

From: Centers for Medicare & Medicaid Services <cmslists@subscriptions.cms.hhs.gov>
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To:
Subject: CQMC Updates Core Measure Sets to Strengthen Focus on Health Outcomes and Reduce Burden

CQMC Updates Core Measure Sets to Strengthen Focus on Health Outcomes and Reduce Burden

The Core Quality Measures Collaborative (CQMC) today announced updates to nine of its core measure sets for 2025, sharpening the focus on outcomes, addressing key gaps in existing sets, and removing measures that are outdated, redundant, not in use, or no longer necessary as performance is universally high.

The CQMC is a public-private partnership convened by AHIP and the Centers for Medicare & Medicaid Services (CMS). It includes more than 75 organizations representing patients, purchasers, health plans, providers, and quality experts that work together to promote aligned, high-value core quality measures for use in value-based care.

For the 2025 update, the CQMC concentrated on three priorities:

- **Addressing key gap areas** where the existing measures did not fully capture high-priority aspects of care, including patient experience, care coordination, and specialty-specific performance.
- **Adding new outcome-focused measures** that reflect performance on complications, disease control, and avoidable utilization.
- **Removing measures that are outdated or not in use** to keep the core sets relevant, feasible, and parsimonious for value-based payment arrangements.

“The health care system needs clear and consistent measures that reflect current clinical practice and support meaningful accountability,” said Danielle A. Lloyd, MPH, Senior Vice President of Private Market Innovations and Quality Initiatives at AHIP and CQMC Steering Committee Chair. “In 2025, the CQMC addressed key gaps, prioritized outcome measures, and retired measures that no longer deliver value—reducing reporting burden while sharpening the focus on results that matter for patients.”

The CQMC core sets cover major clinical domains commonly used in alternative payment models and other value-based arrangements, including:

- Accountable Care Organizations/Patient-Centered Medical Homes/Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics

- Pediatrics
- Behavioral Health
- Neurology

Across these domains, the core sets are designed to streamline measurement so health plans and clinicians can rely on a concise list of measures that support performance improvement and comparability across programs.

About the CQMC

The CQMC is a diverse coalition of health care leaders representing more than 75 consumer groups, medical associations, health insurance providers, purchasers, and other quality stakeholders, all working together to develop and recommend core sets of measures by clinical area to assess and improve the quality of health care in America. The CQMC is a public-private partnership between AHIP and the Centers for Medicare & Medicaid Services (CMS). The CQMC is currently convened by Battelle's [Partnership for Quality Measurement](#) (PQM) in its role as the consensus-based entity. Click [here](#) for more information on the CQMC core measure sets.

About AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.

About the Centers for Medicare & Medicaid Services

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