2021 Final Rule: The "Voluntary" Electronic Measures

December 9, 2020

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Today's Presenter

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Agenda:

1. Review the 2021 requirements
2. Review Opioid and Hybrid Measures
3. Provide tips for creating an eCQM improvement plan
4. Q&A

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2021:

- 2 self-selected quarters
- 4 self-selected eCQMs
- Addition of Safe Use of Opioids – Concurrent Prescribing
- **Publicly reported on Care Compare (Hospital Compare)**

VTE-1 (371)	**VTE-2** (372)	**STK-6** (439)
STK-5 (438)	**PC-05** (480)	**STK-3** (436)
ED-2 (497)	**STK-2** (435)	**Safe Use of Opioids** (3316e)

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2022:

- 3 self-selected quarters
- 4 eCQMs
  - ✓ 3 self-selected eCQMs
  - ✓ 1 required: Safe Use of Opioids – Concurrent Prescribing
- Publicly reported on Care Compare

VTE-1 (371)	**VTE-2** (372)	**STK-6** (439)
STK-5 (438)	**PC-05** (480)	**STK-3** (436)
ED-2 (497)	**STK-2** (435)	**Safe Use of Opioids** (3316e)

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Safe Use of Opioids – Concurrent Prescribing

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Safe Use of Opioids – Concurrent Prescribing

eCQM Title	**Safe Use of Opioids - Concurrent Prescribing**		
eCQM Identifier (Measure Authoring Tool)	506	**eCQM Version Number**	3.3.000
NQF Number	3316e	**GUID**	33b40c00-909a-4490-8093-999fbcdc3480
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Mathematica		
Endorsed By	National Quality Forum		
Description	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge		

Improvement Notation	Improvement noted as a decrease in the rate

Guidance	Clinician judgement, clinical appropriateness, or both may indicate concurrent prescribing of two unique opioids or an opioid and benzodiazepine is medically necessary, thus the measure is not expected to have a zero rate. Inpatient hospitalizations with discharge medications of a new or continuing opioid or a new or continuing benzodiazepine prescription should be included in the initial population. Inpatient hospitalizations with discharge medications of two or more new or continuing opioids or new or continuing opioid and benzodiazepine resulting in concurrent therapy at discharge should be included in the numerator. This eCQM is an episode-based measure.

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Safe Use of Opioids – Concurrent Prescribing

Population Criteria

Initial Population

```
/*Captures encounters of patients with an opioid(s), benzodiazepine, or a combination of these medications at discharge*/
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
  with ( ["Medication, Discharge": "Schedule II and III Opioid Medications"]
    union ["Medication, Discharge": "Schedule IV Benzodiazepines"] ) OpioidOrBenzodiazepineDischargeMedication
    such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime during InpatientEncounter.relevantPeriod
```

Denominator

```
"Initial Population"
```

Denominator Exclusions

```
/*Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter*/
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
  where exists ( ["Diagnosis": "All Primary and Secondary Cancer"] Cancer
      where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod
  )
    or exists ( InpatientEncounter.diagnoses Diagnosis
        where Diagnosis.code in "All Primary and Secondary Cancer"
    )
    or exists ( ["Intervention, Order": "Palliative or Hospice Care"] PalliativeOrHospiceCareOrder
        where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod
    )
    or exists ( ["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed
        where PalliativeOrHospiceCarePerformed.relevantPeriod overlaps InpatientEncounter.relevantPeriod
    )
```

Numerator

```
/*Encounters of patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.
*/
( "Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
    where ( Count(["Medication, Discharge": "Schedule II and III Opioid Medications"] Opioids
        where Opioids.authorDatetime during InpatientEncounter.relevantPeriod
      )>= 2
    )
)
  union ( "Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
      with ["Medication, Discharge": "Schedule II and III Opioid Medications"] OpioidsDischarge
        such that OpioidsDischarge.authorDatetime during InpatientEncounter.relevantPeriod
      with ["Medication, Discharge": "Schedule IV Benzodiazepines"] BenzodiazepinesDischarge
        such that BenzodiazepinesDischarge.authorDatetime during InpatientEncounter.relevantPeriod
```

Definitions

Denominator

```
"Initial Population"
```

Denominator Exclusion

```
/*Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter*/
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
  where exists ( ["Diagnosis": "All Primary and Secondary Cancer"] Cancer
      where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod
  )
    or exists ( InpatientEncounter.diagnoses Diagnosis
        where Diagnosis.code in "All Primary and Secondary Cancer"
    )
    or exists ( ["Intervention, Order": "Palliative or Hospice Care"] PalliativeOrHospiceCareOrder
        where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod
    )
    or exists ( ["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed
        where PalliativeOrHospiceCarePerformed.relevantPeriod overlaps InpatientEncounter.relevantPeriod
    )
```

Initial Population

```
/*Captures encounters of patients with an opioid(s), benzodiazepine, or a combination of these medications at discharge*/
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter
  with ( ["Medication, Discharge": "Schedule II and III Opioid Medications"]
    union ["Medication, Discharge": "Schedule IV Benzodiazepines"] ) OpioidOrBenzodiazepineDischargeMedication
    such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime during InpatientEncounter.relevantPeriod
```


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Safe Use of Opioids – Concurrent Prescribing

INVERSE MEASURE

Denominator

- Inpatient Encounter including Observation
- > 18 years of age
- Length of stay < 120 days
- Opioid or Benzodiazepine at Discharge

Denominator Exclusions

- Hospice or Palliative Care
- Primary or Secondary Cancer Diagnosis

Numerator

- Two or More Concurrent Opioids at Discharge
- or
- Concurrent Opioid and Benzodiazepine at Discharge

- Denominator Exceptions
- None

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Safe Use of Opioids – Concurrent Prescribing

Terminology

- code "Birth date" ("LOINC Code (21112-8)")
- valueset "All Primary and Secondary Cancer" (2.16.840.1.113762.1.4.1111.161)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Palliative or Hospice Care" (2.16.840.1.113883.3.600.1.1579)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Schedule II and III Opioid Medications" (2.16.840.1.113762.1.4.1111.165)
- valueset "Schedule IV Benzodiazepines" (2.16.840.1.113762.1.4.1125.1)

Data Criteria (QDM Data Elements)

