Analysis of Measurement Gap Areas and Measure Alignment

Final Report – February 28, 2022

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About the Core Quality Measures Collaborative

The Core Quality Measures Collaborative (CQMC) is a membership-driven and funded effort with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP). Originally founded in 2015, the CQMC is a broad-based coalition of health care leaders. The CQMC is composed of over 70 member organizations, including CMS, health insurance providers, primary care and specialty societies, and consumer and employer groups. These leaders are working together in partnership with the National Quality Forum (NQF) to address the proliferation of measures by facilitating cross-payer measure alignment through the development of core sets of measures by clinical area to assess the quality of healthcare in the United States (U.S.).

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Background

The CQMC brings together multiple stakeholders, including health insurance providers, medical associations, consumer groups, purchasers, and other quality collaboratives, to create and maintain core sets of measures for use by public and private payers in value-based contracts and measurement programs. The CQMC is guided by measure selection principles, which serve as a reference for developing and updating the core sets (e.g., adding and removing measures). The core sets aim to comprehensively assess quality in specific clinical topic areas using the best available measures. CQMC members often share ideas for topics or outcomes that are important to include in the core measure set. However, measures are not always available to fill these identified measurement needs. The CQMC tracks these measurement gaps to guide future maintenance activities and inform priorities for measure development, as well as core set priority areas (e.g., cross-cutting or clinical areas), which the CQMC can use to create future measure sets.

In contrast, some key measurement areas may have multiple corresponding measures that have been proposed for inclusion in core sets. The CQMC uses a systematic process to determine which measures best align with the CQMC's goals in an effort to promote consistent implementation of measure specifications within core measure sets.

The purpose of this report is to distill measure gaps that exist across core sets, serve as a guide to inform future core set maintenance activities, promote alignment across the core measure sets, and establish a method to compare measures with similar specifications.

To inform this report, NQF asked each of the CQMC Workgroups about core set gap areas and solicited information during discussions of measures for inclusion in this report. NQF also conducted a scan of measures under development and compared measures included across all CQMC core sets and several federal programs.

Measure Gaps

General Measure Gaps Across All Core Sets

Despite guidance from the CQMC's measure selection principles, key gaps related to the inclusion of more advanced measure types remain across multiple core sets, which are detailed below. Gaps refer to areas that are not yet measured or adequately covered by measurement, as identified by the CQMC Workgroups within the clinical domains of current core sets.

Outcome measures

A goal of the CQMC is to emphasize outcome measures in the core sets. While both process and outcome measures are important, outcome measures provide vital information on the healthcare results that matter most to patients. The use of outcome measures supports a holistic, patient-centered approach to quality measurement.

Patient-reported outcome performance measures

The CQMC seeks to promote the adoption of innovative measures, including patient-reported outcome performance measures (PRO-PMs). The CQMC recognizes the value of both disease-agnostic and disease-specific input to capture the patient's perspective along their healthcare journey. Patient-reported outcome measures (PROMs) help clinicians gather information that may not be available from other sources and ensure the patient voice is considered in planning care delivery. While the CQMC has noted its interest in including PRO-PMs in the core sets when applicable, a limited number of fully tested PRO-PMs remain available for review. However, the CMQC also noted the need to balance the burden of capturing patient-reported data and reporting PRO-PMs.

Cross-cutting measures

To date, the CQMC has developed core sets that are intended to apply to specific clinician specialty areas (e.g., cardiology or obstetrics and gynecology). However, a potential limitation to this approach is the consideration of measures that do not address a specific condition or may span multiple clinical areas, topics, or settings. Examples include medication reconciliation, depression screening, patient safety, patient experience, and shared decision making. There is a potential opportunity for the CQMC to improve alignment among the core sets by taking a broader view of the quality ecosystem and identifying cross-cutting measures that are appropriate for use in multiple specialty core sets.

> In 2021, the CQMC convened a new Cross-Cutting Workgroup. This Workgroup met four times to agree upon a common definition and scope for cross-cutting measures within the CQMC and identify useful measures in these areas. This Workgroup also agreed that the CQMC should focus on cross-cutting measures for use at the clinician level of analysis and agreed upon the following definition for cross-cutting measures: Cross-cutting measures are measures that address essential aspects of healthcare quality that apply broadly across the following areas:
>
> - Conditions, disease areas, or specialties
> - Levels of prevention (i.e., primary, secondary, tertiary)
> - Episodes of care
> - Multiple populations (including persons with co-occurring conditions)
> - Different provider types

The Cross-Cutting Workgroup identified five major cross-cutting domains in which measures should be considered: (1) Patient Safety (e.g., diagnostic accuracy, medication safety), (2) Patient and Family Engagement (e.g., patient-reported outcomes [PROs], including pain management, functional status, and quality of life; patient experience; patient activation and shared decision making), (3) Care Coordination (e.g., transitions of care, follow-up), (4) Equity (e.g., access, utilization, and social determinants of health [SDOH]), and (5) Population Health (e.g., immunizations, screenings). However, the Cross-Cutting Workgroup did not identify cross-cutting patient safety measures or equity measures currently ready for use in the CQMC core sets.

Overall, the Cross-Cutting Workgroup identified 14 measures that could potentially be relevant across

settings and specialties. The Steering Committee affirmed the importance of these broadly applicable measures but shared possible concerns that these measures might not apply directly to all specialty core sets or be appropriate for accountability for all specialty providers. The Steering Committee recommended the CQMC seek additional specialty-specific input on how the cross-cutting measures should be used alongside the specialty measures. These measures were further reviewed by the full Collaborative in January 2022 and will be discussed in further detail during the upcoming 2022 maintenance cycle to clarify the intended use and degree of applicability for each of the measures according to the specialty sets.

The Cross-Cutting Workgroup also identified the following gap areas for measure development:

- Interest in broader care coordination/communication measures
- Shared decision making measures
- Measures related to follow-up care or closing the loop (e.g., referrals, communication between primary care and other specialty settings, and communicating follow-up clearly to patients)
- Measures related to pain, falls, and other topics with major societal impact (e.g., multimodal treatment plan for pain)
- Measures that capture patient experience and person-centered care
- Measures related to equity and patient safety (e.g., process measures related to SDOH, screenings, and interventions)
- Gaps in measuring the use of PROs (e.g., goal attainment scoring)
- Measures related to care planning and the presence or absence of a care plan
- Measurement of appropriate screening for SDOH

The idea of cross-cutting measures is also discussed in the *Harmonization Across Core Sets* section.

Measures that address health equity and disparities

NQF has previously defined health equity measures as performance measures that assess the use of evidence-based interventions that reduce disparities in health or healthcare.[1] The CQMC recognizes the potential ways measurement could advance health equity. New measures aimed at determining health equity could be developed and implemented. Alternatively, quality measures could be stratified to identify where healthcare disparities may exist for vulnerable populations.

Achieving health equity will require addressing unmet social needs and eliminating healthcare disparities. SDOH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[2] They can include income, education, housing, and the conditions of a person's neighborhood.[3] Social risk factors are adverse social conditions that can be associated with poor health, such as food insecurity, housing instability, and social isolation.[3] Measures addressing social risk factors and unmet social needs are a prominent gap area in the current healthcare quality measurement ecosystem that could be

leveraged to promote health equity. For example, screening for social risk factors could help clinicians understand how to address their patients' health needs holistically, while performance measures could assess how well accountable entities are intervening to address social needs.

In a prior discussion, several CQMC Workgroups suggested it would be beneficial for the CQMC to provide guidance on how core set measures can be stratified by social risk factors to understand how interventions can be targeted to reduce disparities. Collaborative members have also emphasized the need for the core sets to include measures that address topics in which disparities persist. In order to be responsive to these needs, the CQMC will convene a new Health Equity Workgroup in 2022 to provide guidance on how the CQMC core sets could be used to advance health equity. This Workgroup will review the core sets to determine which measures should be prioritized for stratification or may be disparities-sensitive. Disparities-sensitive measures are those that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (race/ethnicity, language, etc.).[4] This Workgroup will also review additional equity-related measures that should be considered for inclusion in the core sets. Lastly, the Health Equity Workgroup will identify implementation barriers and suggest strategies for increasing adoption of equity-related measures by clinicians and payers. The measures and implementation considerations discussed by this Workgroup will be summarized and published in a Health Equity Report during the upcoming year.

Digital quality measures

A principle for the CQMC core sets is to promote the use of innovative measures, including digital quality measures (dQMs). Previously, CMS has defined dQMs as measures that use "sources of health information that are captured and can be transmitted electronically and via interoperable systems."[5] Recently, CMS proposed expanding this definition to define a dQM as a "software that processes digital data to produce a measure score or measure scores."[6] The most prominent example of dQMs is electronic clinical quality measures (eCQMs), clinical quality measures that are specified in a standard electronic format and are designed to use structured, encoded data present in the electronic health record.[7]

Historically, many of the core set measures were claims based in part due to the accessibility of administrative data. However, CQMC members have noted the potential of dQMs to transform quality measurement and leverage new data sources. Moreover, the adoption of dQMs could reduce the burden of data collection while maintaining or even improving the quantity and quality of the information collected. Currently, the core sets include several eCQM versions of core set measures as reporting options; in these instances, notes are included to indicate that separate benchmarks are needed based on the data source used.

