

November eHealth Vendor Workgroup

November 20, 2014
12:00 PM ET

Agenda

Agenda Item	Speaker
A Technical Look at New Standards for eCQM Development	Jeffrey Hammer, Peter Krautscheid, Cynthia Cullen, and Balu Balasubramanyam
Cypress Release Strategy	Jean Colbert
eCQM Updates for IQR	Stephanie Wilson, Nancy Sonnenfeld
November 30 Deadline	Elisabeth Myers/Vidya Sellappan
New FAQs	Elisabeth Myers/Vidya Sellappan

HQMF Discussion: Introduction

Minet Javellana

QDM Introduction

Balu Balasubramanyam, MITRE

QDM – Summary of Changes

- Broad range of changes made to:
 - Simplify existing measure complexity
 - Support better expressivity of clinical quality measures.
- Two versions released during MITRE's stewardship beginning Jan 1, 2014.
 - restructured document layout
 - re-introduced operator definitions, and new operators and capabilities

QDM – Summary of Changes

- Some of the changes to QDM include:
 - Ability to perform variable assignments
 - Ability to add inline comments
 - Introduction of new operators - *Age At* , *Satisfies any* / *Satisfies all*, *Overlaps*
 - Eight new temporal operators for including concurrency
 - Approx 20 Datatypes/Attributes clarified / removed due to ambiguity.
 - Addition of General relationships.
- Total of 32 QDM changes since January 1, 2014.
- The current QDM specification can be found at:
 - <http://www.healthit.gov/quality-data-model>
- Contact : qdm@MITRE.org

Comparison of eCQM Pre- and Post-R2/QDM Updates: Example

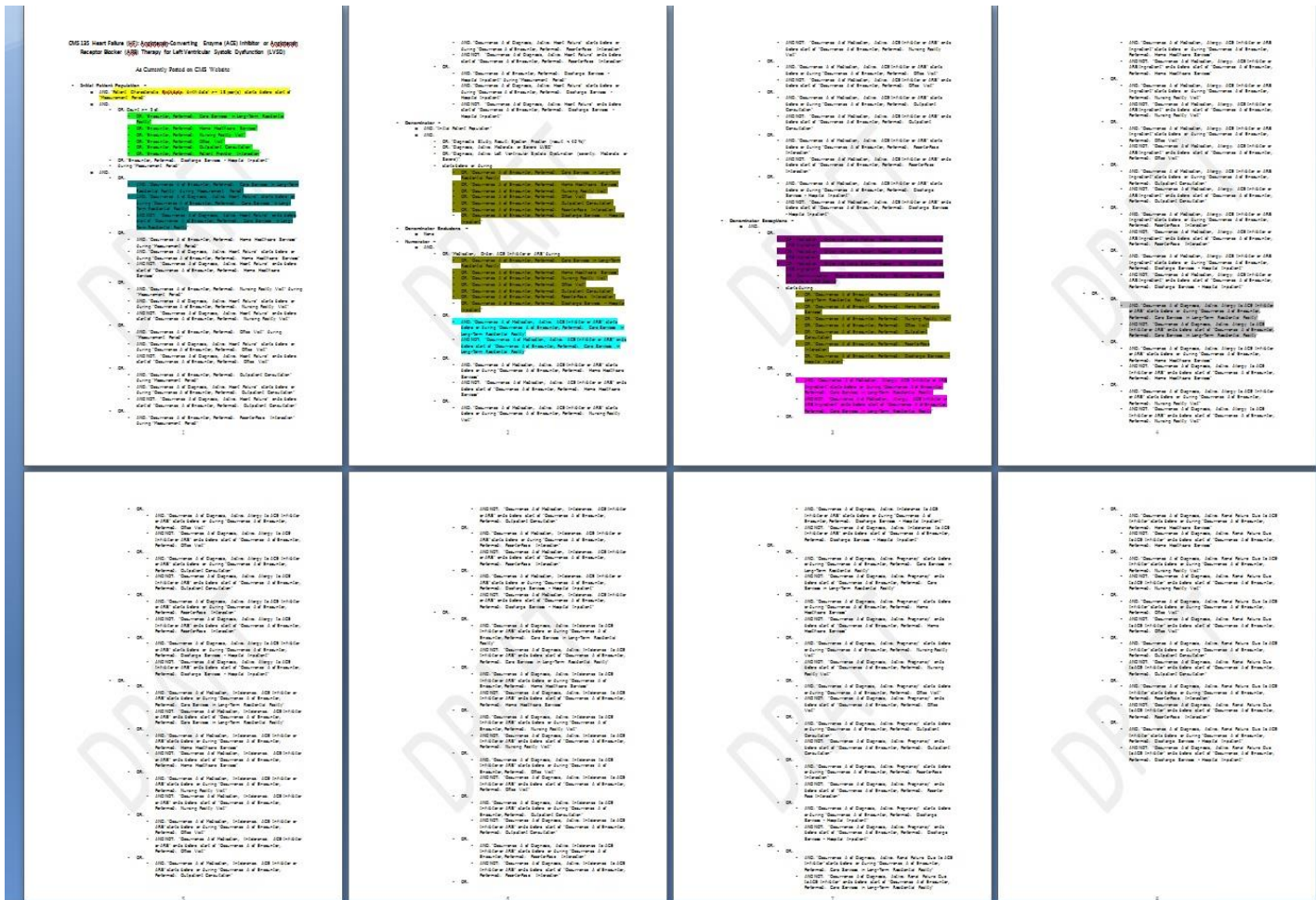
Cindy Cullen, Mathematica Policy Research

November 20, 2014

Example

- **CMS135 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker for Left Ventricular Systolic Dysfunction (LVSD)**
- **Denominator**
 - All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%
- **Numerator**
 - Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge
- **Exceptions**
 - Documentation of medical, system, or patient reasons for not prescribing ACE or ARB therapy

