Eligible Clinician Electronic Clinical Quality Measure (EC eCQM) Development, Evaluation, and Implementation

Deliverable 4-3: Option Year 1 Technical Expert Panel (TEP) Meeting 1 Summary Report

Submitted to:
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted by:
American Institutes for Research
1400 Crystal City Drive, 10th Floor
Arlington VA 22202

December 19, 2025

AIR®
Advancing Evidence.
Improving Lives.

Contents

Technical Expert Panel Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted with the American Institutes for Research® (AIR®) and its collaborators (University of California, Davis; Smile Digital Health; Clinician-Driven Quality [CDQ] Solutions; and Lazy Labs, LLC), henceforth the "project team," to support CMS in advancing quality measurement in health care.

Key Definitions

- **Clinical Quality Measures (CQMs)** are mechanisms for assessing the degree to which a clinician competently and safely delivers clinical services appropriate for a patient in an optimal time frame. CQMs are a subset of the broader category of quality measures.
- **Electronic Clinical Quality Measures (eCQMs)** are measures specified in a standard electronic format that use data that are electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to measure the quality of the health care provided.

The objectives of the Eligible Clinician[1] Electronic Clinical Quality Measure (EC eCQM) Development, Evaluation, and Implementation project include the following:

- Identifying, developing, specifying, and testing new electronic clinical quality measures (eCQMs) for potential implementation in CMS quality programs that align with the CMS quality goals;
- Evaluating and preparing the measures for consideration and potential endorsement by the CMS Consensus-Based Entity; and
- Maintaining CMS-stewarded eCQMs, clinical quality measures (CQMs), and/or Medicare Part B Claims measures in the Merit-based Incentive Payment System (MIPS).

The purpose of the EC eCQM Technical Expert Panel (TEP) is to advise CMS and the project team in developing and maintaining eCQMs and CQMs for eligible clinicians for potential consideration and use in CMS quality programs. This TEP is a collaborative advisory body of 18 individuals who represent a broad range of technical expertise and perspectives. The TEP includes patients, caregivers, patient advisors and advocates, clinicians, electronic health record (EHR) vendor representatives, quality improvement experts, and health system representatives.

[1] The term *clinician* refers to a health care professional who is qualified in the clinical practice of medicine. Clinicians are those who provide principal care for a patient where there is no planned endpoint for the relationship; expertise needed for the ongoing management of a chronic disease or condition; care during a defined period and circumstance, such as hospitalization; or care as ordered by another clinician. Clinicians may be physicians, nurses, pharmacists, or other allied health professionals. Source: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/mms/qmy-clinicians

The specific duties of the members of the TEP include the following:

- Reviewing, prioritizing, and evaluating eCQM and CQM measure concepts for development and maintenance; and
- Reviewing and providing guidance on the measures in response to feedback from expert workgroups, public comments, and testing results regarding eCQM and CQM feasibility, usability, validity, and reliability.

The EC eCQM TEP will provide input to the AIR project team throughout the measure development life cycle. The project team will consider the TEP's recommendations and will convey those recommendations to CMS; however, CMS ultimately will make decisions regarding measure selection and development.

Considerations for Prioritizing Quality Measures

- Alignment of concept with quality program goals
- Technical feasibility
- Workflow feasibility: patient and clinician burden considerations
- Measurement gaps
- Quality of evidence regarding measure concept and clinical actions that can be taken to improve measured outcome
- Importance to clinicians
- Importance to patients
- Alignment with existing (competing) measures
- Potential for unintended consequences

Report Purpose

The purpose of the EC eCQM TEP Meeting Report (Deliverable 4-3) is to summarize the TEP's key takeaways and suggestions for the project team's consideration. This report does not include the project team's final recommendations to CMS based on TEP input. The project team will formalize its recommendations based on TEP feedback through other deliverables, including Deliverable 4-5: Draft Documentation Set and Deliverable 4-6: Final Documentation Set.

Meeting Summary

The project team convened the first TEP meeting of Option Year 1 via Zoom teleconference on Friday, December 5, 2025. Fifteen of the 18 TEP members attended the meeting.

Appendix A. TEP Members presents a list of all TEP members and indicates those in attendance. Appendix B. EC eCQM Project Team Meeting Attendees includes a list of CMS staff and project team members in attendance. Appendix C. TEP Agenda includes a copy of the full meeting agenda. Appendix D. Option Year 1 TEP Meeting 1 Handout includes specifications for measures discussed during this meeting. Appendix E. TEP Charter includes the draft TEP Charter terms of participation reviewed and ratified during the December 5, 2025, meeting.

The objectives of the December 5, 2025, EC eCQM TEP meeting were to

- Conduct roll call and introduce one new TEP member;
- Review TEP member expectations and confirm the TEP Charter;
- Briefly review patient and caregiver reflections provided at the June 23, 2025, TEP meeting on ways to increase awareness and understanding of clinical quality measures among patients and caregivers;
- Hear new insights from TEP members with lived experience in managing chronic conditions and navigating the health care system to find ways evolving technologies like telehealth, or remote screening and monitoring of chronic health conditions, affect the quality of patient care;
- Share updates on the development of CMS1331: Foot Assessment and Follow-Up for Patients with Diabetes;
- Discuss Fast Healthcare Interoperability Resources (FHIR) Transition Plans; and
- Share updates to two CMS-stewarded quality measures that are under maintenance:
  - Quality ID (QID) #134/CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
  - QID #128/CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Exhibit 1 summarizes the TEP member's discussion of potential measure updates and recommendations from the December 5, 2025, TEP meeting.

Exhibit 1. TEP Member Discussion Summary and Recommendations From the December 5, 2025, TEP Meeting

Topic/measure	TEP meeting discussion topics	Discussion summary and recommendations
CMS1331: Foot Assessment and Follow-up for Patients with Diabetes	• Based on initial feasibility testing results, for the lower extremity neurological exams, a single neurological exam (most often the monofilament) is performed in the great majority of patients. – Potential update: Revise the numerator to require at least one (instead of two) of the neurological exams to include either the 10-gram monofilament test (or the Ipswich Touch Test as an alternative). • For foot care education, documentation specific to instructions for foot self-care is inconsistent. – Potential update: Revise the definition of foot care education, also part of the numerator, to be less prescriptive, potentially dropping this numerator component.	• The TEP discussed the importance of data fidelity and robustness to ensure that the data elements are reflective of the questions being studied in testing. TEP members expressed interest in learning more about the data sources and specific data elements. The project team shared that testing is still in the beta testing phase and agreed to share the measure's draft value set and specification information with the TEP before the next meeting. • The TEP discussed whether the measure should be prescriptive about which lower extremity test providers use, noting that some clinicians prefer the vibration test over the soft-touch tests. The project team shared that the recommendation to specify a soft-touch test is based on literature and guideline reviews as well as professional society recommendations and implementer feedback on best practice for patients with diabetes. The project team also shared that the recommendation to use a soft-touch test—but not limited to the monofilament test—is more permissive than some current guidelines (Society for Vascular Surgery, American Podiatric Medicine Association, Society for Vascular Medicine), but The American Diabetes Association and International Working Group guidelines allow either the monofilament test or the Ipswich Touch Test. • TEP members agreed with this approach with the understanding that a clinician's use of vibration tests alone would not be adequate. • The TEP discussed whether education for foot self-care should be required for all patients with diabetes or only those with abnormal foot exams. Several TEP members including patient and caregiver members noted the importance of patient education but agreed that requiring this education for patients with a normal foot exam was not necessary. One TEP member, however, shared (and the project team confirmed) that the ADA guidelines are for all patients with diabetes to receive education on how to perform surveillance for general preventative care. (Guidelines do not specify the minimum frequency of this education among patients without risk factors, however.) Another member agreed that education for all patients with diabetes would be better for preventive care but was not sure how accurately this could be measured.