In 2021, the CQMC convened a Digital Measurement Workgroup to advance the use of dQMs within the core sets. The Digital Measurement Workgroup met four times to agree upon the following items: the definition and characteristics of dQMs, the stakeholders involved in digital measurement, and the business and clinical cases for increasing dQM adoption. The Workgroup also discussed the flow of data

for dQMs and barriers to implementation, as well as potential solutions. Lastly, the Workgroup identified future opportunities for the CQMC to implement dQMs and strategies to encourage the inclusion of dQMs in the core sets (e.g., additional emphasis in the measure selection principles and goal setting for the percentage of dQMs included across the CQMC core sets). These are discussed in further detail in the Digital Measurement Guide, which will be released later in 2022.

Clinician-level measures for certain priority conditions

The CQMC currently focuses on clinician-level measurement, primarily in ambulatory settings. Ideally, measures included in the core sets are tested at the clinician level of analysis. However, in some instances, the CQMC core sets may include facility-level measures. Facility-level measures can be included when there is an absence of a measure tested at the clinician-level of analysis for a priority condition. Additionally, accountability may be shared among clinicians, given the nature of how certain care is delivered for priority conditions, necessitating the inclusion of facility-level measures. Lastly, some measures are intended to be used in a specific delivery model (e.g., Accountable Care Organization [ACO], Patient-Centered Medical Home [PCMH]). In the future, the CQMC may consider expanding core sets to include inpatient measures or measures intended for hospital-based clinicians, as well as supporting measure testing at additional levels of analysis.

Telehealth/Virtual Visits

The coronavirus disease 2019 (COVID-19) response has brought telehealth and virtual visits to the forefront of quality measurement. The published core sets include publicly available information on telehealth eligibility for each measure, as part of the *Notes* column. Future efforts in measurement specifications, measure review, and selection for future core sets should account for the use of innovative technologies for healthcare delivery and its impact on health outcomes. Additionally, measures in future core sets could address access to healthcare and quality via telehealth.

Core Set Measure Characteristics

When examining the gaps within the core sets, information on measure characteristics can help provide users with a more complete picture of the sets' composition and the types of measures most needed for users to achieve their measurement goals.

Presented below is a summary of statistics representing several key areas within the first version of the core sets published in 2015-2017, the updated core sets from 2020, and the updated core sets from 2021. Note that in 2020, two new core sets were also created for Behavioral Health and Neurology.

These tables are intended to provide a baseline representation of the measurement types included in the core sets and to help the CQMC set goals for promoting the growth of measures that address priority measurement domains. Note that the information captured in the tables below represent certain key measurement characteristics but do not represent other aspects of core set quality, such as removal of topped-out measures, parsimony, etc. The measurement characteristics listed below are not mutually exclusive, and thus, column totals may not add up to 100 percent. More information about the

measurement characteristics methodology can be found in Appendix A.

Each table also includes a column with an arrow indicating the overall trend associated with each characteristic since the original creation of the set, as well as the difference in percentage points from inception through 2021. A green upwards arrow (↗) indicates an increase in the percentage (not count) of measures in the core set with the desired characteristic. An orange straight arrow (→) indicates no change in the percentage of measures with the desired characteristic. Lastly, a red downwards arrow (↘) indicates a decrease in the percentage of measures with the desired characteristic. Note that the "Total Number of Measures" row also includes either an upwards, straight, or downwards arrow to indicate the overall increase or decrease in the measure set size; however, these are not color-coded, and no "ideal" measure set size has been determined at this time.

Overall Core Sets (includes measures across the eight core sets originally developed in 2015-2017)

Measures	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%)** ↗
eCQMs	22 (24%)	30 (27%)	30 (25%)	**(1%)** ↗
Clinician-level	45 (49%)	61 (54%)	65 (55%)	**(6%)** ↗
NQF-endorsed	79 (87%)	84 (74%)	83 (70%)	**(-17%)** ↘

HIV and Hepatitis C:

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Total number of measures	8	8	8	→
Outcome measures	1 (13%)	1 (13%)	1 (13%)	→
PRO-PMs	0 (0%)	0 (0%)	0 (0%)	→
Cross-cutting measures	0 (0%)	1 (13%)	1 (13%)	**(13%)** ↗
eCQMs	0 (0%)	4 (50%)	4 (50%)	**(50%)** ↗

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Clinician-level	6 (75%)	6 (75%)	6 (75%)	→
NQF-endorsed	5 (63%)	6 (75%)	6 (75%)	**(12%)** ↗

Gastroenterology:

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Total number of measures	8	8	8	→
Outcome measures	1 (13%)	1 (13%)	1 (13%)	→
PRO-PMs	0 (0%)	0 (0%)	0 (0%)	→
Cross-cutting measures	0 (0%)	0 (0%)	0 (0%)	→
eCQMs	0 (0%)	1 (13%)	1 (13%)	**(13%)** ↗
Clinician-level	8 (100%)	8 (100%)	8 (100%)	→
NQF-endorsed	2 (25%)	2 (25%)	2 (25%)	→

Pediatrics:

Measures	Original *(2017)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2017-2021)*
Total number of measures	9	12	12	↗
Outcome measures	0 (0%)	1 (8%)	1 (8%)	**(8%)** ↗
PRO-PMs	0 (0%)	1 (8%)	1 (8%)	**(8%)** ↗
Cross-cutting measures	0 (0%)	2 (17%)	2 (17%)	**(17%)** ↗
eCQMs	5 (55%)	7 (58%)	7 (58%)	**(3%)** ↗
Clinician-level	0 (0%)	3 (25%)	3 (25%)	**(25%)** ↗
NQF-endorsed	7 (77%)	10 (83%)	9 (75%)	**(-2%)** ↘

Obstetrics and Gynecology:

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Total number of measures	11	17	19	↗
Outcome measures	1 (9%)	4 (24%)	5 (26%)	**(15%)** ↗

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
PRO-PMs	0 (0%)	0 (0%)	1 (5%)	**(5%)** ↗
Cross-cutting measures	2 (18%)	4 (24%)	4 (21%)	**(3%)** ↗
eCQMs	4 (36%)	7 (41%)	7 (37%)	**(1%)** ↗
Clinician-level	3 (27%)	7 (41%)	8 (42%)	**(15%)** ↗
NQF-endorsed	10 (91%)	13 (76%)	13 (68%)	**(-23%)** ↘

Medical Oncology:

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Total number of measures	14	17	17	↗
Outcome measures	3 (21%)	7 (41%)	7 (41%)	**(20%)** ↗
PRO-PMs	0 (0%)	1 (6%)	1 (6%)	**(6%)** ↗
Cross-cutting measures	0 (0%)	2 (12%)	2 (12%)	**(12%)** ↗
eCQMs	2 (14%)	3 (18%)	3 (18%)	**(4%)** ↗
Clinician-level	12 (86%)	12 (71%)	12 (71%)	**(-15%)** ↘
NQF-endorsed	14 (100%)	14 (82%)	13 (76%)	**(-24%)** ↘

Orthopedics:

Measures	Original *(2015)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2015-2021)*
Total number of measures	3	15	20	↗
Outcome measures	3 (100%)	13 (87%)	18 (90%)	**(-10%)** ↘
PRO-PMs	1 (33%)	10 (66%)	13 (65%)	**(32%)** ↗
Cross-cutting measures	1 (33%)	1 (7%)	1 (5%)	**(-28%)** ↘
eCQMs	0 (0%)	2 (13%)	2 (10%)	**(10%)** ↗
Clinician-level	1 (33%)	12 (80%)	15 (75%)	**(42%)** ↗
NQF-endorsed	3 (100%)	7 (47%)	12 (60%)	**(-40%)** ↘

ACO/PCMH and Primary Care:

Measures	Original *(2016)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2016-2021)***
Total number of measures*	21	23	22	↗
Outcome measures	6 (29%)	4 (17%)	4 (18%)	**(-11%)** ↘
PRO-PMs	3 (14%)	2 (9%)	2 (9%)	**(-5%)** ↘
Cross-cutting measures	8 (38%)	11 (48%)	11 (50%)	**(12%)** ↗
eCQMs	10 (48%)	10 (43%)	10 (45%)	**(-3%)** ↘
Clinician-level	10 (48%)	11 (48%)	10 (45%)	**(-3%)** ↘
NQF-endorsed	20 (95%)	18 (78%)	14 (64%)	**(-31%)** ↘

**Note: NQF #0018 and N/A Controlling High Blood Pressure (HEDIS 2016) have been combined here.*

***Note: Incremental changes are due to a slight change in core set size.*

See Appendix A for additional detail.

Cardiology:

Measures	Original *(2016)*	Updated *(2020)*	Updated *(2021)*	Overall Trend *(2016-2021)*
Total number of measures*	25	27	27	↗
Outcome measures	14 (56%)	15 (56%)	15 (56%)	→
PRO-PMs	0 (0%)	0 (0%)	0 (0%)	→
Cross-cutting measures	2 (8%)	2 (7%)	2 (7%)	**(-1%)** ↘
eCQMs	6 (24%)	5 (19%)	6 (22%)	**(-2%)** ↘
Clinician-level	9 (36%)	12 (44%)	13 (48%)	**(12%)** ↗
NQF-endorsed	25 (100%)	26 (96%)	23 (85%)	**(-15%)** ↘

**Note: NQF #0018 and N/A Controlling High Blood Pressure (HEDIS 2016) have been combined here.*

See Appendix A for additional detail.

