Meeting Summary

Core Quality Measures Collaborative (CQMC) Full Collaborative Meeting Summary: July 11, 2023

The Core Quality Measures Collaborative (CQMC) Full Collaborative convened on Tuesday, July 11, 2023. The CQMC is a membership-driven and funded effort, with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

The goal of the meeting was to explore the CQMC's role in three key areas: health equity measurement, movement to digital measures, and alignment around measurement models. Additionally, the CQMC discussed the leading barriers to adoption and achieving the desired impact of the core sets and how these can be overcome and began the development of a vision and strategy for next phases of work.

Welcome, Roll Call, and Review of Web Meeting Objectives

Ms. Danielle Lloyd, Senior Vice President of Private Market Innovations & Quality Initiatives at AHIP and CQMC Steering Committee, welcomed attendees to the meeting. She thanked the Workgroup Co-Chairs and Steering Committee and introduced the new Steering Committee members. Ms. Lloyd stated that CQMC Steering Committee members serve a three-year term but with the transition between contractors there is a pause in filling vacant seats.

Ms. Lloyd reviewed the antitrust compliance statement, urged attendees not to share confidential or proprietary information during the meeting, and acknowledged that CQMC is a membership-driven and funded effort with additional support provided by CMS and AHIP.

Ms. Lloyd noted the transition of contractors from NQF to Battelle means that the operational home for CQMC has shifted to Battelle through its Partnership for Quality Measurement (PQM).

Ms. Lloyd reviewed CQMC's work from last year. The CQMC released three major reports in 2022: Aligning Approaches to Measure Models, Digital Measurement, and Health Equity, to support implementation of the core measure. Further, the CQMC updated eight of its ten core sets and AHIP plans to issue a press release with the updates in the coming weeks.

Dr. Michelle Schreiber, Deputy Director of Center for Clinical Standards and Quality (CCSQ), and Director of the Quality Measurement and Value-based Incentives Group (QMVIG), CMS, expressed her appreciation of AHIP, NQF, and Battelle for their leadership and partnership with CMS to drive health care quality improvement. Dr. Schreiber presented on the Universal Foundation, a new effort to implement the vision outlined in the CMS National Quality Strategy

to increase measure alignment across CMS. The Universal Foundation's intended impacts include:

- Improving health outcomes
- Reducing provider burden
- Improving standardization of measurement
- Promoting interoperability by prioritizing measures for transition to interoperable digital data.

In February 2023, CMS introduced the preliminary adult and pediatric measures. Additional measures for specific settings or populations will be identified as "add-ons" that can be implemented consistently across programs. These may include maternal, hospital, specialty (MIPS Value Pathways), post-acute care, and long-term care.

Dr. Nicole Brennan, Executive Director of the Partnership for Quality Measurement (PQM), introduced the partnership. Run by Battelle, a certified consensus-based entity (CBE), the PQM uses a consensus-based process involving a variety of experts—clinicians, patients, measure experts, and health information technology specialists—to ensure informed and thoughtful endorsement reviews of quality measures. Dr. Brennan highlighted the importance of collaboration and engagement in ongoing efforts and invited CQMC members to join the PQM to stay updated.

Dr. Kedar Mate, President and CEO of the Institute for Healthcare Improvement and partner with Battelle in the PQM, expressed gratitude to work alongside CQMC and emphasized the significance of quality measures, equity, and reducing measurement burden.

Mr. Patrick Wynne, Health Insurance Specialist, CCSQ, CMS, closed out the welcoming remarks and encouraged CQMC members to consider the next steps to further the CQMC's mission and vision.

Current Core Sets and Implementation to Date

Ms. Erin O'Rourke, Executive Director, Clinical Performance and Transformation, AHIP, reviewed the results of a survey of payers to understand uptake of measures in the CQMC core measures set, the usefulness of core sets, and barriers of update of measures.

The measure set with the greatest adoption was the Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMHs), and Primary Care core set. Sets with fewer measures adopted included HIV/Hepatitis C, Medical Oncology, and Gastroenterology. Claims-based measures, measures that assess prevention or population health concepts, and measures specified for the health plan or clinician/clinician group level of analysis are the most likely to be used. The majority of respondents said that the core measure sets are useful in developing contracts.

