Core Quality Measures Collaborative

Meeting Summary

ACO and PCMH/Primary Care Workgroup Meeting 6

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on April 21, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and 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 notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be deleted as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review of the ACO/PCMH voting survey one results
- Continued review of current core set measures alongside potential measures for addition
- Identify and discuss measure gaps and core set presentation

Review of the ACO and PCMH/Primary Care Voting Survey One Results

NQF staff shared that survey one covered ACO and PCMH/Primary Care measures in the topic areas of:

- Prevention and wellness
- Cardiovascular care
- Diabetes
- Pulmonary

It was noted that the workgroup comprised of 35 voting organizations, of which 20 submitted their votes and 2 abstained from voting.

Category	Measure	New/Existing	Voting Totals	Results
Cardiovascular care	0071: Persistent Beta Blocker Treatment After Heart Attack	Existing	Keep: 5 Remove: 15	Remove from core set
Cardiovascular care	0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	Existing	Keep: 7 Remove: 13	Remove from core set
Cardiovascular care	N/A: Statin Therapy for Patients with Diabetes (SPD)	New	Add: 16 Do not add: 2 Other: 1 Abstain: 1	Add to core set

Cardiovascular care	N/A: Statin Therapy for Patients with Cardiovascular Disease (SPC)	New	Add: 17 Do not add: 1 Other: 1 Abstain: 1	Add to core set
Diabetes	0056: Comprehensive Diabetes Care: Foot Exam	Existing	Keep: 5 Remove: 14 Other: 1	Remove from core set
Pulmonary	1799: Medication Management for People with Asthma (This is to replace with measure 1800)	Existing	Keep: 4 Remove: 13 Other: 1 Abstain: 1	Remove from core set

A workgroup member asked whether the measures on statin therapy for patients with diabetes and cardiovascular disease were the same versions that were used in MSSP and MIPS. NQF staff confirmed that these are the HEDIS versions of the measures. The workgroup did not have any additional questions or concerns regarding the ACO/PCMH survey one voting results.

Review of current core set measures alongside potential measures for addition

Behavioral Health/Substance Use

Depression

The workgroup reviewed current core set measure *0710: Depression Remission at 12 Months* and *1885: Depression Response at Twelve Months-Progress Towards Remission* side-by-side. NQF staff reminded the workgroup of their previous discussions on both measures, which included a member recommendation for the removal of *0710*. It was reported while remission is the goal, treating some patients to depression remission is very challenging and not completely in control of the clinician. For measures *0710* and *1885* concerns were expressed over the arbitrary timeframe for check-ins and the definition of adequate treatment. Some workgroup members agreed that the timeframes are not completely aligned with care provision or clinical guidelines. A member shared that NCQA has released two depression Electronic Clinical Data Systems (ECDS) measures; one measure focuses on remission or response and appears to have a broader window of measurement. The Workgroup may decide to review these measures in the future.

A workgroup member shared that measures *0710* and *1885* are used by their commercial health plan and noted that they felt that inclusion of these measures was important to signal that the ultimate goal of depression treatment is remission. A member was concerned with using these measures to hold clinicians accountable for achieving remission, as a patient's depression may improve but they still may not achieve remission, a requirement for measure *0710*. Another member shared that measure *0710* is problematic since there are different causes of depression and lifestyle factors that impact treatment and goals. It was noted that both measures use a statistical risk model with 3 factors: severity of depression, age and insurance product. Some members were interested in additional details of the risk adjustment methods. A member shared that they did not think both measures should be included, as the repeat timing of the PHQ-9 can be burdensome to clinicians.

Measure *0418/0418e: Preventative Care and Screening: Screening Risk Assessment Follow-Up Plan* was brought forth to the workgroup for consideration for potential addition to the core set. A member expressed support for the measure, noting that it aligns with other CQMC core sets and highlights the need for depression screening in the general population. This measure is related to

prevention while the other measures focus on outcomes for those already diagnosed – both important topics. Another member stated that they preferred measure *0418* to the other depression measures discussed so far because it allowed for more individualization in care planning between the provider and the patient. A member voiced support for general population screening as a way of working towards a diagnosis.

NQF staff noted that during the previous meeting a member had requested that measures *0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* be brought forth for consideration. A member noted that the measure focuses on screening, but it does not consider whether there is proper follow-up or action based on the results of the screening. Another member felt that the measure was beyond the desired level of detail for the ACO and PCMH/Primary Care core set because it only focused on one aspect (suicide risk assessment) of one disorder. The workgroup agreed not to add the measure to the core set.

Serious Mental Illness
For measure *1879: Adherence to Antipsychotic Medication for Individuals with Schizophrenia*, during the previous workgroup meeting a member voiced support for including the measure in the core set noting that schizophrenia is very severe and not widely recognized. Another member voiced concern that schizophrenia is not very common, and the measure may have low-volume challenges when calculating performance. Some members felt that *1879* was best suited for inclusion in a behavioral health core set versus an ACO core set. A member supporting the inclusion of the measure shared that the condition is recognized by the World Health Organization (WHO) as a chronic and severe mental disorder despite it getting minimal recognition. It was noted that including the measure in the core set would shed light on the condition and perhaps encourage the development of better measures related to outcomes for schizophrenia.

