Meeting Summary

Full Collaborative

The National Quality Forum (NQF) convened a full Collaborative meeting for the CQMC on September 30, 2021 to review the Pediatrics, Obstetrics/Gynecology, Behavioral Health, and Cardiology Core Sets.

Welcome and Roll Call

NQF staff welcomed participants to the meeting and introduced the co-chairs of the Pediatrics, Obstetrics/Gynecology, Behavioral Health, and Cardiology Workgroups: Dr. Anne Edwards (Pediatrics provider co-chair), Dr. Lia Rodriguez (Pediatrics payer co-chair), Dr. Andrew Combs (Obstetrics/Gynecology provider co-chair), Dr. John Keats (Obstetrics/Gynecology payer co-chair), Dr. Carol Alter (Behavioral Health provider co-chair), and Dr. Mike Alexander (Cardiology payer co-chair). NQF staff reviewed the antitrust statement and acknowledged that CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff shared that in the interest of time, roll will be retrieved from the attendance list generated after the meeting. The meeting objectives were highlighted as follows:

- Review of the Ad-Hoc Maintenance Process and Updated CQMC Voting Process
- Review of the Full Collaborative Review and Voting Process
- Discussion of Pediatrics, Obstetrics/Gynecology, Behavioral Health and Cardiology Core Sets Ad Hoc Maintenance Updates

Core Set Ad Hoc Maintenance Review and Updated CQMC Voting Process

NQF staff shared the measure selection principles for the CQMC core sets. Maintaining the core sets each year helps ensure that the measures in the core sets are person-centered and holistic; relevant, meaningful, and actionable; parsimonious; scientifically sound; feasible; and unlikely to promote unintended adverse consequences. NQF staff noted that the CQMC core sets alternate between "full maintenance" and "ad hoc maintenance" process each year. NQF staff shared that the current year is an ad hoc maintenance year, during which NQF does not conduct a comprehensive literature review of relevant measures to consider for the core set. During the ad hoc maintenance year, NQF does the following:

1. Flag major updates (e.g., measures that have lost endorsement, topped out measures, recently endorsed measures in topic area, fully developed measures that meet a gap area, measures recommended for use in the CMS Merit-based Incentive Payment System [MIPS] or Medicare Shared Savings Program).

2. Review any measures that Workgroup members identify for urgent consideration for addition or removal.

NQF staff advised that CQMC voting requires quorum and a supermajority in order for the vote to be valid (i.e., for a specific measure to be added to or removed from the core set). At the Workgroup level, supermajority was previously defined as 60 percent of voting participants casting a vote in favor of a change to the core set, with at least one affirmative vote cast by a representative from each of the voting participant categories. It was shared that there were multiple instances when workgroups were unable to meet this definition due to the limited number of voting participants in some categories.

To ameliorate these concerns, the Steering Committee updated the definition of supermajority for Workgroup-level voting. The 60 percent minimum threshold of voting participants remains unchanged, but supermajority will only require one affirmative vote cast by a representative from each of the Provider and Payer voting participant categories at the Workgroup level. It was noted that abstentions are not included in the denominator for votes on specific measures. The definition of quorum at the Workgroup level currently remains the same, (i.e., voting participation from at least one health plan representative, one provider representative, and one other voting category representative [consumer, purchaser, regional collaborative]).

Full Collaborative Review and Voting Process

NQF staff shared that before the voting results are presented to the full Collaborative, each workgroup conducts an initial review of measures brought forth by NQF staff and workgroup members. During workgroup meetings, members discuss potential additions and removals to the core set; if there is at least one workgroup member who supports moving the measure forward during discussion, the measure is included on the voting list. Voting members of the workgroup cast their votes during a four-week period, after which NQF staff tally the results and present them to the Steering Committee for review and approval. Following the Steering Committee approval, the full Collaborative convenes to review the workgroup recommended core set updates. While the Collaborative should rely on the recommendations of the original workgroup to avoid duplication of efforts, the full Collaborative meeting is an opportunity for all CQMC members to raise any significant concerns about the measures under consideration. NQF staff and workgroup co-chairs will ensure that concerns are fully discussed and vetted prior to voting on the measure.