The most common reasons that respondents did not use the core measures were that the sample size was too small at the provider level, the data are not available, and there is a lack of provider infrastructure such as an electronic medical record (EMR) or clinical registry.

Respondents identified several impactful ways to evolve the CQMC core measure sets. The most common responses were an increased use of measures that use data sourced from EHRs or registries, increased use of outcome (vs. process) measures, and the ability to stratify measures to evaluate health equity.

The survey asked how payers are using measurement as a strategy to address equity—50% responded that they are measuring equity by a reduction in gaps in provision of care between patient population segments. To stratify measures, most respondents used race/ethnicity and geographic location factors, and others use factors including sex, preferred language, and disability status.

Ms. O'Rourke reiterated the aim of the survey was to inform a discussion on how to increase adoption of core measures and, where there is opportunity, to reduce the burden of maintaining the sets and increase use. AHIP is willing to put together panels or presentations for member meetings, to jointly create journal articles, or to foster other collaborations on how to increase awareness of CQMC and improve communication strategy.

CQMC Full Collaborative Discussion on Implementation Strategies

One member expressed appreciation for the survey, noting that it is helpful to see what measures and measure sets are being used and why. Another member shared that they were struck by the data considerations and issues. Many measures in the core sets are claims-based, but it would be more impactful to use digital and registry data. This shows a clear direction of transition to work towards.

A member commented that at a workgroup level, workgroups are not using data because it is challenging to get. They asked if the results of the survey can be compared over time. A meeting facilitator answered that survey questions have changed over time, so it is hard to compare directly. The CQMC plans to compare general themes over time and noted that there was nothing that immediately stood out as moving in opposite directions.

Another member commented on the result that 50% of respondents say that they use the measures as-is, which means that the other half of respondent either do not use the measure as-is or do not have an answer; this is a challenge that will need to be addressed. Providers and plans often change the measures for a variety of reasons and the member asked if there were insights into if there are barriers to using the measures as they exist. A member pointed out that these questions line up with measure models discussion and gave an example of the HEDIS depression screening measure that is not available to all models, and that in general measures may have to be adapted because of lack of access to data.

Another member stated it that it might be worth discussing creating data collection pathways for understanding/collecting/grouping variants of measures so that we can map out what is happening in this variability

Measure Model Alignment Strategy and Role for the CQMC Sessions

Ms. Lloyd opened the discussion with background information on measure model alignment

(MMA), and the end-to-end process of performance measurement, including the collection, transmission, standardization, aggregation, calculation, and dissemination of performance data. To date, the CQMC developed best practices and policy recommendations to voluntarily align payers and purchasers beyond the measures to other facets of the model such as governance, structures, and operational approaches to further improve comparisons and drive improvement. The CQMC conducted an environmental scan to survey opportunities and threats. One key component is expanding regional collaboratives to include more states, while still maintaining national health plans.

Lead discussant Ms. Kate Davidson, Director, Learning and Diffusion Group, Center for Medicare and Medicaid Innovation (CMMI), emphasized the timeliness of these discussions. CMMI has been working on multi-payer alignment (MPA) strategies, with the goal of MPA in all models by 2030. There will be a focus on measures reporting processes tailored to small practices and providers with less experience in accountable care. Resource constraints mean that streamlining across the board is important.

Lead discussant Ms. Lisa Bari, CEO, Civitas Networks for Health, emphasized the importance of the implementation layer and convening around health data and quality and sources for improvement. There is a need for an infrastructure layer centered around a public private partnership. She stated that some standards have been created, for example the Gravity Project, but we need to focus on what happens when those standards are brought to the community and implemented. There will not be one answer that works for the entire country, so we need to go to the community levels and see what works. From there, lessons can be brought to the surface.

Report Out from Measure Model Alignment Strategy and Role Breakout

To explore the topic of measure model alignment and future directions, CQMC members were split into discussion groups to consider measure model alignment. Members considered whether a pilot to test a multi-payer measure model should be implemented. There was a consensus across groups that a pilot of a multi-payer measure model should be explored. Groups discussed advantages of such a model, including greater ability to learn from successes of regional models and the potential for reduced burden through application of a multi-payer model.

