



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

<http://www.qualityforum.org>

# Measure Developer Webinar

NQF Measure Maintenance Team

*April 19, 2021*

*Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.*

# Welcome

## Measure Maintenance Team

- Kathryn Goodwin, MS, NQF Director
- Hannah Bui, MPH, NQF Manager
- Bejier Edwards, PMP, NQF Project Manager
- Caitlin Flouton, MS, NQF Senior Analyst
- Sifon Inyang, MPH, NQF Coordinator

## Agenda

- Core Quality Measure Collaborative (CQMC) Updates
  - ▣ Review of CQMC core sets and current status
  - ▣ New and upcoming workgroups
  - ▣ Gaps identified by workgroups for future exploration
- Announce Dates for Upcoming Webinars
- Review Measure Developer Resources



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

<http://www.qualityforum.org>

# Core Quality Measures Collaborative (CQMC)

The NQF CQMC Team

*Funded by CQMC membership with additional funding from AHIP and CMS*



## CQMC Team

- Nicolette Mehas, PharmD, Senior Director
- Amy Moyer, MS, PMP, Director
- Teresa Brown, MHA, MA, Senior Manager
- Yvonne Kalumo-Banda, MS, Manager
- Amy Guo, MS, Senior Analyst

# CQMC Background

## CQMC Background

- Broad-based coalition of healthcare leaders working to facilitate cross-payer measure alignment through the development of core sets of measures to assess the quality of healthcare in the United States.
- Founded in 2015, the CQMC is a public-private partnership between America's Health Insurance Plans (AHIP) and the Centers for Medicare & Medicaid Services (CMS) housed at the National Quality Forum (NQF).
- Membership-driven and funded effort, with additional funding provided by the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).
- Diverse membership:
  - Health insurance providers
  - Medical associations
  - Consumer groups
  - Purchasers and employer groups
  - Regional quality collaboratives





## CQMC Aims

- Identify high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and payment.
- Align measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.
- Achieved by creating **core measure sets**: parsimonious groups of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alternative payment models  
*(Note: CQMC core sets primarily focus on outpatient, clinician-level measurement)*

## Current Core Measure Sets

- Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and Primary Care
- Behavioral Health
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Neurology
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics

## Core Set Development/Maintenance Approach

- Convene a workgroup
  - ▣ Identify existing measures and inputs for environmental scan
  - ▣ Perform environmental scan and gather measure information
  - ▣ Discuss measures and reach consensus on whether to include in electronic voting
  - ▣ Vote on whether to add measures to core set (*60% overall and at least one affirmative vote from each voting category*)
  - ▣ Identify remaining gaps and strategies to fill the gaps
  - ▣ Discuss how to present and disseminate the core set
- Core sets are presented to the Steering Committee and the Full Collaborative for final approval

## Measure selection principles for the CQMC core sets

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

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

- Advance health and healthcare improvement goals and align with stakeholder priorities.
  - ▣ Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
- Are unlikely to promote unintended adverse consequences.
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
  - ▣ The source of the evidence used to form the basis of the measure is clearly defined.
  - ▣ There is high quality, quantity, and consistency of evidence.
  - ▣ Measure specifications are clearly defined.
- Represent a meaningful balance between measurement burden and innovation.
  - ▣ Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
  - ▣ Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
  - ▣ Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

# CQMC Updates

## Current Activities

- NQF is working with AHIP and CMS to:
  - ▣ Convene the CQMC to maintain the core sets,
  - ▣ Identify [priority areas](#) for new core sets – this year's focus is cross-cutting measures
  - ▣ Prioritize [measure gaps](#)
  - ▣ Provide [guidance on dissemination and adoption](#), including recommendations for greater uptake of digital measures
  - ▣ Address Measure Model Alignment
- CQMC has publicly released ten consensus-based core sets to date.



## Ad-hoc Core Set Maintenance 2020-2021

- Ad-hoc maintenance this year
  - ▣ No comprehensive environmental scan
  - ▣ However, NQF will flag potential revisions based on any major changes:
    - » Changes to endorsement status
    - » Changes to evidence
    - » High performance (no performance gap)
    - » Newly available measures that address a priority gap area
  - ▣ The Workgroup will also consider revisions based on specific recommendations from Workgroup members
- As part of the ad-hoc maintenance process, CQMC team would like to review newly available measures that address gaps or high-impact areas not already covered in the core sets





## Implementation Workgroup

- Workgroup will re-convene this year to make targeted updates to the [Implementation Guide](#)
- Primary audience is health plans seeking to implement or evolve value-based payment programs. Content relevant to broad audience.
- The Implementation Guide identified key elements of success for value-based payment programs:
  - ▣ Leadership and Planning
  - ▣ Stakeholder Engagement and Partnership
  - ▣ Measure Alignment
  - ▣ Data and Quality Improvement Support
- Technical considerations include:
  - ▣ Benchmarking/Performance Targets
  - ▣ Patient Attribution
  - ▣ Addressing Small Numbers and Measure Reliability



