



Meeting Summary

Core Quality Measures Collaborative Full Collaborative Meeting – July 17, 2024

Battelle convened the Core Quality Measures Collaborative (CQMC) Full Collaborative on Wednesday, July 17, 2024, to review and discuss updates from the HIV/Hepatitis C, Orthopedics, and Pediatrics Workgroups.

Welcome and Opening Remarks

Kate Buchanan, Battelle CQMC Lead, welcomed participants to the Full Collaborative meeting to discuss HIV/Hepatitis C, Orthopedics, and Pediatrics core set updates. Ms. Buchanan reviewed the anti-trust compliance statement and noted that CQMC is a membership-driven and -funded effort, with additional support from Centers for Medicare & Medicaid Services (CMS) and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Review Core Set Maintenance Process, Review and Voting Process

Ms. Buchanan then introduced her colleague Kelsey Conner, who provided an overview of the CQMC processes. Ms. Conner stated that all three workgroups met earlier this year to discuss changes to their core sets. The HIV/Hepatitis C and Orthopedics Workgroups voted on proposed changes to their core sets. The Pediatric Workgroup discussed a proposed change but decided against voting on it.

Ms. Conner outlined the measure-selection principles and core set maintenance process. Annually, each core set goes through the maintenance process. As a part of the process, workgroups review proposed additions or removals from the core set. Measures proposed for addition or removal are based off of the [CQMC measure-selection principles](#). The workgroups meet, discuss proposed changes, and, if they decide to move forward, vote on the proposed changes. The CQMC Steering Committee reviews the vote and approves convening the Full Collaborative to discuss and finalize changes. The Full Collaborative reviews the workgroup voting results. Following the meeting, the Full Collaborative has four weeks to submit votes on the discussed measures. As with the workgroups, the Full Collaborative follows a supermajority voting threshold. This means that at least 60% of participants cast an affirmative vote and at least one affirmative vote is cast by a representative from each of the provider and payer voting participant categories for a measure to be added or removed.

HIV/Hepatitis C Workgroup Update

Ms. Buchanan introduced the workgroup co-chairs, Michael Horberg and Andrea Weddle, and provided an overview of the [workgroup meeting](#) in February 2024 during which the workgroup engaged in a full maintenance review of the [core set](#). The workgroup voted to add three measures to the core set, remove one measure, and chose to retain two measures.

- Additions to the core set:
 - [Consensus-Based Entity \(CBE\) #3752e HIV Annual Retention in Care](#)
 - [CBE #3755e STI Testing for People with HIV](#)
 - [Hepatitis C Virus \(HCV\): Sustained Virological Response](#)
- Removal from the core set:
 - [CBE #0409 HIV/AIDS: Sexually Transmitted Diseases - Screening for Chlamydia, Gonorrhea, and Syphilis](#)
- Retentions to the core set:
 - [HIV screening](#)
 - [Screening for Hepatocellular Carcinoma \(HCC\) in Patients with Hepatitis C Cirrhosis](#)

Ms. Buchanan said 14 total voting members are in the HIV/Hepatitis C Workgroup, and 11 total votes were received. She provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

Measure *CBE #3752e HIV Annual Retention in Care* received nine votes for addition and two abstentions. This is a new measure that received endorsement in spring 2023. It is included in the Merit-Based Incentive Payment System (MIPS). The workgroup discussed how this measure has shown signs of success in therapy and shows improved care. Dr. Horberg added that retention in care is still critical for individuals with HIV.

CBE #3755e STI Testing for People with HIV received eight votes for addition, one vote for removal, and two abstentions. This is also a new measure that received CBE endorsement in spring 2023. Dr. Horberg expressed support for the addition of this measure, noting sharp increases in positive STI testing. It is similar to *CBE #0409 HIV/AIDS: Sexually Transmitted Diseases - Screening for Chlamydia, Gonorrhea, and Syphilis*, which is currently in the core set. However, the Health Resources and Services Administration (HRSA), which stewards both measures, plans to retire CBE #0409. Because HRSA will retire the measure, the workgroup voted to remove CBE #0409 with 10 votes in favor of removal and one abstention.

Hepatitis C Virus (HCV): Sustained Virological Response (SVR) received nine votes for addition to the core set with two abstentions. The measure developer, the American Gastroenterological Association (AGA), submitted the measure to the 2024 CMS Measures Under Consideration (MUC) List. Ms. Buchanan noted that the HIV/Hepatitis C Workgroup has expressed interest in this measure for a long time. Dr. Horberg expressed support for the addition of this measure, noting that this captures the cure for Hepatitis C.

The workgroup discussed removing *HIV screening (MIPS ID 475)* and *Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis (MIPS ID 401)* but chose to retain both measures. Both measures received four votes for removal and seven to retain. During the meeting, a workgroup member suggested the removal of *HIV screening*; noted concerns about obtaining patient consent and difficulties retrieving information; and requested that specifications exclude patient refusal and those with limited life expectancy. In response, the measure developer said the current denominator exclusions include patients diagnosed with HIV prior to the start of the measurement period and patients who die before the end of the

measurement period. During the meeting, the steward noted they will reconsider adding the exceptions of patient refusal and limited life expectancy with the next round. *Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis* was also suggested for removal by a workgroup member who voiced concerns that screening benefits do not outweigh risks of harms related to radiation and treatment of incidental findings and concerns of evidence base. The measure developer responded, noting that this is a standard of care in hepatology and all patients with cirrhosis should be screened for Hepatitis C cirrhosis. Dr. Horberg added that the metrics show important gaps and that congenital syphilis is a growing concern demonstrated in rises in perinatal populations.

