

# Meeting Summary

## Full Collaborative Meeting 3

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The National Quality Forum (NQF) convened a closed session web meeting for the full Collaborative on June 15, 2020.

### Welcome and Review of 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 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 shared that CQMC is a membership-driven and funded effort, with additional funding provided by Centers for Medicare and Medicaid Services (CMS) and America’s Health Insurance Plans (AHIP).

NQF staff reviewed the following meeting objectives:

- Review voting procedures
- Discuss workgroup recommendations for the Pediatrics and OB/GYN core sets

### Review of Voting Procedures

NQF staff reminded the full Collaborative of the core set maintenance process, where the specialty workgroups present their recommendations to the Steering Committee and, after approval, bring the recommendations to the full Collaborative for final discussion and voting. NQF reminded the Collaborative that they should rely on the recommendations of the workgroup to avoid duplication of efforts unless there are significant concerns with the measures being proposed.

NQF reminded the Collaborative that for full Collaborative proceedings, the vote must achieve quorum (i.e., 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). A passing vote must achieve supermajority (i.e., 60 percent of votes affirmative and at least one affirmative vote from each voting category).

### Discussion of Pediatrics Workgroup Core Set Recommendations

The Pediatrics co-chairs presented the Workgroup voting results for the current Pediatrics core set measures:

Measure	Voting Totals	Result
1799: Medication Management for People with Asthma (MMA)	Keep: 1 Remove: 11	Remove
0038: Childhood Immunization Status (CIS)	Keep: 10 Remove: 2	Keep
N/A: Immunization for Adolescents (IMA)	Keep: 11	Keep

	Remove: 1	
1448: Developmental Screening in the First Three Years of Life	Keep: 8 Remove: 4	Keep
0033: Chlamydia Screening for Women	Keep: 7 Remove: 5	Keep
0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	Keep: 9 Remove: 3	Keep
1516: Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life	Keep: 9 Remove: 3	Keep
0002: Appropriate Testing for Children with Pharyngitis (CWP)	Remove 0002 only: 4 Remove 0069 only: 5	Keep both 0002 and 0069
0069: Appropriate Treatment for Children with Upper Respiratory Infection	Do not remove either 0002 or 0069: 3	

**#1799 Medication Management for People with Asthma (MMA)**

A co-chair noted that this measure was no longer endorsed by NQF, and the Workgroup discussed removing #1799 and replacing it with #1800 *Asthma Medication Ratio*. The Collaborative did not raise any questions or concerns.

**#0038 Childhood Immunization Status (CIS)**

A co-chair shared that the Workgroup felt that this measure was difficult to track via claims data. However, the Workgroup wanted to keep this measure because of the important topic and widespread use in programs. The Workgroup also recommended that use of this measure be promoted, and that further work should be done to understand variability in performance. The Collaborative did not raise any questions or concerns.

**N/A Immunization for Adolescents (IMA)**

Similar to #0038, the Workgroup felt that this measure may be difficult to track but should be kept because of importance of immunization and widespread use. The Collaborative did not have any comments.

**#1448 Developmental Screening in the First Three Years of Life**

A co-chair shared that the measure did not align with the Bright Futures age recommendations, but the Workgroup elected to keep this measure because it is still used in the Medicaid child core set, is linked strongly with outcomes, and does not have a similar measure that can replace it. A Collaborative member asked why the ages specified in #1448 could not be changed to be consistent with Bright Futures. A co-chair shared that the measure had not been tested with that timing and changing the measure specifications would introduce problems with alignment across different programs.

**#0033 Chlamydia Screening for Women**

A co-chair shared that the Workgroup's discussion on this measure was limited and the final outcome was a close vote to keep the measure. A Collaborative member asked why the vote was close and the co-chair shared that the measure was difficult to capture in some cases, there were some concerns about adolescent privacy, and there were differing opinions about whether this measure should be included in the Pediatrics core set or only in OB/GYN. A co-chair for the OB/GYN Workgroup shared that OB/GYN recommended to add #0033 to their core set (to replace measure #1395) as it is used so widely. A Collaborative member shared their support for keeping this measure.

**#0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**  
The Workgroup noted that this measure is already high-performing in some cases and easily

achievable. However, given the significant impact on child health and lack of similar measures, they recommended to keep this measure. The Collaborative did not raise any questions or concerns.

*#1516 Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life*

A co-chair noted that this was a measure of access, and the Workgroup recommended to keep this measure to ensure that children are having well child visits. The Collaborative did not raise any questions or concerns.