Topic/measure	TEP meeting discussion topics	Discussion summary and recommendations
QID #134/CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	• Testing Objective #1: Assess whether standardized depression screenings and their results can be captured electronically using Logical Observation Identifiers Names and Codes (LOINC) designated for the specific screening. • Testing Objective #2: For patients who do not meet the measure numerator, determine whether documentation exists in the clinical notes of a follow-up plan that is not being captured in the measure. • Testing Objective #3: Assess whether patient-specific characteristics warrant the introduction of new denominator exceptions or exclusions within the measure to improve accuracy and clinical relevance.	• A TEP member cautioned against requiring more detailed reasons for patient exclusions due to clinician burden. • The TEP discussed the need to account for the use of different depression screening tools and different thresholds for positive screenings. The TEP also discussed follow-up documentation burden given the current specifications and need for a separate workflow to get the data discretely. • The TEP also discussed the necessity of medical exceptions and noted the need for clarity regarding when it is an exception or is an exclusion. They discussed what may qualify as a medical reason to not screen a patient for depression, such as dementia. One TEP member shared that in a screening measure, no medical reason exists to not screen a patient for depression if they meet the criteria. They argued that all reasons for not screening, such as dementia, should be specified as exclusions, to make the measure more precise and comparable across reporting providers. • The TEP discussed how situational depression would be considered given those individuals would not meet the clinical definition for depression. A TEP member replied that the measurement score on a patient-reported outcome measure is not a diagnosis but rather a point-in-time measurement to inform clinical reasoning in those circumstances. These measures may be repeated to monitor the patient's progress continually toward clinically meaningful targets.

Topic/measure	TEP meeting discussion topics	Discussion summary and recommendations
QID #128/CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	• Objective #1: Assess whether the measure specification includes appropriate follow-up requirements for patients who screen into the BMI categories of "underweight" or "overweight." • Objective #2: Assess whether patient-specific characteristics warrant the introduction of new denominator exceptions or exclusions within the measure to improve accuracy and clinical relevance.	• The TEP discussed possible reasons why patients may fall into the screening categories of "overweight" or "underweight" and requested more information on what follow-up activities are currently specified for patients who screen as underweight. • The TEP did not endorse BMI as an accurate measure of health risk, stating that it is not an accurate tool for determining whether a patient is actually overweight or underweight. TEP members shared their experiences using BMI and its inaccuracy in their personal medical journeys, as well as the stress that can be put onto patients to meet BMI thresholds. These thresholds may not be appropriate for that patient due to a range of physical and medical factors including muscle mass, age, and preexisting chronic conditions. The TEP recommended evaluating the continued reliance on BMI within this measure, emphasizing that the availability of new weight-management therapies (e.g., Glucagon-like peptide-1 [GLP-1] agonists) may influence BMI outcomes but should not preclude patients from engaging in weight-management discussions with their healthcare providers. • The TEP expressed reluctance to endorse the use of BMI in this measure (particularly to define people who are underweight or overweight) and instead voiced support for the research and analysis of alternative screening tools, not reliant on BMI, to trigger weight screening and management conversations with providers.

The following sections of this report provide details about the information that the project team shared with TEP members and TEP member feedback received during the meeting.

Welcome and Roll Call

The project team welcomed TEP members, acknowledged CMS staff, facilitated roll call and introductions of TEP members in attendance, including one new TEP member, and reviewed conflict of interest disclosures and the meeting agenda.

TEP Roles and Responsibilities

The project team reviewed information about the purpose and structure of the TEP and member expectations for meeting attendance and participation, as outlined below:

- **TEP Purpose:** To advise CMS and the project team in developing and maintaining eCQMs for eligible clinicians for potential consideration and use in CMS quality programs.
- **TEP Meetings:** The TEP will meet up to four times per each 12-month contract period. The project team may request TEP input via email periodically. All meetings will be virtual and conducted via teleconference (e.g., Zoom). Meetings are expected to last up to 2 hours. Materials will be shared for review before the meeting.
- **TEP Roles and Responsibilities:**
  - Offer expertise, share individual and organizational perspectives, and engage in constructive deliberation to create an open and productive environment.
  - Review and consider the information and questions provided.
  - Arrive at each meeting prepared to provide feedback and recommendations on distributed materials. If unable to attend, provide input to the TEP Coordinator before the meeting.
  - If unable to fulfill TEP duties on an ongoing basis, notify the TEP Coordinator immediately.
  - Adhere to the terms of the confidentiality and disclosure agreement in the signed TEP Nomination Form.
- **TEP Transparency and Commitment:** CMS and the project team are committed to providing opportunities for TEP feedback and to accurately documenting TEP recommendations and concerns. Although CMS and the project team may not be able to implement all TEP recommendations, the team will ensure that they are considered fully. The project team also will provide clear rationale for those situations in which CMS is unable to implement specific TEP recommendations.

TEP Charter

- After reviewing TEP responsibilities, the project team asked each TEP member in attendance to confirm their agreement with the terms of TEP participation as outlined in the draft TEP Charter (Appendix E. TEP Charter) by responding to a Zoom poll question or in the Zoom chat. All TEP members in attendance responded to the poll and agreed to the terms of TEP participation. The project team followed up with the three TEP members who missed the meeting to confirm their agreement with the terms of participation via email. Accordingly, the TEP Charter was ratified, and the project team updated the charter to include the 2025–2026 EC eCQM TEP Membership List.

June 23, 2025, TEP Meeting Recap

During the December 5, 2025, TEP meeting, the project team provided an overview of the second TEP meeting of the project's base year held via Zoom teleconference on June 23, 2025. Seventeen of the 18 TEP members attended the June meeting. This recap included review of:

- the June meeting objectives, which were to discuss potential updates to four CMS-stewarded quality measures under maintenance;
- how TEP feedback informed the Measure Maintenance Report with recommendations to CMS and CMS's final decisions on the maintenance measures (shared with the TEP via email in September 2025); and
- a summary of TEP feedback on potential updates to the two CMS-stewarded quality measures under maintenance raised for discussion at the December 5, 2025, meeting (Exhibit 2).

The detailed June 23, 2025, meeting summary report is available on the CMS Measures Management System (MMS) website.

Exhibit 2. TEP Member Recommendations From the June 23, 2025, TEP Meeting

Measure	Summary of TEP feedback and recommendations	Summary of CMS decisions and next steps
QID #134/CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	• Expressed concerns about the measure over-screening patients for depression as patients with depression are not currently excluded. • Agreed with adding acute depression to the exclusion criteria.	• CMS did not approve expanding the denominator exclusion criteria. All patients will remain in the measure denominator. • Next steps: Explore options for screening and treatment measures.

Measure	Summary of TEP feedback and recommendations	Summary of CMS decisions and next steps
	• Suggested changing the measure name to "Screening for Acute Depression."	
QID #128/CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	• Endorsed the proposed exception for dental encounters. • Raised several concerns about the use of BMI as a screener for obesity and health and recommended using a BMI indicator of 30 or above as the trigger for a follow-up plan.	• CMS approved the exception for dental encounters. • Next steps: Conduct testing to determine if changes should be made, specifically related to the "overweight" and "underweight" populations.