Ms. Buchanan noted that the workgroup did not have any updates to the HIV or Hepatitis C gap areas. A workgroup member proposed discussing the inclusion of measure MIPS 387 *Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users*.

Orthopedics Workgroup Update

Ms. Buchanan introduced the co-chair, Mark Chassay, and provided an overview of the [workgroup meeting](#) in February 2024 during which the workgroup conducted a lighter maintenance review of the [core set](#). The workgroup voted to remove three measures from the core set and chose to retain one measure in the core set.

- Removals from the core set:
 - [CBE #2958 Informed, Patient Centered \(IPC\) Hip and Knee Replacement Surgery](#)
 - [CBE #2962 Shared Decision-Making Process](#)
 - [CBE #0420 Pain Assessment and Follow-Up](#)
- Retentions in the core set:
 - [CBE #3532 Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release](#)

The Orthopedics Workgroup includes 20 voting members; 13 of those members cast votes. Dr. Chassay noted that the overall removals were aimed at promoting alignment with the programming and removing measures that have been retired or are not currently in use.

Ten members voted to remove *CBE #2958 Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery* with one vote for retention and two abstentions. This measure currently is not used in any CMS programs, and members expressed concern that the measure is not widely used, is burdensome to implement, and is tied to a specific instrument and so may not be dynamic in the future.

Ten members also voted to remove *CBE #2962 Shared Decision-Making Process*, one member voted to retain the measure, and two members abstained from voting. This measure currently is not used in CMS programs, and, other than its use in one payment model, members were unaware of any additional uses.

The workgroup voted to remove *CBE #0420 Pain Assessment and Follow-Up*. Eleven members voted to remove and one voted to retain. CMS, the measure steward, retired the measure; the CMS CBE removed its endorsement; and it is inactive in CMS programs. Members expressed

concern over whether the measure is based on evidence and unintentionally promoted opioid use.

The workgroup discussed removing *CBE #3532 Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release* but chose to retain the measure with seven votes to remove, four votes to retain, and 2 abstentions. This measure is inactive in MIPS. A member expressed concern that the measure would discourage the use or referral to occupational therapy by surgeons, even if unrelated to carpal tunnel surgery, and that it would set a precedent of targeting specific professions versus interventions. Ultimately, the workgroup did not obtain greater than 60% of votes to remove.

Dr. Chassay acknowledged that the vote was close and noted the workgroup will continue to monitor member interest in removal in future discussions. A Full Collaborative member raised an issue of retaining the measure as it may have the unintended consequences of limiting access to important therapy services that might be medically necessary for specific patients. Another member expressed concern over the voting breakdown of retaining the measure with seven votes to remove. Ms. Buchanan noted that the vote did not meet supermajority threshold. Erin O'Rourke, AHIP, noted that the collaborative has had ongoing discussions regarding the threshold for removal being 60%, which some consider a high bar to meet. She encouraged providing feedback or potential process improvements.

A member asked for clarification on why the measure was inactive in MIPS. The measure went through pre-rulemaking during the 2018-2019 cycle and received conditional support for rulemaking. To date, the measure has not been included in a CMS program.

The Workgroup expressed interest in the management of complex patients in the ambulatory space and may consider outcome measures for postoperative care that address this topic.

Pediatrics Workgroup Update

The [Pediatrics Workgroup](#) met in April 2024 to conduct a lighter maintenance review of the [core set](#). While the workgroup discussed one measure for potential removal, there was general agreement to keep the measure and not move it forward to vote. During the meeting, the workgroup engaged in conversation with the National Committee for Quality Assurance (NCQA) on several of its measures. NCQA noted that they plan to remove the telehealth visit component from [CBE #1516 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life](#) for the 2025 reporting year, due to alignment with the Bright Futures Guidelines, which recommend a complete physical exam during visits. NCQA plans to discuss this topic with the technical expert panel (TEP) this summer and ask whether telehealth should remain for some age categories. A member asked about the landscape of measures focused on the social determinants of health, and NCQA anticipates receiving first-year data from health plans from a new measure on social needs screening this summer and will analyze some of the feasibility issues with screening.

The Pediatrics Workgroup also identified potential areas of measurement gaps, which include virtual or telehealth visits and deficiencies in care coordination. The Family Experiences with Care Coordination (FECC) survey is a tool that addresses care coordination. However, the workgroup noted survey-based measures have challenges, and it is important to continue to address the topic of care coordination and barriers that arise in pediatric care. A workgroup member mentioned their

support for addressing the gap area of care coordination and a focus on access to medical homes. They noted that the Title V Maternal and Child Health (MCH) Services Block Grant has a measure on care coordination and that the National Survey of Children's Health includes a composite measure that assesses the usual source of sick care, having a personal doctor or nurse, receiving family-centered care, receiving effective care coordination, and not having problems getting needed referrals.

Next Steps

Ms. Conner informed the group that voting on measures will open once the meeting summary is available. The meeting summary and voting link will be provided via email, with voting open for 4 weeks.

Ms. Buchanan thanked the co-chairs and the rest of the full collaborative for their time and adjourned the meeting.