



IQR Program: 2021 eCQM Requirements

October 14, 2020

Meet the Speaker

Kristen Beatson

Director of Electronic
Measures
Medisolv



Agenda

1. Review the eCQM changes to the CMS IQR program
2. Explain the new Opioid eCQM and Hybrid measure
3. Provide tips for creating an eCQM improvement plan

CMS Statement

“After holding eCQM reporting and submission policies constant for a number of years in order to give hospitals and their vendors additional time to improve eCQM reporting capabilities, and stating our intention to transition to more robust reporting, we believe that it is time to increase the level of reporting...”



7 Habits for Highly Successful Electronic Clinical Quality Measurement



Identify Goals →
Quality Improvement



**Identify & Convene
eCQM Team →**
Collaborative,
Cohesive, Complete



**Preparation &
Education →** Start
Early



Utilize Resources →
Identify, Monitor,
Establish Relationship



**Develop Reliable
Roadmap →**
Structured Process,
Revise Routes, Plan B



**Monitor, Analyze,
Improve →** Review
Results, Identify Areas
of Improvement,
Determine Solution



**Timely Communication &
Feedback →** Stakeholders, Team,
Clinicians...etc.

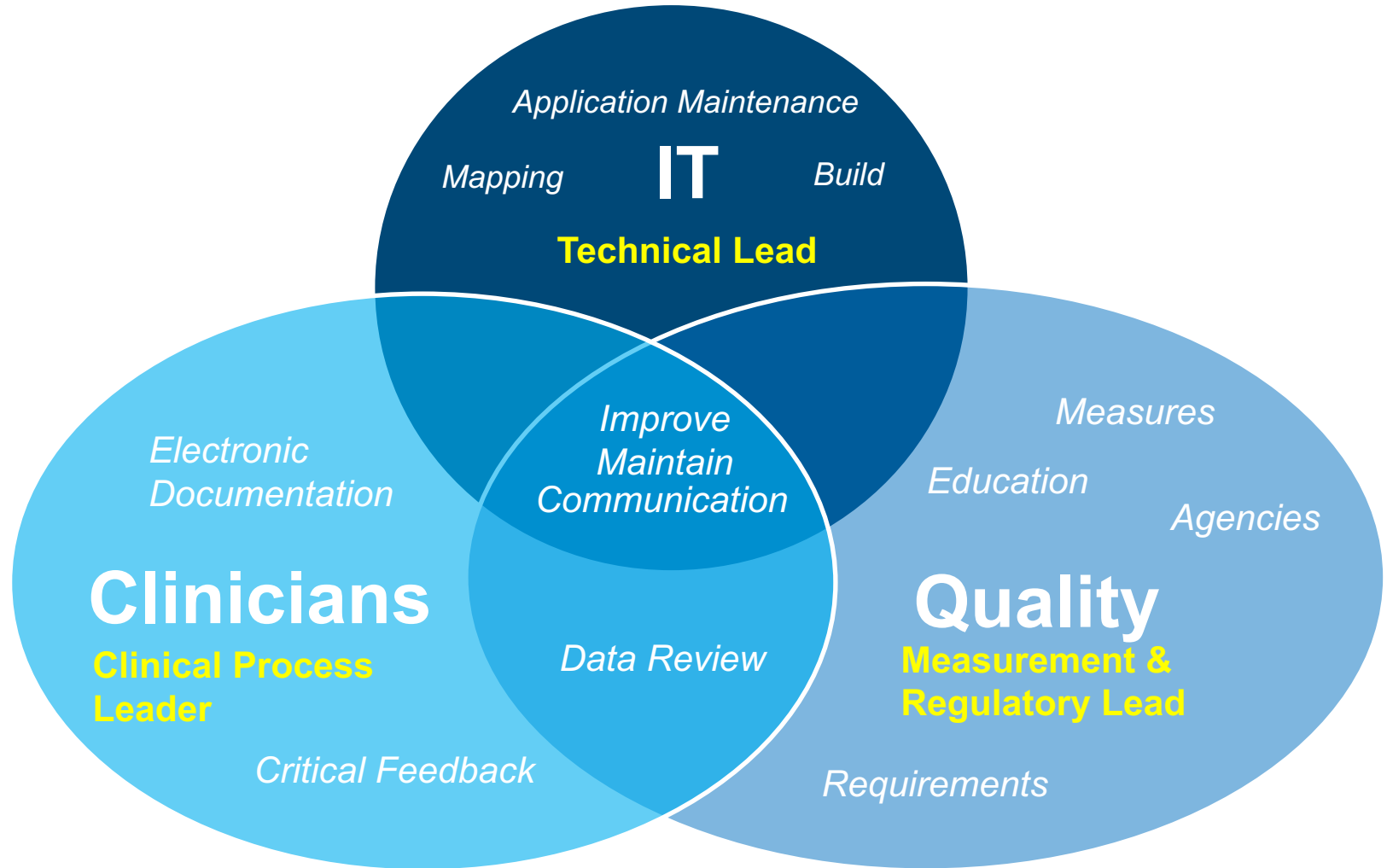
1: eCQM Goals

- 1) Consumer Health**
- 2) Quality Improvement**
- 3) Internal Initiatives**

The Hospital IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients.

