CQMC
Core Quality Measures Collaborative

Meeting Summary

Gastroenterology, HIV/Hepatitis C, and Neurology Workgroups Joint Meeting

The National Quality Forum (NQF) convened a joint meeting for the Gastroenterology, HIV/Hepatitis C, and Neurology Workgroups on September 15, 2021.

Welcome, Roll Call, and Agenda

NQF staff welcomed participants to the meeting and introduced the co-chairs of the Gastroenterology, HIV/Hepatitis C, and Neurology Workgroups. Dr. Ken Freedman (new Gastroenterology payer co-chair), Dr. David Leiman (new Gastroenterology provider co-chair), Dr. Michael Horberg (continuing payer HIV/Hepatitis C co-chair), Andrea Weddle (continuing provider HIV/Hepatitis C co-chair), and Dr. John Smith (continuing Neurology payer co-chair) who provided welcoming remarks. 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 facilitated roll call by organization and reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2020 Gastroenterology, HIV/Hepatitis C, and Neurology core sets
- Discuss suggested updates to the presentation of the Gastroenterology, HIV/Hepatitis C, and Neurology core sets
- Discuss updates from the CQMC's activities and strategies for advancing innovative measures (digital, cross-cutting, etc.) in future years

Review of Last Year's Work

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020:

- Updated eight original core sets, including Accountable Care Organizations (ACO)/ Primary Care Medical Home (PCMH)/Primary Care (PC), Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics & Gynecology, Orthopedics, and Pediatrics
- Created two new core sets: Behavioral Health and Neurology
- Released documents including Approaches to Future Core Set Prioritization, Analysis of Measurement Gap Areas and Measure Alignment report, and the Implementation Guide

NQF staff also shared goals to build on this work in the 2020-2021 year by developing new guides on Measure Model Alignment and Digital Measurement; developing a new cross-cutting core set; updating the Implementation Guide; and performing ad hoc maintenance on the existing core sets. The Workgroup was also notified that the CQMC will continue exploring opportunities to integrate

equity considerations into the core sets and measurement initiatives.

Gastroenterology Core Set

NQF staff shared that during the last cycle of core set updates, the Gastroenterology Core Set Workgroup convened five times and published an updated core set in September 2020. The current core set includes eight measures in the areas of Endoscopy and Polyp Surveillance, Inflammatory Bowel Disease, and Hepatitis C. NQF staff also provided the workgroup with a list of gap areas identified during the past cycle of Workgroup meetings:

- Non-alcoholic fatty liver disease
- Quality of colonoscopy, including post-colonoscopy complications
- Patient safety and adverse events related to colonoscopy
- Pancreatitis
- Medication management and adherence
- Gastroesophageal reflux disease (GERD) and cirrhosis
- Additional areas of outpatient measure development by the American Gastroenterological Association (Hepatitis C sustained virological response, Barrett's esophagus, inflammatory bowel disease)
- More generally: measures reflecting diversity of gastroenterological conditions, measures spanning the care continuum, patient-reported outcomes, resource utilization measures, and measures that capture disparities

HIV/Hepatitis C Core Set

NQF staff shared that during the last cycle of core set updates, the HIV/Hepatitis C Core Set workgroup convened six times and published an updated core set in September 2020. The current core set includes eight measures, including six measures specific to HIV and two measures specific to Hepatitis C. NQF staff also provided the workgroup with a list of gap areas identified during the past cycle of Workgroup meetings:

- HIV
    - Pre-exposure prophylaxis (PrEP) use in high-risk individuals
    - HIV screening for patients with STIs, obstetric patients
    - Early treatment and suppression, follow-up, adherence to antiretrovirals
- Hepatitis C
    - Sustained Virological Response (SVR) and testing of viral load 12 weeks post-end treatment
    - Other measures reflecting increate ability to treat Hepatitis C
    - Hepatitis C screening for patients who are active injection drug users
    - Hepatitis C screening follow-up

Neurology Core Set

NQF staff shared that the Neurology Workgroup members convened four times and developed a new

core set in 2020. The current core set includes a total of five measures, one related to stroke and four cross-cutting measures. The Workgroup members identified several gap areas in the core set, including the following:

- Pain assessment
- Opioid use and misuse
- Quality of life assessments
- Pediatric medication reconciliation
- Transitions of care
- Outcome measures
- Social determinants of health

The Workgroup is interested in reviewing measures under development by the American Academy of Neurology (AAN) related to child neurology, dementia and mild cognitive impairment, polyneuropathy, epilepsy, headache, multiple sclerosis, falls, Parkinson's disease once finalized.

