APRIL 25 CMS
QUALITY VENDOR
WORKGROUP

April 25, 2019
12:00 – 1:30 p.m. ET
<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>eCQM Annual Update Pre-Publication Document (5-10 min)</td>
<td>Shanna Hartman, CMS/CCSQ</td>
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<tr>
<td></td>
<td>Edna Boone, ESAC/Battelle</td>
</tr>
<tr>
<td>2019 Medicare Promoting Interoperability Program Annual Call for Measures (5-10 min)</td>
<td>Vidya Sellappan, CMS/CCSQ</td>
</tr>
<tr>
<td>CQL-based HQMF Human Readable for the Measure Authoring Tool (MAT): A Proposed Change to Current Implementation (15 min)</td>
<td>Stan Rankins, Integration Architect, Telligen</td>
</tr>
<tr>
<td>Collaborative Measure Development Workspace: March Release Updates (5 min)</td>
<td>Bridget Blake, Deputy Project Lead, Principal Systems Engineer and Business Analyst, MITRE</td>
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<td>Rose Almonte, Task Lead, Principal Clinical Informaticist, MITRE</td>
</tr>
<tr>
<td>Hospital Inpatient Quality Reporting (IQR) Updates (10-15 min)</td>
<td>Artrina Sturges, Veronica Dunlap, Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor</td>
</tr>
<tr>
<td>Cypress Validation Utility + Calculation Check (CVU+) (5-10 min)</td>
<td>David Czulada, Lauren DiCristifaro, MITRE</td>
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<tr>
<td>QPP Experience Report, Data Submission, and Group Registration Updates (5-10 min)</td>
<td>Adam Richards and Lisa Marie Gomez, CMS/CCSQ</td>
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<tr>
<td>Questions</td>
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</table>
What is included within the pre-publication document?

• Pre-release of expected standards and code system version used in eCQMs for 2020 reporting/performance periods

• Includes:
  ▪ Standards versions
  ▪ Code system versions
  ▪ Links to the eCQI Resource Center pages where updated eCQMs will be posted
Where can I find the pre-publication document?

• The document is located in the eCQM materials table of the Eligible Hospital and Eligible Professional/Eligible Clinician webpages of the eCQI Resource Center
  - https://ecqi.healthit.gov/eh
  - https://ecqi.healthit.gov/ep

• The document can also be located by using the Search feature on the eCQI Resource Center

• Direct Link:
Finding the Pre-publication document.

Eligible Professional / Eligible Clinician eCOMs

The electronic clinical quality measures (eCOMs) are updated for calendar year 2019 reporting for eligible clinicians participating in the Quality Payment Program (QPP), the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs), Comprehensive Primary Care Plus (CPC+), and eligible professionals participating in the Medicaid Promoting Interoperability Program. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCOMs adopted for submission in CMS programs. CMS requires the use of updated eCOMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCOMs data to CMS quality programs requires that an eligible professional or eligible identified below the most current version of the eCOMs identified below for the applicable performance period. Performance period for eligible clinicians is defined as the measure data capture period of the calendar year between January 1 and December 31.

In addition, CMS may publish addenda to the eCOM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCOMs for potential inclusion in these programs:
- Quality Payment Program, The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM, Comprehensive Primary Care Plus (CPC+)
- Medicaid Promoting Interoperability Program for Eligible Professionals (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)

Use the eCOM Materials and follow the eCOM Implementation Checklist to update your electronic health record and processes for eCOM use and reporting.

Select Performance/Reporting Period

<table>
<thead>
<tr>
<th>Search</th>
<th>Apply</th>
<th>Reset</th>
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</thead>
<tbody>
<tr>
<td>2020</td>
<td></td>
<td></td>
</tr>
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</table>

2020 PERFORMANCE PERIOD ELIGIBLE PROFESSIONAL / ELIGIBLE CLINICIAN eCOMS

- For Use: eCOM Materials
- Published: Feb 2019

[View Archive]
What does the pre-publication document look like?

Electronic Clinical Quality Measures (eCQMs)
Annual Update Pre-Publication Document for 2020 Reporting/Performance
March 2019

This document describes the versions of the standards and code systems used in conjunction with the updated eCQMs for potential use in the Centers for Medicare & Medicaid Services (CMS) programs for 2020 reporting/performance. It is designed to help health information technology (IT)/electronic health record (EHR) developers, Eligible Professionals/Eligible Clinicians, and Eligible Hospitals/Critical Access Hospitals prepare for 2020 reporting through transparent pre-release of the expected standards and code system versions.

