

Meeting Summary

Full Collaborative Meeting 1

The National Quality Forum (NQF) convened a closed session web meeting for the full Collaborative on February 6, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Collaborative of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified full Collaborative 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 destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Provide an update of the progress to date and 2020 CQMC activities
- Review voting procedures
- Discuss workgroup recommendations for the Gastroenterology and HIV/Hepatitis C core sets

2019 Progress and Goals for 2020

NQF staff shared the following accomplishments for the year 2019:

- Updated the CQMC Charter
- Refined Selection Principles and developed Prioritization Approaches
- Held 29 workgroup meetings to discuss core set maintenance
- Six (6) out of the eight (8) core sets have been voted on by the workgroups

NQF staff highlighted 2020 goals:

- Finalize core sets through full Collaborative voting
- Develop an implementation and adoption strategy for the core sets
- Analyze and prioritize core set measure gaps and specification variation
- Create Neurology and Behavioral Health core sets
- Continue the CQMC Speakers Series

Core Set Review and Voting Process

NQF staff gave an overview of the core set maintenance process. The full Collaborative was notified that their role is to review the measure sets recommended by the workgroups. The Collaborative will rely on the recommendations of the workgroup and their due diligence to avoid duplication of efforts unless there is a significant concern with the measures being proposed.

NQF staff presented the full Collaborative voting and decision-making procedures.

1. The workgroup co-chairs and/or NQF will present the draft core set to the Collaborative including measures recommended for addition or removal.
2. The Collaborative shall discuss the measures in which the views of both Voting Participants and Non-Voting Participants will be afforded an opportunity to be shared. If a Voting

Participant raises concerns about a measure under consideration, the CQMC Lead will ensure such concerns are fully discussed and vetted prior to the Collaborative voting on the measure.

3. Decisions regarding final approval of a draft core set will be subject to an electronic vote. Electronic ballots will be provided to participants either real-time or be sent to all voting participants shortly after any call upon which the item was discussed.
4. The CQMC Lead working in conjunction with the workgroup Co-Chairs will seek consensus across all Voting Participant groups and rely on a supermajority vote whenever possible for final approval of core measure sets.

NQF advised that for full Collaborative proceedings, voting quorum is defined as having representation from at least 20 percent of the health plan members, at least 20 percent of the provider members, and at least 20 percent of members from the remaining Voting Participant categories (i.e., consumers, purchasers, regional collaboratives). The full Collaborative was reminded that for both workgroup and full Collaborative proceedings, the CQMC defines a supermajority as 60 percent of Voting Participants in attendance casting a vote affirmatively and at least one affirmative vote is cast by a representative from each Voting Participant category.

A full Collaborative member inquired about the challenge of a limited number of consumer, purchaser, and regional collaborative representatives across some workgroups, which could impact voting results. It was noted that this issue is being considered as part of updates to future supermajority and quorum requirements, but that the core sets being discussed during this meeting did not have this specific problem.

Gastroenterology Core Set Review

The workgroup co-chairs presented the workgroup voting results for the current Gastroenterology core set measures.

| Measure | Voting Totals | Results |
|--|----------------------|---------|
| 0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Keep: 7 Remove: 1 | Keep |
| 0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use | Keep: 5 Remove: 3 | Keep |
| PQRS #343 Screening Colonoscopy Adenoma Detection Rate | Keep: 6 Remove: 1 | Keep |
| PQRS #439 Age Appropriate Screening Colonoscopy | Keep: 6 Remove: 2 | Keep |
| PQRS #271 IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment | Keep: 5 Remove: 3 | Keep |
| PQRS #275 IBD: Assessment of Hepatitis B Virus (HBV) Status before initiation Anti-TNF (Tumor Necrosis Factor) Therapy | Keep: 7 Remove: 1 | Keep |
| PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis | Keep: 5 Remove: 3 | Keep |
| PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk | Keep: 6 Remove: 2 | Keep |

The full Collaborative did not have any comments on measure *0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients*.

