

## Meeting Summary

### CQMC Pediatrics Workgroup Meeting #2

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The National Quality Forum (NQF) convened a closed session web meeting for the Pediatrics Workgroup on June 28, 2019.

#### Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the phone call is being recorded for the purpose of accurately capturing the discussion for meeting minutes. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review the CQMC decision making process
- Discuss current measures in the core set
- Evaluate new measures for addition to the core set

#### Decision-making process

##### Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. In the event that reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

#### Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
  - a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).

- a. The source of the evidence used to form the basis of the measure is clearly defined.
  - b. There is high quality, quantity, and consistency of evidence.
  - c. Measure specifications are clearly defined.
- 4. Represent a meaningful balance between measurement burden and innovation.
  - a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
  - b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
  - c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

#### **Principles for the CQMC core measure sets**

- 1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- 2. Provide meaningful and usable information to all stakeholders.
- 3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- 4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
- 5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
- 6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

#### **Discussion on Current Measures in Core Set**

NQF staff provided a brief overview of current pediatric measure core sets, highlighting which measures had lost NQF endorsement. NQF staff also mentioned that NQF endorsement is not a requirement for inclusion into the core set.

Proposed Pediatric Core Measures Set				
NQF #	Measure Title	Measure Steward	Applicable to ACO/PCMH	Description and Comments
<i>Prevention and Wellness</i>				
0038	Childhood Immunization Status (CIS)	NCQA	Applicable to ACOs only	<p><b>Consensus to include in Core Set using Combination 4</b></p> <p><b>Description of Combination 4:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA) by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p> <p><i>Note 1:</i> Included in Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.</p> <p><i>Note 2:</i> Currently used in Medicaid meaningful use program.</p> <p><i>Note 3:</i> Need for measure steward to consider future exclusions for the flu vaccine shortages which are outside a provider's control.</p>
N/A	Immunizations for Adolescents (IMA)	NCQA	Applicable only to ACOs	<p><b>Consensus to include in Core Set</b></p> <p><b>Description:</b> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.</p> <p><i>Note 1:</i> Included in Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.</p> <p><i>Note 2:</i> Updated 2017 IMA measure now includes HPV Vaccine.</p> <p><i>Note 3:</i> 100% compliance with measure may not be achievable due to lack of exclusions for patient refusals for HPV vaccine.</p>

Proposed Pediatric Core Measures Set				
NQF #	Measure Title	Measure Steward	Applicable to ACO/PCMH	Description and Comments
1448	Developmental Screening in the First Three Years of Life	Oregon Health & Science University	Applicable only to ACOs	<p><b>Consensus to include in Core Set using hybrid specifications if the measure developer conducts testing at the physician/physician group level.</b></p> <p><b>Description:</b> The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.</p> <p><i>Note 1:</i> Included in Core Set of Children's Health Care Quality Measures for Medicaid.</p> <p><i>Note 2:</i> 28 states are reporting measure using both reporting methodologies. Provider reporting of measure when using hybrid specifications are low. CMS will continue to work with states on reporting this measure.</p>
0033	Chlamydia Screening for Women	NCQA	Applicable only to ACOs	<p><b>Consensus to include in core set.</b></p> <p><b>Description:</b> The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <p><i>Note 1:</i> Included in Core Set of Children's Health Care Quality Measures for Medicaid.</p> <p><i>Note 2:</i> Currently used in Medicaid meaningful use program.</p>

Proposed Pediatric Core Measures Set				
NQF #	Measure Title	Measure Steward	Applicable to ACO/PCMH	Description and Comments
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	NCQA	Applicable to ACOs and PCMHs	<p><b>Consensus to include in core set.</b></p> <p><b>Description:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>- Body mass index (BMI) percentile documentation*</li> <li>- Counseling for nutrition</li> <li>- Counseling for physical activity</li> </ul> <p>*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p> <p><b>Note 1:</b> Included in Core Set of Children's Health Care Quality Measures for Medicaid.</p> <p><b>Note 2:</b> Currently used in Medicaid meaningful use program.</p>
1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NCQA	Applicable to ACOs and PCMHs	<p><b>Consensus to include in core set</b></p> <p><b>Description:</b> Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.</p> <p><b>Note 1:</b> Included in Core Set of Children's Health Care Quality Measures for Medicaid.</p>