After the full Collaborative meeting, an electronic voting survey will be sent to all voting participants. Quorum for the full Collaborative 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 passing vote supermajority at the full Collaborative is defined as 60 percent of Voting Participants in attendance casting a vote affirmatively AND at least one affirmative vote cast by a representative from each Voting Participant category.

Pediatric Core Set Workgroup Recommendations

A co-chair introduced the Workgroup's updated core set, recognized the Workgroup members for their contributions, and noted that no changes were made during the 2021 ad hoc maintenance year. The Workgroup considered three measures but reached consensus without voting. Measure #0418/0418e *Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan* was considered for removal because the measure is no longer NQF-endorsed. The measure was not submitted for re-endorsement due to resource constraints, but the developer confirmed that they plan to continue maintaining and using #0418/0418e outside of NQF. The co-chair noted that while this is a high-performing measure based on MIPS claims data, it has become more prominent due to mental health concerns surrounding COVID-19. Similarly, the second measure considered for removal, #0069 *Appropriate Treatment for Children with Upper Respiratory Infection (URI)*, was recognized as having increased importance during COVID-19. Measure #3332 *Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)* was considered for addition as it has been newly endorsed. The Workgroup recognizes that pediatric psychosocial screening is clinically relevant. However, the Workgroup discussed that the measure has limited applicability, as it prescribes one particular tool for screening. Due to these considerations, the Workgroup decided to not include this measure in the core set at this time.

A co-chair also mentioned that the future considerations for the Workgroup include discussing health disparities through an equity lens, the pediatric life course, and properly stratifying measures within the pediatric population. The Workgroup emphasized the importance of patient reported outcomes. However, the workgroup noted that legal implications must be considered when discussing implementing patient reported measures within the pediatric population. Finally, the co-chair shared that the Workgroup will continue to prioritize maintaining behavioral health outcome measures during the upcoming maintenance year. Specifically, the Workgroup would like to consider measures related to anxiety within the pediatric population.

Obstetrics/Gynecology Core Set Workgroup Recommendations

The co-chairs presented the Workgroup voting results for the current Obstetrics/Gynecology core set measures. The Workgroup members recommended a total of four changes, including the removal of Wone measure and the addition of three measures, during ad hoc maintenance.

#0476: PC-03 Antenatal Steroids

The Workgroup co-chairs shared that this metric was stewarded by The Joint Commission, and they have decided to retire this measure. This measure is no longer tracked by Joint Commission accredited hospitals that have maternity centers. The Workgroup members were in favor of removing the measure from the core set because the quality gap for this measure has been closed. The full Collaborative did not offer any additional comments on this measure.

N/A: Postpartum Depression Screening and Follow-Up (PDS)

The co-chairs shared that this measure was originally proposed as a replacement for measure #0418/0418e *Preventative Care and Screening for Depression and Follow-Up Plan* if it was removed from the core set. Most of the Workgroup members emphasized the importance of postpartum

depression screening, identified this topic as a quality gap, and were in favor of adding this measure to the core set.

A full Collaborative member questioned if addition of this measure is specifically related to the absence of #0418/0418e or if the measure is recommended as a separate distinct measure. The co-chair clarified that while the measure was originally considered as a replacement to #0418/0418e, the Workgroup agreed that the measure would be a useful supplement to the routine depression screening recommended by U.S. Preventative Services Task Force (USPSTF) on an annual basis. It was noted that the measure is valuable because it is specifically focused on postpartum depression. The member then asked if the measure was tool-specific or if it uses any validated postpartum depression screening tool. The co-chairs shared that the metric uses any validated tool and includes two components: (1) percentage of patients screened and (2) percentage of positive patients that received treatment. The member thanked the co-chairs and affirmed the importance of including a postpartum specific measure.

Another member asked whether #0418/0418e, as well as the other measures recommended by the Workgroup, are chart abstracted measures. A co-chair clarified that the two measure additions are based on electronic health records and claims and the other is based on a specific instrument.

#3484: Prenatal Immunization Status (Composite Measure)

This measure captures the percentage of women who received two recommended immunizations during their pregnancy, among all women who had a delivery during the measurement period. The two recommended immunizations, seasonal influenza and Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis), are both recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. The co-chairs shared that the measure steward thought that having a composite metric was more useful from an administrative burden standpoint. The Workgroup members identified the need for improvement to increase immunization rates in pregnant women and address vaccine hesitancy and were in favor of adding this measure to the core set.