While recognizing advantages of such a pilot, members voiced many perceived barriers and considerations for pilot implementation. A common challenge mentioned across groups was the measure analysis level and challenge of appropriate attribution. Members raised the concern that alignment across provider, facility, and plan level measures poses a challenge, particularly in settings where team-based care is used. One group offered the suggestion to look to existing accountable care organizations (ACOs) as partners in pilot implementation, with the understanding that ACOs have tested well with multi-payer models previously and offer additional opportunities to explore equity. The often-overlooked potential of regional collaboratives was a topic that several groups reported out to the full membership. Regional collaboratives were seen as an opportunity to collect data on regional variation and emphasize

measurement related to special populations. The group discussed overlap and misalignment of measures across populations and the importance of stipulations and adjustments for comparability. Another member expressed the need for clearly defined goals and a focus on alignment and implementation; what is being measured, type of data collection, and the desired outcomes of the pilot.

The question of how to better engage and incentivize providers was also raised during the discussion. Several members shared perspectives and experiences related to specialty providers not feeling sufficiently engaged with measurement in a landscape where so much is primary care focused. From a payer perspective, members expressed concern about fragmentation due to state-specific measures, additional funding, and staffing requirements, and the challenge of determining which states to include. Data interoperability and availability are also key challenges that should be considered in the design of a pilot, with the need to pursue additional discussions on whether digital measures should be prioritized. The importance of engaging health informatics stakeholders such as electronic health record (EHR) vendors was also emphasized to ensure that any pilot conducted could be generalizable.

While discussing types of measures that would be most useful to test in a multi-payer model, a member expressed preference for patient reported outcome measures but acknowledged the burden for adoption and implementation. Several groups highlighted the importance of piloting measures that are “high-value” and suggested starting with measures from core sets of the universal foundation.

With regard to next steps, members had several suggestions for areas to further explore. Several groups suggested that pilot development be guided by lessons learned in other areas such as Veteran’s Affairs and existing regional collaboratives. Leadership was encouraged to seek more information on successes and challenges in piloting measure models in these settings so that any multi-payer model tested may be implemented with best practices. A member suggested involving national organizations, particularly accrediting bodies, in the partnership. Additionally, a member noted that specialty-focused organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) should receive more active outreach to increase engagement in these discussions and promote more equity across specialty and primary care focuses.

Advancing the CQMC’s Digital Measurement Strategy

Ms. O’Rourke provided an overview of the background of CQMC’s work in digital measurement to date. Ms. O’Rourke noted the goal is to provide recommendations for facilitating the greater uptake of digital quality measures (dQMs) in CQMC core sets. She added that CQMC convened a workgroup to discuss the current landscape for dQM implementation, the business case for CQMC using digital information to advance alignment, barriers for dQM implementation, and potential paths forward for CQMC to promote dQM implementation. The overview also included findings from previous workgroup topics, which consisted of data element prioritization, piloting a use case for measure digitization, and assessing core set readiness. Ms. O’Rourke outlined key stakeholders and emphasized that every stakeholder has the role of advancing the uptick of digital measurement.

Ms. O'Rourke provided an overview of the focus on fostering interoperability. This included findings from one workgroup, which found identifying the highest priority interoperable data elements and advocating for such data elements in the policy process will catalyze the transition to digital measurement. Ms. O'Rourke noted the Workgroup reviewed an approach for defining Fast Healthcare Interoperability Resources (FHIR) data requirements and developed a process for identifying priority digital measures. Ms. O'Rourke also reviewed a future state data flow diagram that depicts several core components of a system to support dQM.

Dr. Joel Andress from CMS presented on dQMs. Dr. Andress said in an ideal state, quality measurement data should allow for improved understanding of how care breaks down, build an improved body of knowledge, and improve methods for care delivery down the road. There are difficulties in data requirements, access to data, and a lack of alignment in terms of data requirements. Improving interoperability and engagement will advance health equity, participation, and engagement. CMS suggested focusing on digital quality measurement as a concept and less on individual measures. This includes using standardized digital data from various sources that can be captured with interoperable systems. Within the United States Core Data for Interoperability (USCDI), USCDI+, and related data elements, the goal is to have a library that defines quality concepts in a way that standardizes and aligns them across the board. The member added the library can aid in building metrics, which would provide the form for what data elements can be.

