

Analysis of Measurement Gap Areas and Measure Alignment

Final Report – November 25, 2020

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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 and 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 comprised 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.



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Background

The Core Quality Measures Collaborative (CQMC) brings together multiple stakeholders, including health insurance providers, medical associations, consumer groups, purchasers, other quality collaboratives, and more 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 a core set. However, there are not always measures that exist 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) for which the CQMC can 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 aims to use a standard process to determine which measures best align with the CQMC's goals and seeks to promote consistent implementation of the specifications of measures within the core 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 workgroups about core set gap areas and solicited information during discussions of measures for addition. 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

The CQMC's core set selection principles promote the inclusion of several measure types in the core sets. Over time, the CQMC has made progress to align more closely with the principles. However, key gaps related to the inclusion of more advanced measure types, discussed in further detail below, remain across multiple core sets. 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 the current core sets.

Outcome measures

A goal of the CQMC is to emphasize outcome measures in newly formed core sets. While both process and outcome measures are important, outcome measures shed light on the general wellbeing of patients. The use of outcome measures supports a holistic, patient-centered approach to quality measurement.

Patient-reported outcome-based performance measures (PRO-PMs)

The CQMC seeks to promote the adoption of innovative measures, including PRO-PMs. Capturing the patient's perspective along their health journey, both disease-agnostic and disease-specific patient-

reported outcomes can help clinicians gather information that may not be available from other sources and ensure the patient voice is considered in care delivery planning. Several workgroups were interested in including PRO-PMs when applicable, but there were a limited number of fully tested PRO-PMs available for review. There was also some concern about the burden of capturing patient-reported data and reporting PRO-PMs.

Cross-cutting measures

For the CQMC, cross-cutting measures can be widely adopted across core sets, regardless of clinical areas, topics, or settings. Examples include medication reconciliation, depression screening, patient safety, and patient experience. Shared decision-making is also an area of high interest that does not have robust measures available, and there is a potential opportunity for the CQMC to provide thought leadership and support for identifying and driving measure development in this area. The idea of cross-cutting measures is further discussed in the Harmonization Across Core Sets section.

Measures that address disparities or social determinants of health

The CQMC recognizes the need to address social determinants of health (SDOH) as well as to use measurement as a tool to find and close 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.¹ SDOH measures are a prominent gap area within the CQMC and in quality measurement in general. Furthermore, several 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.

Electronic clinical quality measures (eCQMs)

A principle for the CQMC core sets is to promote the use of innovative measures, including eCQMs. These measures use data from electronic health records (EHRs) and/or health information technology systems to measure the quality of healthcare provided.² Historically, many of the core set measures were claims based in part due to the accessibility of administrative data. However, the adoption of eCQMs can reduce data collection burden while maintaining or even improving the quantity and quality of the information collected. eCQM versions of core set measures were added as reporting options across various core sets. In these instances, notes are included to indicate that separate benchmarks are needed based on the data source used.

Clinician-level measures

The CQMC currently focuses on clinician-level measurement, primarily in ambulatory settings. However, given the nature of how care is delivered for some priority conditions, several CQMC core sets include facility-level measures (mainly if clinician-level measures were not available), split sets between inpatient and ambulatory settings, or distinguish between measures based on whether they are intended for use 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 those intended for hospital-based clinicians as well as support testing measures at additional levels of analysis.

Telehealth/Virtual Visits

The COVID-19 response has brought telehealth and virtual visits to the forefront of quality measurement. 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 and updated in 2020. In 2020, two new core sets were also created, the Behavioral Health and Neurology sets. These tables are intended to provide a baseline representation of the measurement types included in the core sets and help the CQMC set goals for promoting growth of measures that address priority measurement domains. Note that the information captured in the tables below represent some key measurement characteristics but do not represent other aspects of core set quality such as removal of topped-out measures, parsimony, etc. These measurement characteristics listed below are not mutually exclusive and thus column totals may not add up to 100%. More information about the measurement characteristics methodology can be found in [Appendix B](#).

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

	Original Core Sets (2015-2017)	Updated Core Sets (2020)
Total number of measures	91	112 ↗
Outcome measures	28 (31%)	44 (39%) ↗
PRO-PMs	4 (4%)	13 (12%) ↗
Cross-cutting measures	9 (10%)	14 (13%) ↗
eCQMs	22 (24%)	30 (27%) ↗
Clinician-level	45 (49%)	59 (53%) ↗
NQF endorsed	79 (87%)	89 (79%) ↘

HIV and Hepatitis C:

	Original (2015)	Updated (2020)
Total number of measures	8	8 →
Outcome measures	1 (13%)	1 (13%) →
PRO-PMs	0 (0%)	0 (0%) →
Cross-cutting measures	0 (0%)	1 (13%) ↗
eCQMs	0 (0%)	3 (38%) ↗
Clinician-level	6 (75%)	6 (75%) →
NQF endorsed	5 (63%)	6 (75%) ↗

Gastroenterology:

	Original (2015)	Updated (2020)
Total number of measures	8	8 →
Outcome measures	1 (13%)	1 (13%) →
PRO-PMs	0 (0%)	0 (0%) →
Cross-cutting measures	0 (0%)	0 (0%) →
eCQMs	0 (0%)	1 (13%) ↗
Clinician-level	8 (100%)	8 (100%) →
NQF endorsed	2 (25%)	3 (38%) ↗

Pediatrics:

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

OB/GYN:

	Original (2015)	Updated (2020)
Total number of measures	11	17 ↗
Outcome measures	1 (9%)	4 (24%) ↗
PRO-PMs	0 (0%)	0 (0%) →
Cross-cutting measures	2 (18%)	4 (24%) ↗
eCQMs	4 (36%)	7 (41%) ↗
Clinician-level	3 (27%)	6 (35%) ↗
NQF endorsed	10 (91%)	13 (76%) ↘

