Core Quality Measures Collaborative

Meeting Summary

Gastroenterology Workgroup Meeting 5

The National Quality Forum (NQF) convened a closed session web meeting for the Gastroenterology Workgroup on September 1, 2020.

Welcome and Review of Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup 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:

- Share progress and overview of next year's work
- Discuss feedback on improving CQMC

Overview of Future Core Set Goals

NQF staff shared that the CQMC membership has expressed strong support for setting goals for the core sets in order to encourage progress towards inclusion of a mix of high-bar measure types over the next few years. Priority measure types and areas of focus include:

- Outcome measures
- Patient-reported outcome performance measures (PRO-PMs)
- Composites
- Cross-cutting measures
- Measures that address disparities or social determinants of health (SDOH)
- Electronic clinical quality measures (eCQMs)
- Clinician-level measures

NQF staff also shared that the CQMC will be setting goals related to implementation of the core sets, such as considering the number of measures that are used in public and private payer programs and contracts; the number of payers that have adopted the core sets; demonstrating the reduction in provider burden from adopting the core sets (such as number of low-bar measures being removed from programs, or tracking size of core sets over time). Ideally, the CQMC would be able to track the specific number or percentage of payers that are using the core sets, and would also be able to encourage standardized reporting of quality measure results to providers.

NQF staff shared preliminary statistics on the total number of measures, outcome measures, PRO-PMs, cross-cutting measures, eCQMs, clinician-level measures, and NQF-endorsed measures in the

eight original core sets as well as the first four updated core sets (HIV/Hepatitis C, Gastroenterology, Pediatrics, and Obstetrics/Gynecology). NQF noted the results are preliminary and subject to change as NQF completes their analysis. NQF staff shared that the original core sets included 91 measures and approximately a third of those measures were outcome measures. NQF staff also shared statistics specific to the updated Gastroenterology core set: the total number of measures (n=8) and proportion of outcome measures (13%), PRO-PMs (0%), cross-cutting measures (0%), and clinician-level measures (100%) remained the same. The Gastroenterology core set added one eCQM reporting option and one measure received NQF endorsement from the original core set to the updated version.

A Workgroup member shared that the Gastroenterology core set was largely unchanged as gastroenterology measures of interest to the workgroup are still being developed and tested. The member shared that they think the best way to promote progress on the CQMC measure goals connects back to the discussion in Meeting #4 on provision of guidance or resources (especially for testing) for measure developers, but noted that some measures face testing challenges. Another Workgroup member agreed with this comment and added that some important topics and outcomes may face measurement challenges due to limitations of the healthcare system infrastructure. For example, the member would like to see a measure on diagnostic colonoscopies after positive fecal immunochemical tests, ideally linked to other results (e.g., pathology results), but felt that a private gastroenterology group would not have the means to collect the data to report on that measure. Another member agreed and shared that from the health plan perspective, they are only able to report on what is directly reported in a claim. However, the Workgroup was unsure how to resolve these challenges from infrastructure limitations.

Another Workgroup member shared that if the CQMC was able to develop a platform for tracking progress or results from adoption of the core sets, this could help the Collaborative understand areas that should be targeted by the industry for quality improvement. NQF staff shared that some of the work being considered for CQMC next year includes work on data standardization and common dashboards for presenting measure results.

NQF staff asked the group for any feedback on stakeholder groups' perspectives about moving towards eCQMs and digital measurement. A Workgroup member shared that their organization prefers electronic measures since they are more efficient, as long as the eCQMs are tested and found reliable. The Workgroup member also shared that when working with multiple providers, use of eCQMs may offer certain advantages for some providers that can pay for automatic tools to calculate them, while others have to calculate these by hand. Another Workgroup member shared that in their health system, they work with developers on eCQM reporting options, but specialty-specific eCQMs are rarer than more general eCQMs. They shared that there is little movement among private payers to set up infrastructure for more eCQM use. They also shared that most registry measures are still chart-abstracted and this is an area for improvement. The Workgroup member agreed that eCQMs should be promoted, but they must be tested to ensure they are valid. An AHIP representative shared that next year's work for CQMC will include discussion on implementation of eCQMs and data standardization.

NQF staff shared the planned activities for the Gastroenterology Workgroup for next year. The CQMC is proposing that the core sets undergo full maintenance (comprehensive environmental scan and discussion) every other year, with ad hoc maintenance on "off" years (revisions based on any major changes in guidance, revisions based on specific recommendations from Workgroup members). Under this plan, the Workgroup would do ad hoc maintenance during the 2020-2021 cycle.

A Workgroup member felt that a full maintenance cycle every two years might be too frequent for the Gastroenterology Workgroup, given that there were only minor changes to the core set from the

version created in 2016, but understood that it might make sense to use the two-year cycle as well to maintain the same cadence as other Workgroups. Another Workgroup member felt it was reasonable to use the two-year cycle proposed by NQF.

NQF staff asked if the group had any feedback on whether the core sets should be encouraged to be used in their entirety (in contrast to typical use now, where payers choose select measures from the core sets to use). A Workgroup member shared that their organization tries to use the core measures where possible but will exclude some measures based on data availability and patient volume.

Feedback on Improvements for CQMC

NQF asked for any feedback on improving the CQMC's processes, such as improving the voting process and increasing response rates for votes.

A co-chair asked the group whether they felt they had the information needed to discuss and make decisions regarding measure inclusion. A Workgroup member shared that because the workgroup meetings are not on a regular cadence and can be infrequent, it may be helpful for participants if the Workgroup meetings include a short section re-orienting participants to the overall process and the progress the group has made so far.

A co-chair asked the group for their thoughts on a more interactive process (e.g., having participants present or lead discussion on measures to generate more active discussion). NQF staff shared that this "lead discussant" approach has been used in other workgroups and has worked well to engage the group in discussion. A Workgroup member commented that one of the strengths of the CQMC is the multistakeholder perspectives: while members who are not specialists may be hesitant to participate in the discussion, their perspective is valuable in understanding how measures are actually used in practice and potential unintended consequences. A Workgroup member expressed support for the lead discussant model and suggested that having 2-3 stakeholder types represented for each measure would be helpful; another member concurred with this suggestion.

Next Steps

NQF staff reminded the group that the Gastroenterology core set is planned for release in September as part of the first batch of four finalized core sets. The Implementation Guide has been finalized and will be posted on the NQF website, and the gaps analysis is also being finalized. NQF staff shared that this is the last Gastroenterology workgroup meeting scheduled for this year and there will be one more full Collaborative meeting during the year to review the Behavioral Health and Neurology core sets. NQF thanked the co-chairs for their leadership and Workgroup members for their time and effort.