A full Collaborative member asked for clarification on the timing of the measure, noting that the influenza vaccine is seasonal and pregnant women may not have received a flu vaccine at the time of measurement. A co-chair clarified that the metric is based on immunization any time during the entire pregnancy, and full-term pregnancies are expected to overlap with flu season at some point.

#3543: Person-Centered Contraceptive Counseling (PCCC) Measure

A co-chair shared that this measure is intended to ensure providers are not overlooking contraceptive counseling as part of patient-centered care. It also helps to balance measures assessing the offering of long-acting reversible contraception (LARC). The measure is calculated based the percentage of patients who have given their provider the highest rating on all items in a four-item survey. Some Workgroup members expressed concerns that this may be a subjective measure that is not consistently applied because it is survey-based; however, the co-chairs shared the highest rating is possible to achieve and the developer noted rates as high as 97% during testing. It was noted that the

measure has been implemented successfully in ten health centers across the country and by the Oregon Health Authority during testing. Overall, the Workgroup discussed that this is a high-bar measure that can drive quality improvement in contraceptive counseling. The Workgroup members recommended that this should be added to the OB/GYN core set.

A Collaborative member asked if this measure uses a standardized tool to ask the questions. NQF staff shared that the measure uses a standardized four-item survey tool that assesses if the patient felt that the provider respected them as a person, let them say what matters to them about their birth control, took their preferences about birth control seriously, and gave them enough information to make the best decision about their birth control method. The member noted that since the tool is standardized, they do not have significant concerns about the subjectivity of the measure.

Additional Measures Considered by the Workgroup

NQF staff noted that there were several additional measures discussed by the Workgroup members. However, these measures did not move forward to the Obstetrics/Gynecology voting list based on consensus during the meeting:

- 0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- N/A: Non-recommended Cervical Cancer Screening in Adolescent Females
- 0471: PC-02 Cesarean Section
- 1517: Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
- N/A: Prenatal Depression Screening and Follow-Up (PND)
- N/A: Low-Risk Cesarean Delivery (LRCD-CH)

The Workgroup members reaffirmed the importance of depression measure #0418/0418e remaining in the core set, as long as it is being maintained by the developer. The members also discussed that there is still room for improvement on this depression measure based on payer experience shared during the previous Workgroup meetings. While NQF staff flagged *Non-recommended Cervical Cancer Screening in Adolescent Females* for removal since it was high performing based on registry data in the MIPS program, the Workgroup discussed that payer claims for pap smear screenings were still high and decided in favor of keeping this measure in the core set to align with American College of Obstetricians and Gynecologists (ACOG) recommendations. The Workgroup also discussed measure #0471 *PC-02 Cesarean Section* as well as the CDC measure *Low-Risk Cesarean Delivery (LRCD-CH)*. #0471 was flagged by a Workgroup member as being replaced with LRCD-CH in the CMS Medicaid and CHIP Maternity Core Set. It was noted that the new LRCD-CH measure is only reported at the state level and is not appropriate for use at the hospital or clinical practice level. It was also noted that measure #1517 was discussed by the Workgroup last year, but was not included due to concerns over loss of endorsement and limited clinician influence over measure performance. While a Workgroup member flagged that the specifications of this measure have since been updated, the Workgroup did not express interest in reconsidering this measure for the core set.

Behavioral Health Core Set Workgroup Recommendations

The co-chair shared that one of the key components of the Behavioral Health Workgroup's discussion has been focusing on specialty care in behavioral health care settings; however, the members of this Workgroup strongly believe that mental illness and behavioral health disorders occur across a spectrum of settings, including primary care and other specialties, and mental health must be addressed appropriately across all settings. The Workgroup members voted on a total of three measures during ad hoc maintenance.

#3541: Annual Monitoring for Persons on Long-Term Opioid Therapy

#3541 is a health plan measure that assesses the percentage of patients on long-term opioid therapy (at least 90 days) that have had an annual drug screening test. This measure was suggested for addition due to its current use in the Marketplace Quality Rating System (QRS). The co-chair shared that Workgroup members acknowledged that drug screening could be an important tool for monitoring patients at risk of opioid dependence and misuse, but the measure could also stigmatize patients who need opioids for chronic conditions and make it more difficult for patients to get the care they need. The Workgroup also discussed that behavioral health specialists were unlikely to be prescribing opioids, so the measure might have limited applicability to specialists using the Behavioral Health core set. While the group's votes were close, the Workgroup ultimately voted against addition of this measure to the core set. The full Collaborative did not offer any additional comments on this measure.

