CQMC
Core Quality Measures Collaborative

Meeting Summary

ACO and PCMH/Primary Care Workgroup Meeting 7

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/Primary Care Workgroup on May 11, 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. The recording will be available to CQMC members for a limited time only. The recording will be deleted as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- ACO and PCMH/Primary Care voting survey two update
- Discuss core set presentation and communication
- Prioritizing gaps and measures under development
- Discuss core set adoption

ACO and PCMH/Primary Care Voting Survey Two Update

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

- Behavioral Health/Substance Use
- Care Coordination/Patient Safety
- Readmissions

It was noted that of 35 voting organizations in the Workgroup, 16 organizations had submitted their votes to date. NQF staff noted that the voting survey would remain open through at least the rest of the week to allow for more votes. A co-chair requested that voting members who do not plan to vote send the project team an email advising that they are abstaining from voting.

A workgroup member inquired if once the voting is finalized, the workgroup will have an opportunity to review the maintained set and remove some measures if the set is too large. A co-chair advised that once voting survey 2 was finalized, the results will be shared with the Workgroup and Steering Committee. The Steering Committee will determine if the appropriate process was followed and if additional workgroup discussion is needed before the core set proceeds to the full Collaborative for a final vote.

Core Set Presentation and Communication

NQF staff shared a table of the current ACO and PCMH/Primary Care core set as follows:

ACO and PCMH / Primary Care measures					
NQF #	**Measure**	**Measure Steward**	**PCMH**	**ACO**	**Consensus Agreement / Notes**
Cardiovascular Care					
0018	Controlling High Blood Pressure Description: The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	NCQA	☑	☑	**Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.** *Note*: Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy[i] regarding the 2014 JAMA paper[ii] sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or chronic kidney disease (CKD). Revised ACC/AHA hypertension guidelines are expected to be released later this year. Until these revised guidelines are available, a number of organizations continue to recognize the 2004 Joint National Committee (JNC 7) hypertension guidelines, which recommend a SBP target of 140 mmHg, as the national standard. Given the changing nature of these guidelines, the Collaborative will revisit this measure topic when the revised guidelines are available to determine which blood pressure control measure aligns with the updated evidence base. *Note*: #0018 is specified for physician-level use.
N/A	Controlling High Blood Pressure (HEDIS 2016) Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based	NCQA	☑	☑	**Consensus to include either #0018 or "N/A - Controlling High Blood Pressure" HEDIS measure in the core set if data needed for either measure is available through EHR or provider self-report with audit.** *Note*: Both blood pressure control measures are included in the core set with the choice being an "either/or" due to controversy[iii] regarding the 2014 JAMA paper[iv] sometimes referred to as "JNC 8", which recommends relaxing systolic blood pressure (SBP) targets to 150 mmHg for patients aged 60 and older without diabetes mellitus or

NQF staff asked the Workgroup for input on how to best present and communicate the updated core sets once they have been finalized (e.g., template, format, and presentation). A member shared that they would prefer the inclusion of an executive summary as the current presentation has too much detail for certain audiences. A suggestion was made that the executive summary should briefly list the names of the measures and topic area, but a detailed document such as the current core set document should still be available. Another member suggested inclusion of some specification information from the Excel spreadsheet, including the year the specifications were last updated and measure steward contact information. A member asked if measures that had been removed from the core set could also be included in the maintained core set presentation. Another member suggested a master crosswalk for all measures that overlap in the CQMC maintained core sets or some other visual indication of measures that appear across multiple core sets. A member highlighted that it may be important to show which programs the measures are currently a part of in the detailed presentation.

Prioritizing Gaps and Measures Under Development

NQF staff shared the gaps that were identified during the previous iteration of the CQMC in 2016:

Future Areas for ACO and PCMH / Primary Care Measure Development
Measure based on statin use guidelines
CG CAHPS Smoking cessation measure (to replace the chart-review measure)
PCMH has supplement to CG CAHPS. All the CAHPS surveys are under review
Goals of care and patient education
Unnecessary services and waste / Overuse
Health related quality of life
Shared-decision making
Preventive diabetes measures. Monitor USPSTF pre-diabetes final report
Measure stratification to address health disparities (e.g. lower age of colorectal screening for African Americans)
Palliative care measures for ACO/PMCH
Patient reported outcomes (PROs)
Pain Management measures
PROs for Asthma Exacerbations
Antibiotic stewardship
Total cost of care (#1604) once a reliable and valid measure is mature enough for implementation
Contraceptive measures once measures are tested and are reliable at the provider level
Composite measures
Substance use disorders and screening measures
P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV.
PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

