CQMC Core Quality Measures Collaborative

Meeting Summary

Core Quality Measures Collaborative Full Collaborative Meeting – May 6, 2025

Battelle convened the Core Quality Measures Collaborative (CQMC) Full Collaborative on Tuesday, May 6, 2025, to review and discuss updates from the Medical Oncology Workgroup and Obstetrics and Gynecology Workgroup.

Welcome and Opening Remarks

Kate Buchanan, Battelle CQMC Lead, welcomed participants to the Full Collaborative meeting. Ms. Buchanan reviewed the anti-trust compliance statement and noted that CQMC is a membership-driven and -funded effort, with additional support from Centers for Medicare & Medicaid Services (CMS) and AHIP. Ms. Buchanan then gave an overview of the meeting agenda.

Review of Core Set Maintenance Process and Voting Process

Ms. Buchanan provided an overview of the CQMC processes for core set maintenance and voting, outlining the measure-selection principles and annual core set maintenance process. Measures proposed for addition or removal are based on the CQMC measure-selection principles. The workgroups meet, discuss proposed changes, and, if they decide to move forward, vote on the proposed changes. The CQMC Steering Committee reviews the vote and approves convening the Full Collaborative to discuss and finalize changes. The Full Collaborative meets to review the workgroup voting results; following the meeting, the Full Collaborative has 4 to 5 weeks to submit votes on the measures discussed. As with the workgroups, the Full Collaborative follows a supermajority voting threshold; to reach that threshold and for a measure to be added or removed, at least 60% of participants must cast an affirmative vote *and* at least one representative from the provider category and at least one representative from payer category must cast an affirmative vote. Ms. Buchanan mentioned that the SDOH measures (CMIT #1662 Driver of Health Screen Positive Rate, CMIT #1664 Driver of Health Screening Rate, and Social Need Screening and Intervention [SNS-E]) have been removed from the discussion for now, as workgroups came to different conclusions about whether to include these measures. The CQMC Steering Committee will have a strategic discussion about how to handle these measures and will continue the discussion with the Full Collaborative at a later date.

Obstetrics and Gynecology Workgroup Update

Ms. Buchanan provided an overview of the Obstetrics and Gynecology meeting in November 2024 during which the workgroup engaged in a full maintenance review of the core set. The workgroup voted to add four measures, not to add six measures, remove three measures, and retain one measure in the core set.

- Added to the core set:
    - CMIT #1002 Contraceptive Care - All Women
    - CBE #3699e Self-Identified Need for Contraception (SINC)-Based Contraceptive

    - Care, Non-Postpartum
    - CBE #3682e SINC-Based Contraceptive Care, Postpartum
    - National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Prenatal Depression Screening and Follow-Up (PND-E)
- Considered but did not add to the core set:
    - CBE #3716 Cardiovascular Disease (CVD) Risk Assessment Measure – Proportion of pregnant/postpartum patients that receive CVD Risk Assessment with a standardized instrument
    - CBE #3687e ePC-07 Severe Obstetric Complications
    - CMIT #419 Maternity Care: Elective Delivery Without Medical Indication at < 39 Weeks (Overuse)
    - CMIT #581 Prenatal and Postpartum Care: Postpartum Care (PPC)
    - CMIT #582 Prenatal and Postpartum Care: Timeliness of Prenatal Care
    - CBE #2063 Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
- Removed from the core set:
    - CBE #0418 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan
    - CBE #3475e Appropriate Use of Dual-Energy X-ray Absorptiometry (DXA) Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
    - CBE #0470 Incidence of Episiotomy
- Retained in the core set:
    - NCQA HEDIS Non-Recommended Cervical Cancer Screening in Adolescent Females
        - Between the workgroup vote and this meeting, NCQA decided to remove this measure from its portfolio.

