

Meeting Summary

Full Collaborative Meeting 4

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

Welcome and Review of Meeting Objectives

NQF staff and the Medical Oncology and Orthopedics co-chairs 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 Medical Oncology and Orthopedics core sets
- Review next steps

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 category). 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 Medical Oncology Workgroup Core Set Recommendations

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

Measure	Voting Totals	Result
0390: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High-Risk Prostate Cancer	Add: 5 Do not add: 2	Do not add. Not one affirmative vote from C/P/RC category.
2930: Febrile Neutropenia Risk Assessment Prior to Chemotherapy	Add: 3 Do not add: 4	Do not add

3188: 30-Day Unplanned Readmissions for Cancer Patients	Add: 8 Do not add: 0	Add
3490: Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Add: 8 Do not add: 0	Add
N/A: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy	Add: 4 Do not add: 3	Do not add. Not 60% and not one affirmative vote from C/P/RC category.
N/A: Symptom Control During Chemotherapy – Pain	Add: 4 Do not add: 4	Do not add. Not 60% and not one affirmative vote from the medical association category.
N/A: Symptom Control During Chemotherapy – Nausea	Add: 5 Do not add: 3	Do not add. Not one affirmative vote from the medical association category.
N/A: Symptom Control During Chemotherapy – Constipation	Add: 5 Do not add: 3	Do not add. Not one affirmative vote from the medical association category.
2651: CAHPS® Hospice Survey (experience with care)	Add: 7 Do not add: 1	Add
3235: Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission	Add: 6 Do not add: 2	Do not add. Not one affirmative vote from medical association.
OCM-2 Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	Add: 6 Do not add: 2	Do not add. Not one affirmative vote from C/P/RC category.
0418/0418e/OCM-5 Screening for Depression and Follow Up Plan	Add: 6 Do not add: 2	Add
OCM-6 Patient-Reported Experience of Care	Add: 7 Do not add: 1	Add
0377: Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	Add: 4 Do not add: 3	Do not add
3365e: Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy	Add: 2 Do not add: 5	Do not add
0384e: Oncology: Medical and Radiation - Pain Intensity Quantified (eCQM version of current core set measure)	Add: 6 Do not add: 2	Add
0389e: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (eCQM version of current core set measure)	Add: 7 Do not add: 1	Add (as a result of re-vote).

#0390 Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High-Risk Prostate Cancer

A co-chair noted that this measure is used in MIPS, but already has high performance. A Collaborative member asked for further clarification on why this measure was not recommended to be added, even though a majority voted to add this measure. NQF staff clarified that this is due to the supermajority voting rules, which call for at least one affirmative vote from each voting category. Since there were no votes to add the measure from the consumer/purchaser/regional collaborative voting category, the final recommendation was not to add.

#2930 Febrile Neutropenia Risk Assessment Prior to Chemotherapy

A co-chair shared that the Workgroup had previously discussed this measure in 2016 and reconsidered it during this cycle, but ultimately the Workgroup did not recommend adding this measure. There were no additional comments from the Collaborative.

#3188 30-Day Unplanned Readmissions for Cancer Patients

A co-chair shared that this is a facility performance measure, and while it is not used by MIPS it is used by PPS-exempt cancer centers and practices that use alternative payment models. The Workgroup recommended to add this measure. There were no additional comments from the Collaborative.

#3490 Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

A co-chair noted that there was unanimous support from the Workgroup for adding this measure. A Collaborative member asked for clarification on the measure title and whether the title should be “Admission and/or Emergency Department Visits,” since the calculation for the measure is not based on the number of patients who are admitted to an inpatient facility and also admitted to an emergency department within 30 days of chemotherapy. NQF staff confirmed that the title of the measure is correct but advised that they would review the specifications of the measure to provide more clarification. The measure description is as follows, “The Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy Measure...estimates hospital-level, risk-adjusted rates of inpatient admissions or ED visits for cancer patients at least 18 years of age for at least one of the following diagnoses—anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis—within 30 days of hospital-based outpatient chemotherapy treatment. Rates of admission and ED visits are calculated and reported separately.”