Updates on Ad Hoc Maintenance

Process for Ad Hoc Maintenance

NQF staff reminded the Workgroup members of the measure selection principles that are considered when reviewing measures in the core set and reiterated that reviewing and maintaining the core sets each year ensures that the CQMC core sets stay aligned with these measure selection principles. NQF staff shared with the Workgroup members that the core sets have been undergoing ad-hoc maintenance, which is not as comprehensive as a full review cycle. During the ad hoc maintenance, NQF staff identifies measures in the core set that have had changes in endorsement or achieved high performance, as well as flagging new measures that address core set gaps. Workgroup members also have the opportunity to recommend any measures that should urgently be considered for addition and removal from the core set.

Findings from Measure Scans

After performing an environmental measure scan for Gastroenterology, HIV/Hepatitis C and Neurology, NQF staff did not identify any changes in the measure environment (e.g., no changes in endorsement status, no new measures were developed). The Gastroenterology Workgroup members identified one measure recently developed to review for potential addition to the core set.

Core Set Notes Discussion

NQF staff shared that the core set presentation documents should be reviewed each year for accuracy and to determine if any updates as needed.

HIV/Hepatitis C Core Set

NQF staff shared the HIV/Hepatitis C core set and asked the Workgroup to provide feedback on the measure notes.

A Workgroup member noted that measures *0405: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP)*

Prophylaxis and *0409: HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis* were historically stewarded by the National Committee for Quality Assurance (NCQA) but will be transferred to the Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau.

A Workgroup member from the HRSA HIV/AIDS Bureau noted that as they begin stewarding #0405 and #0409, HRSA welcomes discussion from the HIV/Hepatitis C Workgroup on the role of these measures and whether any changes are needed moving forward. The member also noted that measures *2082/3210e: HIV Viral Load Suppression, 2079/3209e: HIV Medical Visit Frequency*, and *2080: Gap in HIV Medical Visits* are also being reviewed by their organization to determine updates needed related to the inclusion of telehealth visits and codes in the measure specifications. The member shared that *2082/3210e: HIV Viral Load Suppression* is currently being tested at the individual provider level based on CMS' recommendations. They shared that seven states report this measure as a part of the Medicaid Adult Core Set (while reporting from 25 states is needed to report performance). HRSA is creating a corporate agreement to build collection and reporting capacity, as well as working with 10 states to increase utilization. HRSA also shared that planning is underway to test an annual retention measure and a syphilis screening measure. A co-chair emphasized the importance of these measures specifically being included in the Medicaid Adult Core Set as they are the largest insurer of patients with HIV.

A Workgroup member noted that *3059/3059e: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk (MIPS ID 400)* has been modified to include one-time screening for all patients; this is consistent with updated guidance from the U.S. Preventive Services Task Force (USPSTF). The member also noted that the American Gastroenterological Association (AGA's) *Sustained Virological Response (SVR) testing* measure will undergo feasibility testing within the next six months.

Gastroenterology Core Set

NQF staff shared the Gastroenterology core set and asked the Workgroup to provide feedback on the measure notes.

Several Workgroup members emphasized the importance of keeping measure *N/A: Screening Colonoscopy Adenoma Detection Rate* in the core set despite its removal from the Merit-based Incentive Payment System (MIPS). One Workgroup member emphasized that multiple studies demonstrate the value of this measure, as every 1% increase in performance is associated with an estimated 5% decrease in colon cancer mortality. Workgroup members also discussed that the core set note regarding performance was still accurate (100% performance is not the goal, as with other measures; instead, a 50% detection rate is aspirational).