-QualityNet

2: eCQM Team



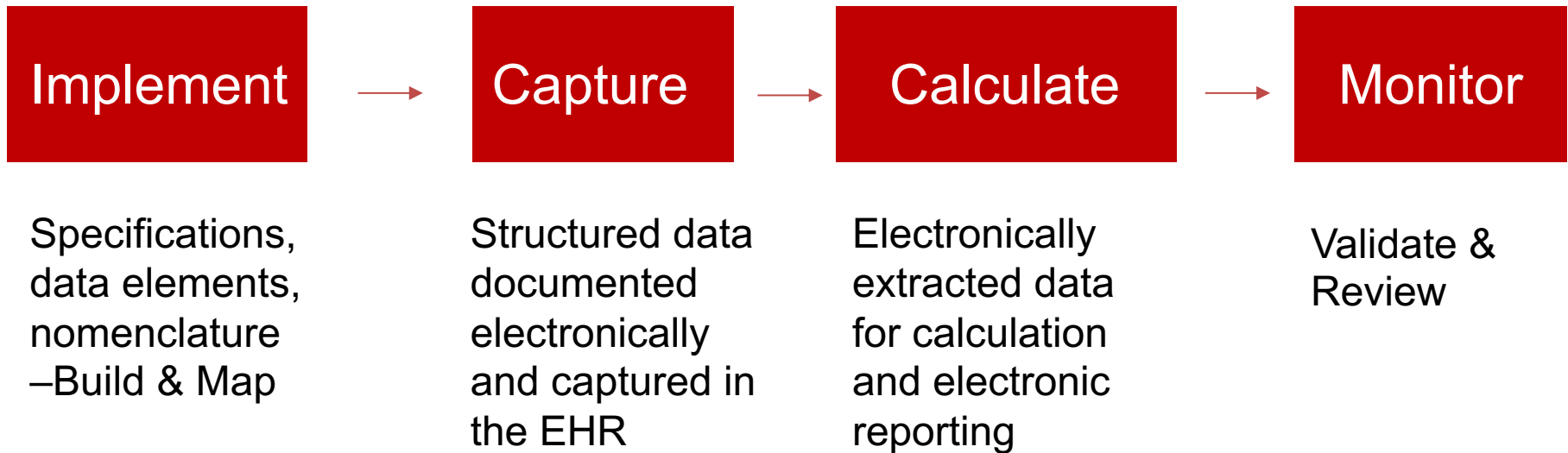
3: Preparation & Education

Manual Abstraction Process



3: Preparation & Education

eCQM Process



3: Preparation & Education

Improving Data Capture & Reporting:

- 1) Storage of health data in structured format
- 2) Documentation practices
- 3) Transparency
- 4) Quality Improvement Tracking
- 5) Limited data manipulation
- 6) Standardization
- 7) Data Exchange
- 8) Audits





REQUIREMENT:

Hospitals must submit 2 Quarters and at least 4 of the available 9 eCQMs



SUBMISSION METHOD:

QualityNet Secure Portal



DEADLINE:

Annual Submission Deadline of February 2022

2021:

- 2 self-selected quarters
- 4 self-selected eCQMs
- Addition of CMS 506: Safe Use of Opioids – Concurrent Prescribing
- **Publicly reported on 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) | CMS506 (3316e) |

2022:

- 3 self-selected quarters
- 4 eCQMs
 - ✓ 3 self-selected eCQMs
 - ✓ 1 required: Safe Use of Opioids – Concurrent Prescribing
- Publicly reported on 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) | CMS506 (3316e) |

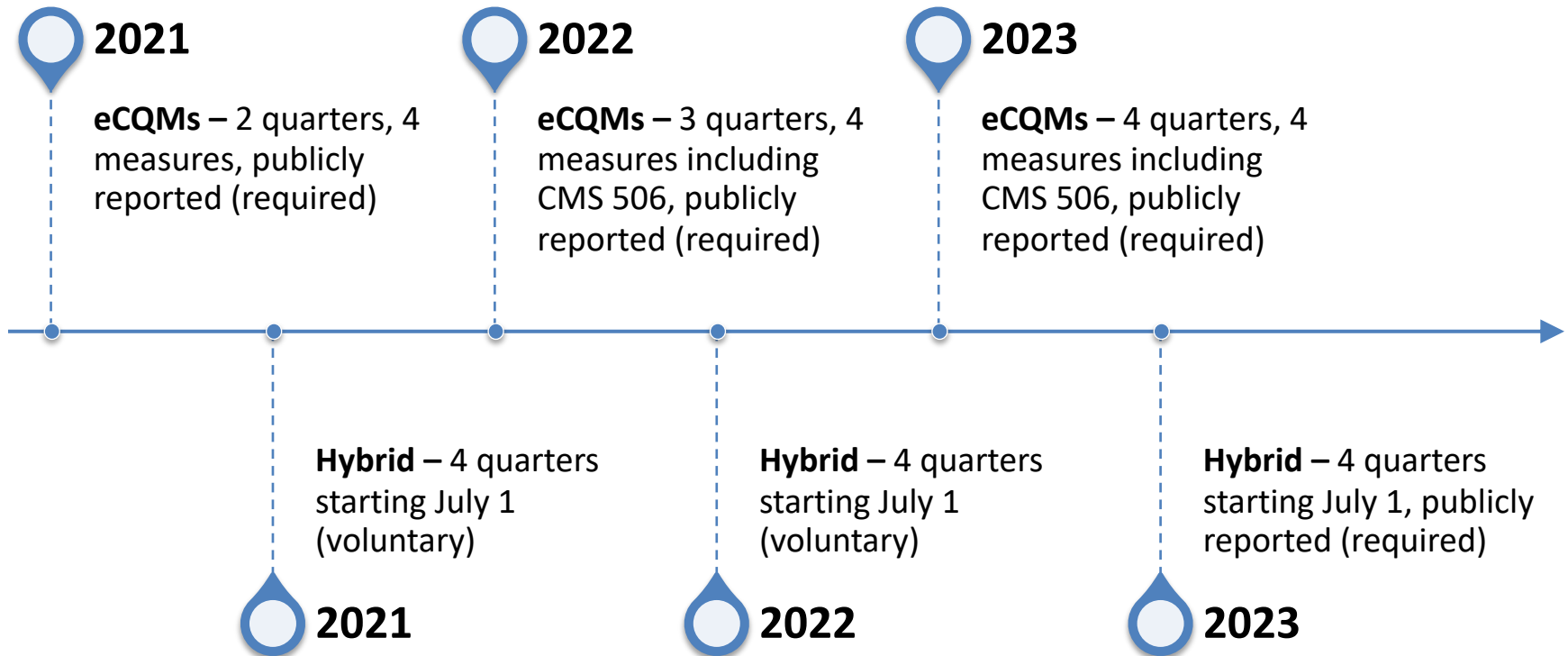
Hybrid Hospital-Wide Readmission Measure