N/A Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

A co-chair noted that this measure is not widely used. There were no votes to add this measure from the consumer/purchaser/regional collaborative voting category, so the Workgroup did not recommend addition of this measure. There were no additional comments from the Collaborative.

N/A Symptom Control During Chemotherapy – Pain, N/A Symptom Control During Chemotherapy – Nausea, and N/A Symptom Control During Chemotherapy – Constipation

A co-chair shared that the group did not vote to add these measures as they are still new and undergoing testing. The co-chairs noted that there were no votes to add these measures from the medical association category. The measure developer, a collaborative member, shared an update on these measures and noted these patient-reported outcome-based performance measures (PRO-PMs) have been tested in Minnesota and showed strong performance and feasibility. The developer plans to submit these measures for endorsement. NQF staff noted that the Workgroup felt that inclusion of PRO-PMs was important in the set, and some members had expressed interest in revisiting these measures after they have been endorsed.

#2651 CAHPS® Hospice Survey

A co-chair shared that this measure addresses experience of care and received support from all voting categories. The Workgroup recommended addition of this measure. There were no additional comments from the Collaborative.

#3235 Hospice and Palliative Care Composite Process Measure—Comprehensive Assessment at Admission

A co-chair shared that this measure passed the 60% threshold for voting, but was not recommended for addition because there was no affirmative votes for this measure from medical associations. A Collaborative member asked if they could submit a vote on this measure; NQF advised that the Workgroup vote could not be changed at this point, but invited the member to share their comments on the measure for consideration by the full Collaborative as they cast their votes. The member

shared that they supported inclusion of #3235 in the core set and noted this is one of the few measures that reflect serious illness care in oncology. The member also shared that performance on this measure is not very high. While a Workgroup member expressed that the set should focus more directly on medical oncology instead of hospice care processes, the full Collaborative member commented that there is agreement between oncology and hospice/palliative medicine that the two areas are interrelated and should be working together on projects and measures, and there is guidance from ASCO regarding palliative and hospice care in oncology that should be referenced in future rounds of work.

OCM-2 Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode

A co-chair noted that this measure is used in the CMS Oncology Care Model. The Workgroup did not recommend to add this measure, as there was no affirmative vote from the consumer/purchaser/regional collaborative voting category. However, the Workgroup did recommend addition of measures #3188 and #3490, which are related to this topic. There were no additional comments from the Collaborative.

#0418/#0418e/OCM-5 Screening for Depression and Follow Up Plan

A co-chair noted that this measure is used in the CMS Oncology Care Model and the Workgroup recommended this measure for addition. This measure was also supported for addition to other CQMC core sets by their respective Workgroups. There were no additional comments from the Collaborative.

OCM-6 Patient-Reported Experience of Care

A co-chair noted that this measure is used in the CMS Oncology Care Model and the Workgroup recommended this measure for addition due to the importance of addressing patient experience. A Workgroup member asked for additional information on OCM-6, as the measure scan lists "Information not available" for some of the measure specification fields and asked for the distinction between OCM-6 and #2651 *CAHPS Hospice Survey*. NQF staff shared that the OCM measures are focused on oncology care while #2651 is focused on the hospice setting, and that NQF will follow up with any additional information from the Oncology Care Model on this measure.

#0377 Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow

A co-chair shared that the Workgroup did not recommend this measure for addition. There were no additional comments from the Collaborative.

#3365e Treatment of osteopenia or osteoporosis in men with non-metastatic prostate cancer on androgen deprivation therapy

A co-chair shared that this is an electronic measure. The Workgroup did not recommend addition of this measure. There were no additional comments from the Collaborative.

#0384e Oncology: Medical and Radiation - Pain Intensity Quantified

A co-chair shared that this is the electronic version of an existing measure in the core set, and the Workgroup recommended addition of this measure as a reporting option. There were no additional comments from the Collaborative.

#0389e Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

A co-chair shared that this is the electronic version of an existing measure in the core set, and the Workgroup recommended addition of this measure as a reporting option. There were no additional

comments from the Collaborative.