Patient and Caregiver Reflections: Lived Experience

The project team highlighted the importance of grounding TEP discussions about quality measurement in real-world experiences from individuals who bring primary perspectives as patients or caregivers. The project team reviewed patient and caregiver reflections from the June 23, 2025, TEP meeting, which included discussions of ways to increase awareness and understanding of clinical quality measures among patients and caregivers. Key takeaways include the following:

- Information should be user-friendly and shared in a simple way.
- Patient and caregiver participation on TEPs helps to ensure that policies and rules consider patients' experiences and needs. Increasing recruitment and messaging for TEPs could lead to more involvement and awareness.
- Increasing awareness of public comment periods and integrating measure information into clinical care discussions are important.

The project team then shifted to the discussion topic for this meeting, which focused on the role of evolving technologies in health care quality. The project team asked each patient and caregiver TEP member in attendance to share brief reflections in response to the following question, which was shared in advance:

Question(s) Posed to Patient and Caregiver TEP Members:

How do evolving technologies like telehealth, or remote screening and monitoring of chronic health conditions, affect the quality of patient care? Tell us about your experiences.

Five TEP members with lived experience as a patient and/or caregiver attended the TEP meeting and shared their perspectives:

- One patient and caregiver TEP member shared via the meeting chat that telehealth reduces the cost per visit for patients and families, reduces exposure to illness in a clinical setting, and facilitates multidisciplinary collaborations. It also enables providers to see patients in their home environments, which for this TEP member, enabled clinicians to provide a more complete behavioral analysis in the presence of daily stressors. They added that telehealth reduces anxiety surrounding hospital visits and enables patients to live healthily at home and still receive proper care, potentially with more frequency than would be possible with in-person appointments.
- Another patient TEP member stated that telehealth has made routine follow-up care more manageable and enabled them to catch issues early on with minimal disruptions to their daily life. For those with chronic conditions and suppressed immune systems, telehealth allows these patients to avoid exposure to illness in a clinical setting and see their care team virtually when ill rather than waiting until they recover. The TEP member expressed concern about potential changes to telehealth coverage, particularly for patients receiving home-based treatments.
- A third patient TEP member shared that telehealth hasn't worked well for them so far, but they see the possibilities. They noted appreciation for technology such as a continuous glucose monitoring system, which uses AI to generate recommended lifestyle adjustments. For this TEP member, in their experience, the cost of telehealth and in-person visits are equivalent, and they shared that connectivity during virtual visits could be improved. They added that the convenience of telehealth visits is advantageous for those with chronic conditions.
- Another patient and caregiver TEP member noted via chat that telehealth visits enable patients to see their provider sooner and share concerns earlier. For those in rural communities, the convenience of telehealth visits is particularly helpful.
- A fifth patient advisor TEP member stated that they share data on their steps-per-day with their providers, which is important to their care. They also monitor their blood pressure at home and noted that it is important for patients to be aware that a second blood pressure reading should be taken if the first reading seems out of normal range. The TEP member shared that oftentimes wellness apps have an associated cost, which many individuals are unable to afford. It would be helpful for patients to access free apps that health systems have in-house and that encourage exercise, meditation, and other activities to improve wellbeing related to depression and everyday wellness.

One additional comment was shared by a TEP member following these patient and/or caregiver TEP member reflections:

- One clinician TEP member shared that they conducted a study on a facilitated telemedicine model with peer patient case managers, who facilitate the interaction as compared to the conventional off-site referral. They achieved greater success with the telemedicine arm than in the off-site referral arm. The TEP member stated that telehealth needs more evidence-based studies and reiterated that their research found that telemedicine helps patients connect and offers providers the opportunity to engage and integrate physical health services into behavioral health services. They highlighted the importance of patients having access to the correct equipment and understanding how to operate the technology.

Updates on the Foot Assessment and Follow-up for Patients with Diabetes Measure

The project team provided an update on the development of CMS1331: Foot Assessment and Follow-up for Patients with Diabetes. The team first reviewed the measure specifications:

Description. This measure refers to the percentage of patients 18 years of age and older with diabetes who receive all of the following: a lower extremity neurological examination, vascular examination, visual inspection and foot care education, and have a documented follow-up plan of care if any of the results are abnormal during the measurement period.

Definition. As shown in Exhibit 3, the project team reviewed the measure definition and components.

Exhibit 3. CMS1331: Foot Assessment and Follow-up for Patients with Diabetes eCQM Definition

Measure population	Definition
Initial population	• Patients 18 years of age and older at the beginning of the measurement period who have diabetes and at least one eligible encounter during the measurement period
Denominator	• Equals initial population
Denominator exclusions	• Patients who had a bilateral amputation at the foot or above, or both a left and right foot amputation before the start of the first eligible encounter • Patients who are in hospice care for any part of the measurement period
Numerator	• Patients who receive a lower extremity neurological examination, a vascular examination, a visual inspection, and foot care education during the measurement period and, if any abnormal exam finding is found, have a documented follow-up plan of care within 7 days of the eligible encounter where the abnormal exam finding was found

The project team next moved into an update on testing activities for this measure, including testing plans, testing phases and timelines, preliminary results and implications, and next steps.

Testing Plans. The project team then shared details from the measure testing plan (Exhibit 4) approved by CMS in August 2025 that focused on evaluating whether the measure adheres to the scientific standards for quality measurement—that is, whether it is feasible, reliable, valid, and capable of detecting meaningful variation among accountable entities using the Consensus-Based Entity (CBE) criteria to guide the team's analytic approach.

Exhibit 4. CMS1331: Foot Assessment and Follow-up for Patients with Diabetes eCQM Testing Plans

CBE criterion	Research questions	Analytic approach
Importance	What is the measure's impact, performance variation, and value to the target population?	Report performance scores to show differences in results for the main population and subgroups. Get feedback from experts about the measure's value and relevance.
Equity	How well does the measure identify differences in care among patient subpopulations to help close existing gaps?	Test performance score differences across sociocultural factors. Explain variations in health care and outcomes linked to the measure focus. Address challenges and show how the measure helps improve care for these groups.
Feasibility	Are the measure's required data elements structured, easily retrievable, standardized, and aligned with the measure's intent?	Use a scorecard to record captured data: 1 for yes, 0 for no. Note findings and outline solutions for any issues.
Measure score reliability	Can performance be calculated reliably and consistently at the eligible clinician level?	Signal-to-noise analysis at the accountable entity level using the Nieser-Harris beta binomial estimator, endorsed by the Partnership for Quality Measurement.
Encounter-level (data element) validity	Do data elements align with clinical abstraction gold standards, and do scores reflect intent? For example: Were data elements extracted accurately, with consistent patient populations between the electronic reports and clinical abstraction?	Agreement between electronically extracted data and original electronic health record (EHR) review is assessed, including provider notes. Review statistics: positive and negative predictive value, sensitivity, and specificity. Review of false positives and negatives for each population, including denominator exclusions.
Exclusions	Are measure exclusions justified?	Frequency of exclusions and how they affect measure scores. Assess false negative and false positive rates.

Testing Phases and Timeline. The project team noted that the test plan consists of two major phases, alpha (completed in September 2025) and beta testing (ongoing), as outlined in Exhibit 5.

