

NCQA 2015 HEDIS Measures

Impact to Cardiovascular Disease Measures

American Heart Association 2-Pager

The National Committee for Quality Assurance recently released for public comment proposed changes to existing the Healthcare Effectiveness Data and Information Set (HEDIS) measures, proposed new measures, and retired two existing measures for 2015.¹

Two measures included in the proposed modifications are cardiovascular related.

- ***Cholesterol Management for Patients with Cardiovascular Conditions***. NCQA will retire this measure for HEDIS 2015.
- ***Controlling High Blood Pressure***. NCQA is revising this measure to reflect recommendations included in JAMA writing group report² for HEDIS 2015.

The American Heart Association realizes that these measure are important to many of our partners, and wanted to provide the below additional guidance.

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

Updated American Heart Association/ American College of Cardiology Guideline Recommendations Related to Cholesterol: The Basis for Retirement of NCQA Cholesterol Measure

In November 2013, the American College of Cardiology/ American Heart Association (ACC/AHA) Task Force on Practice Guidelines released updated guidance for the treatment of blood cholesterol.³ The new guideline recommendations:

- Remove treatment targets for LDL-C for primary or secondary prevention of atherosclerotic cardiovascular disease (ASCVD).
- Recommend high- or moderate-intensity statin therapy based on patient risk factors.

The stated rationale for removing LDL-C treatment targets is that no studies have focused on treatment or titration to a specific LDL-C goal in adults with clinical ASCVD. The majority of randomized controlled studies confirming the efficacy of cholesterol reduction in improving clinical outcomes in patients with clinical ASCVD used a single fixed-dose statin therapy to lower LDL-C levels.

Based on these guideline recommendations NCQA decided to retire this measure to align with the latest ACC/AHA guidelines, which focus on statin therapy for patients

with established ASCVD and not on LDL-C control or LDL-C screening.

The AHA will continue to urge NCQA to create a replacement cholesterol measure as soon as possible that can be incorporated into future HEDIS measure sets.

American College of Cardiology/American Heart Association Task Force on Performance Measures (ACC/AHA TFFPM) Efforts to Align with New Guideline Recommendations

Based on the release of these guideline recommendations, the ACC/AHA TFFPM is currently working on a rapid revision of existing measures in four CVD measure sets for which they are a current measure developer. Ideally, any revised measure(s) will be released by the end of the calendar year.

The Guideline Advantage (TGA) Efforts to Capture of Cholesterol Data and Measures

TGA will continue to provide reports on LDL control testing and LDL control. The Guideline Advantage will work to include the new NCQA HEDIS measure once developed during our regular measure review and update cycle. TGA will also work to explore integration of the ACC/AHA TFFPM revised measures.

Citations:

1.NCQA: 2015 HEDIS Public Comment: [http://www.ncqa.org/HomePage/HEDIS2015PublicComment.aspx?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=Promotional_HEDIS_PC2014_2.18.14+\(1\)&utm_content](http://www.ncqa.org/HomePage/HEDIS2015PublicComment.aspx?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=Promotional_HEDIS_PC2014_2.18.14+(1)&utm_content) . Last Accessed March 11, 2014.

2.James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014;311(5):507-520. doi:10.1001/jama.2013.284427.

3.Stone NJ, Robinson J, Lichtenstein AH, et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. doi/10.1161/01.cir.0000437738.63853.7a Available at: <http://circ.ahajournals.org/lookup/doi/10.1161/01.cir.0000437738.63853.7a> Last Accessed March 3, 2014.

CONTROLLING HIGH BLOOD PRESSURE

NCQA Proposed Changes To Controlling High Blood Pressure Measure

The NCQA is planning to make the following changes to the High Blood Pressure measure:

- Revise the measure description to “members 18 years of age and older.”
- Add (<150/90 mm Hg) to “BP was adequately controlled.”
- Revise the definition of “Adequate control” to include age stratification and systolic BP <150 mm Hg.
- Revise the ages in the eligible population.
- Revise the Hybrid Specification to include age stratification and BP <150/90 mm Hg.

The proposed changes are intended to align with writing group recommendations which recommend that:

- Healthy adults under the age of 60 should strive for a blood pressure below 140/90 mm Hg.
- Healthy adults over the age of 60 and their healthcare providers only need to strive for a blood pressure below 150/90 mm Hg.

Note: The writing group recommendations are sometimes incorrectly referred to as JNC 8 by the lay media, some science reporters and physicians. However, this report is not a JNC 8 report, as it was not sanctioned or endorsed by the NHLBI, and was also not endorsed by several other organizations from whom endorsement was sought, including the AHA and ACC. Therefore, we refer to it as “writing group report” or “writing group recommendations.”

American Heart Association’s Position on Writing Group Recommendations Published in JAMA

While the AHA agrees with the report’s overarching theme of controlling hypertension, the AHA does not support a number of the specific blood pressure targets. Relaxing the blood pressure targets could lead to unintended consequences including:

- Creating a false sense of security among patients regarding their CVD risk;

- Forming a false narrative about improved national hypertension rates;
- Taking the focus away from hypertension as a silent killer; and
- Allowing the blood pressure to rise in millions of individuals between 60 and 80 years old.

Additionally, the AHA agrees with concerns that we raised by the minority of the writing group which were published in January in the *Annals of Internal Medicine*.⁴

American Heart Association’s Future Release of Blood Pressure Recommendations

The American College of Cardiology and American Heart Association are updating the national hypertension guidelines in partnership with the NHLBI and the organizations of primary care providers (who treat the majority of patients with hypertension) and of hypertension specialists. This revision will entail an updated systematic evidence review, informed by the relevant critical clinical questions and by all appropriate evidence, including but not limited only to randomized clinical trials. The writing group will draft recommendations followed by a peer and stakeholder review process. Once the review process is complete, the ACC/AHA and partnering organizations will publish the guidelines for clinicians to follow as the national standard for hypertension prevention and treatment. We expect this process to be completed by early 2015.

AHA’s Current Efforts to Promote Maintaining Blood Pressure at Less Than 140/90 mm Hg

In November 2013, the AHA/ACC/CDC published a joint scientific advisory to provide interim guidance on hypertension until the hypertension guidelines are formally updated. The advisory offered a simple algorithm that supports maintain a BP of less than 140/90 mm Hg.⁵

In addition to development of this algorithm, the AHA has also submitted comments to NCQA on the proposed revisions to the measure expressing our concerns of stratifying blood pressure control based on age.

Citations:

4. Jackson T. Wright Jr., Lawrence J. Fine, Daniel T. Lackland, Gbenga Ogedegbe, Cheryl R. Dennison Himmelfarb; Evidence Supporting a Systolic Blood Pressure Goal of Less Than 150 mm Hg in Patients Aged 60 Years or Older: The Minority View. *Annals of Internal Medicine*. 2014 Jan; doi:10.7326/M13-2981. Available at: <http://annals.org/article.aspx?articleid=1813288> . Last Accessed March 3, 2014.

5. Go AS, Bauman M, King SM, et al. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention [published online November 15, 2013]. *Hypertension*. doi:10.1161/HYP.0000000000000003. Available at: <http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003>. Last Accessed March 3, 2014.