Current Measure Logic for CMS135



Revisions

- **Simplify logic through use of new temporal logic statements and use of variables**
 - AND: "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility" during "Measurement Period"
 - AND: "Occurrence A of Diagnosis, Active: Heart Failure" starts before or during "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
 - AND NOT: "Occurrence A of Diagnosis, Active: Heart Failure" ends before start of "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
- **becomes**
 - $\$LTRF_{Enc} =$
 - "Encounter, Performed: Care Services in Long-Term Residential Facility" satisfies all
 - » during "Measurement Period"
 - » overlaps "Diagnosis, Active: Heart Failure"

Revisions

- **Simplify logic by defining a single variable made up of several variables**
- **This block of code is repeated 7 times with 7 different encounter types**
 - AND: "Occurrence A of **Encounter, Performed:** Care Services in Long-Term Residential Facility" during "Measurement Period"
 - AND: "Occurrence A of Diagnosis, Active: Heart Failure" starts before or during "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
 - AND NOT: "Occurrence A of Diagnosis, Active: Heart Failure" ends before start of "Occurrence A of Encounter, Performed: Care Services in Long-Term Residential Facility"
- **By defining each block as a separate variable, we can combine into a single variable and replaced 29 lines of code with**
 - AND: Occurrence A of \$UnionEnc
- **where**
 - **\$UnionEnc = Union of**
 - \$LTRFEnc + 6 other variables

Revisions

- Simplify logic by reusing variable across denominator, numerator, and exceptions
- Used \$UnionEnc to streamline code for
 - 1 initial population code block
 - 3 denominator code blocks
 - 2 numerator code blocks
 - 10 exception code blocks
- Use of occurrencing with the variable allowed us to ensure match between initial population/denominator and numerator encounters

Revised Measure Logic for CMS135

CMS 135 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Initial Population =
 - AND: Age >= 18 year(s) at: "Measurement Period"
 - AND:
 - OR:
 - Count >= 2 of: Union of:
 - "Encounter, Performed: Care Services in Long-Term Residential Facility" during "Measurement Period"
 - "Encounter, Performed: Home Healthcare Services" during "Measurement Period"
 - "Encounter, Performed: Nursing Facility Visit" during "Measurement Period"
 - "Encounter, Performed: Office Visit" during "Measurement Period"
 - "Encounter, Performed: Outpatient Consultation" during "Measurement Period"
 - "Encounter, Performed: Patient Provider Interaction" during "Measurement Period"
 - OR: "Encounter, Performed: Discharge Services - Hospital Inpatient" during "Measurement Period"
 - AND: Occurrence A of \$UnionEnc
- Denominator =
 - AND: Initial Population
 - AND:
 - OR: "Diagnostic Study, Performed: Ejection Fraction (result < 40 %)" starts before end of Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Moderate or Severe LVSD" starts before end of Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Left Ventricular Systolic Dysfunction (severity: Moderate or Severe)" starts before end of Occurrence A of \$UnionEnc
- Denominator Exclusions =
 - None
- Numerator =
 - AND:
 - OR: "Medication, Order: ACE Inhibitor or ARB" during Occurrence A of \$UnionEnc
 - OR: "Medication, Active: ACE Inhibitor or ARB" overlaps Occurrence A of \$UnionEnc
- Numerator Exclusions =
 - None
- Denominator Exceptions =
 - OR: "Medication, Order: ACE Inhibitor or ARB" starts during Occurrence A of \$UnionEnc
 - OR: "Medication, Order: ACE Inhibitor or ARB" starts during Occurrence A of \$UnionEnc
 - OR: "Medication, Order: ACE Inhibitor or ARB" starts during Occurrence A of \$UnionEnc
 - OR: "Medication, Order: ACE Inhibitor or ARB" starts during Occurrence A of \$UnionEnc
 - OR: "Medication, Order: ACE Inhibitor or ARB" starts during Occurrence A of \$UnionEnc
 - OR: "Medication, Allergy: ACE Inhibitor or ARB Ingredient" overlaps Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Allergy to ACE Inhibitor or ARB" overlaps Occurrence A of \$UnionEnc
 - OR: "Medication, Intolerance: ACE Inhibitor or ARB" overlaps Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Intolerance to ACE Inhibitor or ARB" overlaps Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Pregnancy" overlaps Occurrence A of \$UnionEnc
 - OR: "Diagnosis, Active: Renal Failure Due to ACE Inhibitor" overlaps Occurrence A of \$UnionEnc
- Stratification =
 - None

9

Data Criteria (QDM Variables)

- \$LTREnc =
 - Encounter, Performed: Care Services in Long-Term Residential Facility" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$HHEnc =
 - Encounter, Performed: Home Healthcare Services" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$NFEnc =
 - Encounter, Performed: Nursing Facility Visit" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$OVCenc =
 - Encounter, Performed: Office Visit" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$OCenc =
 - Encounter, Performed: Outpatient Consultation" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$F2Enc =
 - Encounter, Performed: Face-to-Face Interaction" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$InptDcSycEnc =
 - Encounter, Performed: Discharge Services - Hospital Inpatient" satisfies all
 - during "Measurement Period"
 - overlaps "Diagnosis, Active: Heart Failure"
- \$UnionEnc =
 - Union of:
 - \$LTREnc
 - \$HHEnc
 - \$NFEnc
 - \$OVCenc
 - \$OCenc
 - \$F2Enc
 - \$InptDcSycEnc

10

Preliminary Results and Next Steps

- **Results**
 - **Lines of code**
 - Before > 220
 - After = 30
 - **Resolves issue with consistency of encounter across measure population**
 - **Tested in Bonnie to validate intent**
- **Next steps**
 - **Vet solution with measure developers**
 - **Vet solution with MITRE**
 - **Further testing to ensure full intent of measure is maintained**