Exhibit 5. CMS1331: Foot Assessment and Follow-up for Patients with Diabetes eCQM Testing Phases and Timeline

Testing phase and timeline	Purpose	Activity
Alpha April 2025–September 2025	Evaluates the usability and feasibility of measure concepts, data elements, and code sets in real-world clinical settings, applications, and practices.	• Expert feedback (Initial feasibility) • TEP review of draft measure specification • Pilot site identification • Face validity • Feasibility scorecard development
Beta September/October 2025–January 2026	Focused at the pilot site level, conducting data collection, measure execution, and analysis to determine the reliability and validity of the measure's concepts, data elements, and performance.	• Feasibility assessment (pilot site level) • Data collection • Abstraction • Analysis (reliability & validity)

Preliminary Testing Results and Implications. As shown in Exhibit 6, the project team shared preliminary measure testing results and implications for potential changes for the TEP's consideration.

Exhibit 6. CMS1331: Foot Assessment and Follow-up for Patients with Diabetes eCQM Testing Preliminary Testing Results and Implications

Initial feasibility testing results	Potential changes to measure
Data elements are available in structured format in electronic health records (EHR).	N/A
For the majority of lower extremity neurological exams, a single neurological exam (most often the monofilament) was performed.	Revise the numerator to require at least one (instead of two) of the neurological exams to include either the 10-gram monofilament test (or the Ipswich Touch Test as an alternative).
For foot care education, documentation specific to instructions for foot self-care was inconsistent.	Revise the definition of the foot care education, also part of the numerator, to be less prescriptive.

Measures Under Consideration (MUC)/CBE Submission Update. AIR plans to submit CMS1331 as a candidate MIPS measure for CMS's MUC list for the 2026 pre-rulemaking cycle by May 1, 2026. CMS will make the MUC list publicly available by December 1, 2026. In addition, AIR plans to submit this measure to the Partnership for Quality Measurement (PQM) for the spring 2026

CBE endorsement cycle, with the intent to submit due by April 1, 2026, and the full submission due by May 1, 2026. Endorsement decisions are expected to be posted in July/August 2026.

The project team posed the following question(s) to the TEP for discussion:

Question(s) Posed to the TEP:

Are there any concerns with the revisions AIR is planning to make to the Foot Assessment and Follow-up for Patients with Diabetes measure specification?

The TEP held the following discussion on this measure:

- One TEP member asked what data model the team is using for pilot testing of the measure. The team shared that the measure is specified in FHIR and data collection is based on the Quality Data Model (QDM).
- Another TEP member noted that the specification in FHIR and being tested using QDM concepts may lead to complexities in analysis and asked for clarification on the data used in testing, including whether the data are from Electronic Health Records (EHR) or another source. The TEP member who inquired about the data model added that these data elements may not be transmitted in FHIR or QDM and that the production of many data elements does not happen in the EHR but elsewhere.
  - The project team shared that for this measure, data are currently pulled from the EHR for the high-level QDM elements of the measure through orders, problem lists for diagnoses, and International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) concepts.
- A TEP member shared the importance of finding data that have high fidelity and are robust in a useful format in addition to the broader goal of seeing whether the measure is useful for patients and does its intended job. They encouraged the project team to share the data source and how the data repository is built as part of showing the fidelity and strength of the testing results.
  - The project team responded that during initial testing, the team confirms and agrees on source data locations to ensure accuracy in data extraction. This process includes a manual assessment step. The project team shared that when pulling data from multiple providers or EHR systems, the focus is on achieving uniformity across data elements. The team currently is working to ensure that the data are uniform, clean, and the source is verified.
- One TEP member suggested that the project team share the human-readable Health Quality Measure Format (HQMF) developed for the measure. The TEP member posited that the measure is being tested with QDM rather than the new FHIR framework in the end-to-end

eCQM. The project team confirmed that these testing assumptions are correct, only the narrative pieces of the specification were included in the premeeting materials, and that additional discussion on these aspects of measure development would occur at the next TEP meeting.

- A TEP member recommended assessing data quality first before determining measure usefulness, especially given challenges with abstraction from EHRs and the transition from QDM to FHIR. The TEP member asked if the project team could provide feedback to the TEP on how well the data capture measure requirements for complex conditions like diabetes where multiple assessments are expected (e.g., neurologic assessments, looking at the extremities, vascular assessments). They also asked for information on how the requirement for a follow-up plan is articulated and the feedback from clinicians on these elements. The project team expects to share information on clinician feedback with the TEP at the next TEP meeting, tentatively slated for the spring 2026, when this phase of testing is completed.
- One TEP member offered their support with referencing resources that are available on the quality measurement side such as mapping guides. The TEP member also asked if the project team could share the object identifiers (OIDs) or uniform resource identifiers (URIs) associated with the measure. The project team expressed appreciation for the offer and said they would follow up to share information with the TEP on the measure's value sets, which include those details.
- One TEP member asked if there was a recommendation for clinicians to provide foot care education for patients with normal foot exams. This member shared that their practice is not to review foot care education as part of a follow-up plan for someone with diabetes if their foot exam is normal. Another TEP member clarified that there is an 'OR' qualifier in the written measure specification that either the exam is normal 'OR' it is abnormal with a documented follow-up. Five TEP members in the chat, including two patient and/or caregiver and advocate members, agreed with providing foot care education to patients with abnormal foot exams. One TEP member disagreed in the meeting chat and advised that all patients with diabetes should receive general preventative information about podiatric self-care, according to the American Diabetes Association (but the guidelines do not specify the minimum frequency of this education among patients without risk factors). Another TEP member added in the chat that education for all patients with diabetes is the proactive approach for preventive care, although whether this education occurs in the encounter may be difficult to measure accurately.
- One TEP member asked if it were necessary to specify which type of foot assessment tool is used and whether it could be left to the clinician to use any proper lower extremity exam. The project team clarified that a thorough review of relevant clinical literature and

guidelines from professional societies, including the American Diabetes Association and the American Academy of Clinical Endocrinology, suggest that patients with diabetes need an examination that focuses on soft touch, not just on pinprick or vibration, and that the standardized way to do this is with a 10-gram nylon monofilament or another standardized approach to soft touch. The project team also shared that this specification change is reducing the number of neurologic tests required from two to one. It is also not specifying which soft-touch test to use, though practice shows that most clinicians conduct only the nylon microfilament test. The recommendation to use a soft-touch test but not limited to the monofilament test is more permissive than some current guidelines (Society for Vascular Surgery, American Podiatric Medicine Association, Society for Vascular Medicine), but The American Diabetes Association and International Working Group guidelines allow either the monofilament test or the Ipswich Touch Test. The TEP member expressed in the chat that they understood and supported the recommendations, with the reservation that if a clinician performed only one type of test, such as the vibration test, and not a soft-touch test, that they would not pass the measure.

- One TEP member asked in the chat if this measure would go under public comment. The project team shared that the measure had undergone public comment previously during the initial testing work in 2023. Public comment will be part of the CBE endorsement process.

Fast Healthcare Interoperability Resources Transition Plans

The project team provided an overview of CMS's Fast Healthcare interoperability Resources (FHIR) transition) plans.

Transition Plans. CMS is converting its current set of eCQMs to digital quality measures (dQMs) based on the FHIR standard. Converted eCQMs will constitute a subset of dQMs and are distinct from the current program eCQMs.

- CMS Program eCQMs:
  - Have long-standing use in CMS quality reporting programs.
  - Are based on the Quality Data Model (QDM), defined for CMS use.
  - Use electronic health records (EHR) as their primary data source.
- dQMs:
  - Will leverage interoperable FHIR-based data modeling.
  - Have data requirements that are modular and interoperable across use cases.
  - Use data extracted from multiple sources, including devices, systems, or applications outside traditional EHRs.

