Core Quality Measures Collaborative (CQMC) Accountable Care Organizations (ACO)/Patient-Centered Medical Homes (PCMH)/Primary Care (PC) Workgroup Meeting

The National Quality Forum (NQF) convened a web meeting for the ACO/PCMH/Primary Care Workgroup on January 9, 2023.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed the participants to the meeting and introduced the co-chairs of the ACO/PCMH/PC Workgroup, Dr. Karen Johnson (provider co-chair) and Dr. Marti Walsh (payer co-chair). NQF staff reviewed the antitrust statement and acknowledged that CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and shared that the objective of the meeting was to discuss feedback from the Steering Committee on measure #3617 *Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure.*

Steering Committee Feedback and Discussion of #3617

The Steering Committee chair, Ms. Danielle Lloyd, shared an overview of the role of the Steering Committee and provided an update on the recent Steering Committee discussion of measure #3617. The Steering Committee's role is to review all Workgroup voting recommendations prior to Full Collaborative discussion, confirm that the processes for discussion and voting have been properly followed, ensure the Workgroups align in their decisions, and confirm that the votes reflect perspectives of all voting groups. Ms. Lloyd shared that since the vote for #3617 just met the supermajority threshold of 60 percent approval, and there were a greater number of abstentions than usual, the Steering Committee recommended that the Workgroup revisit the measure to understand whether there are additional perspectives on the measure that need to be captured, or whether there are additional questions that the Workgroup did not have an opportunity to discuss during the previous meeting.

A Workgroup member asked for clarification in regard to whether the supermajority is defined as 60 percent, and if measure #3541 *Annual Monitoring for Persons on Long-Term Opioid Therapy* was also close to the supermajority threshold. The chair confirmed that #3617 met the supermajority threshold of 60 percent, and clarified that #3541 achieved a higher voting percentage (67%) and had fewer abstentions than #3617.

NQF then provided an overview of measure #3617. NQF staff shared that #3617 is a process measure evaluating primary care physicians; for each physician, their denominator is all of the patients they saw during the evaluation period who had at least two primary care physician (PCP) visits (could include visits to other PCPs), and the numerator is the number of those patients whose Bice-Boxerman Continuity of Care Index is greater than or equal to 0.7. The Bice-Boxerman index is a validated measure of patient-level care continuity that ranges from 0 to 1; 0 reflects completely disjointed care (e.g., a

different provider for each visit) and 1 reflects complete continuity with the same provider. NQF staff shared that this measure is currently NQF endorsed and that it addresses the continuity of care gap that was previously identified.

Since there was a higher number of abstentions for #3617, NQF staff reached out to the organizations that abstained to gather information on why they may have abstained from voting on #3617. NQF staff shared rationale from two organizations who abstained: one organization did not have sufficient time for their internal committee to review the measure before the voting period ended, and another organization was unable to join the second ACO/PCMH/PC meeting and abstained due to not being directly part of the discussion. NQF staff shared that the ACO/PCMH/PC voting survey was open for a four-week period. One of the organizations that abstained raised specific questions about the measure, including wanting to understand how PCP is defined and what is included in the visit. Prior to the Workgroup meeting, NQF staff shared information from the steward that PCP is defined using billing codes (e.g., in Medicare data the PCP specialty codes 01, 08, 11, and 38 are used).

NQF staff asked if the measure steward for #3617, the American Board of Family Medicine Foundation (ABFM-F), had any information regarding the questions from abstaining organizations. The measure steward shared that the Continuity of Care Bibliography defines PCP and includes over 20 years of evidence regarding #3617 and its relationship to outcomes and patient and provider preferences.