*#0002 Appropriate Testing for Children with Pharyngitis (CWP) and #0069 Appropriate Treatment for Children with Upper Respiratory Infection*

A co-chair noted that #0002 is no longer endorsed by NQF and #0069 seems to have high performance. The Workgroup felt that it was important to include some measure of stewardship but could not come to a consensus on which measure to include, so ended up voting to keep both of these process measures. A Collaborative member commented that these measures have been expanded to cover adults and will be increasingly important as telehealth expands and antibiotics prescriptions become easier to obtain.

A Collaborative member asked for further clarification on whether the measures were voted on separately or together. A co-chair clarified that the measures were originally voted on separately, but both were close votes (#0002 had 6 votes to keep, 6 votes to remove, final result keep; #0069 had 5 votes to keep, 7 votes to remove, final result keep). The Workgroup discussed these measures again and asked to vote on the measures in a single question, as they felt that only one of the measures should be kept, but this resulted in the voting results presented above (4 votes to remove #0002, 5 votes to remove #0069, 3 votes to keep both measures). Because of supermajority rules, this means that both measures are recommended to stay in the core set. A Collaborative member expressed that they felt this was not a strong consensus. A Collaborative member suggested that the structure of the voting survey reflect this discussion.

The Pediatrics co-chairs presented the Workgroup voting results for additions to the core set:

Measure	Voting Totals	Result
1360: Audiological Evaluation no later than 3 months of age	Add: 5 Do not add: 6 Other: 1	Do not add
2803: Tobacco Use and Help with Quitting Among Adolescents	Add: 5 Do not add: 6 Other: 1	Do not add
1800: Asthma Medication Ratio	Add: 10 Do not add: 2	Add
N/A: Medication Management for People with Asthma (MIPS ID 444)	Add: 2 Do not add: 10	Do not add
N/A: Optimal Asthma Control (MIPS ID 398)	Add: 3 Do not add: 9	Do not add
2811e: Acute Otitis Media - Appropriate First-Line Antibiotics	Add: 11 Do not add: 1	Add
0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Add: 12 Do not add: 0	Add
1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Add: 6 Do not add: 6	Do not add
0712e: Depression Utilization of the PHQ-9 Tool	Add: 6 Do not add: 6	Do not add

2903: Contraceptive Care – Most & Moderately Effective Methods	Add: 7 Do not add: 5	Do not add (58%)
2904: Contraceptive Care - Access to LARC	Add: 5 Do not add: 7	Do not add
0005: CAHPS Clinician & Group Surveys (CG-CAHPS)	Add: 6 Do not add: 4 Other: 2	Add
2393: Pediatric All-Condition Readmission	Add: 6 Do not add: 5	Do not add (58%)
2508: Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, Dental Services	Add: 2 Do not add: 10	Do not add
2528: Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	Add: 4 Do not add: 8	Do not add

**#1360 Audiological Evaluation no later than 3 months of age**

The Workgroup agreed that this measure was important but could not come to consensus on who would be responsible for the performance of this measure and what level of analysis would be appropriate. Both the original vote and re-vote were close, and the co-chairs noted that the Workgroup would likely want to re-evaluate this measure in the future. The Collaborative did not raise any questions or concerns.

**#2803 Tobacco Use and Help with Quitting Among Adolescents**

A co-chair shared that this measure was important in that it addresses substance use, but the Workgroup would like to include a more comprehensive measure on substance use, including vaping and e-cigarette use (not just tobacco use) once it is available. The Collaborative did not offer any additional comments.

**#1800 Asthma Medication Ratio**

The Workgroup recommended that this measure be added as a replacement to #1799. There were no further comments from the Collaborative.

**N/A Medication Management for People with Asthma (MIPS ID 444)**

A co-chair shared that due to similarities with #1800 and high performance in MIPS, the Workgroup recommended not to add this measure. There were no further comments from the Collaborative.

**N/A Optimal Asthma Control (MIPS ID 398)**

The Workgroup felt that this did not need to be added based on a preference for measure #1800 and the topic of asthma already being addressed in the core set. The Collaborative did not offer any additional comments.

**#2811e Acute Otitis Media – Appropriate First-Line Antibiotics**

The Workgroup felt that this measure addressed an important topic of antibiotic stewardship. The measure was also endorsed in 2017 and was noted as ‘forward-thinking’ as it is an eCQM. The Collaborative did not offer any additional comments.