Neurology:

Measures	Original *(2020)*	Updated *(2021)*	Overall Trend *(2020-2021)*
Total number of measures	5	5	→
Outcome measures	1 (20%)	1 (20%)	→
PRO-PMs	1 (20%)	1 (20%)	→

Measures	Original *(2020)*	Updated *(2021)*	Overall Trend *(2020-2021)*
Cross-cutting measures	4 (80%)	4 (80%)	→
eCQMs	1 (20%)	1 (20%)	→
Clinician-level	5 (100%)	5 (100%)	→
NQF-endorsed	4 (80%)	2 (40%)	**(-40%)** ↘

Behavioral Health:

Measures	Original *(2020)*	Updated *(2021)*	Overall Trend *(2020-2021)**
Total number of measures	11	12	↗
Outcome measures	2 (18%)	2 (17%)	**(-1%)** ↘
PRO-PMs	2 (18%)	2 (17%)	**(-1%)** ↘
Cross-cutting measures	3 (27%)	3 (25%)	**(-2%)** ↘
eCQMs	3 (27%)	3 (25%)	**(-2%)** ↘
Clinician-level	6 (55%)	6 (50%)	**(-5%)** ↘
NQF-endorsed	10 (91%)	10 (83%)	**(-8%)** ↘

**Note: Incremental changes are due to a slight change in core set size.*

Measure Gaps Specific to Particular Core Sets

Gastroenterology

During this year of ad hoc maintenance, the Gastroenterology Workgroup considered one measure for potential addition to the CQMC Gastroenterology core set. This measure (*Mismatch Repair [MMR] or Microsatellite Instability [MSI] Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma*) was developed jointly by the American Gastroenterological Association (AGA) and the College of American Pathologists (CAP) and includes the percentage of surgical pathology reports for primary colorectal, endometrial, gastroesophageal, or small bowel carcinoma, biopsy, or resection containing impression, conclusion, or recommendation of testing for mismatch repair (MMR) or microsatellite instability (MSI). MMR/MSI testing can guide treatment decisions and identify patients with Lynch syndrome. These goals would partially address two gaps previously identified by the Gastroenterology Workgroup, including assessing AGA measures under development and increasing the scope of measures to parallel the diversity of conditions affecting the liver and gastrointestinal tract. Following review and consideration, the decision was made not to add the measure since it may be updated by the developers to align with new guidance from the U.S. Multi-Society Task Force on Colorectal Cancer. The Workgroup may consider this measure again in the future after updates are completed.

The updated list of gaps is as follows:

- Continued monitoring of 10 AGA measures currently under development, tested and/or endorsed, specifically prioritizing measures related to Hepatitis C Sustained Virologic Response (SVR), Barrett's esophagus, and Inflammatory bowel disease (IBD)
- Non-alcoholic fatty liver disease
- Quality of colonoscopy, including measures for post-colonoscopy complications
- Adverse events related to colonoscopy screening (e.g., emergency room [ER] or hospital visit after a procedure, perforation, hemorrhage)
- Patient safety, including complications after procedures
- Pancreatitis
- Medication management and adherence, especially for patients with IBD and patients on immunosuppressive medications
- Measures that consider the patient continuum of care and vulnerable points of information exchange
- PRO-PMs: symptom burden, care coordination
- Gastroesophageal reflux disease (GERD) and cirrhosis measures
- Hepatitis A vaccination rates
- Resource utilization during acute episodes of care
- Measures that capture disparities or measure stratification to identify disparities (e.g., colorectal cancer screening and follow-up rates for groups less likely to receive care)
- Measures not selected for inclusion that may be revisited are listed below:
    - #2539 Facility Seven-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy
    - #3510 Screening/Surveillance Colonoscopy
    - #3060e Annual Hepatitis C Virus (HCV) Screening for Patients Who Are Active Injection Drug Users
    - #3061e Appropriate Screening Follow-Up for Patients Identified With Hepatitis C Virus (HCV) Infection
    - Merit-Based Incentive Payment System (MIPS) ID #425 Photodocumentation of Cecal Intubation
    - Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

HIV and Hepatitis C

The HIV/Hepatitis C Workgroup did not make any additions to the core set during the past year of ad hoc maintenance. Workgroup members shared potential measure development and testing updates, including the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau testing of annual retention and syphilis screening measures. It was shared that AGA plans to implement feasibility testing

for the SVR measure by spring 2022. When these measures are ready for consideration, they may help to address gap areas previously identified by the HIV/Hepatitis C Workgroup, including screening for patients with sexually transmitted infections (STIs), follow-up for HIV patients, and SVR for Hepatitis C.

The updated list of gaps is as follows:

HIV

- Pre-exposure prophylaxis (PrEP) use in high-risk individuals
- The Centers for Disease Control and Prevention's (CDC) HIV screening for patients with STIs measure (removed from core set but remains important topic)
- HIV screening in the obstetric population
- Starting treatment and achieving early suppression
- Measures that reflect HIV as a long-term, chronic condition with associated comorbidities
- Follow-up for patients diagnosed with HIV and with low viral load
- The Pharmacy Quality Alliance's (PQA) Adherence to Antiretrovirals (PDC-ARV) measure if tested at the clinician level
- Measures that can be stratified to understand disparities in care and outcomes for vulnerable subpopulations

Hepatitis C

- AGA's SVR measure remains a priority and should be considered for inclusion as soon as testing is completed
- Testing of viral load 12 weeks post-end of treatment (complimentary to the SVR measure)
- Measures that reflect increased ability to treat Hepatitis C
- Reconsider #3060e Annual Hepatitis C Virus (HCV) Screening for Patients Who Are Active Injection Drug Users (not yet NQF-endorsed)
- Reconsider #3061e Appropriate Screening Follow-Up for Patients Identified With Hepatitis C Virus (HCV) Infection (not yet NQF-endorsed)
- Measures that can be stratified to understand disparities in care and outcomes for vulnerable subpopulations

Pediatrics

The Pediatrics Workgroup considered adding one measure to the core set during ad hoc maintenance: #3332 *Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)*. This newly endorsed measure assesses the percentage of children seen for a pediatric well visit who have a pediatric symptom checklist (PSC) tool administered as a component of their visit. The Workgroup felt that screening for behavioral health conditions is a high-priority topic in pediatrics and noted that the PSC tool used in the measure is free and has long and short survey options. However, concerns were raised with including a measure that specifies a single-screening instrument, and the measure was

ultimately not added to the core set. Thus, behavioral health measures remain an important gap area.

The updated list of gaps is as follows:

- Behavioral health measures for pediatric populations are a priority, including general suicide risk assessment, anxiety, and referrals/follow-up
- PRO-PMs: clinical outcomes, patient and family engagement, additional methods of assessing experience (e.g., net promoter scores), and measures that identify disparities
- Contraceptive care
- Substance use screening measures, including alcohol and tobacco use. Reconsider #2803 Tobacco Use and Help With Quitting Among Adolescents after it is updated to include vaping and e-cigarette use.
- SDOH and access to care. #1516 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life currently addresses access; the specifications for this measure are being updated by the developer to encompass child and adolescent well-care visits more broadly.
- Meaningful metrics relating to obesity, including body mass index, plan of care, and improvements in weight
- Care coordination
- Age-specific measures (e.g., adapting adult-focused survey instruments to suit adolescents)
- Measures that include virtual or telehealth visits as part of their specifications when appropriate (e.g., considering virtual visits for adolescent well-care)
- Revisit the following measures:
    - #0004 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (if adjusted for pediatric population)
    - #2721e Screening for Reduced Visual Acuity and Referral in Children (currently approved for trial use but is not fully endorsed by NQF)
    - #1360 Audiological Evaluation No Later Than 3 Months of Age (important gap but unclear consensus on the appropriate level for handling audiological evaluation)

Obstetrics and Gynecology

The Obstetrics and Gynecology (OB/GYN) Workgroup added several measures during the past year of ad hoc maintenance that address previously identified gap areas. These include the National Committee for Quality Assurance (NCQA) measure titled *Postpartum Depression Screening and Follow-Up (PDS)*, which addresses components of postpartum follow-up; #3484 *Prenatal Immunization Status*, a composite measure addressing the measure gap related to vaccinations for pregnant women; and #3543 *Person-Centered Contraceptive Counseling,* which addresses healthy lifestyle behaviors throughout the reproductive years.