- 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 Hospital Compare

2021 Final Rule Takeaways



CMS 506: Safe Use of Opioids – Concurrent Prescribing

CMS 506

| | | | |
|--|--|---------------------|--------------------------------------|
| 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 | | |

CMS 506

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
)
```

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

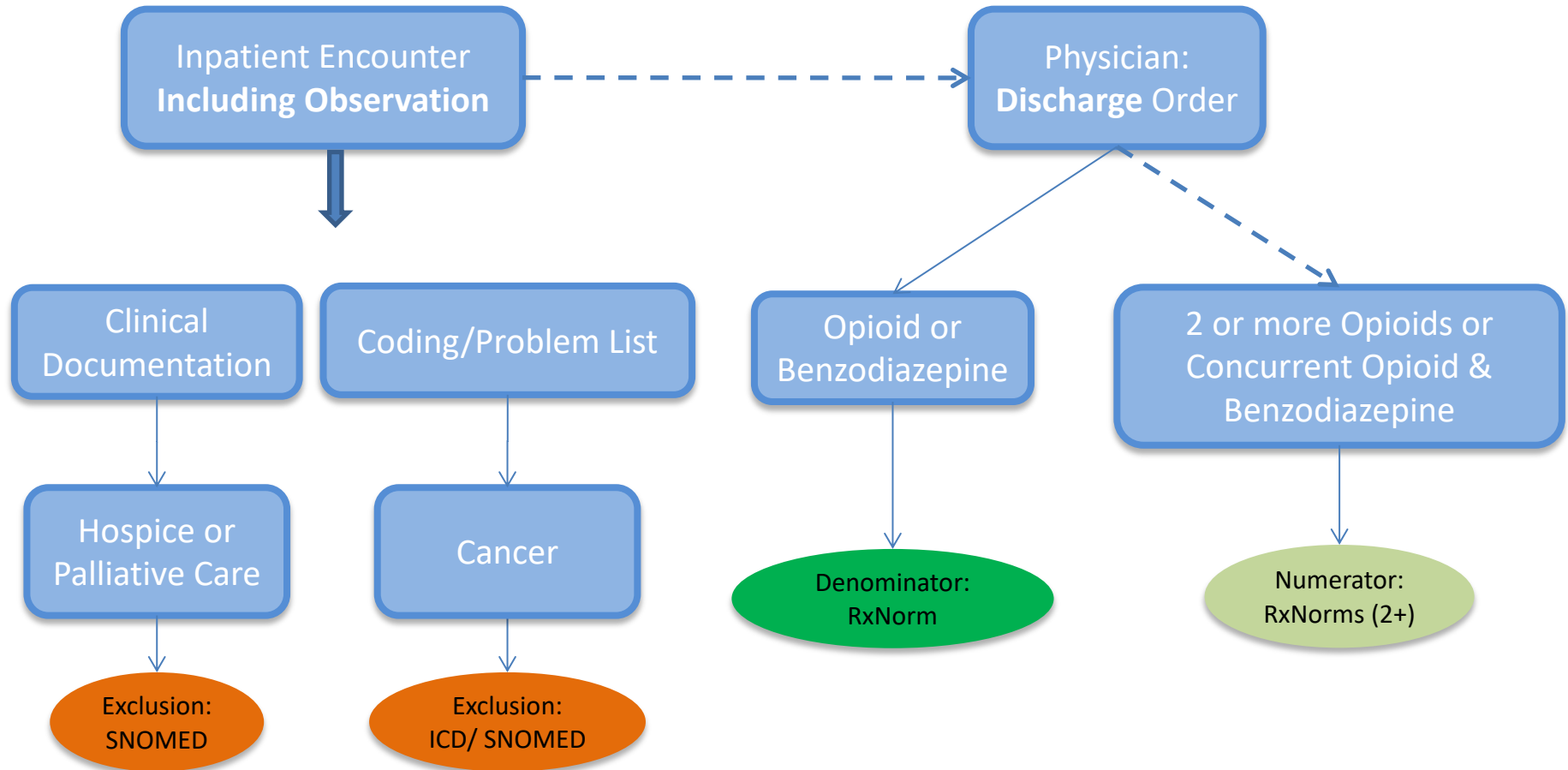
- **Numerator**

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

- **Denominator Exceptions**

- None

CMS 506: Safe Use of Opioids – Concurrent Prescribing



| ? | CMS Id | TJC Id | Measure Name | eCQM Version | Initial Population | In Denominator Only | Den. Exclusions | Numerator | Denominator | Exceptions | Rate |
|---|--------------------------|---------------------|--|--------------|--------------------|---------------------|-----------------|-----------|-------------|------------|--------|
| | | | | | | | | | | | |
| | CMS506v2 | | Safe Use of Opioids – Concurrent Prescribing | 2019 EH | 349 | 239 | 87 | 23 | 349 | 0 | 8.78 % |