Proposed Pediatric Core Measures Set				
NQF #	Measure Title	Measure Steward	Applicable to ACO/PCMH	Description and Comments
<i>Asthma</i>				
1799	Medication Management for People With Asthma (MMA)	NCQA	Applicable to both ACO and PCMH	<p><b>Consensus to include in core set.</b></p> <p><b>Description:</b> The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.</li> <li>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.</li> </ol> <p><b>Note 1:</b> Included in Core Set of Children's Health Care Quality Measures for Medicaid.</p> <p><b>Note 2:</b> This measure is included in the ACO/PCMH / primary care core set.</p> <p><b>Note32:</b> Report only on age stratifications relevant to pediatric populations</p>
<i>Overuse</i>				
0002	Appropriate Testing for Children With Pharyngitis (CWP)	NCQA	Applicable to ACOs and PCMHs	<p><b>Consensus to include in core set</b></p> <p><b>Description:</b> The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).</p>

Proposed Pediatric Core Measures Set				
NQF #	Measure Title	Measure Steward	Applicable to ACO/PCMH	Description and Comments
0069	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	NCQA	Applicable to ACOs and PCMHs	<p><b>Consensus to include in core set.</b></p> <p><b>Description:</b> Percentage of children 3 months to 18 years of age with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic medication.</p> <p><b>Note 1:</b> Currently used in Medicaid meaningful use program.</p>

A Workgroup member noted the pharyngitis measure (#0002) specifications had changed in the last HEDIS update with the age range expanding from 2-18 years to include persons of all ages. A Workgroup member reported high use of the pharyngitis measure with in their network, but that an inability to capture data and improve care had also been noted by the pediatricians. NQF staff noted the importance of strong scientific evidence and adherence to specifications as stipulated in documentation that is submitted during the endorsement process. The importance of selecting developmentally appropriate measures that capture pediatric outcomes was suggested as a key consideration when evaluating measure. Workgroup members noted the importance of age-specific measures, for pharyngitis for example, instead of general measures that can be applied to this population.

Workgroup members also discussed obesity and the relevance of this measurement topic for the pediatrics population. Workgroup members requested a more meaningful metric that include BMI, a plan of care, and improvements in weight. Workgroup members also discussed the importance of meaningful measures that address substance use disorders for teens and young adults, especially those in the Medicaid population.

Workgroup members discussed the need for development of measures that capture those ages 15-21 years (e.g., adapting adult-focused survey instruments for pediatric alcohol use). Workgroup members further discussed the importance of measures and tools that use EHR and billing data. A Workgroup member suggested lowering the age specifications of #0034 to include persons 15 years and older. Workgroup members discussed #0004 and explained that currently the American Academy of Pediatrics (AAP) recommends screening for alcohol use annually for those ages 11 years and older. Another Workgroup member highlighted the importance of annual depression screening.

### **Measures Previously Considered but Not Included**

NQF introduced measures considered by the previous CQMC Pediatrics Workgroup. Commonly measures were not selected due to attribution and sample size concerns. The current Workgroup members requested measure #0418 be reconsidered. Workgroup members also discussed the timeliness of discussing #1365 (suicide risk assessment) for inclusion in the pediatrics core set. Workgroup members also wanted to review available dental care measures. Workgroup members identified pediatricians, family medicine practitioners, and emergency room care providers as a few stakeholders (outside of dentists) that play a role in dental care for children.