The updated list of gaps is as follows:

Maternal Health Measures

- Maternal morbidity and mortality
- Time of decision for cesarean section and surgery start time (i.e., measurement of "decision to incision" start times)
- Behavioral health and substance use measures, including opioid use disorder screening, tobacco, smoking, and vaping measures for pregnant and/or postpartum women
- Comprehensive postpartum visits and postpartum follow-up
- Measures that consider healthy lifestyle behaviors throughout reproductive years

Perinatal Measures

- Decision making measures for neonatal care
- Measures that address neonatal morbidity and mortality (e.g., appropriate care for infants with Appearance, Pulse, Grimace, Activity, and Respiration (Apgar) scores of less than seven at five minutes after birth)

Medical Oncology

During the 2020 full maintenance review of the core set, the Medical Oncology Workgroup added measures addressing gap areas, including hospital admissions rates, emergency department (ED) utilization, and patient experience. However, the Medical Oncology Workgroup was unable to conduct ad hoc maintenance of the core set during 2021, and the previously identified gap areas remain unchanged. The Workgroup will consider updates during the next full cycle of maintenance, prioritizing measures that address the gap areas listed below.

The Medical Oncology Workgroup previously identified cost of care measures as an important gap area due to the high financial burden of cancer treatment on patients. The Workgroup noted that cost measures should be linked to quality measures, data availability could be a challenge, and variations in drug prices are outside of providers' control. Following the most recent update of the CQMC's core set measure selection principles, CQMC Workgroups will no longer consider cost measures for inclusion, based on the assumption that individual payment programs capture cost considerations. This gap area will be removed from the CQMC Medical Oncology core set document.

Gap areas remain as follows:

- PROs and patient experience remain a challenge and priority area for oncology. Areas of particular need include the following:
    - Symptoms
    - Pain control
    - Functional status and/or quality of life
    - Anxiety and stress management and screening
    - Patient education

    - Care coordination, transitions of care, and care navigation
- Measures that reflect molecular biology of cancer, interpretation of biomarkers and tumor information, and immunotherapy
- Measures related to telemedicine
- Robust measure(s) for shared decision making
- Utilization measures:
    - Appropriate use of chemotherapy
    - Under or overtreatment (will need to develop a baseline/threshold based on data)
    - ER utilization, unplanned hospitalization, and inpatient hospital admission rate. Avoidance of ER and inpatient stays is of interest to consumers. The Medical Oncology Workgroup also expressed interest in linkage between these areas and patient education and care coordination.
    - Choosing Wisely American Board of Internal Medicine (ABIM) and American Society of Clinical Oncology (ASCO) list: Metrics included are of value and should be pushed to measure development. Concept #2 is addressed in the core set in measure #0389/#0389e, Concept #10 is a valuable metric, and Concept #7 is of lower priority.
- Additional outcome measures, specifically the following:
    - Disease-free survival for X number of years
    - Five-year cure rate
- Reporting of cancer stage
- Lung cancer measures
- SDOH and financial burden
- Measures to Consider in Future Core Set Versions
    - Symptom Control During Chemotherapy – Pain
    - Symptom Control During Chemotherapy – Nausea
    - Symptom Control During Chemotherapy – Constipation
    - Appropriate Treatment for high- and moderate-emetic Risk
    - Appropriate Treatment for low and minimal-emetic Risk
    - #1858 Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy – review updated version after testing
    - Disease-specific measures in development (e.g., melanoma, colorectal cancer, and gynecological cancers)
    - Biomarker and appropriate treatment measures in development (cross-cutting and disease-specific)

Orthopedics

The Orthopedics Workgroup added a number of measures during ad hoc maintenance: #3470 *Hospital Visits after Orthopedic Ambulatory Surgical Center Procedure*; #3493 *Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups*; #3559 *Hospital-Level, Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)*; #3461 *Functional Status Change for Patients with Neck Impairments*; and #0425 *Functional Status Change for Patients with Low Back Impairment*. The addition of these measures partly addressed some of the previously identified gap areas, including measures for orthopedic procedures performed outside of the hospital setting, measures that assess PROs, and joint procedure measures. While cost measures were previously considered as an additional gap area, the updated measure selection principles assume that payment is accounted for in the models in which the measures are used.

The updated list of gaps is as follows:

- Measures across the full spectrum of spine and back care, including surgery measures, nonoperative care, and functional assessment and outcome measures
- Joint procedure measures
- Pre- and postoperative care measures
- Measures that assess patient outcomes rather than whether assessments are performed
- Measures related to pain and opioids

ACO/PCMH/Primary Care

The ACO/PCMH/Primary Care (PC) Workgroup added the NCQA measure titled *Kidney Health Evaluation for Patients with Diabetes* during ad hoc maintenance. This was included to replace another measure that the group elected to remove (#0062 *Comprehensive Diabetes Care: Medical Attention for Nephropathy*) since NCQA retired #0062 due to concerns with precision/validity of measure and high performance.

The ACO/PCMH/PC Workgroup discussed #3568 *Person-Centered Primary Care Measure Patient-Reported Outcome Performance Measure (PCPCM PRO-PM)*, which was identified as a priority measure as part of the *Gaps* section of the core set. Some members supported the measure, noting NQF endorsement, recommendation for use as part of MIPS, PRO-PM status, and usefulness for older adults and patients with complex needs; however, other members noted the measure is relatively new and had further questions about risk adjustment and evidence for outcomes. #3568 will be revisited for continued Workgroup discussion during the upcoming maintenance cycle.

The ACO/PCMH/PC Workgroup also discussed the need for measurement related to substance use disorders and opioid use and identified #3541 *Annual Monitoring for Persons on Long-Term Opioid Therapy* for potential inclusion. Due to the level of analysis, as well as the concerns of unintended

consequences of this new measure, the group decided that #3541 should be included for consideration in a future full core set maintenance discussion.

From previous discussion, a measure for future consideration is *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients With Specific Comorbid Conditions* since behavioral health remains a priority. #0004 *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* should also be considered in future core set discussion. Previously, some concern was expressed about the lack of primary care clinician influence over this measure if used for accountability (e.g., it is NQF-endorsed at the health plan level of analysis). However, measures are needed that address this aspect of care and a coordinated approach to care for patients with behavioral health and/or substance use needs.

Cost of care measures were previously considered a gap area for the ACO/PCMH/PC core set; however, this topic area has been removed from the list of gap areas due to this year's updated measure selection principles. The updated selection principles assume that payment is accounted for in the models in which the measures are used; therefore, cost measures should not be included directly within the core sets.

The updated list of gaps is as follows:

- PRO-PMs: health-related quality of life (HRQoL), functional status, and care coordination
- Measure stratification to address health disparities
- Unnecessary services and waste/overuse
- Comprehensive primary care
- Misdiagnosis/delayed diagnoses
- Continuity of care/care coordination across populations, including behavioral health and/or substance use needs

Cardiology

The Cardiology Workgroup added several measures that address the gap areas of functional assessment and outcome measures during ad hoc maintenance. Additions to the set included CMS' measure titled *Functional Status Assessments for Congestive Heart Failure* and the Wisconsin Collaborative for Healthcare Quality's (WCHQ) measure titled *Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)*. There was also discussion that occurred regarding the outcome measure #3534 *30-Day All-cause Risk-Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR),* which is stewarded by the American College of Cardiology (ACC). The Workgroup agreed that this is an important outcome measure and showed interest in adding the measure to the core set; however, ACC shared a major update on this measure after the Workgroup meetings concluded for the year. #3534 will be retired and replaced with #3610 *30-day Risk-Standardized Morbidity and Mortality Composite following TAVR*, a measure endorsed by NQF in November 2021 and will be available as an ACC/National Cardiovascular Data Registry (NCDR) publicly reported (opt-in) measure in the fall of 2022.

The Workgroup will discuss both TAVR measures during next year's maintenance process.

The updated list of gaps is as follows:

- Pediatric surgery measures
- Long-term cardiovascular care
- Patient transitions between facilities, specifically cardiac rehabilitation
- PROs and PRO-PMs (functional status measures)
- Measures of disparities and SDOH
- ACC measures #3534 and #3610 related to transcatheter aortic valve replacement (TAVR)

Neurology

The Neurology Workgroup did not make any revisions to the core set this year. A Workgroup member noted that as part of the gap related to reviewing the American Academy of Neurology (AAN) outpatient measures, AAN is planning to develop a measure focusing on seizure frequency, which should be discussed in future meetings. Other than this addition, gap areas remain unchanged from the previous year.

The updated list of gaps is as follows:

- Outcome measures
- Measures addressing social risk factors
- Opioid use and misuse measures
- Quality of life assessments
- Pediatric medication reconciliation (Note: AAN will be testing a measure in this area in late 2020)
- Transitions of care
- Pain assessment measures
- AAN noted the following outpatient gap areas that it is working toward addressing: child neurology, dementia and mild cognitive impairment (MCI), polyneuropathy, epilepsy, headache, multiple sclerosis, falls measures, Parkinson's disease, and seizures.

Behavioral Health

During this year's ad hoc maintenance, the Behavioral Health Workgroup voted to add #1932 *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*. This measure helps to address the need for coordinated care with bidirectional behavioral and physical care.

Several measures related to existing gap areas were discussed; ultimately, however, they were voted not to be included in the core measure set. One of these measures was #3541 *Annual Monitoring for*

Persons on Long-Term Opioid Therapy. This measure was specifically listed as a measure that the Workgroup wanted to review upon endorsement; however, some members had concerns with the difficulty with attribution, plan level of analysis, and the potential to contribute to stigma and exacerbate disparities in treatment. In addition, the Workgroup considered #2607 *Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*; while some members liked that the measure calls attention to the higher risk for diabetes for a subpopulation using antipsychotic medications, other members voted against inclusion due to the existence of a more parsimonious measure (#0059 *Comprehensive Diabetes Care: Hemoglobin A1c [HbA1c] Poor Control [>9.0%])* that applies to the general population. Members also expressed concern with the reporting burden and lack of clarity surrounding which clinicians and practices this measure would apply to.

