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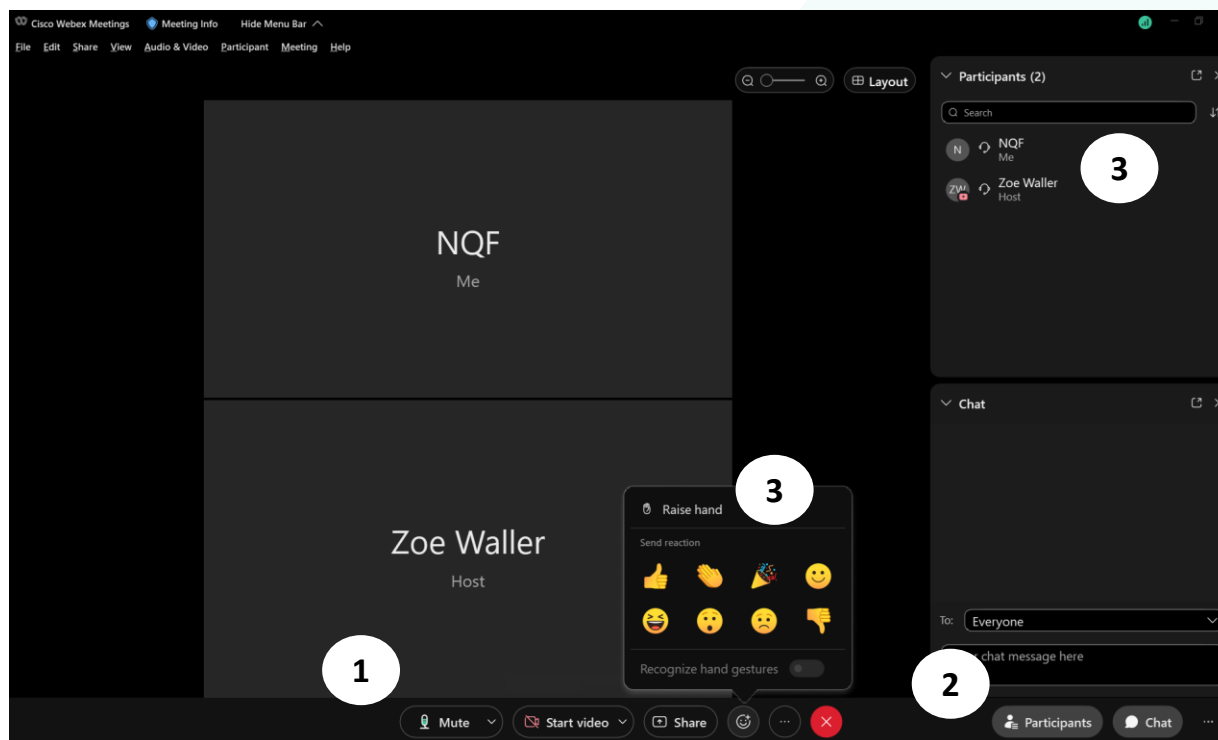
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CQMC Implementation Workgroup

Meeting 1

March 15, 2022

Using the WebEx Platform



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Antitrust Compliance Statement

It is the policy of the Core Quality Measures Collaborative (CQMC) to conduct all of its activities in compliance with federal and state antitrust Laws.

During CQMC meetings and other association activities, including all informal or social discussions, each member shall refrain from discussing or exchanging competitively sensitive information with any other member.

Such information includes, but may not be limited to:

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- ▣ Any other competitively sensitive information that is proprietary to a member company

If you have any questions or antitrust concerns related to CQMC programs, meetings, or activities, consult with your own counsel.

Reviewed on January 9, 2020

This call is being recorded and will be deleted as soon as reasonably practical.

Funding Statement

The CQMC is a membership-driven and funded effort, with additional funding provided by CMS and AHIP.





Agenda

- Welcome and Roll Call
- Brief CQMC Orientation and Overview of Previous Work
- 2022 Workgroup Goals and Objectives
- Focus Areas for Implementation Guide Update – Elements of Success

Welcome and Roll Call

Implementation Workgroup

- Robert "Bob" Rauner, MD, MPH, OneHealth Nebraska
- Rajesh Davda, MD, MBA, CPE, Cigna Healthcare
- Jennifer Bretsch, MS, CPHQ, Association of American Medical Colleges
- Torrie Fields, MPH, Advanced Illness, Blue Shield of California
- Danielle Lloyd, MPH, America's Health Insurance Plans (AHIP)
- Erin O'Rourke, AHIP
- Heidy Roberts-Cooper, American Academy of Family Physicians (AAFP)
- Kevin Hummel, MD, American College of Medical Quality (ACMC)
- Colleen Schmitt, MD, American Society for Gastrointestinal Endoscopy (ASGE)
- Christopher Dezii, RN, MBA, CPHQ, Bristol-Myers Squibb Company
- Bruce Spurlock, MD, California Hospital Assessment and Reporting Taskforce
- Helen Dollar-Maples, Centers For Medicare and Medicaid Services (CMS)
- Patrick Wynne, CMS
- Maria Durham, CMS
- Virginia "Gigi" Raney, CMS
- Kristen Zycherman, CMS
- Pierre Yong, CMS
- Kevin Faugl, Humana
- Kenneth Sands, MD, MPH, HCA Healthcare
- Lisa Patton, PhD, IBM Watson Health
- Lorelle Jacobson, Kaiser Permanente
- Stephanie Clouser, MS, Kentuckiana Health Collaborative
- Collette Cole, RN, BSN, CPHQ, Minnesota Community Measurement
- April Young, BS, MS, NCI-AD
- Paloma Luisi, MPH, New York State (NYS) Department of Health
- Deborah Paone, DrPH, The SNP Alliance
- Anthony Davis, UMPC Health Plan
- Eleni Theodoropoulos, URAC