### **Prevention and Wellness**

1407: Immunizations for Adolescents (IMA)

- *Used in Medicaid/CHIP Child Core Set; MIPS*

0041: Influenza Immunization

- *Used in MIPS*

1959: Human Papillomavirus Vaccine for Female Adolescents (HPV)

- *Preferred 1385 over this measure; appropriate benchmark needed given challenges of HPV vaccination rates*

0418: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan

- *Concern about reporting mechanisms, consider for 2.0*
- *Used in Medicaid/CHIP Child Core Set; MIPS*

1385: Developmental screening using a parent completed screening tool (Parent report, Children 0-5)

- *Endorsement removed, concern that guidelines based on expert opinion, various tools are used, and small sample for testing*

N/A: Adolescent Well-Care Visit

- *Used in Medicaid/CHIP Child Core Set*

### **Behavioral Health**

2337: Antipsychotic Use in Children Under 5 Years Old

0576: Follow-Up After Hospitalization for Mental Illness (FUH)

- *Numbers too small at the individual provider level; interested in data for the pediatric age bracket*
- *Used in Medicaid/CHIP Child Core Set; MIPS*

N/A: Use of Multiple Concurrent Antipsychotics in Children and Adolescents

- *Sample size too small*
- *Used in Medicaid/CHIP Child Core Set*

0108: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- *Used in Medicaid/CHIP Child Core Set in MIPS*

1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

- *Used in MIPS.*

1364: Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation

### **Asthma**

0047: Asthma: Pharmacologic Therapy for Persistent Asthma

1800: Asthma Medication Ratio

- *Workgroup wanted to consider when testing available*
- *In Medicaid/CHIP Child Core Set*

### **Dental Care**

2508: Prevention: Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk

- *In Medicaid/CHIP Child Core Set.*

1335: Children Who Have Dental Decay or Cavities.

### **Access to Care**

N/A: Child and Adolescents' Access to Primary Care Practitioners

- *In Medicaid/CHIP Child Core Set*

### **Patient Safety**

0139: National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure

- *In Medicaid/CHIP Child Core Set; facility level*

### **Maternal Child Care**

1382: Percentage of low birth weight births

- *Facility level of analysis*
- *In Medicaid/CHIP Child Core Set*

1391: Frequency of Ongoing Prenatal Care (FPC)

- *Better fit OB/GYN set*

1517: Prenatal & Postpartum Care (PPC)

- *In Medicaid/CHIP Child Core Set*

### **Care Coordination**

0719: Children Who Receive Effective Care Coordination of Healthcare Services When Needed

- *Intended for QI purposes, concern w/ use of survey*

1330: Children with a Usual Source for Care When Sick

- *Intended for QI purposes, concern w/ use of survey*

## Measure Gap Areas

NQF staff noted gap areas identified by the Workgroup are used to help identify measures for potential inclusion.

- Improved behavioral health measures for pediatric populations – top priority
- Substance use screening
- Depression screening
- Patient reported outcomes
- Patient experience measures, including patient and family engagement
- Net promoter scores
- Pediatric CG CAHPS
- #0418 - Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan. Important measure concept but concerns about reporting mechanisms. CMS/HHS push to include depression measures in programs. Consider for version 2.0.
- Adolescent well-care visit measure that includes virtual visits
- #1800 Asthma Medication Ratio (AMR) measure. Consider for inclusion once additional implementation and testing is conducted
- Need a better measure of access that can replace #1516 in future.
- Need better measure to replace #0002
- Social determinants of health and access measures
- Care coordination

## Evaluation of new measures

NQF staff shared findings from the environmental scan of pediatrics measures, which included NQF-endorsed measures and measures in MIPS and other federal programs.

### Prevention and Wellness

#### *1360: Audiological Evaluation no later than 3 months of age*

Regarding a measure that tracks the pediatrics who have been identified as having audiological challenges, a co-chair asked how states coordinate to ensure that the children receive adequate care access and who should be accountable.

NQF staff advised that they would provide more information about how the measure is tracked to indicate quality improvement. The Workgroup member gave an example of an infant who fails an audiology test at the hospital who is then referred to an audiologist for further testing and asked who would be responsible for the continued follow-up and moving information forward. A Workgroup member agreed that parents or guardians might not know where to go to get the tests done. The Workgroup co-chair summarized the discussion by noting fragmentation between public health, ambulatory-based care, and hospital-based care, which makes tracking quality difficult. The Workgroup elected to keep this measure for further consideration.

