

#### Core Quality Measures Collaborative Measure Evaluation Meeting

Implementation Workgroup Meeting 1

February 19, 2020

# Welcome

NATIONAL QUALITY FORUM

## **NQF Project Team**

- Amy Moyer, MS, Director
- Nicolette Mehas, PharmD, Director
- Yvonne Kalumo-Banda, MS, Project Manager
- Kabir Suri, Project Associate

# **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:

- Prices, premiums, or reimbursement charged or paid for products or services
- Allocation of customers, enrollees, sales territories, sales of any product or contracts with providers
- **Refusal to deal with any customer, class or group of customers**
- Refusal to deal with any provider, class or group of providers
- What products or services will be offered to enrollees
- 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 November 30, 2018

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

#### **Meeting Objectives**

Provide an overview of project scope and workgroup charge

Review of past work and current measure sets

Identification of sources for report

## **Disclosure of Interest and Introductions**

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# Implementation Workgroup

Name	Member Organization			
Rajesh Davda, MD, MBA, CPE, (co-chair)	CIGNA Healthcare			
Sarah Dinwiddie, MSN, RN, (co-chair)	American College of Physicians (ACP)			
Stephanie Clouser, MS,	Kentuckiana Health Collaborative			
Anthony Davis, BS, MHM,	UPMC Health Plan			
Kerri Fei, MSN, RN,	PCPI Foundation			
Faith Green, MSN, RN, CPHQ, CPC- A,	Humana			
Collette Pitzen, BSN, RN, CPHQ,	Minnesota Community Measurement			
Heidy Roberts-Cooper, MPA,	American Academy of Family Physicians (AAFP)			
Lorelle Jacobson, BS, MS,	Kaiser Permanente			
Jennifer Bretsch, MS, CPHQ,	Association of American Medical Colleges			
Eleni Theodoropoulos,	URAC			
Deborah Paone, DrPH,	The SNP Alliance			
Lisa Patton, PhD,	IBM Watson Health			
Kenneth Sands, MD, MPH,	HCA Healthcare			
Christopher Dezii, RN, MBA, CPHQ,	Bristol-Myers Squibb Company			
Colleen Schmitt, MD,	American Society for Gastrointestinal Endoscopy (ASGE)			
Torrie Fields, MPH,	Blue Shield of California			
April Young, BS, MS,	NCI-AD (ADvancing States)			

Name	Member Organization		
	California Hospital Assessment and		
Bruce Spurlock, MD,	Reporting Taskforce		
Kevin Hummel, MD,	University of Utah Health		
Paloma Luisi, MPH,	New York State (NYS) Department of Health		
Rachel Maxwell,	Maryland Department of Health		
Robert Rauner, MD, MPH,	Partnership for a Healthy Lincoln		
Danielle Lloyd	AHIP		
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Chinwe Nwosu	AHIP		
Jean Moody-Williams	Centers For Medicare and Medicaid Services (CMS)		
Michelle Schreiber, MD,	Centers For Medicare and Medicaid Services (CMS)		
Reena Duseja, MD,	Centers For Medicare and Medicaid Services (CMS)		
Timothy Day,	Centers For Medicare and Medicaid Services (CMS)		
Patrick Wynn,	Centers For Medicare and Medicaid Services (CMS)		
Patrice Holtz,	Centers For Medicare and Medicaid Services (CMS)		
Deirdra Stockmann ,	Centers For Medicare and Medicaid Services (CMS)		
Renee Fox	Centers For Medicare and Medicaid Services (CMS)		
Virginia Raney	Centers For Medicare and Medicaid Services (CMS)		
Kristen Zycherman	Centers For Medicare and Medicaid Services (CMS)		

#### Overview of CQMC and Workgroup Charge

## **CQMC Background**

- Core measures can be defined as a parsimonious set of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alterative payment models.
- AHIP convened leaders from health plans, CMS, NQF, physician specialty societies, employers, and consumers with the goal of identifying a core set of measures for select clinical practice areas.
- This convening led to the establishment of the Core Quality Measures Collaborative (CQMC or Collaborative) and public release of eight consensus core sets in 2016.

