



# **IQR Program: 2021 eCQM Requirements**

January 14, 2021



Today's Presenter

**Kristen Beatson**

*Vice President of  
Electronic Measures*

[kbeatson@medisolv.com](mailto:kbeatson@medisolv.com)

## 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
4. Q&A

## 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.

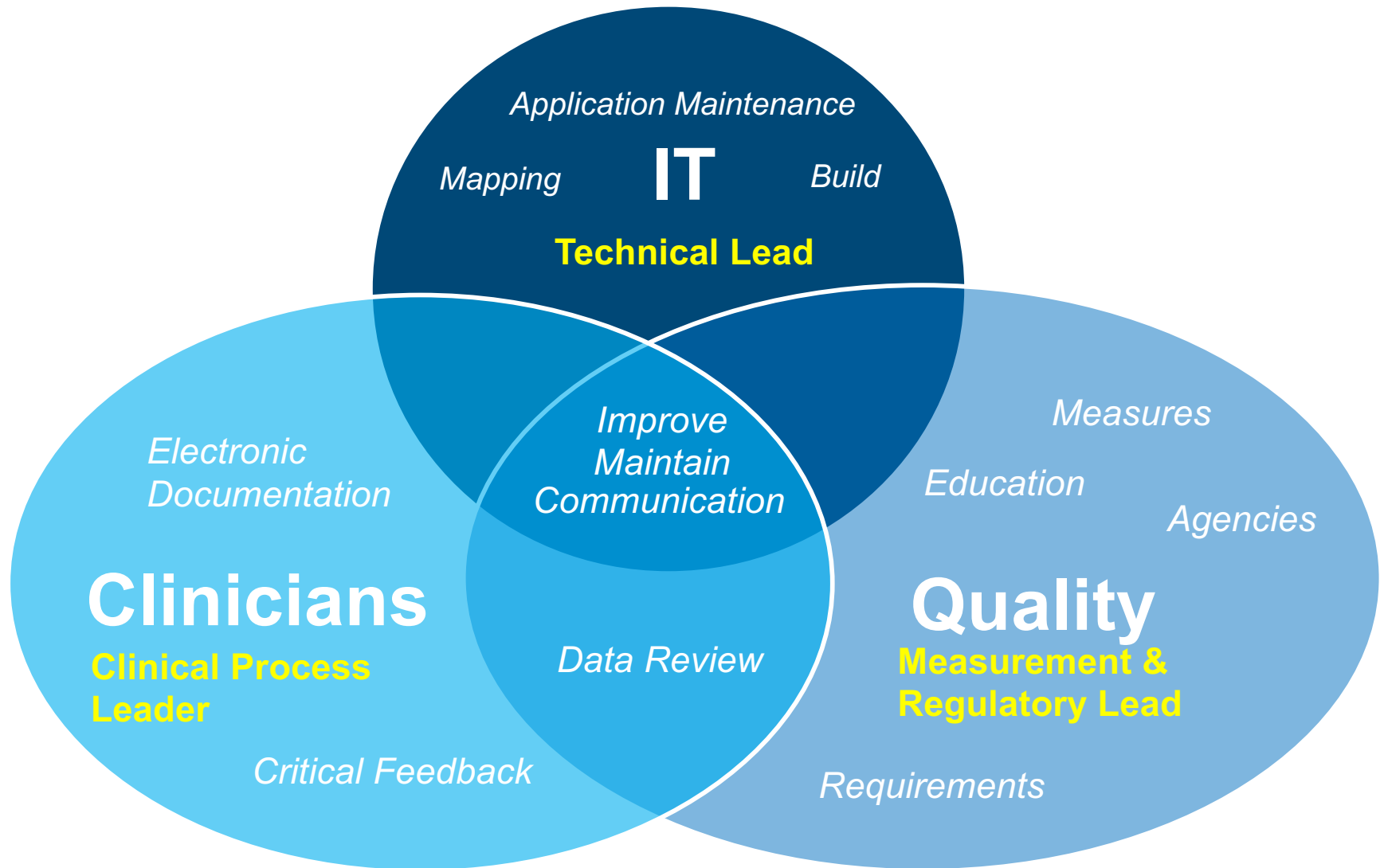
# 1: eCQM Goals

- 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



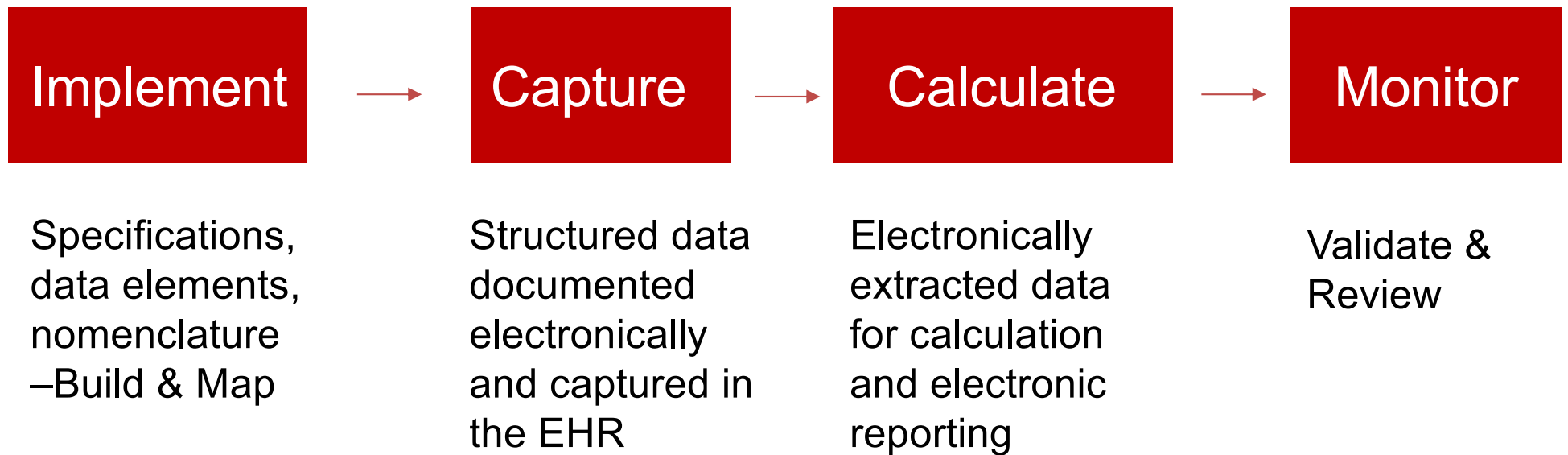
# 3: Preparation & Education

## 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



# IQR: 2021 eCQMs



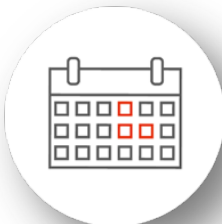
## **REQUIREMENT:**

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



## **SUBMISSION METHOD:**

HARP (QualityNet Secure Portal)



## **DEADLINE:**

February 2022

# IQR: 2021 eCQMs

## 2021:

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

<b>VTE-1</b> (371)	<b>VTE-2</b> (372)	<b>STK-6</b> (439)
<b>STK-5</b> (438)	<b>PC-05</b> (480)	<b>STK-3</b> (436)
<b>ED-2</b> (497)	<b>STK-2</b> (435)	<b>Safe Use of Opioids</b> (CMS 506; 3316e)

# IQR: 2022 eCQMs

## 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)	<b>Safe Use of Opioids</b> (CMS 506; 3316e)

# IQR: 2023 eCQMs

## 2023:

- 4 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)	<b>Safe Use of Opioids</b> (CMS 506; 3316e)