NQF staff shared that additional measures had been discussed by the Workgroup but were not recommended for addition to the Medical Oncology core set based on consensus during the meetings. These measures included the following:

- #0220 *Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor-positive breast cancer.* Workgroup members expressed concerns over feasibility and felt the potential impact on quality of care was small.
- #0383 *Plan of Care for Pain—Medical Oncology and Radiation Oncology.* The Workgroup noted that care plans are difficult to capture electronically as a discrete data field, and the specifications for the measure are currently being updated.
- #0385/#0385e *Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients.* This measure requires staging information. A version of this measure is included in the QOPI registry, but it is not included in a payment program.
- OCM-3 *Proportion of patients that died who were admitted to hospice for 3 days or more.* The Workgroup felt this was duplicative of #0216, which is already in the core set.
- QOPI 5 *Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented.* The Workgroup noted this area was important but this measure was not right for the core set.
- AQUA29 *Prostate Cancer: Patient Report of Urinary Function after Treatment* and AQUA30 *Prostate Cancer: Patient Report of Sexual function after treatment.* The Workgroup agreed these would be more appropriate for urologists rather than oncologists.
- QOPI 23 *Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC.* The Workgroup noted that this was similar to #0210, which is already in the core set. The measure is also being revised, and the specifications have not been finalized.
- #0032 *Cervical Cancer Screening (CCS)*, #0034 *Colorectal Cancer Screening (COL)*, and #2372 *Breast Cancer Screening.* The Workgroup felt that these preventative measures were not within the scope of the core set. NQF staff noted that these screening measures are being considered by other Workgroups.

A full Collaborative member asked for clarification on whether the set is directed specifically towards medical and radiation oncologists. NQF staff shared that the set is currently directed towards these groups, but the Workgroup is considering expanding to other areas in the future. The Collaborative member noted that some of the measures discussed earlier could be performed by a medical oncologist but could also be performed by other specialties. The Collaborative member noted that they originally thought the oncology set had a broader focus and could include urology measures. A full Collaborative member shared that the AQUA29 and AQUA30 measures are from the AUA Quality Registry (AQUA) and suggested that the group consider related measures for specific cancers in addition to general oncology measures in future iterations. A Workgroup member also noted that QOPI 5, AQUA29, AQUA30, and QOPI 23 are Qualified Clinical Data Registry (QCDR) measures and were not added in part due to licensing and specifications that do not allow for broad use across payers.

A Collaborative member asked for clarification on the measure scan spreadsheet provided in Excel and how to view the full core set recommended by the Workgroup. NQF shared that after removing the measures in the “Current Core Set” tab that are recommended for removal and appending the list of measures in the “Measures to Add” tab, the group could view the full list of measures recommended by the Workgroup. However, this is not the final list of measures and the list will not be finalized until after full Collaborative voting. NQF clarified that the Medical Oncology

recommendations have already been reviewed by the Steering Committee and the list will be finalized after a 4-week period of voting after the full Collaborative meeting.

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

Measure	Voting Totals	Result
1857: Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab	Keep: 1 Remove: 6	Remove
1853: Radical Prostatectomy Pathology Reporting	Keep: 2 Remove: 6	Remove
0211: Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life	Keep: 4 Remove: 4	Keep. 50% remove and no removal vote from C/P/RC category.

#1857 Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab

A co-chair noted that performance for this measure was high, and the Workgroup recommended removal of this measure. There were no additional comments from the Collaborative.

#1853 Radical Prostatectomy Pathology Reporting

A co-chair shared that the Workgroup felt this was out of scope of the core set as it addressed pathology, and the Workgroup recommended to remove this measure. There were no additional comments from the Collaborative.

#0211 Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life

A co-chair shared that this measure is not widely used and has been removed from MIPS, but there was not enough support from the Workgroup to recommend removal of the measure as some members expressed that the measure provides valuable information not captured by similar hospice-related measures. There were no additional comments from the Collaborative.

