



## Meeting Summary

### Core Quality Measures Collaborative Full Collaborative Meeting – November 17, 2025

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Battelle convened the Core Quality Measures Collaborative (CQMC) Full Collaborative on Monday, November 17, 2025, to review and discuss updates from the HIV/Hepatitis C, Cardiology, and Gastroenterology Workgroups.

#### 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 then provided an overview of the CQMC processes for core set maintenance and voting. Ms. Buchanan outlined the [measure-selection principles](#) and annual core set maintenance process. As a part of the process, workgroups review proposed additions or removals from the core set. 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.

Following the meeting, the Full Collaborative reviews the workgroup voting results. As with the workgroups, the Full Collaborative follows a supermajority voting threshold: 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. Ms. Buchanan added that abstentions are not included in the denominator.

#### HIV/Hepatitis C Workgroup Update

Ms. Buchanan introduced the workgroup co-chairs, Dr. Michael Horberg and Andrea Weddle, and provided an overview of the June 2025 [HIV/Hepatitis C Workgroup meeting](#) during which the workgroup engaged in a light maintenance review of the [HIV/Hepatitis C Core Set](#). The current core set has eight measures, with five HIV measures and three Hepatitis C measures. The workgroup voted to remove one measure in the core set.

- Removed from the core set:
  - CBE [#2079/3209e](#) HIV Medical Visit Frequency

Battelle received nine votes out of a total of 12 voting members in the HIV/Hepatitis C Workgroup. Ms. Buchanan provided an overview of the voting results, including a summary of the measure and workgroup discussion.

The steward for Measure CBE #2079/3209e, HIV Medical Visit Frequency (HRSA), has retired the measure and is no longer seeking CBE endorsement. The steward noted that many patients do not require a medical visit every six months, and some providers were scheduling visits solely to fulfill the measure's requirements. Out of nine voting members, six voted to remove the measure, one voted not to remove it, and two abstained.

### ***HIV/Hepatitis C Key Topics***

- A co-chair identified gap areas in measurement, such as vaccinations, which are not currently included in any of the core sets. The Steering Committee chair encouraged the workgroup to submit relevant measures to the Accountable Care Organization / Patient-Centered Medical Home / Primary Care (ACO/PCMH/PC) workgroup for consideration and to attend their meetings to share input. Additionally, a co-chair recommended the inclusion of pre-exposure prophylaxis (PrEP) measures.
- The American College of Emergency Physicians (ACEP) and Cleveland Clinic are piloting two new measures: one for HIV screening among all patients presenting with a sexually transmitted infection (STI), and another for syphilis testing in pregnant patients. A member noted that the military has existing policies around PrEP and STI testing.
- The workgroup discussed whether qualified clinical data registry (QCDR) measures could be considered for inclusion in the core set. The Steering Committee chair noted that the CQMC generally focuses on non-proprietary measures that do not require licensing fees but indicated there may be opportunities to work with registries to make low-cost licenses available if needed.
  - Ms. Buchanan mentioned that Battelle is developing a toolkit to help payers use the proprietary measures in core sets and thanked attendees who provided feedback on the toolkit in recent weeks.

### **Cardiology Workgroup Update**

Ms. Buchanan provided an overview of the June 2025 [Cardiology Workgroup meeting](#) during which the workgroup engaged in a light maintenance review of the [Cardiology Core Set](#). She noted that this core set is the largest among all core sets, reflecting the many sub-specialties within cardiology and the workgroup's intent to offer a broad selection of measures for providers. The core set is designed as a menu from which payers can select measures relevant to their needs. During the meeting, the workgroup voted to remove two measures and retain two measures in the core set.

- Removed from the core set:
  - [CBE #0694 Hospital Risk-Standardized Complication Rate Following Implantation of Implantable Cardioverter-Defibrillator \(ICD\)](#)
  - [CBE #0070/0070e Coronary Artery Disease \(CAD\): Beta Blocker Therapy—Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#)
- Retained in the core set:
  - [CBE #0028/#0028e Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention](#)
  - [CBE #0083 Heart Failure \(HF\): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#)

Battelle received ten votes out of a total of 12 voting members in the Cardiology Workgroup. Ms. Buchanan provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

#### Measures Removed in the Core Set

- Measure [CBE #0694 Hospital Risk-Standardized Complication Rate Following Implantation of Implantable Cardioverter-Defibrillator \(ICD\)](#) received a “no consensus” vote during the CBE’s endorsement and maintenance (E&M) process. The E&M committee raised concerns around scientific acceptability and lack of updated data to determine whether a gap exists. The measure is not currently in use in any CMS programs. Out of ten voting members, nine voted to remove the measure, zero voted not to remove it, and one abstained
- Measure [CBE #0070/0070e Coronary Artery Disease \(CAD\): Beta Blocker Therapy—Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) was proposed for removal by a workgroup member due to redundancy with [CBE #0083 Heart Failure \(HF\): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#). The measure is topped out in the Merit-based Incentive Payment System (MIPS) program and the steward, American Heart Association (AHA), plans to ask CMS to remove the measure following the 2026 performance year. At that time, AHA will discontinue maintenance on the measure. The workgroup voted to remove the measure with eight voting to remove, one voting to not remove, and one abstaining.