A Workgroup member asked whether the group should consider changing the specifications of measure *N/A: Age Appropriate Screening Colonoscopy* to reflect recently expanded age screening recommendations by the USPSTF. A member noted that the 50 to 85-year-old age range is a USPSTF grade A recommendation and changing the measure to reflect screening 45 to 85-year-old patients would be classified as a grade B recommendation. A Workgroup member suggested creating or

altering a measure to examine patients aged 45-49 receiving screening colonoscopies in the coming years. NQF staff clarified that to promote measure alignment, the CQMC considers measures for inclusion in the core sets based on their current specifications and does not alter measure specifications. A Workgroup member suggested that a note be added in the core set stating that adenoma detection rate may not be applicable for patients aged 45-49.

A co-chair noted that *N/A:* Inflammatory Bowel Disease (*IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (MIPS ID 275)* has been retired from MIPS, but the measure remains relevant for IBD patients.

The co-chairs opened the discussion on suggested edits or additions to the list of gap areas included in the Gastroenterology core set. The Workgroup did not offer any additional questions or comments on the gap areas.

Neurology Core Set

A co-chair provided an overview of the Workgroup's activities to date, noting that 2020 was the Neurology Workgroup's initial year. The co-chair shared that the Neurology core set included one measure related to stroke, (i.e., Thrombolytic Therapy measure stewarded by the American Heart Association [AHA]). The co-chair also noted that there were many measures and conditions that the Workgroup members were interested in, but the testing for reliability and validity did not have sufficient performance data during the previous review cycle. The Workgroup included these measures in the list of gap areas in the Neurology core set, including American Academy of Neurology (AAN) measures related to amyotrophic lateral sclerosis (ALS), back pain, child neurology, dementia, epilepsy, multiple sclerosis, Parkinson's disease, and transitions of care.

NQF staff shared that they will follow up with AAN to determine updates on these measures, and they will be considered once they have been fully developed and tested. A co-chair asked Workgroup members for comments or questions on the core set measures or gap areas. The Workgroup did not offer any additional comments or questions.

Future Considerations for the CQMC Core Sets

CQMC Core Set Future Goals

NQF staff shared an update on CQMC's future goals and findings as they relate to the Workgroups. CQMC is working to increase the number of outcome measures, patient-reported outcome performance measures (PRO-PMs), and clinician-level measures in each Workgroup's Core Measure Set. CQMC also plans to prioritize measures that address disparities or social determinants of health (SDOH). Furthermore, CQMC has created a Cross-Cutting Workgroup and Digital Measures Workgroup to help identify and promote measures that are applicable to all established Workgroups.

NQF staff provided a summary of prior discussions from the Gastroenterology, HIV/Hepatitis C and Neurology workgroup as follows:

CQMC Core Quality Measures Collaborative

	Gastroenterology	HIV/Hepatitis C	Neurology
Barriers	• Limited by available measures – many measures of interest still being developed and tested • Limited by data availability and infrastructure limitations • Electronic Clinical Quality Measures (eCQMs) are preferred where possible, but specialty-specific eCQMs are rarer than more general eCQMs and need to be tested for validity • Smaller practices may be unable to pay for tools to use eCQMs	• Limited by available measures – e.g., no quality-of-life measure • Difficult to develop a general set of measures for all core sets since each condition is unique	• Unclear if telehealth visits are included in measure calculations • Difficult for smaller specialties to use eCQMs because of less Electronic Health Records (EHR) system standardization
Solutions	• Provide guidance and testing resources for measure developers • Track results from core set adoption to understand areas that still need to be targeted for improvement	• Consider the following cross-cutting topics: quality of life, social determinants of health, ability to provide for self and family, ability to participate in daily activities • Stratify existing measures	• Encourage developers to include telehealth codes in the visit types specified in measures • Communicate out results to CQMC stakeholders to encourage implementation

Updates from Cross-Cutting Workgroup

NQF staff provided an update on CQMC's new Cross-Cutting Workgroup, which was founded this year to develop a Cross-Cutting core set that provides a broader view of measures relevant across multiple conditions, settings, and procedures/services. The Cross-Cutting Workgroup defined cross-cutting as measures that address essential aspects of health care quality that apply broadly across conditions, specialties/disease areas, levels of prevention, episodes of care, multiple populations and/or different provider types. These measures will generally apply at the clinician level and focus on the outpatient setting, per the CQMC's scope.