A member expressed concerns that rediscussing a measure that reached a supermajority could have implications for the transparency and fidelity of the voting processes. Another Workgroup member agreed and noted that abstentions from voting can be due to lack of clinical expertise, and these should not be counted against a measure. Ms. Lloyd clarified the CQMC charter includes a review of the Workgroup recommendations by the Steering Committee. Ms. Lloyd emphasized that the feedback from the Steering Committee is not binding and, ultimately, the Workgroup makes the final decision on the addition or removal of measures in the core set. She shared that the Steering Committee often makes recommendations for Workgroups to revisit measures. Ms. Lloyd also clarified that while the CQMC is convened by NQF, the CQMC is a separately governed initiative, and the specific process for selecting measures in the respective core sets is different from other NQF processes.

A Workgroup member asked about the vote distribution amongst providers, health plans, and other quality collaborative members. Ms. Lloyd shared that due to antitrust compliance considerations, the specific voting distribution cannot be shared publicly; however, the votes were evenly spread across voting groups, and there were no concerns regarding the distribution of votes among the voting Workgroup members.

A Workgroup co-chair reminded the group that NQF staff reached out to each organization that abstained from voting on the measure, and the rationale received from these two organizations appeared to be related to operations rather than the measure itself (e.g., insufficient time to receive internal organization feedback or conflicts attending meeting). The co-chair encouraged organizations who abstain in future votes to include information in the voting survey comment field to provide context on their decision. Additionally, the co-chair reminded the Workgroup that the voting survey is open for a four-week period and that members can reach out with clarifying questions prior to the closing of the survey. The co-chair then invited the four remaining organizations who abstained from voting to share if there was any information they would like to add, either verbally or via private chat to NQF staff or a co-chair.

A Workgroup member shared that their organization abstained from voting on the measure due to lack of bandwidth to review the measure. The member noted that #3617 is used in the PRIME Registry, and

asked how physicians would implement this measure if they did not participate in the registry. The steward shared that #3617 has been implemented by several organizations, and they are currently in communication with the National Association of ACOs (NAACOS) about a potential study to examine this metric across different ACOs. The steward also shared that another study led by Ishani Ganguli from Harvard demonstrated that continuity of care was linked to cost, utilization, and other patient-reported outcomes.

A member noted that the ACO/PCMH/PC Workgroup's discussion may signal a need for broader conversation on the CQMC's multiple workstreams, and whether the multiple competing activities may be impacting organizations' ability to vote and engage in Workgroups.

A Workgroup member representing the provider perspective shared that their organization reviewed the technical specifications and potential impact of #3617 on PCPs in a variety of different value-based programs, and their organization strongly supports the addition of the measure in the core set.

The co-chair asked if Workgroup members share the same concerns about the measure as the Steering Committee related to the potential addition of #3617 to the CQMC core set. No additional comments or concerns were raised by the Workgroup members.

The co-chair then shared the three options for addressing #3617 with the Workgroup. Those options include: (1) uphold the current vote of 60 percent, (2) reopen the voting survey for participants who did not vote during the original period (abstainers and non voters), or (3) revote on the measure entirely, with the survey open to all voting members. Workgroup members were offered a final opportunity to provide input on the best approach to address #3617.

NQF staff shared additional feedback received from a chat message from a member who abstained from voting on the measure; they were unable to complete internal review before the end of the voting period, but their organization has since completed review and are in favor of the addition of the measure. Based on the discussion from the meeting, the Workgroup decided to uphold the current vote of 60 percent and will not reopen voting for measure #3617.

Next Steps

NQF staff shared that the ACO/PCMH/PC Workgroup discussion will be summarized and posted on the CQMC SharePoint page once available. NQF staff also shared that the ACO/PCMH/PC Workgroup-level voting results will be shared and reviewed during an upcoming full Collaborative meeting, which is tentatively planned for March 2023. Ms. Lloyd also shared that an update on the ACO/PCMH/PC Workgroup's discussion will be provided during the next Steering Committee meeting, scheduled for January 20, 2023. The co-chairs shared closing remarks and thanked NQF staff and ACO/PCMH/PC Workgroup members for their support. NQF staff thanked the co-chairs and Workgroup members for their participation before adjourning the meeting.