NQF staff also shared the gaps that were identified during the current cycle of Workgroup meetings:

- Behavioral health and substance use measures (especially opioid measures)
- Overall quality of primary care and comprehensive primary care measure
- Misdiagnosis and delayed diagnosis measures, especially in the ambulatory care setting
- Measures on contact days within the health system
- Advance illness and hospice care
- Medication adherence

A co-chair indicated that the goal of reviewing the identified measure gaps was not to create a longer list of gaps, but to examine how to address the gap areas. A workgroup member asked if the maintained core set will also include a measure gaps portion. NQF staff advised that measure gaps would continue to be highlighted in the core set presentation. A member asked whether the measure gaps comprise measures that exist or measures that are yet to be developed; a co-chair responded that the gaps list represents both areas where measures exist but are not robust enough to meet CQMC requirements and areas where measures have not yet been developed. A member stated that external stakeholders, such as consumer/patient beneficiary advocates, often refer to gaps lists reported by NQF committees. The member suggested that, as with other NQF committees, the CQMC workgroups continue to build the list of gaps and prioritize the list.

A member noted that the current list of gaps should frame the behavioral health and substance use measures as “appropriate pain management” rather than focusing solely on opioid use and noted that lowering contact days with the healthcare system is not always a desirable outcome (e.g., fewer contact days due to people avoiding the healthcare system during COVID-19 can be problematic). A member agreed with the recommendation to expand the behavioral health gaps to “pain management” and noted that the current state of behavioral health measures is siloed but requires bi-directional integration. Another member highlighted that behavioral health is very nuanced and requires more in-depth discussion on why the gaps exist for each area. A member highlighted the need to prioritize continuity of care and to focus on the gaps that family medicine physicians and consumers value most. Another member agreed, stating that the workgroup should consider the audience of the measure gaps list and whether the gaps resonate with those who use the measures. The member suggested tracking adoption of the core measure sets to determine whether the measures influence value-based contracting.

NQF advised that gaps will be discussed with each Workgroup, and the discussion will inform a gaps analysis report that will help determine the next steps. A member inquired if there was a regular cadence for core set maintenance and release. A workgroup co-chair stated that there was no cadence initially set during the formation of the CQMC, but a cadence would hopefully be established with NQF acting as the operational host. NQF further advised that CQMC is considering a maintenance cadence of every other year, but this is still subject to additional discussion. The workgroup agreed that additional refinement of the gaps list is still needed.

Core Set Adoption

NQF staff shared that the CQMC has set up an Implementation Workgroup. The Implementation Workgroup will be responsible for producing an implementation guide for the CQMC measure sets. It was shared that in the summer of 2019, AHIP conducted a survey that looked at the use of CQMC core set measures.

A member shared that their organization referenced the CQMC set when they were developing their core set. The organization selected which measures to include in their core set through a collaborative process with both payers and providers. It was noted that the collaborative process aided in conversations regarding priorities and alignment for all involved, thereby minimizing the noise of adding new measures into existing programs.

Another member noted the challenge in changing established internal systems to accommodate new measures. It was discussed both providers and plans influence the measures that are used (e.g., plans set expectations for providers through their incentive programs).

A member suggested including information on which payer has adopted a measure in the crosswalk proposed as part of the core set presentation to ensure broader alignment across private and public programs. A co-chair noted that it may be hard for NQF staff to collect that information, especially from private payers who may consider such information competitively sensitive and would need their legal departments to approve sharing. In response, a member suggested AHIP could consider collecting that data and sharing de-identified information to aid understanding of current adoption and alignment.

NQF staff suggested press releases, journal articles, and blog posts as possible avenues for communicating core set updates. Workgroup members agreed with these recommendations and suggested publishing in relevant journals (e.g., American Family Physician) and creating fact sheets that CQMC members can share with stakeholders as valuable options.

Next Steps

The workgroup was notified of the next steps that would be undertaken by NQF staff:

1. Dissemination of the final voting results for survey 2 via email and presentation of these results to the Steering Committee for approval.
2. Convening the full Collaborative to discuss the workgroup recommendations and opening up final full Collaborative voting.
3. Sending out a survey requesting members select which measure gaps should be considered as priorities.
4. Using feedback gathered from the core set presentation and communication discussion to put together a draft template for review.