Substance Use
2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
2940: Use of Opioids at High Dosage in Persons Without Cancer (PQA)
N/A: Use of Opioids at High Dosage (HDO) (HEDIS)
3389: Concurrent Use of Opioids & Benzodiazepines (PQA)

NQF staff advised that only new measures will be reviewed under this category. Measure *2152: Preventative Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counselling* was reviewed. The workgroup did not have additional comments on this measure and decided to include the measure in the voting survey. For measure *0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment,* a member shared that the measure was tested in their program, but they decided to stop using the measure due to small denominator numbers impacting the validity of the results. Another member concurred, stating the measure was reported by its members, but the issue of volume and viability resulted in its removal. The workgroup agreed to not include the measure on the voting list.

The workgroup opted to do a side-by-side review of measures *2940: Use of Opioids at High Dosage in Persons Without Cancer (PQA)* and *N/A: Use of Opioids at High Dosage (HDO) (HEDIS).* A member voiced support for the HEDIS measure, noting that a 15-day monitoring period for the HEDIS measure is preferable to the 90-day monitoring period stipulated in measure *2940*. One workgroup member shared that the HEDIS measure is used by their organization due to ease of implementation. A member inquired if both measures could be included in the core set. In response, a member stated that the aim of the core set is to have measures that are lean and non-competing. The workgroup

agreed to choose one measure when measures are competing rather than including both. The workgroup agreed not to include measure *2940* in the voting survey and to proceed with voting on the HEDIS measure.

For measure *3389: Concurrent Use of Opioids & Benzodiazepines (PQA)*, it was noted that there is not a similar HEDIS measure. A member voiced support for the measure, sharing that it is included in their Employer Opioid Toolkit and it provides insight into areas of risk related to overdose.

Care Coordination/Patient Safety

NQF shared current core set measure *0097: Medication Reconciliation*. The Workgroup discussed whether to keep or remove the measure. A member expressed support for removing the measure, noting that it is a checkbox measure, has high performance, and is not closely enough linked to patient outcomes. Another member voiced support for keeping the measure in the core set, sharing they successfully implemented the measure within their organization. The member highlighted the importance of emphasizing patient safety, which the measure addresses. A member noted that specifying that a prescribing practitioner, clinical pharmacist, or registered nurse conduct the reconciliation does not fully allow for a team-based approach. A member suggested updating the measure to account for this concern, but it is not the charge of the CQMC workgroup to change the specifications. The co-chairs, noting that there was no consensus, advised that the measure be included on the list to decide if it should be removed or remain in the core set.

Patient Experience

NQF staff introduced a measure in the current core set, *0005: CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists).* It was noted that the measure was reviewed by the Pediatrics workgroup, but to date there was no consensus on whether it should be added. It was shared that during the Pediatrics workgroup discussion, there was concern over measurement burden in implementing this measure. A member sought clarification on whether this measure would be applicable for both ACOs and PCMHs levels. NQF staff shared that the current core set indicates that the measure is applicable at both at the ACO and PCMH levels. Concern was expressed over the denominator size in the PCMH setting. A member suggested including a note stipulating that the measure can be used at the PCMH setting if the denominator sizes allow. The workgroup decided not to vote on the removal of the measure but to include a note clarifying the recommended survey volume for reliable and valid results in the final core set presentation.

Readmission

NQF staff brought forth measures *1768: Plan All-Cause Readmission (PCR)* and *1789: Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)* for potential inclusion. A member shared that measure *1768* is already loaded into most health plan systems as it is an NCQA accreditation requirement, thus making it adaptable and collectable across national programs. A member shared that their organization found measure *1768* more robust and broader than measure *1789*. Measure 1768 is in Part C Star Ratings, Medicaid, and Marketplace QRS; 1789 is in Hospital IQR, Medicare SSP, and MIPS. A member suggested reaching out to CMS to inquire if its intent is to continue using both measures and if there was preference for one over the other or future effort to harmonize them. One of the co-chairs suggested that the voting survey should ask if members prefer to add *1768, 1789,* or neither to the core set. NQF also advised that they would follow-up with CMS and NCQA for any input and clarification on measure specifications.

Utilization and Cost/Overuse

Measure *0052: Use of Imaging Studies for Low Back Pain* is in the current core set, but it is no longer endorsed due to validity concerns. The Orthopedics workgroup chose not to add the measure with the rationale that it was more applicable to primary care or emergency care and less relevant to orthopedics specifically. They liked the measure and encouraged the developer to update it. A member recommended the removal of the measure, noting that pre-certification is required for imaging thereby curbing overuse. Other workgroup members agreed that an overuse measure was important to include in the core set. A co-chair advised that there is still additional background information that the workgroup must consider before deciding on removing the measure. The Workgroup agreed that the measure should not be removed at this time, but it should be monitored and potentially re-discussed in the future.

Next Steps

The workgroup was notified that NQF will follow-up with a voting survey for measure in the categories of Behavioral Health/Substance Use, Care Coordination/Patient Safety, Patient Experience, and Readmissions. The voting results will be discussed at the next meeting. The next meeting will also focus on measure gaps, core set presentation, and implementation.