- "Diagnosis: All Primary and Secondary Cancer" using "All Primary and Secondary Cancer (2.16.840.1.113762.1.4.1111.161)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Intervention, Order: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Intervention, Performed: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Medication, Discharge: Schedule II and III Opioid Medications" using "Schedule II and III Opioid Medications (2.16.840.1.113762.1.4.1111.165)"
- "Medication, Discharge: Schedule IV Benzodiazepines" using "Schedule IV Benzodiazepines (2.16.840.1.113762.1.4.1125.1)"
- "Patient Characteristic Birthdate: Birth date" using "Birth date (LOINC Code 21112-8)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

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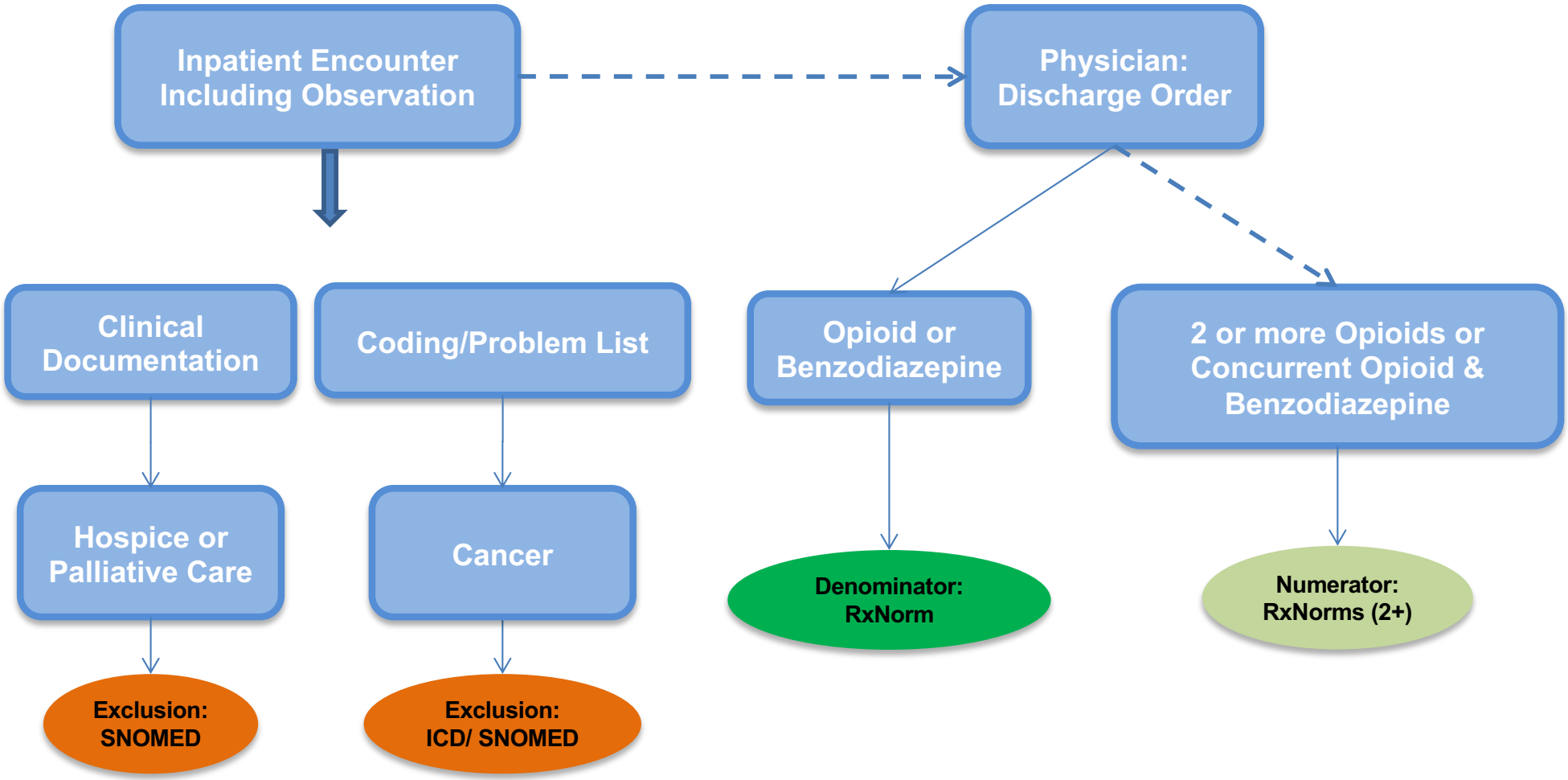
CMS 506: Safe Use of Opioids – Concurrent Prescribing



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Safe Use of Opioids – Concurrent Prescribing

VALUE SET DESCRIPTION	OID	SNOMED	CODE DESCRIPTION
Palliative or Hospice Care	2.16.840.1.113883.3.600.1.1579	103735009	Palliative care (regime/therapy)
		133918004	Comfort measures (regime/therapy)
		182964004	Terminal care (regime/therapy)
		305284002	Admission by palliative care physician (procedure)
		305381007	Admission to palliative care department (procedure)
		305981001	Referral by palliative care physician (procedure)
		306237005	Referral to palliative care service (procedure)
		306288008	Referral to palliative care physician (procedure)
		385736008	Dying care (regime/therapy)
		385763009	Hospice care (regime/therapy)
***Bolded overlap with the Comfort Measures set**			

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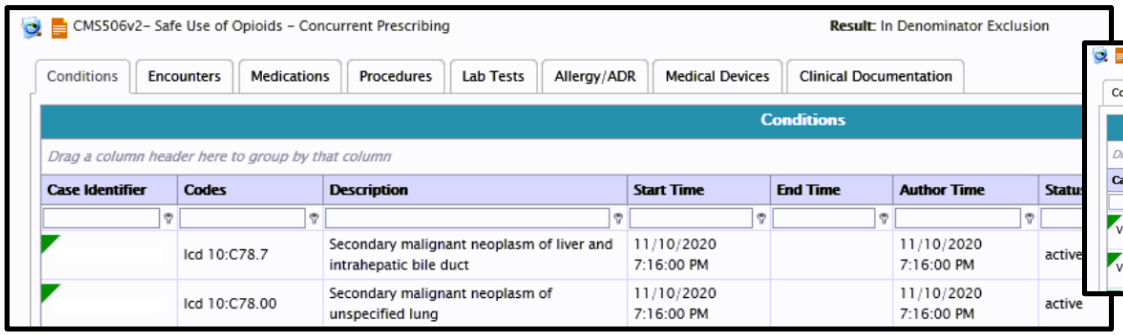
Safe Use of Opioids – Concurrent Prescribing