**#0418/0418e Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan, #1365 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment, and #0712e Depression Utilization of the PHQ-9 Tool**

A co-chair shared that the Workgroup considered these measures together. The Workgroup noted that suicide did not always correlate with a diagnosis of major depression and did not want to limit measurement to adolescents only, or to use of one specific tool. Because of these reasons, the

Workgroup recommended #0418/0418e for addition but did not recommend #1365 or #0712e for addition.

*#2903 Contraceptive Care – Most & Moderately Effective Methods and #2904 Contraceptive Care – Access to LARC*

A co-chair shared that these two measures are actually combined in the Medicaid core set. While the group noted a measurement gap in adolescent female health care, there were some concerns over confidentiality. Workgroup members also expressed concern that the specifications would penalize clinicians for offering other types of contraception to adolescents who do not want long-acting contraception. A Collaborative member shared that in some areas, adolescents experience difficulty getting access to long-acting contraception because of a bias against providing LARC for younger women and supported that this topic area is important for measurement.

*#0005 CAHPS Clinician & Group Surveys (CG-CAHPS)*

A co-chair shared that the group recommended to add this measure, but two “Other” votes included additional caveats (must be the child version of CAHPS; make a note of patient burden and variable response rate; encourage development of a new measure to assess patient experience). A Collaborative member commented that since this is intended to be the child version of CAHPS, this should be specified clearly in the presentation so that there are no misunderstandings, especially in multispecialty groups. The member also expressed concerns over sample sizes at the individual physician level, and a co-chair shared that the Pediatrics group had discussed this as well.

*#2393 Pediatric All-Condition Readmission*

While there was a desire to align with the adult readmissions measures that were being considered for other core sets, the vote was close and the Pediatrics Workgroup did not recommend to add #2393 at this time. One reason is that it is a newer measure without much implementation data to date. There were no additional comments offered by the Collaborative.

*#2508 Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, Dental Services and #2528 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services*

The Workgroup felt that dental measures were important to include, but neither of these measures are currently endorsed by NQF and the Workgroup did not feel these were right for addition. The Collaborative did not offer any additional comments.

NQF staff noted that additional measures on otitis externa and otitis media, depression, antipsychotics, substance use, and asthma were discussed by the Workgroup but were not recommended for addition based on consensus during the meetings. Overall, the Workgroup recommended to remove one measure and add four measures: this would bring the core set up to 12 measures.

NQF noted that the Pediatrics Workgroup made recommendations on #0418/0418e, #1800, #0005, and #0033 that align with other Workgroup core sets and recommendations. The Workgroup identified contraceptive care, behavioral health, substance use screening, patient experience (including patient and family engagement), social determinants of health and access, and care coordination as gaps for future consideration.

## Discussion of OB/GYN Workgroup Core Set Recommendations

The OB/GYN co-chairs presented the Workgroup voting results for the current OB/GYN core set measures:

Measure	Voting Totals	Result
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#0469: PC-01 Elective Delivery	Keep: 6 Remove: 7 Abstain: 1	Keep. At least one affirmative vote from each voting category but overall vote did not meet 60% threshold for removal.
#1391: Frequency of Ongoing Prenatal Care	Keep: 2 Remove: 11 Abstain: 1	Remove
#1395: Chlamydia Screening and Follow Up	Keep: 5 Remove: 9	Remove
#0567: Appropriate Work Up Prior to Endometrial Ablation Procedure	Keep: 2 Remove: 10 Abstain: 2	Remove

*#0469 PC-01 Elective Delivery*

A co-chair shared that there was some disagreement among the Workgroup as to whether this measure should be removed, but clinicians all voted to keep this measure and it did not pass the 60% threshold for removal. There were no further comments from the Collaborative.

*#1391 Frequency of Ongoing Prenatal Care*

The Workgroup recommended to remove this measure as there was a lack of evidence that the number of prenatal visits correlates to better patient outcomes, and the measure developer has withdrawn this measure from the endorsement process. There were no further comments from the Collaborative.

*#1395 Chlamydia Screening and Follow Up*

The Workgroup noted that this measure was withdrawn from the endorsement process by the measure developer and voted to remove this measure. The group recommended replacing this with #0033 *Chlamydia Screening in Women*. The Collaborative did not have any additional comments.