| Measure Details | | | | | | | | | | | |
| Drag a column header here to group by that column | | | | | | | | | | | |
| | Medisolv Identifier | Result | Discharge | IN LOS | | Global Hosp | | | | | |
| | | | | | | | | | | | |
| | 5eda8f8b610177417c015e5f | In Numerator | 1/2/2020 12:45:00 PM | | | 22 | | | | | |
| | 5eda8f8b610177417c016706 | In Denominator Only | 1/2/2020 12:51:00 PM | | | 3 | | | | | |
| | 5eda8f73610177417cfd37cb | In Denominator Only | 1/2/2020 4:45:00 PM | | | 3 | | | | | |
| | 5eda8f7c610177417cff0055 | Excluded | 1/2/2020 5:05:00 PM | | | 2 | | | | | |

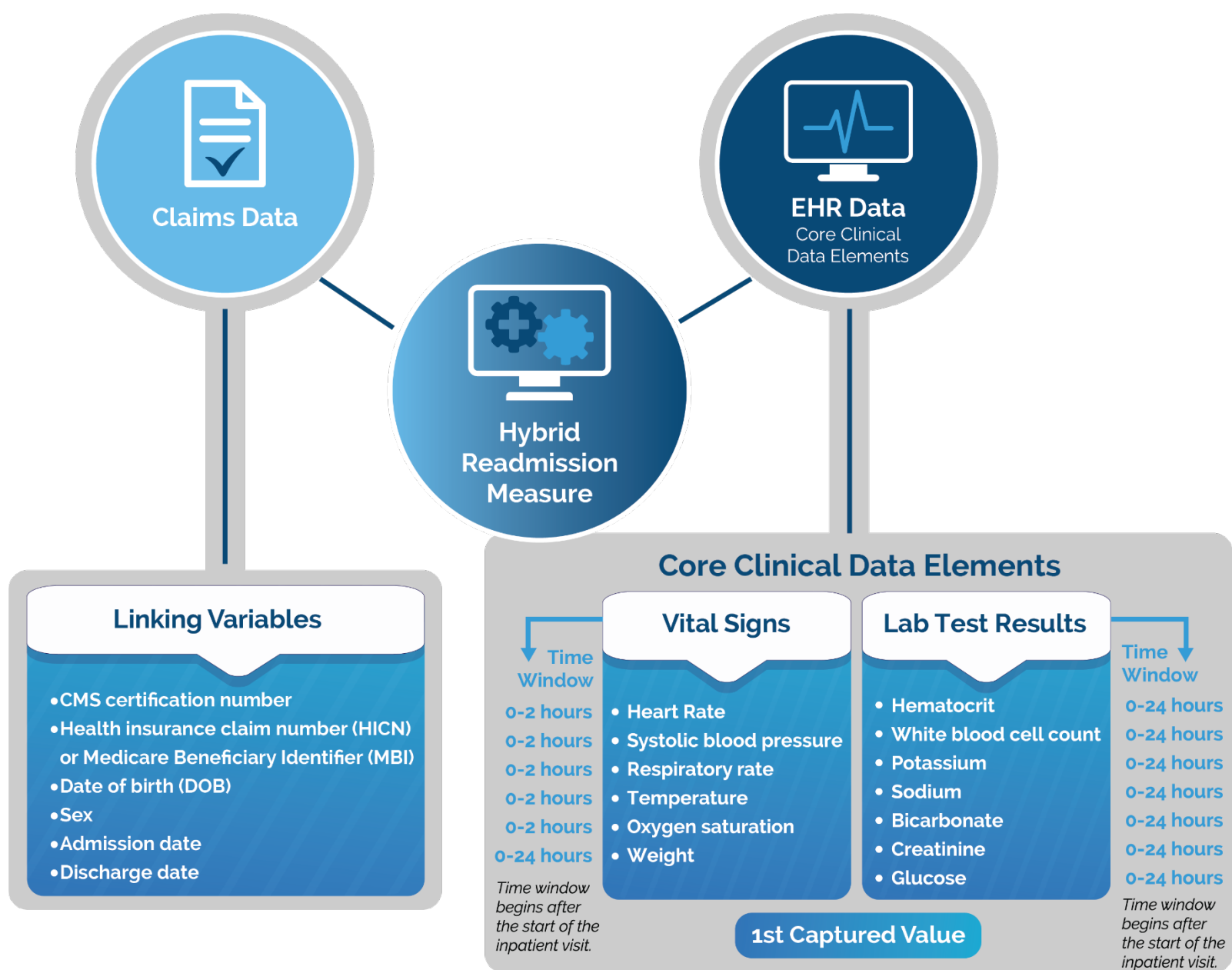
IPP/Denominator:
Opioid/Benzo at discharge

Exclusions:
Cancer diagnosis
Palliative/Hospice

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 | ● |

Hybrid Hospital Wide Readmission – CMS 529



Populations/Logic

| | | | |
|---|---|----------------------------|--------------------------------------|
| 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. | | |

Populations/Logic

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
```

