What are performance measures?
- Performance measures (PMs) are used to identify and correct gaps in care.
- PMs are often utilized by external agencies and third party payers.
- One such group is the National Quality Forum (NQF), which reviews and endorses PMs that are considered for use by the Centers for Medicare & Medicaid Services (CMS).
- PMs refer to processes or structures of care that have been rigorously tested and have been defined as such for public reporting and benchmarking.

Why cardiac rehabilitation performance measures?
- There is clear evidence that cardiac rehabilitation (CR) services are associated with significant benefits to patients who have had a recent cardiac event.
- Unfortunately, only a small percentage of patients receive those services.
- The CR PMs are aimed at improving the utilization of CR for eligible patients.
- Some PMs that are endorsed by the NQF and utilized by CMS are reported publicly (i.e., public report cards on service outcomes), and some are also used as part of the assessment for “pay for performance” initiatives from third party payers.

MEASURES

1. Referral from an Inpatient Setting

All patients ≥18 years hospitalized with an acute myocardial infarction (MI) or chronic stable angina (CSA), or who during hospitalization have undergone coronary artery bypass graft (CABG) surgery, percutaneous coronary intervention (PCI), cardiac valve repair/replacement, or heart transplantation, are to be referred to an outpatient CR/secondary prevention program.

(*See full measure to learn about exceptions and other details)

http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004
2. Exercise Training Referral for HFrEF From Inpatient Setting

All patients ≥18 years hospitalized with a primary diagnosis of heart failure with reduced ejection fraction (HFrEF), defined as a left ventricular EF ≤ 35%, are to be referred for outpatient exercise training, which is typically delivered in the setting of an outpatient CR program. (*See full measure to learn about exceptions and other details.)
http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004

3. Referral from an Outpatient Setting

Patients ≥18 years evaluated in an outpatient setting who have experienced an acute MI, CABG surgery, PCI, cardiac valve surgery, or heart transplantation, or who have CSA and have not already participated in an outpatient CR/secondary prevention program for the qualifying event/diagnosis are to be referred to such a program. (*See full measure to learn about exceptions and other details.)
http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004

4. Exercise Training Referral for HFrEF From Outpatient Setting

Patients ≥18 years evaluated in an outpatient setting who within the previous 12 months have had a new HFrEF event or exacerbation and have not participated in an exercise training program are to be referred for exercise training, such as provided in CR programs. (*See full measure to learn about exceptions and other details.)
http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004

5. Enrollment (Claims-Based)

Patients ≥18 years with a qualifying event/diagnosis for CR including acute MI, PCI, CABG surgery, CSA, cardiac valve repair/replacement, or heart transplantation who attend at least 1 session in a CR program. (*See full measure to learn about exceptions and other details.)
http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004

6. Enrollment (Medical Records and/or Databases/Registries)

Patients ≥18 years with a qualifying event/diagnosis for CR including acute MI, PCI, CABG surgery, CSA, cardiac valve repair/replacement, or heart transplantation who attend at least 1 session in a CR program. (*See full measure to learn about exceptions and other details.)
http://www.onlinejacc.org/content/early/2018/03/19/j.jacc.2018.01.004
How do you implement performance measures into your practice?

- **PLAN:**
  - Meet with those who oversee quality improvement (QI) efforts in your hospital or clinic and explain the rationale behind the CR PMs.
  - Explain that the CR PMs are being considered by CMS for use in hospital systems performance tracking.
  - Explain that hospitals and physician clinics will be responsible for reporting performance for the referral and enrollment of eligible patients in CR following a qualifying cardiac event.

- **DO:**
  - Offer to help design and implement a QI project in your hospital or clinics.
  - Develop consensus by discussing this project with all pertinent "shareholders"—administrators, department managers, referring providers, inpatient discharge coordinators, etc.
  - Consider ways to improve referral rates. Effective methods include automatic referral orders sets for all eligible patients, post-discharge telephone follow-up, etc.
  - Emphasize the importance of face-to-face discussions between health care providers and patients of CR benefits and referrals.
  - Provide materials to assist patients in understanding the importance of CR and specific steps needed for them to participate, keeping health-literacy issues in mind.
  - Exchange referral data between the CR program and the referring hospital(s) or clinics.

- **STUDY:**
  - Devise a measurement system to assess current referral and enrollment rates in CR.
  - Continue to reassess performance and new methods to improve referral and enrollment rates.

- **ACT:**
  - Help keep hospitals and clinics notified on new developments regarding the CR PMs, such as CMS reviews and updates, etc.

**References**