

Changing Landscape of Quality Measurement: The Future is Digital

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Stratis Health
Quality Corner Call
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Healthworks

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We make lives better.



Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
 - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program

We make lives better.

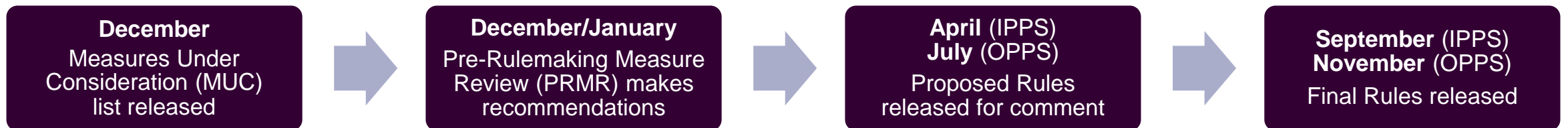
Objectives

At the end of this session, attendees will be able to:

- Describe strategic frameworks from the Centers for Medicare and Medicaid Services (CMS) related to quality measurement.
- Identify if next steps are needed to ensure your CAH is prepared to meet increasing eCQM reporting requirements.
- Prepare for potential changes to current quality measures and be aware of anticipated new eCQMs.

Process for CMS Quality Measures

- CMS quality programs and measures are identified and updated through the annual rule-making process – measures are regularly added and removed through this process:
 - Inpatient Prospective Payment System (IPPS) Rule defines the Inpatient Quality Reporting Program (**IQR**) and the **Medicare Promoting Interoperability Program**
 - Outpatient Prospective Payment System (OPPS) Rule defines the Outpatient Quality Reporting Program (**OQR**)
- Before inclusion in CMS programs, measures are vetted through a public pre-rulemaking process.*



*The Battelle [Partnership for Quality Measurement](#) replaced National Quality Forum (NQF) as the CMS consensus-based entity in 2023. They now manage the Pre-Rulemaking Measure Review (PRMR) and the Endorsement and Maintenance (E&M) process

Changing Landscape: Moving to Measure Modernization

CMS Meaningful Measures 2.0

Address measurement gaps, reduce burden, and increase efficiency by:

- Utilize only quality measures of highest value and impact focused on key quality domains.
- Prioritize outcome and patient reported measures.
- Align measures across value-based programs and across partners, including CMS, federal, and private entities.
- Transform measures to **fully digital by 2030** and incorporate all-payer data.
- Develop and implement measures that reflect social and economic determinants.

Source: <https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization>

Building Value-Based Care and Promoting Health Equity



CMS Universal Foundation

- [Aligning Quality Measures Across CMS - the Universal Foundation](#)
- Adult and Pediatric measures for use across all CMS Programs
- “Add-ons” for specific populations and settings:
 - Hospital
 - Post-acute Care
 - Maternity care
 - Behavioral Health (anticipated in 2024)

More information: [March 2023 NEJM article](#)

Preliminary Adult and Pediatric Universal Foundation Measures.*	
Domain	Identification Number and Name
Adult	
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures
Equity	Identification number undetermined: Screening for social drivers of health
Pediatric	
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit–hyperactivity disorder medication
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures

* Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

CMS Universal Foundation: Hospital Add-on

Domain	Measures (MBQIP measures in bold)
Chronic Conditions & Equity	<ul style="list-style-type: none"> Hybrid Hospital-Wide Risk-Standardized Mortality Measure Screening for Social Drivers of Health
Person-Centered Care	<ul style="list-style-type: none"> Hospital (H) CAHPS* Outpatient and Ambulatory Surgery (OAS) CAHPS
Safety	<ul style="list-style-type: none"> NHSN Hospital-Acquired Infections: CLABSI, CAUTI, MRSA, SSI, CDI Patient Safety Indicators (PSI) 90 Severe Sepsis and Septic Shock Management Bundle Severe Obstetric Complications
Seamless Care Coordination	<ul style="list-style-type: none"> Hybrid Hospital-Wide All-Cause Readmission Median Time from ED Arrival to ED Departure for Discharged ED Patients

*Consumer Assessment of Healthcare Providers and Systems

Source; [Aligning Quality Measures Across CMS - the Universal Foundation | CMS](#)

eCQMs

What is an eCQM?