The Obstetrics and Gynecology Workgroup includes 15 voting members, and Battelle received 10 total votes. Ms. Buchanan provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

Measures Added to the Core Set

The workgroup discussed three contraceptive care measures together. **CMIT #1002** is currently used in the Medicaid Child and Adult Core Sets. The workgroup noted that **CBE #3699e** and **CBE #3682e** provide a continuum of care and thought both were important to capture.

NCQA's HEDIS measure, Prenatal Depression Screening and Follow-up, adds to the continuum of care in measuring depression during pregnancy, not only during the postpartum period. The workgroup did have some concerns about measure implementation, notably that there may be discrepancies between depression screening and follow-up being completed during prenatal visits and what is entered into claims.

Ms. Buchanan introduced the Obstetrics and Gynecology co-chairs, Sam Bauer, MD, MBA,

FACHE, CPE, FACOG and Dean Dagermangy, MD, FACOG. Dr. Bauer highlighted the importance of contraceptive measures, noting they align with many provider and payer organizational goals. A Full Collaborative member noted the large number of abstentions in this workgroup. When Battelle asked workgroup members why they abstained, members said they did not consider the measure to be within their purview or did not want to vote on the measure without consensus from their interested parties.

Measures Not Added to the Core Set

The CMS consensus-based entity (CBE) did not endorse **CBE #3716**, but several CMS value-based payment programs use the measure. The workgroup noted important exclusions for this measure, including patients who have a visit for a non-pregnancy issue but happen to be pregnant as well as patients who are seeking pregnancy termination.

The CMS CBE approved **CBE #3687e** for trial use, and CMS value-based payment programs use this measure. The workgroup asked about thresholds for blood transfusions. The measure steward noted that there is no threshold, but the measure has two numerators: one where blood transfusions are included and one where transfusion-only cases are excluded.

While discussing **CMIT #419,** a workgroup member noted that elective delivery is already captured in CBE #0469/0469e PC-01 Elective Delivery measure, which is included in the core set. The workgroup also mentioned that the measure might negatively impact clinicians in rural settings.

The workgroup discussed the two prenatal and postpartum care HEDIS measures together. For **CMIT #581** and **CMIT #582**, workgroup members expressed concern that the measures might place blame on patients. Another workgroup member said these measures can serve as datasets for undiagnosed diabetes or negative postpartum events. Ultimately, the workgroup felt that these data are helpful to have, but that these measures cannot capture barriers to care.

The CMS CBE endorsed **CBE #2063**, and the Merit-based Incentive Payment System (MIPS) program uses the measure. Workgroup members expressed various concerns. They discussed the coding of this measure, because cystoscopy is often included in the hysterectomy code; they also asked about equipment availability and physician training.

A co-chair noted that there is interest in all six of these measures from providers and payers. He said that CBE #3716 continues to evolve, and the workgroup may want to consider revisiting this measure in the future. Additionally, CBE #0469/0469e, which is currently in the core set, already captures similar information as CMIT #419.

Measures Removed from the Core Set

All measures proposed for removal were brought to the workgroup by members.

For **CBE #0418**, workgroup members discussed the redundancy of having multiple depression screening measures. Additionally, workgroup members felt that the measure needed some adjustments to the exclusion criteria, numerator, and look-back period.

For **CBE #3475e**, workgroup members noted that this is an overuse measure, but DXA scan overuse is low and the scans are not expensive.

For **CBE #0470**, workgroup members noted that the incidence of episiotomy has been steadily declining on its own and that this measure no longer addresses a performance gap.

Measures Retained in the Core Set

Ms. Buchanan noted that between the workgroup meeting and Full Collaborative meeting, the measure steward, NCQA, retired the **HEDIS Non-Recommended Cervical Cancer Screening in Adolescent Females** measure from their portfolio. She noted the Full Collaborative should consider that in their voting.

Obstetrics and Gynecology Key Topics

- Gaps remaining in obstetrics and gynecology quality measurement include:
  - Syphilis screening and treatment in pregnancy
  - Preconception counseling to promote reproductive health
  - Measures that help patients identify issues with their menstrual cycles
  - Time-to-decision gap for C-sections and surgery start time
  - Menopause or menopause treatments
  - Gynecological conditions other than pregnancy including endometriosis, infertility, and contraceptive care measures.