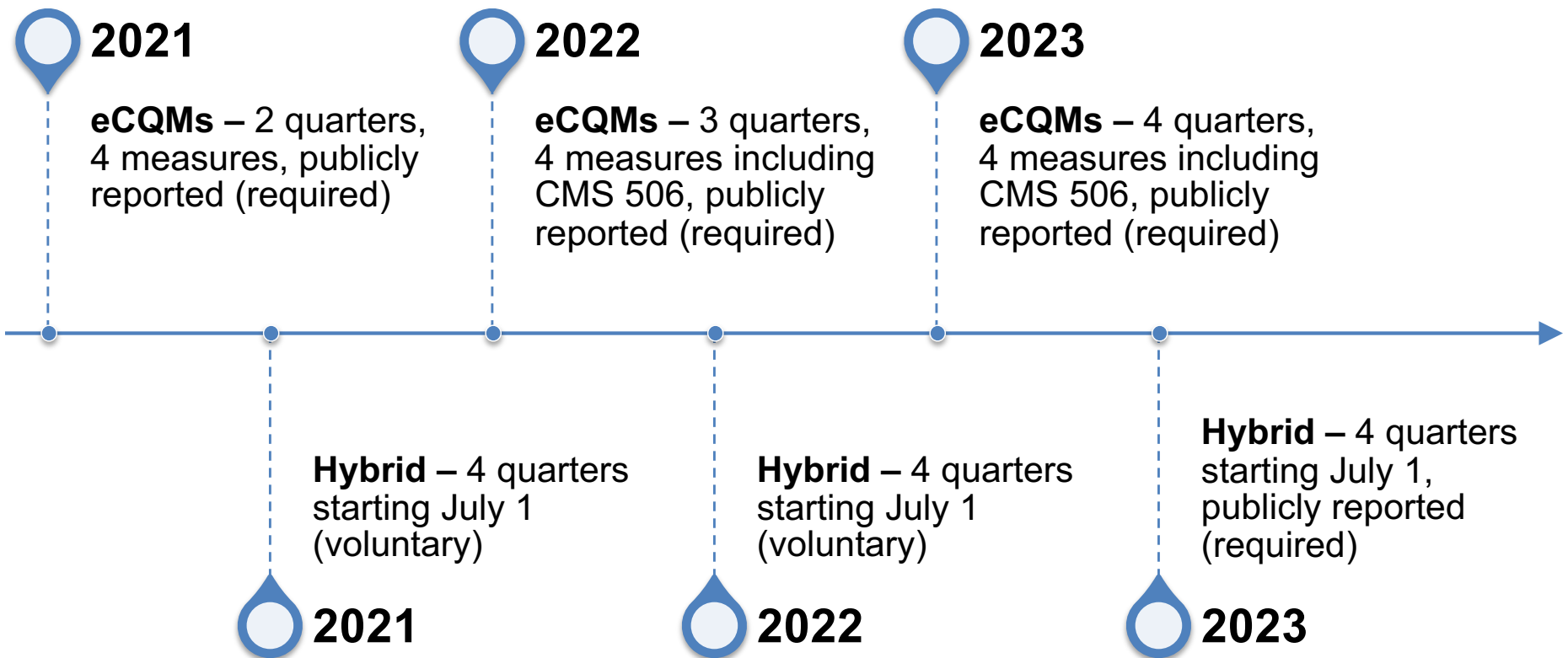
## ***Hybrid Hospital-Wide Readmission Measure***

- 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 Care Compare

# 2021 Final Rule Takeaways



# **CMS 506: Safe Use of Opioids – Concurrent Prescribing**



# Safe Use of Opioids – Concurrent Prescribing

<b>eCQM Title</b>	Safe Use of Opioids - Concurrent Prescribing		
<b>eCQM Identifier (Measure Authoring Tool)</b>	506	<b>eCQM Version Number</b>	3.3.000
<b>NQF Number</b>	3316e	<b>GUID</b>	33b40c00-909a-4490-8093-999fbcdc3480
<b>Measurement Period</b>	January 1, 20XX through December 31, 20XX		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	Mathematica		
<b>Endorsed By</b>	National Quality Forum		
<b>Description</b>	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		

<b>Improvement Notation</b>	Improvement noted as a decrease in the rate
-----------------------------	---

<b>Guidance</b>	<p>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.</p> <p>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.</p> <p>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.</p> <p>This eCQM is an episode-based measure.</p>
-----------------	--