Next: HQMF R2.1

Pete Krautscheid, MITRE

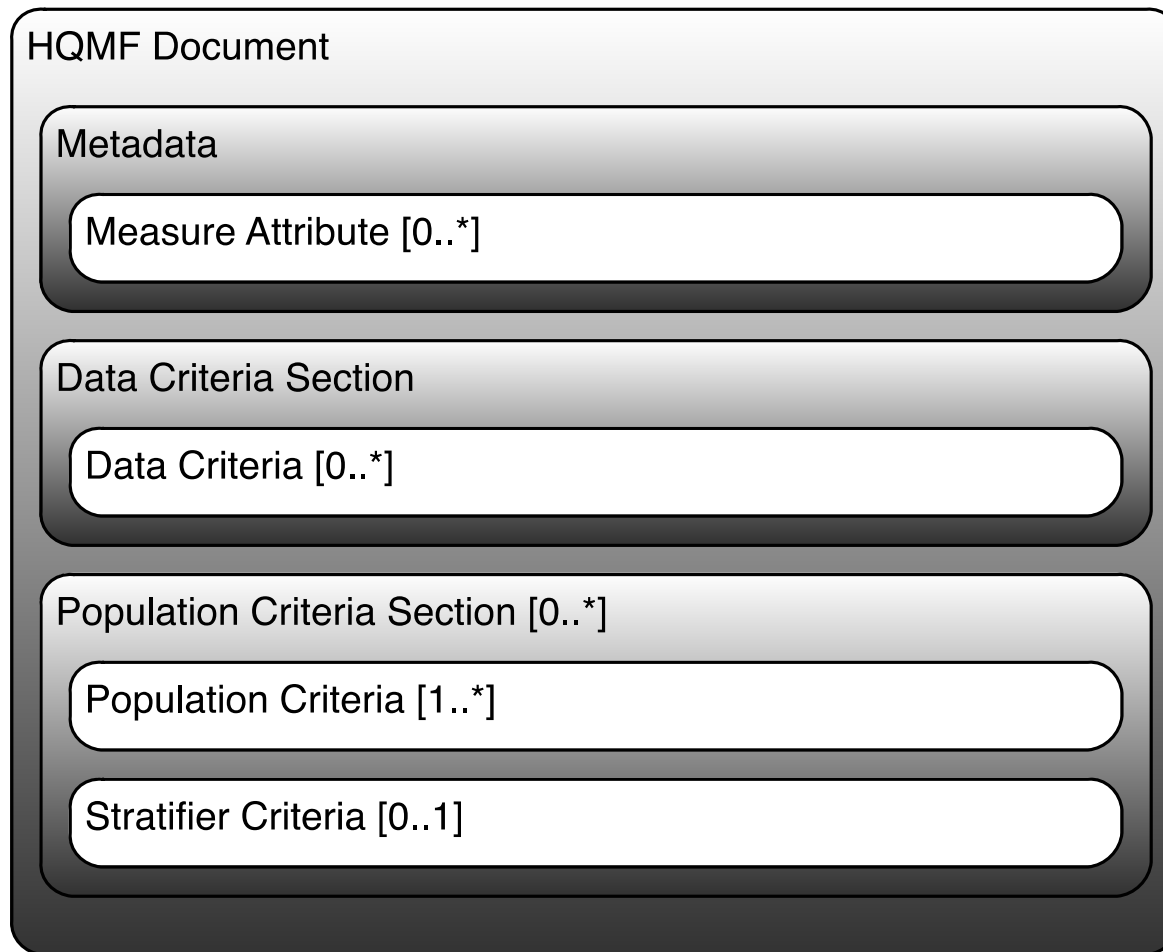
Basics

- With the update to HQMF R2.1, QDM remains the basis for MU eMeasures
- HQMF R2.1 improves on HQMF R1 used for MU2 eMeasures
 - Simplified Structure
 - Clearer execution model
 - (Somewhat) easier to work with but some things remain awkward due to use of HL7 RIM
- XML format
 - HQMF specification includes an XML schema but that doesn't tell the whole story
 - Need to refer to QDM-based Implementation Guide and associated Schematron rules for additional constraints
- Base Specification:
<http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=109>
- QDM IG: <http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=120>

Motivation

- **HQMF R2.1 much more tractable than HQMF R1**
 - Easier to parse
 - Simpler execution model
- **Automated import has many advantages**
 - Less effort than manual measure implementation
 - Less chance of error than manual implementation
 - Faster turnaround for measure updates
 - Fix bugs in library code (e.g., temporal operators) once
 - Once you can import one measure you can rapidly add others

High-Level Structure



Metadata

- Mix of explicit element content and coded measure attributes

eMeasure Title	Chlamydia Screening for Women		
eMeasure Identifier (Measure Authoring Tool)	153	eMeasure Version number	3
NQF Number	0033	GUID	c9930664-be3d-4ffe-ae4a-5cf4933ecb89
Measurement Period	January 1, 20xx through December 31, 20xx		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	National Quality Forum		
Description	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.		

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- Mix of **explicit element content** and coded measure attributes

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Description	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period		

```

<title value="Chlamydia Screening for Women"/>
<text value="Percentage of women 16-24 years of age who were identified as sexually active and
<statusCode code="completed"/>
<setId root="2.16.840.1.113883.3.100.1" extension="C9930664-BE3D-4FFE-AE4A-5CF4933ECB89"/>
<versionNumber value="3"/>

```

Metadata

- Mix of explicit element content and **coded measure attributes**

eMeasure Title	Chlamydia Screening for Women		
eMeasure Identifier (Measure Authoring Tool)	153	eMeasure Version number	3
NQF Number	0033	GUID	c9930664-be3d-4ffe-ae4a-5cf4933ecb89
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Endorsed By	National Quality Forum		
Description	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.		

```

<subjectOf>
  <measureAttribute classCode="OBS" moodCode="EVN">
    <code nullFlavor="OTH">
      <originalText value="NQF ID Number"/>
    </code>
    <value xsi:type="II" root="2.16.840.1.113883.3.560.1" extension="0033"/>
  </measureAttribute>
</subjectOf>