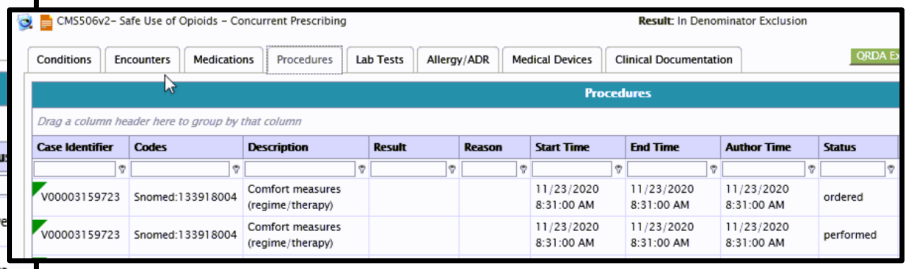
IPP/Denominator:
Opioid/Benzo at discharge

Numerator:
Two or more opioids at discharge

Codes	Description	Status	Route	Start Time	End Time	Used
RxNorm:1049621	Oxycodone Hydrochloride 5 MG Oral Tablet	discharge		1/2/2020 12:45:00 PM	1/2/2020 9:27:00 AM	
RxNorm:857002	Acetaminophen 325 MG / Hydrocodone Bitartrate 5 MG Oral Tablet	discharge		1/2/2020 12:45:00 PM	12/31/2019 8:34:00 AM	

Exclusions:
Cancer diagnosis
Palliative/Hospice





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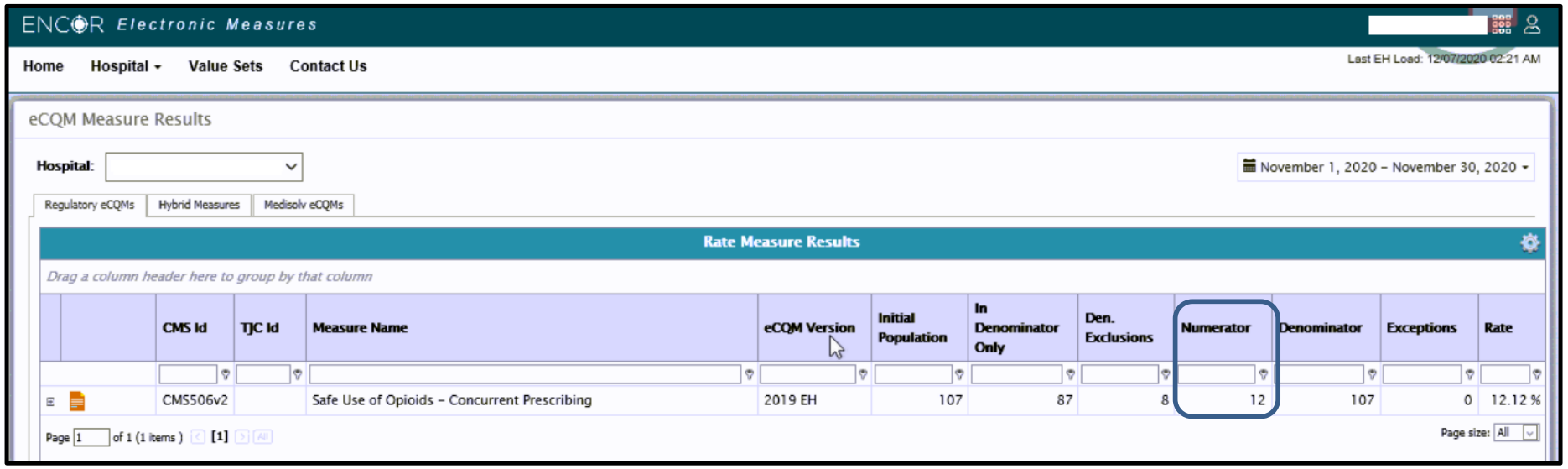
Safe Use of Opioids – Concurrent Prescribing



Codes	Description	Status	Route	Start Time	End Time	Author Time	Negation Code	Documentation	Used
RxNorm:1049611	Oxycodone Hydrochloride 15 MG Oral Tablet	discharge		11/18/2020 5:40:00 PM		11/18/2020 5:40:00 PM		ROXICODONE15 MG, AC, CONT	
RxNorm:197321	Alprazolam 1 MG Oral Tablet	discharge		11/18/2020 5:40:00 PM		11/18/2020 5:40:00 PM		XANAX1 MG, AC, CONT	

Result	Admit	Discharge	Discharge Disposition
num			
In Numerator	11/16/2020 6:35:00 PM	11/18/2020 5:40:00 PM	Discharge to home for hospice care (procedure)

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Hybrid Hospital Wide Readmission (CMS 529)

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IQR: 2021 Hybrid

Hybrid Hospital-Wide Readmission Measure

- Claims and Electronic Health Record Data
- 2 years of **voluntary** reporting:
  July 1, 2021-June 30, 2022; July 1, 2022 -June 30, 2023
- Electronic specifications available Spring 2020
- Confidential hospital-specific feedback reports
- Voluntary submissions will not be publicly reported and will not impact payment determination

Beginning with the FY 2026 payment determination

- Remove Claims-Based Hospital-Wide All-Cause Readmission measure
- Replace with **required** Hybrid HWR Reporting for the Period:
  July 1, 2023-June 30, 2024
- Publicly reported on Care Compare

