

## Evidence of Guideline-Directed Medical Therapy in Persons with Heart Failure (GDMT-HF) Measure Development Technical Expert Panel (TEP) Self-Nomination Information

PQA is convening a measure development TEP to support the development of a new health plan measure concept: *Evidence of Guideline-Directed Medical Therapy in Persons with Heart Failure* (GDMT-HF). This measure concept, which was highly prioritized by stakeholders during the 2025 PQA Measure Concept Advisory Group and subsequent public comment period, will assess the percentage of individuals with prescription claims for guideline-directed medical therapies for the treatment of heart failure. For more information, please refer to the Background section.

The GDMT-HF TEP is a small, technically proficient panel composed of approximately 15 PQA members, selected by PQA staff through a self-nomination process, to provide expert input on key clinical, methodological, and technical questions during the specification phase. Up to three additional individuals representing patients, caregivers and patient advocates will be selected to participate on the TEP. Preference will be given to individuals with lived experience with heart failure. The measure development TEP will be convened as needed via webinar, in a time-limited fashion, with the first meeting on April 22, 2026, at 3:00-4:30 p.m. ET.

After reviewing this TEP Self-Nomination Information document, if you are qualified and interested in serving on the panel, please notify your organization's key contact and then complete the online [self-nomination form](#).

A [separate form](#) is available for patients, caregivers and patient advocates. To support patients, caregivers and advocates selected to participate, PQA will provide:

- Access to [Medication Use Quality](#), PQA's online education program about quality measurement and quality improvement;
- An orientation meeting about PQA and its measure development process;
- A staff liaison to answer questions throughout the process; and
- Honoraria for participation in the TEP outside of your professional role, based on the [National Health Council's Patient Engagement Fair Market Value Calculator](#). PQA's 2026 compensation rate is \$55 per hour, and 3.5 hours of work per TEP meeting, including prep and follow up, is anticipated.

### **GDMT-HF TEP Objectives:**

- Address key questions identified during feasibility testing and development of initial measure concept specifications;
- Assist the PQA team in iteratively refining measure concept draft specifications; and
- Make recommendations on advancement of the measure concept for PQA Quality Metrics Expert Panel review prior to testing.

### **GDMT-HF TEP Scope of Responsibilities:**

- Participate in webinar meetings;
- Review meeting materials in advance;

- Actively participate in discussions; and
- Respond to brief post-meeting surveys as needed.

**Information Required for PQA Member Self-Nomination:**

- Name
- Credentials
- Title
- Organization
- Mailing address
- City
- State
- Telephone
- Email
- Measure Development Experience: Please indicate your past PQA and other measure development experience.
- Skills and Experience: Please indicate the non-measurement skills/experience you have that make you a strong candidate for the *Evidence of Guideline Directed Medical Therapy in Persons with Heart Failure* (GDMT-HF) TEP.
- Brief Biography: Include relevant information that describes your qualifications for being a member of the *Evidence of Guideline Directed Medical Therapy in Persons with Heart Failure* (GDMT-HF) TEP (Max 300 words).
- Upload resume or CV

**Information Required for Self-Nomination by Patients, Caregivers and Patient Advocates:**

- Name, Credentials, Title, Organization (as applicable)
- Address, Phone, Email: Note, patients and caregivers may enter their personal address and email if they are not currently employed or would prefer to enter their personal information into these fields.
- Perspective: Please indicate the perspective you would share as part of the TEP.
- Skills and Experience: Please describe your interest in serving on the TEP.
- Brief Biography: Please provide a brief bio that describes your lived experience with heart failure as a patient or caregiver or your professional experience, background, and qualifications for being a member of the TEP (max 300 words).
- PQA Measure Development Experience: Please describe your experience with quality measure development with PQA or other measure developers.
- Upload resume or CV

**Optional Information for All Nominations:**

As PQA works to grow and build the capacity of the health care quality workforce for the communities we serve, you are invited to voluntarily and confidentially share demographic information about yourself. PQA strives to be inclusive of all interested and qualified professionals in our work and recognizes that a mix of ideas, perspectives, and life experiences strengthens our work. This information is used internally to evaluate participation in PQA programs and events but is not used in the selection process. If you have any questions, please contact us at [Engagement@PQA.org](mailto:Engagement@PQA.org).

