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Ask a Quality Expert: eCQM Changes

April 21, 2021

Topics:

- eCQM Requirements
  - CMS IQR
  - TJC ORYX®
- eCQM Benchmarks
- Opioid eCQM
- Hybrid measure
- eCQM Technical Questions

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Medisolv's Hospital eCQM Expert Panel

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eCQM Requirements 2021

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eCQM Program Requirements

- **How many quarters of eCQM data is due this year? Next Year?**
  - See next two slides
- **What are the required eCQM measures for 2021?**
  - See next slide.
- **Will there be any additional measure options for eCQMs?**
  - See all options on next two slides.
- **I need a basic review of the eCQM requirements for 2021 and 2022.**
  - See next two slides.
- **What is TJC ORYX program?**
  - https://www.jointcommission.org/measurement/reporting/accreditation-oryx/
  - https://blog.medisolv.com/articles/2021-joint-commission-oryx-requirements

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CMS IQR Program eCQM Requirements

2021:

- **2 self-selected quarters**
- **4 self-selected eCQMs**
- **Addition of Safe Use of Opioids – Concurrent Prescribing**
- **Publicly reported on Care Compare (Hospital Compare)**
  1. VTE-1
  2. VTE-2
  3. STK-2
  4. STK-3
  5. STK-5
  6. STK-6
  7. PC-05
  8. ED-2
  9. Safe Use of Opioids (CMS 506; 3316e)

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CMS IQR Program eCQM Requirements

2022:

- **3 self-selected quarters**
- **4 eCQMs**
  - ✓ 3 self-selected eCQMs
  - ✓ 1 required: Safe Use of Opioids – Concurrent Prescribing
- **Publicly reported on Care Compare**
  1. VTE-1
  2. VTE-2
  3. STK-2
  4. STK-3
  5. STK-5
  6. STK-6
  7. PC-05
  8. ED-2
  9. Safe Use of Opioids (CMS 506; 3316e)

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TJC ORYX® eCQM Requirements

1. VTE-1
2. VTE-2
3. STK-2
4. STK-3
5. STK-5
6. STK-6
7. PC-01
8. PC-02
9. PC-05
10. PC-06
11. ED-2
12. Safe Use of Opioids (CMS 506; 3316e)

2021:

Hospitals with ≥26 beds OR ≥50,000 Outpatient visits

- 2 self-selected quarters
- 4 eCQMs

Critical Access Hospitals

OR Hospitals with <26 beds

AND <50,000 Outpatient visits

- Submit any combination of 3 eCQMs and/or chart-abstracted measures

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eCQM Requirement Clarification Questions

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Question:

Are we allowed to select different eCQM measures for each quarter submitted? For example, can we submit stk-2, stk-3, stk-5, stk-6 for Q1 and vte-1, vte-2, stk-2 and stk-6 for Q3 or do they all need to be the same measures for the 2 different quarters?

Pamela Feeler

For the CMS IQR program, hospitals are allowed to submit different eCQMs for each quarter.

For The Joint Commission ORYX program, hospitals = must submit the same eCQMs for both quarters.

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Question:

Do we have to submit the same measures for TJC that we submit to CMS?

Pamela Feeler

No, you can submit different measures to each program.

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Question:

Can we replace our abstracted PC measures with the eCQM version?

Many hospitals are considering replacing abstracted PC measures with the eCQM version for TJC submission. However, CMS does not support PC-01 as an eCQM. Therefore hospitals would have to report the eCQM version of the PC measures to TJC and the chart abstract version of PC-01 to CMS. Is there any information leading to believe that CMS might follow suit with TJC and align eCQM measures?

Pamela Feeler

Yes. This year, The Joint Commission is allowing hospitals to submit the eCQM equivalent PC measure instead of the abstracted version.
https://blog.medisolv.com/articles/2021-joint-commission-oryx-requirements

At this point, CMS hasn't added the PC-01 as an eCQM measure. And CMS still requires you to submit PC-01 as an abstracted measure with no option to substitute an eCQM version. So, you are correct. You will need to submit the abstracted PC measure to CMS.

https://blog.medisolv.com/articles/2021-hospital-iqr-program-requirements

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Question:

Will TJC follow CMS proposed measure: COVID vaccinated employees?

