CQMC Core Quality Measures Collaborative

Meeting Summary

CQMC ACO and PCMH/Primary Care Workgroup Meeting #2

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on July 16, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. The objective of the meeting is to the evaluate new measures for addition to the core set.

Decision-making Process

Voting and Quorum

NQF staff provided background content in the slides which included an overview of quorum and the voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives). The Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
    a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
    a. The source of the evidence used to form the basis of the measure is clearly defined.
    b. There is high quality, quantity, and consistency of evidence.
    c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
    a. Minimize data collection and reporting burden, while maintaining clinical credibility

(i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).

b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., "specialty-specific measures").

Discussion on Current Measures in Core Set

Workgroup co-chairs encouraged group members to focus on measures applicable to ACO or PCMH/Primary Care. The co-chairs explained that given the large number of measures for review and since measures may overlap across core sets it is important to stay focused on measures applicable to these settings.

NQF staff advised the Workgroup ahead of time that due to the large number of measures being brought forth for consideration, the meeting would focus on slides 39-50. A Workgroup member expressed concern about the Workgroup's size and the ambitious goal of voting on these measures in a short period of time. NQF staff and the co-chairs clarified that although an organization may be represented by multiple members, each organization casts one vote, and the Workgroup will only vote after members feel there has been adequate discussion. The Workgroup will not be voting during this meeting but will cast votes after further review and discussion of all measures.

NQF staff stated all CQMC core set primarily focus on clinician-level measurement; however, there are measures in a few core sets that have been tested at another level of analysis (LOA). Selecting measures at different LOAs usually occurs when a group identifies a gap but there are no measures currently available at the clinician LOA. Staff clarified that individual clinician or clinician group level measures should be considered. A co-chair explained that a 2-person or 50-person group is still considered a group. NQF staff shared that the LOA at which measures are tested and specified will be highlighted during the measure presentations. The Workgroup discussed the potential for measures to be implemented outside of tested and specified level of analysis. NQF staff emphasized that from NQF's perspective, measures should be implemented at their tested and specified LOA.

A Workgroup member asked how measures selected by the CQMC are used in the real world. NQF explained the purpose is to align measures utilized by public and private payers to hold clinicians accountable in their programs. Workgroup members discussed methodological challenges when measures are reported at individual, group, or ACO levels. Another Workgroup member discussed ACO reporting to CMS and expressed challenges related to confidence intervals and reliability. A co-chair explained the focus should be on determining whether it is appropriate to hold a primary care group accountable for the measure, rather than making recommendations about specific program

use.

The Workgroup discussed the importance of adding measures to the core set only if they add value, promote alignment, and reduce burden. Workgroup members also discussed that there are differences between what is appropriate for public reporting and accountability versus what is appropriate for quality improvement.

NQF staff provided a brief overview of current the ACO and PCMH/Primary Care Core Set, highlighting that measures 0052 and 1799 are no longer NQF endorsed. NQF staff noted that NQF endorsement is not a requirement for inclusion in CQMC core sets.

Current Core Set: ACO and PCMH/Primary Care

Cardiovascular Care
0018: Controlling High Blood Pressure
N/A: Controlling High Blood Pressure (HEDIS 2016)
0071: Persistent Beta Blocker Treatment After a Heart Attack
0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic

Diabetes
0059: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
0055: Comprehensive Diabetes Care: Eye Exam
0057: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing
0056: Comprehensive Diabetes Care: Foot Exam
0062: Comprehensive Diabetes Care: Medical Attention for Nephropathy

Care Coordination/Patient Safety
0097: Medication Reconciliation (Clinician measure)

Prevention and Wellness
0032: Cervical Cancer Screening
N/A: Non-recommended Cervical Cancer Screening in Adolescent Females
2372: Breast Cancer Screening
0034: Colorectal Cancer Screening
0028: Preventive Care Screening: Tobacco Use: Screening and Cessation
0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Utilization and Cost/Overuse
0052: Use of Imaging Studies for Low Back Pain

Patient Experience
0005: CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)

Behavioral Health
0710: Depression Remission at 12 Months
1885: Depression Response at Twelve Months- Progress Towards Remission

Pulmonary
1799: Medication Management for People with Asthma
0058: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Measure Gaps (from 2015)

- Measure based on statin use guidelines
- CG CAHPS Smoking cessation measure (to replace the chart-review measure)
- PCMH has supplement to CG CAHPS. All the CAHPS surveys are under review
- Goals of care and patient education
- Unnecessary services and waste / Overuse
- Health related quality of life
- Shared-decision making
- Preventive diabetes measures. Monitor USPSTF pre-diabetes final report
- Measure stratification to address health disparities (e.g. lower age of colorectal screening for African Americans)
- Palliative care measures for ACO/PMCH
- Patient reported outcomes (PROs)
- Pain Management measures
- PROs for Asthma Exacerbations
- Antibiotic stewardship
- Total cost of care (#1604) once a reliable and valid measure is mature enough for implementation
- Contraceptive measures once measures are tested and are reliable at the provider level
- Composite measures
- Substance use disorders and screening measures
- P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.
- PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

Measure Gaps from 2018-2019 Orientation
NQF staff noted that gap areas identified by the Workgroup are used to help identify measures for potential inclusion.