```

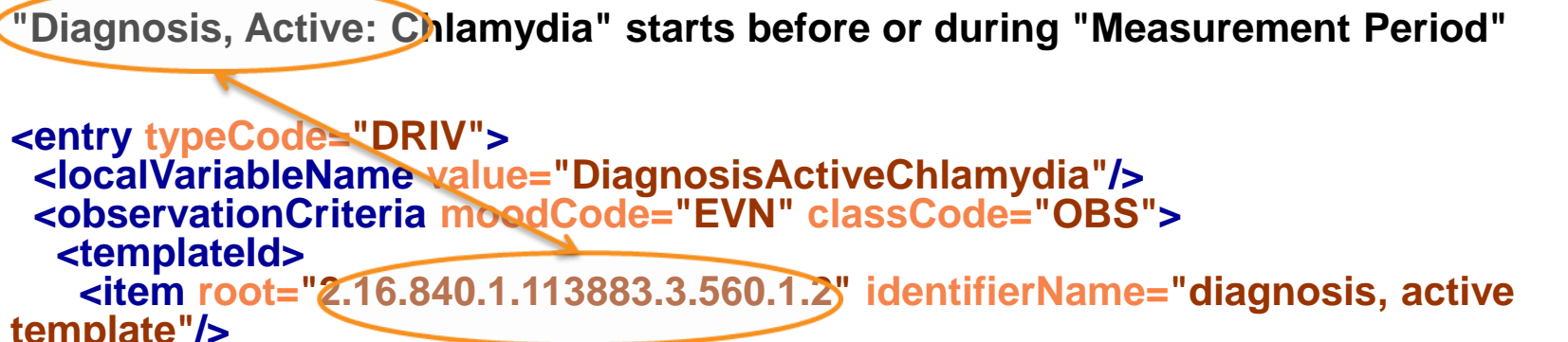
Data Criteria

"Diagnosis, Active: Chlamydia" starts before or during "Measurement Period"

```
<entry typeCode="DRIV">
  <localVariableName value="DiagnosisActiveChlamydia"/>
  <observationCriteria moodCode="EVN" classCode="OBS">
    <templated>
      <item root="2.16.840.1.113883.3.560.1.2" identifierName="diagnosis, active
template"/>
    </templated>
    <id root="2.16.840.1.113883.3.100.1" extension="DiagnosisActiveChlamydia"/>
    <text value="Diagnosis, Active: Chlamydia"/>
    <statusCode code="active"/>
    <value xsi:type="CD" valueSet="2.16.840.1.113883.3.464.1003.112.12.1003">
      <displayName value="Chlamydia"/>
    </value>
    <temporallyRelatedInformation typeCode="SBOD">
      <criteriaReference moodCode="EVN" classCode="OBS">
        <id root="2.16.840.1.113883.3.100.1" extension="MeasurePeriod"/>
      </criteriaReference>
    </temporallyRelatedInformation>
  </observationCriteria>
</entry>
```

Data Criteria

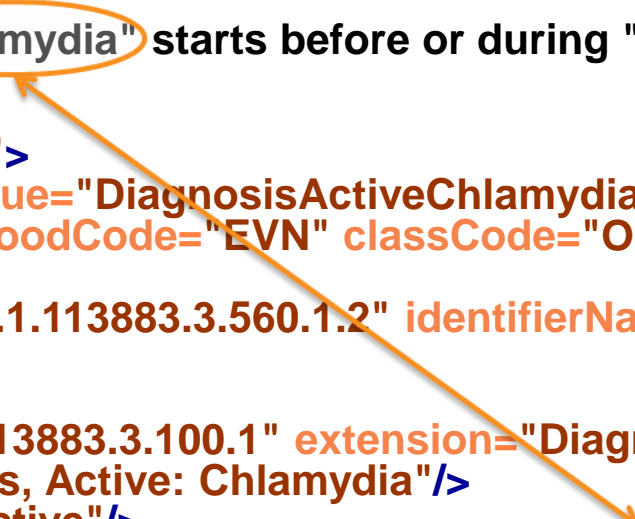
"Diagnosis, Active: Chlamydia" starts before or during "Measurement Period"



```
<entry typeCode="DRIV">
  <localVariableName value="DiagnosisActiveChlamydia"/>
  <observationCriteria moodCode="EVN" classCode="OBS">
    <templated>
      <item root="2.16.840.1.113883.3.560.1.2" identifierName="diagnosis, active
template"/>
    </templated>
    <id root="2.16.840.1.113883.3.100.1" extension="DiagnosisActiveChlamydia"/>
    <text value="Diagnosis, Active: Chlamydia"/>
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        <id root="2.16.840.1.113883.3.100.1" extension="MeasurePeriod"/>
      </criteriaReference>
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  </observationCriteria>
</entry>
```

Data Criteria

"Diagnosis, Active: Chlamydia" starts before or during "Measurement Period"