Where and when to obtain updated eCQMs for 2020 reporting/performance:

The eCQM annual update for 2020 reporting/performance will be available spring 2019. Please sign up for and follow the Electronic Clinical Quality Improvement (ECQI) Resource Center, CMS, and the Office of the National Coordinator for Health Information Technology (ONC) to receive updates and announcements on the eCQM specifiers’ publication and related content. The updated eCQMs will be posted on the Eligible Professional/Eligible Clinician and Eligible Hospital/Critical Access Hospital pages of the ECQI Resource Center.

Standards related to the updated eCQM specifications for 2020 reporting/performance:

- CCOA R1.1 – HL7 CDA R2 Implementation Guide: Consolidated Clinical Document Architecture Templates for Clinical Notes (US Realm) DSTU Release 2.1 (with certa)
- HDMF R1.1 – HL7 Version 3 Standard: Representation of the Health Quality Measure Format (eMeasure) Release 1
- CQL R1.STU 3 – Clinical Quality Language Specification, Release 1 STU 3
- QDM V5.4 – Quality Data Model Version 5.4
- CMS QIPAS IG – CMS Quality Reporting Document Architecture Implementation Guides (CMS QRDA I/II/III for Hospital Quality Reporting 05/04/2019 and CMS QRDA III IG for Eligible Clinicians and Eligible Professionals Programs 10/8/2018)

Code system versions used in the eCQM specifications for 2020 reporting/performance:

The following code systems will be used:

- AdministrativeGender HL7 V3.0 2018-08 – Administrative Gender Value Set Version 3.0
- CDCREC 1.2 – Centers for Disease Control and Prevention Race and Ethnicity Code Set Version 1.2
- CDT 2019 – Current Dental Terminology 2019
- CVX 2018-11 – Clinical Vaccine Formulation 2018-11
- HCPCS 2019 – Healthcare Common Procedure Coding System 2019
- HSLOC 2017 – HSVN Healthcare Service Location Codes 2017
- ICD-10-CM 2018 – International Classification of Diseases, Tenth Revision, Clinical Modification, 2019
- ICD-10-PCS 2019 – International Classification of Diseases, Tenth Revision, Procedure Coding System, 2019
- LOINC 2.65 – Logical Observation Identifiers Names and Codes 2.65
- Reimlsm 2019-01 – A normalized naming system for generic and branded drugs
- SNOMED CT US Edition 2018-09 – A comprehensive and precise health terminology for electronic exchange of clinical health information
- SCIP 8.0 – Source of Payment 8.0

The following remains the same:


The Value Set Authority Center will post a final list of code systems and value sets used with the eCQM specifications for 2020 reporting/performance this spring 2019.
What else has been updated?

- The eCQM Standards and tools version chart on the eCQI Resource Center has been updated to reflect expected standards, tools and resource versions

Watch for additional standards and tools updates on the eCQI Resource Center

https://ecqi.healthit.gov/ecqm-tools-key-resources
How do I provide feedback?

• For questions related to eCQM implementation specifications, logic, data elements, standards, or tools, please use the ONC Project Tracking System (JIRA) tracking tool at https://oncprojecttracking.healthit.gov

• Provide feedback and/or suggestions on the eCQI Resource Center to ecqi-resource-center@hhs.gov
2019 Medicare Promoting Interoperability Program Annual Call for Measures

Vidya Sellappan
CMS/CCSQ
RESOURCES

• 2019 Annual Call for Measures
  • Submission Form
  • Fact Sheet
• CMSPICallForMeasures@ketchum.com
CQL-based HQMF Human Readable for the Measure Authoring Tool (MAT): A Proposed Change to Current Implementation

Presenter: Stan Rankins, Integration Architect

April 2019
• Introductions

• Agenda and Material Review
  – Supporting Materials
  – Why Change?
  – Current versus Proposed Human Readable

• Discussion & Questions
Supporting Materials

• HL7 Standard: Clinical Quality Language (CQL) Specification
• HL7 Version 3 Standard: Representation of the Health Quality Measure Format (eMeasure) Release 1
• HL7 Version 3 Implementation Guide: CQL-based HQMF
Human Readable – Why Change?

• Feedback from Community
  – Unfriendly Navigation
  – Hard to Follow Layout
  – Value Set Help

• Issues Caused by Current Layout
Table of Contents

Population Criteria

▲ Initial Population
    "Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

▲ Denominator
    "Encounter With ICU Location"

▲ Denominator Exclusions
### Intensive Care Unit Venous Thromboembolism Prophylaxis