#### **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 lowvalue metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.

#### **Current Core Measure Sets**

- Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics
- Pediatric
- Neurology\*
- Behavioral Health\*
  - \*New for 2020

#### **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 will serve as the operational host of this work.
- NQF will work 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.

# 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
- Strategies to increase core set adoption to raise awareness and increase stakeholder knowledge

# Review of past work and current measure sets

## **Measure Selection Principles**

#### 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 control of providers, as necessary.

### **Measure Selection Principles**

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

### Progress to-date

- NQF convened the CQMC to update the existing eight core sets
- CQMC workgroups, made up of subsets of CQMC members with expertise in the respective topic areas, reviewed new measures that could be added to the core sets to address highpriority areas
- Workgroups removed measures that no longer show an opportunity for improvement, do not align with clinical guidelines, or have implementation challenges
- HIV/Hepatitis C and Gastroenterology workgroups finalized their maintenance discussion and voted on measures to be added or removed from their respective existing core sets. Voting results for the two workgroups were presented to the Steering Committee and are waiting to be presented the Full Collaborative for final approval in early 2020.
- Voting for the Cardiology, Orthopedics, and Pediatrics core sets was finalized and awaiting presentation to the Steering Committee early 2020.
- The Medical Oncology, ACO and Obstetrics and Gynecology workgroups are yet to finalize their maintenance discussion. Finalization of the maintenance discussion for the three workgroups is expected to take place in early 2020 with all voting to be completed by spring 2020.

# Potential Sources for Implementation Guide

# Potential Sources for Implementation Guide

- Existing input from CQMC Workgroups
- Scan of publicly available information
- Input from this workgroup
- Other sources?

# Existing Input from CQMC Workgroups

- Lack of interoperability/clinical data availability (most mentioned)
- Methodological challenges when measures reported at individual or group level
- Challenges related to confidence intervals and reliability
- Challenges of different reporting mechanisms and benchmarks (eMeasure vs web vs registry)
- Some core measures have little room for improvement
- Variation in measure specifications and use of measures
- Timing of core sets vs timing of contracts, need to repeatedly promote core sets
- Core sets need to cover a meaningful proportion of care provided to be useful

#### **SharePoint Tutorial**

#### **SharePoint Overview**

- Accessing SharePoint
- Reference Materials
- Meeting Documents
- Staff Contacts

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	Portfolio Topic : Obstetrics & Gynecology (1)						

# Next Steps

#### **Next Steps**

- The next Workgroup meeting will focus on:
  - Reviewing and providing insight on implementation issues
  - Prioritizing implementation issues
  - Reviewing and providing insight on information gathered on encouraging buy-in and promoting core set adoption

# Workgroup Web Meeting Schedule

Date	Objectives
<b>February 19, 2020</b> 2:00 pm – 4:00 pm ET	<ul> <li>Provide an overview of project scope and workgroup charge</li> <li>Overview of measure selection principles and prioritization approaches</li> <li>Review of past work and current measure sets</li> <li>Identification of sources for report</li> </ul>
<b>March 12, 2020</b> 2:00 pm – 4:00 pm ET	<ul> <li>Reaction to scan/compilation of information</li> <li>Prioritization of issues (related to implementation) identified</li> </ul>
<b>April 2, 2020</b> 2:00 pm – 4:00 pm ET	<ul> <li>Reaction to draft guide</li> <li>Closing any gaps in guide</li> </ul>
To be scheduled	<ul> <li>Reactions to comments</li> <li>Resolution of any final issues</li> </ul>



- Email: <u>CQMC@qualityforum.org</u>
- SharePoint Log In <u>https://login.qualityforum.org/login.aspx?returnURL</u>
- CQMC website <u>https://www.qualityforum.org/cqmc/</u>