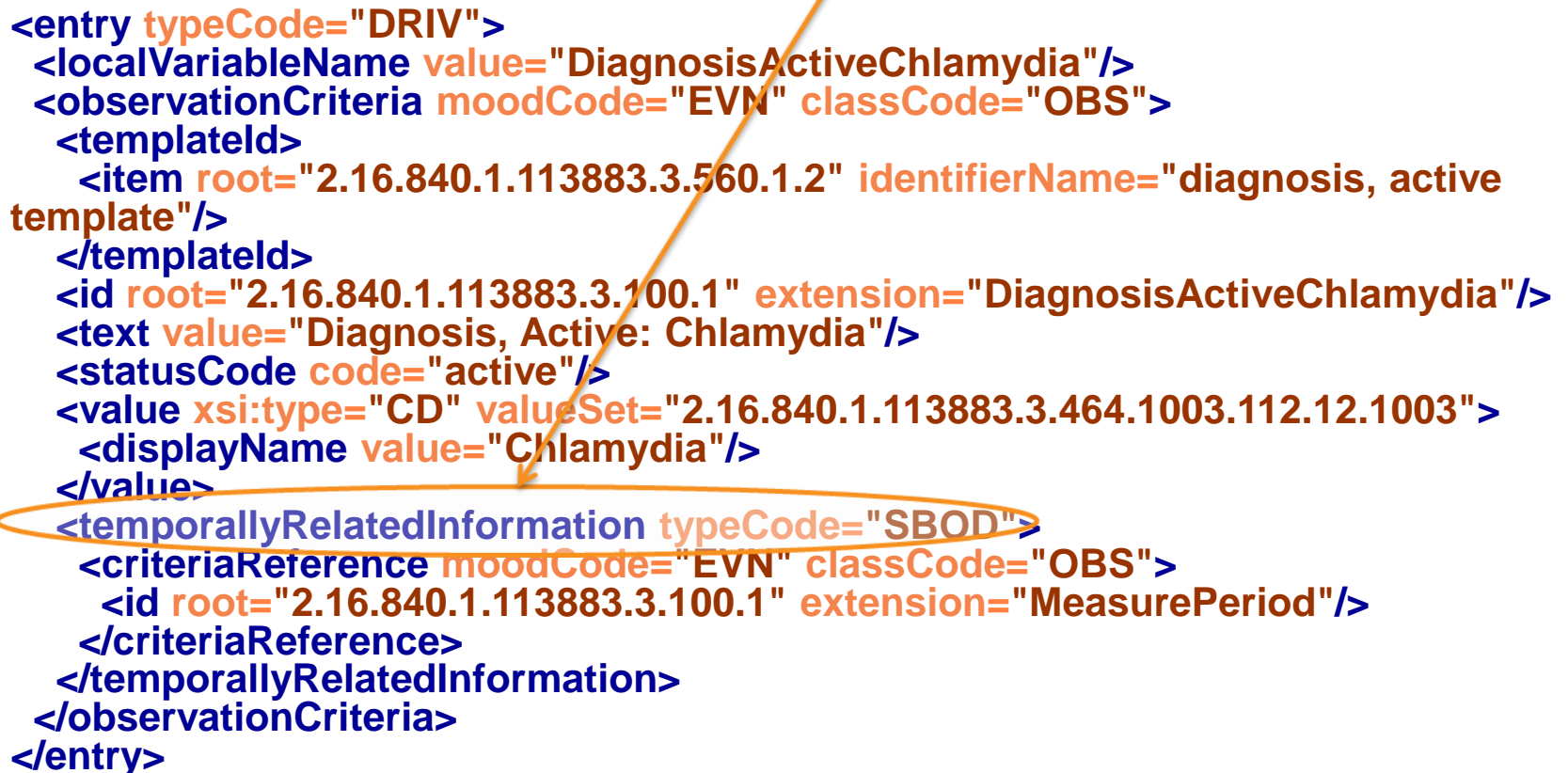


```

<entry typeCode="DRIV">
  <localVariableName value="DiagnosisActiveChlamydia"/>
  <observationCriteria moodCode="EVN" classCode="OBS">
    <templateId>
      <item root="2.16.840.1.113883.3.560.1.2" identifierName="diagnosis, active
template"/>
    </templateId>
    <id root="2.16.840.1.113883.3.100.1" extension="DiagnosisActiveChlamydia"/>
    <text value="Diagnosis, Active: Chlamydia"/>
    <statusCode code="active"/>
    <value xsi:type="CD" valueSet="2.16.840.1.113883.3.464.1003.112.12.1003">
      <displayName value="Chlamydia"/>
    </value>
    <temporallyRelatedInformation typeCode="SBOD">
      <criteriaReference moodCode="EVN" classCode="OBS">
        <id root="2.16.840.1.113883.3.100.1" extension="MeasurePeriod"/>
      </criteriaReference>
    </temporallyRelatedInformation>
  </observationCriteria>
</entry>
  
```


Data Criteria

"Diagnosis, Active: Chlamydia" starts before or during "Measurement Period"