# 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
```

# 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

# Safe Use of Opioids – Concurrent Prescribing

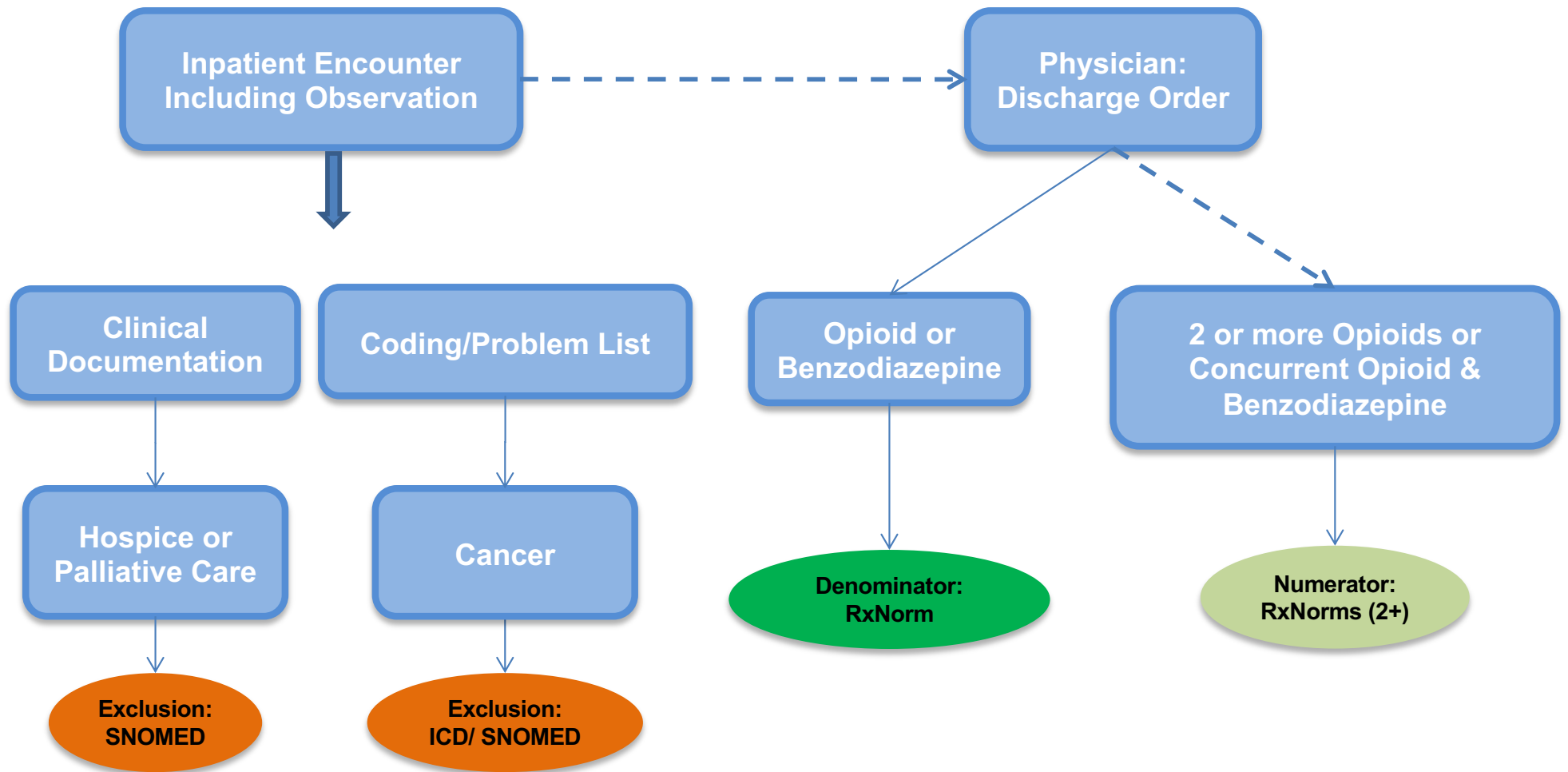
## Terminology

- 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)"

# CMS 506: Safe Use of Opioids – Concurrent Prescribing



# 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)
		<b>133918004</b>	Comfort measures (regime/therapy)
		<b>182964004</b>	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)
		<b>385736008</b>	Dying care (regime/therapy)
		<b>385763009</b>	Hospice care (regime/therapy)
*Bolded overlap with the Comfort Measures set			

# 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

CMS506v2- Safe Use of Opioids – Concurrent Prescribing Result: In Denominator Exclusion

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

**Conditions**

Drag a column header here to group by that column

Case Identifier	Codes	Description	Start Time	End Time	Author Time	Status
✓	Icd 10:C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	11/10/2020 7:16:00 PM		11/10/2020 7:16:00 PM	active
✓	Icd 10:C78.00	Secondary malignant neoplasm of unspecified lung	11/10/2020 7:16:00 PM		11/10/2020 7:16:00 PM	active

CMS506v2- Safe Use of Opioids – Concurrent Prescribing Result: In Denominator Exclusion

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

**Procedures**

Drag a column header here to group by that column

Case Identifier	Codes	Description	Result	Reason	Start Time	End Time	Author Time	Status
✓	V00003159723	Snomed:133918004	Comfort measures (regime/therapy)		11/23/2020 8:31:00 AM	11/23/2020 8:31:00 AM	11/23/2020 8:31:00 AM	ordered
✓	V00003159723	Snomed:133918004	Comfort measures (regime/therapy)		11/23/2020 8:31:00 AM	11/23/2020 8:31:00 AM	11/23/2020 8:31:00 AM	performed

# Safe Use of Opioids – Concurrent Prescribing

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	Exceptions	Rate
