

Meeting Summary

Core Quality Measures Collaborative

Accountable Care Organizations (ACO) and Patient Centered Medical Homes (PCMH)/ Primary Care Workgroup: Orientation Web Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the ACO and PCMH/ Primary Care Workgroup on December 5, 2018.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the workgroups over a series of web meetings to provide input on measure selection criteria, evaluate current measure sets to provide recommendations for removal and identify potential gaps, identify potential sources for additional measures, evaluate measures for addition to the core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets.

Measure Selection Principles Discussion

Current Principles for Measure Selection:

- Measure sets must be aimed at achieving the three-part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
- NQF-endorsed measures are preferred. In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process, and may have been published in a specialty-appropriate, peer-reviewed journal and have a focus that is evidence-based.
- Data collection and reporting burden must be minimized.
- Measure sets for clinicians should be as parsimonious as possible and should focus on those measures delivering the most value.

- Measures should be meaningful to and usable by consumers, physicians, other clinicians, purchasers and payers, and also applicable to different patient populations.
- Measures that are currently in use by physicians, including those reported through qualified clinical data registries, measure patient outcomes, and have the ability to drive improvement are preferred. Measure sets will be continually iterated upon to add new measures and retire existing measures.
- Measure sets should provide a comprehensive picture of quality, patient-centered care, chosen from the existing measurement landscape to address outcomes of care, overuse, and underuse.
- Overuse and underuse measures should both be included as well as total cost of care measures, where appropriate, that are tested and feasible for implementation.
- Priority should be given to measures that reflect cross-cutting domains of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation).
- Patient outcomes measures should be evidence-based and should focus on those areas where the potential to improve health outcomes and increase the effectiveness and efficiency of care is greatest.
- As with all measures, those which assess performance in payment and delivery reform models should be evidence-based, apply at the appropriate level of analysis, and strive to measure on achievement of the Triple Aim of improving clinical quality, patient experience, and lower cost.

NQF staff provided an update on the refinement of the CQMC core measure set selection principles and shared a comparison of the CQMC principles with those used by other state and federal initiatives. NQF staff explained that a memo will be sent out in December 2018 to obtain the full Collaborative's feedback on the updated principles before finalizing them. The Workgroup Co-chairs suggested that selection principles should consider a comprehensive set rather than individual measures so the set is a complete product that can be readily adopted. A health improvement collaborative member noted that benchmarking criteria was only used in five (5) of eighteen (18) initiatives and offered to share their benchmarking information to provide context on existing performance.

A medical society member highlighted the need for clarity regarding the inclusion of measures with various data sources and shared that this issue had been challenging during the last CQMC. A Workgroup co-chair agreed with the need for additional discussion regarding the type of measures that should be included (e.g., claims-based, outcome), but encouraged a balance and diversification of measure sources. A medical society member requested that summary information from the previous CQMC be shared with the Workgroup to provide guidance to new members on issues that were previously thoroughly discussed. The Workgroup agreed, but also noted that some topics need to be discussed again due to changes in the environment. The Workgroup welcomed the submission of measures for which advances have been made since the CQMC previously convened.

Review of Current Core Set

Current measures in the ACO and PCMH/ Primary Core Set:

- 0018: Controlling High Blood Pressure
- N/A: Controlling High Blood Pressure (HEDIS 2016)
- 0071: Persistent Beta Blocker Treatment After a Heart Attack
- 0068: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
- 0059: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
- 0055: Comprehensive Diabetes Care: Eye Exam

- 0057: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing
- 0056: Comprehensive Diabetes Care: Foot Exam
- 0062: Comprehensive Diabetes Care: Medical Attention for Nephropathy
- 0097: Medication Reconciliation (Clinician measure)
- 0032: Cervical Cancer Screening
- N/A: Non-recommended Cervical Cancer Screening in Adolescent Females
- 2372: Breast Cancer Screening
- 0034: Colorectal Cancer Screening
- 0028: Preventive Care Screening: Tobacco Use: Screening and Cessation
- 0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- 0052: Use of Imaging Studies for Low Back Pain
- 0005: CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)
- 0710: Depression Remission at 12 Months
- 1885: Depression Response at Twelve Months - Progress Towards Remission
- 1799: Medication Management for People with Asthma
- 0058: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

A medical society member noted that the current core set does not include measures on behavioral health and substance use, including opioids. The co-chairs shared that when the current core set was developed, there were not many behavioral health and opioid measures available, but indicated that these areas should be prioritized. A co-chair indicated that the ACO Workgroup's task is complex as measures need to be cross-cutting and address the entire accountable care setting. A co-chair noted the ACO Workgroup needs to ensure that selected measures align with those in the other CQMC core sets. A medical society member stated that the current core set does not address measures on the overall quality of care (e.g., does the primary care office keep you healthy?) and suggested it an area for consideration. A co-chair advised that, previously, the Workgroup had ideas for measures that should be included in the core set, but these measures often did not exist.

A co-chair shared that two (2) of the current measures, 0068 and 0056, have been removed from the MIPS program and noted that the Workgroup should examine these measures for potential removal. A co-chair advised that the Workgroup better understand the reasons for removal and discuss if these circumstances are applicable to the ACO core set. A medical society member suggested the measure removal criteria should be consistent across the entire Collaborative. A medical society member expressed the need for the Collaborative to review the updated Star Ratings program. A payer representative suggested developing a crosswalk to track measure usage across all government or state-funded programs. NQF staff agreed and stated that a crosswalk would be presented during the next meeting. Various organizations offered to share their existing crosswalks to serve as a basis.

Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged the Workgroup to share gap areas and measures to be considered. A payer representative shared that the Workgroup should consider the area of misdiagnosis and delayed diagnosis, especially in ambulatory settings. NQF advised they would bring forward relevant information from their report, Improving Diagnostic Quality and Safety. Another member shared that the Society to Improve Diagnosis in Medicine may have measures available.

A payer representative advised they would share information on contact days within the health system. A provider organization identified a potential gap in the area of advanced illness and

palliative/hospice care management. A co-chair requested that the Workgroup consider measures related to the Choosing Wisely campaign and recommended medication adherence measures be considered for addition to the core set. A health plan member noted that the Choosing Wisely measures are challenging to implement using claims. A medical society member suggested that the data source for each measure be readily available and highlighted in future discussions. A provider group member suggested that ACP's High Value Care measures be considered in the environmental scan.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the [CQMC SharePoint site](#) and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. NQF's next steps include finalizing the selection principles by December/January 2018 and performing an environmental scan of measures to discuss during the next workgroup meetings in February/March 2019.