CBE ID

3735

Title

CVD Risk Follow-up Measure - Proportion of patients with a positive CVD risk assessment who receive follow-up care

Endorsement Status

Not Endorsed

Is Under Review

No

Previous Endorsement Cycle

Fall 2022

Initial Endorsement

Mon, 07/24/2023 - 13:00

Steward

University of California, Irvine

1.0 New or Maintenance

New

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

All pregnant and postpartum patients need to be systematically assessed for cardiovascular disease (CVD). Once identified as being at risk for CVD follow-up cardiac tests and consultations are scheduled. UCI implemented and tested a standardized CVD risk assessment algorithm that can be integrated into the EHR system and provides an immediate triage of patients as low and high risk for CVD. This measure assesses the rate of pregnant and postpartum patients who are determined to be at risk for CVD) using a standardized risk assessment who received appropriate follow-up in the form of cardiology consultations and tests. The unit of measurement is the individual patient, and the population is comprised of patients who have an outpatient or inpatient prenatal or postpartum visit at a clinic or facility. This includes pregnant and postpartum emancipated minors. The measure can be calculated at the hospital system level or clinic site level. A hospital system includes Labor and Delivery, outpatient care in a hospital or at affiliated clinics, and private providers contracted with the hospital for delivery. The denominator of the measure is comprised of all patients seen for prenatal or postpartum care at the measurement entity (hospital system or individual clinic sites) who were identified as “at risk for CVD” in a standardized CVD risk assessment such as the California Maternal Quality Care Collaborative

(CMQCC) CVD risk assessment algorithm. The aim is to have 100 percent of patients with a positive risk assessment receiving follow-up as recommended by American College of Obstetricians and Gynecologists (ACOG) guidelines. Implementation of the tool in three hospital systems showed a wide variation in the rate of follow-up between 38.4% and 70.8% of patients identified as high risk for CVD. The measure can be calculated annually.

1.7 Measure Type

Process

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

Patients who were identified to be at risk for CVD and received follow-up care within 60 days of the risk.

1.15 Denominator

Pregnant and postpartum patients who have been identified to be at risk for cardiovascular disease (CVD) during the measurement period. Patients who were screened for CVD and had a pregnancy loss or stillbirth will remain in the cohort.

Measure Developer POC

United States

The measure developer is different from the measure steward

No

Steward Address

United States

Steward Organization

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Steward POC email

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