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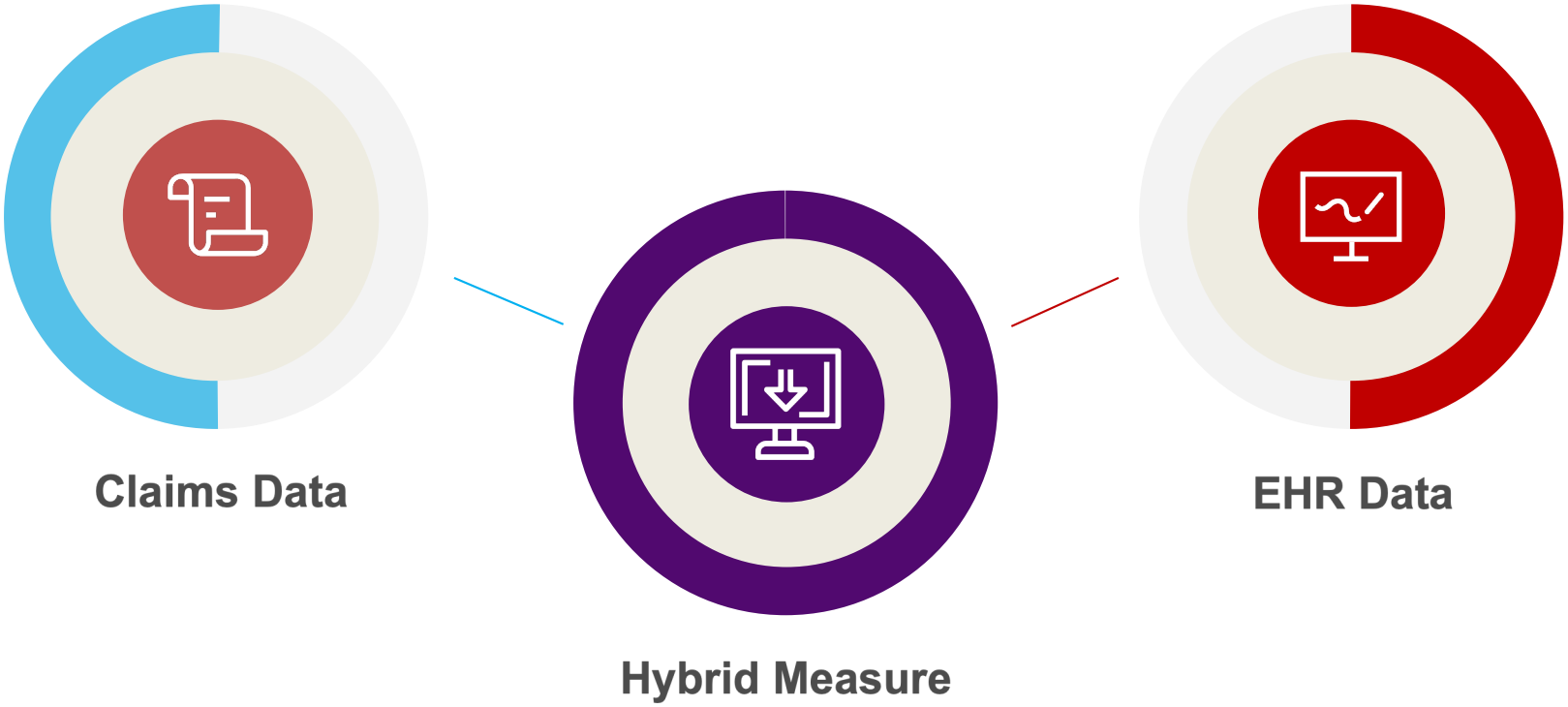
Hybrid Hospital Wide Readmission

What is a Hybrid Measure?



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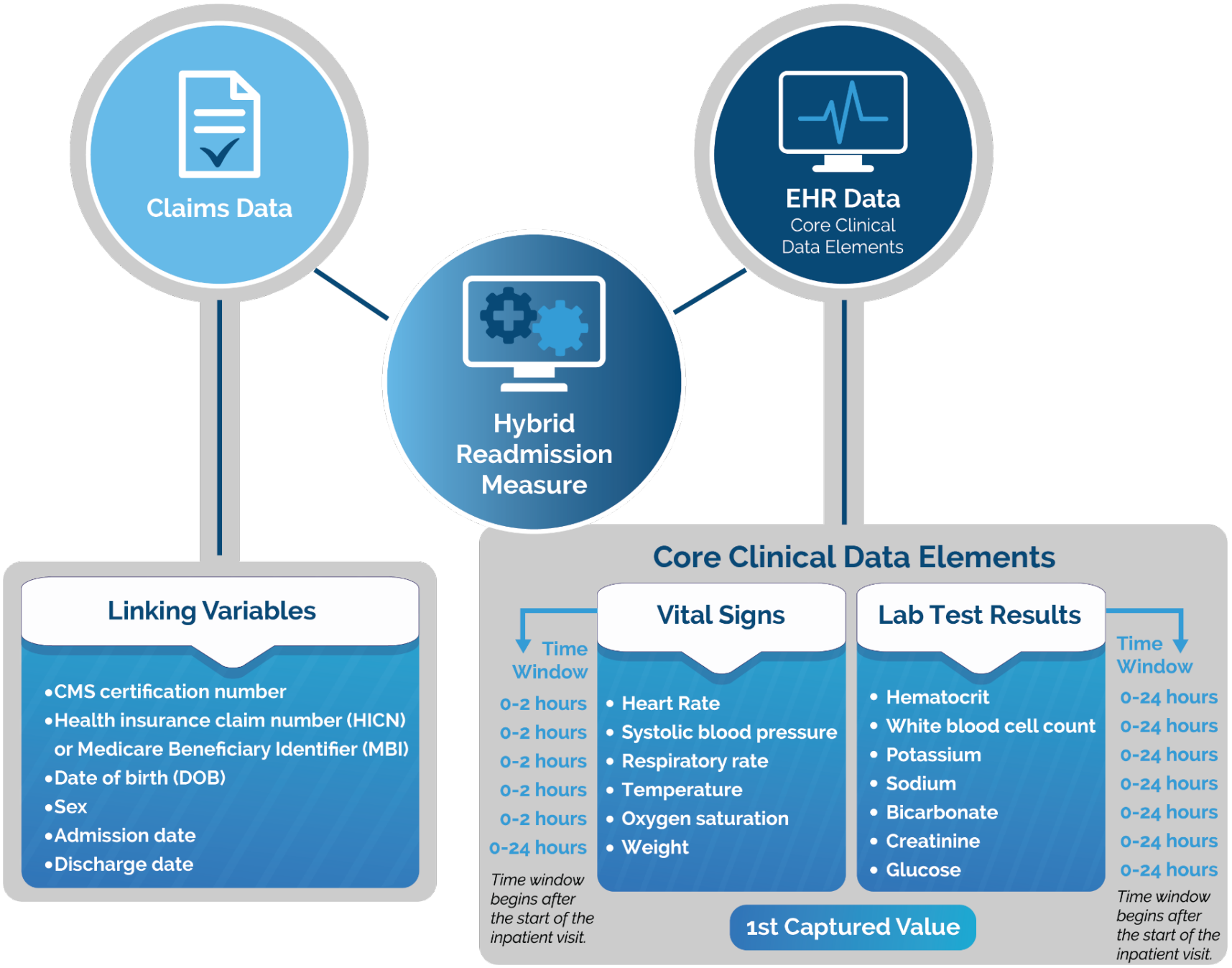

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Hybrid Hospital Wide Readmission

