

Meeting Summary

Core Quality Measures Collaborative

Gastroenterology Workgroup: Orientation Web Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the Gastroenterology Workgroup on January 18, 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 reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the workgroups over a series of web meetings to provide input on measure selection criteria, evaluate current measure sets to provide recommendations for removal and identify potential gaps, identify potential sources for additional measures, evaluate measures for addition to the core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets.

Measure Selection Principles Discussion

Draft – Revised Principles for measures included in the CQMC core measure sets

- Advance health and healthcare improvement priorities and align with payer priorities
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid).
- Minimize data collection and reporting burden (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
- Are ambitious, yet reasonably within the control of providers.
- Demonstrate a significant opportunity for improvement.

Draft – Revised Principles for the CQMC core measure sets

- Provide a person-centered and holistic view of quality.

- Provide meaningful and usable information to all stakeholders.
- Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- Emphasize measures that address cross-cutting domains of quality.
- Promote the use of innovative measures (e.g., e-measures, measures intended to address disparities in care, or patient-reported outcome measures).
- Include an appropriate mix of measure types while emphasizing outcome measures.

NQF staff provided an update on the refinement of the core measure set selection principles and shared a comparison of the CQMC principles with those used by other state and federal initiatives. NQF staff stated that a memo was sent out in December 2018 to obtain the full Collaborative’s feedback on the updated principles before finalizing and presenting them to the Steering Committee on February 1. A suggestion was made to broaden the first principle from payer priorities to priorities of all stakeholders (e.g., patients, physicians). A Workgroup member expressed support for prioritizing e-measures as they reduce reporting burden on physicians and clinicians. A Workgroup member advised that the suggestion had been made during the previous round of CQMC work, but the Workgroup had noted that electronic data accessibility was a major challenge.

A suggestion was made to consider already existing, feasible measures then supplement them with cross-cutting measures (e.g., communication with patients and other physicians, medication review). It was noted that in certain specialties, such as gastroenterology, there are not as many nationally-endorsed measures available. The Workgroup recommended that the Collaborative discuss the potential implications of including measures for which data sources are not readily available. Despite the difficulty in capturing certain data elements, the Workgroup agreed that prioritizing measures with such components could lead to improvement in the ability to capture the data elements and burden reduction over time.

Review of Current Core Set

Current measures in the Gastroenterology Core Set:

- NQF# 0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- NQF# 0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
- PQRS# 343: Screening Colonoscopy Adenoma Detection Rate Measure.
- PQRS# 439: Age Appropriate Screening Colonoscopy
- PQRS# 271: IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment
- PQRS# 275: IBD: Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
- PQRS# 401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis
- PQRS# 400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

A Workgroup member noted that in the current core set, focus has been on areas that are easier to measure (e.g., endoscopic procedures, screening and surveillance intervals). In recent years, there has been a concerted effort for measurement to reflect the diversity of gastroenterology and include the treatment of other conditions that affect the liver and gastrointestinal tract (e.g., cirrhosis, Hepatitis C, GERD, Barrett’s Esophagus, acute pancreatitis). The Workgroup also noted the importance of patient-reported outcome measures.

The absence of a measure assessing the quality of a colonoscopy was highlighted as a gap by the Workgroup. The Workgroup identified NQF# 0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use for potential removal as there may no longer be a gap in care based on performance scores.

A few Workgroup members shared challenges faced during follow-up intervals when patients switch plans or providers. Another member shared the challenge in using certain Physician Quality Reporting System (PQRS) measures that can only be calculated using EHR data.

Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged the Workgroup to share gap areas and measures for consideration. A Workgroup member suggested that medication management and adherence, especially for inflammatory bowel disease (IBD) and for patients on immunosuppressant medications be considered. It was reported that laboratory measures related to medication monitoring existed and would be shared with NQF to include in the environmental scan.

A member recommended that the Workgroup consider measures across the patient continuum of care (e.g., from referring/ordering physician to pathology testing that includes the correct elements and biomarker testing results that allow for appropriate diagnosis which will, in turn, determine the type of chemotherapy that oncologists use for treatment). A member requested that the CQMC explore if any measures related to vulnerable points where quality could be compromised (e.g., sharing of information between referring physicians, pathologists, and oncologists) existed. The Workgroup also noted measure gaps in the areas of patient safety, including complications after procedures, and resource utilization during acute episodes cost of care.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the [CQMC SharePoint site](#) and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. NQF advised they were finalizing the selection principles and performing an environmental scan of measures to discuss during the next Workgroup meetings in March/April 2019.