Medical Oncology:

	Original (2015)	Updated (2020)
Total number of measures	14	17 ↗
Outcome measures	3 (21%)	7 (41%) ↗
PRO-PMs	0 (0%)	1 (6%) ↗

Cross-cutting measures	0 (0%)	2 (12%) ↗
eQMs	2 (14%)	3 (18%) ↗
Clinician-level	12 (86%)	12 (71%) ↘
NQF endorsed	14 (100%)	16 (94%) ↘

Orthopedics:

	Original (2015)	Updated (2020)
Total number of measures	3	15 ↗
Outcome measures	3 (100%)	13 (87%) ↘
PRO-PMs	1 (33%)	10 (66%) ↗
Cross-cutting measures	1 (33%)	1 (7%) ↘
eQMs	0 (0%)	2 (13%) ↗
Clinician-level	1 (33%)	12 (80%) ↗
NQF endorsed	3 (100%)	7 (47%) ↘

ACO/PCMH and Primary Care:

	Original (2016)	Updated (2020)
Total number of measures*	21	23 ↗
Outcome measures	6 (29%)	4 (17%) ↘
PRO-PMs	3 (14%)	2 (9%) ↘
Cross-cutting measures	8 (38%)	11 (48%) ↗
eQMs	10 (48%)	10 (43%) ↘
Clinician-level	10 (48%)	10 (43%) ↘
NQF endorsed	20 (95%)	20 (87%) ↘

*Note: NQF #0018 and N/A Controlling High Blood Pressure (HEDIS 2016) have been combined here. See Appendix B for additional detail.

Cardiology:

	Original (2016)	Updated (2020)
Total number of measures*	25	27 ↗
Outcome measures	14 (56%)	15 (56%) →
PRO-PMs	0 (0%)	0 (0%) →
Cross-cutting measures	2 (8%)	2 (7%) ↘
eQMs	6 (24%)	5 (19%) ↘
Clinician-level	9 (36%)	12 (44%) ↗
NQF endorsed	25 (100%)	26 (96%) ↘

*Note: NQF #0018 and N/A Controlling High Blood Pressure (HEDIS 2016) have been combined here. See Appendix B for additional detail.

Neurology:

	Original (2020)
Total number of measures	5
Outcome measures	1 (20%)
PRO-PMs	1 (20%)
Cross-cutting measures	4 (80%)
eCQMs	1 (20%)
Clinician-level	5 (100%)
NQF endorsed	4 (80%)

Behavioral Health:

	Original (2020)
Total number of measures	11
Outcome measures	2 (18%)
PRO-PMs	2 (18%)
Cross-cutting measures	3 (27%)
eCQMs	3 (27%)
Clinician-level	6 (55%)
NQF endorsed	10 (91%)

Measure Gaps Specific to Particular Core Sets

Gastroenterology

There is a limited amount of publicly available, endorsed measures for gastroenterology. Recently, there has been a concerted effort for gastroenterology measurement to reflect the diversity of care provided and address the treatment of additional conditions that affect the liver and gastrointestinal tract (e.g., cirrhosis, hepatitis C, gastroesophageal reflux disease (GERD), Barrett's Esophagus, and acute pancreatitis). The prioritized needs are Sustained Virological Response (SVR), Barrett's esophagus, and inflammatory bowel disease (IBD). There is a need for PRO-PMs for gastroenterology as much of the focus to date has been on areas easier to measure (e.g., endoscopic procedures, screening, and surveillance intervals). A complete list of gap areas is presented below.

- IBD
- SVR
- Barrett's Esophagus
- PRO-PMs for gastroenterology
- Quality of colonoscopy
- Medication management and adherence, especially for Inflammatory bowel disease (IBD) and for patients on immunosuppressant medications
- Measures across the care continuum (e.g., referral, pathology testing, appropriate diagnosis, appropriate treatment)

- Vulnerable points where quality could be compromised (e.g., information sharing between clinicians)
- Patient safety, including complication after procedures, and resource utilization during acute episodes of care
- GERD and cirrhosis measures
- Non-alcoholic fatty liver disease (NAFLD)

During this round of core set maintenance, a measure related to hepatitis A vaccination, a previously identified gap area, was considered. This measure addresses an important component of care, but it was also noted that collecting and tracking records for the measure is difficult due to patients potentially changing providers or plans in the midst of receiving the vaccine series, or receiving vaccines from providers outside of health plans. Also, the developer/steward is no longer maintaining this measure.

Medication-related measures for chronic hepatitis C were also discussed. There was concern about gastroenterologists' access to prescription claims data. As a result, the workgroup prefers the SVR outcome measure over medication-related measures or other process measures. The measure considered for Barrett's esophagus was determined as more suited for pathology than gastroenterology measurement. More specifically, the accountability for the measure was determined to be specific to pathologists rather than gastroenterologists.

The absence of measures assessing the quality of a colonoscopy is a core set gap. This includes post-colonoscopy complications and adverse events related to screening, such as emergency visit after a procedure, perforation, hemorrhage, etc. The American Gastroenterology Association's (AGA) set of measures described in the [Measures Under Development](#) section can help fill this identified gap area.

Medication management and adherence, especially for inflammatory bowel disease (IBD) and for patients on immunosuppressant medications is considered a gap. Laboratory measures related to medication monitoring exist and could serve as a reference in this area.

Measures not selected for inclusion that may be revisited in future work:

- #2539 Facility 7-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
- MIPS ID 425 Photodocumentation of Cecal Intubation

HIV and Hepatitis C

Gaps related to HIV care include the need to start treatment and achieve suppression early, recommendations for pre-exposure prophylaxis (PrEP) use in high-risk individuals, greater recognition of HIV as a long-term, chronic condition with comorbidities, and HIV screening related to obstetrics. HIV screening in patients diagnosed with an STI is considered a priority gap area; however, the CDC is not moving forward with further development of the applicable measure due to challenges during testing. Adherence to Antiretrovirals (PDC-ARV) was identified as a gap area to revisit in the future, and should

be tested at the clinician level, as certain factors that influence adherence may be out of a clinician's control.