Measure 0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use

It was noted that the developers will not seek NQF re-endorsement and that this measure is proposed for removal by CMS in its final rule. A full Collaborative member suggested keeping the measure in the core set until it is removed from federal programs.

Measure PQRS #343 Screening Colonoscopy Adenoma Detection Rate

The full Collaborative member emphasized that this measure is meaningful and important to keep in the core set. Another member inquired if the measure was up for removal from MIPS. A member confirmed that the measure has been removed from MIPS in 2020 because it did not fit with the MIPS calculation methodology. Several members emphasized that this measure should not be removed. One member shared they are engaged in ongoing discussions with CMS based on feedback from the gastroenterology community around the importance of this measure.

Measure PQRS #439 Age Appropriate Screening Colonoscopy

The workgroup co-chairs shared that this measure serves to control overuse, as studies continuously show there is a significant amount of inappropriate use. The measure aligns with USPSTF recommendations to ensure those older than 85 years do not undergo unnecessary testing that could cause harm. The full Collaborative agreed that the measure is meaningful and important to keep in the core set.

Measure PQRS #271 IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment

This measure is meant to protect patients with IBD on high-dose steroids by assessing for bone loss. The measure is written around DXA scans. A future version of this measure will discuss calcium and vitamin D supplementation. Collaborative members did not have questions or concerns.

Measure PQRS #275 IBD: Assessment of Hepatitis B Virus (HBV) Status before initiation Anti-TNF (Tumor Necrosis Factor) Therapy

This measure aims to ensure safety against reactivation of HBV. The measure is used in MIPS. The Collaborative had no questions or concerns.

Measure PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis

The measure is also in the HIV/Hepatitis C core set. It was noted that surveillance is recommended based on various guidelines. There is some controversy about the level of benefit from surveillance based on certain observational study data, but other studies still support screening in this population. The societies still endorse surveillance in this population.

Measure PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

It was noted that an electronic version of the measure was brought forth for consideration for addition to the core set. It was noted there is a lot of room for improvement. There were no additional questions from the Collaborative.

Measures proposed and voted on for addition to the core set

| Measure | Voting Totals | Result |
|--|--------------------------|---|
| 3059e: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk | Add: 7* Do not add: 1 | Add *Include note: separate benchmarks are needed based on data source/ reporting mechanism used. For example, registry, eCQM |

| | | |
|---|-------------------------|------------|
| 3060e: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users | Add: 3 Do not add: 5 | Do not add |
| 3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection | Add: 3 Do not add: 5 | Do not add |
| QPP #425 Photodocumentation of Cecal Intubation | Add: 3 Do not add: 4 | Do not add |

The full Collaborative did not have any concerns about the measures that were voted on for addition to the core set. It was noted the rationale for not adding measure 3060e was that it is better suited for providers following patients more longitudinally rather than gastroenterologists. Gastroenterologists often see patients after the screening has occurred. For measure QPP #425, it was discussed by the workgroup that performance looked relatively high from MIPS, but there was a gap based on data reported via a registry. However, there were also feasibility concerns about capturing the data. Some workgroup members suggested that the adenoma detection rate measure is superior.

The co-chairs introduced additional measures that were considered but were not added to the gastroenterology voting list based on consensus during the workgroup meetings.

- 0635: Chronic Liver Disease - Hepatitis A Vaccination (no longer NQF-endorsed)
- Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options (MIPS ID 390)
- Treatment of Chronic Hepatitis C: Completion of Therapy
- 0034: Colorectal Cancer Screening (COL)
- 3510: Screening/Surveillance Colonoscopy (not yet NQF-endorsed)
- 2539: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Anastomotic Leak Intervention (PQRS #354)
- 1854: Barrett's Esophagus