A co-chair noted that many of these measures focus on emergency room visits, hospital admissions, and care in the last months of life, and there is a need to keep thinking about how best to capture and measure these important events.

NQF staff shared that 11 measures on breast cancer, colorectal cancer, prostate cancer, and hospice/end of life will remain in the core set based on consensus from the Workgroup during discussion. Additionally, there was one measure from the current core set that was voted to keep. Overall, the Workgroup recommended to remove two measures from the current set and add five measures and two eCQM reporting options for current core set measures: this would bring the core set up to 19 measures.

NQF staff shared that a new “Other” category will be added to the Medical Oncology core set to reflect measures on readmissions, admissions, depression screening, and experience of care. The Workgroup identified functional status/quality of life, shared decision-making, under- or overtreatment, inpatient hospital admission rate, reporting of cancer stage, disease-free survival for a certain number of years, patient experience / PRO for level of pain experienced by patients, cost measures, lung cancer measures, five-year cure rate, social determinants of health (SDOH), financial burden, anxiety/stress management and screening, care coordination, transitions of care, care navigation, and patient education as gaps for future consideration.

Discussion of Orthopedics Workgroup Core Set Recommendations

The Orthopedics co-chairs presented the Workgroup voting results for additions to the core set. A co-chair noted that several new measures on functional status and other patient-reported outcomes have been developed since the first iteration of the core set, and are important to advancing measurement for orthopedic care. The Workgroup has recommended a number of those measures for addition as they are important for advancing orthopedics measurement..

Measure	Voting Totals	Result
N/A: Functional Status Assessment for Total Hip Replacement (eCQM)	Add: 9 Do not add: 0	Add
N/A: Management of Hip Fractures in the Elderly: Timing of Surgical Intervention	Add: 4 Do not add: 5	Do not add
2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery	Add: 6 Do not add: 3	Add
2653: Functional Status After Primary Total Knee Replacement	Add: 8 Do not add: 1	Add
N/A: Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Add: 4 Do not add: 5	Do not add
N/A: Functional Status Assessment for Total Knee Replacement (eCQM)	Add: 8 Do not add: 1	Add
#2643: Functional Status After Lumbar Fusion	Add: 9 Do not add: 0	Add
N/A: Leg Pain Following Lumbar Fusion	Add: 7 Do not add: 2	Add
N/A: Functional Status After Lumbar Discectomy/Laminectomy	Add: 8 Do not add: 1	Add
N/A: Leg Pain After Lumbar Discectomy and/or Laminectomy	Add: 6 Do not add: 3	Add
N/A: Back Pain After Lumbar Fusion	Add: 6 Do not add: 3	Add
2962: Shared Decision-Making Process	Add: 7 Do not add: 2	Add
2624: Functional Outcome Assessment	Add: 5 Do not add: 4	Do not add. Not 60% and not an affirmative vote from each voting category.
0420: Pain Assessment and Follow Up	Add: 6 Do not add: 3	Do not add. Not 60% affirmative but not an affirmative vote from each voting category.
2483: Gains in Patient Activation (PAM) Scores at 12 Month	Add: 5 Do not add: 4	Do not add. Not 60%.
N/A: Evaluation or Interview for Risk of Opioid Misuse	Add: 6 Do not add: 3	Do not add. No affirmative vote from each voting category.
N/A: Unplanned Reoperation within the 30-Day Postoperative Period	Add: 8 Do not add: 1	Add
N/A: Osteoarthritis (OA): Function and Pain Assessment	Add: 4 Do not add: 5	Do not add
N/A: Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release	Add: 4 Do not add: 5	Do not add
N/A: Back Pain After Lumbar Discectomy/ Laminectomy	Add: 8 Do not add: 1	Add

N/A Functional Status Assessment for Total Hip Replacement (eCQM)

A co-chair noted that this was an electronic measure and the Workgroup unanimously voted to add this measure to the core set. There were no additional comments from the Collaborative.

