CQMC Core Quality Measures Collaborative

Meeting Summary

Core Quality Measures Collaborative Gastroenterology Workgroup Meeting – June 2, 2026

Battelle convened the Core Quality Measures Collaborative (CQMC) Gastroenterology Workgroup on Tuesday, June 2, 2026, to discuss potential additions and removals to the Gastroenterology core set.

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC lead, welcomed workgroup members to the meeting to discuss core set updates. She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and -funded effort, with additional support from the Centers for Medicare & Medicaid Services (CMS) and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Jenny Maratt, MD, MS, and Ken Freedman, MD, MS, MBA, FACP, DFASAM, AGAF, and then provided a list of voting and non-voting members. Ms. Buchanan then outlined the core set's intent, principles for core set measure selection, and the process for maintenance.

2025 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of measures under review and results from the 2025 cycle. During the 2025 cycle, the workgroup discussed a measure for potential removal but voted to retain it in the core set:

- CMIT 39 Age Appropriate Screening Colonoscopy

The measure assesses the rate of screening colonoscopies in patients aged 86 and older. The workgroup flagged it for removal after CMS eliminated it from the Merit-based Incentive Payment System (MIPS) in 2024 due to the measure being topped out. Additionally, the workgroup noted that the measure is inconsistent with recommendations for routine screening in this age group. Other workgroup members noted that this was the only measure in the core set focused on older adults and that entities were still using the measure for quality improvement.

The Current Core Set

Ms. Buchanan provided an overview of the current Gastroenterology core set, noting that it includes 12 measures: nine process measures and three outcome measures. The set is comprised of five measures on endoscopy and polyp surveillance, four measures on

Hepatitis C, one measure on inflammatory bowel disease (IBD), and two measures falling under other categories.

Measures for Consideration – Addition

Ms. Buchanan reviewed the process to assess potential additions to the core set, indicating that Battelle requested feedback from workgroup members and conducted an environmental scan with a 3-year lookback period. The sources for the scan include the CMS Measures Inventory Tool (CMIT), CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT), Partnership for Quality Measurement (PQM) Submission Tool and Repository (STAR), previous meeting discussions, Quality Payment Program (QPP), and Healthcare Effectiveness Data and Information Set (HEDIS).

The workgroup considered two measures for addition to the core set:

- CBE #1717 Clostridioides difficile (CDI) LabID Event Standardized Infection Ratio
- CMIT #87 Barrett's Esophagus

Measures for Consideration – Removal

Ms. Buchanan reviewed factors to consider for removing a measure from the core set. She noted that Battelle reviewed the current core set, looking for changes to endorsement status, changes in program use, and key topics identified by the workgroup. Battelle did not identify any measures for removal. Additionally, Battelle asked the workgroup for recommendations for removal (and addition) and did not receive any.

Discussion

Potential Additions

- **Measure Title:** CBE #1717 Clostridioides difficile (CDI) LabID Event Standardized Infection Ratio

  Endorsement/Use: The measure was endorsed with conditions in Fall 2025. The committee requested that when the measure comes back for maintenance in 3 years, the developer will have explored the possibility of using other all-payer data sources to expand the use of patient-level factors in the risk adjustment model and reduce reliance on facility-level factors. The measure is used in the Hospital-Acquired Condition Reduction Program, Hospital Value-Based Purchasing, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, and Prospective Payment System-Exempt Cancer Hospital Quality Reporting.

  Rationale for Potential Addition: During the 2022 review meeting, the workgroup noted screening for Clostridium difficile colitis is a gap area in the core set. The workgroup included the measure on the 2024 ballot, but voted not to add it to the core set at that time.

Discussion: A workgroup member asked how the measure is defined and operationalized. The measure developer responded that the measure captures hospital-onset Clostridium difficile infections, defined as cases occurring 4 or more days after admission, thereby excluding community-onset cases from the numerator. However, community-onset cases are incorporated into the risk adjustment model, along with other facility-level factors such as testing methods and hospital characteristics. A workgroup member noted that the measure relies on a risk-adjusted standardized infection ratio model and raised questions about feasibility and implementation burden. In response, the measure developer indicated that the CBE endorsed the measure and the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network has widely implemented it, with thousands of hospitals reporting data.