## New and Upcoming Workgroups

- Cross-Cutting Workgroup
  - ▣ Will develop a core set of cross-cutting measures
  - ▣ Potential topics:
    - » Patient safety
    - » Diagnostic accuracy
    - » Patient-reported measures
    - » Access to care
    - » Care coordination
    - » Social Determinants of Health (SDOH)
  - ▣ This Workgroup will also identify specific gaps, barriers and solutions to implementation of the cross-cutting set



## New and Upcoming Workgroups (cont.)

- Digital Measurement Workgroup
  - ▣ Workgroup will provide recommendations for voluntary adoption for model(s) that facilitate greater uptake of digital measures (e.g., eQCMs, registry measures), including electronic data capture and transmission for the CQMC core sets
- Measure Model Alignment Workgroup
  - ▣ Workgroup will focus on developing recommendations that address governance, structural, and operational models for payer and purchaser alignment around the collection, transmission, standardization, aggregation, and dissemination of data to support scaled core set adoption and implementation

## CQMC Future Core Set Priorities

- Promote and encourage the following measure types:
  - ▣ Outcome measures
  - ▣ Patient-reported outcome performance measures (PRO-PMs)
  - ▣ Cross-cutting measures
  - ▣ Measures that address disparities or social determinants of health (SDOH)
  - ▣ Electronic clinical quality measures (eCQMs)
  - ▣ Clinician-level measures

# CQMC Core Set Gaps



## Overview of Gaps

- Workgroups provided insight on measurement gap areas in each topic area where measures do not exist or are insufficient
- Some common gaps cited across core sets, aligned with future core set goals:
  - ▣ PRO-PMs: 5 workgroups identified as gap
  - ▣ Social determinants of health: 5 workgroups identified as gap
    - » In addition to including measures assessing disparities and access to care, Workgroups also suggested supplementing core sets with population-based outcome measures and stratifying existing measures to capture disparities.
  - ▣ Outcome measures: all workgroups identified as gap
- Additional gaps listed in the following slides



## Discussion Questions

- As we review the additional gaps identified by the Workgroups, consider the following:
  - ▣ Do you agree with these gap areas?
  - ▣ Are you working on measures in these areas that may be suitable for future consideration?
  - ▣ How can the CQMC best engage with developers?
  - ▣ Are there additional measurement gaps within these core set topic areas?



## ACO/PCMH/Primary Care

- Unnecessary services and waste/overuse
- Comprehensive primary care
- Misdiagnosis/delayed diagnoses
- Continuity of care
- Integration across settings/specialties and populations
- Behavioral health and substance use



## ACO/PCMH/Primary Care (cont.)

- Additional Gap Areas
  - ▣ Appropriate pain management
  - ▣ Advanced illness, hospice care, and palliative care
  - ▣ Health related quality of life
  - ▣ Composite measures
  - ▣ Goals of care and patient education
  - ▣ Contraceptive care measures tested at the clinician level
  - ▣ Medication adherence
  - ▣ Shared decision-making



## Behavioral Health

- Coordinated care, including bi-directional integrated behavioral healthcare and general healthcare, primary care
- Patient-reported measures, 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 6 months, but count remission if it is achieved earlier than 12 months



## Cardiology

- Pediatric surgery measures
- Long-term cardiovascular care
- Patient transitions between facilities, specifically cardiac rehabilitation
- Functional status measures



## Gastroenterology

- Non-alcoholic fatty liver disease
- Quality of colonoscopy, including measures for post-colonoscopy complications
- Adverse events related to colonoscopy screening (e.g., ER or hospital visit after a procedure, perforation, hemorrhage)
- Patient safety, including complications after procedures
- Pancreatitis
- Medication management and adherence, especially for patients with inflammatory bowel disease (IBD) and patients on immunosuppressive medications
- Measures that consider the patient continuum of care and vulnerable points of information exchange
- Gastroesophageal reflux disease (GERD) and cirrhosis measures
- Resource utilization during acute episodes of care



## HIV/Hepatitis C

- HIV
  - ▣ Pre-exposure prophylaxis (PrEP) use in high-risk individuals
  - ▣ HIV screening for patients with STIs
  - ▣ HIV screening related to obstetrics
  - ▣ Starting treatment and achieving suppression early
  - ▣ Measure that reflect HIV as a long-term, chronic condition with comorbidities
  - ▣ Follow up for patients diagnosed with HIV and with low viral load
  - ▣ Consider PQA's Adherence to Antiretrovirals (PDC-ARV) measure in the future if tested at the clinician level



## HIV/Hepatitis C (cont.)

- Hepatitis C
  - ▣ Sustained Virological Response (SVR) measure
  - ▣ Testing of viral load 12 weeks post-end of treatment (complimentary to SVR measure)
  - ▣ Measures that reflect increased ability to treat Hepatitis C

