

Measure #54. Cardiac Rehabilitation Patient Referral from an Outpatient Setting

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate			
<i>Interpersonal communication</i>			
<i>Information transfer</i>			□
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals			
Create a proactive plan of care			
Monitor, follow up, and respond to change			□
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Health care home			
Care management			
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Cardiac Rehabilitation Patient Referral from an Outpatient Setting

Purpose: To measure the percentage of patients evaluated in an outpatient setting who within the past 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis, who are referred to such a program.¹

Format/Data Source: This process measure requires administrative claims data and/or data collected from the medical record. Data from clinical registries may also be used, if available (e.g., National Cardiovascular Data Registry, ACTION-Get With the Guidelines Inpatient Registry).¹

Date: Measure released in 2007² and updated in 2010.¹

Perspective: System Representative(s).

Measure Item Mapping:

This measure maps to the following domains: There are no individual measure items to map.

- **Communicate**
 - Information transfer
 - *Between health care professional(s) and patient/family*
 - *Across health care teams or settings*
- **Monitor, follow-up, and respond to change**

Development and Testing: The Cardiac Rehabilitation/Secondary Prevention Performance Measure Writing Committee reviewed a list of 39 elements from practice guidelines and evaluated their potential use as performance measures according to the ACC/AHA Task Force on Performance Measures guidelines. They selected those that were most evidence-based, interpretable, actionable, clinically meaningful, valid, reliable, and feasible for inclusion.² The measure was endorsed by NQF as part of their preferred practices and performance measures for measuring and reporting care coordination, released in September 2010.³

Link to Outcomes or Health System Characteristics: The measure is based on clinical guidelines with the highest level of evidence, including links to clinical outcomes.²

Logic Model/Conceptual Framework: The measure is based on clinical guidelines.²

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults

- **Patient Condition:** Combined Chronic Conditions, General Chronic Conditions, Other – cardiac conditions not identified under General Chronic Conditions
- **Setting:** Primary Care Facility, Other Outpatient Specialty Care Facility

*Based on the sources listed below and input from the measure developers.

Notes:

- Detailed measure specifications are included in the AACVPR/AACF/AHA 2010 Update report.¹
- Because the NQF-endorsed preferred practices and performance measures for measuring and reporting care coordination were released shortly before completion of the *Atlas*, we were not able to contact the measure developers about any on-going measure development or testing. Additional information may become available in the future.

Sources:

1. Thomas RJ, King M, Lui K, et al. AACVPR/ACC/AHA 2010 update: performance measures on cardiac rehabilitation for referral to cardiac rehabilitation/secondary prevention services: a report of the American Association of Cardiovascular and Pulmonary Rehabilitation and the American College of Cardiology Foundation/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Clinical Performance Measures for Cardiac Rehabilitation). *J Am Coll Cardiol* 2010;56:1159–67. Also published in *Circulation* 2010;122:1342-50. Also published in *J Cardiopulm Rehabil* 2010;30:279-88.
2. Thomas RJ, King M, Lui K, et al. AACVPR/AAC/AHA 2007 performance measures on cardiac rehabilitation for referral to and delivery of cardiac rehabilitation/secondary prevention services. *J Am Coll Cardiol* 2007;50:1400-33. Also published in *Circulation* 2007;116:1611-42. Also published in *J Cardiopulm Rehabil* 2007;27:260-90.
3. National Quality Forum. Preferred practices and performance measures for measuring and reporting care coordination: a consensus report. Washington, DC: National Quality Forum; 2010.