A workgroup member and the co-chairs discussed whether the measure is appropriate for the Gastroenterology core set. The workgroup agreed that the measure is fundamentally a facility-level, system-based measure driven by infection-prevention practices rather than care directly delivered by gastroenterologists. An AHIP representative noted that there is not currently an infectious disease or hospital medicine workgroup. Ms. Buchanan added there is precedent for including measures not directly delivered by a specialty but considered important for overall patient care. For example, the Medical Oncology core set includes pathology measures because that workgroup believed they were relevant and important measures for assessing the quality of cancer care.

Ballot Decision: The measure will be added to the ballot.

- **Measure Title:** [CMIT 87 Barrett's Esophagus]

  Endorsement/Use: The CMS CBE committee removed endorsement from the measure in the Fall 2019 measure review cycle. While the measure met the topped-out requirement for MIPS in 2026, MIPS still uses the measure. In addition, whether clinicians may still have an opportunity for improvement is unknown.

  Rationale for Potential Addition: During the 2025 workgroup meeting, the workgroup noted Barrett's esophagus surveillance measures as a gap area in the core set.

  Discussion: Similar to the prior measure, a workgroup member asked if this pathology measure was appropriate for inclusion in the Gastroenterology core set and whether gastroenterologists would be held accountable for a measure not in their control. The measure developer noted that compliance rates for the measure are over 99% among pathologists who report on it; however, Ms. Buchanan noted that MIPS has voluntary reporting, meaning the measure is only topped out among providers who chose to report on it. The developer plans to continue maintaining the measure to reinforce consistent reporting practices.

  Ballot Decision: The measure will be added to the ballot.

Potential Removals

Battelle did not identify any measures for removal, so the workgroup did not discuss any potential removals.

Gaps Discussion

Ms. Buchanan reviewed the measurement gap areas previously identified by the workgroup and invited members to provide any updates or refinements.

The current gaps include:

- 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 gastrointestinal procedures
- Medication management and adherence, especially for patients with IBD and patients on immunosuppressive medications
- Patient continuum of care and vulnerable points of information exchange
- Patient-reported outcome performance measures (PRO-PMs)
- Measures focused on specific diseases, including gastroesophageal reflux disease (GERD), nonalcoholic fatty liver disease, celiac disease, cirrhosis, infectious hepatitis, chronic pancreatitis, and upper gastrointestinal infections
- Hepatitis A vaccination rates
- Screening for Clostridium difficile colitis
- Measures that address the correlation between smoking and Barrett's esophagus and Barrett's esophagus surveillance measures
- Resource utilization during acute episodes of care
- Measures that capture gaps in care or measure stratification to identify gaps in care (e.g., colorectal cancer screening and follow-up rates for groups less likely to receive care)
- Measures that will aid in alignment among the health care community in quality measurement

Ms. Buchanan noted that the ballot will contain a Likert scale so workgroup members can prioritize gaps. Additionally, there will be a free-text field if workgroup members have suggestions for refining any of the gap areas. Ms. Buchanan clarified the purpose of this list is to communicate gaps to measure developers and identify measures that could be included in the core set. The co-chairs noted that additional gap areas might include vaccination rates for patients with IBD who are on biologics and testing for H. pylori in patients with peptic ulcer disease.

Next Steps

Ms. Buchanan shared that voting would open directly after the meeting. Battelle staff will send the meeting summary out within the next week. Voting will be open for 4 weeks. The ballot will contain open text fields so workgroup members can indicate whether they think the measures belong in new or different core sets. All materials will come from cqmc@battelle.org. Ms. Buchanan thanked the workgroup co-chairs for their time and adjourned the meeting.