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<tr>
<th>Identifier</th>
<th>Measure Authoring Tool</th>
<th>eCQM Version number</th>
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<td></td>
<td>7.3.000</td>
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<table>
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<td>0372</td>
<td>fa93ba56-1e66-4223-bb92-baa8e46d2f2f</td>
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<tr>
<th>Measurement Period</th>
<th>Measure Steward</th>
<th>Measure Developer</th>
<th>Endorsed By</th>
<th>Description</th>
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<tbody>
<tr>
<td>January 1, 20XX through December 31, 20XX</td>
<td>The Joint Commission</td>
<td>The Joint Commission</td>
<td>National Quality Forum</td>
<td>This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery and date for surgeries that start the day of or the day after ICU admission (or transfer)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Copyright</th>
<th>Disclaimer</th>
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<tbody>
<tr>
<td>Measure specifications are in the Public Domain. LOINC(R) is a registered trademark of the Regenstrief Institute. This material contains SNOMED Clinical Terms(R) (SNOMED CT(R)) copyright 2004-2017 International Health Terminology Standards Development Organization. All rights reserved.</td>
<td>These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. The measures and specifications are provided without warranty.</td>
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</table>

<table>
<thead>
<tr>
<th>Measure Scoring</th>
<th>Measure Type</th>
<th>Stratification</th>
<th>Risk Adjustment</th>
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<tbody>
<tr>
<td>Proportion</td>
<td>Process</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Population Criteria

- Initial Population
  "Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

- Denominator
  "Encounter With ICU Location"

- Denominator Exclusions
  "Encounter With ICU Location Less Than 3 Days"
  union "First ICU Stay With Principal Procedure of SCP VTE Selected Surgery"
  union "Intervention Conduct Measures From Start of Hospitalization To Day After First ICU Stay"
  union "Intervention Conduct Measures on Day of or Day After Procedure"

- Numerator
  "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
  union "Medication Oral Factor Va Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
  intersect "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
  union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
  )
  union "Low Risk for VTE or Anticoagulant Administered"
  union "No VTE Prophylaxis Due to Medical Reasons"
  union "No VTE Prophylaxis Due to Patient Refusal"

- Numerator Exclusions
  none

- Denominator Exclusions
  "Encounter with First ICU Location Stay less than 1 day"

- Stratification
  None

Libraries

- IntensiveCareUnitVenousThromboembolismProphylaxis
- Codes
Population Criteria

- **Initial Population**
  - "Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

- **Denominator**
  - "Encounter With ICU Location"

- **Denominator inclusions**
  - "Encounter With ICU Location Less Than 2 Days"
    - union "First ICU Stay With Principal Procedure of SCP VTE Selected Surgery"
    - union "Interventional Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
    - union "Interventional Comfort Measures On Day Of or Day After Procedure"

- **Numerator**
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
    - union "Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
    - union "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
    - union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
    - union "Low Risk for VTE or Anticoagulant Administered"
    - union "No VTE Prophylaxis Due to Medical Reason"
    - union "No VTE Prophylaxis Due to Patient Refusal"

- **Numerator Exclusions**
  - Note

- **Denominator Exclusions**
  - "Encounter With First ICU Location Stay less than 1 day"

- **Stratification**
  - Note

**Definitions**

- **Admission Without VTE or Obstetrical Conditions**
  - global "Inpatient Encounter" inpatientEncounter
    - where not exists InpatientEncounter_diagnoses EncounterDiagnoses
      - where EncounterDiagnoses in "Obstetrics"
      - or EncounterDiagnoses in "Obstetrics VTE"

- **Denominator**
  - global "Inpatient Encounter" inpatientEncounter
    - without (["Diagnosis": "Obstetrics"]
      - union ["Diagnosis": "Venous Thromboembolism"]
      - union ["Diagnosis": "Obstetrics VTE"])
    - Diagnosis such that Diagnoses.prevalencePeriod starts during global "Hospitalization"(InpatientEncounter)
Population Criteria

- **Initial Population**
  - "Patient with Venous Thromboembolism Prophylaxis"

- **Denominator**
  - "Patient with ICU Location"

- **Denominator Exclusions**
  - "Patient with ICU Location Less Than 2 Days"
  - "CPR Only Stay, All Initial Procedure of SCIP VTE Selective Surgery"
  - "Intensive Care Unit Length of stay from ICU Admission to Day after First ICU Stay"
  - "Intensive Care Unit Length of stay from ICU Admission to Day after First ICU Stay or Death"
  - "Primary Procedure of Hip or Knee Replacement Surgery"
  - "Primary Procedure of Hip or Knee Replacement Surgery"

- **Numerator**
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Death"

- **Numerator Exclusions**
  - None

- **Denominator Exclusions**
  - "Patient with ICU Location Stay Newer than 1 Day"

- **Stratification**
  - None

**Libraries**

- **IntensiveCareUnitVenousThromboembolismProphylaxis**

- **Codes**
  - code "Risk for Venous Thromboembolism" (ICD9 version 2.81 code 7338-8)