Hybrid Risk-Standardized Readmission Rate (HRSRR):

- Unplanned readmissions w/in 30 days from index admission
- Uses claims and EHR data
- Adjusted for differences in case mix and service mix across hospitals
- Critically ill patient = Higher probability for readmission

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Hybrid Hospital Wide Readmission

eCQM Title	**Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data**		
eCQM Identifier (Measure Authoring Tool)	529	**eCQM Version Number**	1.3.000
NQF Number	2879e	**GUID**	fa75de85-a934-45d7-a2f7-c700a756078b
Measurement Period	July 1, 2021 through June 30, 2022		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Mathematica		
Measure Developer	Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation		
Endorsed By	National Quality Forum		
Description	This logic is intended to extract electronic clinical data. This is not an electronic clinical quality measure and this logic will not produce measure results. Instead, it will produce a file containing the data that CMS will link with administrative claims to risk adjust the Hybrid HWR outcome measure. It is designed to extract the first resulted set of vital signs and basic laboratory results obtained from encounters for adult Medicare Fee-For-Service patients admitted to acute care short stay hospitals.		

Clinical Recommendation Statement	The logic is not meant to guide or alter the care patients receive. The purpose of this core clinical data elements logic is to extract clinical data that are already routinely captured in EHRs from encounters for hospitalized adult patients. It is not intended to require that clinical staff perform additional measurements or tests that are not needed for diagnostic assessment or treatment of patients.
Improvement Notation	No actual measure score will be generated by hospitals. Instead hospitals will report the data values for each of the core clinical data elements for all encounters in the Initial Population. These core clinical data elements will be linked to administrative claims data and used by CMS to calculate results for the Hybrid HWR measure.

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Hybrid Hospital Wide Readmission

Population Criteria

Initial Population

"Inpatient Encounters"

Stratification

None

Definitions

Initial Population

"Inpatient Encounters"

Inpatient Encounters

```
from
  ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter,
  ["Participation": "Medicare payer"] Payer,
  ["Patient Characteristic Birthdate": "Birth date"] BirthDate
  where ( Payer.participationPeriod overlaps before InpatientEncounter.relevantPeriod
     or start of Payer.participationPeriod same as start of InpatientEncounter.relevantPeriod
  )
    and
    end of Payer.participationPeriod != start of InpatientEncounter.relevantPeriod
    and Global."HospitalizationWithObservationLengthofStay" ( InpatientEncounter ) < 365
    and InpatientEncounter.relevantPeriod ends during "Measurement Period"
    and Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of InpatientEncounter.relevantPeriod ) >= 65
  return InpatientEncounter
```

Results

```
{
// First physical exams
  firstHR: "FirstPhysicalExamWithEncounterId"(["Physical Exam, Performed": "Heart rate"]),
  firstSBP: "FirstPhysicalExamWithEncounterId"(["Physical Exam, Performed": "Systolic blood pressure"]),
  firstRR: "FirstPhysicalExamWithEncounterId"(["Physical Exam, Performed": "Respiratory rate"]),
  firstTemp: "FirstPhysicalExamWithEncounterId"(["Physical Exam, Performed": "Body temperature"]),
  firstO2Sat: "FirstPhysicalExamWithEncounterId"(["Physical Exam, Performed": "Oxygen saturation in Arterial blood by Pulse oximetry"]),
// Weight uses lab test timing
  firstWeight: "FirstPhysicalExamWithEncounterIdUsingLabTiming"(["Physical Exam, Performed": "Body weight"]),

// First lab tests
  firstHemat: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Hematocrit lab test"]),
  firstWBC: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "White blood cells count lab test"]),
  firstPotass: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Potassium lab test"]),
  firstSodium: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Sodium lab test"]),
  firstBicarb: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Bicarbonate lab test"]),
  firstCreat: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Creatinine lab test"]),
  firstGlucose: "FirstLabTestWithEncounterId"(["Laboratory Test, Performed": "Glucose lab test"])
}
```


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Hybrid Hospital Wide Readmission

IPP:

- Age >= 65 years
- Acute care hospital Inpatient Encounter
  - Length of stay < 365 days
  - Discharge during Measurement Period
- Medicare patient (primary, secondary…)
  - Insurance Effective Date must overlap (start on or before) Inpatient Encounter

Core Clinical Data Elements: The first documented value of any/all of the following will be evaluated and included in the QRDA file. Documentation must occur in timeframe below to be evaluated and included.

Vital Signs

- Report the FIRST value within 24 hours of inpatient admission (in ER, OR, etc.) OR
- Report FIRST value resulted within 2 hours after start of inpatient admission

Lab Results

- Report FIRST value within 24 hours of inpatient admission (in ER, OR, etc.) OR
- Report FIRST value resulted within 24 hours after the start of inpatient admission
- *Weight is the only exception – reference the lab results timing for weight documentation

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Hybrid Hospital Wide Readmission

Terminology

- code "Birth date" ("LOINC Code (21112-8)")
- code "Heart rate" ("LOINC Code (8867-4)")
- code "Oxygen saturation in Arterial blood by Pulse oximetry" ("LOINC Code (59408-5)")
- code "Respiratory rate" ("LOINC Code (9279-1)")
- code "Systolic blood pressure" ("LOINC Code (8480-6)")
- valueset "Bicarbonate lab test" (2.16.840.1.113762.1.4.1045.139)
- valueset "Body temperature" (2.16.840.1.113762.1.4.1045.152)
- valueset "Body weight" (2.16.840.1.113762.1.4.1045.159)
- valueset "Creatinine lab test" (2.16.840.1.113883.3.666.5.2363)
- valueset "Emergency Department Visit" (2.16.840.1.113883.3.117.1.7.1.292)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Glucose lab test" (2.16.840.1.113762.1.4.1045.134)
- valueset "Hematocrit lab test" (2.16.840.1.113762.1.4.1045.114)
- valueset "Medicare payer" (2.16.840.1.113762.1.4.1104.10)
- valueset "Observation Services" (2.16.840.1.113762.1.4.1111.143)
- valueset "Potassium lab test" (2.16.840.1.113762.1.4.1045.117)
- valueset "Sodium lab test" (2.16.840.1.113762.1.4.1045.119)
- valueset "White blood cells count lab test" (2.16.840.1.113762.1.4.1045.129)