Among the gaps on the HIV list, the measure on PrEP use in high-risk individuals is a high priority. Measures would need to clearly define "high-risk" and focus on measuring one specific aspect of PrEP (e.g., prescriptions, dispensing, consistent use), which may be difficult to develop due to limited access to PrEP use information.

Gaps related to hepatitis include SVR, the increased ability to treat hepatitis C, and measures related to the development of newer direct-acting antivirals (DAAs). The SVR measure remains a top priority to be evaluated for potential inclusion in the core set when fully tested.

A complete list of identified gap areas is presented below.

HIV

- PrEP use in high-risk individuals
- CDC's HIV screening for patients with sexually transmitted infections (measure removed from core set, but remains topic area of importance)
- 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

Hepatitis C

- AGA Sustained Virological Response (SVR) measure remains a priority and should be considered for inclusion as soon as testing is completed.
- 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)

During core set maintenance, a previously identified gap was addressed by including an HIV screening measure. Developers included virtual visits in the specifications for two core set measures, addressing an identified previous gap.

Pediatrics

A complete list of identified gap areas is presented below.

- Improved behavioral health measures for pediatric populations – top priority
- Substance use screening
- Depression
- Patient-reported outcomes

A key priority gap area for the pediatrics core set is mental health, especially depression. For this iteration of core set updates, #0418 *Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan* was added. While this helps narrow the gap surrounding depression, achieving

remission for depression is the ultimate goal for patients. Measurement should first focus on improving screening and follow-up. Response and remission measures, such as measures #0710 and #1885, should be revisited for inclusion in future cycles of core set maintenance. The measurement area of suicide risk assessments beyond those with diagnosed depression and referrals/follow-up is also a priority, but this area has been difficult to assess as current measures require a diagnosis of major depressive disorder.

Another consideration for future versions of the core set is to include more age-specific measures. This could be reflected by adapting adult-focused survey instruments for those ages 15-21 years or younger, based on guideline recommendations (e.g., exploring lowering the age specifications of #0034 to include persons 15 years and older), and including virtual or telehealth visits as part of well-care visits. Including age specific measures, if available, would have to strike a balance between specificity and parsimony.

To address the gap related to substance use, a tobacco use and help quitting measure (#2803) was considered but not recommended to add to the core set because the specifications did not recognize e-cigarettes as tobacco use. These measures will likely be updated by the measure developers to include e-cigarettes and vaping, as the United States Preventative Services Task Force released a recommendation to add them to the definition of what is considered tobacco use.³

Another measure considered in this area included NQF measure #0004 *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*. This measure was not included due to challenges regarding clinician accountability after a referral to treatment is made, concern about the accuracy of comparing performance between clinicians due to a scarcity of resources available for successful provider comparisons (e.g., lack of pediatric health providers), and a lack of resources available for this care in some areas. The initiation and engagement of alcohol and other drug dependence care remains a gap area. American Academy of Pediatrics (AAP) recommends screening for alcohol use annually for those ages 11 years and older.

There is a measurement gap in adolescent female healthcare related to both chlamydia testing and treatment, and contraceptive care. Both of these areas highlighted state-specific 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).

There is also the opportunity of exploring obesity and the relevance of this measurement topic for the pediatrics population. Determining a more meaningful metric that include BMI, a plan of care, and improvements in weight would prove beneficial in this area.

Other opportunities include improvements in measure #1516 *Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life* and measure #0002 *Appropriate Testing for Children with Pharyngitis (CWP)*.

Obstetrics and Gynecology

Measures added to the OB/GYN core sets helped close the following measure gaps: depression screening, contraceptive care, comprehensive post-partum visits and follow-up, and HIV screening.

Contraceptive care measures were added to the core set, with the exception of measure #2903 *Contraceptive Care – Cost & Moderately Effective Methods*, due to concerns over the level of analysis testing and that exclusions for this measure should be expanded (i.e., to include people with hysterectomy or diagnosed with infertility). Measures for cesarean section (c-section), specifically time of decision for c-section, surgery start time (i.e., measurement of “decision to incision” start times), and

vaccinations for pregnant women also remain measure gaps.

Another related gap area is decision-making measures for neonatal care and measures that address neonatal morbidity and mortality, such as ensuring appropriate care processes are provided for infants with Apgar scores of less than seven at five minutes—which serves as an opportunity to determine which measurement is needed.

Behavioral health and substance use measures, including opioid use disorder screening, tobacco, smoking, and vaping measures remain as gap areas. Other noted gap areas for consideration include comprehensive post-partum visits, post-partum follow-up, consideration of health lifestyle behaviors, screening for opioid use disorder, and screening for smoking in pregnant women.

As a reference, the following measure gaps were identified by NQF's Perinatal and Women's Health Standing Committee⁴:

- Postpartum depression
- “Churn” (coming on and off) of healthcare coverage
- Human papillomavirus (HPV) vaccinations for males and for people up to age 45
- Percentage of minimally invasive hysterectomies
- Intimate partner violence
- Disordered eating
- Burden of caregiving
- Fibroids
- Endometriosis
- Pain
- Social determinants of health
- Social support, particularly during pregnancy and the postpartum period
- Prenatal depression/anxiety
- Appropriate weight gain during pregnancy

Medical Oncology

Measures proposed for the medical oncology core set addressed some of the previously identified gap areas such as pain and symptom control, emergency department (ED) utilization, combination androgen deprivation therapy for high risk prostate cancer (measure #0390), and appropriate use of chemotherapy (specific to some cancer types). During maintenance review of the core set, additional measure gap areas were identified: social determinants of health; financial burden; anxiety and stress management and screening; care coordination within a care setting, transitions of care and care navigation; and patient education.