Pamela Feeler

Historically The Joint Commission does align their measures and requirements with CMS although this has not been the trend over the last few years. At this time, we are unaware of any plans by TJC to add the COVID vaccinated employees measure.

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Question:

As we start to report more quarters of eCQM data will there be multiple submission dates throughout the year depending on which quarters you select, or will you report all quarters of data at the same time?

Pamela Feeler

At this time, it's unclear how the multiple quarters will be handled by CMS. But hopefully they will provide more guidance as we get closer to a full year of eCQM reporting.

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Question:

- **What do these changes mean for Critical Access Hospitals that do not participate in IQR and are not Joint Commission. I know we still need to participate as we are required to for Promoting Interoperability. Can you share any strategy on how to focus for the public reporting aspect?**
- **We are really not there yet with our eCQM program. Do you have any general tips that you could share? Do you have a recommended staffing model to support eCQM measures? Pre and post implementation.**
- **What are the differences between the abstracted and eCQM PC measures?**
- **When a patient is admitted with suicidal ideations or attempted suicide are they excluded from VTE coverage? Are patients that score low on VTE risk excluded from VTE coverage?**

Alli Murray

The following slides outline the processes of setting up eCQMs to help you create a great eCQM program.

My highest performing clients do two things. They keep their eCQM bible which spells out every single item and where they are mapping everything for each eCQM.

The second thing they are doing is looking at their patient fallouts on a weekly, if not daily basis. It makes the process more manageable.

For information about the PC abstracted and eCQM measures view https://blog.medisolv.com/articles/2021-joint-commission-oryx-requirements

There is a mental health denominator exclusion. If they were properly diagnosed and marked in the EHR, they would be excluded.

They would be counted in the numerator if the low risk was documented in the timeframes.

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eCQM Renovations

eCQM Reno #1: Just needs a little TLC

Your measures are pulling in numbers, but you can't really speak to the validity of the data.

Punch list

1. Analyze measure performance and dig into fall outs
2. Create an eCQM improvement team
3. Communicate performance to executive team
4. Created eCQM educational program with stakeholders
5. Gather feedback from clinicians

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eCQM Reno #2: Adding an Addition

You've got a brand new eCQM you are bringing live and you are ready to get started.

Punch list

1. Start by educating yourself and your team on the measure.
2. Review the data elements and research the codes contained in the value set
3. Review the eCQM workflow and find out wher each data element is mapped (or not mapped/captured)
4. Map the codes to your EHR
5. Build the measure, make it live and test it. Resolve technical errors
6. Monitor your performance over time, educate clinicians

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eCQM Reno #3: Complete Demolition

Your program has half built measures and inaccurate results. You're documenting important parts of the measure in free text fields.

Punch list

1. Start by reviewing your eCQM requirements. Look at your current set up. Anything salvageable? Would you rather start fresh?
2. Pull together your eCQM team. Review the measures and your current state. Decide which measures to pursue.
3. Decide which course of action to take. Are submissions right around the corner? If so, maybe just submit what you've got. You don't want to take a penalty for not reporting.
4. If your situation is extreme, consider filing for a hardship exemption from CMS.
5. If you've got time before submissions, focus on improving the measures you've identified for submission. Use eCQM Reno #1 punch list to walk through steps to improve your program.
6. Once program is stabilized, focus on setting up your dream program using eCQM Reno #4 punch list.

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eCQM Reno #4: A Field of Dreams

You've got nothing but a little voice whispering to you that it's time to build your program. And it's up to you to decide what your end result will look like.