The group is currently considering a list of 19 fully developed measures related to:

- Patient safety
- Patient and family engagement
- Care coordination
- Equity

- Population health

NQF staff also shared that the Cross-Cutting Workgroup will develop a core set of measures that can stand alone. However, the Workgroup encourages condition-specific groups to consider the measures in the set and overlay/integrate these measures. The Cross-Cutting Workgroup also expressed interest in measures related to innovative wallet share, financial toxicity, patient self-advocacy, and self-management skills.

Cross-Cutting Discussion

NQF staff asked Workgroup members to provide feedback on the most important cross-cutting topics, condition-specific factors that the Cross-Cutting Workgroup should consider when making recommendations, and suggestions for how the Cross-Cutting core set should eventually support the condition-specific core sets.

A member of the HIV/Hepatitis C Workgroup noted that people living with HIV value quality of life measures, which are included under the Cross-Cutting Workgroup's patient and family engagement category. Furthermore, the member emphasized the importance of care coordination and how it relates to outcome measures. Several members echoed the need for additional quality of life measures. Other topics the group would like the Cross-Cutting Workgroup to consider include smoking cessation, substance abuse, and immunizations.

Updates from the Implementation Workgroup

NQF staff shared updates from the Implementation Workgroup. The Workgroup met twice this year to discuss updates to the Implementation Guide. The Implementation Guide is intended to provide guidance to payers and other organizations looking to use the core sets to support their implementation strategies or extend their value-based payment initiatives. The Workgroup members discussed several topics including the need to involve EHR vendors when building and aligning systems, as well as the benefits of reporting data to one common source used for multiple reporting purposes. The Workgroup members expressed concerns about the variation in measure specifications and differences in measures used for different reporting levels. The group discussed the importance of variation in completeness and accuracy of current eCQM or digital measurement data. It was also noted that there are limited resources for implementation for smaller health plans.

As part of updates to the Implementation Guide, NQF staff conducted 12 key informant interviews with various stakeholders including employers, regional quality collaboratives, and public and private payers. NQF staff updated the guide to include implementation insights and promising practices. Other updates included findings about using race, ethnicity and language data from organizations working to identify and address health disparities. Considerations include the need to collect race, ethnicity, and language data directly from the patients, including both a standalone multiracial option as well as distinct race categories, as well as the importance of completeness in data collection.
NQF staff also included information on how regional collaboratives are stratifying measures and how several payers are supplementing measures using either a socioeconomic status risk index or geographic-level social determinants of health (SDOH) data. Examples of this supplemental data

include Census Bureau or Robert Wood Johnson Foundation community health rankings and self-reported health-related social needs. The updated Guide provides additional recommendations based on stakeholder interviews, including a future focus on population-based payment models, adoption of meaningful measures, and the need for a decision tree to help guide measure selection for organizations unfamiliar with the CQMC core sets and implementation of value-based programs.

Implementation Discussion

NQF staff asked Workgroup members for suggested activities or strategies that could promote greater uptake of the CQMC core sets among their specialties, as well as to provide feedback on any condition-specific factors the Implementation Workgroup should consider when making recommendations.

A Workgroup member raised a question about CMS adopting a full digital format by 2023 and how would that affect the CQMC measure sets. NQF staff shared that the CQMC is also working to advance digital measures in the CQMC core sets and identify actions needed across stakeholder groups to further the uptake of digital measures. Another Workgroup member shared their experience authoring measure sets through the Value Set Authority Center (VSAC) has been largely "learn-as-you-go," and suggested that transitioning to a digital format will require supplemental education for authoring through VSAC and other tools for defining value sets. Another Workgroup member suggested that the CQMC could help identify eCQM and digital quality measure education resources.

