

Quality Corner: eCQMs

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January 9, 2019
Kansas Flex Program Webinar



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
- Rural Quality Improvement Technical Assistance (RQITA) is a FORHP funded program of Stratis Health

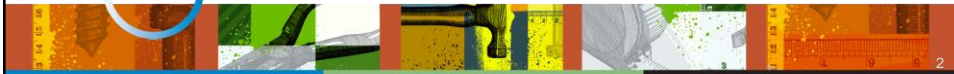


Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP)
- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
 - Flex/MBQIP
 - Small Health Care Provider Quality Improvement Grantees (SCHPQI)
- Focus on quality reporting and improvement



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Objectives

- Understand Federal eCQM reporting requirements for CAHs
- Review available eCQMs and discuss alignment with current MBQIP measures
- Identify resources to support eCQM submission



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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



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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



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eCQM Reporting Requirements

Inpatient Quality Reporting (IQR)

- **2018:** Submit 4 of 15 available eCQMs for one self-selected quarter. *Due 2/28/2019*
- **2019:** Requirements stay the same as 2018. Program logic changes to CQL Standard. *Due 2/29/2020*
- **2020:** Requirements TBA, reduction in number of available eCQMs from 15 to 8.

Source:
<https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>

Promoting Interoperability Program

(Formerly known as the Medicare EHR Incentive Program)

- **2018:** Eligible hospitals and CAHs must electronically submit 4 of the 16 available eCQMs using CEHRT when feasible.* *Due 2/28/2019*
Attestation will no longer be an option except in circumstances where electronic reporting is not feasible.
- **2019 and 2020:** CMS indicates requirements will align with IQR program.

*Requirements vary slightly based on level of MU attained the prior year.



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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 the QualityNet Portal, EHR must have capability to report the measures.

Source: https://www.qualityreportingcenter.com/wp-content/uploads/2018/10/eCQM-Walking-Steps-CY-2018-Submission-GS-10-11-2018_vFINAL508.pdf



Hardship Exception – Promoting Interoperability Program

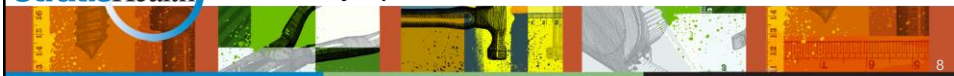
“A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual basis, that a significant hardship exists.”

For more information: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

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



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High-level Steps for Reporting

- Ensure your facility has a QualityNet Secure Portal account, and the EHR Data Upload Role has been assigned
- Select measures and prepare data files
- Submit test files to the Pre-Submission Validation Application (PSVA) tool
 - Review and resolve omissions and errors
- Submit 'production' files to QualityNet, run reports to check submission status and confirm eCQM requirements have been met



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eCQMs and Public Reporting

- eCQM data is *not* currently reported on Hospital Compare
- CMS implementing validation pilot in 2018 with 200 hospitals (results not yet available)
- CMS has indicated potential public reporting to be announced in future rule-making



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CY 2018/19 Available eCQMs

Short Name	Measure
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver (pediatric asthma)
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
ED-3*	Median Time from ED Arrival to ED Departure for Discharged ED Patients
EHD1-1a	Hearing Screening Prior to Hospital Discharge (newborn)
PC-01	Elective Delivery
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy By End of Hospital Day 2
STK-6	Discharged on Statin Medication
STK-8	Stroke Education
STK-10	Assessed for Rehabilitation
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

*ED-3 is considered an Outpatient measure, so submission does not meet requirements for the IQR program.



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CAH Relevance/MBQIP alignment

Short Name	Measure
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver (pediatric asthma)
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients
ED-3* (OP-18)	Median Time from ED Arrival to ED Departure for Discharged ED Patients
EHD1-1a	Hearing Screening Prior to Hospital Discharge (newborn)
PC-01	Elective Delivery
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy By End of Hospital Day 2
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VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

Blue: Relevant for most CAHs; Orange: Depending on service availability; **MBQIP alignment**



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MBQIP and eCQMs

- Three currently available eCQMs align with current MBQIP measures:
 - ED-1 (Removed after Q4 2018 submission)
 - ED-2 (Removed after Q4 2019 submission)
 - ED-3/OP-18
- Chart abstracted data for these measures must be submitted to meet MBQIP requirements:
 - Mirrors requirements for IQR program
 - FORHP exploring options for using eCQMs as part of MBQIP



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Process for CMS Quality Measures

- CMS measures are identified and updated through the annual rule-making process
 - IPPS Rule (Inpatient Prospective Payment System) defines **IQR** (Inpatient Quality Reporting Program)*
 - OPPS Rule (Outpatient Prospective Payment System) defines **OQR** (Outpatient Quality Reporting Program)
- Measures must be endorsed by the National Quality Forum (NQF), and reviewed by the NQF Measures Application Partnership (MAP)
- Measures are regularly “topped-out” and retired

*Note: In recent years CMS has aligned updates for the Medicare Promoting Interoperability Program (aka. EHR Incentive Program) in the IPPS rule.



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CY 2020 Available eQMs

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What's coming...

- Hybrid Hospital-Wide Readmissions Measure currently available for voluntary reporting
 - Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized readmission rate (not publically reported)
- Comments sought during 2019 rulemaking on potential new measures:
 - Hybrid Hospital-Wide Mortality Measure with Electronic Health Record (EHR) Data
 - Hospital Harm – Opioid-Related Adverse Events eCQM
 - CMS also more generally requested public input on the future development and use of eCQMs

Sources: www.qualityreportingcenter.com/wp-content/uploads/2018/10/eCQM-Walking-Steps-CY-2018-Submission-GS-10-11-2018_vFINAL508.pdf, and www.qualityreportingcenter.com/wp-content/uploads/2018/09/eCQM_FY2019_IPPS-Final-Rule-eCQM-PI_180926_vFINA508.pdf



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What's coming (2)...

- National Quality Forum/2018 Measures Under Consideration (hospital eCQMs):
 - Cesarean Birth
 - Hospital Harm - Pressure Injury
 - Hospital Harm – Hypoglycemia
- Comments due by January 10, 2019:
<https://www.qualityforum.org/map/>



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Key Resource

CAH eCQM Resource List:

www.ruralcenter.org/resource-library/critical-access-hospital-ecqm-resource-list

Includes summary of requirements, steps, and links to resources for each component.



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Resources

- [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 **QualityNet Secure Portal, PSVA, Promoting Interoperability Program, and eCQM data submission process**, contact the **QualityNet Help Desk** at (866) 288-8912 or qnetssupport@hcqis.org



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Questions?

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. (01/2019)



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