CQF Cardiology Appropriateness of Use

Clinical Quality Framework (CQF) Pilot Project Summary

Multimodality Appropriate Use Criteria for the Detection and Risk Assessment of Stable Ischemic Heart Disease

Pilot Team

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Pilot Background

The American College of Cardiology, in collaboration with other key specialty and subspecialty societies, authors, clinical guidelines, performance measures, appropriate use criteria, and other content to improve the delivery of healthcare. The ACC Appropriate Use Criteria (AUC) for the multimodality approach to the detection and risk assessment of ischemic heart disease (Wolk MJ et al., J Am Coll Cardiol 2014;63:380–406) describes current recommendations for the selection and application of non-invasive and invasive diagnostic testing for the detection and risk assessment of stable ischemic heart disease (SIHD). Included are elements of both clinical decision support (CDS) and clinical quality measurement (CQM) that align with the pilot demonstration goals of the CQF initiative.

Pilot Goal

The primary goal is to demonstrate clinician access at the point of order to CDS useful in the selection of the most appropriate diagnostic testing modality for the evaluation of SIHD per the ACC 2014 AUC, and to provide "automatic" documentation of the process. The published AUC provides the logic and framework for CDS regarding the selection of an imaging modality per the specific clinical context. The procedure ordered is assigned a unique decision support identifier and appropriateness score. Clinicians are presented feedback in the form of the score, and (where appropriate) suggested alternate approaches or tests. This decision support data is recorded within the EHR. This data and activity is also recorded in the CQF service for quality measurement.

The appropriateness score, structured reason for exam and associated imaging order is to be evaluated relative to the impact of AUC on clinical care. This will be accomplished by assessing ordering patterns, adherence to CDS recommendations, acceptance of alternative recommendations per CDS algorithms, and overall performance (both individual clinician and institutional) regarding use of procedures relative to the published AUC criteria.