N/A Management of Hip Fractures in the Elderly: Timing of Surgical Intervention

A co-chair shared that the Workgroup was interested in re-evaluating this measure in the future, but discussed that the measure was too early in development. The measure had not been endorsed, and CMS is considering whether this measure will be used in their programs in the future. There were no additional comments from the Collaborative.

#2958 Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery

A co-chair shared that the Workgroup voted to add this measure to the core set. There were no additional comments from the Collaborative.

#2653 Functional Status After Primary Total Knee Replacement

A co-chair shared that this target-based measure was redesigned by the developer by request of CMS, and it will be used in the Quality Payment Program (QPP) in 2021. There were no additional comments from the Collaborative.

N/A Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report

A co-chair noted that this measure is required to be reported as part of CMS claims and is collected by all orthopedics registries at this time, so performance is likely topped out. This measure was not recommended for addition, and there were no additional comments from the Collaborative.

N/A Functional Status Assessment for Total Knee Replacement (eCQM)

A co-chair noted that this is a pre-operative measure collected electronically and has been standardized for CMS. It is recommended for addition, and there were no additional comments from the Collaborative.

#2643 Functional Status After Lumbar Fusion

A co-chair shared that the Workgroup unanimously voted to add this measure to the core set. There were no additional comments from the Collaborative.

N/A Leg Pain Following Lumbar Fusion

A co-chair shared that this target-based measure was redesigned by the developer by request of CMS. This measure will be used in QPP in 2021. There were no additional comments from the Collaborative.

N/A Functional Status After Lumbar Discectomy/Laminectomy

A co-chair noted that this measure is a PRO-PM, and the Workgroup recommended that this measure be added to the core set. There were no additional comments from the Collaborative.

N/A Leg Pain After Lumbar Discectomy and/or Laminectomy

A co-chair shared that this target-based measure was redesigned by the developer by request of CMS, and it will be used in QPP in 2021. There were no additional comments from the Collaborative.

N/A Back Pain After Lumbar Fusion

The Workgroup recommended to add this measure to the core set. There were no additional comments from the Collaborative.

#2962 Shared Decision-Making Process

A co-chair shared that this measure is a process measure that assesses whether the patient was involved in decision-making when there was more than one reasonable option. This measure is broad and can be used across multiple orthopedic conditions, and the group decided to add this measure to reflect elective options. A Workgroup member shared that their organization has concerns about this measure. The member has questions around validity of patient-facing tools and their ability to add value to practice, citing the testing results of the CMS shared decision-making model for left atrial appendage closure. The member also noted that #2962 measures whether providers commit to a shared decision-making approach, but does not measure if the approach improves outcomes for the patient. A workgroup member responded that evidence from Dartmouth shows that shared decision making is value-added across a variety of orthopedics outcomes, unlike in cardiac surgery example shared.

#2624 Functional Outcome Assessment

The Workgroup did not recommend addition of this measure. A Collaborative member asked for elaboration on why this measure was not recommended. A co-chair shared that this while the Workgroup liked that this measure was cross-cutting, the measure specifications were considered too broad (denominator is all patients 18 and older) and the recommended tools for assessment were not well-defined. The co-chair also noted that the group elected to add condition-specific measures on functional outcomes. A Collaborative member asked if the Workgroup had included a functional status measure for knee and hip replacements, and a co-chair confirmed that the Workgroup had recommended to add measures on these topics.

#0420 Pain Assessment and Follow Up

The Workgroup felt that this measure was too broad (denominator is all patients 18 and older) and performance on this measure has topped out. There were no additional comments from the Collaborative.

#2483 Gains in Patient Activation (PAM) Scores at 12 Month

The Workgroup did not recommend addition of this measure. There were no additional comments from the Collaborative.

N/A Evaluation or Interview for Risk of Opioid Misuse

The Workgroup felt that opioids were an important area but felt that it would be challenging to collect the data for this measure. A Workgroup member also noted during voting that there was no evidence demonstrating effectiveness of this specific measure. There were no additional comments from the Collaborative. The Workgroup did not recommend addition of this measure.