Public Comment Period. CMS is exploring the transition of eCQMs to dQMs using FHIR standards to enable standardized electronic data sharing. Health Level Seven (HL7) International® FHIR® is the next-generation standard for electronic health care data exchange, supporting improved interoperability across clinical settings. Between January 21, 2026, and February 23, 2026, CMS will accept public feedback on draft dQMs to be considered for future use in CMS quality reporting programs. Please visit the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) Project Tracking System (Jira) to review draft dQMs (QI-Core STU 6) and submit feedback by leaving one or more comments on the EC Measures ticket (link forthcoming).

CMS Public Comment Webinar. CMS scheduled a webinar for January 21, 2026, at 2 p.m. EST to discuss the transition from eCQMs to dQMs and what to expect for the dQM public comment period. The intended audience is health IT developers/vendors, measure developers, implementers, and others interested in the transition to dQMs. The webinar topics include an overview of the transition to dQMs using FHIR, introduction to the Measure Authoring Development Integrated Environment (MADiE), comparison of dQM and eCQM artifacts, test case examples, CMS and CDC hypoglycemic reporting, and administrative/procedural details about the dQM public comment period.

The project team will follow up with the TEP in January 2026 to share additional details on how to participate in these activities.

Updates for Measures Under Maintenance

As shown in Exhibit 7, the project team provided updates on the measure maintenance activities for the two CMS-stewarded quality measures of focus.

Exhibit 7. Maintenance Measures Discussed at the December 5, 2025, TEP Meeting

Measure	Description
QID #134/CMS2 Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days before the date of the encounter using an age-appropriate standardized depression screening tool AND if positive a follow-up plan is documented on the date of or up to 2 days after the date of the qualifying encounter
QID #128/CMS69 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside normal parameters

QID #134/CMS2 Preventive Care and Screening: Screening for Depression and Follow-Up Plan

PY2028 Maintenance Activities. The team's maintenance activities include a literature and guideline review, expert workgroups (EWGs), professional society outreach, review of implementer feedback submitted to CMS, and maintenance testing to evaluate potential changes.

Maintenance Testing. The team's testing objectives for this measure are as follows:

1. Assess whether standardized depression screenings and their results can be captured electronically using LOINC codes designated for the specific screening.
2. For patients who do not meet the measure numerator, determine whether documentation is in the clinical notes of a follow-up plan that is not being captured in the measure.
3. Assess whether patient-specific characteristics warrant the introduction of new denominator exceptions or exclusions within the measure to improve accuracy and clinical relevance.

The project team posed the following question(s) to the TEP for discussion:

Question(s) Posed to the TEP:

What feedback do you have on these testing objectives and/or testing questions?

Is there any additional information we should consider when conducting maintenance testing?

The TEP held the following discussion on this measure:

- A TEP member asked for more information about the project team's approach to testing Objective #1, noting the need to normalize scores when different scales and units of measurement exist, so that thresholds for a positive score are specific to the instrument used. The project team shared that the goal is to electronically capture positive screenings for each of the potential screening tools. Currently, the measure uses only SNOMED CT codes to determine if a screening was conducted and if it was positive or negative, which must be mapped by the implementer. The team's goal is for the measure logic to automatically determine whether a screening has a positive score because it meets a certain threshold. Another project team member added the way measure is currently implemented, each site defines its own threshold for what is abnormal, so the measure is not comparable across sites. In the literature there are tool-specific thresholds and these could be included in the measure specification to make the data more consistent and reliable across settings.

  - In the chat, one TEP member noted that screening measures, especially if they are intended to become dQMs, must not have precoordinated codes. With many measurements, the reference ranges vary depending on the test, so to effectively use patient-reported outcome measure (PROM) measurement data, it is necessary to use a code that references the instrument used so the resulting score can be accurately attributed and interpreted by a clinician or a dQM.
  - The TEP member also added in chat that the measure assesses the presence of a PROM's total score using Logical Observation Identifiers Names and Codes (LOINC) and defines the tool-specific threshold because each PROM instrument has a different reference range and threshold for follow-up.
- One TEP member shared that, in their experience, it is possible to achieve Objective #1.
- A TEP member shared in chat that to identify that a screening occurred, manual interpretation of clinical notes or other information in the record is mapped to a pre-coordinated Healthcare Common Procedure Coding System (HCPCS) code that indicated an event occurred and that a positive finding was observed. For each of the various screening instruments, a person needs to identify the tool, the score, and the appropriate reference range and threshold for that instrument.
  - One member shared logic in the chat as a potential way to define positive depression screening for the group's reference.
- A TEP member asked for clarification on testing Objective #2. The TEP member restated their understanding that the project team is reviewing clinical notes to find (1) elements documented in clinical notes that met the intent of the measure but not captured by the measure logic and (2) pertinent elements that do meet the numerator intent that should be included but were not identified in the measure logic. The TEP member agreed with both approaches and noted that this may result in findings that we don't currently have good codes for, so they advised the team to share that information with SNOMED CT or LOINC.
- The TEP member asked if the objective is to determine a need for more specificity regarding reasons for patient exceptions and expressed concern about clinician burden if more detail is required. The project team shared that the primary concern is not why clinicians use the exception, but is to ensure the exception is more straightforward. The TEP member is not supportive of diving into the nuances of why exceptions occur. The project team noted that increasing complexity for implementers is not the intent.
- Regarding testing Objective #2, a TEP member shared that with the current measure logic regarding follow-up documentation, if multiple visits occur, every visit should have a follow-up done, which is an excessive burden for the clinician. They noted that this is an issue with patient-centered measures when the measure is based on an encounter. They asked if

unstructured text could be converted into structured elements. The project team shared that they would use unstructured data to look for patterns of follow-up plans provided for patients who are not meeting the numerator, to determine if numerator criteria should be expanded. The same TEP member noted that generally, once a diagnosis is made, clinicians do not rescreen patients and recommended that the team review the specification to see if it can be made more specific and targeted. The project team acknowledged that CMS is working on this topic.

- One TEP member expressed concern about medical exceptions referenced in Objective #3. They shared that few scenarios are in a process measure in which a medical exception is necessary, and added that in a screening measure, there is no medical reason to not screen someone for depression.
  - In the chat, a project team member noted that cognitive impairment, dementia, or psychotic disorders may qualify as a medical reason to not screen a patient due to reliability of their responses. The TEP member suggested that these cases should be exclusions specified in the measure, not exceptions, adding that exceptions affect the veracity of performance rates.
  - The project team shared that the denominator exceptions were designed originally in process measures to account for relative contraindications, where it would be fine to prescribe a medication but it also would be reasonable not to prescribe a medication, because the patient may have a relative contraindication to that medication. The project team clarified that credit is given when the medication is prescribed, but there is no discredit when the medication is not prescribed and that this was the original principle of medical exceptions.
  - A TEP member responded that their past clinical objections to exceptions were based on developing criteria for exceptions versus exclusions. They agreed that in the case of exclusions, those should be well-specified and hard-coded into the measure for who should not be getting screened and who should not be in the denominator because they have a reason for why they should not be getting screened, such as a cognitive impairment. Previously, exceptions were used as a quick workaround because manual data collection was too complex, but now advanced algorithms can reflect real clinical reasoning. This makes generic "black box" exceptions unnecessary and potentially harmful to measure credibility.
- Another TEP member in the chat raised the idea that if certain exceptions were documented, often by the majority of providers, this could be a specific exclusion instead. They added that we should align with the guidelines and measure intent, however, and cited the "guidance" piece of the eCQM specification measure intent, "to screen all patients for depression except those with a diagnosis of bipolar disorder."