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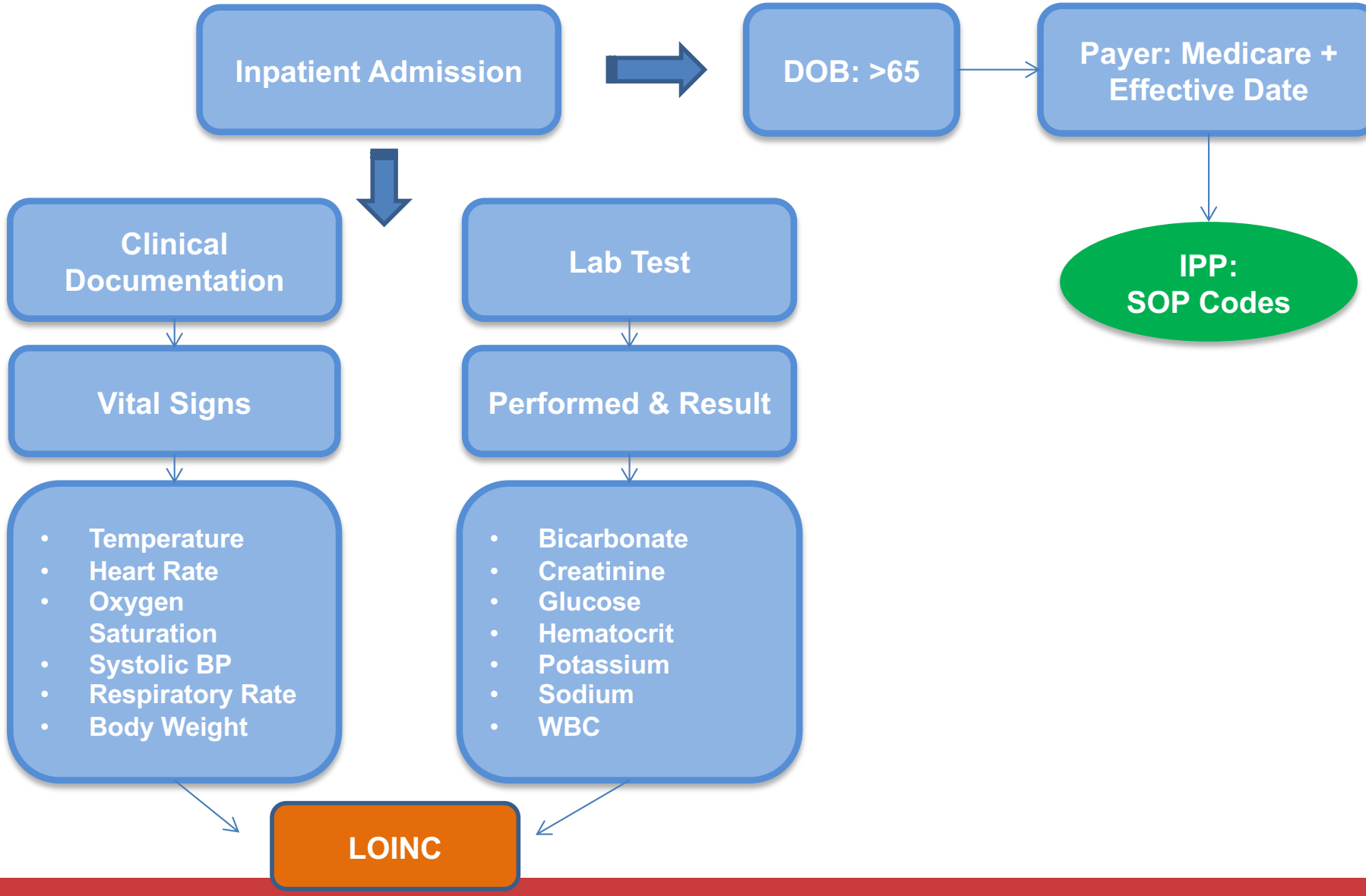
Hybrid Hospital Wide Readmission



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Hybrid Hospital Wide Readmission

If the CCDEs aren't a measure, and there isn't a denominator, numerator or performance rates, why do I need to review and monitor?

Hybrid Risk-Standardized Readmission Rate (HRSRR):

- Unplanned readmissions w/in 30 days from index admission
- Uses claims and EHR data
- Adjusted for differences in case mix and service mix across hospitals
- Critically ill patient = Higher probability for readmission

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Hybrid Hospital Wide Readmission

…and how or what can be improved?

- IPP – Linking variables
- Mapping
- Timing
- Data Capture
- Clinical Workflow
- Documentation Workflow
- Maintenance

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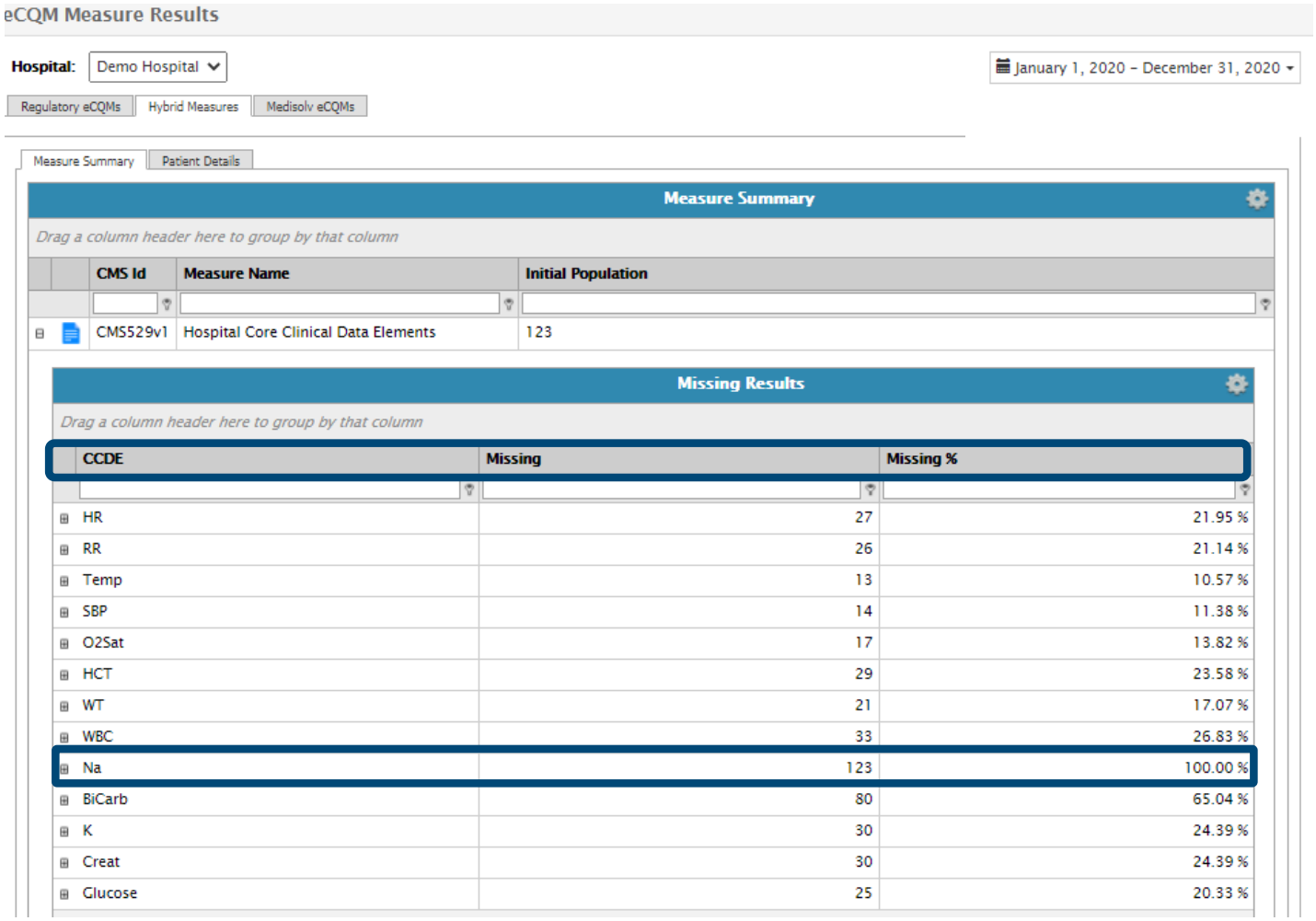
Hybrid Hospital Wide Readmission