- Behavioral health and substance use measures (especially opioid measures) are top priority
- Overall quality of primary care
- Misdiagnosis and delayed diagnosis measures, especially in the ambulatory care setting
- Measures on contact days within the health system
- Advanced illness and hospice care
- Medication adherence

Measures Previously Considered but Not Included
NQF included historical information about measures previously discussed by the Workgroup in 2015 (during the first round of CQMC work) but not selected. The Workgroup will not re-discuss measures that were not selected, unless flagged by a member to discuss again.

<u>Behavioral Health</u>

- 0105: Antidepressant Medication Management (AMM)
    - Preferred 0710; concerns the measure favored only pharmacological therapy; retirement likely
- 0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- 0576: Follow-Up After Hospitalization for Mental Illness (FUH)
    - Ambivalence in follow-up reinforcement; concern about access to mental health practitioners in rural areas
- 0712: Depression Utilization of the PHQ-9 Tool
    - Access to behavioral health data challenging across states; selected 0710 over this measure

- 0518 : Depression Assessment Conducted*
    - Home health measure; no longer endorsed; similar to 0712

Diabetes

- 0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
    - Felt duplicative, data availability concerns
- 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
- 0063: Comprehensive Diabetes Care: LDL-C Screening*
    - Changes in evidence
- 0064: Comprehensive Diabetes Care: LDL-C Control <100 mg/dL*
    - Changes in evidence
- 0729: Optimal Diabetes Care
    - Concern about lipid targets included (has since been updated)

Prevention and Wellness

- 0031: Breast Cancer Screening*
- 0041: Preventive Care and Screening: Influenza Immunization
- 1395: Chlamydia Screening and Follow Up*
- 0043: Pneumococcal Vaccination Status for Older Adults (PNU)*
    - Wanted to align w/ ACIP guidelines; reporting challenges, needed to be tested/specified at the provider level; low volume concern
- 0101: Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls

Respiratory

- 1800: Asthma Medication Ratio
    - Some members preferred this measure but data concern about access to prescription claims
- 0275: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)
- 0036: Use of Appropriate Medications for People With Asthma (ASM)*
    - Plan level; other measures preferred
- 0275 : Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)
    - Population level

Care Coordination/Patient Safety

- 1768: Plan All-Cause Readmissions (PCR)
    - Larger denominator would be needed, health plan level
- 0554: Medication Reconciliation Post-Discharge (MRP)*
    - Plan level
- 0709: Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year*
- 0586: Warfarin PT/ INR Test*
- 0531: Patient Safety and Adverse Events Composite (PSI 90)
    - Inpatient, facility level measure

Utilization and Cost

- 1604: Total Cost of Care Population-based PMPM Index (used with 1598: Total Resource Use Population-based PMPM Index)

Other

- 0054: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
    - Plan level
- 0053: Osteoporosis Management in Women Who Had a Fracture
- 0602: Adult(s) with frequent use of acute migraine medications that also received prophylactic medications*

**No longer NQF endorsed*

Maternity (e.g., contraception care, cesarean birth) and child health measures were also considered, but ultimately recommended for the OB/GYN or pediatric core sets or it was decided that they were not at the appropriate level of analysis.

Evaluation of New Measures

NQF staff shared findings from the environmental scan of ACO and PCMH/Primary Care measures, which included NQF-endorsed measures and measures in MIPS and other federal programs. Key points from the discussion are included below. The Workgroup's goal was to narrow the list of measure for potential inclusion.

Prevention and Wellness

0028e: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

NQF stated this measure is already included in the core set using claims and registry data. This eMeasure is being considered as a reporting option rather than a replacement for the current measure. A Workgroup member noted that most ACOs report via a web interface, but there are still some who do not have these capabilities so this measure may provide a good option. The Workgroup generally agreed that eMeasure versions of current measures should be included as options and that separate benchmarks are needed. The Workgroup agreed keep this measure on the list for consideration.

0421e: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Like measure 0028e, this measure is an eMeasure version of a measure already in core set. This measure is being considered as a reporting option rather than a replacement for the current measure. NQF staff shared that other Workgroups wanted to include a note when there are two reporting options that different benchmarks are needed for comparison purposes. The Workgroup agreed to the keep the measure on the list for consideration.