- Another TEP member raised an implementation challenge, noting that this measure would alter clinicians' documentation practices and would require a separate workflow, which creates additional burden. They noted that much effort is expended on reducing burden such as implementing AI notetaking, but AI notes are not codified in a way that allows for interpretation in quality measurement. They advocated for revisions to the follow-up plan component as technology develops to reduce documentation burden.
- A patient and caregiver TEP member clarified that for patients who do not meet the numerator, if there is an initial follow-up plan, there isn't a need for repetitive follow-up plans. The team confirmed that they are not changing the follow-up plan requirements and repeated follow-up plans wouldn't be necessary.
- One TEP member shared in chat that there are fully integrated practice apps for collecting Patient Health Questionniare-9 (PHQ-9) results with automated data collection and patient monitoring.
- In the chat, a patient advisor TEP member noted that some individuals take a depression screen such as PHQ9 annually, and a patient and caregiver TEP member noted that they complete a screening every 2 months.
- One patient and caregiver TEP member asked how situational depression would be considered given that they would not meet the clinical definition for depression. A TEP member agreed that in their clinical experience they struggled with this documentation.
  - Another TEP member replied that a measurement score on a PROM is not a diagnosis, but a point-in-time measurement that informs the clinical reasoning process for a patient's circumstances. The measurements may be repeated to monitor their progress. They also added that this concern is a reason that they suggested excluding Major Depressive Disorder from the depression screening measure.
- A patient advisor TEP member confirmed with the project team that a follow-up action could be a referral to a psychiatrist, not the visit itself.

QID #128/CMS69 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

PY2028 Maintenance Activities. The team's testing activities include a literature and guideline review, expert workgroups (EWGs), professional society outreach, review of implementer feedback submitted to CMS, and maintenance testing to evaluate potential changes.

Maintenance Testing. The team's testing objectives are as follows:

1. Assess whether the measure specification includes appropriate follow-up requirements for patients who screen into the BMI categories of "underweight" or "overweight."

2. Assess whether patient-specific characteristics warrant the introduction of new denominator exceptions within the measure to improve accuracy and clinical relevance.

The project team posed the following question(s) to the TEP for discussion:

Question(s) Posed to the TEP:

What feedback do you have on these testing objectives and/or testing questions?

Is there any additional information we should consider when conducting maintenance testing?

The TEP held the following discussion on this measure:

- A TEP member asked whether a follow-up plan is required when a patient's BMI is just over 25, adding that the clinical note will help answer that question. The project team responded that the current testing plan is to collect and review data from clinical notes to see what kinds of exceptions may be possible to include from there, noting that they may find information on body adiposity or other information on why follow-up is not required in clinical notes.
- The same TEP member added that there may be some controversy about the use of this measure in individual patients, as opposed to broader population-level uses that may relate to policy. This TEP member also commented that there is the issue of deciding what value should be the threshold for any specific plan of action.
- Another TEP member commented that the conversation on this measure is often geared toward reasons why patients may meet the higher value but may not need follow-up care and asked if there are any plans to review follow-up plan specifications for patients who fall on the ends of the spectrum, such as those with eating disorders. The TEP member asked if this measure could be used to support care of those individuals. The project team responded that they could take this feedback to the broader testing team for discussion.
  - The project team later added that no studies exist on the use of BMI as a screening tool for eating disorders and that these screenings are done in the context of referral for psychiatric evaluation or patients who already have mental health complaints or concerns.
- The TEP member added that they are not in favor of using the BMI as an individual identifier for actionable health activities. The member added that the use of BMI is uncertain even more so because of the new class of GLP-1 medications and how those affect people's BMI, which further clouds the tool's usefulness for weight management. Overall, the TEP member expressed concern that these medications could impact the measure and that the team consider whether BMI is a good indicator for categorizing patients into populations for actionable follow-up activities.

  - The member noted that the drug itself also has limitations for implementation as a weight management solution due to its expense. A patient advocate TEP member added that the side effects for the drug and its unfitness for use with certain patients, such as those with gastrointestinal risks or illnesses, are other limitations.
  - One member shared that the BMI metric itself is seen as "checking a box" rather than a tool for addressing obesity; this member also shared that this measure was used in a CMS-state value based primary care program and had to be removed from the assessment, though they were not certain of what the data issues causing this were. Another TEP member shared that the BMI is not a great measure as far as an intermediate outcome that accurately signals future risk. A patient advocate questioned the accuracy of BMI, noting that more muscular people have higher BMIs, and cautioned the overreliance on the score because a patient could react negatively to these results. Other TEP members validated these comments in the chat with their own experiences of being under or over the threshold for healthiness according to the BMI and having weight management conversations when those were not necessarily appropriate.
- One patient TEP member suggested assessing whether adjusting the thresholds for overweight and underweight to be more generous could solve some of the inaccuracies described with using BMI to prompt follow-up.
- A patient adviser TEP member shared that the BMI is just a number and too much focus on it and weight measurements can be stressful for patients. They suggested that visual and laboratory assessments are better indicators of health or reasons for concern. They added that weight-management-related drugs are not available for all people including those who cannot afford them, are on Medicaid, or have chronic conditions, and noted that these are medications people have to use for the rest of their lives as well.
- A TEP member asked if CMS should be pushing a continued reliance on BMI, noting that clinicians spend valuable time on the measure but their doing so does not result in improved outcomes for patients. The member suggested that other tools are available that are geared more toward individual patients that may yield a better result instead of continuing to promote a tool that the medical community generally believes does not work. Alternatively, they recommend doing an analysis to find a better tool and promoting that tool instead.

Patient and Caregiver Reflections: TEP Discussion

Before adjourning the meeting, the project team asked patient and caregiver TEP members in attendance to share any final reflections in response to the following question(s):

Question(s) Posed to Patient and Caregiver TEP Members:

Considering today's discussion, do you have any additional thoughts, concerns, or recommendations?

What ideas or topics from today's discussion resonated most with you? Why?

- Three TEP members, including two patient and/or caregiver TEP members, further supported the points made earlier in the meeting about the BMI tool not being appropriate for weight management. One additional patient advocate TEP member added that the new GLP-1 drugs cause gastric issues that prevent them from being able to take this class of drugs to manage weight and that these new weight management medications have serious side effects of which many people may not be aware. Two other TEP members added in the meeting chat that the BMI can create a weight-related complex and induce anxiety among patients.
- Two patient and/or caregiver TEP members expressed gratitude for the robust and open conversations held in the meeting.
- One TEP member shared that they were happy to hear about the changes shared in the call and requested that the project team circulate information on the upcoming FHIR webinars and how the TEP members can provide input on that process. The member expressed that having better data will help reduce physician burden.
- The project team acknowledged all TEP member feedback and confirmed plans to share additional information regarding FHIR transition activities.

Meeting Wrap-Up and Next Steps

The project team provided a high-level overview of the next steps for the EC eCQM project in the coming months, which will include the following activities:

- Review and summarize the feedback from TEP members.
- Share the meeting summary report with TEP members for their review.
- Consider potential future changes to the measures under maintenance.
- The next TEP meeting is tentatively planned for spring 2026.
- The project team will follow up with TEP members via email to schedule the meeting and share updates.