A co-chair noted that syphilis rates are the highest they have been since the 1950s and preconception counseling is a vital component of reproductive health.

Medical Oncology Workgroup Update

Ms. Buchanan provided an overview of the Medical Oncology Workgroup meeting in November 2024 during which the workgroup conducted a full maintenance review of the core set. She also introduced John Cox, DO, FASCO, MACP, MBA and Bryan Loy, MD, co-chairs of the workgroup. The workgroup voted to add ten measures, not to add four measures, remove two measures, and retain four measures in the core set.

- Added to the core set:
  - CBE #3661 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma
  - CMIT #1794 Appropriate Germline Testing for Ovarian Cancer Patients
  - CMIT #1792 Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
  - Consumer Healthcare Providers and Systems (CAHPS) Cancer Care Survey
  - CMIT #1651 Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors
  - CBE #3665 Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
  - CBE #3666 Ambulatory Palliative Care Patients' Experience of Receiving Desired

Help for Pain
    - CMIT #714 Surgical Treatment Complications for Localized Prostate Cancer Measure
    - CBE #0383 Oncology: Medical and Radiation -- Plan of Care for Moderate to Severe Pain
    - CBE #0028/0028e Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Considered but did not add to the core set:
    - CMIT #710 Support Electronic Referral Loops by Sending Health Information
    - CMIT #709 Support Electronic Referral Loops by Receiving and Incorporating Health Information
    - CBE #3720 Patient Reported Fatigue Following Chemotherapy among Adults with Breast Cancer
    - CBE #3718 Patient Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer
- Removed from the core set:
    - CBE #0559 Combination chemotherapy or chemo-immunotherapy (if HER2 positive), is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0 or stage IB - III hormone receptor negative breast cancer
    - OCM-6 Patient-Reported Experience of Care
- Retained in the core set:
    - CBE #0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
    - CBE #0389/0389e Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
    - CBE #0211 Proportion of patients who died from cancer with more than one emergency department visit in the last 30 days of life
    - CBE #0215 Proportion of patients who died from cancer not admitted to hospice

The Medical Oncology Workgroup includes 17 voting members, and Battelle received 13 total votes. Ms. Buchanan provided an overview of the voting results by measure, including a summary of the measure and workgroup discussion.

Measures Added to the Core Set

For **CBE #3661**, the workgroup noted that this is a pathologist-focused measure and, historically, pathology-focused measures have not been included in the core set. Workgroup members noted that a medical oncologist still needs to interpret the results to develop a treatment plan.

The workgroup discussed **CMIT #1792** and **CMIT #1794** together. MIPS currently uses both measures, and they address a gap area identified by the workgroup.

In discussion of these three measures, a co-chair noted some of these markers are more institution based, but that the oncologist is the front-line player to make sure these tests are

completed. The other co-chair agreed, stating that the medical oncologist is the one interfacing with the patient, and that these measures assess appropriate and timely testing. A Full Collaborative member noted that in 2020, the Medical Oncology Workgroup removed a measure from the core set because, like CBE #3661, pathologists reported the measure. AHIP responded that, historically, core set focus has been only on medical oncologists. The core set's scope continues to be an open question for this workgroup, and further discussions will assess whether the core set should be kept narrow in focus or expanded for a more holistic view of cancer care. AHIP may bring this topic to the CQMC Steering Committee for discussion and noted that not many value-based programs include pathology measures, so the workgroup needs to be mindful of expanding into areas that are not consistent with the broader goals of the CQMC. Meeting attendees expressed the importance of team-based approaches and measurement for cancer care and raised issues with follow-up for lab testing. Others thought that incorporating other disciplines into the core set would add more complexity.