Populations / Logic

- **IPP / Denominator**

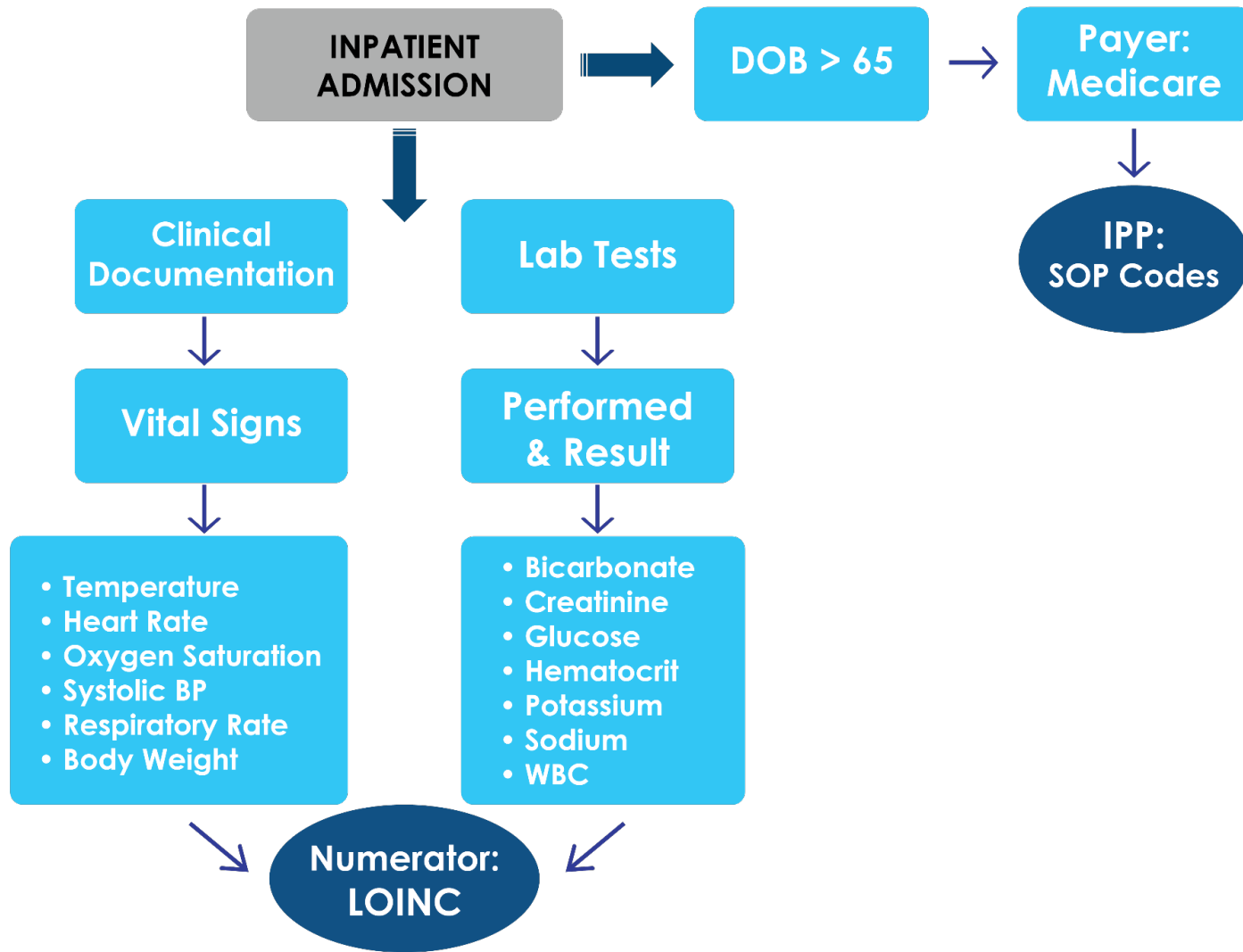
- Age \geq 65 years
- Acute care hospital Inpatient Encounter
 - length of stay $<$ 365 days
 - admission & discharge during Measurement Period
- Medicare patient (primary, secondary...)