#### *2803: Tobacco Use and Help with Quitting Among Adolescents*

To promote alignment and parsimony, Workgroup members inquired if tobacco use is included in #0004. Workgroup members verbalized preference for a measure that includes assessment of multiple substances, as it will alleviate measurement burden. The Workgroup elected to keep this measure for further consideration, but stated they prefer a more comprehensive measure which evaluates multiple substances including tobacco. NQF staff noted that tobacco use is not included in measure #0004 but will look into options for a more comprehensive substance misuse measure.

*Future Consideration – 2721e: Screening for Reduced Visual Acuity and Referral in Children (currently NQF endorsed for e-measure Trial Use)*



NQF staff noted that 2721e is currently endorsed for e-measure Trial Use but wanted to bring it forward for future consideration.

## **Asthma**

### *1800: Asthma Medication Ratio*

NQF shared the specifications of the measure and noted that it was in the Medicare child core set. NQF staff highlighted #1799 Medication Management for People with Asthma (MMA) as the current asthma measure in the core set. The Workgroup co-chair inquired if asthma is an area that needs multiple measures. The Workgroup co-chair inquired from the Workgroup members if there were any other asthma measures being used in the field. Workgroup members discussed the importance of asthma measures, as disease mismanagement drives emergency room utilization. A Workgroup member mentioned that the Children's Health Watch is working on measures that examine food insecurity and housing instability that are being tested as screening in clinical settings. Members discussed social determinants of health, which significantly impact children's health outcomes, as a potential measure topic area for future consideration.

*N/A: Medication Management for People with Asthma (MIPS ID 444)*

*N/A: Optimal Asthma Control (MIPS ID 398)*

NQF provided specification highlight of MIPS ID 444 and 398, stating they are not NQF endorsed but uses in MIPS. The Workgroup did not discuss measures MIPS ID 444 and 398 but requested NQF staff to bring forth the current core set asthma measures and those from the environmental scan to evaluate all asthma measures together.

## **Overuse/Appropriate Use**

### *0653: Acute Otitis Externa (AOE): Topical Therapy*

NQF staff shared that the measure is currently in use in MIPS. A Workgroup member shared that the measure was used previously in their earlier program but had high performance reporting and was eventually dropped. Workgroup members agreed that inclusion of the measure would not bring much value to the core set and decided to remove it from consideration for potential inclusion into the core set.

### *0654: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use*

NQF staff shared that the measure is currently in use in MIPS. Similar to measure 0653, the Workgroup agreed that measure 0654 was already a high-performing measure and, if not, would soon become one. The Workgroup agreed to remove it from further consideration of addition into the core set.

### *0657: Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use*

NQF staff shared that the measure is currently in use in MIPS. A Workgroup member shared that the measure is of more value considering the overuse of antibiotics with otitis media. Workgroup members agreed that this is an area that requires monitoring and the measure considered for potential inclusion.

### *2811e: Acute Otitis Media - Appropriate First-Line Antibiotics*

Workgroup members requested the measure continued to be considered for potential inclusion. The Workgroup wanted to compare this measure 0657 and 2811e side by side during the next Workgroup meeting.

## **Behavioral Health and Substance Use**

### *0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*

NQF staff shared that the measure is specific at the health plan level but is utilized in the Medicaid Core Set and MIPS. The Workgroup discussed the discrepancy and how use outside of the level of



analysis the developers intended and originally tested can lead to inappropriate reporting. Additionally, the Workgroup members discussed the gaps in engaging the pediatric population at the clinician level (e.g., once screening is conducted and treatment is recommended, availability of treatment is a concern). A Workgroup member highlighted the lack of clinician control over when treatment is started once a referral is made, stating the measure is more globally-focused rather than for individual clinicians. A Workgroup member shared that the measure could have regional differences as some areas have more access to care than others. A Workgroup member inquired if this measure included telehealth services. NQF staff confirmed telehealth services are included. The Workgroup agreed to keep the measure for further consideration and potential addition into the core set.