“Electronic clinical quality measures (eCQM) use data electronically extracted from electronic health records and/or health information technology systems to measure the quality of health care provided.”

- eCQI Resource Center

CMS Vision: eCQMs

*“We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that **hospitals will be able to switch primarily to EHR-based data reporting** for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program.”*

Federal Register / Vol. 81, No. 81 / Wednesday, **April 27, 2016** / IPPS Proposed Rules/page **25174**

Inpatient eCQM Reporting Requirements

Inpatient eCQM submission is required for CAHs as part of the Medicare Promoting Interoperability Program (FKA the EHR Incentive Program)

- Calendar Year (CY) 2024 Submission Deadline: March 14, 2025
 - (Extended from typical end of February deadline)
- **New!** For CY 2024, increase to six measures, three self-selected, three required

Reporting Period (CY)	Number of Calendar Quarters to Report	Number of Measures to Report on Each Quarter
2023	Four quarters	Four: 3 self-selected + Safe Use of Opioids
2024	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

- Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals
- **Safe Use of Opioids is a new measure in the MBQIP 2025 Core Measure Set**

Sources: [Quality Reporting Center - eCQM Resources and Tools](#), [Promoting Interoperability Program Requirements | CMS](#), [MBQIP Data Submission Deadlines](#)

Available Inpatient eCQM Measures

Short Name	Available Measures by Reporting Year	CY 2024	CY 2025
GMCS	Global Malnutrition Composite Score*	X	X
VTE-1	Venous Thromboembolism Prophylaxis	X	X
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	X	X
STK-2	Discharged on Antithrombotic Therapy	X	X
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	X	X
STK-5	Antithrombotic Therapy By End of Hospital Day 2	X	X
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults*		X
HH-01	Hospital Harm—Severe Hypoglycemia	X	X
HH02	Hospital Harm—Severe Hyperglycemia	X	X
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X
HH-PI	Hospital Harm – Pressure Injury		X
HH-AKI	Hospital Harm – Acute Kidney Injury		X
ePC-02	Cesarean Birth*	Required	Required
ePC-07	Severe Obstetric Complications**	Required	Required
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required

* All hospitals are required to report ePC-02 and ePC-07 starting with the CY 2024 reporting period, those that do not provide OB services should submit a zero-denominator declaration for those two measures. **Population expanded to 18+ starting with CY 2025 reporting

What does 'reporting' mean?

Submit the required eCQMs through any combination of the following:

- Accepted (Quality Reporting Data Architecture) QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations*
- Case threshold exemptions (≤ 5 cases in the reporting quarter)*

*Submitted via Hospital Quality Reporting (HQR) system through a HARP account, EHR must have capability to report the measures.

Source: https://www.qualityreportingcenter.com/globalassets/iqr2021events/ecqm030921/ecqm-webinar_qa-session-cy-2020_030921_slides_vfinal508.pdf

Hardship Exception – Promoting Interoperability Program

“A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual basis, that a significant hardship exists.”

For more information:

- [Calendar Year 2024 PI Program Requirements](#)
- [Medicare Promoting Interoperability Program Hardship Exception Fact Sheet](#)

Note: PPS hospitals would also need to submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program.

Outpatient eCQMs

- CMS Added the first eCQM to the Outpatient Quality Reporting Program (OQR) in CY 2023
 - OP-40: ST-Segment Elevation Myocardial Infarction (STEMI)
 - Clinically similar to chart-abstracted OP-2 and OP-3 which were retired after Q1 2023
 - CY 2024 submission required for OQR (one self-selected quarter)
 - CY 2025 submission for required for OQR (two self-selected quarters, etc.)
 - Technical details for OP-40 can be found here: [Outpatient Quality Reporting eCQMs](#)
 - **New!** OP-ExRad: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (parallel to inpatient IP-ExRad)
 - Voluntary for CY 2025, required for OQR in CY 2026
- Reporting of outpatient eCQMs is **not** currently aligned with Promoting Interoperability requirements.