- **Value Sets**
  - valueSet "Acute Hemorrhage/Death" (7.16.8951.1.11988.3.137.1.7.1.1027)
  - valueSet "Complications" (7.16.8951.1.11988.3.137.1.7.1.64)
  - valueSet "Direct Thrombin Inhibitor" (7.16.8951.1.11988.3.137.1.7.1.310)
  - valueSet "Emergency Department Visit" (7.16.8951.1.11988.3.137.1.7.2.45)
  - valueSet "Directly" (7.16.8951.1.11988.3.137.1.7.2.577)
  - valueSet "General or General Practice" (7.16.8951.1.11988.3.137.1.7.2.45)
  - valueSet "Gastroenterology" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Gastroenterology Endoscopy" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Graduated compression stocking" (7.16.8951.1.11988.3.137.1.7.1.350)
  - valueSet "Gynecological Surgery" (7.16.8951.1.11988.3.137.1.7.2.457)
  - valueSet "Hip Fracture Surgery" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Hip Implant Surgery" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Immunocompromised" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Immunocompromised" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Intravenous Infusion" (7.16.8951.1.11988.3.137.1.7.2.253)
  - valueSet "Intravenous Infusion" (7.16.8951.1.11988.3.137.1.7.2.253)
Current Human Readable – Single Flow

Population Criteria

- **Initial Population**
  - "Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

- **Denominator**
  - "Encounter With ICU Location"

- **Denominator Exclusions**
  - "Encounter With ICU Location Less Than 2 Days"
    - unless "First ICU Stay With Principal Procedure of SCIP VTE Selected Surgery"
    - unless "Intervention Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
    - unless "Intervention Comfort Measures on Day of or Day After Procedure"

- **Numerator**
  - "VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
    - unless "Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
    - unless "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
    - unless "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
    - unless "Low Risk for VTE or Anticoagulant Administered"
    - unless "No VTE Prophylaxis Due to Medical Reason"
    - unless "No VTE Prophylaxis Due to Patient Refusal"

- **Numerator Exclusions**
  - None

- **Denominator Exceptions**
  - "Encounter With First ICU Location Stay less than 1 day"

Definitions

- **Admission Without VTE or Obstetrical Conditions**
  - Global "Inpatient Encounter" InpatientEncounter
    - where not (exists "InpatientEncounterEncounterDiagnoses"
      - where (EncounterDiagnoses in "Obstetrics"
        - or EncounterDiagnoses in "Venous Thromboembolism"
        - or EncounterDiagnoses in "Obstetrics VTE"
      )
    )
    - intersect (Global "Inpatient Encounter" InpatientEncounter
      - without (["Diagnoses", "Obstetrics"]
        - unless ["Diagnoses", "Venous Thromboembolism"]
        - unless ["Diagnoses", "Obstetrics VTE"]
      )
      - such that Diagnosis.startDateStartsDuringGlobal "Hospitalization"(InpatientEncounter)
    )
Terminology

- codesystem "LOINC" using "2.16.840.1.113883.6.1 version 2.63"
- code "55983-5 for venous thrombophlebitis" using "LOINC" version 2.63 Code (27136-5)
- valueset "Atrial Fibrillation/Flutter" using "2.16.840.1.113883.3.117.1.1.1.202"
- valueset "Clinical Measures" using "2.16.840.1.113883.100.1.1.4.80.1.1.1.23.1.1.1.2.50"
- valueset "Direct Thrombin Inhibitor" using "2.16.840.1.113883.3.117.1.7.1.205"
- valueset "Emergency Department Visit" using "2.16.840.1.113883.3.117.1.7.1.292"
- valueset "Encounter Inpatient" using "2.16.840.1.113883.3.117.1.7.5.307"
- valueset "Ethnicity" using "2.16.840.1.114222.4.1.1637"
- valueset "General of Neuroaxial Anesthesia" using "2.16.840.1.113883.3.117.1.7.1.278"
- valueset "General Surgery" using "2.16.840.1.113883.3.117.1.7.1.255"
- valueset "Heparin / LMWH Inhibitors" using "2.16.840.1.113883.3.117.1.7.1.241"
- valueset "Gastrointestinal Surgery" using "2.16.840.1.113883.3.117.1.7.1.255"
- valueset "Hip Fracture Surgery" using "2.16.840.1.113883.3.117.1.7.1.258"
- valueset "Hip Replacement Surgery" using "2.16.840.1.113883.3.117.1.7.1.259"
- valueset "Injectable Factor Xa Inhibitor for VTE Prophylaxis" using "2.16.840.1.113883.3.117.1.7.1.211"
- valueset "INR" using "2.16.840.1.113883.3.117.1.7.1.213"
- valueset "Intensive Care Unit" using "2.16.840.1.113883.3.117.1.7.1.215"
- valueset "Intermittent pneumatic compression devices (IPC)" using "2.16.840.1.113883.3.117.1.7.1.214"
- valueset "Intracranial Neurosurgery" using "2.16.840.1.113883.3.117.1.7.1.260"
- valueset "Intravenous route" using "2.16.840.1.113883.3.117.1.7.1.222"
- valueset "Knee Replacement Surgery" using "2.16.840.1.113883.3.117.1.7.1.261"
- valueset "Low Dose Unfractionated Heparin for VTE Prophylaxis" using "2.16.840.1.113883.3.117.1.7.1.265"
- valueset "Low Molecular Weight Heparin for VTE Prophylaxis" using "2.16.840.1.113883.3.117.1.7.1.219"
- valueset "Low Risk" using "2.16.840.1.113883.3.117.1.7.1.400"
- valueset "Medical Reason" using "2.16.840.1.113883.3.117.1.7.1.473"
- valueset "Obstetrics VTE" using "2.16.840.1.113883.3.117.1.7.1.204"
- valueset "Obstetrics" using "2.16.840.1.113883.3.117.1.7.1.263"
- valueset "ONC Administrative Sex" using "2.16.840.1.113762.1.4.1"
- valueset "Oral Factor Xa Inhibitor for VTE Prophylaxis or VTE Treatment" using "2.16.840.1.113883.3.117.1.7.1.134"
• Click the OID link in the Value Sets Section.
• Enter UMLS Login to sign in to VSAC