Other gaps previously identified include:

- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline/threshold based on data)
- Inpatient hospital admission rate

- Reporting of cancer stage
- Disease free survival for x number of years
- Patient experience/PROs for level of pain experienced by patient
- Cost measures
- Lung cancer
- Five-year cure rate
- Immunotherapy

There is a need for selected measures to be tailored towards accountability, safety/monitoring, and formal reporting for programs. Within the field, there are recurring concerns, including the inability for measures to be adaptable across settings and difficulty measuring patients' care as they move across providers. Measures were selected that are actionable and for which the data is already collected and available (e.g., using claims data). Private payers do not have access to certain clinical data (e.g., cancer stage, lab results) needed to calculate some of the existing core set measures. There are potential challenges related to regional variability, which affects how data is collected and disseminated between patients and providers.

There is a need to focus on high-value measures, such as PRO-PMs, and allow patients to be part of the accountability structure by eliciting information from them without exerting undue burden. The ideal core set should directly impact the quality of care that patients receive and include patients' reported experience (e.g., experience with care planning, decision-making, side effects). Measuring patient experience continues to be very challenging and remains a gap. There is difficulty quantifying the patient experience and outcomes for oncology without adding additional burden to patients.

The gap on ED utilizations, unplanned hospitalizations, and inpatient hospital admissions could be tied with the gap on patient education. Care coordination and transitions of care could also be linked to these measures. Measures on patient education and care coordination are difficult to measure in a meaningful way and usually become checkbox measures, and they are likely inappropriate for measuring performance at the clinician level. Avoidance of ED and hospital stays would be of interest to consumers. Unplanned use of services can serve as a proxy for care coordination and transitions of care, as it can indicate care fragmentation.

There is an effort within medical oncology to develop a common set of codes so that data from electronic health records can be retrieved without manual abstraction, and SDOHs should be represented within the demographic codes to the extent possible. Delineating the key opportunities (e.g., creating diagnosis codes, CPT codes that map to SDOHs) would be helpful as stakeholders start to establish measures and interventions in this space.

Measures could move in the direction of more future-focused measurement (e.g., increased focus on the molecular biology of cancer and interpretation of tumor information). Measurement not only consider if biomarker testing is completed, but also focus on how that information is communicated across clinicians and used to inform treatment and improve patient outcomes and quality of life.

Total cost of care measures are especially useful if there are pharmacy benefits assigned to the member under the same payer. There are processes to be responsive to new-to-market drugs, but when benefits

are fragmented, it is harder to measure. Plans look for practice variation on stable medications and long-term indicators such as high quality, low toxicity, high member convenience, and least costly alternatives. Providers cannot control drug prices, so it is challenging for medical oncologists to benchmark from a medication perspective. The most expensive drug might be the best drug for certain cancer types and providers should not be penalized for selecting such a medication. Providers can use the current guidelines to make decisions and elevate the standard of care and should be measured in these areas, which they can more directly influence. It was discussed that there is a need to measure quality of oncology care along with cost. Measures relating to cost of care should be included but considered alongside quality measures.

Orthopedics

The first version of the orthopedics core set released in 2016 included three measures, only covering a fraction of the procedures in the orthopedics field. Measure gaps include spine and back surgery, functional status related to spine care, joint measures, non-operative care for spine, long-term care, cost measures, functional outcomes before surgery and whether surgery is avoided based on assessment results, measures that report on shared decision making, measures related to pain change and risk for opioid addiction, and measures that examine functional status post-surgery. There is also a need for measures that address orthopedic procedures performed outside the inpatient setting (e.g., in ambulatory surgical centers).

There is a need for a PRO-PM that would be applicable across the entire field of orthopedics and cross-cutting measures that can help consumers select providers who deliver high quality care.

Remaining gaps include:

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

While the idea of including cost measures was discussed, there was a lack of consensus about their appropriateness for the core set or knowledge of a cost measure available for orthopedics. The American Academy of Orthopedic Surgeons (AAOS) is exploring including cost consideration in its clinical practice guidelines and measure development activities, which would contribute to the development of literature to define cost for orthopedics.

ACO and PCMH/Primary Care

Priority gaps for the ACO and PCMH/Primary Care core set were behavioral health and substance use measures. The current state of behavioral health measurement requires greater bidirectional integration with physical care. There is a need for a measure that would address overall quality of care (e.g., does the primary care practice keep patients healthy?). Other measurement gap areas include misdiagnosis and delayed diagnosis, especially in the ambulatory care setting; contact days within the

health system; advanced illness and palliative/hospice care management; appropriate pain management; and medication adherence. It was also noted that lowering contact days with the healthcare system is not always a desirable outcome (e.g., fewer contact days due to people with chronic conditions delaying regular check-ups during COVID-19 can be problematic).

In the future, a measure to be considered is *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions* since behavioral health remains a priority. Measure #0004 *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* should also be considered in future core set discussion. There was some concern 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.

These gaps are listed in order of identified priority:

- Patient reported outcomes (PROs)
- Measure stratification to address health disparities
- Cost of care
- Unnecessary services and waste/overuse
- Comprehensive primary care
- Misdiagnosis/delayed diagnoses.

Continuity of care, integration across settings/specialties (e.g., integration of behavioral health services with primary care), and integration across populations (e.g., persons with co-occurring mental illness and substance use disorders) are also considered as additional gap areas.

Cardiology

While cardiology has one of the larger core sets, there are previously identified gaps that were not filled during this round of maintenance updates. Measurement of long-term cardiovascular care remains a significant gap area.

Pediatric surgical measures are identified as a gap. There are measures within the core set that have been in use for some time, and further exploration could be done to examine potential performance variation and opportunities and discuss advanced measures.