Punch list

1. Start by reviewing your eCQM requirements.
2. Decide which measures to pursue.
3. Set up an eCQM team and set a regular meeting. Include Quality, IT, clinicians and other stakeholders.
4. Use eCQM Reno #2 punch list for each measure you are setting up.
5. Celebrate your success as you go!

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eCQM Benchmarking

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Question:

- **We are looking for national benchmarks for the eCQM measures but are unable to find.**
- **Can you review performance benchmarks for each of the measures?**
- **Are CMS benchmarks available for eCQMs ? TJC any more recent benchmarks for their eCQMs than from the 2017 Annual Report?**
- **What benchmarking information is available for the stroke measures?**
- **What are good VTE, STK and PC and ED measure %'s?**
- **What is a good rate for the Hybrid measure misses?**
- **What's the Opioid eCQM performance rate we should aim for?**
- **Do you have any idea what a good target performance for the opioid eCQM would be?**
- **What is good % for the Opioid measure?**

Kristen Beatson

A lot people are starting to look at their eCQM rates. The bad news is that there are no benchmarks for hospital eCQMs (yet!). So, what do you do? I would internally get the eCQM stakeholders together and decide as a group what your goal will be. What do you want to aim for? Reach out to your vendors or peer groups and see if there is anyone who is willing to share data.

Bottom line you need continuous monitoring to improve so that when they do get published, you compare well to the other hospitals.

I can tell you that the top 10% of our clients are scoring close to 100% for all of their Stroke and VTE measures. About 50% of our clients have close to 90% for Stroke and VTE.

Opioid, if you want to shoot for 0% you can but there is an expectation (within the guidance of the measure) that hospitals won't have 0%. What you can do for Opioid is review your fallouts. Identify those patients that fell out and you can implement improvements. Identify those that you can't fix because it was medically necessary. Those you deem medically necessary you can't fix. It is what it is.

PC measures are really a work in progress, but they are newer and complicated. So, rates here are not as consistent. Hopefully over time we will get additional information on those.

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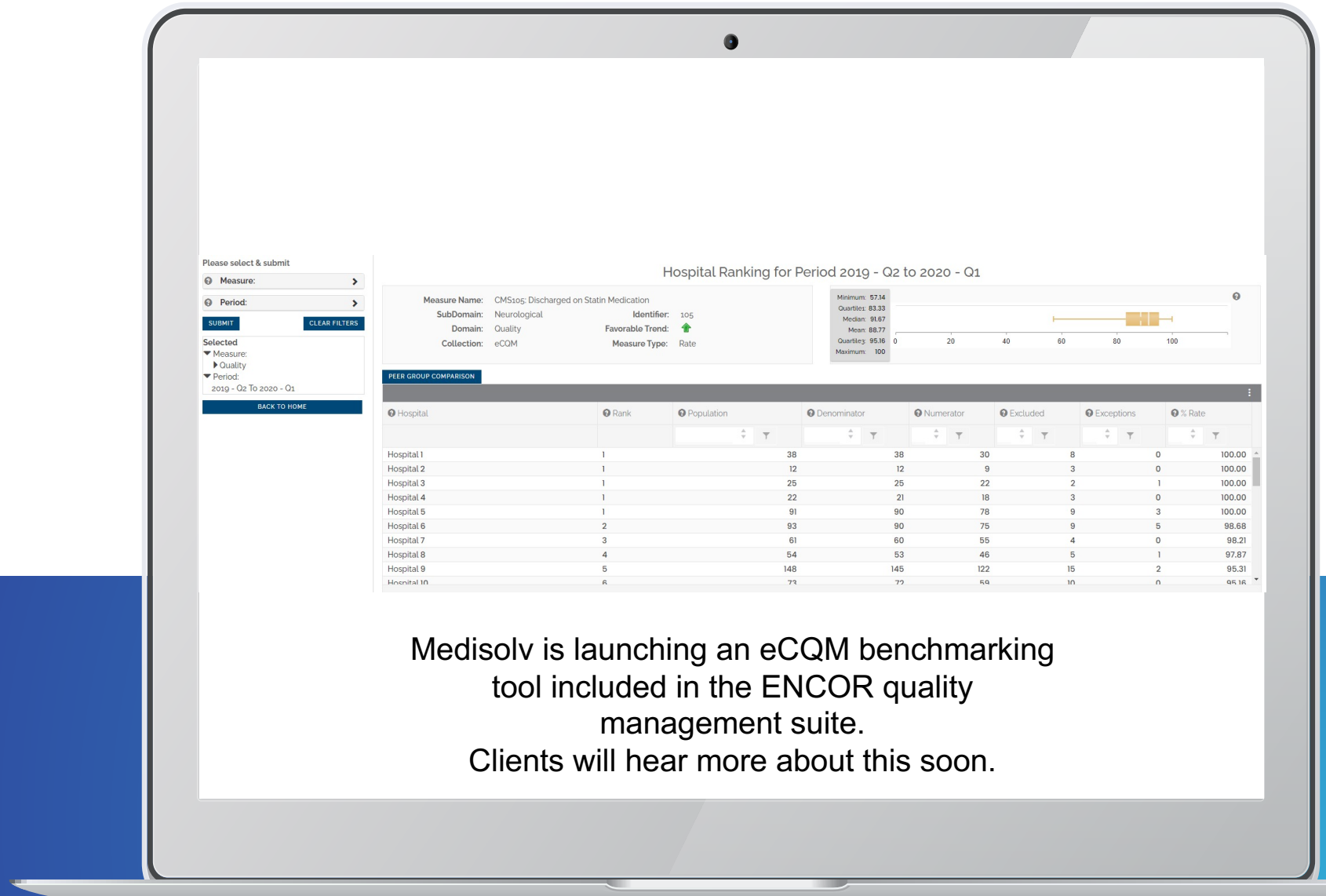
Benchmarking & Ranking