*#0567 Appropriate Work Up Prior to Endometrial Ablation Procedure*

Some full Collaborative members expressed concerns with the Workgroup's recommendation to remove this measure. A Workgroup member shared that the Workgroup felt that this should be removed from consideration because it is a standard of care. However, they feel that this is not being done universally, and in their experience, there are a number of clinicians who do not perform pre-operative sampling. In the few instances where the patient has cancer, they may require a hysterectomy. Another Collaborative member agreed that this is not being done consistently and expressed that this measure is important and should remain in the core set. Additionally, a workgroup member shared that the measure is part of the MIPS program.

NQF staff noted Workgroup comments on lack of benchmarking data and need for preauthorization before performing endometrial ablation (suggesting that the measure may not have as much impact if there are already pre-authorization requirements in place).

A co-chair noted that another reason they discussed removing the measure is because the measure steward did not renew endorsement, and the Workgroup felt that they should not include a measure that was not being maintained. A Collaborative member commented that some stewards maintain the measures independently but do not seek NQF endorsement based on time and expense. NQF shared that this is now listed as stewarded by CMS. CMS confirmed that they are now maintaining this measure.

A Collaborative member supported keeping the measure and suggested revisiting it in the future if it is no longer updated. The area could also be included in the gaps analysis, and the CQMC could reach

out to stewards to encourage maintenance or creation of new measures in this area.

A Collaborative member asked how often the full Collaborative overturns recommendations from the Workgroup. NQF staff shared that during the HIV/Hepatitis C and Gastroenterology votes, the full Collaborative voted in almost full alignment with the voting recommendations except for one measure in the HIV/Hepatitis C set. The Workgroup had recommended this measure for addition, but afterwards the measure lost endorsement. The full Collaborative voted not to add this measure, bringing the HIV/Hepatitis C and Gastroenterology votes on the measure into alignment. The Collaborative is encouraged to use all information (including information from the full Collaborative discussion) to inform their decision on each measure.

The OB/GYN co-chairs noted that measures on cervical cancer screening, episiotomy, Cesarean section, antenatal steroids, and breastfeeding will remain in the core set based on consensus during the meetings, although #0476 *PC-03 Antenatal Steroids* was withdrawn by the measure steward this year because of high performance and this measure may need to be revisited in the future.

The OB/GYN co-chairs presented the Workgroup voting results for additions to the core set:

Measure	Voting Totals	Result/Notes
#N/A: HIV Screening	Add: 13 Do not add: 1	Add
#2902: Contraceptive Care – Postpartum	Add: 11 Do not add: 2 Abstain: 1	Add
#2904: Contraceptive Care – Access to LARC	Add: 9 Do not add: 4 Abstain: 1	Add
#N/A: Maternity Care: Post-Partum Follow-Up and Care Coordination	Add: 11 Do not add: 1 Abstain: 2	Add
#N/A: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence	Add: 6 Do not add: 6 Abstain: 2	Do not add
#0716: Unexpected Complications in Term Newborns	Add: 10 Do not add: 2 Abstain: 2	Add
#3475e: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	Add: 8 Do not add: 4 Abstain: 2	Add
#0033: Chlamydia Screening in Women (CHL)	Add: 9 Do not add: 2 Abstain: 1	Add
#N/A: Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	Add: 9 Do not add: 3 Abstain: 2	Add
#N/A: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy	Add: 6 Do not add: 6 Abstain: 2	Do not add
#2063: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	Add: 6 Do not add: 6 Abstain: 2	Do not add
#0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Add: 13 Do not add: 1	Add

#N/A: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	Add: 6 Do not add: 6 Abstain: 2	Do not add
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*#N/A HIV Screening*

A Workgroup member commented that they did not agree with the voting results given concerns about low clinician influence over performance, interoperability issues, exclusion criteria, and the effectiveness of one-time screening with low-risk patients. The member expressed a preference to include a measure that addresses HIV screening for high-risk patients. The co-chairs acknowledged these concerns but noted that clinicians can still improve performance by encouraging people to be tested and the screening aligns with World Health Organization criteria on reasonable screening. A Collaborative member also noted that USPSTF recommends that all pregnant women are screened for HIV and that the measure is based on a strong USPSTF recommendation.

*#2902 Contraceptive Care – Postpartum and #2904 Contraceptive Care – Access to LARC*

A co-chair noted that while the Pediatrics Workgroup did not recommend addition, the OB/GYN group recommended to add these measures despite some concerns about reliability of measurement at the clinician level. A Collaborative member asked if patients without contraceptive benefits from their insurance provider were excluded from the measure. NQF advised that this is not listed as an exclusion in the measure specifications, but benefits may affect the population that are being measured in practice (the question may be more related to implementation), and the NQF team would follow up with the measure developer for additional information.