Lead Discussant, Ms. Beth Myers, Deputy Director, Office of Policy, ONC, agreed with CMS comments. Ms. Myers said USCDI is a standard of standards built through a transparent process over time. It is the core set required for specific components of the certification program, meaning it must be the floor and it cannot get ahead of itself and the abilities of users to implement. Ms. Myers added that the future of USCDI can feed into an improved, clearer, more robust data set that begins to fill the gap between the floor and the future space. The barriers and challenges contribute to the stagnation of the development of new measures over time, even with the knowledge that claims and chart abstracted measures are not sufficient. There are some use cases that show how we can move forward more effectively. The work to-date includes identifying essential data points that

- Are readily available
- Can be incorporated into the data element library
- Are not yet incorporated in USCDI.

Ms. Myers said CQMC members can contribute to the future of this work by identifying data elements from their mapping and incorporating them into the library, thus harmonizing new data elements with those existing to see where there are standards and where there are gaps. This work can be used as a starting point to map measures and bridge gaps.

CQMC Full Collaborative Digital Measurement Discussion

CQMC members discussed the role of the CQMC in advancing the readiness and use of dQMs. Specifically, members considered whether they should continue the work to cross walk high-priority measures to USCDI elements, how the CQMC can ensure feasibility of dQM use, and whether the CQMC should be more involved in efforts to advance USCDI.

One member shared that readiness assessments could be a useful tool for major players. Another member added that this would be important for understanding barriers.

Several members discuss data challenges. A member shared that individual providers struggle to obtain their own data, having to go through their own hospital or health system IT to measure their own performance. They indicated that larger EHR vendors are developing their own data warehouses to easily obtain information. Another noted that it is expensive to maintain a data registry, and that their organization abandoned registry efforts during the pandemic. Mapping and mining data are time consuming and unsustainable, with not enough return on investment. The member supports quality measurement but advocated for EHR resources. In response, a member shared that these things do not have to be mutually exclusive, and that using EHR data exclusively would be a burden. A variety of sources can be used, with a focus on streamlining processes and having one set of reporting and collection.

One member shared support for using measures that pull from standardized data. They shared that some plans are taking unstructured information and allocating it into structured fields and indicated that they look forward to hearing ways that we can direct efforts toward improving data and infrastructure so that information is standardized and accessible from the beginning. They noted that their organization sometimes retires claims-based measures from necessity. Letting go of some measures can be difficult for providers, but the members indicated they will continue their efforts to nudge people toward improved measures.

Role of the CQMC Core Measure Sets in Advancing Health Equity

Michelle Jester, Executive Director of Social Determinants of Health in AHIP, presented updates on the role of the CQMC core measure sets in advancing health equity. She gave background on the CQMC Health Equity Workshop, which first convened in 2022 with the following objectives:

- Identify current CQMC measures that are disparities-sensitive
- Identify existing health equity measures and measure concepts for potential use across payers in value-based contracts
- Classify domains to categorize existing measures and measure concepts that promote health equity measurement
- Recommend strategies for methods to enable identifying and prioritizing disparities observed within CQMC measures
- Outline future opportunities for the CQMC to advance health equity measurement.

Ms. Jester showed that the approach for identifying disparities-sensitive measures in the CQMC core sets was to find a priority clinical condition, with measurement areas associated with disparities, that meets at least one of the outlined measure characteristics. Through this, 137 of 150 CQMC measures were identified as disparities-sensitive. Ms. Jester then highlighted 19 measures that met the priority clinical area or measurement area associated with disparities and met all three measure characteristics. She noted that they partnered with a patient advocate foundation to get the patient lens on these measures. Ms. Jester explained that in AHIP's work to identify health equity measures for value-based care, the rationale was to use an evidence-

based and stakeholder-driven process to fill in gaps in equity measures by advancing measures that are fair, vetted, and within the measured entity's control.

Ms. Jester highlighted that current demographic data standards still lead to large numbers of "Unknown" or "Other," and the goal is to standardize at the high level while allowing for local customization, granularity, and interoperability.

Chelsey Leruth from IHI then presented on the Rise to Health Coalition and its work in advancing health equity. She shared that the vision of Rise to Health Coalition, in partnership with AHIP, is a transformed health care ecosystem where all people have the power, circumstances, and resources to achieve optimal health. Ms. Leruth said that the Coalition targets individual practitioners, health care organizations, professional societies, payers, and pharmaceutical research and biotech organizations.