Source: [The Hospital OQR Times Newsletter: Spring 2023 \(qualityreportingcenter.com\)](#), page 2

eCQMs and Public Reporting

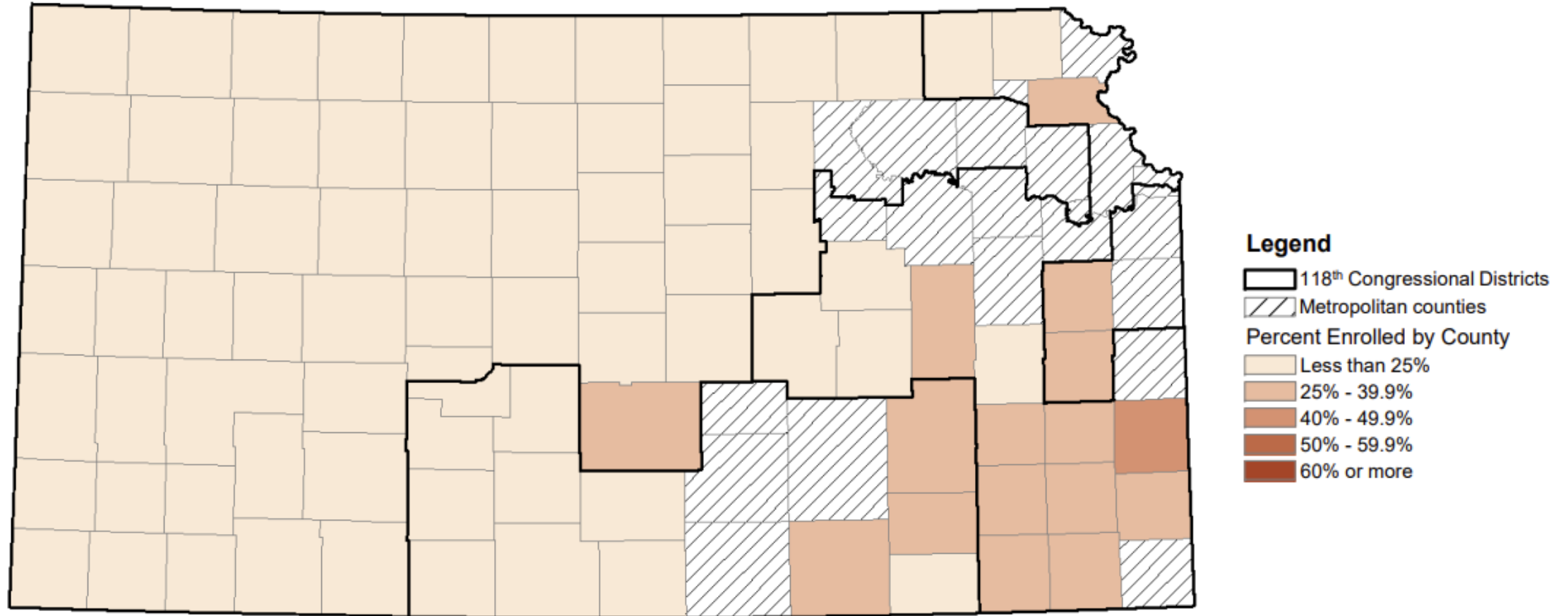
- Only limited eCQM data is currently reported on [CMS Care Compare](#)
 - eCQM measures have been included in [Care Compare Preview reports](#) since January 2023
 - Safe Use of Opioids is the only eCQM currently publicly reported on Care Compare, starting with the October 2024 Refresh (as a ‘*Timely and Effective Care* measure’).
 - For the time being, other facility level eCQM data is currently only being released in the [Provider Data Catalog](#) (*not on Care Compare*)
 - It is likely that additional eCQMs will be included on Care Compare (*timeline TBD*)
- As CMS starts to include additional eCQMs on Care Compare, how eCQMs will be incorporated into the methodology for the Overall Hospital Star Rating is unclear.