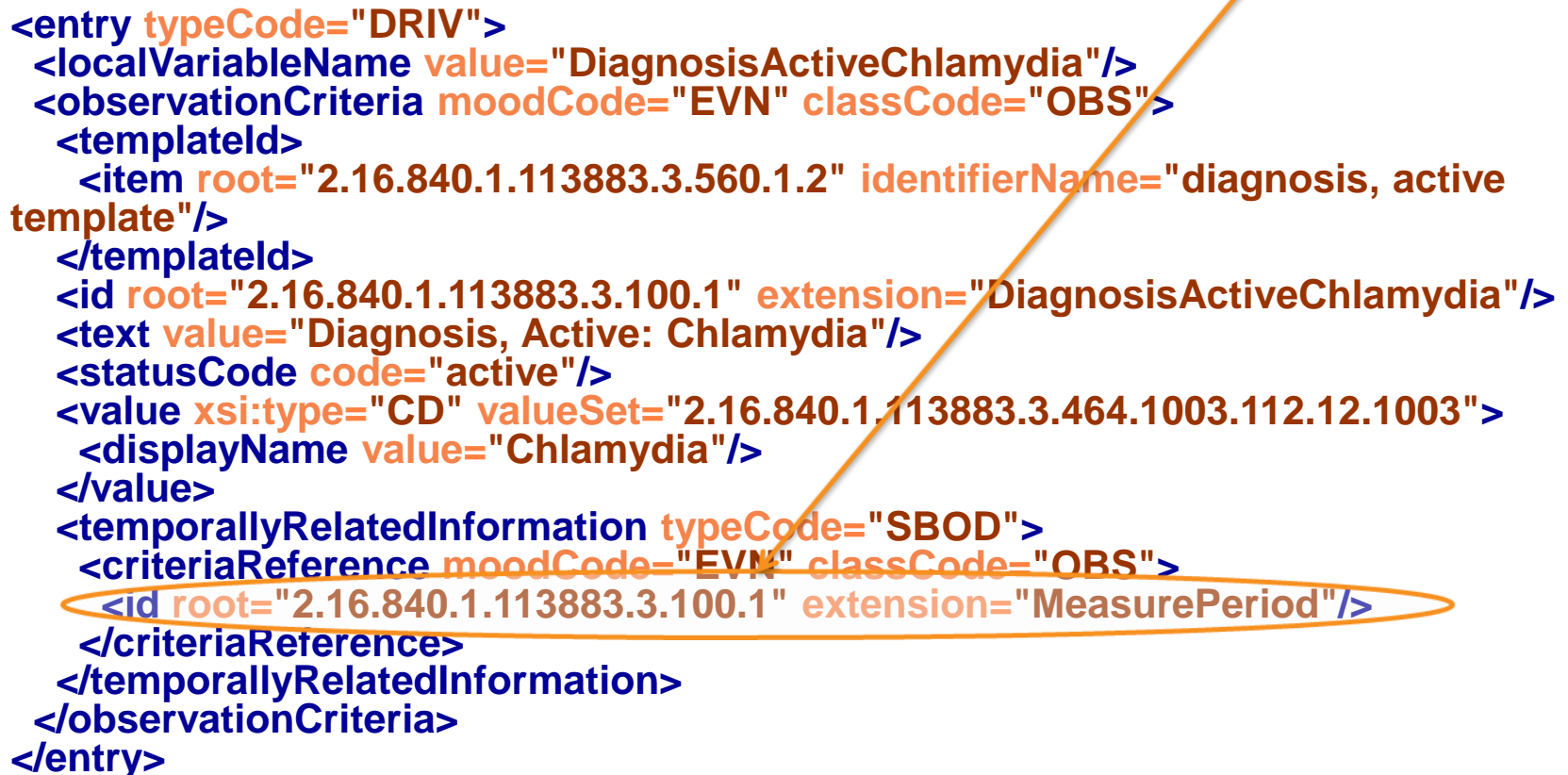


The diagram illustrates the relationship between two data elements: "Diagnosis, Active: Chlamydia" and "Measurement Period". An orange oval highlights the phrase "starts before or during" in the text above. An orange arrow points from this phrase to the `<temporallyRelatedInformation typeCode="SBOD">` element in the XML code block below. Another orange oval highlights this specific XML element. The XML code block shows a sequence of elements: `<entry typeCode="DRIV">`, `<localVariableName value="DiagnosisActiveChlamydia"/>`, `<observationCriteria moodCode="EVN" classCode="OBS">`, `<templated>`, `<item root="2.16.840.1.113883.3.560.1.2" identifierName="diagnosis, active template"/>`, `</templated>`, `<id root="2.16.840.1.113883.3.100.1" extension="DiagnosisActiveChlamydia"/>`, `<text value="Diagnosis, Active: Chlamydia"/>`, `<statusCode code="active"/>`, `<value xsi:type="CD" valueSet="2.16.840.1.113883.3.464.1003.112.12.1003">`, `<displayName value="Chlamydia"/>`, `</value>`, `<temporallyRelatedInformation typeCode="SBOD">` (highlighted), `<criteriaReference moodCode="EVN" classCode="OBS">`, `<id root="2.16.840.1.113883.3.100.1" extension="MeasurePeriod"/>`, `</criteriaReference>`, `</temporallyRelatedInformation>`, `</observationCriteria>`, and `</entry>`.

```
<entry typeCode="DRIV">
  <localVariableName value="DiagnosisActiveChlamydia"/>
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    <templated>
      <item root="2.16.840.1.113883.3.560.1.2" identifierName="diagnosis, active
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    </templated>
    <id root="2.16.840.1.113883.3.100.1" extension="DiagnosisActiveChlamydia"/>
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    </temporallyRelatedInformation>
  </observationCriteria>
</entry>
```

Data Criteria

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    </value>
    <temporallyRelatedInformation typeCode="SBOD">
      <criteriaReference moodCode="EVN" classCode="OBS">
        <id root="2.16.840.1.113883.3.100.1" extension="MeasurementPeriod"/>
      </criteriaReference>
    </temporallyRelatedInformation>
  </observationCriteria>
</entry>
  
```

Data Criteria

Encounter, Performed: Office Visit



```
<entry typeCode="DRIV">
  <localVariableName value="OfficeVisit"/>
  <encounterCriteria moodCode="EVN" classCode="ENC">
    <templated>
      <item root="2.16.840.1.113883.3.560.1.79" identifierName="encounter,
performed template"/>
    </templated>
    <id root="2.16.840.1.113883.3.100.1" extension="OfficeVisit"/>
    <code xsi:type="CD" valueSet="2.16.840.1.113883.3.464.1003.101.12.1001">
      <displayName value="Office Visit"/>
    </code>
    <text value="Encounter, Performed: Office Visit"/>
  </encounterCriteria>
</entry>
```

XPath to extract all Encounter, Performed entries:

```
/QualityMeasureDocument/component/dataCriteriaSection/entry[*/templated/i
tem/@root="2.16.840.1.113883.3.560.1.79"]
```

Population Criteria

- **Similar story for population criteria**
 - XML looks confusing initially, but
 - Much of the XML can be ignored
 - Straightforward to extract required information

Next: Bonnie Demonstration

Pete Krautscheid, MITRE



Cypress Discussion: Release Schedule & Support for IGs

November 20th, 2014



Health in the 21st Century

MITRE

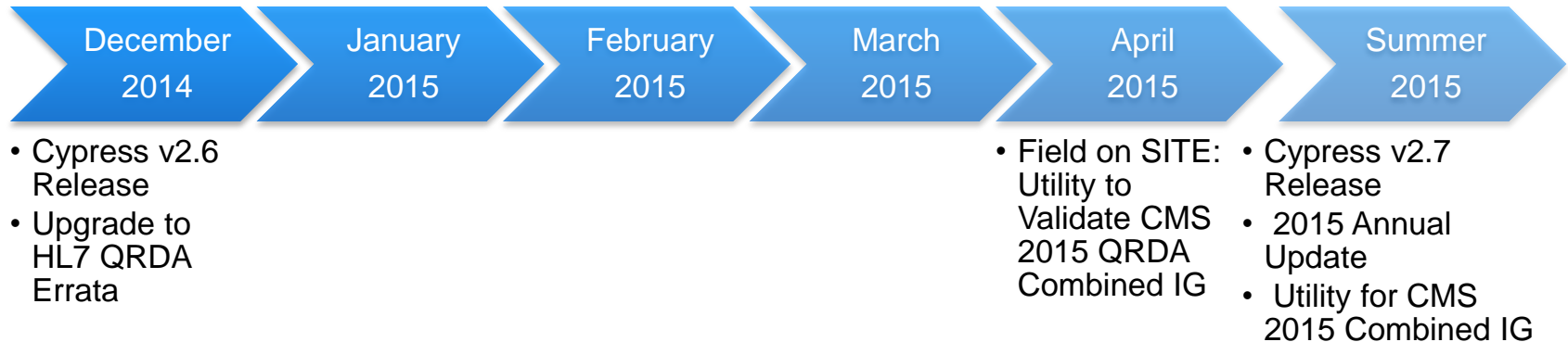
Agenda

- Purpose of Today's Discussion
- New Proposed Timeline To Consider
- Key Discussion Points
- Open Discussion

Today's Discussion

- **Need to delay Cypress support for CMS 2015 QRDA Combined Implementation Guide (IG) until schematron validation rules are ready.**
 - **Help us re-plan the Cypress Releases to field support for the HL7 QRDA Errata IG and the CMS 2015 QRDA Combined IG.**
- **Original Plan: Cypress v2.6 December 2014 Release:**
 - **Upgrade to HL7 Quality Reporting Data Standards (QRDA) Errata for 2014 from the previous HL7 Base QRDA IG from July 2012.**
 - **“Optional Validation Utility” for vendors to check compliance of QRDA documents for the CMS 2015 Combined QRDA Implementation Guide.**

New Proposed Timeline to Consider



■ New Timeline to Consider:

- Use the Cypress v2.6 December Release to field the upgrade for the HL7 QRDA Errata IG published in July 2014.
- Field a utility to validate QRDA documents for conformance to the CMS 2015 QRDA Combined IG. Field as a separate utility initially to avoid the need for a Cypress minor release.
- Bundle this new utility into Cypress in summer 2015 at the time of the 2015 Annual Measure Update.

* SITE - Standards Implementation and Testing Environment

Key Discussion Points

- **Should we use the Cypress v2.6 December Release to field support for the updated HL7 QRDA Errata IG published in July 2014?**
- **If we move forward with the Cypress v2.6 Release, does the timing of the release matter? Is a January release date preferred?**
- **Should we delay the Cypress v2.6 Release altogether, and field support for both IG enhancements in one release in early April timeframe?**

OPEN DISCUSSION

Follow-Up

- **Completed Webinars will be posted on the Cypress Website on the Timeline Tab.**
 - <http://projectcypress.org/timeline.html>
- **Send questions and feedback to the Cypress Talk List as talk@projectcypress.org**



Cypress Discussion: Release Schedule & Support for IGs

November 20th, 2014



Health in the 21st Century

MITRE

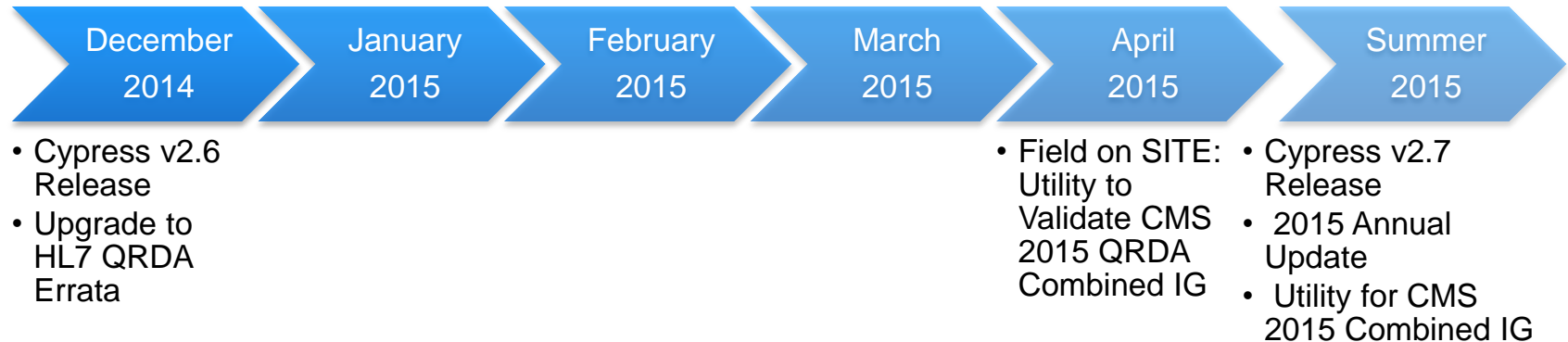
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Hospital Quality Reporting Updates



Stephanie Wilson

November 20, 2014

General Updates

November 30, 2014: Data Submission Reminder for Inpatient Quality Reporting (IQR) Program

Eligible hospitals and critical access hospitals (CAHs) voluntarily submitting electronic clinical quality measure (eCQMs)

- STK, VTE, PC, ED
- QRDA Category I files
- *QualityNet* Website (www.qualitynet.org)

All other Hospital IQR chart-abstracted measures and any electronic measure sets not reported for the first successful electronically reported quarter must still be reported via chart-abstraction for the full CY 2014.

General Updates

If a hospital has submitted QRDA I files and is not sure if the submission was successfully received, they can verify receipt in one of the four following ways:

1. The submitter should have received an e-mail from QualityNet stipulating if the file was successfully submitted or rejected.
2. The submitter can log in to QualityNet and run the Submission Report.
3. Submitters can reach out to the *QualityNet* Help Desk at qnetsupport@hcqis.org or call 866-288-8912 to find out more information regarding their file submission status.
4. Submitters can reach out to the EHR Support team at iqr@hsag.org or by calling 866-800-8765.

General Updates

***QualityNet* maintenance downtime scheduled for November 21–24**

- The *QualityNet Secure Portal* will be unavailable from 7 p.m. CT on Friday, November 21 through 5 a.m. CT on Monday, November 24 to allow for scheduled maintenance.
- This may affect submissions to the data warehouses and use of *QualityNet* applications.

eCQM Validation Pilot - FAQ # 1

WHAT ARE THE OBJECTIVES OF THIS PROJECT?

- Assess the accuracy and completeness of eCQM data
- Assess Hospital IQR Program readiness for eCQM reporting requirements
- Identify the need for, and implement updates to measure specifications and standards
- Plan future validation requirements

eCQM Validation Pilot - FAQ # 2

WHEN WILL THE PILOT BEGIN?

Recruitment will begin in November or December 2014, with remote validation tests conducted from January through September 2015.

eCQM Validation Pilot - FAQ # 3

ASIDE FROM PARTICIPATION IN THE REMOTE INTERVIEW, WHAT ELSE IS REQUIRED TO PARTICIPATE IN THE PILOT?

