Heart organizations support core quality measures, with reservations

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Quality measures announced today by the Core Quality Measures Collaborative represent a step forward in reducing paperwork and confusion while also allowing providers to focus on measures that impact patient outcomes, the American College of Cardiology (ACC) and the American Heart Association (AHA) said in support of implementation of the proposed cardiovascular measures. But the groups expressed reservations about blood pressure targets included in the measures.

The ACC and AHA participated in the Collaborative, which was convened by America's Health Insurance Plans and the Centers for Medicare and Medicaid Services and included the National Quality Forum and other groups with an interest in improving the quality of healthcare. The measures include issues related to congestive heart failure, atrial fibrillation, preventive care and screening for tobacco use, angioplasty and stents, implantable cardiac defibrillators, pediatric cardiac catheterization, pediatric heart surgery, hypertension, and ischemic heart disease/coronary heart disease.

"The ACC has long advocated on behalf of its members and their patients for alignment of quality measures among health plans and the Centers for Medicare and Medicaid Services," said ACC President-elect Richard A. Chazal, M.D., FACC. "This is a good first step in taming the demands on physicians for reporting to multiple and sometimes contradictory programs. We want to continue to focus on providing quality, science-based medicine while reducing the reporting burden."

While the organizations support the measures in general, both the ACC and the AHA are concerned about the inclusion of two conflicting measures addressing blood pressure control for patients with hypertension. These measures could confuse patients and providers. One measure defines adequate control as less than 140/90 mmHg, while the second measure relaxes the target for adequate control to less than 150/90 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease.

The organizations' concerns are outlined in an editorial published online today in the *Journal of the American College of Cardiology* and *Hypertension*.

The higher systolic measure is based on controversial recommendations published independently, and without the endorsement of any major medical organization, by former members of a National Heart, Lung, and Blood Institute panel. The ACC and AHA are currently in the process of developing a hypertension guideline that evaluates the full span of the evidence, and is expected to be published later this year. The Core Quality Measures Collaborative has pledged to revisit and potentially revise the hypertension recommendation when the new guideline is published.

"Since we believe there is a need for clarity on the best blood pressure goals for different groups of people, we are pleased that the Collaborative acknowledges the obligation to update the measures on blood pressure management, as recent research is reviewed and new guidelines written," said Mark Creager, M.D., AHA president and director of the Heart and Vascular Center at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire.

"Blood pressure management is foundational for cardiovascular health,"Creager said. "By controlling blood pressure to optimal levels in

all age groups, we can substantially prevent progression to other serious threats to heart and brain health. It's important to the AHA that healthcare providers are equipped with information and tools to follow evidence-based treatments and protocols to improve the health of our patients."

Moving forward the organizations will work together and with members on how best to implement and continue to evaluate the core set of cardiovascular measures, eight of which are already part of the ACC's PINNACLE Registry reporting.

More information: Richard A. Chazal et al. New Quality Measure Core Sets Provide Continuity for Measuring Quality Improvement, *Journal of the American College of Cardiology* (2016). DOI: 10.1016/j.jacc.2016.02.006

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