CQMC Core Quality Measures Collaborative

Meeting Summary

CQMC Gastroenterology Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Gastroenterology Workgroup on June 2, 2022.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants to the meeting, as well as introducing the co-chairs of the Gastroenterology Workgroup, who provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging 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 and introduced a new member organization, Gastrointestinal Quality Improvement Consortium (GIQuIC) to the Workgroup. NQF staff reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2021 Gastroenterology Core Set
- Discuss potential additions and removals to the Gastroenterology Core Set as part of the annual maintenance

CQMC Overview and Recap of Previous Work

NQF staff reviewed the background and aims of the CQMC, recent accomplishments, current work, and future opportunities. Last year, in addition to core set maintenance, the CQMC updated and released the following reports: Approaches to Future Core Set Prioritization, Measure Selection Criteria, and the Implementation Guide. NQF staff shared that the CQMC convened a new Health Equity Workgroup, which met for the first time in early April, to analyze disparities-sensitive measures and identify health equity measures for future consideration.

2021 Gastroenterology Core Set Work

NQF staff shared that the Gastroenterology Workgroup met in September 2021 as part of a joint meeting with the Neurology and HIV/Hepatitis C Workgroups to review and update their respective core sets. The Gastroenterology core set includes a total of eight measures in the domains of Endoscopy and Polyp Surveillance, Inflammatory Bowel Disease (IBD), and Hepatitis C. The 2021 update to the core set presentation included updates on notes related to NQF measure #0659 *Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use* (MIPS #185), N/A *Screening Colonoscopy Adenoma Detection Rate* (MIPS #343), and N/A IBD: *Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment* (MIPS #271). In addition, NQF #3059e *One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk* (MIPS #400) is now stewarded by the American Gastroenterological Association (AGA).

Measures for Maintenance

NQF staff shared that the CQMC measure selection principles ensure that measures in the core sets remain person-centered and holistic; relevant, meaningful and actionable; parsimonious, promoting alignment and efficiency; scientifically sound; balanced between burden and innovation; and unlikely to

promote unintended adverse consequences. The measure selection principles were updated in 2022 to ensure they remain relevant, focus on outcome measures and digital measures, and address priority topic areas such as care coordination and health equity. NQF staff noted that the CQMC will not consider cost measures in the future, as cost is captured as part of the payment models in which the core set measures may be used.

NQF staff then reminded the Workgroup that annual maintenance helps the core sets remain aligned with the measure selection principles. As part of the process, NQF will bring forward major updates for the Workgroup's consideration (i.e., changes to endorsement and program use; recently endorsed or fully developed measures in the topic area; measures recommended for use in federal programs), as well as measures identified for discussion by Workgroup members prior to the meeting. No formal voting will be conducted during the Workgroup meetings. Also, proposed changes to the core set will proceed to voting after the conclusion of all measure discussions. As a reminder, organizations can use summaries and other meeting materials to help inform voting.

Potential Removals from the Core Set

NQF staff shared the process used to identify potential removals from the Gastroenterology core set. The process includes reviewing the current core set and assessing measures based on changes in endorsement status, changes in program use (e.g., removal from Merit-Based Incentive Payment System [MIPS], Healthcare Effectiveness Data and Information Set [HEDIS]), and suggestions from Workgroup members.

Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment (MIPS #271)

The first measure discussed for potential removal was *IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment* (MIPS #271). It was noted that this measure is no longer active in MIPS but is still considered an important measure area. NQF staff shared that this measure focuses on the percentage of patients regardless of age with an IBD encounter who were prescribed prednisone or prednisone equivalents (e.g., corticosteroids) greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year. The co-chair shared that the measure is stewarded by AGA. The Workgroup discussed the lack of evidence correlating bone loss as a consistent marker for the risk of fracture associated with steroid use. Instead, the Workgroup suggested vitamin D levels as an alternative measure related to corticosteroids use. A Workgroup member, who is also the steward of this measure, shared that this measure could result in unintended consequences including overuse bone density dual-energy X-ray absorptiometry (DEXA) scans and underuse of corticosteroids to manage IBD. A co-chair shared that vitamin D level measures are less burdensome for reporting and less costly to the health care system. The Workgroup provided additional feedback about the need to revisit specifications on the dose of corticosteroids in which patients should be monitored for bone loss. The Workgroup discussed that the measure is no longer active in MIPS and is not being maintained and that performance data was last reported in 2018. NQF staff shared that this measure will proceed to a formal vote for potential removal from the core set.

Screening Colonoscopy Adenoma Detection Rate (MIPS #343)

The second measure discussed for potential removal was *Screening Colonoscopy Adenoma Detection Rate (MIPS #343).* NQF staff shared that this measure targets the percentage of patients aged 50 years and older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy. The co-chair shared that the detection of adenoma is a measure of the adequacy of colonoscopy assessment. Statistically an average risk population would expect an average of only 50%

adenoma detection rate which is dependent on the following: adequacy of bowel preparation by the patient and histologic results to verify the detection of adenoma.

A Workgroup member added that this measure was stewarded by the American Society for Gastrointestinal Endoscopy (ASGE) and co-owned by AGA and American College of Gastroenterology (ACG), but due to benchmarking difficulties from limited participation, was subsequently retired from MIPS in 2020.

A Workgroup member shared that GIQuIC modified this measure due to a gap in female adenoma detection rates and created two registry measures by gender: GIQIC #25-Screening for Adenomas-Female and GIQIC #24 Screening for Adenomas-Male. NQF staff shared that the CQMC does not consider proprietary measures, measures with fees associated, or measures without widely available specifications for inclusion in the core sets.