NQF Project Team

- Nicolette Mehas, PharmD, Senior Director
- Carol Sieck, PhD, RN, Director
- Teresa Brown, MHA, Director
- Amy Guo, MS, Manager
- Simone Bernateau, Analyst
- Barbara Burchard, Associate
- Deidra Smith, MBA, PMP, Senior Project Manager
- Jeanette May, PhD, NQF Consultant

Brief CQMC Orientation and Overview of Previous Implementation Guide Work

Background

- Founded in 2015, the CQMC is a public-private partnership that includes healthcare leaders representing more than 75 quality stakeholders, including but not limited to consumer groups, medical associations, health insurance providers, and purchasers.
- Goal: Develop and recommend core sets of performance measures and measurement initiatives that should be prioritized for use across the nation, aimed at improving the quality of healthcare for all.

Aims

- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and outcomes-based payment.
- Align measures across public and private health insurance providers 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 reporting requirements across public and private health insurance providers.

Recent Work

- In 2020-2021, CQMC achieved the following:
 - ▣ Reviewed or performed ad hoc maintenance on ten core sets, including ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics & Gynecology, Orthopedics, Pediatrics, Behavioral Health, and Neurology
 - ▣ Updated documents including [Approaches to Future Core Set Prioritization](#), [Measure Selection Criteria](#), and the [Implementation Guide](#)
 - ▣ Convened the Measure Model Alignment, Digital Measurement, Cross-Cutting, and Implementation Workgroups
- In 2022, CQMC has updated the [Analysis of Measurement Gap Areas and Measure Alignment report](#) and posted updated core sets
- This year, CQMC will continue this work and will convene the new Health Equity Workgroup

Recap of Implementation Workgroup 2020

- The Workgroup convened four times to develop content for the Implementation Guide.
- Primary audience is health plans seeking to implement or evolve value-based payment programs. Content relevant to broad audience
- Version one of the Implementation Guide identifies the key ***Elements of Success*** for value-based payment programs:
 - ▣ Leadership and planning
 - ▣ Stakeholder engagement
 - ▣ Measure alignment
 - ▣ Data and Quality Improvement

Recap of Implementation Workgroup 2021

- The Implementation Workgroup met two times to refine the Implementation Guide.
- The Implementation Guide was supplemented with additional content from Workgroup discussion and key informant interviews.
- This updated version of the guide includes key insights and promising practices shared by regional quality collaboratives, purchasers, and health plans, as well as approaches for using data to identify and address disparities.

2021 Strategies Identified as Potential Next Steps

- Stratification to identify opportunities for improvement, resource allocation, and disparities identification
- Exploring population health through the collection and analysis of SDOH data (develop a SES risk matrix)
- Align with meaningful measures (CMS and others) work through identification of promising practices
- Identify strategies to further align with a core set of measures and measure specifications for greater adoption
- Align with a core set of measures and measure specifications
- Create a decision tree template that organization can use to objectively guide measure selection

2021 Strategies Identified as Potential Next Steps cont.

- Create a plan for improved uptake of criteria for specialty measure selection
- Develop recommendations for incorporating both quality and cost for reporting
- Create recommendation or best practices for using new data sources to support meaningful measurement which promotes scalability
- Identify policy levers
- Select a smaller set of meaningful measures – core measures with early adopter/development measures categorization
- Adopt an Implementation pathway for meaningful measures – recommendations on how to operationalize more complex measures

2022 Workgroup Goals and Objectives



Project Approach & 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.



Implementation Workgroup Charge

Develop an Implementation Guide that addresses:

- Guidance on technical aspects of core set implementation for payment and quality reporting purposes
- Strategies to encourage buy in among clinicians, provider facilities, and consumers
- Approaches to increase core set adoption to raise awareness and increase stakeholder knowledge



Implementation Workgroup Goals

- During this performance period, the Workgroup will update the Implementation Guide to address the following:
 - ▣ Barriers
 - ▣ Solutions
 - ▣ Strategies
- The Workgroup will meet once in March and once in May.