Sources: www.qualityreportingcenter.com and [2021 Final IPPS Rule](#)

Hybrid Measures

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized rates
- Currently two Hybrid CMS Inpatient Measures:
 - **Hybrid HWR:** Hybrid Hospital-Wide All-Cause Risk Standardized *Readmissions* Measure (which is new MBQIP Measure)
 - **Hybrid HWM:** Hybrid Hospital-Wide All-Cause Risk Standardized *Mortality* Measure
- **New!** Patient cohort for Hybrid Hospital Wide Readmissions and Mortality measures is expanding to include Medicare Advantage patients

Percent of Eligible Medicare Non-Metropolitan Beneficiaries Enrolled in Medicare Advantage and other Prepaid Plans: Kansas, March 2024



Source: RUPRI [KS State Map March 2024](#); County Level Data table: [KS Data Table.pdf](#)

Hybrid HWR and HWM Timeline

- Timeline for **IQR** implementation:
 - Initially required for July 1, 2023 – June 30, 2024 encounters (Deadline: September 30, 2024)
 - Due to challenges with thresholds for completeness of data, the REQUIRED deadline for IQR has been delayed (optional reporting encouraged for CAHs):
 - July 1, 2024 – June 30, 2025 (Due October 1, 2025) Optional for IQR
 - July 1, 2025 – June 30, 2026 (Due September 30, 2026) Required for IQR
- Timeline for **MBQIP** Implementation (Hybrid Hospital Wide *Readmissions* only):
 - July 1, 2024 – June 30, 2025 (Due September 30, 2025) Optional
 - July 1, 2025 – June 30, 2026 (Due September 30, 2026) MBQIP Core Measure

Key dates and resources: [2025 Public Reporting Key Dates and Resources: Hybrid Hospital-Wide](#)

Hybrid HWR and HWM Data Elements

Hybrid HWR (Readmissions)	Hybrid HWM (Mortality)
Vital Signs (6): Heart rate, respiratory rate, Temperature, Systolic blood pressure, Oxygen saturation, Weight	Vital Signs (4): Heart Rate, Temperature, Systolic blood pressure, Oxygen saturation
Lab Test Results (7): Hematocrit, White blood cell count, Sodium, Potassium, Bicarbonate, Creatinine, Glucose	Lab Test Results (6): Hematocrit, White blood cell count, Sodium, Bicarbonate, Creatinine, Platelet
6 Linking Variables (for both measures)	
CMS Certification Number (CCN), Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI), Date of Birth, Sex, Admission Date, Discharge Date	

Format:

- Quality Reporting Data Category (QRDA) 1 files, upload to HQR
- One file, per patient, per quarter including all Core Clinical Data Elements (CCDE) and linking variables for each eligible hospital discharge
- FIRST resulted value for EACH core clinical data element (CCDE)

Source: https://www.qualityreportingcenter.com/globalassets/iqr2024events/ecqm073024ondemand/hybrid_slides_fy-2026-hybrid_7.30.24_vfinal_508.pdf

Looking to the Horizon

2025 IPPS Final Rule: New & Revised eCQMs

- Two new eCQMs:
 - Hospital Harm - Falls with Injury
 - Hospital Harm - Postoperative Respiratory Failure
 - Available for reporting CY 2026
 - [Measure Specifications | eCQI Resource Center](#)
- Revised eCQM:
 - Global Malnutrition Composite Score eCQM: Update specifications to include 18+, currently measure focuses on 65+ (starting with CY 2026)

Source: [2025 IPPS Final Rule](#)

2025 IPPS Final Rule: Updates to Promoting Interoperability

- Progressive increase in then number of **mandatory** eCQMs*:
 - CY 2026: Reporting all four quarters for 8 eCQMs (five specified, three self- selected)
 - CY 2027: Report all four quarters for 9 eCQMs (six specified, three self-selected)
 - CY 2028: Report all four quarters for 11 eCQMs (eight specified, three self-selected)

Short Name	Full Name	CY 2025	CY 2026	CY 2027	CY 2028
HH-01	Hospital Harm—Severe Hypoglycemia	X	Required	Required	Required
HH-02	Hospital Harm—Severe Hyperglycemia	X	Required	Required	Required
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X	Required	Required
HH-PI	Hospital Harm – Pressure Injury	X	X	X	Required
HH-AKI	Hospital Harm – Acute Kidney Injury	X	X	X	Required
ePC-02	Cesarean Birth	Required	Required	Required	Required
ePC-07	Severe Obstetric Complications	Required	Required	Required	Required
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	Required	Required	Required	Required