• Taken to a screen with the latest information for the value set
Human Readable – Summary

• TOC versus Fixed Sidebar Navigation
• Ambiguous Section Indicators versus Clearly Marked Headings
• QDM-based HQMF-like Layout versus More CQL-Friendly Layout
• Single Flow versus Navigable Links
• Value Set Content – Manual versus Directed
• For any questions or feedback
  – Email: Support@emeasuretool.org
  – Phone: 1-800-673-0655
Collaborative Measure Development Workspace: March Release Updates

Bridget Blake
Deputy Project Lead, Principal Systems Engineer and Business Analyst
MITRE

Rose Almonte
Task Lead, Principal Clinical Informaticist
MITRE
AGENDA

• Collaborative Measure Development (CMD) Workspace Overview
• Updates in the March Release of the CMD Workspace
• Questions and Answers
CMD WORKSPACE OVERVIEW

• Hosted on the Electronic Clinical Quality Improvement (eCQI) Resource Center

• The CMD Workspace brings together a set of interconnected resources, tools, and processes to promote clarity, transparency, and better interaction across stakeholder communities that develop, implement, and report electronic clinical quality measures (eCQM)
Inputs into eCQM Concepts
- Meaningful Measures Areas
- CMS Measures Inventory Tool (CMIT)
- Measures Under Consideration (MUC) List

Communicate regular updates on measures under development

Perform assessment against Meaningful Measures Areas
- Perform assessment against CMS eCQMs under development
- Check if already exists in similar measure

Provide a shared development workspace
- Provide access to measure workflow documentation
- Capture comments on evolving eCQMs
- Allow sites to express interest in testing

Collaborative Measure Development Workspace

- Provide access to test results
- Provide access to all important test attributes
- Provide access to a test measure scorecard

SUBSCRIBE TO CMD WORKSPACE UPDATES

- Provide access to eCQM data elements
- Provide access to value set codes
- Allow users to access use cases related to a data element(s)
- Access data element test results
- Provide comments related to a data element(s) for measures under development

NEW eCQM CLINICAL WORKFLOW

- eCQM TEST RESULTS
- eCQM DATA ELEMENT REPOSITORY
UPDATES IN THE MARCH RELEASE OF THE CMD WORKSPACE

• Data Element Repository (DERep)
  • The additional 42 CMS Eligible Clinician eCQMs have now been added to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs.
  • Formatting changes to make information sources clear
    • Value Set Descriptions from VSAC
    • Direct Reference Codes
    • Quality Data Model Definitions
SCREENSHOT OF DATA ELEMENT REPOSITORY
LISTING OF ELIGIBLE CLINICIAN ECQMS

eCQM® Data Element Repository (DERep®)

The eCQM Data Element Repository (DERep) provides all the data elements associated with published and tested eCQMs® for use in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can sort information by data element, eCQM, union, QDM attribute®, or QDM category® and datatype data element.

The data elements provided are for use by Eligible Professional/Eligible Clinician® and Eligible Hospital®/Critical Access Hospital® eCQMs for 2019 CMS quality reporting and performance periods. Information contained within the DERep is derived from the eCQM specifications®, Quality Data Model, Version 5.3, and the Value Set Authority Center (VSAC®). Each eCQM data element includes information about the value set, the direct reference code, the QDM datatype®, and the QDM attributes® used by that data element. Note: The data element descriptions may be updated in the DERep as compared to the VSAC. These descriptions will ultimately be in sync with the descriptions contained in the VSAC in Spring 2019.

