



## Meeting Summary

### Core Quality Measures Collaborative Full Collaborative Meeting – July 21, 2025

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Battelle convened the Core Quality Measures Collaborative (CQMC) Full Collaborative on Monday, July 21, 2025, to review and discuss updates from the Accountable Care Organization (ACO), Patient-Centered Medical Home (PCMH), and Primary Care (PC) Workgroup.

#### Welcome and Opening Remarks

Kate Buchanan, Battelle CQMC Lead, welcomed participants to the Full Collaborative meeting. 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.

#### Review Core Set Maintenance Process, Review and Voting Process

Ms. Buchanan outlined the measure-selection principles and annual core set maintenance process:

- The workgroups review proposed additions to or removals from the core set, which are based on the [CQMC measure-selection principles](#). The workgroups meet, discuss proposed changes, and, if they decide to move a proposal 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 5 weeks to submit votes on the discussed measures. As with the workgroups, the Full Collaborative follows a supermajority voting threshold: to add or remove a measure, at least 60% of participants must cast an affirmative vote AND a representative from each of the provider and payer voting participant categories must cast an affirmative vote.

#### ACO/PCMH/PC Workgroup Update

Ms. Buchanan introduced the workgroup co-chairs, Karen Johnson, PhD, AAFP, and Marti Walsh, MD, and provided an overview of the [ACO/PCMH/PC Workgroup meeting](#) in February 2025, during which the workgroup engaged in a light maintenance review of the [core set](#). The workgroup voted to remove four measures and retain three measures in the core set. One of the co-chairs mentioned the importance of aligning the core set with [CMS's Universal Foundation](#) measures, a sentiment she also shared with the workgroup at their meeting in February.

- Removed from the core set:
  - [CBE #3541 Annual Monitoring for Persons on Long-Term Opioid Therapy \(AMO\)](#)
  - [CBE #1885 Depression Response at Twelve Months-Progress Towards Remission](#)

- [CBE #2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling](#)
- [Non-Recommended Cervical Cancer Screening in Adolescent Females \(NCS\)](#)
- Retained in the core set:
  - [CBE #3568 Person-Centered Primary Care Measure PRO-PM](#)
  - [CBE #0034 Colorectal Cancer Screening \(COL\)](#)
  - [CBE #0052 Use of Imaging Studies for Low Back Pain](#)

The ACO/PCMH/PC workgroup includes 28 voting members, and Battelle received 20 total votes. Ms. Buchanan provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

### Measures removed from the core set

1. *Measure Title:* [CBE #3541 Annual Monitoring for Persons on Long-Term Opioid Therapy \(AMO\)](#)

*Use/Endorsement:* The measure is endorsed by the CMS consensus-based entity (CBE), and the Marketplace Quality Rating Systems currently uses it.

*Reasoning for Potential Removal:* The workgroup member who suggested removal cited issues with the level of analysis, attribution issues, and redundancy with another CMS Universal Foundation measure: [CMIT 394 Initiation and Engagement of Substance Use Disorder Treatment](#).

*Vote:* The workgroup voted to remove the measure, with 14 votes to remove, four not to remove, and two abstentions.

*Comments:* A co-chair noted that CBE #3541 is at the health plan level, and the CQMC prefers clinician-level measures. Most of the time, specialists order opioids, not primary care physicians (PCPs), so the workgroup felt this measure may be less relevant for their practice, especially because reporting burden for PCPs is already high.

2. *Measure Title:* [CBE #1885 Depression Response at Twelve Months-Progress Towards Remission](#)

*Use/Endorsement:* The CMS CBE removed the measure's endorsement, however several CMS payment programs still use the measure.

*Reasoning for Potential Removal:* The member who proposed the measure's removal noted that other clinical diagnoses may contribute to a high Patient Health Questionnaire (PHQ-9) score even though a patient may be in remission from depression, and the measure does not align with the depression measure currently in the CMS Universal Foundation ([CBE #0418 Preventive Care and Screening: Screening for Depression and Follow-Up Plan](#)).

*Vote:* The workgroup voted to remove the measure, with 13 votes for removal, seven not to remove, and zero abstentions.

*Comments:* A co-chair mentioned that the workgroup felt the CBE #1885's 12-month milestone seemed arbitrary, as clinicians use their own discretion for when to reevaluate with the PHQ-9 or PHQ-9M (a modified version of the PHQ-9 for teens).

