

# MEASURES MANAGEMENT SYSTEM

## **eCQM Feasibility: How Stakeholders Inform Measure Development**

To promote measures that represent meaningful and accurate information about clinical care, CMS requires that all measures be tested before they can be submitted for use in a quality reporting program. Feasibility is one of the criteria tested to determine a measure’s suitability for quality reporting. It is assessed at several points during the measure development process.

Feasibility is important for a couple of reasons. First, a measure is only useful if healthcare organizations or clinical practices have the data they need to report on that measure. If the measure relies on data that are not collected or are not accurate, CMS will not be able to use that measure in a quality program. Second, CMS prioritizes measures that use data already collected during routine care. If a measure requires a provider to change their workflow or add fields to their electronic health record systems to capture the data, the measure may create undue burden.

As such, feasibility is a major factor in determining whether a measure should be included in a CMS program. For a measure to be considered feasible, the data required to calculate the measure must be readily available in a format that can be used for performance measurement and able to be collected without undue burden to the healthcare organization or clinical practice.

### **Feasibility for Electronic Clinical Quality Measures (eCQMs)**

eCQMs present unique feasibility challenges. Unlike other types of measures, eCQMs rely on data that are electronically extracted from electronic health records (EHRs). Electronic extraction means that the specifications are programmed to pull information from the EHR without the help of a human abstractor. Because no one manually collects the data for reporting, it is important that the extraction pulls data from the correct fields and that those fields contain accurate and complete information. As such, feasibility testing for eCQMs focuses on how data are collected and stored. eCQM developers must demonstrate that the required data elements are stored in data fields that are structured, extractable, and coded to a nationally-recognized terminology standard. Information that is stored in the EHR in unstructured fields (such as in physician progress notes or other places where providers might enter patient information) can be more complicated to use in eCQM reporting (see Figure 1).

Structured data	Unstructured data
<ul style="list-style-type: none"><li>• Easily searchable or extractable</li><li>• Machine-readable</li><li>• E.g., date fields, drop down menus</li></ul>	<ul style="list-style-type: none"><li>• Difficult to extract</li><li>• Not standardized</li><li>• E.g., narrative progress notes, flow sheets</li></ul>

Figure 1. Structured vs. Unstructured Data

### **Methods for Assessing Feasibility**

Measure developers rely heavily on stakeholder input—feedback from healthcare providers and clinical IT staff—to understand the types of issues a facility or clinician might find when reporting on a given measure. To give structure to this feedback, developers use a tool created by the National Quality Forum (NQF) called the [NQF eCQM Feasibility Scorecard](#). The scorecard allows measure developers to rate the feasibility of a measure’s data elements along four domains (Figure 2):

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- Data availability: Are the data elements stored in a structured format within the EHR?
- Data accuracy: Is the information in the EHR complete and correct for these data elements?
- Data standard: Are the data elements coded to a nationally-accepted terminology standard?
- Workflow: Are the required data elements collected during routine care?

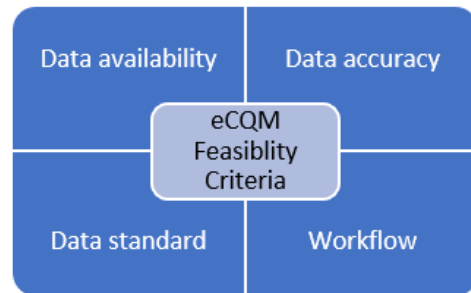


Figure 2. eQCM Feasibility Criteria

In addition to the feasibility scorecard, developers might seek feedback from healthcare providers and other stakeholders (e.g., EHR system representatives) through interviews, focus groups, and public comment. Developers review all this feedback and weigh it against other evaluation criteria—such as whether the eQCM produces valid and reliable results or is important to patients—to make recommendations to CMS about whether the measure should be used in a program. Sometimes CMS may decide to implement a measure with known feasibility challenges if it addresses an important gap in measurement.

## **Common Feasibility Challenges for eQCMs**

Because of how eQCM data are extracted, most feasibility challenges for eQCMs relate to how data elements are stored in the EHR. For example, if the information required for a given data element is found in a free-text notes field, the data element is not easy to extract and may not be used for performance measurement. If that data element is critical to the measure, the developer may be able to find another data source for this information or work with EHR developers to add a structured data field for this information. If changes to the EHR system are required, measure developers must consider the burden associated with making those changes.

Even data that are recorded in structured fields can yield feasibility challenges when the information in those fields is not stored using standard terminology codes or mapped to those codes. Both challenges can be addressed through changes to the EHR system, however this may be burdensome to healthcare facilities, clinicians, and EHR vendors.

Another challenge relates to inconsistencies in the way clinicians record data in the EHR. This can arise when there are multiple places in the EHR to record the same information. For example, when testing a new asthma symptom improvement measure, developers might find that clinicians at Hospital A can enter information about asthma symptoms in both a drop-down menu and in their progress notes. If half of the clinicians typically use the drop-down menu, while the other half opt to record the information in their progress notes, then the Asthma Symptom Improvement measure, which relies on data from the dropdown menu field, would only recognize that half of their patients had any information recorded there. This is an issue related to workflow and, by extension, data accuracy.

## **Challenges with Testing eQCMs**

Feasibility testing for eQCMs can be challenging. For one, most developers rely on a handful of test sites for data collection. Even when developers test their measures with sites that vary in terms of size, geography, EHR system, and other characteristics, results may not be generalizable to all healthcare

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facilities or clinician practices. It can be difficult for developers to identify and recruit test sites to participate in measures testing resulting in more limited testing than developers would like.

## **How Healthcare Providers and Stakeholders Can Provide Input on Feasibility**

There are several ways in which stakeholders such as healthcare organizations or clinicians might provide input about a measure's feasibility:

- **Public Comment.** Public comment is a process through which the public may provide feedback about measures under development. CMS posts requests for public comment on [the MMS Website](#) along with instructions for where to find the measure specification and how to comment on the measure. Calls for public comment may also be posted on the [eCQI Resource Center](#).
- **Technical Expert Panels.** Measure developers convene Technical Expert Panels (TEPs) to provide feedback on measure specifications throughout the measure lifecycle. These panels are made up of various stakeholders such as clinicians, patients and/or patient advocates, and health informatics professionals. Developers post a Call for TEP Nominations on the [CMS MMS Website](#) when they are prepared to recruit panelists to participate.
- **Testing.** Measure developers recruit test sites to participate in testing for their measures. They may distribute information about testing opportunities through CMS listservs, professional societies, and other channels such as social media.