The measure developer shared the following information via email:

“Patients without contraceptive benefits from their insurance provider are not excluded from the contraceptive care measures (NQF #2902, #2903, #2904). While NQF has endorsed all three measures at the health plan level of analysis, OPA has primarily tested them in state health plans (e.g. Medicaid fee-for-service plans and health maintenance organizations) that provide contraceptive services benefits. We would expect that the contraceptive care rates would be lower in a health plan that does not offer this coverage.”

“While the workgroup expressed a preference for focusing on LARC and postpartum contraception, we’d respectfully suggest that all three contraceptive measures be added to the OB/GYN CQMC Core Set. We see NQF #2903 as an important contraceptive measure because it calculates provision for multiple prescription methods among women ages 15-44. NQF #2902 and #2904 focus on two different subgroups of NQF #2903. Postpartum women are a subpopulation of the NQF #2903 denominator (women ages 15-44 at risk of unintended pregnancy), while LARC methods are a subset of its numerator (most and moderately effective contraception). When all three measures are reported together, they can provide a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods in all women of reproductive age.”

*#N/A Maternity Care: Post-Partum Follow-Up and Care Coordination*

There were no comments or concerns expressed by the full Collaborative.

*#N/A Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence*

The Workgroup did not recommend addition of this measure because of concerns over one of the ambiguous exclusion criteria: “documentation of reason for not documenting a preoperative assessment.” The full Collaborative did not offer any additional comments.

*#0716 Unexpected Complications in Term Newborns*



The Workgroup voted to add this measure but expressed that the measure should be used at the plan level, not the individual provider level. A Collaborative member agreed with this recommendation.

*#3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture*

There were no comments or concerns expressed by the full Collaborative.

*#0033 Chlamydia Screening in Women*

This measure was recommended as a replacement to #1395 *Chlamydia Screening and Follow Up*. There were no additional comments offered by the full Collaborative.

*#N/A Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair*

The Workgroup liked that this was an outcome measure. While Workgroup members expressed concern over reliability at the individual provider level, they felt it was reasonable to measure and influence. A Collaborative member asked whether two companion measures on bladder injuries and ureter injuries during pelvic organ prolapse repair were considered; NQF staff shared that these measures were considered but the Workgroup reached consensus not to consider these measures due to concerns over self-reporting bias on bladder injury and the exclusions for both bladder and ureter injury measures.

*#N/A Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy*

A co-chair noted that this was a split vote and may have similar rationale as the vote on endometrial ablation. The Workgroup expressed that this was important during discussion but did not reach a supermajority during the vote. The full Collaborative did not offer any additional comments.

*#2063 Performing Cytoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury*

The Workgroup felt that this was already a standard of care and ultimately did not vote to recommend this measure for addition. The full Collaborative did not offer additional comments.

*#0418/0418e Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan*

The Workgroup recommended to add this measure given that depression was noted as a gap in the core set. Even though #0418 is a general depression measure, the group was not aware of any pregnancy-specific depression measures. The full Collaborative did not offer additional comments.

*#N/A Maternity Care: Elective Delivery or Early Induction Without Medical Indication at  $\geq 37$  and  $< 39$  Weeks*

A co-chair noted that this measure was similar to #0469 *PC-01 Elective Delivery*, but there was no clear reason why this measure should replace #0469 and the vote did not reach the supermajority threshold to recommend for addition. The full Collaborative did not offer any additional comments.

NQF staff noted that additional measures on immunizations for adolescents, behavioral health, contraceptive care, prenatal and postpartum care, newborn infections and screenings, and bladder and ureter injuries at the time of pelvic organ prolapse repair were discussed by the Workgroup but were not added to their recommendations based on consensus. Overall, the Workgroup recommended to remove three measures and add nine measures: this would bring the core set up to 13 measures.

NQF noted that the HIV/Hepatitis C Workgroup made recommendations on the HIV screening measure and #0418/0418e aligned with other Workgroup core sets. The Workgroup identified behavioral health and substance use, contraceptive care, Cesarean section time of decision and surgery start time, and vaccination measures as gaps for future consideration, although there has been progress in addressing contraceptive care and depression.

## Next Steps

NQF staff shared that a voting survey would be sent to voting members of the Collaborative and would be open for approximately one month. NQF staff noted that other core sets will soon be proceeding to the full Collaborative. At this time, the CQMC core sets are expected to start releasing in late June or early July 2020.