Appendix A. TEP Members

EC eCQM TEP Attendance: Base Year Meeting #1	X if attended
Hadeel Alkhairw, MD, FACP, MS-HQSM, Dip ABOM	X
Ashley Bates, CNA, CMA	X
Karri Brown, MBA, LPN	X
Zahid Butt, MD, FACG	X
Jessica Dale, DNP, BS, RN	X
Stephen Foster, MD	
Ben Hamlin, DrPH, FAMIA	X
Michael Hansen, MD, MPH, MS	
Jenel Lansang, MSN, RN, MEDSURG-BC	X
Luming Li, MD	
Robert McClure, MD	X
Precious McCowan, PhD	X
Samantha Pitts, MD, MPH	X
Anthony Sanchez	X
Christa Starkey	X
Andrew Talal, MD, MPH	X
Janice Tufte	X
Sandeep Vijan, MD, MS	X

Appendix B. eCQM Project Team Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees
Angela McLennan, Contracting Officer's Representative

EC eCQM Project Team Attendees
Tandrea Hilliard-Boone, EC eCQM TEP Task Lead
Emily Melluso, TEP Task Team
Emily Tesbir, TEP Task Support
Kennan Murray, EC eCQM Program Director
Cindy Van, Deputy Project Director
Michelle Lefebvre, Quality Measure Development Lead, Deputy Project Director
Kelly Burlison, Quality Measure Maintenance Lead
Sarah Mossburg, AIR Information Gathering Lead
Katie Magoulick, eCQM Measure Documentation Lead

University of California, Davis Attendees
Patrick Romano, Clinical Lead
Meghan Weyrich, Information Gathering Lead
John Kennedy, Clinical Coding Specialist
Elizabeth Magnan, Clinical Leadership Team Member
Irina Tokareva, Quality Measurement Clinician Researcher

Smile Digital Health Attendees
Jason Evans, Senior Software Engineer, FHIR Specification Lead

Appendix C. TEP Agenda

EC eCQM Technical Expert Panel 2025-2026 Project Year Meeting 1

December 5, 2025 | 2:00 p.m. Eastern Time (ET)
Meeting ID: 997 6552 7905 **| Passcode:** 2U+jd3dDAh
Web Conference URL:
https://air-org.zoom.us/j/99765527905?pwd=geAA7fN1DdpgtJdYgzj5DjyCBYebWZ.1

Time (ET)	Topic
2:00-2:20 pm	**Welcome and Roll Call** • Welcome members. Review meeting agenda and objectives. • Conduct TEP member roll call, introduce new TEP member, and review conflict of interest disclosures.
2:20-2:25 pm	**Technical Expert Panel (TEP) Roles and Responsibilities** • Review TEP member expectations and confirm TEP Charter.
2:25-2:30 pm	**TEP Base Year Meeting 2 Recap** • Briefly review TEP feedback provided at the June 23, 2025 TEP Meeting.
2:30-2:45 pm	**Patient and Caregiver Reflections: Lived Experience** • Hear from TEP members with lived experience in managing chronic conditions and navigating the health care system to ground TEP discussions in real-world experiences. • **Prompt:** How do evolving technologies like telehealth, or remote screening and monitoring of chronic health conditions, affect the quality of patient care? Tell us about your experiences.
2:45-2:55 pm	**Updates on the Foot Assessment and Follow-up for Patients with Diabetes eCQM** • Share testing plans, preliminary results, and next steps. • Discuss submission plans for the Consensus-Based Entity (CBE) and CMS Measures Under Consideration (MUC) List.
2:55-3:15 pm	**Fast Healthcare Interoperability Resources (FHIR) Transition Plans** • Discuss plans for FHIR transition and the public comment period.
3:15-3:45 pm	**Updates for Measures Under Maintenance** • Discuss updates for two measures under maintenance: – QID #134/CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan – QID #128/CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
3:45-3:55 pm	**Patient and Caregiver Reflections: TEP Discussion** • **Prompt:** Considering today's discussion, do you have any additional thoughts, concerns, or recommendations?
3:55-4:00 pm	**Meeting Wrap-Up and Next Steps** • Review next steps and action items.

Appendix D. Option Year 1 Meeting 1 Handout

Eligible Clinician Electronic Clinical Quality Measure
Development, Evaluation, and Implementation Project

2025-2026 Project Year Technical Expert Panel Meeting 1

Measure Specifications Handout

Contents

Background

As described in the Base Year Technical Expert Panel (TEP) Meeting 1 Resource Guide (shared previously), there are two categories of quality measures relevant to the Eligible Clinician Electronic Clinical Quality Measure (EC eCQM) Development, Evaluation, and Implementation project:

1. **Measures Under Development:** New measures on which the project team will work with CMS, the TEP, and other partners from the broader clinical community to create.
2. **Measures Under Maintenance:** These measures have already been developed but are reassessed each year and updated as necessary.

Key Definitions

- **Clinical Quality Measures (CQMs)** are mechanisms for assessing the degree to which a clinician competently and safely delivers clinical services appropriate for a patient in an optimal time frame. CQMs are a subset of the broader category of quality measures.
- **Electronic Clinical Quality Measures (eCQMs)** are measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to measure the quality of health care provided.

As part of the annual update process, the project team is working with CMS, measure stewards, developers, and other contractors to review eCQMs and CQMs that have already been developed. The goal of these annual updates is to identify and implement any necessary changes to the measures based on documented issues with how they are used in practice or feedback from people who have a vested interest in the use of the measures.

This handout includes the current (i.e., Performance Year 2026) specifications for two eCQMs under maintenance that the EC eCQM project team anticipates will need changes in this year's annual update (see Exhibit 1). The project team will discuss these eCQMs with the TEP at the December 5, 2025 TEP meeting. The handout also includes updated specifications for the measure under development, an endocrinology category measure currently titled, *Foot Assessment and Follow-Up for Patients with Diabetes.* We look forward to discussing plans for these measures in greater detail at the upcoming TEP meeting.

Exhibit 1. eCQMs Under Maintenance for Discussion at the 2025-2026 Project Year TEP Meeting 1

Category	Measure ID	Measure Name
Behavioral Health/Psychiatry	Quality ID 134/ CMS2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Body Mass Index	Quality ID 128/ CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Separately, the project team also shared a resource page with reference materials for the Fast Healthcare Interoperability Resources (FHIR) Measures public comment period, which is tentatively scheduled to take place between November 19 and December 19, 2025.[2] The Centers for Medicare & Medicaid Services (CMS) is exploring the transition of eCQMs to digital quality measures (dQMs) using FHIR-based standards to enable standardized, electronic data sharing. CMS is accepting public feedback on draft dQMs—including Eligible Clinician measures—to be considered for future use in CMS Quality Reporting Programs. As the EC eCQM Development, Reevaluation, and Implementation contractor, AIR encourages TEP members to review these public comment resources and contribute a public comment, if desired. Public input is essential for shaping the future of digital quality reporting. The project team will share more details on the potential FHIR transition at the TEP meeting.

If you have any questions, please reach out to our team at ecqmtep@air.org.

[2] The schedule for the FHIR Public Comment is subject to change based on the operating status of the Federal Government.

Maintenance Measure Specifications

Quality ID 134/CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

2026 eCQM Specifications (Version Number: 14.0.000)

MEASURE TYPE:

- Process

DESCRIPTION:

- Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter

DENOMINATOR:

- All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period

DENOMINATOR EXCLUSIONS:

- Patients who have ever been diagnosed with bipolar disorder at any time prior to the qualifying encounter

NUMERATOR:

- Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter

The full measure specifications are available here.