0033: Chlamydia Screening in Women (CHL)

This measure is currently included in the CQMC Pediatrics core set, but NQF clarified that the age range for this measure is up to 24 years. A Workgroup member questioned if this is appropriate for the ACO core set since the population served is mostly older adults. Another member felt family medicine measures such as this one should be within the scope of this group. Some Workgroup members questioned if this is a priority measure, while others liked that this measure could be used across programs and business lines. A co-chair redirected the conversation to focus on whether the measure should stay on the list for consideration. Another member shared that this measure is relevant as many women seen within their clinical practice fall within this age range. Workgroup members also highlighted the importance of including measures which are applicable to both federal and private ACO programs. The Workgroup agreed to keep this measure on the list for future consideration.

0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category

NQF staff shared that this measure uses prescription claims data and is tested at health-plan level. NQF staff also noted this measure is being considered by other CQMC Workgroups and has been recommended by NQF's MAP for addition to the Medicaid Adult Core Set. A Workgroup member

suggested that based on experience adherence measures at the physician level can be problematic as there are difficulties with retrieving data that would allow for meaningful impact. Another member noted that this measure is a Star Ratings measure and is already being used at the provider level in some value-based models with apparent success and not much pushback. There was also discussion that using this measure is a leverage point for obtaining this data. The Workgroup was split on this measure but agreed to keep measure for further consideration.

2872e: Dementia: Cognitive Assessment
A co-chair noted this measure is only available as an eCQM. A Workgroup member stated that this measure may not be appropriate as a "core" measure since only a small portion of providers are reporting on this measure. The Workgroup discussed that this measure promotes good practice but there is not strong evidence linking this measure to improved outcomes. Workgroup members added that this measure focuses on cognitive assessment, but not functional assessment. The Workgroup agreed to remove this measure from consideration.

3059e: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
This measure is currently endorsed for "Trial Use" and is being reviewed for full endorsement by NQF during the Spring 2019 cycle. This measure is also being considered for the Gastroenterology and HIV/Hep C CQMC core sets. A co-chair shared this is a good screening measure that is applicable to primary care or ACOs. The Workgroup agreed to keep measure for further consideration.

3060e: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
This measure is currently endorsed for "Trial Use" and is being reviewed for full endorsement by NQF during the Spring 2019 cycle. This measure is also being considered for the Gastroenterology and HIV/Hep C CQMC core sets. Workgroup members shared challenges for primary care providers in effectively identifying IV drug users. Workgroup members pointed out that 3059e would include the 3060e patient population, but other members clarified that 3059e focuses on one-time screening, while 3060e is an annual screen. While this is important to clinical practice, the group was in consensus that 3060e is not a priority measure for this core set. The Workgroup agreed to remove this measure from consideration.

Cardiovascular Care
N/A: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
This measure was previously discussed but was flagged to discuss again. NQF staff added that this measure is currently used in IHA's AMP program as well as MIPS. The CQMC Cardiology Workgroup is also considering this measure. A co-chair shared that providers and patients can opt out of using this measure if a patient refuses statin therapy or has contraindications for the use of statins (e.g., myalgias). The Workgroup decided to keep this measure and compare it against NCQA's statin therapy for CVD HEDIS measure.

N/A: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
This measure is currently used in MIPS and is related to the controlling high blood pressure measure already in the core set. A member stated since there are other measures addressing screening for high blood pressure, this measure might not be best to include as it is closer to a "check-box" measure. Other members disagreed, explaining that the key to this measure is the follow-up portion, which in crucial to improving patients' outcomes. Workgroup members were concerned this measure is based on outdated guidelines – JNC 7. The Workgroup considered adding a note to users to use current high blood pressure definitions and treatment goals. Workgroup members requested to review this measure when it is updated based on current guidelines. The group decided to remove this measure from consideration at this time but keep it on the "Future considerations/gaps" list.

Diabetes

0729: Optimal Diabetes Care

A member recommended that the Workgroup re-discuss this measure as specifications have been updated and the lipid component has been changed. This measure is related to other diabetes measures currently in the core set. There were some concerns that this is an all-or-none composite measure and that the "non-smoker" requirement, in particular, is difficult to control. Another member reported there have been updated recommendations which suggest limiting aspirin use. Other concerns noted were that the measure lacks considerations related to shared decision making and patient goals. Workgroup members also commented on exclusions, suggesting that selected 74-year-old patients with limited life expectancy should not be included in the measure. The Workgroup decided to remove this measure from consideration.

Care Coordination/Patient Safety

0419e: Documentation of Current Medications in the Medical Record

This measure is currently being used in MIPS and is related to measure 0097, which is currently in the core set. Workgroup members expressed that this measure is flagged as topped out based on current MIPS benchmarks. Workgroup members shared concerns that they were unable to capture specifics for this measure (e.g., medication, dose, route, frequency). The Workgroup decided to remove this measure from consideration.