* Hospital Harm measures can be self-selected prior to when they are required. Zero-denominator declaration can be used if a hospital doesn't have any patients that meet denominator criteria. In addition to the required measures, hospitals would still self-select three available measures

Source: [2025 IPPS Final Rule](#)

2025 IPPS Final Rule: Updates to Promoting Interoperability cont.

- **Update the Public Health and Clinical Data Exchange Objective:** Separate the Antibiotic Use and Resistance (AUR) Surveillance measure into two measures:
 1. Antibiotic Use
 2. Antibiotic Resistance
 - Adds a new exclusion for eligible hospitals or critical access hospitals (CAHs) that do not have a data source containing the minimal discrete data elements that are required for AU or AR Surveillance reporting
- **Overall Scoring:** Increase performance-based scoring threshold from 60 points for CY 2024, to 70 points for CY 2025, to 80 points for CY 2026
- **Safer Guides:** Must attest 'yes' to having conducted annual self-assessment using [SAFER Guides](#) (previously could attest yes or no)
 - *Updated:* 2025 SAFER Guides now available! (previous version from 2016)

Source: [2025 IPPS Final Rule](#)

A woman's hands are shown hovering over a glowing, translucent crystal ball. The scene is dimly lit with a blue tint, and the woman's face is partially visible in the background. The text "Crystal Ball" is centered over the image.

Crystal Ball

Latest Measures Under Consideration (2024 MUC List)

New eCQMs under consideration for future rulemaking:

- Outpatient eCQMs:
 - Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)
 - Emergency Care Capacity and Quality (ECCQ)
- Inpatient eCQMs:
 - Addressing Social Needs Assessment & Intervention
 - Hospital Harm: Anticoagulant-Related Major Bleeding

Source: [2024 PRMR Preliminary Assessment Overview | Partnership for Quality Measurement](#)

Provide input!

Your input is needed to improve quality measurement and reporting:

- Provide comments on proposed recommendations, rules, and regulations.
- Participate in discussions at a state and national level
 - share what works (or doesn't) for your hospital
- [Partnership for Quality Measurement \(p4qm.org\)](http://p4qm.org)
 - Sign up for a free membership and receive updates on measure review activities and opportunities for public comment
 - Consider joining a committee or providing input into the pre-rule making review process (PRMR)



Resources

- [Critical Access Hospital Electronic Clinical Quality Measure \(eCQM\) Resource List \(stratishealth.org\)](#) Links to a variety of resources and information
- [QualityNet eCQM Overview](#) eCQM requirements for IQR and PI
- [Quality Reporting Center eCQM Events on Demand](#) Reporting and submission information
- [Eligible Hospital / Critical Access Hospital eCQMs | eCQI Resource Center \(healthit.gov\)](#). Measure specifications, value sets, technical guidance
- [Joint Commission Expert to Expert Recorded Webinars](#) Focus on technical updates and descriptions on the eCQM measures
- [CMS Promoting Interoperability Program Requirements](#) All program requirements (eCQMs are just one component)

MBQIP Specific Resources:

- [RQITA Safe Use of Opioids- Concurrent Prescribing Data Submission Guide](#)
- [RQITA Hybrid Hospital-Wide Readmission Data Submission Guide](#)

Resources cont.

- [Quality Reporting Center](#): eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)
- [eCQI Resource Center](#): Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)
- [QualityNet eCQM Reporting](#): Submission portal, tools, information, resources

For questions on the **Promoting Interoperability Program** and **eCQM data submission process** contact the *QualityNet* Service Center at (866) 288-8912 or qnetsupport@hcqis.org

Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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2025 Upcoming Webinars

- Mock Survey Informational Webinar
 - February 18

- SHIP Quarterly Webinar
 - March 11

- Virtual Abstraction Training
 - March 27

Check out the Events page for more: <https://krhop.net/events>

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