NATIONAL QUALITY FORUM

Core Quality Measure Collaborative (CQMC)

CSAC Informational Update

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CQMC Aims

- Recognize high-value, high-impact, evidence-based measures that promote better patient health outcomes, and provide useful information for decision making, improvement, and payment.
- Align measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.

Project Approach and Scope

- To achieve widespread adoption of parsimonious CQMC measure sets, diverse constituencies must collaborate to find opportunities for alignment, identify critical gaps, and support the adoption of aligned measure sets.
- NQF is working with AHIP and CMS to:
  - *Refine the measure selection criteria,*
  - *Convene the CQMC to maintain the core sets,*
  - *Identify priority areas for new core sets,*
  - *Prioritize measure gaps, and*
  - *Provide guidance on dissemination and adoption.*

Current CQMC Core Measure Sets

- ACO and PCMH/Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics

Project Timeline

Objectives	Date	Status
• Workgroup orientation • Review of past work and current measure sets • Provide input on measure selection criteria	First series of quarterly meetings (November/December 2018 and January/February 2019	Completed
• Evaluate current measure sets to provide recommendations for removal and identify potential gaps • Identify potential sources for additional measures	Second series of meetings (March/April/May 2019)	In progress
• Evaluate measures for addition to the core sets	Third series of meetings (June/July/August 2019)	Yet to commence
• Prioritize measure gaps • Provide guidance on dissemination and adoption	Fourth series of meetings (Option Year 1 – starting October 2019-September 2020)	Yet to commence

Refining the Measure Selection Principles

- NQF used the previous CQMC measure selection principles as the basis of this work.
- NQF conducted a scan of measure selection principles used by 18 other groups.
- NQF solicited input from CQMC Workgroups and obtained feedback from the full Collaborative to update the principles.

Comparison of CQMC Measure Principles with Principles from Other Initiatives

Number of Principles Related to Theme per Initiative

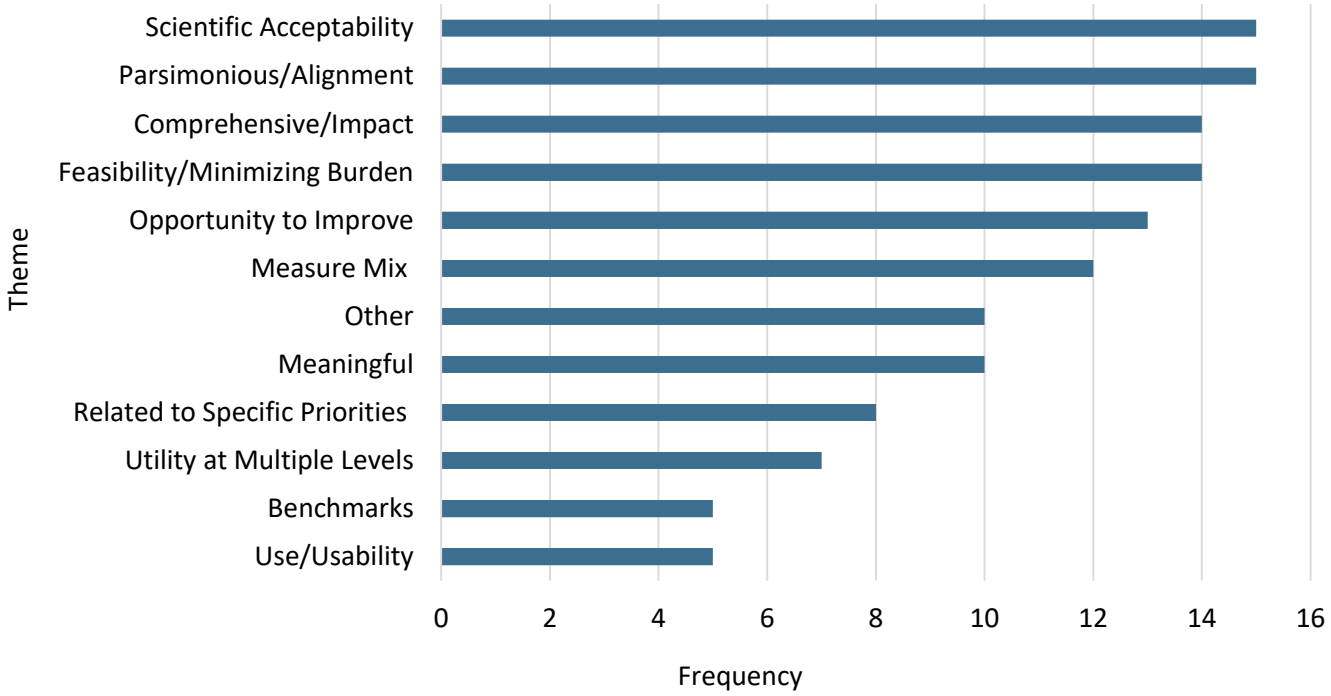
Initiative	Scientific Acceptability	Feasibility/ Minimizing Burden	Parsimonious/ Alignment	Meaningful	Use/ Usability	Comprehensive/ Impact	Measure Mix	Ability to Improve	Utility at Multiple Levels	Related to Specific Priorities	Benchmarks	Other
CQMC	1	1	1	1	1	3	2	1	0	0	0	0
NAM Vital Signs	1		1	2		4	1	1	2			
Measure Applications Partnership	1	0	1	1	0	1	1	0	0	1	0	1
Oregon Medicaid	1	1	1	1	1	3		1			1	1
CMS Meaningful Measures	0	1	1	1	0	1	1	1	0	0	0	1
New Jersey SIM				1			1				1	1
Minnesota	1	0	1	0	0	1	1	1	1	0	0	0
Vermont	1	1	1				1	1		1		
Maine	1	2	1	0	0	1	0	1	0	1	0	0
Massachusetts	1	1	1				1		1			
CMS Promoting Interoperability	0	0	1	1	0	2	0	1	0	0	0	1
New York Primary Care	1	1	2			1	1		1	1		
Rhode Island SIM	3	1	1	0	1	2	0	1	0	1	1	0
Washington State	1	1			1			1	1			2
Maine Medicaid	1	1	0	1	1	0	0	1	1	0	1	2
Vermont Multi-Payer ACO	3	1	1			1	1			2	1	1
Kentucky Core Healthcare	1	2	0	0	0	1	0	0	0	1	0	0
Measures that Matter Collaborative	2	6	1	1		2	1	1				1
Consumer-Purchaser Alliance	0	1	1	1	0	1	2	1	1	1	0	1