Additionally, there is currently a large gap area in patient handoff between facilities. While there are measures available noting referral to cardiac rehabilitation, they do not address whether rehabilitation is completed. There is a need for more patient-reported outcome measures within cardiology, including functional measures and measures that address disparities.

There is future interest in exploring separate sets based on setting (e.g., ambulatory and hospital, both under the cardiology umbrella) in the future.

Neurology

Several gap areas were identified in the Neurology core set due to lack of available fully-developed measures. For example, one quality of life measure for epilepsy identified during the environmental

scan has not yet been tested for reliability or validity. There were also few measures on opioid use and misuse, as the American Academy of Neurology (AAN) recently retired several measures in this area. Finally, a pediatric medication reconciliation measure was not available when creating the core set; two adult medication measures (#0097 *Medication Reconciliation Post-Discharge* and #0419e *Documentation of Current Medications in the Medical Record*) were included in the set to address medication documentation and reconciliation, and a pediatric measure is planned to be tested in late 2020.

Other gaps in the Neurology core set included outcome measures for neurological illnesses, transitions of care, and pain assessment measures.

Behavioral Health

Several priority gap areas were identified relating to Behavioral Health:

- coordination of care, which includes bidirectional integrated behavioral health, general health, and primary care;
- depression remission measures that span beyond six months, but count remission if it is achieved earlier than 12 months;
- patient-reported measures, including patient experience with psychiatric care;
- anxiety disorders;
- suicide risk measures independent of a major depressive disorder (MDD) diagnosis, for both adults and children/adolescents; and
- suicide screening regardless of where individuals are receiving medical care.

Measures on care coordination were recognized as being especially relevant for patients with co-occurring disorders. Measure MIPS ID 325 *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions* was reviewed and not included due in part to its removal from the MIPS program. Future iterations of the Behavioral Health core set should consider measures that address care for persons with co-occurring disorders. There is a need for the inclusion of persons with mental illness and substance use disorders (SUDs) in the CAHPS Home and Community-Based Services experience survey as well as the National Core Indicators and Personal Outcome Measures.

Suicide risk assessments are a recognized gap area for adults, children, and adolescents, independent of diagnosis or care location. 0104/0104e *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment* and 1365/1365e *Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment* were reviewed and identified as notable measures that address this important topic by assessing compliance with completion of a suicide risk assessment. While these measures are considered easy to measure, the workgroup discussed that they may not have a high degree of effectiveness in the reduction of suicide and that there are other mechanisms that may more effectively incentivize practice in this area, including Joint Commission accreditation. A broad population is seen as the ideal target for future measures on suicide risk assessment, as opposed to those patients with a diagnosis of MDD.

The workgroup highlighted the need to assess performance of measure 0028/0028e *Preventive Care and Screening: Tobacco Use: Screening and Cessation* for patients with serious mental illness since there is a gap in treating tobacco/nicotine use for these patients. Measure 2600 *Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence* was discussed but excluded from the core set due to the narrow scope of the measure's patient population and limited performance data for benchmarking.

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, 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 other workgroups' rationales for including or not selecting the measure. The Steering Committee also considers alignment across core sets and can send a core set 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 CQMC. Measure sets are created in specific clinical areas, but cross-cutting measures play an important role assessing quality for care that is relevant across 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 C](#) displays all CQMC core set measures and notes in which core sets they are included.

There are several cross-cutting measures included in the core sets. Cross-cutting measures are neutral with respect to denominator population or type of procedure or service.⁵ Cross-cutting alignment in the current core sets include measures such as *HIV Screening*, found in both the HIV/Hepatitis C and Obstetrics and Gynecology core sets; measure #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 core sets; measure #2152 *Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling*, found in the ACO/PCMH and Behavioral Health core sets; measure #0005 *Consumer Assessment of Healthcare Providers and Services for Clinician & Group Surveys*, found in the Pediatrics, ACO/PCMH, and Neurology core sets; and measure #0097 *Medication Reconciliation*, found in ACO/PCMH and Neurology core sets.

Also included in [Appendix C](#) is the alignment of core set measures across select federal programs. The Merit-based Incentive Payment System (MIPS), both Adult and Child Medicaid Core Sets, and Physician or Hospital Compare are several programs where there is alignment 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.

Alignment Opportunities

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

There are additional 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, there are not applicable clinician-level measures for all areas of focus and the group 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 there may be a potential in the future to expand beyond clinician level, but that the CQMC should ensure the clinician sets are updated and effective before considering expanding 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 could help with consistency in how measures are adopted or used. There is additional need for greater communication with measure developers about the CQMC's summary of discussed measures and identified measure gaps and measurement priorities.

Measures Under Development

Measures Under Development and Concepts

The CQMC will review the core sets every other year to determine whether any new measures should be added or if 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 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 discussed by NQF's Perinatal and Women's Health Standing Committee as areas with measures under development. Measures currently being reviewed for NQF endorsement related to OB/GYN care include #3543 *Patient-Centered Contraceptive Counseling (PCCC)* and #3528 *CDC and VON Late Onset Sepsis and Meningitis in Very Low Birthweight Neonates (CDC/VON)*. The Society for Maternal-Fetal Medicine is exploring measure development to fill the recognized gap related to behavioral healthcare for women who are pregnant and post-partum. National Committee for Quality Assurance (NCQA) is testing a measure related to this topic area. As a group, these measures illustrate the shift a more all-encompassing view of pregnant women, as compared to a specific clinical focus.

