



Consensus Core Set: Gastroenterology

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. The CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [measure selection principles](#). Measure specifications and details are linked in the *CBE Number* column, and additional considerations for use are included in the *Notes* section of the table below.

Gastroenterology Measures

The CQMC core set measures focus on ambulatory care measures at the clinician-reporting level. All eight measures in the Gastroenterology core set have been tested for reliability and validity at the clinician (individual or group/practice) reporting level.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Endoscopy and Polyp Surveillance	0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	American Gastroenterological Association (AGA)	Clinician	-
	0659	Colonoscopy Interval for Patients With a History of Adenomatous Polyps-Avoidance of Inappropriate Use (MIPS ID 185)	AGA	Clinician	No longer CBE-endorsed. Remains aligned with updated 2021 U.S. Multi-Society Task Force on Colorectal Cancer recommendations .
	N/A	Screening Colonoscopy Adenoma Detection Rate (MIPS ID 343)	American Society for Gastrointestinal Endoscopy (ASGE)	Clinician	The Workgroup emphasized the importance of the measure, although it was retired from the Merit-Based Incentive Payment System (MIPS). One hundred percent performance is not expected.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Endoscopy and Polyp Surveillance	N/A	Age-Appropriate Screening Colonoscopy (MIPS ID 439)	AGA	Clinician	Programs utilizing this measure are not looking for 100% performance.
Hepatitis C	N/A	Screening for Hepatocellular Carcinoma (HCC) in Patients With Hepatitis C Cirrhosis (MIPS ID 401)	AGA	Clinician	-
	N/A / 3059e	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (MIPS ID 400)	AGA	Clinician	eCQM available*
Inflammatory Bowel Disease	N/A	IBD: Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (MIPS ID 275)	AGA	Clinician	-
Other	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention†	National Committee for Quality Assurance (NCQA)	Clinician	eCQM available* Telehealth eligible for CMS programs in 2023

*Separate benchmarks should be used based on the reporting method.

† This measure is a cross-cutting measure that may be highly relevant across multiple core sets.

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Gap Areas for Future Consideration or Measure Development

- The Workgroup is interested in reviewing 10 AGA measures currently under development once tested or endorsed, specifically prioritizing measures related to Hepatitis C sustained virological response (SVR), Barrett’s esophagus, and inflammatory bowel disease (IBD).
- Quality of colonoscopy, including measures for post-colonoscopy complications (e.g., emergency department or hospital visit after a procedure, perforation, hemorrhage)
- Patient safety, including complications after procedures
- Medication management and adherence, especially for patients with IBD and patients on immunosuppressive medications
- Measures that consider the patient continuum of care and vulnerable points of information exchange
- Patient-reported outcome performance measures (PRO-PMs)
- Measures focused on specific diseases, including gastroesophageal reflux disease (GERD), nonalcoholic fatty liver disease, hypertrophic pyloric stenosis, celiac disease, cirrhosis, infectious hepatitis, chronic pancreatitis, and upper gastrointestinal infections • Hepatitis A vaccination rates
- Screening for *Clostridium difficile* colitis
- Measures that address the correlation between smoking and Barrett’s esophagus
- Resource utilization during acute episodes of care
- Measures that capture disparities or measure stratification to identify disparities (e.g., colorectal cancer screening and follow-up rates for groups less likely to receive care)
- Measures previously not selected for inclusion that may be revisited: #2539 *Facility Seven-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy*, #3510 *Screening/Surveillance Colonoscopy*, #3060e *Annual Hepatitis C Virus (HCV) Screening for Patients Who Are Active Injection Drug Users*, #3061e *Appropriate Screening Follow-Up for Patients Identified With Hepatitis C Virus (HCV) Infection*, and *Photodocumentation of Cecal Intubation* (MIPS ID 425)

Core Set Updates for 2022

Removed measure N/A: IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment (MIPS ID 271)

This measure is no longer active in federal programs and is no longer being maintained. The Workgroup also noted that Vitamin D levels are a less burdensome marker for risk of fracture, and the measure could unintentionally encourage overuse of DEXA scans and underuse of corticosteroids.

Added measure #0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Screening and tobacco use cessation counseling can reduce the risk of tobacco-associated gastrointestinal injury.