Quality ID 128/CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

2026 eCQM Specifications (Version Number: 14.0.000)

MEASURE TYPE:

- Process

DESCRIPTION:

- Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters

DENOMINATOR:

- All patients aged 18 and older on the date of the encounter with at least one qualifying encounter during the measurement period

DENOMINATOR EXCLUSIONS:

- Patients who are pregnant at any time during the measurement period
- Patients receiving palliative or hospice care at any time during the measurement period

NUMERATOR:

- Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period

The full measure specifications are available here.

Measures Under Development Specifications

Foot Assessment and Follow-Up for Patients with Diabetes – Draft Narrative Measure Specifications

MEASURE TYPE:

- Process

DESCRIPTION:

- Percentage of patients 18 years of age and older with diabetes who receive all of the following: a lower extremity neurological examination, a vascular examination, a visual inspection and foot care education, and have a documented follow-up plan of care if any of the results are abnormal during the measurement period.

DENOMINATOR:

- Patients 18 years of age and older at the beginning of the measurement period who have diabetes and at least one eligible encounter during the measurement period.

DENOMINATOR EXCLUSIONS:

- Patients who had a bilateral amputation at the foot or above, or both a left and right foot amputation, before the start of the first qualifying encounter.
- Patients who are in hospice care for any part of the measurement period.

NUMERATOR:

- Patients who receive all of the following: a lower extremity neurological examination, a vascular
- examination, a visual inspection, and foot care education during the measurement period, and have:
- normal exam findings or
- any abnormal exam finding and have a documented follow-up plan of care within 7 calendar days of the eligible encounter where an abnormal finding was documented.

DEFINITIONS:

- **Lower extremity neurological exam:** A documented evaluation of one or more of the following motor and sensory abilities, with at least one test consisting of either a 10-g monofilament or Ipswich Touch Test:

  Vibration sensation using a 128-Hz tuning fork

  Pinprick sensation

  Temperature discrimination

- **Lower extremity vascular exam:** A documented evaluation of vascular status, including at least one pulse exam.
- **Lower extremity visual inspection:** A documented evaluation of dermatological and musculoskeletal status to assess for skin integrity, presence of deformity, or presence of fissure, blister, callus, or ulcer.
- **Foot care education:** Documentation that foot care education was provided. Documentation that 'diabetes education' was provided would not meet this requirement unless there was explicit evidence that foot care education was included as part of that education.
- **Lower extremity neurological exam—abnormal findings:** Sensation diminished, absent, or abnormal in one or both feet.
- **Lower extremity vascular exam—abnormal findings:** Pulses diminished, absent, or abnormal in one or both feet.
- **Lower extremity visual inspection—abnormal findings:** Presence of callus, ulcer, or deformity in one or both feet.
- **Follow-up plan of care:** Documentation of treatment to be conducted as a result of any abnormal foot exam result. A follow-up plan includes any of the following:
  - Referral for footcare (for example, to a podiatrist, vascular specialist, neurologist, physical therapist, orthopedic/foot surgeon, general surgeon, or wound care specialist)
  - Order or intervention for therapeutic footwear
  - Order or intervention for offloading interventions
  - Order for a repeat visit with the clinician within 12 months of the eligible encounter
  - Documentation that the patient is under the care of a foot care provider

Appendix E. Option Year 1 TEP Charter

Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians (EC) Technical Expert Panel (TEP) Charter

Project Title: Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians (EC)

TEP Expected Time Commitment and Dates:

The technical expert panel (TEP) will advise the American Institutes for Research (AIR) and its partners over the course of the project. The project has been funded for one base period of 12 months with four optional 12-month periods of performance. As part of the commitment to the TEP, panelists will be asked to attend up to four meetings per contract year for a minimum 2-year commitment between January 2025 and July 2029. All meetings will occur via teleconference, and meeting materials will be distributed in advance of each meeting to allow adequate time to review prior to the meeting.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) contracted AIR and its partners to develop, electronically specify, and maintain eCQMs for eligible clinicians for potential consideration and use in CMS quality programs. The contract name is Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians (EC). The contract number is 75FCMC18D0027. As part of its measure development process, AIR convenes groups of stakeholders who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

Project Objectives:

The primary measure development objectives of this project include:

- Identifying, developing, specifying, and testing new eCQMs for potential implementation in CMS quality programs that align with CMS quality goals
- Evaluating and preparing the measures for consideration and potential endorsement by the CMS Consensus-Based Entity
- Maintaining CMS-stewarded eCQMs, CQMs, and/or Medicare Part B Claims measures in the Merit-based Incentive Payment System (MIPS)

Technical Expert Panel (TEP) Objectives:

As part of its measure development and maintenance process, AIR and its partners (the project team) request input from a broad group of eCQM stakeholders to evaluate and provide guidance on the selection and development of eCQMs through participation in the project's TEP.

TEP Requirements:

A TEP of approximately 18 individuals will convene periodically to provide input on the prioritization and development of eCQMs that support CMS's quality program goals throughout the development lifecycle. The TEP will be composed of individuals with different areas of expertise and perspectives, including but not limited to patients, caregivers, patient advocates, clinicians, electronic health record vendor representatives, quality improvement experts, and health system representatives. Patients can provide unique and essential input on quality measures based on their own experiences and perspectives. A well-balanced representation of stakeholders on the TEP will help to ensure the consideration of key perspectives in the measure selection and development processes.

Scope of Responsibilities:

The TEP will provide input to the project team to aid in prioritizing and developing eCQMs that will be considered for implementation in CMS quality programs. The TEP will also provide feedback about potential changes to existing EC eCQM measures stewarded by CMS. The TEP's specific duties include the following:

- Review, prioritize, and evaluate eCQM measure concepts for development and maintenance. Dimensions for prioritization could include:
    - Alignment of concept with quality program goals
    - Technical feasibility
    - Workflow feasibility, including patient and provider burden considerations
    - Measurement gaps
    - Quality of evidence about measure concepts and clinical actions that can be taken to improve measured outcomes
    - Importance to providers
    - Importance to patients
    - Alignment with existing (competing) measures
    - Potential for unintended consequences
- Review and provide guidance on the measures in response to feedback from expert work groups, public comments, and testing results regarding eCQM feasibility, usability, validity, and reliability.

Guiding Principles:

Participation as a TEP member is voluntary and the measure developer records the participant's input in the meeting minutes, which the measure developer will summarize in a report that they may disclose to the public. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. TEP organizers will answer any questions about confidentiality.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, there is no intent for the disclosure requirement to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure developer, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

The TEP will provide input throughout the measure development and maintenance process. The project team will consider the TEP's recommendations and convey those recommendations to CMS; however, the project team and CMS will ultimately make decisions about measure selection and development. The project team will write and share summary reports of TEP proceedings after meetings to highlight discussions and document decisions.

The project team will ensure confidentiality in TEP reports by summarizing discussion topics and removing the names of TEP members who make specific comments during the meetings.

Estimated Number and Frequency of Meetings:

Members of the TEP will meet up to four times in a 12-month period via webinar. The TEP is intended to be a standing committee that meets throughout the duration of the Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians (EC) project, which has been funded for a 12-month period with four additional 12-month optional periods of performance.

Date Approved by TEP:

December 5, 2025

About the American Institutes for Research®

Established in 1946, the American Institutes for Research (AIR) is a nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance both domestically and internationally in the areas of education, health, and the workforce. With headquarters in Arlington, Virginia, AIR has offices across the U.S. and abroad. For more information, visit www.air.org.

AIR® Headquarters
1400 Crystal Drive, 10th Floor
Arlington, VA 22202-3289
+1.202.403.5000 | **AIR.ORG**