			opioid	2020							
E	CMS506v3		Safe Use of Opioids – Concurrent Prescribing	2020 EH	283	216	14	53	283	0	19.70 %

Page 1 of 1 (1 items) [1] [All] Page size: All

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)



# Safe Use of Opioids – Concurrent Prescribing

ENCOR Electronic Measures

Home Hospital

## - In Numerator

Safe Use of Opioids - Concurrent Prescribing - CMS506v3 [View Evaluation](#) [View Patient Record](#)

Qualifying Data Elements ?

Encounters

Case Ident...	Description	Codes	Start Time	End Time	Decision T...	Principal...	Discharge...	Status
	Emergency hospital admission (procedure)	Snomed:1834...	3/29/2020 5:...	4/2/2020 11:...			306689006	performed

Medications

Case Ident...	Description	Codes	Status	Route	Start Time	End Time	Medication...
	Oxycodone Hydrochloride 5 MG Oral Tablet	RxNorm:1049621	discharge		4/2/2020 8:59...	11/18/2020 10:...	
	Clonazepam 1 MG Oral Tablet	RxNorm:197528	discharge		4/2/2020 11:06...		

Characteristics

Characteristic	Value
Birth Date	

Regulatory eCQMs

Drag a column here

Mediso

5fb2bd

5fb2bd

5fb2bd

Receptions Rate

0 19.70%

Global Hosp

3

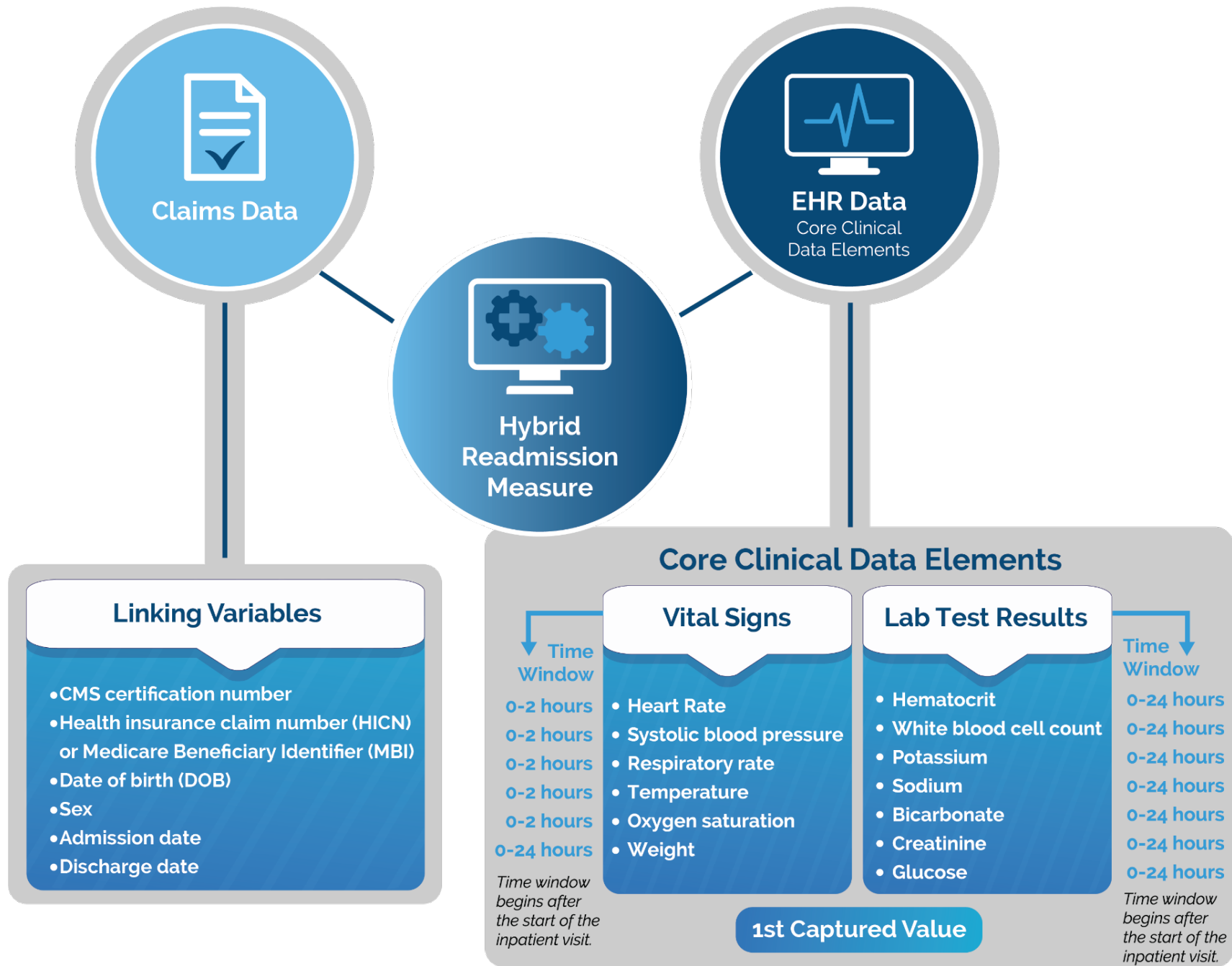
4

# Hybrid Hospital Wide Readmission – CMS 529

# 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



# Populations/Logic

<b>eCQM Title</b>	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data		
<b>eCQM Identifier (Measure Authoring Tool)</b>	529	<b>eCQM Version Number</b>	1.3.000
<b>NQF Number</b>	2879e	<b>GUID</b>	fa75de85-a934-45d7-a2f7-c700a756078b
<b>Measurement Period</b>	July 1, 2021 through June 30, 2022		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	Mathematica		
<b>Measure Developer</b>	Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation		
<b>Endorsed By</b>	National Quality Forum		
<b>Description</b>	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
```