- Hospitals must meet the Medicare EHR Incentive Program Stage 2 criteria by July 1, 2015.
- Hospitals must produce lists of patients eligible for measures in each of the four topic areas (STK, VTE, ED and PC).
- Hospitals must be able to produce QRDA Category 1 Revision 2 extracted data for at least six of the 16 measures in STK, VTE, ED, and PC using the April 2014 version of the measures by July 1, 2015.

eCQM Validation Pilot - FAQ # 3 (cont.)

- Each hospital may provide any or all of this information directly, or may authorize a vendor to provide this information on its behalf. Hospitals working through a vendor will be asked to provide the name of the vendor, as well as a point of contact, and must state in writing what information the vendor may provide on its behalf.
- Hospitals are also strongly encouraged to submit electronic clinical quality measure data for the voluntary option in the Hospital IQR program.

Contact Information

To express interest in participation:
validation@hcqis.org

Documentation Updates

EHR Hospital Quality Reporting (HQR) 6.0 Program Edits

(will be posted on the QualityNet website in the coming weeks)

The Quality Reporting Center Website:

www.qualityreportingcenter.com/resources/tools/iqr/

Home » Resources/Tools » Hospital IQR Resources

Documentation Updates

September 30, 2014 Presentation: “Most Common eCQM Submission Errors for Hospital QRDA – I Files” (available in 2 locations)

1) QualityNet website: www.qualitynet.org

Home » Inpatient Quality Reporting (IQR) » electronically specified Clinical Quality Measures (eCQMs) » Webinars/Calls

2) The Quality Reporting Center Website:

www.qualityreportingcenter.com/events/archive/iqr/

Home » Events » Archived Events » Hospital IQR

Contact Information

eCQM Program Questions:

- iqr@hsag.com
- 866-800-8765 or 844-472-4477
- 7 a.m. – 7 p.m. CT, Monday – Friday

EHR Information Center (EHRIC):

- 888-734-6433
- 7:30 a.m. – 6:30 p.m. CT, Monday – Friday

JIRA Website: The CQM Issue Tracker tracks issues related to eCQMs used in the Meaningful Use program, including questions on implementation (e.g., the specifications, logic, code sets, measure intent) and/or policy (e.g., reporting requirements).

<http://oncprojecttracking.org/>

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November 30 Hospital Attestation Deadline

- FY 2014 ended for eligible hospitals and critical access hospitals on September 30, 2014
- Hospitals participating in the Medicare EHR Incentive Program must attest by **11:59 PM ET on November 30, 2014** for FY 2014
- Hospitals participating in the Medicaid EHR Incentive Program should refer to their [state deadlines](#) for attestation
- Reminder: Medicare eligible hospitals must attest **every year** to receive an incentive and avoid a payment adjustment

2015 Hardship Exception Application Extension

- CMS has reopened the submission period for hardship applications to avoid the **2015** Medicare payment adjustment
- **Applications are now due November 30, 2014 at 11:59 ET**
- This reopened submission period is **only** for providers that:
 - Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **AND**
 - Were unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals) using the flexibility options provided in the CMS [2014 CEHRT Flexibility Rule](#).

FAQ 10754: How can a provider meet the “Protect Electronic Health Information” core objective?

In Stage 1, providers must conduct or review a security risk analysis, implement security updates as necessary, and correct identified security deficiencies.

In Stage 2, providers also need to address the encryption and security of data stored in the CEHRT.

These steps may be completed outside of the EHR reporting period, **but must take place no earlier than the start of the EHR reporting year and no later than the provider attestation date.**

For Measure 2 of the Stage 2 Summary of Care objective, may a provider count a transition of care or referral in its numerator if they create and send a summary of care document to a third party organization that ultimately delivers the summary of care document?

Yes. They may count transmissions in this measure's numerator when a third-party organization is involved so long as:

- The summary of care document is created using CEHRT
- The summary of care document electronically transmitted by the provider to the third-party organization is done so using EITHER:
 - their CEHRT's transport standard capability, or
 - an exchange facilitated by an organization that is an eHealth Exchange participant
- The third party organization can confirm for the sending provider that the summary of care document was ultimately received by the next provider of care

The service the third party provides does not have to be certified for the transmission to be counted in the numerator for measure 2.

QUESTIONS?