An update was provided to the Behavioral Health Workgroup relating to the previously identified gap in Experience of Care. The Experience of Care and Health Outcomes (ECHO) Survey and measure are being retired, and AHRQ is testing and will be implementing a Consumer Assessment of Healthcare Providers and Systems (CAHPS) Mental Health Care Survey to fill this gap area.

The updated list of gaps is as follows:

- Coordinated care, including bidirectional integrated behavioral healthcare and general healthcare, and primary care
- PROs, including patient experience with psychiatric care
- Suicide risk measures independent of a major depressive disorder diagnosis, specific age group, or care setting
- Anxiety disorder measures
- Depression remission measures that span beyond six months, but count remission if it is achieved earlier than 12 months
- Measure on opioid overdoses in the ED by the Wisconsin Collaborative for Healthcare Quality
- New CAHPS Mental Health Care Survey (once implemented)
- American Psychiatric Association (APA) measures related to measurement-based care (once developed)
- NCQA person-driven outcomes measure (once developed)

Harmonization Across Core Sets

A measure considered for addition to a CQMC core set may be suitable for inclusion under more than one topic area (e.g., depression screening, patient experience, and statin use). If measures are discussed by more than one Workgroup, NQF shares relevant information across Workgroups. Each Workgroup should consider the specific fit of a particular measure for their topic area while also considering Workgroup rationales for potential inclusion of the measure. The Steering Committee also considers alignment across core sets and can send a core set or measure vote back to a Workgroup for additional discussion as needed. Alignment is also considered during full Collaborative discussion before final

voting occurs.

Current Alignment

Creating a parsimonious group of scientifically sound measures is one of the overarching goals of the CQMC. While measure sets are created in specific clinical areas, cross-cutting measures play an important role in assessing quality for care that is relevant across all clinical areas. The CQMC encourages consideration of both condition-specific measures and cross-cutting measures that could be widely adopted across various core sets. Appendix B displays all CQMC core set measures and notes in which core sets they are included.

As discussed in the General Measure Gaps Across All Core Sets section above, the Cross-Cutting Workgroup determined a list of measures that could be applicable across different specialties and core sets. The Workgroup considered different aspects of quality, as well as the different domains used to review these measures. Additionally, several cross-cutting measures are currently included in the core sets. Cross-cutting alignment in the current core sets includes measures such as *HIV Screening*, found in both the HIV/Hepatitis C and Obstetrics and Gynecology core sets; #0418 *Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan*, found in the Pediatric, Medical Oncology, Obstetrics and Gynecology, Behavioral Health, and ACO/PCMH/PC core sets; #2152 *Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling*, found in the ACO/PCMH/PC and Behavioral Health core sets; #0005 *Consumer Assessment of Healthcare Providers and Services for Clinician & Group Surveys,* found in the Pediatrics, ACO/PCMH/PC, and Neurology core sets; and #0097 *Medication Reconciliation*, found in ACO/PCMH/PC and Neurology core sets.

Also included in Appendix B is the alignment of core set measures across select federal and private programs. The MIPS, both Adult and Child Medicaid core sets, Physician or Hospital Compare, and Healthcare Effectiveness Data and Information Set (HEDIS) are several programs in which alignment exists with CQMC core set measures. The CQMC aims to continue increasing alignment of the core set measures with measures used in federal and private programs.

Additionally, there are discussions being held relating to scope in a few current core set areas. The ACO/PCMH/PC core set could be updated to separate ACOs and PCMH/PC, considering that their populations and interests are not always perfectly aligned. The OB/GYN Workgroup had a similar discussion with regard to the separation of measures related to the actual patient (i.e., maternal measurement versus neonatal measures).

Alignment Opportunities

One area of opportunity is to consider ACO core set alignment with specialty sets. For example, the ACO core set includes one fewer depression measure than the Behavioral Health core set. Additionally, the ACO Workgroup recommended the addition of slightly different statin measures when compared to the Cardiology Workgroup.

There are opportunities for alignment in the level of analysis testing of measures across core sets. For

example, the focus of the CQMC has been clinician-level measurement. Unfortunately, clinician-level measures are not applicable for all areas of focus, and the ACO Workgroup noted questions about a clinician's accountability for issues that cross settings and providers, such as readmissions or patient experience. The CQMC selected clinician measurement as a starting point based on the need for alignment across payers for measures at this level of accountability. There was also discussion that occurred regarding the future potential to expand beyond the clinician level; however, the CQMC should ensure that sets are updated and effective before considering the expansion of the measure scope.

To appropriately maximize measure alignment, the CQMC should ensure the measure information provided for each measure is consistent across all core sets and workgroup discussions. This should support consistency in how measures are adopted or used. There is an additional need for greater communication with measure developers about the CQMC's summary of discussed measures and identified measure gaps and measurement priorities.

Measure Selection Principles and Workgroup Framework

The CQMC's core set measure selection principles have been updated to distinguish between measure set principles and individual measure principles. These updated principles guide the development of the core sets and encourage the inclusion of several measure types in the core sets. Throughout the core set review cycles, the CQMC has made progress to align more closely with these principles. However, based on feedback from the full Collaborative to date, the CQMC recognizes that the specific mix of subtopics in each core set is helpful to consider in addition to the measure set and individual measure selection principles.

Collaborative members shared that it would be helpful to take a more structured approach to understand the major topic areas that should be covered in each core set, as well as to identify priority measure development needs. This can be achieved by developing organizing frameworks that identify priority conditions and topic areas that are important to measure within each specialty. The proposed framework approach is described in more detail below.

NQF will identify priority areas within each area of focus based on a literature review, prioritizing leading causes of mortality and morbidity within the applicable clinical area. Additional priority areas may also be considered based on factors such as historical context, utilization, or feedback and suggestions from individuals with specific clinical conditions and workgroup members. The priority areas will be introduced to the workgroup for consensus, as well as discussion and feedback on more specific measurement needs within each priority area. After the priority areas and specific measurement needs are finalized within the workgroup, NQF will identify measurement opportunities related to each identified need (i.e., How can we address the identified need?). A scan of current or future applicable measures or concepts within the scope of the priority areas, identified needs, and measurement opportunities will be performed to inform future core set updates. Measures identified will be brought to core set workgroups for discussion, prioritization, and potential inclusion within the core sets. Throughout this discussion, the workgroup should consider the feasibility of measure implementation based on intended use and applicable setting. The table below illustrates this framework approach with

examples from the Orthopedics and ACO/PCMH/PC core sets.

Core Set	Orthopedics	ACO/PCMH/PC
Priority Area	Total Knee Replacement	Prevention & Wellness
Identified Need	Functional Improvement	Substance Use
Measurement Opportunities	PRO-PMs	Screenings
Measures to Review	#2653 Functional Status After Primary Total Knee Replacement MIPS ID #375 Functional Status Assessment for Total Knee Replacement (eCQM)	#2152 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling #0028/0028e Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Workgroup Action	Discuss measures based on selection criteria. Vote to include measures in the core set as applicable.	Discuss measures based on selection criteria. Vote to include measures in the core set as applicable.

If there are no current measures that adequately address the identified need based on the Workgroup's feedback and expertise, those priority areas will be identified as gaps and included within this report. Core sets must be maintained and reviewed through changes within the measurement ecosystem (i.e., if a measure is no longer maintained by the steward), as well as updates in clinical care and best practices.

Measures Under Development

Concepts and Measures Under Development

The CQMC will review the core sets every other year to determine whether any new measures should be added or whether any current ones should be removed. The information provided about measure concepts and measures under development serves as a resource for the CQMC and should be considered during future maintenance cycles.

The **OB/GYN** Workgroup noted the development of a depression measure for pregnant women. Prevention of anemia in the third trimester, prenatal screening for depression, whether care is delivered in the appropriate care setting, and a measure of magnitude of both morbidity and mortality were all discussed by NQF's Perinatal and Women's Health Standing Committee as areas with measures under development. NQF's Maternal Morbidity and Mortality Project recently recommended the development of ratio measures relating to pregnancy-related deaths and pregnancy-associated deaths by suicide,

overdose, and violence per 100,000 live births; pregnancy-related deaths over the number of women experiencing severe maternal morbidity; and the number of women with pregnancy-related deaths per 100,000 live births. These measure concepts illustrate the emphasis placed on recognizing and preventing maternal mortality and morbidity. #3528 *CDC and VON Late Onset Sepsis and Meningitis in Very Low Birthweight Neonates* is a new measure under review and will be discussed by the Workgroup upon NQF endorsement.

The **Pediatrics** Workgroup suggested that #2721e *Screening for Reduced Visual Acuity and Referral in Children* (currently NQF-endorsed for e-measure Trial Use) should be brought forward for consideration in the future. This measure is currently NQF-endorsed for e-measure Trial Use but is not fully endorsed.