Filter Options

The eCQM filter currently provides a list of 66 eCQMs in CMS programs – 16 Eligible Hospital/Critical Access Hospital and 50 Eligible Professional/Eligible Clinician measures. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element.

CMS11V7 - Childhood Immunization Status
CMS12V7 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS12V7 - Cervical Cancer Screening
CMS16V7 - Breast Cancer Screening
CMS17V7 - Pneumococcal Vaccination Status for Older Adults
CMS19V7 - Anti-hypertensive Medication Management
CMS22V8 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Stage Low Risk Prostate Cancer Patients
CMS30V7 - Colorectal Cancer Screening
CMS31V7 - Diabetes: Eye Exam
CMS32V7 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
CMS34V7 - Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
CMS354V7 - Diabetes: Medical Attention for Nephropathy
CMS355V7 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular

About

eCQM Data Element Repository

Search

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CMS117v7 - Childhood Immunization Status

Rationale:
Childhood Immunization Status. Infants and toddlers are particularly vulnerable to infectious diseases because their immune systems have not built up the necessary defenses to fight infection (Centers for Disease Control and Prevention 2017). Most childhood vaccines are between 90 and 99 percent effective in preventing diseases (healthyChildren 2015). Vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease, and saves nearly $14 billion in direct costs and $60 billion in societal costs each year (Zhou 2014). Immunizing a child not only protects that child’s health but also the health of the community, especially for those who are not immunized or are unable to be immunized due to other health complications (Centers for Disease Control and Prevention 2017). When the majority of the community is immunized against a disease, other members of the community are also protected because herd immunity shields them. (National Institute of Allergy and Infectious Diseases 2014).

Data Elements

Diagnosis: Anaphylactic Reaction to Common Baker’s Yeast
Value Set Description from VSAC
CLINICAL FOCUS: This value set contains concepts that represent a history of an anaphylactic (extreme allergic) reaction to common baker’s yeast.
DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category related to Diagnosis.
INCLUSION CRITERIA: Includes only relevant concepts associated with an anaphylactic reaction to baker’s yeast.
EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Anaphylactic Reaction To Common Bakers Yeast value set (7.2.16.660.1.112).

QDM Datatype and Definition
Diagnosis: Data elements that meet criteria using this datatype should document the value of the condition/diagnosis. Onset date/time corresponds to the implicit start date/time of the date/time of the date and the abatement date/time of the data element. If the abatement date/time is not present, the diagnosis is considered to still be active. When the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships, then the confinement to the start date to the abatement date.

Diagnosis: Anaphylactic Reaction to DTaP Vaccine
Value Set Description from VSAC

The measure title and rationale is displayed based on the measure specification
A listing of data elements used in the measure follows
A link to measure artifacts, including the full measure specification is at the bottom
Sample element using a Direct Reference Code

**Physical Exam, Performed: Systolic blood pressure**

**Direct Reference Code**

Constrained to 'Systolic blood pressure' CICNC code.

**QDM Datatype and Definition**

*Physical Exam Performed:* Data elements that meet criteria using this datatype should document the completion of the physical exam indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: startTime - The time the physical examination activity begins; stopTime - The time the physical examination activity ends. NOTE - timing refers to a single instance of a physical examination activity. If a measure seeks to evaluate multiple physical examination activities over a period of time, the measure developer should use CQL logic to represent the query request.

Sample element using a value set. Value Set Description from VSAC labels are more clear

**Procedure, Performed: Dialysis Services**

**Value Set Description from VSAC**

- **CLINICAL FOCUS:** This value set contains concepts that represent dialysis services.
- **DATA ELEMENT SCOPE:** This value set may use the Quality Data Model (QDM) category related to Procedure.
- **INCLUSION CRITERIA:** Includes only relevant concepts associated with patients who had dialysis services.
- **EXCLUSION CRITERIA:** No exclusions.

Constrained to codes in the Dialysis Services value set (2.16.840.1.113883.3.464.1003.109.12.1013)

**QDM Datatype and Definition**

*Procedure Performed:* Data elements that meet criteria using this datatype should document the completion of the procedure indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: startTime = the time the procedure begins; stopTime = the time the procedure is completed. NOTE: 1) Timing refers to a single instance of a procedure. If a measure seeks to evaluate multiple procedures over a period of time, the measure developer should use CQL logic to represent the query request. 2) The Incision date Time is a single point in time available from the Operating Room and/or Anesthesia Record.
HIGH-LEVEL PLAN FOR DEVELOPMENT

• September 2018 – March 2019
  • Gathered requirements and Conducted focus groups
  • Developed prototypes of CMD Workspace Landing Page and DERep
  • Launched CMD Workspace Landing Page and DERep (December 2018 (initial release), February 2019)
  • Added the remaining 42 CMS Eligible Clinician eCQMs to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs.