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Hybrid Hospital Wide Readmission

CMS529v1	Hospital Core Clinical Data Elements	123

Missing Results

Drag a column header here to group by that column

CCDE	Missing
HR	27

Patient Details – Missing Results

Drag a column header here to group by that column

Patient Name	Case Identifier	Age	Payer	HR	RR	Temp	SBP	O2Sat	HCT	WT	WBC
Muir, Bram	AC0002092178	76	MEDICARE								
Curtis, Denise	AC0002090957	82	MEDICARE			97.9	169 MMHG		38.4 %	54431.09 gm	9 K/m
Burros, Scott	AC0002090725	85	MEDICARE			98.1	149 MMHG	97 %	31.2 %	95254.4 gm	
Salinger, Hsun	AC0002087094	73	MEDICARE			98.6	124 MMHG	97 %	29.7 %		15.9 K
Louis, Camellia	AC0002088232	80	MEDICARE			98	209 MMHG	99 %	38.4 %	51709.53 gm	7.2 K/
Rand, Eileen	AC0002089104	73	MEDICARE						31.4 %		4.6 K/

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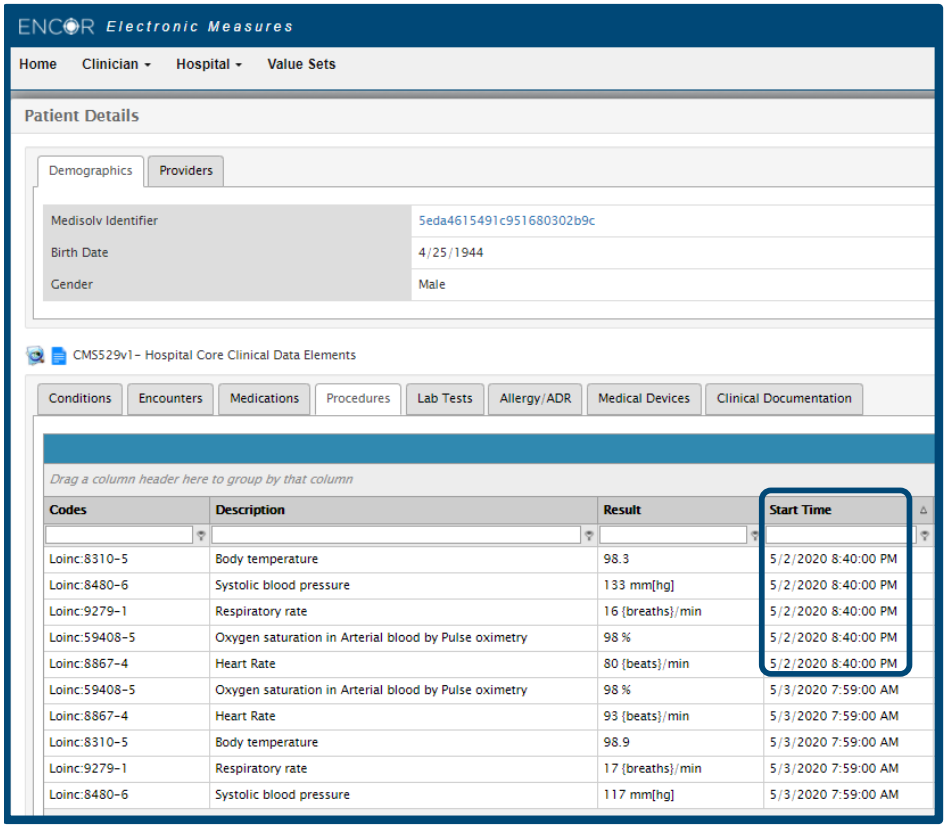
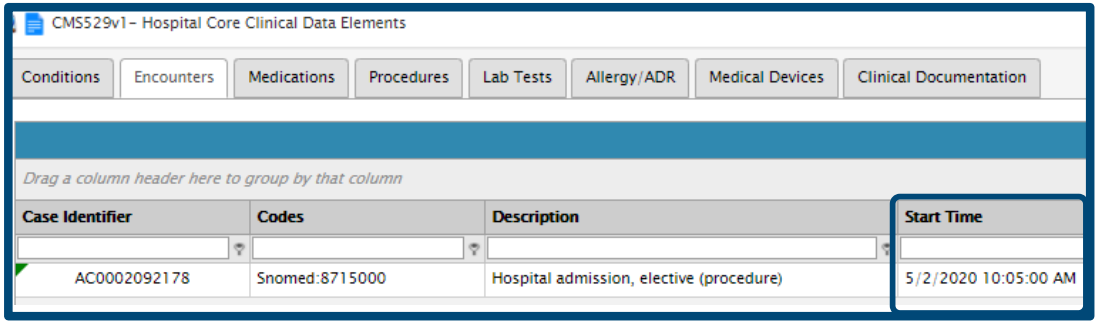
Hybrid Hospital Wide Readmission