The **ACO and PCMH/PC** Workgroup may consider the inclusion of measures related to COVID-19 after they are tested and endorsed. For example, COVID-19 immunization measures may be helpful to understand the proportion of the population vulnerable to COVID-19 infections. CareFirst Blue Cross Blue Shield is developing a COVID-19 measure, which tracks COVID-19 vaccination rates across commercial, Medicaid, and Medicare populations. This measure is structured similarly to NCQA's measure titled *Adult Immunization Status*. This measure includes five rates to understand the percentage of members with partial vaccination, full vaccination, and booster doses. As of September 2021, the developer continues to refine this measure based on developing information regarding booster doses as well as harmonize the measure with the existing CDC measure tracking COVID-19 immunizations among healthcare professionals. The developer is considering submitting this measure for NQF endorsement in 2022, as well as submitting this measure for consideration in the MIPS program.

Related to the **Gastroenterology** Workgroup, there are 10 measures developed by AGA that are specified and in the process of beginning testing:

- Endoscopy/Barrett's esophagus surveillance: esophagogastroduodenoscopy (EGD) interval for patients with non-dysplastic Barrett's esophagus
- Endoscopy/Barrett's esophagus surveillance: systemic biopsies during surveillance esophagogastroduodenoscopy (EGD) in patients with Barrett's esophagus
- Inflammatory bowel disease: thiopurine methyltransferase (TPMT) testing (enzymatic activity or genotype) in all patients that was performed and results interpreted prior to starting azathioprine or six mercaptopurine
- Inflammatory bowel disease: postoperative monitoring for recurrence of Crohn's disease at six to 12 months after surgical resection in patients with Crohn's disease
- Inflammatory bowel disease: Percentage of patients diagnosed with extensive mild-moderate ulcerative colitis who receive a high (>3g/d) or standard-dose mesalamine (2-3 g/d) or diazo-bonded 5-aminosalicylate (5-ASA) rather than low dose mesalamine (< 2 g/d), sulfasalazine, or no treatment
- SVR in the treatment of hepatitis C infection

- In patients with acute pancreatitis, AGA recommends early (within 24 hours) oral feeding rather than keeping the patient nothing by mouth (NPO)
- In patients with acute pancreatitis and the inability to feed orally, AGA recommends enteral rather than parenteral nutrition
- In patients with acute biliary pancreatitis, AGA recommends cholecystectomy during the initial admission rather than following discharge
- Colorectal Cancer Screening: testing of all patients for potential cases of Lynch syndrome with colorectal cancer using immunohistochemistry (IHC) or microsatellite instability (MSI) by polymerase chain reaction (PCR) (Note: This measure was discussed in 2021; however, it is potentially being updated to align with updated guidance from the U.S. Multi-Society Task Force on Colorectal Cancer.)

The Gastroenterology Workgroup acknowledged the strong clinical basis for these measures and was interested in the various concepts presented. The Workgroup also expressed that SVR, Barrett's esophagus, and IBD are priorities and suggested that the pancreatitis measures may be less relevant for the CQMC Gastroenterology core set since they focus on care provided in the inpatient setting.

The **HIV/Hepatitis C** Workgroup is interested in reviewing AGA's SVR measure after testing, which is anticipated to be completed in the spring of 2022. As noted above, the Workgroup also expressed interest in reviewing the HRSA HIV/AIDS Bureau's measures related to annual retention and syphilis screening after they are tested.

The **Orthopedics** Workgroup may consider measures under development from the American Academy of Orthopaedic Surgeons (AAOS) for future inclusion. AAOS is developing measures related to distal radius fractures, rotator cuff injuries, and periprosthetic joint infections, which the Workgroup is interested in reviewing for potential inclusion in the future when they are finalized. In 2020, an innovative collaboration was formed between the American Academy of Orthopaedic Executives (AAOE) and AAOS on the creation of a survey platform to capture PROs and satisfaction, which may include health status, mental attitude, mobility, social factors, pain, and quality of life using e-mail or text messages.[8]

The **Cardiology** Workgroup expressed interest in reviewing the following measures for future consideration: #2683 *Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery* and *#0732 Surgical Volume for Pediatric and Congenital Heart Surgery Total Programmatic Volume and Programmatic Volume Stratified by the 5 STAT Mortality Categories,* pending future input from those with expertise in pediatric cardiac surgery. These measures align with the Workgroup's interest in including additional pediatric measures specific to cardiology in the core set. The Workgroup is also interested in reviewing *HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications* and *Functional Status Assessments for Congestive Heart Failure (eCQM)* in the future.

The **Medical Oncology** Workgroup previously discussed that ASCO is currently testing measures that

were developed in 2019. The Workgroup also shared information on three newly developed antiemetic measures (two of which, the high- and moderate-risk measures, are supported by CMS) and five disease-specific measures (including at least one for melanoma) that have been developed but not yet tested. During this past cycle of work, the Workgroup also discussed and voted on a set of three measures (*Symptom Control During Chemotherapy – Pain; Symptom Control During Chemotherapy – Nausea;* and *Symptom Control During Chemotherapy – Constipation*). These were not recommended for addition to the core set at this time; however, at least one Workgroup member expressed interest in revisiting these measures following NQF endorsement and noted these would be useful cross-cutting measures.

The **Neurology** Workgroup noted that AAN is working on outpatient gap areas, including child neurology, dementia and MCI, polyneuropathy, epilepsy, headaches, multiple sclerosis, falls measures, Parkinson's disease, and seizures. The Workgroup agreed that outcomes and outcome measures should be prioritized across neurology.

Workgroup members specifically recommended that the following measures be reconsidered after measure updates and the collection of performance/monitoring and testing data:

- AAN20 Querying for co-morbid conditions of tic disorder (TD) and Tourette Syndrome (TS)
- #2872e/QPP #281 Dementia: Cognitive Assessment
- QPP #282 Dementia: Functional Status Assessment
- QPP #283 Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management
- QPP #288 Dementia: Caregiver Education and Support
- QPP #286 Dementia: Counseling Regarding Safety Concerns
- AAN5 Medication Prescribed for Acute Migraine Attack
- AAO35 Benign Positional Paroxysmal Vertigo (BPPV): Dix-Hallpike and Canalith Repositioning
- QPP #290 Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease
- AAN9 Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease
- QPP #291 Parkinson's Disease: Cognitive Impairment of Dysfunction Assessment
- QPP #293 Parkinson's Disease: Rehabilitative Therapy Options
- AAN28 Diabetes/Pre-Diabetes Screening for Patients with DSP
- AAN8 Exercise and appropriate physical activity counseling for patients with Multiple Sclerosis (note: testing results anticipated in 2021)

The **Behavioral Health** Workgroup recognized that this clinical area is an emerging field in measurement

with many gaps and noted several measures under development. One notable area of measure development is opioid use, including #3541 *Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)*, which is a newly endorsed measure developed by PQA. This measure is proposed to be incorporated as part of CMS' Quality Rating System (QRS) measure set and will be discussed by the Workgroup during the upcoming full maintenance cycle. A measure on opioid overdoses in the ED is also being developed by the Wisconsin Collaborative for Healthcare Quality (WCHQ).

Patient experience was noted as an important area that should be addressed in the Behavioral Health core set. The Workgroup previously expressed interest in reviewing #0008 *Experience of Care and Health Outcomes (ECHO) Survey*, a member of the CAHPS group of surveys assessing outpatient services; however, as previously noted, the ECHO survey and measure are being retired. AHRQ is developing a new CAHPS Mental Health Care Survey, which will be considered by the Workgroup when available for review.

Lastly, the Behavioral Health Workgroup discussed the potential value of measurement-based care to improve the quality of behavioral health services. Measurement-based care uses validated ratings (e.g., Patient Health Questionnaire [PHQ-9]) to assess and track individual patients' progress over time. CMS and the APA are coordinating to develop five measures: (1) *Measurement-Based Care Processes: Baseline Assessment, Monitoring, and Treatment Adjustment*; (2) *Improvement or Maintenance of Functioning for Individuals With a Mental and/or Substance Use Disorder*; (3) *Improvement or Maintenance in Recovery for Individuals With a Mental Health and/or Substance Use Disorder*; (4) *Initiation and Update to Suicide Safety Plan for Individuals With Suicidal Ideation, Behavior, or Suicide Risk*; and (5) *Reduction in Suicidal Ideation or Behavior Symptoms*. The *Improvement or Maintenance* measures may be submitted to be considered for use in the MIPS. In addition, NCQA is developing person-driven outcome measures to assess what matters most to an individual patient on a given visit or encounter and how goals could be developed for measurement in meeting these goals; however, these measures are still being tested and reviewed.