Utilization & Cost/Overuse

3475e: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

NQF staff shared that the performance data provided was pulled from the NQF submission form. Workgroup members discussed that this measure should not be included in the core set because it has not yet been implemented and does not have broad performance data available. There was discussion that this is a niche measure and may not be appropriate as a core measure. The Workgroup decided to remove this measure from consideration.

Patient Experience/ Function

2483: Gains in Patient Activation (PAM) Scores at 12 Months

NQF staff stated that this PRO-PM has been tested at the clinician group LOA. From available information, it appears a few organizations are using this performance metric, but it has not been widely implemented or used in federal programs. Workgroup members also noted the proprietary nature of the survey. The Workgroup agreed to remove this measure from consideration.

2624: Functional Outcome Assessment

This measure is currently used in MIPS. A Workgroup member expressed reservations about requiring clinicians to perform a functional status assessment on all patients. Other members shared the same concern. The Workgroup agreed to remove this measure from consideration.

N/A: Person-centered primary care measure

A Workgroup member shared that this PRO is currently being used in 49 states and multiple countries. There was a question about the difference between this measure and CAHPS. A Workgroup member explained this measure overlaps with portions of CAHPS but might be a preferred alternative as it comprehensively and parsimoniously assesses primary care. A Workgroup member added this measure is used in the PRIME registry. There are currently no specifications readily available for this measure as a PRO-PM. With further testing as a performance measure, there was interest in considering this measure in the future. Workgroup members agreed to remove this measure from consideration, but it will be added to the future considerations/gaps list.

Pulmonary

1800: Asthma Medication Ratio

This measure is specified and tested at the health plan and integrated delivery system LOAs and is related to measure 1799, which is currently in the core set. NQF noted that this measure is used in both the Medicaid Adult and Child Core Sets. This measure is also being considered by the CQMC Pediatrics Workgroup. A co-chair reminded the group that in 2015 the Workgroup had an extensive conversation about measure 1799 versus 1800. The Workgroup agreed to keep this measure for consideration.

Behavioral Health & Substance Use

0104/0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- Previously discussed, recommended to re-discuss

0711: Depression Remission at Six Months

- Related to 0710 (12 mo. measure currently in core set)

1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

N/A: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions

- Used in MIPS

N/A: Evaluation or Interview for Risk of Opioid Misuse

- Used in MIPS

Behavioral Health & Substance Use (measures not tested at the clinician-level)

0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

- Health plan measure

0576: Follow-Up After Hospitalization for Mental Illness (FUH)

- Health plan measure; previously discussed, recommended to re-discuss.

2940: Use of Opioids at High Dosage in Persons Without Cancer

- Health plan measure

2950: Use of Opioids from Multiple Providers in Persons Without Cancer

- Health plan measure

2951: Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer

- Health plan measure

3175: Continuity of Pharmacotherapy for Opioid Use Disorder

- Health plan and population measure

3389: Concurrent Use of Opioids & Benzodiazepines

- Health plan measure

The Workgroup did not have time to discuss any of the Behavioral Health and Substance Use measures and will discuss these measures during the next meeting.

Other

2522e: Rheumatoid Arthritis: Tuberculosis Screening

The measure is currently endorsed for "Trial Use" and is being reviewed by NQF during the Spring 2019 cycle. A co-chair expressed this is a valuable clinical measure, but not necessarily priority for this core measure set. A member added that for persons to get DMARD treatment, precertification requires TB screening. The Workgroup agreed to remove this measure from consideration.

2523: Rheumatoid Arthritis: Assessment of Disease Activity

The Workgroup discussed that this is more appropriate to measure for an ACO than for primary care since there would have to be large enough patient volume. The Workgroup generally agreed this is not currently a high-priority gap area. The Workgroup agreed to remove this measure from consideration.

2525e: Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

This measure is currently endorsed for "Trial Use" and is being reviewed by NQF during the Spring 2019 cycle. The Workgroup noted similarities between this measure and the similar HEDIS measure. The group agreed that performance on this measure is already high. The Workgroup agreed to remove this measure from consideration.

Next Steps

NQF staff shared that the Workgroup will continue to discuss measures for addition during the next meeting. NQF staff asked if the group would like to consider admission and/or readmission measures for addition to the core set and presented the Workgroup with a list of potential measures. Workgroup members wanted to revisit these measures, especially the readmission measures, during the next call. The Workgroup made the distinction between admission and readmission measures, noting it is challenging for an ACO to control when a patient is not admitted to facilities within the ACO. The Workgroup will also discuss if any measures should be removed from the core set. After discussing all measure, the Workgroup will vote on additions and removals. NQF staff requested members who have not submitted DOI forms to send the completed DOIs to the CQMC email CQMC@qualityforum.org.