The **Pediatrics** workgroup suggested that measure #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/Primary Care** workgroup discussed a person-centered primary care measure that uses data from survey results (i.e., patient-reported) developed by Virginia Commonwealth University, gathering information related to accessibility, comprehensiveness, continuity, integration, coordination, relationship, advocacy, family context, community context, health promotion, and goal-oriented care. The survey itself is widely used, but the measure is not yet fully specified and tested as a PRO-PM. While this measure overlaps with portions of Consumer Assessment of Healthcare Providers and Systems (CAHPS), it might be an alternative measure option in the future. The developer noted that this measure is meant to assess primary care comprehensively while maintaining parsimony.

Related to the **Gastroenterology** workgroup, there are ten measures developed by the 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 6 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 that 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
- Sustained Virological Response 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 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)

The workgroup acknowledged the strong clinical basis for these measures and was interested in various concepts presented. The workgroup 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 the SVR measure as soon as it is tested.

The **Orthopedics** discussed that 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.

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 group 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 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, but at least one workgroup member expressed interest in revisiting these measures after NQF endorsement and noted these would be useful cross-cutting measures.

The **Neurology** workgroup noted that the American Academy of Neurology (AAN) is working on outpatient gap areas including child neurology, dementia and mild cognitive impairment, polyneuropathy, epilepsy, headaches, multiple sclerosis, falls measures, and Parkinson’s disease. The group 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 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 a few measures under development. One notable area of measure development is opioid use, including the newly endorsed #3541 *Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)* measure developed by the Pharmacy Quality Alliance (PQA); this measure is proposed to be incorporated as part of CMS’ Quality Rating System (QRS) measure set. A measure on opioid overdoses in the emergency department 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 reviewed measure #0008 *Experience of Care and Health Outcomes (ECHO) Survey*, a member of the CAHPS group of surveys assessing outpatient services. The Workgroup chose not to include #0008 in the core set at this time due to the lack of measure maintenance and limited benchmarking or performance data. However, the CAHPS ECHO survey is currently being updated and a new CAHPS Mental Health Care Survey is being developed and tested. These measures will be considered by the workgroup when available for review.

[Method to Compare Similar Measures](#)

A measure scan may reveal two or more similar measures. For example, measure #1799 *Medication Management for People With Asthma (MMA)* and measure #1800 *Asthma Medication Ratio* were discussed for various core sets and two chlamydia screening measures (#0033 and #1395) were discussed by the OB/GYN workgroup. 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 (measures related to opioid prescribing, for example). 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—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. After 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, similar measures.

There have also been cases when some workgroup members expressed preference for narrowly focused measures over those covering 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 broader population. While this approach could also focus attention and resources where there are 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 post-partum women versus a general depression screening would be appropriate for inclusion in the Obstetrics and Gynecology core set. One solution for further exploration may be for the CQMC to support general measures for alignment purposes, but 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 completing 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 measurement 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.

Comprised 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 [core set measure selection principles](#), the CQMC hopes to comprehensively assess quality using the best available measures. By illustrating the gap and priority areas in the 2020 core sets, the CQMC is optimistic that the quality landscape will evolve to fulfill these and future measurement opportunities.

References

1. Office of Disease Prevention and Health Promotion. Social Determinants. Healthy People 2020. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>. Published August 12, 2020. Last accessed August 2020.
2. Center for Medicare and Medicaid Services, Office of the National Coordinator for Health Information Technology. Glossary: eCQM. eCQI Resource Center. <https://ecqi.healthit.gov/glossary/ecqm>. Published July 13, 2020. Last accessed August 2020.
3. US Preventive Services Taskforce. Recommendation: Prevention and Cessation of Tobacco Use in Children and Adolescents: Primary Care Interventions. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-and-nicotine-use-prevention-in-children-and-adolescents-primary-care-interventions>. Published April 28, 2020. Last accessed August 2020.
4. National Quality Forum. Meeting Summary: Perinatal and Women’s Health Standing Committee - Topical Web Meeting. September 2019. <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=91211>. Last accessed August 2020.
5. National Quality Forum. A Core Set of Rural-Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the MAP Rural Health Workgroup. Washington, DC: National Quality Forum; 2018:64. http://www.qualityforum.org/Publications/2018/08/MAP_Rural_Health_Final_Report_-_2018.aspx. Last accessed August 2020.

Appendix A. Previously Identified Core Set Gaps (2015/2016)

The following core-set specific gaps areas were identified through workgroup discussion during the previous iteration of core set work in 2015-2016 (2016-2017 for Pediatrics).

Gastroenterology

- 0635 Chronic Liver Disease - Hepatitis A Vaccination / Proof of prior vaccination
- 0034 Colorectal Cancer Screening - measure needs to be retooled for GI specialists as they do not take care of a general population
- Adverse events related to colonoscopy screening
- Assessing the quality of the colonoscopy:
 - Patient Safety measure #2539 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
 - Consideration of CMS measure under development for Post Colonoscopy Complications
 - "Quality colonoscopy" AGA set of measures
- GERD and cirrhosis measures
- Barrett's Esophagus

HIV and Hepatitis C

- HIV RNA Level (revise NQF #0404 CD4 Cell Count or Percentage Performed to assess HIV RNA Level which is now recognized as the key metric)
- #0413 HIV/AIDS: Screening for High Risk Sexual Behaviors (NCQA) had endorsement removed in 2013
- #0573 HIV Screening: Members at High Risk of HIV (Health Benchmarks - IMS Health) had endorsement removed in 2014
- P23 - HIV Ever Screened for HIV: Percentage of persons 15-65 ever screened for HIV. Reconsider upon release of additional testing data likely in summer or fall of 2016. Less than 100% performance expected.
- Updated medical visit frequency measurement with virtual visits (#2079)
- Follow up for patients diagnosed with HIV and with low viral load
- #0393 Hepatitis C Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia
- Testing of viral load 12 weeks post-end of treatment (AGA currently revising this measure)

Pediatrics

- Improved behavioral health measures for pediatric populations top priority of workgroup
- Patient-reported outcomes
- 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

Obstetrics and Gynecology

- Physician-Level Urinary Incontinence (NCQA's physician-level UI measure did not receive endorsement and NCQA indicated they had no future plans to revise or update measure at this time).
- Cesarean Section (including time of decision for c-section and surgery start time). Data not available via claims.
- Tdap/Influenza Administration in Pregnancy (Upcoming from CDC). Need to consider data capture methods to measure vaccinations outside of typical medical settings.
- P22 - HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV. Considerations regarding age limit and child/adolescent privacy are necessary.