Theme

The table to the right represents how often each theme was captured in the measure selection principles of each initiative.

Comparison of CQMC Measure Principles with Principles from Other Initiatives

Table 1: Frequency of Themes across 19 Sets of Selection Principles



The above chart shows which themes are prominent in the selection principles of all 18 identified initiatives.

Principles for Measures Included in the CQMC Core Measure Sets

Advance health and healthcare improvement goals and align with stakeholder priorities.

- Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.

Are unlikely to promote unintended adverse consequences.

Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).

- The source of the evidence used to form the basis of the measure is clearly defined.
- There is high quality, quantity, and consistency of evidence.
- Measure specifications are clearly defined.

Represent a meaningful balance between measurement burden and innovation.

- Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
- Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
- Are appropriately risk adjusted and account for factors beyond the control of providers, as necessary.

Principles for the CQMC Core Measure Sets

Provide a person-centered and holistic view of quality, including consideration of social determinants of health (SDOH) and experience of care.

Provide meaningful and usable information to all stakeholders.

Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).

Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.

Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).

Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

Approaches to Developing Future Core Sets

Background

- The CQMC recognizes additional conditions/clinical areas or cross-cutting topics could benefit from the creation of a core set of measures.

Goal

- Describe potential approaches to prioritizing additional core set development.

Process

- Review approaches used by other organizations/initiatives
- Draft report describing potential approaches
- Public and Collaborative comment
- Final report

Potential Approaches to Prioritization

- Continue to prioritize by condition/specialty
- Prioritize by cross-cutting areas
- Prioritize expansion of current core sets to additional levels of analysis and/or settings

CQMC Member/Public Comments on Prioritization Approaches

- NQF received comments from 28 organizations and 4 individuals.
- Commenters gave general feedback, noted future considerations, and provided feedback on approaches.
  - *Future considerations: publication of national benchmarks for core set measures and play a role in encouraging development to meet identified gaps.*
- Commenters were split on their prioritization approach preference.

CQMC Member/Public Comments on Prioritization Approaches

Condition/specialty specific	Cross-cutting	Expanding level of analysis and/or setting	Hybrid
• **Pros:** Allows the CQMC to build momentum, may help statistical soundness, focuses on overlooked areas, clear locus of responsibility, allows for greater flexibility across delivery models • **Cons:** Reflects how measurement has been done, may encourage siloed, provider-centered care, limits ability to address secondary comorbidities • **Topics:** Behavioral health, home and community-based services (HCBS) and long-term services supports (LTSS), cardiometabolic, endocrinology, pulmonology, and multiple chronic conditions	• **Pros:** Potential to be the most person-centered and impactful, addresses needs of patients with complex conditions, engages the entire system across setting and provider types, can integrate mental and physical health • **Cons:** Risks isolating important concepts, could result in misalignment/ reduced use • **Topics:** Appropriate use, PRO-PMs, behavioral health as a cross-cutting area, a single cross-cutting set	• **Pros:** Comprehensive view of care for a condition, fosters accountability across settings and programs • **Cons:** Difficult to operationalize, may disrupt the CQMC's current efforts, attribution challenges	• **Examples:** Including cross-cutting measures in each of the condition-specific core sets or creating a standalone core set of cross-cutting measures that could apply to each of the condition-specific areas. • Commenters noted that a set may be more meaningful if it includes both condition-specific and cross-cutting measures.

Discussion Questions

- What guidance does the CSAC have for creating useable, meaningful core measure sets?
  - *Considerations include data access challenges, emphasizing person-centeredness, and balancing attainability versus aspiration.*

- What should the future of core set development look like?
  - *Does the CSAC have guidance on the prioritization of areas for new core set development?*
  - *What factors should be considered?*