N/A Unplanned Reoperation within the 30-Day Postoperative Period

The Workgroup recommended addition of this measure. There were no additional comments from the Collaborative.

N/A Osteoarthritis (OA): Function and Pain Assessment

A co-chair shared that the measure performance was topped out and the measure had lost endorsement in 2014. The new steward is working on validating the measure before resubmitting it for endorsement. There were no additional comments from the Collaborative. The Workgroup did not recommend addition of this measure.

N/A Discouraging the Routine Use of Occupational and/or Physical Therapy After Carpal Tunnel Release

A co-chair shared that this measure was not recommended for addition by the Workgroup, but it

(along with the *Osteoarthritis: Function and Pain Assessment* measure) would likely be retooled as registry measures in the future. There were no additional comments from the Collaborative. The Workgroup did not recommend addition of this measure.

N/A Back Pain After Lumbar Discectomy/Laminectomy

A co-chair noted that this measure is a PRO-PM. This measure was redesigned by the developer by request of CMS and the denominator has been expanded to include all lumbar discectomy/laminectomy procedures. This will be used in QPP in 2021. There were no additional comments from the Collaborative. The Workgroup recommended the addition of this measure.

A Workgroup member clarified for the Collaborative that the Workgroup considered the method for measuring functional status when deciding which measures to recommend. The group preferred to include functional status measures that provide an actual measurement or score of functional status (e.g., Oswestry Disability Index ≤ 22 or a change of 30 points), instead of measures that only ask whether a tool was administered to measure functional status.

NQF staff shared that additional measures had been discussed by the Workgroup but were not recommended for addition to the Orthopedics core set based on consensus during the meetings. These measures included the following:

- #0239 *Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis*. The Workgroup had concerns that the measure was no longer endorsed and could be dated compared to current practice.
- #0268 *Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin*. The Workgroup noted that this measure has been topped out for several years, and the measure duplicates other existing outcome measures.
- *N/A Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet*. The Workgroup had similar concerns to #0268 that this measure is topped out and is duplicative to the measures on complications already included in the core set.
- *N/A Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation*. The Workgroup felt that performance on this measure was topped out.
- *N/A Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy*. The Workgroup felt that performance on this measure was topped out, and the measure was a ‘checkbox’ documentation measure that did not incorporate any elements of behavioral change.
- *N/A Use of Imaging Studies for Low Back Pain (eCQM)*. This measure had its endorsement removed, and the Workgroup also noted that imaging studies are ordered by a broad range of providers other than orthopedic doctors.
- *N/A Verify Opioid Treatment Agreement*. The Workgroup felt that there were implementation challenges to this measure and it was not feasible at this time.

NQF staff presented the Workgroup voting results for the current Orthopedics core set measures and noted that the Workgroup decided to keep all three measures in the set:

Measure	Voting Totals	Result
1550: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Keep: 6 Remove: 3	Keep. No affirmative vote to keep from medical association.
1551: Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Keep: 6 Remove: 3	Keep. No affirmative vote to keep from medical association.
0741: Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and	Keep: 5 Remove: 4	Keep. No affirmative vote to keep from medical

Systems (CAHPS®) Surgical Care Survey		association.
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There were no additional questions or comments from the Collaborative on the current Orthopedics core set measures.

NQF staff noted that the Workgroup recommended to keep the three existing measures and add 12 measures to the core set, for a total of 15 measures. NQF staff also shared that many orthopedics measures have been developed since the core set was originally developed and the new measures recommended for the core set better represent orthopedics care (a Workgroup member felt that the previous core set did not cover the majority of care provided). The Workgroup recommended that registry reporting should be discussed by the CQMC in the future but was not in consensus as to the role of cost measures in the set. The Workgroup identified pain measures, opioid measures, and long-term care as gaps for future consideration.

Next Steps

NQF staff shared that a voting survey would be sent to voting members of the Collaborative and would be open for approximately four weeks, encouraging members to vote earlier if possible. NQF staff noted that other core sets will soon be proceeding to the full Collaborative. The CQMC communications plan is being finalized, and the first updated core sets will be published in the coming weeks.