*0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan*

NQF staff shared that the measure is in the Medicaid core set and that it replaced measure 1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment. Measure 0418/0418e has been tested at the clinician and clinician group level and used in MIPS. A Workgroup member noted that the screening and treatment of children with depression is important but different than screening and treatment of children who are at risk of suicide. Workgroup members concurred that the two measures were distinct from each other and not a proxy for the other. A Workgroup discussed the importance of a suicide-focused measure due to the increase in suicide incidents among children. The Workgroup decided to include the measure for further consideration and potential inclusion to the core set.

*1885: Depression Response at Twelve Months- Progress Towards Remission*

NQF shared with the Workgroup that the measure was tested at the facility and physician-group level and was recommended by NQF's MAP for potential inclusion in the Medicaid Core Set the future. The Workgroup agreed that this measure is complimentary to screening for depression, but significant improvements in the screening tools and follow up may need to be made first. The Workgroup decided that the measure be included on the list for potential consideration in the future. NQF staff inquired if the Workgroup would be interested reviewing measure 0712: Depression Utilization of the PHQ-9 Tool. The Workgroup expressed interest in reviewing #0712 and any other validated depression screening tool measures that can be found.

*2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics*

NQF staff shared that this was another measure that NQF's MAP recommended for future inclusion in the Medicaid and CHIP Child Core Set. A Workgroup member shared that the measure may have similar access issues like those related to treatment for alcohol. NQF staff added that the measure is tested at the integrated delivery system and health plan levels of analysis and not specific to clinicians. The Workgroup recommended reviewing measure 2800 and 2801 together during the next Workgroup meeting.

*2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*

Workgroup members recommend that the measure be reviewed and discussed together with measure 2800 during the next meeting. The Workgroup would like to assess all behavioral health and substance use measures together before making decisions on inclusion.

## **Women's Health**

*2903: Contraceptive Care – Most & Moderately Effective Methods*

*2904: Contraceptive Care - Access to LARC*

NQF staff provided high-level specifications on the two measures, which included testing of both measures at the health plan, population health, and facility levels of analysis but not at the individual or group clinician level. A Workgroup member shared a measurement gap in adolescent female health care related to chlamydia testing and treatment and highlighted confidentiality challenges for

females between ages 15-17 as opposed to those that are 18-21 years of age (except when they are on their parents' health insurance). The Workgroup member shared the need for more measures that address reproductive health for adolescents. Another Workgroup member agreed with the idea, adding that it may be hard to know who is at risk for unintended pregnancy and to document the offered contraceptive methods. The Workgroup members requested more time to consider the measures for potential inclusion and will discuss again during the next Workgroup meeting.

## **Other**

### *0005: CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child*

A Workgroup member asked about survey administration and NQF advised there are different CAHPS surveys, but this one holds clinicians accountable. The Workgroup member raised concern about patient burden and asked about the survey completion rate and responses received. Another Workgroup member concurred that factors such as response rate and health literacy have an impact. The Workgroup requested data on performance rates, completion rates, and trends. NQF staff advised that sample size calculations were included in the measure summary and that they would bring forward any additional information during the next Workgroup meeting.

### *2393: Pediatric All-Condition Readmission Measure*

NQF staff shared that this was another measure that NQF's MAP recommended for future inclusion in the Medicare and CHIP Child Core Set. The Workgroup agreed that the measure is complex and should be discussed again on the next call. A member mentioned the importance of measuring total cost of care and outcomes for the pediatric population. At least one member expressed support for the measure.

## **Next Steps**

NQF staff shared that the focus of the upcoming Workgroup meeting would be to continue discussing measures for addition and then vote. The Workgroup will also discuss if any measures should be removed from the core set. NQF staff requested members who have not submitted DOI forms to send the completed DOIs to the CQMC email [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org).