Updates from Digital Workgroup

NQF staff shared that CQMC convened a new Digital Measurement Workgroup. The goal of the Digital Measurement Workgroup is to create a CQMC Digital Measurement Strategy which outlines the best methods to advance digital measurement through the CQMC, (e.g., increasing the number of measures in the core sets that are digital and identifying the facilitators and barriers for widespread adoption). The Workgroup has to-date met three times and has one meeting scheduled for late September.

NQF staff shared that the measurement ecosystem is moving towards digital measures to reduce burden and capture a more comprehensive picture of quality using multiple data sources. The barriers identified include lack of provider infrastructure to report clinical measures, lack of plan infrastructure (e.g., to accept electronic measures) and lack of data availability. The Workgroup members discussed barriers and opportunities for encouraging digital measure implementation, focusing on the importance of a shared understanding of the digital measures. Additionally, the Workgroup members developed a working definition which lists the characteristics of digital measures. NQF staff shared with the Workgroup members that the first version of the Digital Measurement Roadmap for the CQMC is expected to be released later this year.

NQF staff noted that there is currently one measure for Gastroenterology, three measures for HIV/Hepatitis C, and one measure in the Neurology core set that are digital measures.

Gastroenterology Measure Discussion

NQF staff introduced a new measure to consider for addition to the Gastroenterology core set, *N/A: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma*. This measure was developed by the AGA and the College of American Pathologists, assesses the percentage of surgical pathology reports for primary colorectal, endometrial, gastroesophageal, or small bowel carcinoma, biopsy, or resection containing impression, conclusion, or recommendation of testing for MMR or MSI. NQF staff noted that the measure is a process measure at the individual clinician or group/practice level of analysis, and it applies to both the inpatient and outpatient care setting. The rationale for the measure is that MMR/MSI testing can guide treatment decisions and identify patients with Lynch syndrome.

A Workgroup member who is from one of the measure developer organizations highlighted that the measure was recently expanded by the developers to be more inclusive of Endometrial, Gastroesophageal, and Small Bowel Carcinoma. Testing data demonstrated it is feasible to complete the necessary specimen testing during a colonoscopy or surgical resection. The member noted the downstream testing benefits to universal testing. The member also presented data on the feasibility and face validity testing collected by the developer. The study included 29 practices (14 gastroenterology specific, four pathology specific, seven genetic counseling practices, four multispecialty practices) and reported that 72.9% for gastroenterology practices, 70.3% for pathology practices, and 72.6% overall reported that their EHR systems would allow for capture of these data. Reliability testing data from the measure developer also showed that the overall mean reliability score was 0.96.

A Workgroup member shared that the U.S. Multi-Society Task Force on Colorectal Cancer updated guidelines on Lynch syndrome testing, to endorsing testing for patients 70 years or younger. The member, however, noted that the measure under consideration does not include an age range. The member questioned the level of evidence to support recommending testing of all patients, specifically for gastroesophageal and small bowel patients. The member also questioned the broad universal recommendation versus a targeted approach, noting that universal testing may not be cost effective and could encourage inappropriate testing in a fee-for-service setting.

The member from the measure developer organization acknowledged that the measure was developed using guidelines from 2015 and is planned to be updated to align with the most recent guidelines from the U.S. Multi-Society Task Force on Colorectal Cancer. The developer also mentioned that providing documentation for choosing not to perform said test satisfies the measure requirement. The member shared that during the measure public commenting the issue of who owns the results of the measure was brought forth and it is still not specified in the measure.

A Workgroup member questioned if this testing was routine for small bowel cancer. In response, a member shared that the measure is routinely completed at their organization for colorectal cancer but not for gastroesophageal junction adenocarcinoma. A member questioned if the language “gastroesophageal" references gastroesophageal junction adenocarcinoma or gastric and esophageal

cancer.

A payer added that their organization approves this testing for colon cancers. However, it is not automatically approved for endometrial, small bowel and esophageal cancers.

The Workgroup decided to continue discussing this measure during the 2022 maintenance cycle to allow for additional time to follow up about potential updates to the measure and allow additional groups to provide feedback on the measure.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and shared with the Workgroup. NQF staff and the co-chairs thanked the Workgroup for their discussion and adjourned the meeting.