart transplant as defined in Appendix A, Table 2.2) • Patients less than 18 years of age • Patient who have a Length of Stay greater than 120 days • Patients with Comfort Measures Only documented • Patients enrolled in a Clinical Trial • Patients discharged to locations other than home, home care or law enforcement.
Type of Measure:	Process
Level of Analysis:	Facility
Care Setting:	Hospital/Acute Care Facility
Data Source:	Electronic Clinical Data: Electronic Health Record, Paper Medical Records

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APPROVED BY THE ACP BOARD OF REGENTS ON:
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