#1932: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) and #2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Measure

The Workgroup co-chair shared with the group that these measures both address diabetes, and that patients who suffer from serious mental illness are at higher risk of diabetes or other chronic medical conditions. The Workgroup agreed that having a diabetes screening measure specific to patients on antipsychotics was important in order to highlight the increased risk for this subpopulation, and recommended that #1932 be added to the core set. While the majority of the Workgroup also shared that #2607 was important, provider members shared that HbA1c control is captured in a general population measure and primary care physicians (PCPs) are more likely than psychiatrists to be directly managing patients' diabetes care. Ultimately, measure #2607 was not added to the core set because there was no affirmative vote from the provider group.

A Workgroup member expressed their appreciation for the rationale but noted that lack of coordination between specialists and PCPs leaves the healthcare system fragmented. The co-chair agreed with this comment but re-emphasized the Workgroup's discussion that psychiatrists are unlikely to be routinely checking HbA1c levels; as such, it was unclear that including #2607 would help improve measurement and monitoring of HbA1c.

Another member questioned if there were any measures to screen for diabetes for all patients on psychotropic medications. The co-chair shared that they are unaware of any adult diabetes screening measures related to medication use without a specific diagnosis, and noted that most include

indications of schizophrenia, bipolar, or depression diagnoses; however, the pediatric measure may not specify the diagnosis. A member commented, as a family doctor, the decision to screen patients and refer them to primary care for management makes sense.

Additional Measures Considered by the Workgroup

NQF staff shared with the workgroup member several additional measures that were discussed during the Behavioral Health Workgroup meetings.

- 0418/0418e: Preventative Care and Screening for Clinical Depression and Follow-Up Plan
- 0028/0028e: Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention
- 3489: Follow-Up After Emergency Department Visit for Mental Illness
- 0027: Medical Assistance with Smoking and Tobacco Use Cessation

The depression screening measure #0418/0418e was initially flagged for removal due to the loss of endorsement and high performance in MIPS based on claims data, but Workgroup members agreed that this measure represented an important topic that aligned with other core sets used in external programs. Workgroup members discussed that depression screening by primary care physicians is an important part of high-quality care, even though some areas may have shortages of mental health professionals. Workgroup members discussed that #0028 is the only measure in the Behavioral Health core set that focuses on tobacco use screening and intervention. It was noted that smoking remains one of the top causes of preventable death. The Workgroup discussed that #3489 was recommended for addition to the Medicaid core set in 2022, and the measure remains an important part of the core set. A Workgroup member flagged that measure #0027 is currently being used in the 2021 Medicaid Behavioral Health core set, but the Workgroup decided not to move forward with this measure as it is no longer endorsed by NQF and the core set already includes a measure focused on tobacco cessation, #0028.

Cardiology Core Set Workgroup Recommendations

The Cardiology Workgroup co-chair opened the discussion and noted that the Workgroup recommended the removal of three measures during ad hoc maintenance. Further, the Workgroup voted on the addition of three measures and ultimately recommended the addition of two measures.

#0715: Standardized Adverse Events Ratio for Children <18 Years of Age Undergoing Cardiac Catheterization

A co-chair shared that measure #0715 was recommended to be removed because there have been significant advances in the diagnosis and treatment of congenital heart disease. Due to these advances, this procedure has become standard practice for only very specialized facilities but is rarely utilized for general practices. The full Collaborative did not offer any additional comments on this measure.

#0671: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Interventions (PCI)

A co-chair shared that in the past, abuse or misuse of cardiac stress imaging was a concern. However, the American College of Cardiology reported that it is currently not routinely used and therefore no longer a concern. Further, this procedure is done specifically by cardiologists and not by other specialties. Due to these considerations, the Workgroup voted to remove the measure from the core set. The full Collaborative did not offer any additional comments on this measure.

