



2024 Update to the 2020 ACC/AHA Clinical Performance and Quality Measures for Adults With Heart Failure

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Heart Failure Performance Measures **Update Writing Committee**

- In 2023, a 13-member writing committee was convened to update the measures from the 2020 heart failure measure set.
- The writing committee was charged with updating and developing new measures to evaluate the care of patients in accordance with the "2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure".

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Top 10 Take-Home Messages

- 1. This document describes performance measures for heart failure that are appropriate for public reporting or pay-for-performance programs (ie, a form of value-based purchasing).
- 2. The performance measures are taken from the "2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines" and are selected from the strongest recommendations (Class 1 or 3).
- 3. Quality measures are also provided that are not yet ready for public reporting or payfor-performance but might be useful for clinicians and healthcare organizations for quality improvement.
- 4. For all measures, if the clinician determines the care is not appropriate for the patient based on objective evidence to support decision-making, or if the patient declines treatment, that patient is excluded from the measure.





Top 10 Take-Home Messages (Continued) 5. For all measures, patients after heart transplantation or left ventricular assist device

- placement are excluded.
- 6. Blood pressure control in heart failure with preserved ejection fraction is added as a performance measure.
- 7. The use of sodium-glucose cotransporter-2 inhibitors for patients with heart failure across the spectrum of ejection fraction is added as a performance measure for heart failure with reduced ejection fraction and as a quality measure for heart failure with mildly reduced and preserved ejection fraction.
- 8. To address the importance of optimization of heart failure medications, a performance measure is added for the initiation of optimal guideline-directed medical therapy in hospitalized patients, and quality measures are added for the optimization of guideline-directed medical therapy prior to intervention for chronic secondary severe mitral regurgitation and for continuation of guideline-directed medical therapy for patients with heart failure with improved ejection fraction.





Top 10 Take-Home Messages (Continued)

- 9. Highlighting the importance of multidisciplinary care, quality measures are added to emphasize targeting both known risks for cardiovascular disease and social determinants of health and patient-centered counseling regarding contraception and pregnancy risks for individuals with cardiomyopathy.
- 10.To reflect the importance of accurate diagnosis of cardiac amyloidosis, a performance measure is added for a monoclonal protein screen to exclude light chain amyloidosis when interpreting a bone scintigraphy scan assessing for transthyretin cardiac amyloidosis.







Summary of Performance and **Quality Measures**

For Heart Failure



Performance Measures

- Developed from Class 1 class of recommendation (COR) and Level A and B level of evidence (LOE) (i.e., strong recommendations based on the highest quality of evidence).
- Designed to be considered for use in national quality payment and reporting programs by entities such as the Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA).



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Quality Measures

- Based on lower ranges of CORs and LOEs.
- Designed to support quality improvement initiatives and activities at the national or microsystem levels.





New Performance Measures

Measure No.	Measure Title/Description	
	Performance Measures	
PM-1	Start GDMT at Discharge From HF Hospitalization (Inpatient Setting)	COR:
PM-2	BP Control in Patients With HFpEF and Hypertension (Inpatient and Outpatient Setting)	COR:
PM-3	SGLT2 Inhibitor Therapy for Patients With Symptomatic HFrEF (Inpatient and Outpatient Setting)	COR:

BP indicates blood pressure; COR, class of recommendation; GDMT, guideline-directed medical therapy; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; LOE, level of evidence; PM, performance measure; and SGLT2, sodium-glucose cotransporter-2.



COR/LOE

: 1, LOE: B-NR

: 1, LOE: C-LD

: 1, LOE: A



New Quality Measures

Measure No.	Measure Title/Description	
	Quality Measures	
QM-1	SGLT2 Inhibitor Therapy for Patients With HFmrEF or HFpEF	CC
	(Inpatient and Outpatient Setting)	
QM-2	Screening and Documented Action for Social Determinants	CC
	of Health for HF Patients (Inpatient and Outpatient Setting)	
QM-3	Counseling Regarding Contraception and the Risks of	CC
	Cardiovascular Deterioration During Pregnancy in	CC
	Individuals of Childbearing Potential With HF or	
	Cardiomyopathy (Inpatient and Outpatient Setting)	

COR indicates class of recommendation; HF, heart failure; HFmrEF, heart failure with mildly reduced ejection fraction; HFpEF, heart failure with preserved ejection fraction; LOE, level of evidence; QM, quality measure; and SGLT2, sodium-glucose cotransporter-2.



COR/LOE

OR: 2a, LOE: B-R

OR: 1, LOE: C-LD

OR: 1, LOE: C-LD; OR: 3, LOE: C-LD



New Quality Measures (Continued) Measure No. Measure Title/Description COR/LOE

Measure No.	Measure Title/Description	
	Quality Measures	
QM-4	Continuation of GDMT in Patients With HFimpEF to Prevent	С
	Relapse of Cardiomyopathy and Reduction in LVEF	
	(Outpatient Setting)	
QM-5	Optimizing GDMT in HFrEF Patients With Chronic Severe MR	С
	Secondary to LV Dysfunction Prior to TEER (Inpatient and	С
	Outpatient Setting)	
QM-6	Serum and Urine Monoclonal Protein Screen Performed in	С
	Patients Who Have Undergone Bone Scintigraphy for	
	Suspected Cardiac Amyloidosis (Inpatient and Outpatient	
	Setting)	

COR, indicates class of recommendation; GDMT, guideline-directed medical therapy; HFimpEF, heart failure with improved ejection fraction; HFrEF, heart failure with reduced ejection fraction; LOE, level of evidence; LV, left ventricle; LVEF, left ventricular ejection fraction; MR, mitral regurgitation; QM, quality measure; and TEER, transcatheter mitral edge-to-edge repair.



COR: 1, LOE: B-R

COR: 1, LOE: B-R; COR: 1, LOE: C-LD

COR: 1, LOE: B-NR



Summary

- No measures were retired from the 2020 ACC/AHA Heart Failure Measure Set.
- No measures were revised from the 2020 ACC/AHA Heart Failure Measure Set.
- 3 new performance measures were created.
- 6 new quality measures were created.
- Measures were selected based on their importance for health, the strength of data supporting the recommendations, existing gaps in patient care, ease of implementation, and risk for unintended consequences.
- Implementation of this measure set by clinicians and health care facilities will enhance safe, cost-efficient, patient-centered, and culturally sensitive care for individual patients.





Heart Failure Performance Measures **Update Publication**

Citations and Links to Heart Failure Performance Measures Update Publication

ACC Journal - Journal of the American College of Cardiology

Kittleson MM, Breathett K, Ziaeian B, et al. 2024 Update to the 2020 ACC/AHA Clinical Performance and Quality Measures for Adults With Heart Failure: A Report of the American Heart Association/American College of Cardiology Joint Committee on Performance Measures. J Am Coll Cardiol. Published online August 8, 2024.

Link to publication: https://www.jacc.org/doi/10.1016/j.jacc.2024.05.014

AHA Journal - Circulation: Cardiovascular Quality and Outcomes

Kittleson MM, Breathett K, Ziaeian B, Aguilar D, Blumer V, Bozkurt B, Diekemper RL, Dorsch MP, Heidenreich PA, Jurgens CY, Khazanie P, Koromia GA, Van Spall HGC. 2024 Update to the 2020 ACC/AHA clinical performance and quality measures for adults with heart failure: a report of the American Heart Association/American College of Cardiology Joint Committee on Performance Measures. Circ Cardiovasc Qual Outcomes. Published online August 8, 2024. doi: 10.1161/HCQ.000000000000132.

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