GIQuIC data from 2021 demonstrated low measure use largely due to the reduction in procedures because of the pandemic. From 2014 to 2021, the number of providers that reported this measure annually varied widely from seven to 900, and it was recommended that an analysis of performance data would be helpful. A co-chair asked if there was additional information regarding the age for screening with the measure. The GIQuIC member shared that *Screening Colonoscopy Adenoma Detection Rate (MIPS #343)* and other screening colonoscopy measures would lower the initiation age to 45 years, regardless of race or gender, starting in 2023. A co-chair asked about performance data over time (e.g., the past five years). The member shared that there has been year to year improvement, but the change may be attributed to attention to reporting rather than measurement of sustained performance improvement.

The co-chair asked if there were any known disparities based on measure performance data and/or differences based on race and ethnicity. The Workgroup member shared that there have not been any significant differences in performance based on race and ethnicity and noted that individuals that present at a later stage requiring diagnostic rather than screening colonoscopies would not be captured in the measure specifications. A co-chair asked if there were other NQF efforts focused on health equity for the core measure sets. NQF staff responded that the CQMC is working on these issues with the new Health Equity Workgroup, and these discussions from the clinical core set workgroups are valuable to inform the CQMC's health equity efforts.

The co-chairs recommended to keep the *Screening Colonoscopy Adenoma Detection Rate (MIPS #343)* in the core set due to general agreement by the Workgroup on the benefit of this measure. No formal voting of this measure is required.

Potential Additions to the Core Set

NQF staff shared that measures proposed for potential addition to the Gastroenterology core set are reviewed based on the following criteria: new NQF endorsement; new HEDIS measures; measures recommended for use in programs by the Measure Applications Partnership (MAP); review of Gastroenterology gap areas within the CMS Measure Inventory Tool (CMIT) and NQF's Quality Positioning System; and suggestions for discussion from Workgroup members. NQF staff shared that they did not identify any measures for potential addition to the core set.

A Workgroup member shared that GIQuIC is developing new IBD measures and would be interested in presenting them for Gastroenterology Workgroup review and discussion in anticipation of their

consideration for use in federal programs. NQF shared that while the intent of CQMC is to align publicly available measures between public and private payers, the CQMC may be open to discussing measures in development and measure concepts that could be included in future measurement programs.

While there were no measures suggested for inclusion in the core set, one of the co-chairs suggested it would be useful to include a tobacco use assessment measure due to the risk of associated gastrointestinal (GI) injury. Please see Future Work section for more detail.

Update on AGA Measures

NQF introduced recent efforts from the AGA including measures under development and updates within payment programs. The AGA began testing for Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma (i.e., Lynch syndrome measure) which was harmonized with College of American Pathologists (CAP). A Workgroup member shared that lynch syndrome is an inherited condition that predisposes individuals to an increased risk of colon and other cancers. Since this measure focuses on identification through pathology reports, it was categorized as a pathology measure rather than a GI measure and is stewarded by CAP.

The AGA shared that measure #0685 *Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients* (MIPS #320) and *Age-Appropriate Screening Colonoscopy* (MIPS #439) measure has updated specifications, lowering the age range to 45 years from 49 years. The AGA shared that this update was made to capture adenomas for a younger age group, consistent with updated clinical guidelines. The AGA shared that they are developing a de novo measure assessing Sustained Virological Response (SVR), which still requires reliability testing. Additionally, the AGA shared that they are developing a new measure Gastric Intestinal Metaplasia (GIM): Assessment of Heliobacter pylori eradication and the specifications are complete.

Future Work

NQF staff shared that the team is soliciting feedback from each of the Workgroups on future activities and considerations for the CQMC. The CQMC received feedback from members on the need to consider the specific mix of subtopics represented in each core set in addition to the selection principles. The CQMC is developing a framework of priority conditions and topic areas for each core set to help guide Workgroup discussion on condition/topic areas most important to measure for each specialty area as part of value-based care.

NQF staff shared that the current core set includes the following topics:

- Endoscopy and Polyp Surveillance
- Inflammatory Bowel Disease
- Hepatitis C

NQF presented the list of core set gap areas from 2021 and asked the Workgroup to share priority areas not represented. Workgroup members suggested that many of the existing gaps remain relevant, but proposed the following updates:

- Add infectious hepatitis, screening for Clostridium difficile colitis (C-diff colitis), upper GI infection, hypertrophic pyloric stenosis, chronic pancreatitis disease, celiac disease, and the correlation between smoking and Barrett's esophagus
- Remove acute pancreatitis since it is generally treated in the hospital setting

Workgroup members were asked about GI measures that addressed health equity gaps. Workgroup members emphasized there are equity considerations related to cirrhosis, screening for intravenous

drug use, and treatment and monitoring for Hepatitis C. They also discussed the relationship between alcohol use and food insecurity evaluation and GI issues. A co-chair also described a helpful Emergency Department Screening, Brief Intervention, and Referral to Treatment (SBIRT) Tool for substance use disorder.

A co-chair suggested a smoking cessation measure should be included in the Gastroenterology core set because there is a correlation between smoking and GI disease. NQF staff explained #0028 *Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention* is included in other core sets and asked the Workgroup if it would be beneficial to include it in the Gastroenterology core set as well. The co-chairs agreed that this measure would be helpful to add to the GI core measure set. The measure will be considered for addition and included in the voting survey.

Next Steps

NQF staff shared that they would summarize the Workgroup's discussion and post the summary on the CQMC SharePoint page. NQF will also circulate a survey for Voting Workgroup members to vote on the measures for addition to and removal from the core set. Voting will be open for a 4-week period; after votes are tallied and reviewed by the Steering Committee, NQF will follow up with the Workgroup via email for any additional clarifications. The potential changes to the core set will then proceed to the full Collaborative for final discussion and voting. NQF staff thanked the co-chairs and Workgroup for their participation before adjourning the meeting.