Ms. Leruth highlighted the coalition's approach to measurement as a move from beliefs, behavior, or biology of individuals to looking at systems, policies, and structures. She noted that they are in the process of their impact measures selection process, where they are currently in the measure set refinement stage. The measures are available for the CQMC members to view on the slides. Ms. Leruth said that the next steps are the development and implementation of an overall Measurement, Evaluation, and Learning plan and to learn with and from Coalition members and partners about the use of selected impact measures within their setting. This is to see where there is overlap or opportunities for learning or improvement within the CMS and Coalition measures. Ms. Leruth stated that individuals and organizations can join the Rise to Health Coalition at www.risetohealthequity.org

Report Out from Health Equity Breakout Sessions

To explore the topic of health equity, CQMC members were split into breakout discussion groups. Members first considered if there is a continued role for CQMC in the space of health equity. Several groups remarked that health equity is a large initiative with a large opportunity for impact across the country, while acknowledging there are numerous concurrent efforts. Many members raised the question of what CQMC can bring to health equity that is unique and does not simply duplicate efforts. Several members noted the opportunity CQMC possesses to be a "north star" of standards for vendors to reference. A group conveyed CQMC has a strength in knowing how to deploy health equity measures. Another member expressed CQMC's strength is in integrating efforts across different stakeholders and plans.

Members also considered what products from CQMC would be useful in advancing health equity. Several members noted measures with appropriate stratifications may provide greater opportunity for status visibility and comparison. Several groups called for a focus on a core set of stratification measures for testing. A group highlighted the need for a standard taxonomy for race and ethnicity and the federal government's role in specifying the taxonomy, particularly in fragmented spaces such as EHRs. They added adopting a consistent taxonomy would improve data interpretation and comparability.

Some members emphasized the importance of solidifying demographic data before stratifying measures. A group remarked on CQMC's lack of addressing social risk factors. The group

conveyed that components such as food and housing are critically important to addressing inequity. The same group commented on the challenge of acquiring appropriate data for these measures, especially clinical data and demographics.

Process Improvement Opportunities for Future CQMC Work

During the discussion on improving processes for future CQMC work, a member suggested maintaining the progress made with the payer survey and capturing individuals' perspectives when they opt for changes to core measure sets. Another member highlighted the challenge faced by new members in understanding discussions due to frequent use of abbreviations by members. To address this, the member suggested presenting information with examples at different levels of detail to enhance comprehension of the various concepts discussed. Other members echoed the sentiment and added that an orientation meeting covering expectations for new members along with an explanation of common abbreviations, technical terms, and key concepts would facilitate integration into the group. One member noted the materials were well put together while another member expressed difficulties in managing version control of measures.

While discussing burden, a member emphasized the limit imposed by copyright and other protections on measures, which hinder scalable implementation. Transitioning to opportunities for future work, the group recognized the importance of infrastructure fixes for health equity and the need to address social determinants of health across various settings. A member suggested providing an explanation for both approval votes and votes against measures for future reference. Another member proposed the idea of comparing implemented measures that were changed against those that were not changed to understand changes and motivations behind them.

Pilot testing emerged as a logical next step, with suggestions to establish regional partnerships and leverage networks. Furthermore, CQMC members emphasized the necessity of accessible and transparent data partnerships.

Members discussed sunsetting some of the core sets. While the Neurology Workgroup has not met recently, members expressed hesitancy on sunsetting the core set since there is a lot of room for improvement in outcomes and it is likely to receive more attention with the approval of Leqembi (for Alzheimer's).

One member asked what should happen with the Implementation Workgroup since there was a lot of great work started with the payer survey. The member would like to see more thought on how to capture what is happening when people opt for changes to core set measures.

Next Steps

Ms. Lloyd and Dr. Schreiber provided closing remarks. Ms. Lloyd suggested attendees reach out to either her or Ms. O'Rourke with any comments, suggestions, or complaints. Additionally, she summarized the meeting by emphasizing adoption and implementation whether it be digital or through the other avenues discussed. Ms. Lloyd thanked all attendees once more for

joining the meeting and adjourned the meeting.