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Hybrid Hospital Specific Report

Table I: Your Hospital's Performance on the 30-Day Hybrid HWR Measure
HOSPITAL NAME
Hospital Discharge Period: January 1, 2018 through June 30, 2018

Performance Information	Hybrid HWR Composite [d]	Medicine	Surgery/ Gynecology	Cardio-respiratory	Cardio-vascular	Neurology
Your hospital's H-RSRR [a]	15.5	--	--	--	--	--
Total number of unplanned readmissions at your hospital (numerator) [b]	78	37	9	24	6	2
Total number of eligible discharges included in the calculation of the Hybrid HWR measure (denominator) [c]	567	281	64	152	38	32
Your hospital's Observed Unplanned Readmission Rate (numerator/denominator)	13.8	13.2	14.1	15.8	15.8	6.3
Overall observed readmission rate for all hospitals participating in the 2018 Voluntary Reporting (numerator/denominator)	15.7	--	--	--	--	--
Total number of unplanned readmissions for all hospitals participating in the 2018 Voluntary Reporting (numerator)	19,303	10,811	3,187	2,663	1,703	939
Total number of eligible discharges for all hospitals participating in the 2018 Voluntary Reporting (denominator) [c]	123,056	61,821	27,012	14,920	11,755	7,548

[a] Your Hybrid Risk-Standardized Readmission Rate (H-RSRR) may not accurately reflect your hospital's true performance on the Hybrid HWR measure as it is calculated using (i) only a portion of the data from your hospital, (ii) data from only a small number of hospitals participating in the 2018 voluntary reporting, and (iii) values assigned to replace missing data.
[b] For further information on how the measure counts readmissions, please refer to Section 2.2.2 of the 2019 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission, or the Hybrid Frequently Asked Questions. This may not be equal to the total number of discharges with successfully linked claims and CCDE information. Instead, the total number of eligible discharges is derived from applying the measure inclusion and exclusion criteria to the total number of successfully linked claims. For information on the measure inclusion and exclusion criteria, please see 2019 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission.
[c] This may not be equal to the total number of discharges with successfully linked claims and CCDE information at the hospital. Instead, the total number of eligible discharges is derived from applying the measure inclusion and exclusion criteria to the total number of successfully linked claims. For information on the measure inclusion and exclusion criteria, please see 2019 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission.
[d] Specialty Cohort Model: The Hybrid HWR Composite is calculated based on performance on the included specialty cohort models.

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Hybrid Hospital Wide Readmission

Table II: Summary of Your Hospital's Submission of CCDE Information for the 30-Day Hybrid HWR Measure
HOSPITAL NAME
Hospital Discharge Period: January 1, 2018 through June 30, 2018

Submission Information	Number	Percentage (%)
Total discharges (based on claims)	701	--
Total discharges for which CCDE were successfully submitted	1,184	--
Total discharges with successfully linked claims and CCDE information [a] [b]	652	55.1%
Total discharges with failed linkage of claims and CCDE information	532	44.9%
Total discharges with missing heart rate [c]	1,184	100.0%
Total discharges with missing respiratory rate [c]	1,184	100.0%
Total discharges with missing temperature [c]	10	0.8%
Total discharges with missing systolic blood pressure [c]	2	0.2%
Total discharges with missing oxygen saturation [c]	1,184	100.0%
Total discharges with missing hematocrit [c]	14	1.2%
Total discharges with missing weight [c]	1,184	100.0%
Total discharges with missing white blood cell count [c]	41	3.5%
Total discharges with missing sodium [c]	15	1.3%
Total discharges with missing bicarbonate [c]	15	1.3%
Total discharges with missing potassium [c]	15	1.3%
Total discharges with missing creatinine [c]	15	1.3%
Total discharges with missing glucose [c]	15	1.3%

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eCQM: Annual Process

Phase 1 - EDUCATE

- CMS Reporting Requirements
- Annual Specification Updates
- Measure & Value Set Review

Phase 2 - IMPLEMENT & VALIDATE

- EHR Functionality & Data Sources
- Current State vs eCQM Workflow
- Mapping, Build & Testing

Phase 3 - MONITOR & IMPROVE

- Review Data & Results
- Analyze
- Update & Educate

Phase 4 - SUBMIT

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eCQM: Annual Process

Plan for detours and roadblocks	**Regulatory Changes**
	EHR Updates, Migrations
	Clinical and Documentation Changes
	Mapping Maintenance
	Improvement Hurdles

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eCQM: Annual Process

2020

Q4 – Submit one self-selected quarter for 2020; Begin 2021 measure review, education & implementation planning

2021

Q1 – Implement 2021 (workflow evaluation, mapping, data capture), Validate

Q2 – Monitor + Improve

Q3 – Monitor + Improve

Q4 – Submit two self-selected quarters for 2021 when coding complete; Begin 2022 measure review, education & implementation planning

2022

Q1 – Implement 2022, Validate, Monitor + Improve

Q2 – Monitor + Improve

Q3 – Monitor + Improve

Q4 – Submit three self-selected quarters for 2022 when coding complete; Begin 2023 measure review, education & implementation planning

2023

Q1 – Implement 2023, Validate, Monitor, Improve

Q2 – Monitor + Improve

Q3 – Monitor + Improve

Q4 – Monitor + Improve + Begin 2024 measure review, education & implementation planning

2024

Q1 – Submit four quarters for 2023 when coding complete

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HHWR: Annual Process

Program	Reporting Requirement	Performance Year	Payment Year Public Reporting
Inpatient Quality Reporting (IQR) Program (2021 IPPS Final Rule)	Voluntary	Jan 1, 2018 – June 30, 2018*	N/A
	Voluntary	July 1, 2021 – June 30, 2022	N/A
	Voluntary	July 1, 2022 – June 30, 2023	N/A
	Mandatory	July 1, 2023 – June 30, 2024**	FY 2026 (10/1/2025) Payments
			July 2025 Hospital Compare "Refresh"

** CMS Received EHR data from 150 Hospitals for the CY 2018 Reporting.* ***Medisolv successfully submitted for 69 of those hospitals.***

*** CMS is removing the Claims-based HWR Measure with the July 1, 2023-June 30, 2024 Mandatory Reporting for FY 2026 Payment Year.*

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Questions?

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THANK YOU!

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