- **Numerator - *One or more CCDE***

- Within the 24hrs prior to the start of the Inpatient Encounter (Labs & Vitals)
- Within 24hrs after the start of the Inpatient Encounter (Labs only)
- Within the 2hrs after the start of the Inpatient Encounter (Vitals only)

****The earliest instance of documentation will qualify patient****

Hybrid HWR Workflow



4: Resources

- 1) eCQI Resource Center**
- 2) Quality Net**
- 3) CMS**
- 4) TJC**
- 5) JIRA**
- 6) VSAC**
- 7) Vendors**

5: eCQM Roadmap

Phase 1 - EDUCATION

CMS Reporting
Requirements
Annual Specification
Updates
Measure &
Value Set Review

Phase 3 – EVALUATION

Data Validation
Monitoring/Analysis
Education/Improvement

Phase 2 - DISCOVERY & BUILD

EHR Functionality
Data Sources
Current State Assessment
eCQM Workflow vs.
Hospital Workflow
Build, Map, Test

Phase 4 - SUBMISSION

5: eCQM Roadmap

**Plan for
detours,
alternative
routes and
roadblocks**

Regulatory Changes


















EHR Updates, Migrations

Clinical and Documentation Changes


















Mapping Maintenance

Improvement Hurdles

6: Monitor, Analyze, Improve



| Rate Measure Results  | | | | | | | | | | | |
|--|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Drag a column header here to group by that column | | | | | | | | | | | |
| | | CMS Id | TJC Id | Measure Name | Initial Population | In Denominator Only | Den. Exclusions | Numerator | Denominator | Exceptions | Rate ▾ |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  |  | CMS105v7 | eSTK-6 | Discharged on Statin Medication | 70 | 1 | 14 | 54 | 69 | 0 | 98.18 % |
|  |  | CMS108v7 | eVTE-1 | Venous Thromboembolism Prophylaxis | 3217 | 57 | 1249 | 1911 | 3217 | 0 | 97.10 % |
|  |  | CMS190v7 | eVTE-2 | Intensive Care Unit Venous Thromboembolism Prophylaxis | 3217 | 21 | 140 | 591 | 761 | 9 | 96.57 % |
|  |  | CMS72v7 | eSTK-5 | Antithrombotic Therapy By End of Hospital Day 2 | 70 | 3 | 21 | 45 | 69 | 0 | 93.75 % |
|  |  | CMS104v7 | eSTK-2 | Discharged on Antithrombotic Therapy | 70 | 13 | 14 | 42 | 69 | 0 | 76.36 % |
|  |  | CMS71v8 | eSTK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter | 70 | 8 | 7 | 6 | 22 | 1 | 42.86 % |
|  |  | CMS113v7 | ePC-01 | Elective Delivery | 134 | 0 | 0 | 0 | 0 | 0 | 0.00 % |
|  |  | CMS9v7 | ePC-05 | Exclusive Breast Milk Feeding | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 % |

6: Monitor, Analyze, Improve


| Rate Measure Results  | | | | | | | | | | | |
|--|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Drag a column header here to group by that column | | | | | | | | | | | |
| | | CMS Id | TJC Id | Measure Name | Initial Population | In Denominator Only | Den. Exclusions | Numerator | Denominator | Exceptions | Rate ▾ |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  |  | CMS105v7 | eSTK-6 | Discharged on Statin Medication | 70 | 1 | 14 | 54 | 69 | 0 | 98.18 % |
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|  |  | CMS104v7 | eSTK-2 | Discharged on Antithrombotic Therapy | 70 | 13 | 14 | 42 | 69 | 0 | 76.36 % |
|  |  | CMS71v8 | eSTK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter | 70 | 8 | 7 | 6 | 22 | 1 | 42.86 % |
|  |  | CMS113v7 | ePC-01 | Elective Delivery | 134 | 0 | 0 | 0 | 0 | 0 | 0.00 % |
|  |  | CMS9v7 | ePC-05 | Exclusive Breast Milk Feeding | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 % |

6: Monitor, Analyze, Improve


CMS 105

| Medications  | | | | | | | | |
|---|--------------------------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|--------------------------------|---|
| <i>Click header here to group by that column</i> | | | | | | | | |
| Codes | Description | Status | Route | Start Time | End Time | Negation Code | Documentation | Used |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RxNorm:904475 | Pravastatin Sodium 40 MG Oral Tablet | discharge | | 10/23/2019 5:40:00 PM | | | PRAVASTATIN SOD40 MG, AC, CONT |  |

CMS 108


| Codes | Description | Status | Route | Start Time | End Time | Negation Code | Documentation | Used |
|----------------------|--|----------------------|--------------------------------------|-----------------------|-----------------------|----------------------|--------------------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RxNorm:854235 | 0.4 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe | administered | Subcutaneous route (qualifier value) | 12/30/2018 4:51:00 AM | 12/30/2018 4:52:00 AM | | PhaRx, PhaRxMedications: LOV51 |  |

CMS 71

| Codes | Description | Status | Start Time | End Time | Negation Code | Documentation | Used |
|--|-----------------------|----------------------|-----------------------|-----------------------|----------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Oid :2.16.840.1.113883.3.117.1.7.1.200 | Anticoagulant Therapy | discharge not done | 9/16/2019 11:56:00 AM | 9/16/2019 11:56:00 AM | 406149000 | AdmVisitClinicalQueriesMult : CQM.COARE1, 1 |  |

6: Monitor, Analyze, Improve

Hybrid HWR

| Missing Results | | |  |
|---|----------------------|----------------------|---|
| Drag a column header here to group by that column | | | |
| CCDE | Missing | ▼ | Missing % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Na | 123 | | 100.00 % |
| BiCarb | 80 | | 65.04 % |
| WBC | 33 | | 26.83 % |
| Creat | 30 | | 24.39 % |