Method to Compare Similar Measures

A measure scan may reveal two or more measures addressing a similar topic area. For example, measures that were similar and compared by various workgroups include #1799 *Medication Management for People With Asthma (MMA)*, #1800 *Asthma Medication Ratio,* #2653 *Functional Status After Primary Total Knee Replacement*, MIPS ID #375 *Functional Status Assessment for Total Knee Replacement (eCQM),* #0059 *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*, #2607 *Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%),* #0033 *Chlamydia Screening in Women (CHL)*, and #1395 *Chlamydia Screening and Follow-Up*. Some measures may appear to be the same but have variation in the specifications as implemented. For instance, an NQF-endorsed measure might have slightly different specifications than a similar HEDIS measure (e.g., measures related to opioid prescribing). In each of these cases, NQF has compared the measures side by side for discussion. NQF determines attributes that distinguish the measures (e.g., different definitions or data sources used to specify the measures). The brief specifications are compared, and the measures are analyzed to determine how they meet certain

aspects of the selection principles, including alignment with goals and priorities, scientific soundness, reduced burden, how providers can influence the outcome, opportunities for improvement, and risk adjustment/how the measure accounts for factors outside of provider control. Following the discussion, the workgroup will vote on which measure is better suited for inclusion in the core set, or, potentially, justify the inclusion of both measures. As the core sets should be as parsimonious as possible, it is preferred that workgroups select the measure that is best suited for inclusion, unless there is appropriate justification for including multiple or similar measures.

There have also been cases in which some workgroup members expressed preferences for narrowly focused measures over those applicable to a broader population. For example, some Behavioral Health Workgroup members preferred the inclusion of measures specific to patients with serious mental illness over similar measures that target a more general population. While this approach could also focus attention and resources to areas with recognized needs, it may also result in recommendations for different measures to be used across payers or programs. Another example would be whether depression screening for pregnant or postpartum women would be more useful versus a general depression screening for inclusion in the OB/GYN core set. One solution for further exploration may be for the CQMC to support general measures for alignment purposes but also encourage stratification of performance data to identify performance differences for certain populations. Stratification of measures to identify disparities has been suggested as a gap area by many of the workgroups.

NQF's Harmonization and Competing Measures Process could be leveraged to harmonize related or competing measures under development (MUDs) or measure concepts (MCs). NQF has a stated preference for measures that cover the largest reasonable patient population and/or the broadest possible range of measure applications. While certain patient populations may invite age-specific measurement (e.g., pediatrics), these preferences are intended to maximize the performance information available while minimizing burden of maintenance and use of multiple measures.

Another challenge when comparing similar measures, or when reviewing any measures for core set inclusion, is the variance in timing between when developers update measures, when measures are submitted to NQF for maintenance, and when measures are implemented in federal programs. This can also lead to a lack of understanding from workgroup members about which version should be considered for core set inclusion. Greater coordination of core set update timing with NQF endorsement maintenance timing and/or federal program or other value-based program implementation may help address this problem. A uniform approach to CQMC core set updates should consider timing related to statutory requirements and the rulemaking process for federal programs as well as timing implications related to private payer value-based contracting. The CQMC core sets currently undergo full maintenance review every other year. Minor core set updates will be made on a yearly basis.

Composed of a multistakeholder membership, the CQMC is in a unique position to play a more proactive role in encouraging alignment throughout the quality measurement environment. For example, when the CQMC identifies multiple promising MUDs, workgroups could provide feedback to the measure developers regarding ways to maximize the measures' value and alignment. Using the guiding set of

measure selection principles, the CQMC hopes to comprehensively assess quality using the best available measures. By illustrating the gap and priority areas in the 2022 core sets, the CQMC is optimistic that the quality landscape will evolve to fulfill these and future measurement opportunities.

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Appendix A. Measure Characteristics Methodology

The characteristics of each measure in the baseline core sets (released from 2015-2017), the updated core sets (released in 2020), the new core sets (developed in 2020), and updated core sets after ad hoc maintenance (to be released early 2022) were determined using the methodology described below.

The total number of measures is a count of distinct measures included within the core set. Electronic reporting options are not counted as separate measures for this total (e.g., NQF #0418 *Preventive Care and Screening: Screening for Depression and Follow-Up Plan* and NQF #0418e *Preventive Care and Screening: Screening for Depression and Follow-Up Plan* would be counted as the same measure). Please note that #0018 *Controlling High Blood Pressure* and N/A *Controlling High Blood Pressure (HEDIS 2016)* have also been counted as the same measure in this analysis, as the specifications for these measures are now aligned.

Outcome and PRO-PM measure designations were recorded based on information from measure endorsement submissions displayed on the National Quality Forum (NQF) Quality Positioning System (QPS), specifically the "Classification > Measure Type" field, where available. For measures that are not NQF-endorsed and are not catalogued in the NQF QPS, the measure type was pulled from the Centers for Medicare & Medicaid Services Measure Inventory Tool (CMIT) within the "Characteristics > Measure Type" field.

Measures were defined as cross-cutting in which the denominator was the general population or a reasonable subpopulation (e.g., "all adults 15-65," "screening for [condition] in all adults not already diagnosed with [condition]"). Measures were also deemed as cross-cutting if they were listed as cross-cutting measures for the Quality Payment Program 2019 performance period.

Measures were counted as eCQMs if an electronic version of the measure was available prior to core set release, even if the electronic version was not explicitly included in the core set published online. This includes the measures listed below. Please note that the eCQM determination was based on the best available information from NQF QPS and CMIT in 2020 but was not assessed at the time when baseline core sets were released (2017 and prior).

- e-measures (e.g., #2811e, #0389e, #0418e) with initial endorsement by NQF before the core set was released
- Measures tagged with "Yes" under the "eCQM Spec Available" filter in CMIT as of August 20, 2020, implemented in a program before the core set was released
- For the 2020 core set update, measures included in the HEDIS 2020 Digital Measures Bundle for ECDS Reporting:
    - Breast Cancer Screening (BCS-E)
    - Colorectal Cancer Screening (COL-E)
    - Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF)
- Adult Immunization Status (AIS)
- Prenatal Immunization Status (PRS)
- Prenatal Depression Screening and Follow-Up (PND)
- Postpartum Depression Screening and Follow-Up (PPD)

Measures were counted as clinician-level measures based on information from measure endorsement submissions displayed on the NQF QPS, specifically the "Classification > Level of Analysis" field. For measures that are not NQF-endorsed and are not catalogued in the NQF QPS, the level of analysis was pulled from the CMIT tool within the "Characteristics > Reporting Level" field, or based on program use (e.g., measures used in the MIPS are counted as clinician-level measures).

Measures were counted as NQF-endorsed based their status in the NQF QPS. Note that measures marked as "Approved for Trial Use" were counted as NQF-endorsed measures for the purposes of this report.

Appendix B. CQMC Core Set and Federal Program Crosswalk

The intent of this crosswalk is to visualize measure alignment between core sets and use within federal programs. The source of information is the CMS Measures Inventory Tool and has been updated as of January 2022.

2022 CQMC Core Set and Program Use Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	Notes
HIV/Hepatitis C (HIV/Hep C)	MIPS ID 475	HIV Screening	OB/GYN	✓									
	2080	Gap in HIV medical visits											
	0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis											
	0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis		✓									
	2082 / 3210e	HIV viral load suppression		✓	✓								
	2079 / 3209e	HIV medical visit frequency		✓			✓						
	MIPS ID 401	Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis	Gastro	✓									
	3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Gastro, ACO/PCMH	✓			✓						
Gastroenterology (Gastro)	3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Gastro, ACO/PCMH	✓			✓						
	0658	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients		✓			✓		✓			✓	Ambulatory Surgical Center Quality Reporting
	0659 (No longer NQF endorsed)	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use		✓			✓						
	MIPS ID 343	Screening Colonoscopy Adenoma Detection Rate Measure											Removed from MIPS 10/2021
	MIPS ID 439	Age Appropriate Screening Colonscopy		✓			✓						
	MIPS ID 271	IBD: Preventative Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment											Removed from MIPS 10/2021
	MIPS ID 275	IBD: Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy		✓									
	MIPS ID 401	Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatits C Cirrhosis	HIV/Hep C	✓									
Pediatrics	0038	Childhood Immunization Status (CIS)			✓					✓	✓		
	1407	Immunizations for Adolescents (IMA)		✓	✓					✓	✓		
	1448 (no longer endorsed)	Developmental Screening in the First Three Years of Life			✓								Removed from MIPS 10/2021
	0033	Chlamydia Screening for Women	OB/GYN							✓	✓		
	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)			✓					✓	✓		
	1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)									✓		
	0002 (no longer endorsed)	Appropriate Testing for Children With Pharyngitis (CWP)		✓			✓			✓	✓		
	0069	Appropriate Treatment for Children With Upper Respiratory Infection (URI)		✓			✓			✓	✓		
	1800	Asthma Medication Ratio			✓					✓	✓		
	2811e	Acute Otitis Media - Appropriate First-Line Antibiotics											
	0418/0418e (no longer endorsed)	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	MedOnc, OB/GYN, ACO/PCMH, Behavioral Health	✓	✓	✓	✓				✓		
	0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child	ACO/PCMH, Neurology	✓			✓						