# Hybrid Hospital Wide Readmission

## **IPP:**

Age  $\geq$  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.

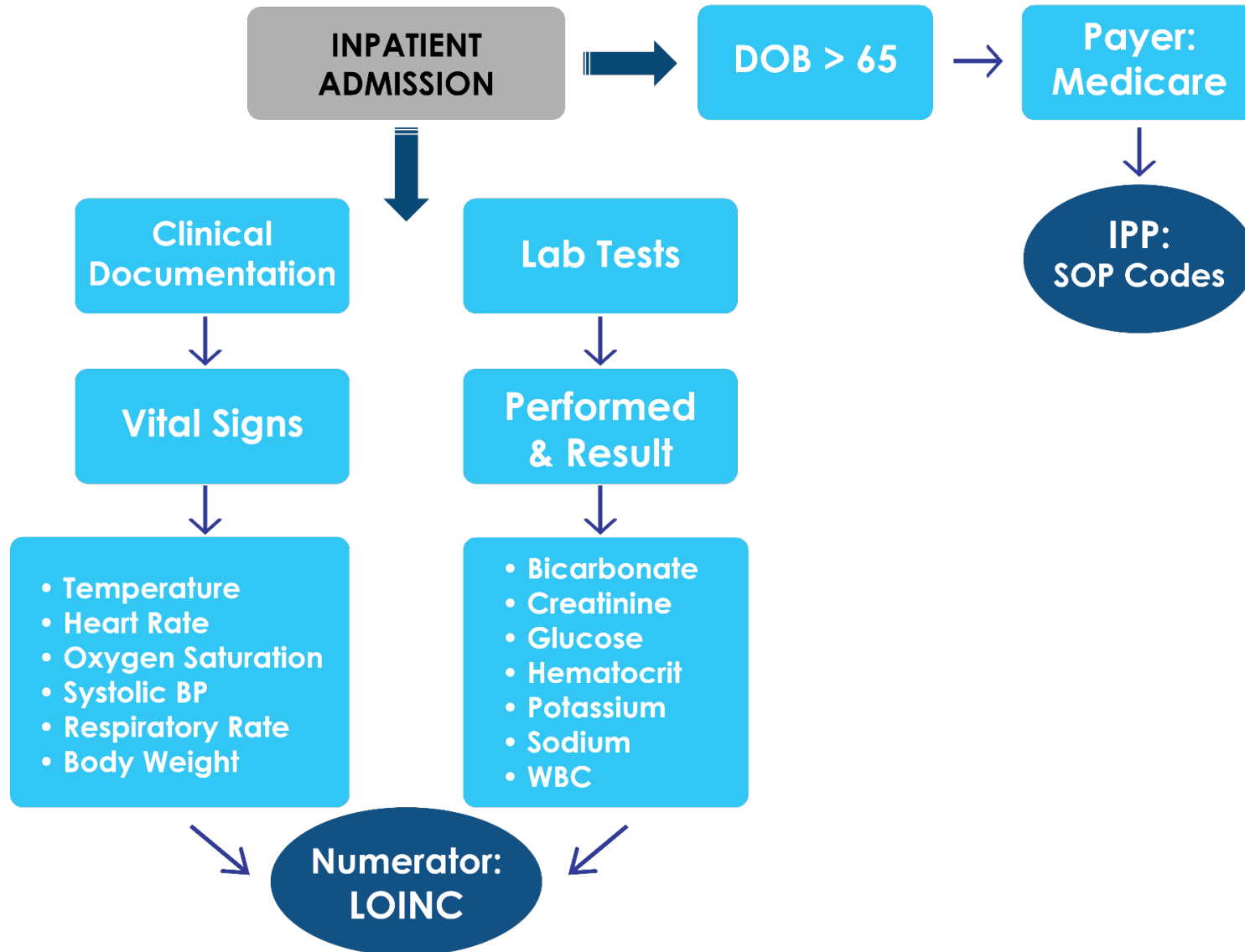
### • **Vital Signs**

- 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

# 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

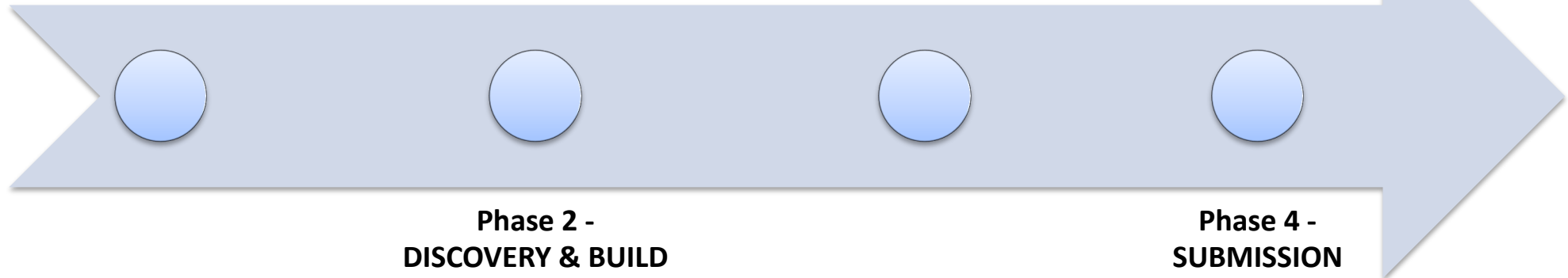
## Phase 3 – EVALUATION

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

Regulatory eQMs   Hybrid Measures   Medisolv eQMs

### Rate Measure Results

Drag a column header here to group by that column

	CMS Id	TJC Id	Measure Name	eQOM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
				2020							
☰	CMS108v9	eVTE-1	Venous Thromboembolism Prophylaxis	2020 EH	3219	99	1360	1760	3219	0	94.67 %
☰	CMS190v9	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	2020 EH	3219	19	126	704	853	4	97.37 %
☰	CMS104v9	eSTK-2	Discharged on Antithrombotic Therapy	2020 EH	83	22	7	53	82	0	70.67 %
☰	CMS71v10	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	2020 EH	83	4	2	5	11	0	55.56 %
☰	CMS72v9	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	2020 EH	83	7	29	46	82	0	86.79 %
☰	CMS105v9	eSTK-6	Discharged on Statin Medication	2020 EH	83	3	7	71	82	1	95.95 %
☰	ePC01v9	ePC-01	Elective Delivery	2020 EH	137	0	0	0	0	0	0.00 %
☰	ePC02v2	ePC-02	Cesarean Birth	2020 EH	137	0	0	0	0	0	0.00 %