#### Measures Retained in the Core Set

- Measure [CBE #0028/#0028e Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention](#) lost endorsement due to a lack of sufficient evidence to recommend electronic nicotine delivery systems (ENDS), including electronic cigarettes, as cessation aids. The steward, the National Committee on Quality Assurance (NCQA), recently finished updating the Healthcare Effectiveness and Data Information Set (HEDIS) version of the measure. The workgroup wanted to retain the current version of

the measure until the new version was ready for implementation. The workgroup voted to retain the measure with one voting to remove, eight voting not to remove, and one abstaining.

- The measure [CBE #0083 Heart Failure \(HF\): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#) is topped out in MIPS. AHA stewards the measure and will end maintenance of the measure after the 2026 performance year. Nevertheless, the workgroup felt the measure was important and voted to retain with four voting to remove, four not to remove, and two abstaining.

### **Cardiology Key Topics**

- Gaps remaining in cardiology quality measurement include:
  - Long-term cardiovascular care
  - Patient transitions between facilities, specifically cardiac rehabilitation
  - Patient-reported outcomes (PROs) and patient-reported outcome performance measures (PRO-PMs)
  - Measures of disparities and Social Drivers of Health (SDOH)
- The workgroup decided not to vote on removal of [CBE #0733 Operative Mortality Stratified by the 5 STAT Mortality Categories](#) because removing this measure would create a gap in the core set around pediatric cardiology. A measure added in 2024, [CBE #0642 Cardiac Rehabilitation Patient Referral From an Inpatient Setting](#) helps to close the gap in pediatric cardiology measures.

### **Gastroenterology Workgroup Update**

Ms. Buchanan introduced the co-chair, Dr. Ken Freedman, and provided an overview of the [Gastroenterology Workgroup meeting](#) held in July 2025 during which the workgroup conducted a light maintenance review of the [core set](#). The workgroup considered the removal or retention of one measure:

- Retained in the core set:
  - [CMIT #0039 Age-Appropriate Screening Colonoscopy \(MIPS ID 439\)](#)

Battelle received seven total votes out of 11 total voting members in the Gastroenterology workgroup, Ms. Buchanan provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

The workgroup discussed [CMIT #0039 Age-Appropriate Screening Colonoscopy \(MIPS ID 439\)](#), which CMS removed from MIPS in 2024, as it was topped out and is now the standard of care for colonoscopy screening. This is the only measure in the core set that focuses on the older adult population. With four voting to remove, three voting to not remove, and zero abstaining, the measure did not receive 60% in favor of removal and is retained in the core set.

### ***Gastroenterology Key Topics***

Ms. Buchanan provided an overview of measurement gap areas identified in previous workgroup meetings, including:

- Quality of colonoscopy, including measures for post-colonoscopy complications (e.g., emergency department or hospital visit after a procedure, perforation, hemorrhage)
- Patient safety, including complications after procedures
- Medication management and adherence, especially for patients with inflammatory bowel disease (IBD) and patients on immunosuppressive medications
- Patient continuum of care and vulnerable points of information exchange
- PRO-PMs
- Specific diseases, including gastroesophageal reflux disease (GERD), nonalcoholic fatty liver disease, hypertrophic pyloric stenosis, celiac disease, cirrhosis, chronic pancreatitis, and upper gastrointestinal infections
- Hepatitis A vaccination rates
- Screening for Clostridium difficile colitis
- Correlation between smoking and Barrett's esophagus
- Resource utilization during acute episodes of care
- Capture of disparities or measure stratification to identify disparities (e.g., colorectal cancer screening and follow-up rates for groups less likely to receive care)

Ms. Buchanan noted that gastroenterology measures can be challenging, as some measures struggle to get sufficient case counts and some conditions are rare. Providers may only see a few cases per year. For example, the American Gastroenterological Association has a Barrett's esophagus measure that has not undergone beta testing because of limited data availability. Additionally, gaps identified by the workgroup include measures around cirrhosis and IBD. The workgroup noted that there are also hepatitis B measures that could be expanded to other biologics and other patient populations.

### **Next Steps**

Kelsey Conner, Battelle, 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 five weeks. Ms. Conner encouraged the collaborative to cast their vote before the closing date specified in the email, which will come from [cqmc@battelle.org](mailto:cqmc@battelle.org). Ms. Buchanan thanked the co-chairs and the rest of the Full Collaborative for their time and adjourned the meeting.