The workgroup did not engage in a discussion around the **CAHPS Cancer Care Survey measure** but agreed it is important.

CMIT #1651 is currently used in MIPS and in the Oncology Care MIPS Value Pathway. The workgroup discussed the measure's relevance for educating clinicians about adverse events associated with immunotherapy.

The workgroup discussed **CBE #3665** and **CBE #3666** together. The CME CBE endorsed the measures, and both used a technical expert clinical user patient panel (TECUPP) to include patient voices in the development process.

The workgroup felt **CMIT #714** would add value for patients researching prostate cancer treatments and would have a low reporting burden.

CBE #0383 is paired with a measure already included in the core set, CBE #0384 Oncology: Medical and Radiation – Pain Intensity Quantified. The measure steward is looking into the feasibility of combining the two measures, as they are meant to be reported together.

CBE #0028/0028e is a cross-cutting measure. The workgroup discussed potentially adding vaping or cannabis to the measure once more data are available. One workgroup member suggested adding an intervention requirement following a positive screen for tobacco use.

Measures Not Added to the Core Set

The workgroup discussed the care coordination measures, **CMIT #710** and **CMIT #709**, together. Both measures address gaps in the core set. The workgroup members discussed challenges with implementing these measures nationwide and impacts on community care settings that may use different electronic health records (EHR) or no EHR. In discussion with the workgroup of CMIT #710, the steward noted that the referring clinician, rather than the recipient clinician, completes the summary report. For CMIT #709, the recipient clinician conducts clinical information reconciliation.

The workgroup discussed **CBE #3720** and **CBE #3718** discussed together. Both measures are endorsed by the CMS CBE and are risk adjusted. The workgroup discussed implementing the Patient-Reported Outcomes Measurement Information System (PROMIS) scale among clinicians who are not already using it. The measures would provide insight into which clinical oncologists are helping patients manage the persistence of their symptoms. Ms. Buchanan noted that some of the hesitancy around adding the measures to the core set may be due to their uncertain stewardship.

Measures Removed from the Core Set

CBE #0559 is no longer used in CMS programs and is no longer endorsed, as the measure is considered topped out.

OCM-6 Patient-Reported Experience of Care is also no longer in use in CMS programs. The program in which the measure was used is no longer active and there was little evidence of the measure’s impact on quality improvement.

Measures Retained in the Core Set

CBE #0223 is not included in MIPS, and the steward no longer participates in the CBE endorsement process.

CBE #0389/0389e had its endorsement removed, as the steward withdrew the measure from the endorsement process. CMS programs still use the measure, and a workgroup member noted that they are still inclined to monitor for overuse of bone scans regardless of whether the measure is in the core set.

The measure developer of **CBE #0211** and **CBE #0215** is working with CMS to align the measures.

Medical Oncology Key Topics

- The workgroup plans to consider:
  - Whether to view cancer care more holistically and include measures for pathology and radiology, or to focus only on measures for medical oncology.
  - Where radiology and pathology measures fit, because these measures have no core set.

A co-chair encouraged attendees to think about oncology as a team sport. He also raised the importance of drug spending on the cost of cancer care, noting that appropriate use of these drugs is clearly linked to molecular biomarkers. The other co-chair agreed that it is reasonable to evaluate oncologists on biomarker-related measures.

An AHIP representative returned to the topic of the SDOH measures, noting that sometimes it is appropriate for workgroups to take different approaches, while other times a cross-cutting approach is needed. She also mentioned that recent executive orders have removed social needs screening from the Qualified Health Plan rule and the Prospective Payment Systems rule. AHIP is looking to CMS for more information, and the conversation around these measures is ongoing.

Next Steps

Ms. Buchanan introduced Kelsey Conner to go over next steps. Ms. Conner shared with the group that voting on measures will open once the meeting summary is available. Battelle will provide the meeting summary and voting link via email, with voting open for 5 weeks. She thanked the co-chairs and the rest of the Full Collaborative for their time and adjourned the meeting.