☰	CMS9v9	ePC-05	Exclusive Breast Milk Feeding	2020 EH	0	0	0	0	0	0	0.00 %
☰	CMS506v3		Safe Use of Opioids - Concurrent Prescribing	2020 EH	1321	1008	103	210	1321	0	17.24 %

# 6: Monitor, Analyze, Improve

Regulatory eQMs   Hybrid Measures   Medisolv eQMs



## Rate Measure Results

Drag a column header here to group by that column

	CMS Id	TJC Id	Measure Name	eQOM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
				2020							
☰	CMS108v9	eVTE-1	Venous Thromboembolism Prophylaxis	2020 EH	3219	99	1360	1760	3219	0	94.67 %
☰	CMS190v9	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	2020 EH	3219	19	126	704	853	4	97.37 %
☰	CMS104v9	eSTK-2	Discharged on Antithrombotic Therapy	2020 EH	83	22	7	53	82	0	70.67 %
☰	CMS71v10	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	2020 EH	83	4	2	5	11	0	55.56 %
☰	CMS72v9	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	2020 EH	83	7	29	46	82	0	86.79 %
☰	CMS105v9	eSTK-6	Discharged on Statin Medication	2020 EH	83	3	7	71	82	1	95.95 %
☰	ePC01v9	ePC-01	Elective Delivery	2020 EH	137	0	0	0	0	0	0.00 %
☰	ePC02v2	ePC-02	Cesarean Birth	2020 EH	137	0	0	0	0	0	0.00 %
☰	CMS9v9	ePC-05	Exclusive Breast Milk Feeding	2020 EH	0	0	0	0	0	0	0.00 %
☰	CMS506v3		Safe Use of Opioids - Concurrent Prescribing	2020 EH	1321	1008	103	210	1321	0	17.24 %