• April 2019 – December 2019
  • Elicit feedback and requirements from providers, implementers, and other stakeholders on existing and planned features
  • Pursue development of remaining CMD Workspace modules
CMD WORKSPACE LINK

Access the CMD Workspace via the eCQI Resource Center

https://ecqi.healthit.gov/collaborative-measure-development
Questions?

To share feedback or get involved, please email: eCQMStrategy@groups.mitre.org
Hospital Inpatient Quality Reporting (IQR) Updates

Artrina Sturges and Veronica Dunlap
Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor
Cypress™ – Cypress Validation Utility + Calculation Check (CVU+)

Lauren DiCristofaro
Dave Czulada

MITRE
CYPRESS

- Cypress is the rigorous and repeatable testing tool for electronic health records (EHR) and EHR modules in calculating electronic clinical quality measures (eCQM).
- Cypress serves as the official testing tool for the EHR Certification program supported by the Office of the National Coordinator for Health Information Technology (ONC).
- The Cypress tool is open source and freely available for use or adoption by the health information technology (IT) community, including EHR vendors and testing labs.
- Cypress v4 supports the eCQMs released in the Annual Update for 2019 Reporting/Performance.
INTRODUCING, CYPRESS VALIDATION UTILITY + CALCULATION CHECK (CVU+)

- Cypress v5 will include an expanded, integrated Cypress Validation Utility (CVU)
- Expected production release during Summer 2019
- This feature is currently under development
- The Cypress team will be soliciting feedback on requirements from the vendor community early in development
  - Beta releases will begin in Spring 2019
- Updates and feedback sessions will take place during Cypress-hosted Bi-Weekly Tech Talks
  - Next session May 7, 2019
  - See https://healthit.gov/cypress/ for meeting logistics
CVU+

- This feature seeks to address the vendor concern that the ‘certification process does not mirror a production scenario for eCQM reporting’
  - Certification uses a constrained set of test patients
  - Certification does not enforce reporting program requirements (i.e., CMS Implementation Guide)
- CVU+ builds on the ease of use of the CVU, with the calculation checks of Cypress
- CVU+ will supplement the existing certification program
  - Use of CVU+ is not a currently requirement of the program
CVU+ – FEATURES

• Enhanced verification of a Health IT system’s eCQM calculation
  • Using a combination of Cypress defined patients, and “bring your own” patients
  • Calculation for multiple eCQMs at once

• Verification of a Health IT system’s ability to be configured (by a provider) to report to CMS programs
  • CVU+ will test conformance with program specific requirements in the CMS Quality Reporting Document Architecture (QRDA) Implementation Guides
RESOURCES

Cypress Bi-Weekly Tech Talks
  • Next session May 7, 2019
  • Check https://healthit.gov/cypress/ for logistics

Cypress Talk List
  • project-cypress-talk@googlegroups.com

ONC JIRA Cypress Issue Tracker
  • http://oncprojecttracking.healthit.gov/

GitHub Source Code Repository
  • https://www.github.com/projectcypress/cypress

Website
  • https://healthit.gov/cypress

Demo Server
  • https://cypressdemo.healthit.gov
  • https://cypressvalidator.healthit.gov
Quality Payment Program Updates: Experience Report, Data Submission, and Group Registration

Adam Richards
CMS/CCSQ

Lisa Marie Gomez
CMS/CCSQ
2017 QPP Experience Report
2017 QPP EXPERIENCE REPORT

• In March, CMS released its 2017 Quality Payment Program (QPP) Experience Report with Appendix, which provides a comprehensive overview of the clinician reporting experience during the first year of the QPP.
• Data within the report show significant participation and performance in both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) tracks for the 2017 performance year.
Key Insights

- A total of 1,057,824 clinicians were eligible for MIPS in 2017.
- 1,006,319 or 95 percent of MIPS eligible clinicians participated in 2017 and avoided a negative payment adjustment.

**TABLE 1** Overall Participation Rate of MIPS Eligible Clinicians

| Total MIPS Eligible Clinicians in 2017 | 1,057,824 |
| Number of MIPS Eligible Clinicians that Participated in 2017 | 1,006,319 |
| Participation Rate | 95% |

**NOTE** Table 1 excludes clinicians who were Qualifying APM Participants (QPs) in an Advanced APM as well as Partial QPs who did not elect to participate in MIPS. Additionally, “participated” is defined as the total number of MIPS eligible clinicians who received at least 3 points (which was the MIPS performance threshold in 2017) and avoided a negative payment adjustment.
Key Insights
Across all MIPS performance categories, participants generally opted to report data for 90-days or longer, suggesting the majority of clinicians opted to meaningfully participate by reporting more data and for longer periods of time.