Medical Oncology

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment (will need to develop a baseline or a threshold based on data)
- ER utilization
- Inpatient hospital admission rate
- Reporting of cancer stage
- Disease free survival for x number of years.
- Patient experience/PRO for level of pain experienced by patient
- Cost measures
- Lung cancer
- Five year cure rate
- 0390 Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients - Not included in the core set at present but would like to reevaluate once better data/systems become available to collect necessary information and measure denominator issues are resolved.
- ASCO / ABIM Choosing Wisely list: Metrics included are of value and should be pushed to measure development.
 - Concept #2 is addressed in the core set in measure #0389.

- Concept #10 is a valuable metric.
- Concept #7 is of lower priority.
- Note: The Workgroup emphasized the need to move from “check-box” process measures to outcomes measures

Orthopedics

- Length of Stay
- Return to Surgery (Revision, Draining, Infection, Frozen Joint, etc.)
- Healthcare-associated and/or community-acquired complications
- Adverse Events Surrounding Surgery (Post-operative Cellulitis, Pneumonia, etc.)
- Patient-Reported Outcomes.
- Functional status measures for patients undergoing orthopedic surgery
- Transitions of Care (e.g., medication reconciliation after procedure, ensuring medical records are transmitted to primary care physician, and ensuring no gaps in care)
- Emergency Department Visits
- NQF #0052 Use of Imaging Studies for Low Back Pain

ACO and PCMH/Primary Care

- Measure based on statin use guidelines
- CG CAHPS Smoking cessation measure (to replace the chart-review measure)
- PCMH supplement to CG CAHPS. All the CAHPS surveys are under review
- Goals of care and patient education
- Unnecessary services and waste / Overuse
- Health related quality of life
- Shared-decision making
- Preventive diabetes measures. Monitor USPSTF pre-diabetes final report
- Measure stratification to address health disparities (e.g., lower age of colorectal screening for African Americans)
- Palliative care measures for ACO/PCMH
- Patient reported outcomes (PROs)
- Pain Management measures
- PROs for Asthma Exacerbations
- Antibiotic stewardship
- Total cost of care (#1604) once a reliable and valid measure is mature enough for implementation
- Contraceptive measures once measures are tested and are reliable at the provider level
- Composite measures
- Substance use disorders and screening measures
- P22: HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were

tested for HIV.

- PQRS #400: Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

Cardiology

Heart Failure:

- Evidence-based anticoagulation status
- Outpatient – symptom control or change in symptoms
- Functional status or quality of life measure for patients with heart failure (Seattle Angina Questionnaire. Update is slow but can consider)
- Goals of care (does not need to be specific to heart failure)
- Follow-up visit(s) after hospitalization by PCP
- End of life measures for heart failure
- Management of women with peripartum cardiomyopathy
- Proportion of days covered for beta blocker therapy: Heart Failure patients

Hypertension:

- Renal function measures (e.g., creatinine measures)

Other:

- Lipid measure based on new guidelines
- Cost and overutilization measures
- Rehabilitation measures
- Mental health measures following cardiovascular events
- Symptom Management measures
- Disparities in cardiovascular care
- ICD counseling and appropriate use of ICDs measure. Article in JAMA noting severe underutilizations of ICDs in women and elderly

Appendix B. Measure Characteristics Methodology

The characteristics of each measure in the baseline core sets (released from 2015-2017), the updated core sets (released in 2020), and the new core sets (developed in 2020) 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 #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 where 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 cross-cutting if they were listed as [cross-cutting measures for the Quality Payment Program 2019 performance period](#).

Measures were counted as eQMs 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 eQM determination was based on best available information from NQF QPS and CMIT in 2020 but was not assessed at the time when baseline core sets were released (2017-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 “eQM 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 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 Merit-based Incentive Payment System (MIPS) are counted as clinician-level).

Measures were counted as NQF endorsed based their status on the NQF QPS.

Appendix C. 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 November 2020.

2020 CQMC Core Set and Federal Program Crosswalk

Core Set	NQF Number (links to specifications)	Measure Title	Alignment across CQMC core sets	Previous CQMC core set (2015 - 2017)	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)	Medicaid Promoting Interoperability Program for Eligible Professionals	Marketplace QRS	Other Program - listed in notes	Notes	
HIV/Hepatitis C (HIV/Hep C)	MIPS ID 475	HIV Screening	HIV/Hep C, 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	HIV/Hep C, Gastro	✓	✓										
	3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	HIV/Hep C, Gastro, ACO/PCMH	✓	✓										
Gastroenterology (Gastro)	3059e / MIPS ID 400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	HIV/Hep C, Gastro, ACO/PCMH	✓	✓										
	0658	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients		✓	✓			✓		✓			✓	Ambulatory Surgical Center Quality Reporting	
	0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use		✓				✓		✓			✓	Ambulatory Surgical Center Quality Reporting	
	MIPS ID 343	Screening Colonoscopy Adenoma Detection Rate Measure		✓	✓									To be removed from MIPS 10/2021	
	MIPS ID 439	Age Appropriate Screening Colonoscopy		✓	✓										
	MIPS ID 271	IBD: Preventative Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment		✓	✓										To be 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 Hepatitis C Cirrhosis	HIV/Hep C, Gastro	✓	✓										