1. Race (*OPTIONAL*)
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Prefer not to answer
  - g. Other (please specify)
  
2. Ethnicity (*OPTIONAL*)
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
  - c. Prefer not to answer
  
3. Do you think of yourself as (*OPTIONAL*)
  - a. Male
  - b. Female
  - c. Transgender male/trans man/female-to-male
  - d. Transgender female/trans woman/male-to-female
  - e. Genderqueer, neither exclusively male nor female
  - f. Additional gender category or other (please specify)
  - g. Prefer not to answer
  
4. Do you consider yourself part of a minority group? If so, please describe. (*OPTIONAL*)
  
5. What are your preferred gender pronouns? (*OPTIONAL*)
  - a. he/him/his
  - b. she/her/hers
  - c. they/them/theirs
  - d. prefer not to answer
  - e. other (please specify)

**Note:** The nomination form must be completed in one continuous session, and you will be unable to save a partially completed form.

**Nominations are due by 11:59 p.m. ET on March 27, 2026.**

**Background:**

Heart failure is a complex clinical syndrome characterized by the heart's inability to pump blood effectively due to structural or functional impairments.<sup>1</sup> According to a 2024 report, approximately 6.7 million Americans over the age of 20 have heart failure and prevalence is projected to increase to 8.7 million by 2030.<sup>2</sup>

Multi-society, U.S.-based clinical practice guidelines recommend the use of guideline-directed medical therapy (GDMT) for all individuals with heart failure, regardless of age or heart failure type, although the strength of evidence and level of recommendation vary.<sup>3</sup> GDMT includes four medication classes: angiotensin receptor–neprilysin inhibitors (ARNi), angiotensin-converting enzyme inhibitors (ACEi), or angiotensin receptor blockers (ARB); beta-blockers; mineralocorticoid receptor antagonists (MRAs); and sodium–glucose cotransporter-2 (SGLT2) inhibitors. There is strong evidence for GDMT, with positive impacts on patients including improved survival, fewer hospitalizations and better quality of life.<sup>4, 5</sup> Real-world evidence demonstrates underutilization of GDMT, with substantial gaps in care; one study found that only 70% of patients received any GDMT within six months of diagnosis.<sup>4, 6, 7</sup>

PQA identified heart failure as a priority area for measure development in 2025. The PQA Health Plan Measure Concept Advisory Group (MCAG) agreed to move the heart failure concept forward for public comment; comments received further supported the recommendation to advance the heart failure measure concept for development. PQA has drafted initial specifications, and the goal of the GDMT-HF TEP will be to support full specification of the measure concept and advancement to QMEP review prior to testing and subsequent steps in PQA’s standard measure development process.

## References

1. Pirbhat S A, Malik A, Chhabra L. Heart Failure (Congestive Heart Failure). Stat Pearls Publishing. Accessed January 30, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK430873/>
2. Bozkurt B, Ahmad T, Alexander K, et al. HF STATS 2024: Heart Failure Epidemiology and Outcomes Statistics An Updated 2024 Report from the Heart Failure Society of America. *J Card Fail*. Jan 2025;31(1):66-116. doi:10.1016/j.cardfail.2024.07.001
3. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2022:e895-e1032. doi:10.1016/j.jacc.2021.12.011
4. McCullough PA, Mehta HS, Barker CM, et al. Mortality and guideline-directed medical therapy in real-world heart failure patients with reduced ejection fraction. *Clin Cardiol*. Sep 2021;44(9):1192-1198. doi:10.1002/clc.23664
5. Polsinelli VB, Sun JL, Greene SJ, et al. Hospital Heart Failure Medical Therapy Score and Associated Clinical Outcomes and Costs. *JAMA Cardiol*. Nov 1 2024;9(11):1029-1038. doi:10.1001/jamacardio.2024.2969
6. Greene SJ, Ayodele I, Pierce JB, et al. Eligibility and Projected Benefits of Rapid Initiation of Quadruple Therapy for Newly Diagnosed Heart Failure. *JACC Heart Fail*. Aug 2024;12(8):1365-1377. doi:10.1016/j.jchf.2024.03.001
7. Shin JI, Xu Y, Chang AR, et al. Prescription Patterns for Sodium-Glucose Cotransporter 2 Inhibitors in U.S. Health Systems. *J Am Coll Cardiol*. Aug 20 2024;84(8):683-693. doi:10.1016/j.jacc.2024.05.057