## Medical Oncology

- 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
- Measures that reflect molecular biology of cancer, interpretation of biomarkers and tumor information, immunotherapy
- Measures related to telemedicine
- Robust measure(s) for shared decision-making

## Medical Oncology (cont.)

- 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, specifically:
  - ▣ Disease free survival for X number of years
  - ▣ Five-year cure rate
- Reporting of cancer stage
- Lung cancer measures
- Financial burden





## Neurology

- Outcome measures
- Opioid use and misuse measures
- Quality of life assessments
- Pediatric medication reconciliation
- Transitions of care
- Pain assessment measures



## OB/GYN

- Maternal Health Measures
  - ▣ Maternal morbidity and mortality
  - ▣ Time of decision for c-section and surgery start time (i.e., measurement of “decision to incision” start times)
  - ▣ Vaccinations for pregnant women
  - ▣ Behavioral health and substance use measures, including opioid use disorder screening, tobacco, smoking, and vaping measures for pregnant and/or post-partum women
  - ▣ Comprehensive post-partum visits and post-partum 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 Apgar scores of less than 7 at 5 minutes after birth)



## Orthopedics

- Measures for orthopedic procedures performed outside of the hospital setting (e.g., ambulatory surgical center)
- Measures across the full spectrum of spine and back care, including surgery measures, non-operative care, and functional assessment and outcome measures
- Joint procedure measures
- Pre-operative and post-operative care measures
- Measures that assess patient outcomes rather than if assessments are performed
- Measures related to pain and opioids

## Pediatrics

- Behavioral health measures for pediatric populations is a workgroup priority, including general suicide risk assessment and referrals/follow-up
- Patient-reported outcomes: 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
- 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)



## Discussion Questions

- Considering those gaps previously reviewed, are there any additional thoughts related to the following:
  - ▣ Do you agree with these gap areas?
  - ▣ Are you working on measures in these areas that may be suitable for future consideration?
  - ▣ How can the CQMC best engage with developers?
  - ▣ Are there additional measurement gaps within these core set topic areas?

## Next Steps

- Additional detail on gaps available in [Analysis of Measurement Gap Areas and Measure Alignment report](#)
- Send newly available measures that address these gap areas to the CQMC team for consideration at [CQMC@qualityforum.org](mailto:CQMC@qualityforum.org)
  - ▣ Measures must fulfill previously described Measure Selection Principles
  - ▣ Measures must be fully developed and tested for reliability/validity

# Upcoming Measure Developer Webinars



## Virtual Measure Developer Workshop

- Monday, June 7 from 11:00 am – 3:00 pm ET
  - ▣ Topics to be announced soon





## Upcoming Measure Developer Webinars

- Monday, May 17 from 1:00 – 2:00 pm ET
  - ▣ Agenda to include introduction to NQF's new measure submission and management platform: Measure Information Management System (MIMS)
- Thursday, June 17 from 1:00 – 2:00 pm ET
  - ▣ Agenda to include continued introduction to MIMS; updates to Measure Evaluation Criteria Guidance and Developer Guidebook
- Thursday, August 19 from 1:00 – 2:00 pm ET
  - ▣ Topic TBD
- Thursday, October 21 from 1:00 – 2:00 pm ET
  - ▣ Topic TBD

# Measure Developer Resources



## Submitting Standards Web Page

- Measure Evaluation Criteria and Guidance Document
  - ▣ Includes evaluation algorithms for evidence, reliability, and validity
    - » Lays out the logic that committees will use for rating Evidence, Reliability, and Validity subcriteria
- Measure Developer Guidebook
  - ▣ Explains the NQF process and expectations for developers
- What Good Looks Like: examples of good submissions
- Blank copies of submission forms



## Tips for Measure Developers

- General reminders:
  - ▣ Refer to the NQF Submitting Standards web page
  - ▣ Attend the bi-monthly measure developer webinars to ensure you are up to date with NQF timelines and process changes
  - ▣ Contact [measuremaintenance@qualityforum.org](mailto:measuremaintenance@qualityforum.org) for general inquiries or questions related to the Consensus Development Process (CDP), measure evaluation criteria, or technical assistance
  - ▣ Check your Dashboard regularly and verify the correct measure developer/steward contacts are listed. If this changes, please notify NQF immediately via the appropriate project mailbox. NQF uses the contacts listed in the Dashboard to send updates and reminders about deadlines related to your measure.
- Measure Submission:
  - ▣ Seek technical assistance from NQF staff early and often. Measure submission deadlines are firm and extensions will not be granted. If you would like NQF staff to provide input on your draft submission, please contact the appropriate NQF project team and request technical assistance well in advance of the deadline

**THANK YOU.**

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>