Focus Areas for Implementation Guide Update

Overview from Previous Implementation Guide

- Barriers, Lessons Learned, and Promising Practices
- Elements of Success 1: Leadership and Planning
- Elements of Success 2: Stakeholder Engagement and Partnership
- Elements of Success 3: Measure Alignment
- Elements of Success 4: Data and Quality Improvement Support
- Elements of Success 5*: Using Data to Identify and Address Disparities

For each Element of Success, please consider and share any new information or best practices from your recent experience.

**Not currently portrayed as an Element of Success but may be in future versions*

CQMC Barriers and Feedback

- Current CQMC core sets are too large to fully implement
 - ▣ Potential solutions: Reduce the size of the sets in the future; operationalize a smaller set of measures
- Inconsistent EHR standards, use, and capabilities
 - ▣ Potential solutions: Engage EMR vendors and consider feedback from the Digital Measurement Workgroup
- Resource limitations in updating or adding new measures
 - ▣ Potential solutions: Greater distinction between ad hoc vs. full maintenance to understand resource needs

CQMC Barriers and Feedback (cont.)

- Need a defined value proposition for core set usage
 - ▣ Potential solutions: Implementation Guide could highlight potential benefits (e.g., lower burden on providers, better information for payers/purchasers/consumers)
- Lack of awareness and education regarding CQMC
 - ▣ Potential solutions: Increased dissemination of CQMC work, greater alignment with state efforts, greater participation among larger employers



Discussion

- What are additional barriers to using the CQMC core sets?
- What potential solutions could support greater implementation of CQMC core measures?
- What is the next step in advancing the implementation of CQMC core measures?

Elements of Success 1: Leadership and Planning

- Establish cross-functional team for entire implementation process
- Set clear goals for measurement tied to patient care
- Create a culture that welcomes innovation and change
- Determine current incentive and measurement structures and consider alignment in planning phases

Elements of Success 2: Stakeholder Engagement and Partnership

- Partner and build relationships with external and internal stakeholders
- Utilize a neutral facilitator to help achieve alignment
- Collaborate with other entities and work toward cross-organizational alignment on measurement
- Build on existing stakeholder strengths

Elements of Success 3: Measure Alignment

- Prioritize core measures for implementation in new or existing programs
- CQMC core set measures should serve as a starting point for implementation and alignment and are updated on an annual basis
- Compare core sets with measures you already use and use measures as specified by the steward



Discussion Continued

- How could the CQMC revise the core sets to facilitate implementation across programs/payment models?
- What are the key barriers to measure alignment from your perspective?



Elements of Success 4: Data and Quality Improvement Support

- Collaboration to identify data needs, technical assistance gaps, and reimbursement requirements supporting infrastructure modifications
- Align with data and interoperability standards
- Utilize EHR capabilities and align with measures to encourage wider EHR uptake

Current CQMC Measure Characteristics

Measure Characteristics	Original Core Sets (2015-2017)	Updated Core Sets (2020)	Updated Core Sets (2021)	Overall Trend (inception – 2021)
Total number of measures	91	113	119	↗
Outcome measures	28 (31%)	44 (39%)	50 (42%)	(11%) ↗
PRO-PMs	4 (4%)	13 (12%)	17 (14%)	(10%) ↗
Cross-cutting measures	9 (10%)	14 (12%)	14 (12%)	(2%) ↗
eQMs	22 (24%)	30 (27%)	30 (25%)	(1%) ↗
Clinician-level	45 (49%)	61 (54%)	65 (55%)	(6%) ↗

Data Sources*

- Claims: 42%
- Electronic Health Records or Electronic Health Data: 29%
- Registry Data: 34%
- Other sources include Instrument-Based Data, Enrollment Data, and Administrative Data

**Measures can have more than one data source specified*

Discussion

- Is this the right mix of data sources for the CQMC measures?
 - ▣ How feasible is it for you to implement registry measures or eCQMs?
 - ▣ Are there ways the CQMC could address the challenges to implementing measures from sources other than claims data?
- How does the CQMC align with ongoing and parallel efforts from private and public payers?

Elements of Success 5: Using Data to Identify and Address Disparities*

- Capture of race, ethnicity, and language data is the first key step
- Utilize data fields to fully address standard determinants of health (SDOH) and reduce disparities
- Operationalize methods to collect patient-level data on their experience of care
- Strive for data completeness as much as possible
- Potential barriers:
 - ▣ Lack of interoperability and data flow among stakeholders
 - ▣ Reluctance to ask/give this information
 - ▣ Lack of consistent specifications for stratification – how do we monitor for disparities and ensure fair comparisons with small numbers, missing data, etc.

**Not currently portrayed as an Element of Success but may be in future versions*

Discussion

- How could the collection and availability of demographic data be improved?
- What resources from the CQMC would be most beneficial (e.g., identify measures that should be prioritized for stratification, guidance on data collection)?
- What advice do you have for the CQMC Health Equity Workgroup?

Public Commenting

Next Steps



Next Steps

- NQF will share the draft Guide updates with the Workgroup for feedback in April
- NQF will schedule the next Workgroup meeting in May to review public comments and finalize revisions to the Guide



Contacts

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