

## Consensus Core Set: Medical Oncology

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [selection principles](#). The core sets focus primarily on ambulatory care measures at the clinician reporting level. This core set contains several measures NQF endorsed at the facility or health plan level as noted below; core set users should ensure adequate measure denominator size based on their patient population. Measure specifications and details are linked in the “NQF Number” column, and additional considerations for use are included in the “Notes” section of the table below.

### Medical Oncology Measures

NQF Number	Measure	Steward	Notes
<i>Breast Cancer</i>			
<a href="#">0559</a>	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†	American College of Surgeons	No longer NQF endorsed.  While this measure is specified for patients under 70 years (in line with National Comprehensive Cancer Network (NCCN) guidelines), combination chemotherapy is appropriate for patients 70 years and older in some cases.
<a href="#">1858</a>	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	American Society of Clinical Oncology	**
<i>Colorectal Cancer</i>			
<a href="#">0223</a>	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†	Commission on Cancer, American College of Surgeons	**
<a href="#">1859</a>	RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	American Society of Clinical Oncology	**

NQF Number	Measure	Steward	Notes
<a href="#">1860</a>	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	American Society of Clinical Oncology	**
<i>Prostate Cancer</i>			
<a href="#">0389</a> / <a href="#">0389e</a>	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Center for Medicare & Medicaid Services	eCQM added*
<i>Hospice / End of Life</i>			
<a href="#">0210</a>	Proportion receiving chemotherapy in the last 14 days of life	American Society of Clinical Oncology	**
<a href="#">0211</a>	Proportion with more than one emergency room visit in the last 30 days of life	American Society of Clinical Oncology	No longer NQF endorsed.
<a href="#">0213</a>	Proportion admitted to the ICU in the last 30 days of life	American Society of Clinical Oncology	**
<a href="#">0215</a>	Proportion not admitted to hospice	American Society of Clinical Oncology	**
<a href="#">0216</a>	Proportion admitted to hospice for less than 3 days	American Society of Clinical Oncology	**
<a href="#">0384</a> / <a href="#">0384e</a>	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology	American Society of Clinical Oncology	eCQM added*
<a href="#">2651</a>	CAHPS® Hospice Survey (experience with care)†	Centers for Medicare & Medicaid Services	**
<i>Admissions / Readmissions</i>			
<a href="#">3188</a>	30-Day Unplanned Readmissions for Cancer Patients†	Seattle Cancer Care Alliance	**
<a href="#">3490</a>	Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy†	Centers for Medicare & Medicaid Services	**
<i>Patient Experience</i>			
<a href="#">N/A</a>	OCM-6 Patient-Reported Experience of Care	Centers for Medicare & Medicaid Services	Use specifications for measure from the Oncology Care Model

NQF Number	Measure	Steward	Notes
<i>Other</i>			
<a href="#">0418 / 0418e</a>	Preventive Care and Screening: Screening for Depression and Follow Up Plan	Centers for Medicare & Medicaid Services	No longer NQF endorsed. eCQM added*

\*Separate benchmarks should be used based on reporting method.

†Measure NQF endorsed at the facility or health plan level.

\*\*Cell intentionally left empty.

## Gap Areas for Future Consideration and Measure Development

### Gap Areas

- Patient reported outcomes and patient experience remain a challenge and priority area for oncology. Areas of particular need include:
  - 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
  - Shared decision-making
- Measures that reflect molecular biology of cancer, interpretation of biomarkers and tumor information, immunotherapy. A measure on molecular testing for metastatic, non-squamous, non-small cell lung cancer is highly recommended for development and implementation.
- Measures related to telemedicine
- 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. Workgroup also expressed interest in linkage between these areas and patient education and care coordination.
  - Choosing Wisely ABIM and 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, such as disease free survival for X number of years or five-year cure rate
- Reporting of cancer stage
- Lung cancer measures
- Social determinants of health 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 (melanoma, colorectal cancer, gynecological cancers)
- Biomarker and appropriate treatment measures in development (cross-cutting and disease specific)

## Additional Challenges

The workgroup acknowledged several challenges with selecting measures for this set:

- Data Challenges – Currently, health plans cannot readily access data for many measures as they require pharmacy benefits or access to patient charts. Data may also not be available due to benefit carve-outs.
- Future Measurement Needs – Data suggests that oncology treatments change rapidly and measurement needs must be continually reassessed based on the changing protocols for treatment.

## Core Set Updates

*Updated note related to 0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan*

This measure is no longer endorsed by NQF, as the developer did not resubmit for maintenance. However, the developer plans to maintain this measure independently.

While minor updates were made to the core set presentation (e.g., gaps, measure links), no measures were added or removed from the core set in 2021.

Additional details about the discussion and measures not selected for inclusion are available at the CQMC website's [CQMC Workgroup Meeting Summaries](#) page.