*Those cells with a dash (-) are intentionally left blank

2022 CQMC Core Set and Program Use Crosswalk														
Core Set	**NQF Number (links to specifications)**	**Measure Title**	**Alignment across CQMC core sets**	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	**Notes**
Obstetrics and Gynecology (OB/GYN)	0032	Cervical Cancer Screening	ACO/PCMH										
	MIPS ID 443	Non-recommended Cervical Cancer Screening in Adolescent Females	ACO/PCMH	✓							✓		
	2372	Breast Cancer Screening	ACO/PCMH					✓			✓		
	0469/0469e	PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean)					✓		✓				
	0470	Incidence of Episiotomy											
	0471	PC-02 Cesarean Section											
	0480/0480e	PC-05 Exclusive Breast Milk Feeding and the subset measure											
	MIPS ID 475	HIV Screening	HIV/Hep C	✓									
	2902	Contraceptive Care - Postpartum			✓								
	2904	Contraceptive Care - Access to LARC			✓								
	MIPS ID 336	Maternity Care: Post-Partum Follow-up and Care Coordination		✓							✓		
	3484	Prenatal Immunization Status†									✓		
	0716	Unexpected Complications in Term Newborns											
	3475e	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture											
	0033	Chlamydia Screening in Women (CHL)	Pediatrics							✓	✓		
	MIPS ID 433	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair		✓									
	0418/0418e (no longer endorsed)	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Pediatrics, Med Onc, ACO/PCMH, Behavioral Health	✓	✓	✓	✓				✓		
	N/A	Postpartum Depression Screening and Follow-Up (PDS)									✓		
	3543	Person-Centered Contraceptive Counseling (PCCC) Measure											
Orthopedics	3559	Hospital-Level, Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)											
	3493	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups		✓									
	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)		✓			✓					✓	Hospital Value-Based Purchasing
	1551	Hospital-level 30-day, all-cause risk standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)					✓					✓	Hospital Readmission Reduction Program
	MIPS ID 376	Functional Status Assessment for Total Hip Replacement (eCQM)		✓			✓						
	2958	Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery											
	2653	Functional Status After Primary Total Knee Replacement											
	MIPS ID 375	Functional Status Assessment for Total Knee Replacement (eCQM)		✓			✓						
	0425	Functional Status Change for Patients with Low Back Impairments		✓			✓						
	3461	Functional Status Change for Patients with Neck Impairments		✓									
	2643	Functional Status After Lumbar Fusion											
	MIPS ID 473	Leg Pain After Lumbar Fusion		✓									
	MIPS ID 471	Functional Status After Lumbar Discectomy/Laminectomy		✓									
	MIPS ID 461	Leg Pain After Lumbar Discectomy/Laminotomy		✓									
	MIPS ID 460	Back Pain After Lumbar Fusion		✓									
	MIPS ID 459	Back Pain After Lumbar Discectomy/Laminectomy		✓									
	3470	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures										✓	Ambulatory Surgical Center Quality Reporting
	1741	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey											
	2962	Shared Decision-Making Process											
	MIPS ID 355	Unplanned Reoperation within the 30-Day Postoperative Period		✓									

*Those cells with a dash (-) are intentionally left blank

2022 CQMC Core Set and Program Use Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	Notes
Medical Oncology (Med Onc)	0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer											
	1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy		✓									
	0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer											
	1859	KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy		✓									
	1860	Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies		✓									
	0389 / 0389e	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients		✓									
	0210	Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life		✓								✓	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
	0211	Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life											
	0213	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life		✓								✓	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
	0215	Proportion of patients who died from cancer not admitted to hospice										✓	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
	0216	Proportion of patients who died from cancer admitted to hospice for less than 3 days		✓								✓	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
	0384 / 0384e	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology		✓			✓						
	3188	30-Day Unplanned Readmissions for Cancer Patients											
	3490	Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy							✓			✓	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
	2651	CAHPS® Hospice Survey (experience with care)										✓	Hospice Quality Reporting, Hospice Compare
	0418/0418e (no longer endorsed)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, OB/GYN, ACO/PCMH, Behavioral Health	✓	✓	✓	✓				✓		
	OCM-6	Patient-Reported Experience of Care											

*Those cells with a dash (-) are intentionally left blank

2022 CQMC Core Set and Program Use Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	Notes
Accountable Care Organization/ Patient-Centered Medical Home/ Primary Care **(ACO/PCMH/ PC)**	0018	Controlling High Blood Pressure	Cardiology										
	N/A	Statin Therapy for Patients with Diabetes (SPD)									✓	✓	Medicare Part D Star Rating
	N/A	Statin Therapy for Patients with Cardiovascular Disease (SPC)						✓			✓		
	0059	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)		✓	✓	✓					✓		
	0055	Comprehensive Diabetes Care: Eye Exam		✓			✓			✓	✓		
	N/A	Kidney Health Evaluation for Patients with Diabetes									✓		
	0097	Medication Reconciliation	Neurology				✓	✓			✓		
	0032	Cervical Cancer Screening	OB/GYN										
	N/A	Non-recommended Cervical Cancer Screening in Adolescent Females	OB/GYN	✓							✓		
	2372	Breast Cancer Screening	OB/GYN					✓		✓	✓		
	0034	Colorectal Cancer Screening						✓					
	0028/0028e	Preventive Care Screening: Tobacco Use: Screening and Cessation	Cardiology, Behavioral Health	✓			✓					✓	Million Hearts
	0421/0421e	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		✓			✓					✓	Million Hearts
	3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	HIV/Hep C, Gastro	✓			✓						
	0052	Use of Imaging Studies for Low Back Pain								✓	✓		
	1885	Depression Response at Twelve Months- Progress Towards Remission	Behavioral Health										
	0418/0418e (no longer endorsed)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, Med Onc, OB/GYN, Behavioral Health	✓	✓	✓	✓				✓		
	0005	CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 -Adult, Child	Pediatrics, Neurology	✓			✓						
	2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Behavioral Health	✓			✓						
	0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)		✓			✓			✓	✓		
	1800	Asthma Medication Ratio	Pediatrics		✓					✓	✓		
	1768	Plan All-Cause Readmissions (PCR)									✓		

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2022 CQMC Core Set and Program Use Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	Notes
Cardiology	0229	Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older					✓					✓	Hospital Value-Based Purchasing
	0081 / 0081e	Heart Failure (HF): Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)		✓			✓						
	0083 / 0083e	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)		✓			✓						
	0330	Hospital 30-day, all-cause, risk standardized readmission rate (RSRR) following heart failure hospitalization					✓					✓	Hospital Readmission Reduction Program
	0018	Controlling High Blood Pressure	ACO/PCMH	✓	✓	✓				✓	✓		
	0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF)		✓			✓						
	0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy		✓			✓						
	0070/0070e	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy-- Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF		✓			✓						
	2558	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery					✓					✓	Hospital Value-Based Purchasing
	0119	Risk-Adjusted Operative Mortality for CABG		✓									
	2515	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery					✓					✓	Hospital Readmission Reduction Program
	2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate (30-days)											
	1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy		✓									
	2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation		✓									
	0028/0028e	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	ACO/PCMH, Behavioral Health	✓			✓					✓	Million Hearts
	MIPS ID 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease		✓		✓	✓					✓	Million Hearts
	0505	Hospital 30-day all-cause risk standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization					✓					✓	Hospital Readmission Reduction Program
	0230	Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older					✓					✓	Hospital Value-Based Purchasing
	0536	30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock											

*Those cells with a dash (-) are intentionally left blank

2022 CQMC Core Set and Program Use Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	MIPS	Medicaid (adult or pediatric core set)	Medicare Shared Savings Program	Hospital/ Physician Compare	Medicare Part C Star Rating	Hospital Quality Reporting (Inpt and outpt)	Marketplace QRS	HEDIS	Other Program - listed in notes	Notes
Cardiology (cont.)	0535	30-day all-cause risk standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock											
	2459	In-hospital Risk Adjusted Rate of Bleeding Events for Patients Undergoing PCI											
	2377	Overall Defect Free Care for AMI (Composite Measure)											
	0964	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients†											
	0694	Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator											
	0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories											Removed from MIPS 10/2021
	N/A	Functional Status Assessments for Congestive Heart Failure (MIPS ID 377)		✓			✓						
	N/A	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (MIPS ID 441)		✓									
Neurology	2624	Functional Outcome Assessment		✓			✓						
	MIPS ID 187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy (MIPS ID 187)		✓									
	0005	CAHPS Clinician & Group Surveys (CG-CAHPS)	Pediatrics, ACO/PCMH	✓			✓						
	0097	Medication Reconciliation	ACO/PCMH				✓	✓			✓		
	0419e	Documentation of Current Medications in the Medical Record		✓			✓						
Behavioral Health	0108	Follow-Up Care for Children Prescribed ADHD Medication (ADD)			✓						✓		
	0418/0418e (no longer endorsed)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, Med Onc, OB/GYN, ACO/PCMH	✓	✓	✓	✓				✓		
	1884	Depression Response at Six Months- Progress Towards Remission											
	1885	Depression Response at Twelve Months- Progress Towards Remission	ACO/PCMH										
	0576	Follow-Up After Hospitalization for Mental Illness (FUH)			✓								
	3489	Follow-Up After Emergency Department Visit for Mental Illness											
	1879	Adherence to Antipsychotic Medications for Individuals with Schizophrenia		✓	✓						✓		
	2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics											
	2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	ACO/PCMH	✓			✓						
	N/A	Pharmacotherapy for Opioid Use Disorder (POD)									✓		
	1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)			✓						✓		
	0028/0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	ACO/PCMH, Cardiology	✓			✓					✓	Million Hearts

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