It was noted that based on the voting results the core set remained generally the same, with the addition of an eCQM reporting option for one current measure. The workgroup was limited in the number of measures available to select from related to gastroenterology that meet the intent of the CQMC core sets. During workgroup meetings, the American Gastroenterology Association (AGA) presented ten measures currently being developed. It was noted that the workgroup is interested in reviewing them once tested or endorsed. The workgroup provided input on priorities for development and core set inclusion: Sustained Virologic Response, Barrett's esophagus, and IBD. Additional gap areas that were identified by the workgroup included non-alcoholic fatty liver disease, PRO-PMs, quality of colonoscopy, and complications after procedures. The workgroup recognized the need for measurement to reflect the diversity conditions that affect the liver and gastrointestinal tract. A member asked a question about which PRO-PM is being considered. It was noted that PRO-PMs are a general area for further development for gastroenterology; the co-chairs were not aware of specific measures being developed.

HIV/Hepatitis C Core Set Review

The co-chairs noted that even though there are now more options for treatment, measurement in the areas of HIV and Hepatitis C is an evolving field. The co-chairs noted that this alignment work is timely as it relates to national goals to end the HIV epidemic. The workgroup co-chairs presented the workgroup voting results and measures in the current HIV/Hepatitis C core set. The full Collaborative's discussions and comments are noted below.

| Measure | Voting Totals | Results |
|---|-----------------------|--|
| 0405 HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis | Keep: 5 Remove: 4 | Keep |
| 0409 HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis | Keep: 9 Remove: 3 | Keep |
| 2082 HIV viral load suppression | Keep: 10 Remove: 2 | Keep |
| 2079 HIV medical visit frequency | Keep: 9 Remove: 3 | Keep |
| 0579 Annual cervical cancer screening or follow-up in high-risk women | Keep: 1 Remove: 11 | Remove |
| N/A HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV | Keep: 0 Remove: 9 | Remove. Members voted that the topic should be listed as a priority area and reconsidered in the future. |
| N/A Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis | Keep: 7 Remove: 2 | Keep |
| N/A One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk | Keep: 6 Remove: 3 | Keep |

Measure 0405 HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis

It was noted there are still a lot of people who present late to care and are at serious risk. The measure reflects this important aspect of care and also accounts for differences in stage of disease.

Measure 0409: 0409 HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis

It was noted that we are in an epidemic for all three of these STDs. While screening is fairly low bar, this topic remains important.

Measure 2082: HIV viral load suppression

It was noted that viral load suppression is the cornerstone of HIV treatment. The co-chairs noted the positive implications for health with viral load suppression, including prevention of mortality.

Measure 2079: HIV medical visit frequency

This measure is important to ensure there is interaction with the health system. It accounts for different modes of patient contact. There was a question about the frequency of visits. One member questioned if there could be a level of overuse for low-risk patients with good medication tolerability.

Measure 0579: Annual cervical cancer screening or follow-up in high-risk women

It was noted that the measure is not being maintained. It no longer aligns with guidelines and is no longer NQF endorsed.

Measure N/A HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV

The workgroup voted to remove this measure since it is not being maintained and there were challenges during testing. It was noted the area is important and remains a priority.

Measure N/A: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis
The workgroup did not have concerns about this measure. It was also voted to remain in the gastroenterology core set.

Measure N/A: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

It was shared that the workgroup voted to keep this measure, but recognized there are some challenges with identifying persons at risk. This measure prompts physicians to start having these conversations and reinforces that one-time screening is important. The gastroenterology workgroup also voted for this measure to remain in the core set. The workgroup was aware that the USPSTF is expanding their definition of who should be tested, but they agreed this measure is the best available measure related to this concept.