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Pediatrics	0038	Childhood Immunization Status (CIS)		✓	✓							✓			
	1407	Immunizations for Adolescents (IMA)			✓	✓						✓			
	1448 (no longer endorsed)	Developmental Screening in the First Three Years of Life		✓	✓	✓								To be removed from MIPS 10/2021	
	0033	Chlamydia Screening for Women	Pediatrics, OB/GYN	✓	✓	✓						✓			
	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)		✓	✓	✓						✓			
	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	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Pediatrics, MedOnc, OB/GYN, ACO/PCMH, Behavioral Health		✓	✓						✓			
	0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child	Pediatrics, ACO/PCMH, Neurology			✓			✓						

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Obstetrics and Gynecology (OB/GYN)	0032	Cervical Cancer Screening		✓	✓	✓						✓			
	MIPS ID 443	Non-recommended Cervical Cancer Screening in Adolescent Females	ACO/PCMH, OB/GYN	✓	✓										
	2372	Breast Cancer Screening	ACO/PCMH, OB/GYN	✓	✓	✓			✓			✓	✓	Considered for Medicare Shared Savings Program	
	0469	PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean)		✓		✓					✓			✓	Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals Hospital Value-Based Purchasing
	0470	Incidence of Episiotomy		✓											
	0471	PC-02 Cesarean Section		✓		✓									
	0476	PC-03 Antenatal Steroids		✓											
	0480	PC-05 Exclusive Breast Milk Feeding and the subset measure		✓				✓			✓			✓	Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals
	MIPS ID 475	HIV Screening	HIV/Hep C , OB/GYN		✓										
	2902	Contraceptive Care - Postpartum				✓									
	2904	Contraceptive Care - Access to LARC													
	MIPS ID 336	Maternity Care: Post-Partum Follow-Up and Care Coordination			✓										
	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, OB/GYN	✓	✓	✓							✓		
	MIPS ID 433	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	Pediatrics, OB/GYN		✓										
0418/0418e	Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Pediatrics, Med Onc, OB/GYN, ACO/PCMH, Behavioral Health		✓	✓						✓				

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Orthopedics	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 To be removed from Hospital IQR 10/22	
	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	
	1741	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey		✓											
	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)			✓						✓				
	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			✓										
	2962	Shared Decision-Making Process													
	MIPS ID 355	Unplanned Reoperation within the 30-Day Postoperative Period			✓										
MIPS ID 459	Back Pain After Lumbar Discectomy/Laminectomy			✓											

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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		✓	✓									To be removed from MIPS 10/2021
	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		✓	✓									To be removed from MIPS 10/2021
	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		✓	✓							✓	✓	To be removed from Prospective Payment System-Exempt Cancer Hospital Quality Reporting 10/21
	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
	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, Med Onc, OB/GYN, ACO/PCMH, Behavioral Health			✓	✓					✓		
OCM-6	Patient-Reported Experience of Care													

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Accountable Care Organizations/Patient-Centered Medical Home (ACO/PCMH)	0018	Controlling High Blood Pressure	ACO/PCMH, 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		✓	✓				✓			✓			
	0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing		✓											
	0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy		✓	✓				✓			✓	✓		
	0097	Medication Reconciliation	ACO/PCMH, Neurology	✓	✓			✓	✓				✓		
	0032	Cervical Cancer Screening	ACO/PCMH, OB/GYN	✓	✓	✓							✓		
	N/A	Non-recommended Cervical Cancer Screening in Adolescent Females	ACO/PCMH, OB/GYN	✓	✓										
	2372	Breast Cancer Screening	ACO/PCMH, OB/GYN	✓	✓	✓			✓			✓	✓		
	0034	Colorectal Cancer Screening		✓	✓		✓		✓			✓	✓		
	0028/0028e	Preventive Care Screening: Tobacco Use: Screening and Cessation	Cardiology, ACO/PCMH, 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, ACO/PCMH		✓										
	0052	Use of Imaging Studies for Low Back Pain		✓	✓								✓		
	1885	Depression Response at Twelve Months- Progress Towards Remission	ACO/PCMH, Behavioral Health	✓											
	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, Med Onc, OB/GYN, ACO/PCMH, Behavioral Health		✓	✓						✓			
	0005	CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)	Pediatrics, ACO/PCMH, Neurology	✓	✓				✓						
	2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	ACO/PCMH, Behavioral Health		✓										
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		✓	✓								✓			
1800	Asthma Medication Ratio	Pediatrics, ACO/PCMH			✓										
1768	Plan All-Cause Readmissions (PCR)				✓			✓				✓	✓		

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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, Cardiology	✓	✓	✓	✓					✓			
	0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF)		✓	✓			✓							Physician Compare
	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 implemented 10/2021 Hospital IQR Removed 10/2021
	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	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, Cardiology, 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

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Cardiology (cont.)	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		✓										
	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		✓										
	0715	Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization		✓										
	0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories		✓	✓									To be removed from MIPS 10/2021
Neurology	0671	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)			✓									
	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, Neurology		✓									
	0097	Medication Reconciliation	ACO/PCMH, Neurology						✓					
0419e	Documentation of Current Medications in the Medical Record			✓										

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Behavioral Health	0108	Follow-Up Care for Children Prescribed ADHD Medication (ADD)			✓						✓			
	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Pediatrics, Med Onc, OB/GYN, ACO/PCMH, Behavioral Health		✓						✓			
	1884	Depression Response at Six Months- Progress Towards Remission												
	1885	Depression Response at Twelve Months- Progress Towards Remission	ACO/PCMH, Behavioral Health											
	0576	Follow-Up After Hospitalization for Mental Illness (FUH)			✓							✓		Inpatient Psychiatric Facility Quality Reporting
	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, Behavioral Health		✓									
	N/A	Pharmacotherapy for Opioid Use Disorder (POD)												
0028/0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	ACO/PCMH, Cardiology, Behavioral Health		✓		✓								