# 6: Monitor, Analyze, Improve


## CMS 105

Medications 								
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 		
<i>Drag a column header here to group by that column</i>		
CCDE	Missing	Missing %
<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	

## 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
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

# Submission

## MEDISOLV, INC

-  Dashboard
-  Data Submissions
-  Data Results
-  Program Reporting

**i** My Tasks page is being retired.  
Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.


[My Tasks](#)

### The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease



# Submission

## MEDISOLV, INC

Dashboard

Data Submissions

Data Results

eCQM

Program Reporting

eCQM

File Upload

Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Submission

Test

Change Selection

Search

Search



Reset

Select Files

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status
VTE2Test.zip	3005501	4.4 KB	12/3/2020	MEDISOLV, INC	Received

3005501

4.4 KB

12/3/2020

MEDISOLV, INC

Received

# Submission

- Dashboard
- Data Submissions
- Data Results**
- eCQM
- Program Reporting

Files Accuracy Outcomes

### eCQM Submission

The table below displays all file uploads. You can view files in either test or production. From here, you can search for other files, or sort the results to view file status and download results.

Submission: Test Quarter: Q2 2020

[Change Selection](#)

**1067** Accepted Files

**0** Rejected Files

**1067** Total Files

**Search**

Search

Patient File Name	Batch ID	Batch File Name	Upload Date	Uploaded By	Status	Errors
5d85bf958773...	3005501	VTE2Test.zip	12/03/2020	MEDISOLV, INC	Accepted	0*

Files

Accuracy

Outcomes

## Measure Results

Below are your submitted files. You can review how episodes of care are evaluated by measure logic or download reports.

Submission

Test

Quarter

Q3 2020

Select Measures

VTE-1

Change Selection

VTE-1

511

Episodes

0

IPP Not Met

0

IPP Met

29

Den.

194

Den. Excl.

288

Num.

Search

Search



Reset

Export Results

Patient File Name

Measure(s)

Evaluated Episodes

Upload Date

Batch ID

58b7c6480f9470055844...

VTE-1\*

1

12/02/2020

3005488



# 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

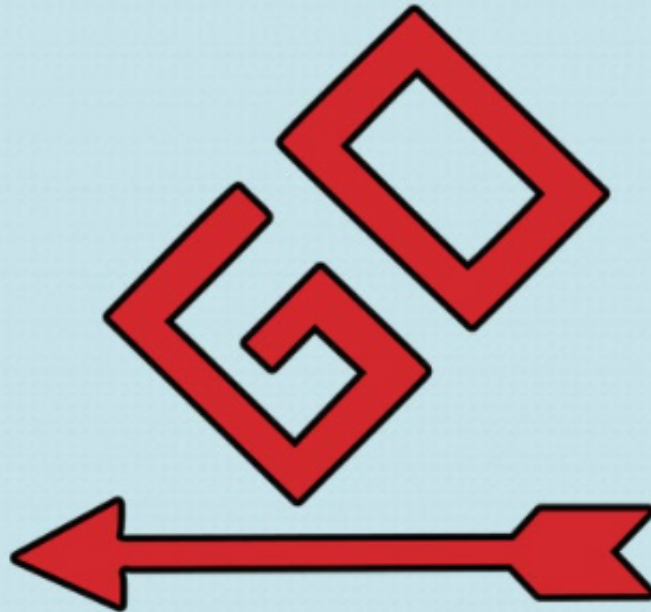
Regulatory eCQMs Hybrid Measures Medisolv eCQMs

### 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	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"/>	<input type="text"/>
	CMS72v8	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	2019 EH	49	0	8	40	48	0	100.00 %
	CMS71v9	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	2019 EH	49	0	2	3	5	0	100.00 %
	CMS190v8	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	2019 EH	1636	6	41	262	313	4	97.76 %
	CMS105v8	eSTK-6	Discharged on Statin Medication	2019 EH	49	1	6	38	48	3	97.44 %
	CMS108v8	eVTE-1	Venous Thromboembolism Prophylaxis	2019 EH	1636	46	495	1095	1636	0	95.97 %
	CMS104v8	eSTK-2	Discharged on Antithrombotic Therapy	2019 EH	49	2	6	40	48	0	95.24 %

# SET GOALS AND





# Questions?

Kristen Beatson

[kbeatson@medisolv.com](mailto:kbeatson@medisolv.com)