6: Monitor, Analyze, Improve

eCQM Measure Results

Hospital: Demo Hospital ▼

January 1, 2020 – December 31, 2020 ▼

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Measure Summary Patient Details

| Measure Summary | | | |
|---|----------|--------------------------------------|--------------------|
| Drag a column header here to group by that column | | | |
| | CMS Id | Measure Name | Initial Population |
| | | | |
| ☐ | CMS529v1 | Hospital Core Clinical Data Elements | 123 |

| Missing Results | | | |
|---|---------|-----------|--|
| Drag a column header here to group by that column | | | |
| CCDE | Missing | Missing % | |
| | | | |
| ☐ HR | 27 | 21.95 % | |
| ☐ RR | 26 | 21.14 % | |
| ☐ Temp | 13 | 10.57 % | |
| ☐ SBP | 14 | 11.38 % | |
| ☐ O2Sat | 17 | 13.82 % | |
| ☐ HCT | 29 | 23.58 % | |
| ☐ WT | 21 | 17.07 % | |
| ☐ WBC | 33 | 26.83 % | |
| ☐ Na | 123 | 100.00 % | |
| ☐ BiCarb | 80 | 65.04 % | |
| ☐ K | 30 | 24.39 % | |
| ☐ Creat | 30 | 24.39 % | |
| ☐ Glucose | 25 | 20.33 % | |

6: Monitor, Analyze, Improve

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/ |

6: Monitor, Analyze, Improve

ENCOR *Electronic Measures*

Home Clinician ▾ Hospital ▾ Value Sets

Patient Details

Demographics Providers

Medisolv Identifier

5eda4615491c951680302b9c

Birth Date

4/25/1944

Gender


Male

CMS529v1 – Hospital Core Clinical Data Elements

Conditions Encounters Medications Procedures Lab Tests Allergy/ADR Medical Devices Clinical Documentation

| Drag a column header here to group by that column | | | |
|---|---|------------------|---------------------|
| Codes | Description | Result | Start Time |
| Loinc:8310-5 | Body temperature | 98.3 | 5/2/2020 8:40:00 PM |
| Loinc:8480-6 | Systolic blood pressure | 133 mm[hg] | 5/2/2020 8:40:00 PM |
| Loinc:9279-1 | Respiratory rate | 16 {breaths}/min | 5/2/2020 8:40:00 PM |
| Loinc:59408-5 | Oxygen saturation in Arterial blood by Pulse oximetry | 98 % | 5/2/2020 8:40:00 PM |
| Loinc:8867-4 | Heart Rate | 80 {beats}/min | 5/2/2020 8:40:00 PM |
| Loinc:59408-5 | Oxygen saturation in Arterial blood by Pulse oximetry | 98 % | 5/3/2020 7:59:00 AM |
| Loinc:8867-4 | Heart Rate | 93 {beats}/min | 5/3/2020 7:59:00 AM |
| Loinc:8310-5 | Body temperature | 98.9 | 5/3/2020 7:59:00 AM |
| Loinc:9279-1 | Respiratory rate | 17 {breaths}/min | 5/3/2020 7:59:00 AM |
| Loinc:8480-6 | Systolic blood pressure | 117 mm[hg] | 5/3/2020 7:59:00 AM |

6: Monitor, Analyze, Improve

 CMS529v1 – Hospital Core Clinical Data Elements

Conditions Encounters Medications Procedures Lab Tests Allergy/ADR Medical Devices Clinical Documentation

Encounter

Drag a column header here to group by that column

| Case Identifier | Codes | Description | Start Time | End Time |
|----------------------|----------------------|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| AC0002092178 | Snomed:8715000 | Hospital admission, elective (procedure) | 5/2/2020 10:05:00 AM | 5/11/2020 2:45:00 PM |

6: Monitor, Analyze, Improve

Submission

- ONC Certified (2015)
- Use Correct Version
 - eCQM Specs
 - Value Sets
- QRDA I File Submission
(different requirements for Hybrid vs eCQM)
- Vendor Authorization
- EHR Certification ID
- Quality Net Secure Portal
- Post submission validation
- Documentation of completion

Report Run Date: 11/09/2019

EHR Hospital Reporting – eCQM Performance Summary Report

Submitter: V100359

Discharge Quarter: 01/01/2019 - 03/31/2019

Measure Set: AMI, CAC, ED, HearScreening, Hybrid Measures, PC, PN, SCIP, STK, VTE

