



Consensus Core Set: Medical Oncology

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. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [measure selection principles](#). The core sets focus primarily on ambulatory care measures at the clinician reporting level. 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.

Medical Oncology Measures

The CQMC core set measures focus on ambulatory care measures at the clinician-reporting level. The Medical Oncology core set includes 12 measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level. The remaining core set measures address important topics related to medical oncology, but they have not been tested at the clinician level of analysis. When using measures specified outside of the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Breast Cancer	0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer	American College of Surgeons (ACS)	Facility	No longer CBE endorsed. While this measure is specified for patients under 70 years (in line with National Comprehensive Cancer Network (NCCN) guidelines), combination chemotherapy is appropriate for patients 70 years and older in some cases.
	1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	American Society of Clinical Oncology (ASCO)	Clinician	-

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Colorectal Cancer	0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Commission on Cancer, ACS	Facility	-
	1859	RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	ASCO	Clinician	-
	1860	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	ASCO	Clinician	-
Prostate Cancer	0389 / 0389e	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Center for Medicare & Medicaid Services (CMS)	Clinician	eCQM available* Not telehealth eligible for CMS programs
Hospice / End of Life	0210	Proportion receiving chemotherapy in the last 14 days of life	ASCO	Clinician	-
	0211	Proportion with more than one emergency room visit in the last 30 days of life	ASCO	Clinician	No longer CBE endorsed.
	0213	Proportion admitted to the ICU in the last 30 days of life	ASCO	Clinician	-
	0215	Proportion not admitted to hospice	ASCO	Clinician	-
	0216	Proportion admitted to hospice for less than 3 days	ASCO	Clinician	-

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Hospice / End of Life	0384 / 0384e	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	ASCO	Clinician	eCQM available* Telehealth eligible for CMS programs in 2023
	2651	CAHPS® Hospice Survey (experience with care)	CMS	Facility	-
Admissions/ Readmissions	3188	30-Day Unplanned Readmissions for Cancer Patients	Seattle Cancer Care Alliance	Facility	-
	3490	Admission and Emergency Department (ED) Visits for Patients	CMS	Facility	-
Patient Experience	N/A	OCM-6 Patient-Reported Experience of Care	CMS	Clinician	Use specifications for measure from the Oncology Care Model
Other	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow Up Plan	CMS	Clinician	No longer CBE endorsed. eCQM available* Telehealth eligible for CMS programs in 2023

*Separate benchmarks should be used based on reporting method.

Blank cells marked with (-).

Medical Oncology-Relevant Cross-Cutting Measures

In addition to the core set measures listed above, the following cross-cutting measure has been identified as relevant to medical oncology. Collecting data on this measure can be helpful for understanding essential aspects of healthcare quality that apply across multiple conditions, levels of prevention, populations, etc. This cross-cutting measure is relevant to medical oncology as well as other specialties.

CBE Number	Measure	Steward	Level of Analysis	Notes
0420	Pain Assessment and Follow-Up	CMS	Clinician	-

Blank cells marked with (-).

Gap Areas for Future Consideration and Measure Development

Gap Areas

- Patient reported outcomes and patient experience remain a challenge and priority area for oncology. Areas of particular need include:
 - Symptoms
 - Pain control
 - Functional status and/or quality of life
 - Anxiety and stress management and screening
 - Patient education
 - Care coordination, transitions of care, and care navigation
 - Shared decision-making
- Measures that reflect molecular biology of cancer, interpretation of biomarkers and tumor information, immunotherapy. A measure on molecular testing for metastatic, non-squamous, non-small cell lung cancer is highly recommended for development and implementation.
- Measures related to telemedicine
- Utilization measures:
 - Appropriate use of chemotherapy
 - Under or overtreatment (will need to develop a baseline/threshold based on data)
 - ER utilization, unplanned hospitalization, and inpatient hospital admission rate. Avoidance of ER and inpatient stays is of interest to consumers. Workgroup also expressed interest in linkage between these areas and patient education and care coordination.
 - Choosing Wisely ABIM and ASCO list: Metrics included are of value and should be pushed to measure development. Concept #2 is addressed in the core set in measure #0389/0389e, Concept #10 is a valuable metric, and Concept #7 is of lower priority.
- Additional outcome measures, such as disease free survival for X number of years or five-year cure rate
- Reporting of cancer stage
- Lung cancer measures
- Social determinants of health and financial burden

Measures to Consider in Future Core Set Versions

- *Symptom Control During Chemotherapy – Pain*
- *Symptom Control During Chemotherapy – Nausea*
- *Symptom Control During Chemotherapy – Constipation*
- *Appropriate treatment for high and moderate emetic risk*

- *Appropriate treatment for low and minimal emetic risk*
- *#1858 Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy – review updated version after testing*
- Disease specific measures in development (melanoma, colorectal cancer, gynecological cancers)
- Biomarker and appropriate treatment measures in development (cross-cutting and disease specific)

Additional Challenges

The workgroup acknowledged several challenges with selecting measures for this set:

- Data Challenges – Currently, health plans cannot readily access data for many measures as they require pharmacy benefits or access to patient charts. Data may also not be available due to benefit carve-outs.
- Future Measurement Needs – Data suggests that oncology treatments change rapidly and measurement needs must be continually reassessed based on the changing protocols for treatment.

Core Set Updates for 2022

Minor updates were made to the core set presentation (e.g., updating introductory information and measure links, confirming continued accuracy of notes, adding a section to highlight cross-cutting measures identified as potentially relevant across multiple core sets). However, the Medical Oncology Workgroup did not meet in 2022, and no measures were added or removed from the Medical Oncology core set.