Measures proposed and voted on for addition

| Measure | Voting Totals | Result |
|---|--------------------------|--|
| HIV Screening (MIPS ID 475) | Add: 11 Do not add: 1 | Add |
| 2080 Gap in HIV Medical Visits | Add: 9 Do not add: 3 | Add |
| 3209e HIV Medical Visit Frequency | Add: 11 Do not add: 1 | eCQM version should be added to core set |
| 3210e HIV Viral Load Suppression | Add: 11 Do not add: 0 | eCQM version should be added to core set |
| 3059e One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk | Add: 12 Do not add: 0 | eCQM version should be added to core set |
| 3060e Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users | Add: 12 Do not add: 0 | Add |
| 3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection | Add: 3 Do not add: 7 | Do not add. Note to consider in future. |
| Hepatitis C: Sustained Virological Response (SVR) | Add: 1 Do not add: 11 | Do not add, but the measure should remain a top priority and should be re-evaluated for addition as soon as testing is completed |

Measure HIV Screening (MIPS ID 475)

This measure follows CDC recommendations and is based on a strong recommendation from the USPSTF. There were no questions or concerns from Collaborative members.

Measure 2080: Gap in HIV Medical Visits

It was noted that this measure compliments the medical visit frequency measure. This measure can better capture patients that may fall out of care in the health system, which has been a major issue in HIV care.

Measure 3209e: HIV Medical Visit Frequency

Measure 3210e: HIV Viral Load Suppression

Measure 3059e: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

These measures are eCQM versions of current core set measure.

Measure 3060e: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

The HIV/Hepatitis C workgroup voted to add this measure to core set, but the recommendation was made before the measure was not approved for NQF endorsement. The HIV/Hepatitis C co-chairs noted that had this information been available during the workgroup's deliberations, they may have had a different opinion. Members who are part of the ACO/PCMH/Primary Care workgroup noted that they discussed that there are reliability concerns with people self identifying as IV drug users. While the HIV/Hepatitis C workgroup recognized these potential limitations, they thought they could be impacted through patient/clinician interaction and that it is important to highlight this high-risk group. However, the co-chairs agreed they likely would not have voted to add the measure if the reliability and endorsement information had been available at that time. NQF staff agreed to provide additional rationale about the workgroups' decisions and the NQF endorsement review to aid in voting and overall alignment.

Measure 3061e: Appropriate Screening Follow-up for Patients Identified with Hepatitis C Virus (HCV) Infection

The workgroup wanted to consider the measure for future use, post testing or endorsement. The recommendation aligns with the Gastroenterology workgroup recommendation.

Measure Hepatitis C: Sustained Virological Response (SVR)

Although the workgroup was not in favor of adding this measure to the core set at this time since it has not been fully tested, it was noted as a critical measure. The workgroup agreed that it is a high-priority outcome that reflects success of treatment and should be reviewed as soon as it is tested (even if the review would occur off cycle).

The co-chairs shared additional measures that were considered but were not added to the HIV/Hepatitis C voting list based on consensus during the workgroup meetings. The co-chairs provided additional details about the measures.

- 2083/3211e Prescription of HIV Antiretroviral Therapy
- Adherence to Antiretrovirals (PDC-ARV)
- Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options
- Treatment of Chronic Hepatitis C: Completion of Therapy

HIV screening for STI patients was noted as gap area since the measure was removed from core set. Other priority measurement areas included starting HIV treatment and achieving suppression early, PrEP use in high-risk individuals, recognition of HIV as a long-term, chronic condition with comorbidities, and increased ability to treat Hepatitis C. During the workgroup meetings there was discussion that some organizations use the core set to drive improvement in outcomes, but it is not a reporting requirement. Other workgroup members shared they use the set internally to identify gaps in care. Regarding additional alignment considerations, it was noted that the HIV screening measure is being discussed by the ACO/PCMH/Primary Care and Obstetrics/Gynecology (OB/GYN) workgroups. The OB/GYN workgroup voted to add the measure to their core set.

Next Steps

NQF staff shared that a voting survey would be sent to voting members of the Collaborative and would be open for four weeks. It was shared that other core sets will soon be proceeding to the Steering Committee and full Collaborative. The final updated core sets were reported to be expected to be released in spring 2020. The full Collaborative in-person meeting is scheduled for February 28 at NQF offices in Washington, DC.