*Advancing Care Information (ACI) is known as Promoting Interoperability (PI) in the 2018 performance period and beyond*
2017 QPP EXPERIENCE REPORT (CONT’D)

Key Insights

- Group reporting was the preferred option for participating in the Quality Payment Program
- Significant participation in MIPS through APMs

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Overall Participation Count by Reporting Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total MIPS Eligible Clinicians in 2017: 1,057,824</td>
</tr>
<tr>
<td></td>
<td>Individual Participation: 122,897</td>
</tr>
<tr>
<td></td>
<td>Group Participation: 542,202</td>
</tr>
<tr>
<td></td>
<td>MIPS APM Participation: 341,220</td>
</tr>
</tbody>
</table>

**NOTE:** Table 2 excludes clinicians who were Qualifying APM Participants (QPs) in an Advanced APM as well as Partial QPs who did not elect to participate in MIPS. Participants are counted once based on the submission method used for the clinician’s final score.
2017 QPP EXPERIENCE REPORT (CONT’D)

Key findings include:

• 341,220 MIPS eligible clinicians participated in MIPS through a MIPS APM, which, combined with the results on QP status, indicates a desire from clinicians and practices to transition toward value-based arrangements
• Most eligible clinicians (93 percent) who participated in MIPS earned a positive payment adjustment and 2 percent earned a neutral adjustment
• Of the eligible clinicians who participated in MIPS, 54 percent did so as groups, 12 percent as individuals, and 34 percent through MIPS APMs
• MIPS eligible clinicians who were in small or rural practices had participation rates of 81 and 94 percent, respectively
• A total of 99,076 clinicians were Advanced APM Qualifying Participants (QPs) and an additional 52 were Partial QP
2017 QPP EXPERIENCE REPORT (CONT’D)

• The report also highlights:
  o Data on participation rates and mean and median scores, detailed by categories such as reporting type (individual, group, or APM), clinician type, group size, and special status
  o The amount of data clinicians chose to submit, the ways they submitted data, and the most commonly reported quality measures

• For more information, review the 2017 Quality Payment Program (QPP) Experience Report
  o Additional and more extensive data can be found in the appendix of the report
MIPS 2018 Data Submission
MIPS 2018 DATA SUBMISSION

- The data submission period for the 2018 Merit-based Incentive Payment System (MIPS) closed on **April 2, 2019** (Exception: CMS Web Interface)
- The data submission period for the 2018 CMS Web Interface closed on March 22, 2019 with a five-hour extension on April 1, 2019
- CMS is currently in the process of reviewing the submitted data
- Preliminary feedback on MIPS 2018 data submission is now available
MIPS 2018 DATA SUBMISSION: PRELIMINARY FEEDBACK

• If you submitted data through the Quality Payment Program website, you are now able to review your preliminary feedback data
• **This is not your final score or feedback**
  • Your final score and feedback will be available in **July 2019**; your score could change before July
• **Use your HCQIS Access Roles and Profile (HARP) credentials** to access preliminary and final feedback
MIPS 2019 Group Registration
MIPS 2019 GROUP REGISTRATION

• Registration is required for groups and virtual groups that intend to use the CMS Web Interface and/or administer the CAHPS for MIPS Survey for 2019. The registration period opened on April 4, 2019 at 10:00am Eastern Daylight Time (EDT) and closes on July 1, 2019 at 5:00pm EDT.
  o Groups and virtual groups must have 25 or more clinicians (including at least one MIPS eligible clinician) to register for the CMS Web Interface
  o Groups and virtual groups with 2 or more clinicians (including at least one MIPS eligible clinician) can register for the CAHPS for MIPS Survey

• To register, please log in to the Quality Payment Program website. Refer to the 2019 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey for step-by-step instructions
MIPS 2019 GROUP REGISTRATION (CONT’D)

• If your group reported quality data for the MIPS 2018 performance period via the CMS Web Interface:
  o CMS automatically registered your group to report quality data via the CMS Web Interface for the 2019 performance period
  o You may edit or cancel your registration at any time during the registration period

• Automatic registration does not apply to the CAHPS for MIPS Survey

• Groups and virtual groups planning to collect and submit 2019 MIPS quality data in other ways and those that are not planning to administer the CAHPS for MIPS survey do not need to register
  - Example: submitting MIPS Clinical Quality Measures (CQMs) through a Qualified Registry

• Note: Groups Taxpayer Identification Number (TIN) participating in a Medicare Shared Savings Program Accountable Care Organization (ACO) do not need to register or report separately from the ACO; the Medicare Shared Savings Program ACO is required to report quality measures on behalf of participating TINs/eligible clinicians for purposes of MIPS
Questions?
cmsqualityteam@ketchum.com
Topics?
Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email cmsqualityteam@Ketchum.com with your suggestions.
Thank you!
The next CMS Quality Vendor Workgroup will tentatively be held in June 2019. CMS will share more information when it becomes available.