Submitter ID: V100359-Medisolv, Inc

Provider ID:

| Measure ID | Version # | IPP | Denominator Population | Numerator Population | Denominator Exclusion | Denominator Exception | Continuous Variable | Performance Score |
|-----------------------------------|-----------|------|------------------------|----------------------|-----------------------|-----------------------|---------------------|-------------------|
| Measure Set: AMI | | | | | | | | |
| AMI-8a | 7 | 21 | 16 | 14 | 0 | 1 | - | 93.333333 % |
| Measure Set: CAC | | | | | | | | |
| CAC-3 | 6 | 1 | 1 | 1 | - | - | - | 100 % |
| Measure Set: ED | | | | | | | | |
| ED-1 (Stratum 1) | 7 | 2059 | 2059 | 0 | - | - | 335 minutes | - |
| ED-1 (Stratum 2) | 7 | 30 | 30 | 0 | - | - | 366 minutes | - |
| ED-2 (Stratum 1) | 7 | 1954 | 1954 | 0 | - | - | 298 minutes | - |
| ED-2 (Stratum 2) | 7 | 30 | 30 | 0 | - | - | 313.5 minutes | - |
| Measure Set: HearScreening | | | | | | | | |
| EHDI-1a | 7 | 231 | 231 | 231 | 0 | - | - | 100 % |
| Measure Set: PC | | | | | | | | |
| PC-01* | 7 | 181 | 26 | 6 | 0 | - | - | 23.0769231 % |
| PC-05 | 7 | 201 | 201 | 55 | 30 | - | - | 32.1637427 % |
| Measure Set: STK | | | | | | | | |
| STK-2 | 7 | 39 | 30 | 24 | 6 | 0 | - | 100 % |
| STK-3 | 8 | 39 | 8 | 4 | 3 | 0 | - | 80 % |
| STK-5 | 7 | 39 | 30 | 22 | 5 | 1 | - | 91.6666667 % |
| STK-6 | 7 | 39 | 30 | 19 | 6 | 3 | - | 90.4761905 % |
| Measure Set: VTE | | | | | | | | |
| VTE-1 | 7 | 2261 | 2261 | 1716 | 538 | - | - | 99.5937319 % |
| VTE-2 | 7 | 2261 | 236 | 196 | 39 | 1 | - | 100 % |

Rate Measure Results

Drag a column header here to group by that column

| | CMS Id | TJC Id | Measure Name | eCQM Version | Initial Population | In Denominator Only | Den. Exclusions | Numerator | Denominator | Exceptions | Rate |
|--|----------|--------|-------------------|--------------|--------------------|---------------------|-----------------|-----------|-------------|------------|---------|
| | | | | | | | | | | | |
| | CMS113v7 | ePC-01 | Elective Delivery | 2018 EH | 181 | 9 | 16 | 1 | 26 | 0 | 10.00 % |

eCQM Submissions

Report Run Date: 10/13/2017

EHR Hospital Reporting - Submission Detail Report

Submitter: V100359

Upload Date Range: 10/13/2017 - 10/13/2017

Provider: All

Batch ID:

File Status: REJECTED

Test Case Indicator: All

Discharge Quarter: 07/01/2017 - 09/30/2017

| Submitter ID | Provider ID | EHR Certification Number | File Name | Batch ID | Upload Date | File Status | Feedback Message |
|-----------------------|-------------|--------------------------|------------------------------|----------|------------------|-------------|--|
| V100359-Medisolv, Inc | | | 5978e981a089e30d444b7871.xml | | 10/13/2017 10:46 | REJECTED | ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062). ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062). ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062). |
| V100359-Medisolv, Inc | | | 599c6174a089e312c833ee08.xml | | 10/13/2017 10:46 | REJECTED | |
| V100359-Medisolv, Inc | | | 599c6176a089e312c83486dd.xml | | 10/13/2017 10:46 | REJECTED | |

Hybrid Hospital Specific Report

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% |

7: Communication & Feedback

- 1) Regular Team Meetings – group emails & chats
- 2) Include stakeholders in decision making. Ask for input!
- 3) Educate on changes to requirements, measures, workflow
- 4) Weekly status updates
- 5) Provide access to eCQM reports and/or dashboards

7: Communication & Feedback

Share & Celebrate Success!

ENCOR Electronic Measures

Home Hospital Value Sets Contact Us

Last EH Load: 10/14/2020 08:20 AM

eCQM Measure Results

Hospital:

July 1, 2020 – September 30, 2020

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Rate Measure Results

Drag a column header here to group by that column

| | CMS Id | TJC Id | Measure Name | eCQM Version | Initial Population | In Denominator Only | Den. Exclusions | Numerator | Denominator | Exception | Rate |
|----|----------|--------|---|--------------|--------------------|---------------------|-----------------|-----------|-------------|-----------|----------|
| FR | CMS72v8 | eSTK-5 | Antithrombotic Therapy By End of Hospital Day 2 | 2019 EH | 49 | 0 | 8 | 40 | 48 | 0 | 100.00 % |
| FR | CMS71v9 | eSTK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter | 2019 EH | 49 | 0 | 2 | 3 | 48 | 0 | 100.00 % |
| FR | CMS190v8 | eVTE-2 | Intensive Care Unit Venous Thromboembolism Prophylaxis | 2019 EH | 1636 | 6 | 41 | 262 | 313 | 4 | 97.76 % |
| FR | CMS105v8 | eSTK-6 | Discharged on Statin Medication | 2019 EH | 49 | 1 | 6 | 38 | 48 | 3 | 97.44 % |
| FR | CMS108v8 | eVTE-1 | Venous Thromboembolism Prophylaxis | 2019 EH | 1636 | 46 | 495 | 1095 | 1636 | 0 | 95.97 % |
| FR | CMS104v8 | eSTK-2 | Discharged on Antithrombotic Therapy | 2019 EH | 49 | 2 | 6 | 40 | 48 | 0 | 95.24 % |

T – 79 days and counting





Questions?

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