3. *Measure Title:* [CBE #2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling](#)

*Use/Endorsement:* The measure is endorsed and used in MIPS.

*Reasoning for Potential Removal:* The member who proposed removal cited documentation challenges that make reporting on the measure resource-intensive and burdensome, and noted redundancy with another CMS Universal Foundation measure.

*Vote:* The workgroup voted to remove the measure, with 13 votes for removal, six not to remove, and one abstention.

*Comments:* A co-chair shared that the workgroup discussed challenges around obtaining data for this measure, because the data can be documented in several places in the electronic medical record.

4. *Measure Title:* [Non-Recommended Cervical Cancer Screening in Adolescent Females \(NCS\)](#)

*Use/Endorsement:* The measure is used in MIPS and has not been submitted for endorsement.

*Reasoning for Potential Removal:* The workgroup member who proposed the measure for removal noted that the National Committee for Quality Assurance (NCQA) retired it in 2025, and the Healthcare Effectiveness Data and Information Set (HEDIS) performance data indicated very little room for improvement.

*Vote:* The workgroup voted to remove the measure with 14 votes to remove, four not to remove, and two abstentions.

**Measures retained in the core set**

1. *Measure Title:* [CBE #3568 Person-Centered Primary Care Measure PRO-PM](#)

*Use/Endorsement:* The measure is used in MIPS and is endorsed.

*Reasoning for Potential Removal:* The workgroup member who proposed removal cited concerns around face validity of the instrument, the feasibility of the measure, and implementation burden for general internal medicine practices. They also shared a concern that the measure could lead to changes in care delivery, but that evidence linking those changes to improved patient outcomes is lacking. The measure developer provided extensive information about the measure, noting sufficient evidence of face validity, and that among the 40 health plans and systems that have used the measure, none have found it to be burdensome.

*Vote:* The discussion was supportive of the measure, and the workgroup voted to retain the measure, with six votes for removal, 13 not to remove, and one abstention.

*Comments:* A co-chair added that they felt it was important to have patient-reported outcome measures in the core set and that CBE #3568 was a well-validated tool to evaluate patient outcomes. The co-chair also noted that MIPS and new payment models use the measure.

*Measure Title:* [CBE 0034 Colorectal Cancer Screening \(COL\)](#)

*Use/Endorsement:* The measure is used in a number of CMS programs. The measure steward is no longer seeking endorsement for the measure, so endorsement was removed.

*Reasoning for Potential Removal:* The member who initially proposed the measure for review noted it does not align with the American College of Physicians guidance on screening age nor screening method. The developer, NCQA, noted that they work to

balance recommendations from various guidelines, and review differences between guidelines during measure maintenance.

*Vote:* The workgroup voted to retain the measure, with seven votes for removal, nine to not remove, and four abstentions.

*Comments:* A co-chair pointed out that CBE #0034 does align with CMS's Universal Foundation.

2. *Measure Title:* [CBE #0052 Use of Imaging Studies for Low Back Pain](#)

*Use/Endorsement:* The measure is used in the Marketplace Quality Rating System but is no longer endorsed.

*Reasoning for Potential Removal:* The member who proposed removal stated that the measure does not align with the CMS Universal Foundation, no longer has endorsement, and should only be used at the health plan level. The CMS CBE removed endorsement because current medical guidance advises against routine imaging for non-specific low back pain. The member also noted that other newer measures can assess overuse, utilization, and value-based care.

*Vote:* The workgroup did not identify other relevant measures to replace the current measure. There were nine votes for removal, seven not to remove, and four abstentions. Because the vote to remove did not receive a 60% supermajority, the measure is retained in the core set.

### **ACO/PCMH/PC Key Topics**

Ms. Buchanan shared that the workgroup had a holistic discussion around depression measures in the core set, including concerns about creating a gap if measures were removed. Ms.

Buchanan noted that assessing measures by topic is helpful, but some measures proposed for removal may have benefitted from more in-depth discussion.

A co-chair felt that the workgroup did a good job of assessing the core set holistically, resulting in the core set being representative of what PCPs should be held accountable for.

### **Next Steps**

Celia Thomas, MPH, Battelle CQMC support, shared with 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 5 weeks. Ms. Buchanan thanked the co-chairs and the rest of the Full Collaborative for their time and adjourned the meeting.