#0028/0028e: Preventative Care & Screening: Tobacco Use: Screening and Cessation Intervention

A co-chair shared that the Workgroup had a robust discussion regarding this measure before voting. After the discussion, the group's consensus was that tobacco screening is prevalent and pervasive; while there is still some room for improvement in tobacco screening, the group expressed that screening is better covered by other providers and may not make sense to keep in this specific core set. Overall, the Workgroup voted to remove this measure from the core set.

A full Collaborative member asked to reconsider this measure, as many patients view their cardiologist as their primary care provider. The member expressed that tobacco screening should be addressed by all specialties that deal with diseases related to smoking. NQF staff reminded the Workgroup that the Collaborative is encouraged to rely on the expertise of the individual Workgroups, but noted that any strong rationale for reconsideration can also be shared as part of responses to the full Collaborative voting survey.

N/A: Functional Status Assessments for Congestive Heart Failure (eCQM) (MIPS ID 377)

The co-chair shared that congestive heart failure is a leading cause of hospitalizations today, and the Workgroup discussed that functional status assessments are key to inform management and rehabilitation for patients. The Workgroup recommended addition of this measure. The full Collaborative did not offer any additional comments on this measure.

#0076: Optimal Vascular Care and N/A: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (MIPS ID 441)

The co-chaired shared that *#0076 Optimal Vascular Care* is interrelated with *Ischemic Vascular Disease (IVD) All or None Outcome Measure*. The Workgroup voted not to add #0076 and add the *IVD All or None* measure due to ease of analysis.

A full Collaborative Workgroup member added that both measures (#0076 and *IVD All or None Outcome Measure*) are all or none measures, however, *IVD All or None Outcome Measure* is currently being used by CMS in their programs.

Additional Measures Considered by the Workgroup

NQF staff noted that the Cardiology Workgroup also discussed two additional measures. However, these measures did not move forward to voting based on consensus during the meeting:

- 1525: Chronic Anticoagulation Therapy
- N/A: HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications (MIPS ID 348)

NQF staff shared that measure #1525 *Chronic Anticoagulation Therapy* will remain in the core set based on consensus during the meeting. The measure was originally considered for removal because of high performance in the MIPS program based on claims and registry data. However, there is recognition that these performance results are from one program and organizations may select this measure to report. Further, the Workgroup discussed that the American Heart Association guidelines have been updated in regard to the denominator, so the measure may now be less high preforming.

The measure *HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications (MIPS ID 348)* was also discussed for potential addition but will not be added based on consensus. This measure is based at a clinician group level, but the Workgroup had concerns on how it would be attributed. There were questions on if the measure would be traced to the implanting cardiologist or the cardiologist responsible for managing patients' daily care. Further, there were concerns about the level of influence at the clinician level, some Workgroup members expressed that the measure would be more appropriate at the hospital level. Finally, the measure *HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications (MIPS ID 348)* may be redundant based on the already established core set.

Update on Transcatheter Aortic Valve Replacement (TAVR) Measure

NQF staff shared that in addition to the previous measures, the Workgroup also discussed measure #3534 *30 Day All-Cause Risk Standardized Mortality Odds Ratio Following Transcatheter Aortic Valve Replacement (TAVR)*. The Workgroup initially voted in favor of adding this measure. However, the developer shared after Workgroup voting that #3534 is being retired and will be replaced with measure #3610 *30-day Risk Standardized Morbidity and Mortality Composite following TAVR*. It was noted that the new measure was reviewed by NQF as a part of the Spring 2021 cycle, and the Standing Committee recommended endorsement. However, the measure still needs to go through review by the Consensus Standards Approval Committee later this year. The Workgroup also noted that the measure is currently included in American College of Cardiology registry reports and will be made available as a publicly reported measure in the fall.

The workgroup will reconsider both TAVR measures during next year's maintenance review process.

Next Steps

NQF staff shared that the full Collaborative's discussion will be summarized and shared with Collaborative members via email. Along with the summary, NQF will share an electronic voting link with voting members of the full Collaborative to vote on measures that should be included in their respective core sets; the voting survey will be open for four weeks before being tallied and finalized. NQF thanked the co-chairs, partners at CMS and AHIP, and full Collaborative members for

participating in meeting. The co-chairs also provided closing remarks and thanked the full Collaborative for their participation.