Medisolv is launching an eCQM benchmarking tool included in the ENCOR quality management suite.
Clients will hear more about this soon.

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Comparative Performance

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The Opioid eCQM

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Question:

I am interested in learning more about the new Opioid eCQM measure.

What's the actual measurement to accomplish with the eCQM opioid? *(timing, assessments, POSS scoring?)*

We have to wait for an epic upgrade to start submitting new opioid metric. Is anyone else in the same situation?

Kristen Beatson

Opioid measure information on the following slides.

We are certainly aware that various EHR are requiring upgrades, but you'll need to reach out to your vendor to get the final dates. It's imperative you look at your data sooner rather than later. Our goal at Medisolv is always have everything ready by January 1st. I would certainly encourage you to reach out to your vendor and ask them if they can do the same.

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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.

Note that the guidance states “the measure is not expected to have a zero rate.”

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Safe Use of Opioids – Concurrent Prescribing

INVERSE MEASURE

Denominator
- Inpatient Encounter
- > 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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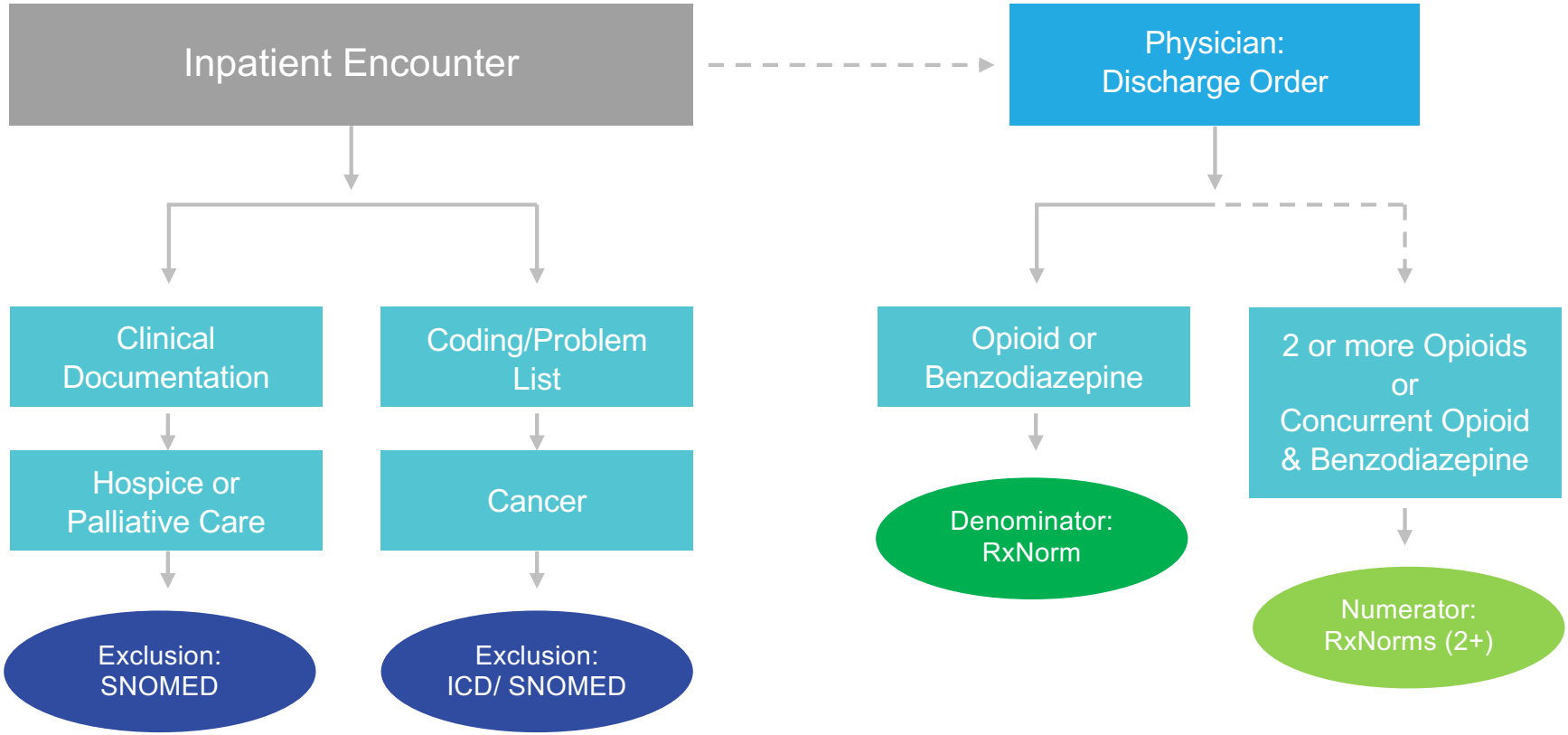
Workflow

Safe Use of Opioids – Concurrent Prescribing



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Question:

If you submit Opioids Concurrent Use in CY 2021 in addition to 3 eCQM measures, is the Opioids measure going to be publicly reported?

Kristen Beatson

Yes. Anything you submit in 2021 will be publicly reported.

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Question:

How do prescribing practices for different dosing strengths during the day and at bedtime get safely done for our patient population if we cannot do multiple prescriptions for the same drug for the opioid measure and are other clients seeing this same issue with their opioid measure?

Kristen Beatson

Those patients are certainly going to be in the numerator. So, you do not want to change your practices. Those patients will be deemed clinically necessary.

The next slide has a response from JIRA about this question.

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eCQM Issue Tracker / CQM-4515

Opioid Prescription at Discharge

Comment | Voters | More

Details

Type:	Other	Status:	CLOSED (View Workflow)
Priority:	Moderate	Resolution:	Answered
Component/s:	None		
Labels:	None		

Solution: Thank you for your question about CMS506v3, "Safe Use of Opioids - Concurrent Prescribing" and for bringing this issue to our attention. Version 3 of the measure for the 2021 reporting period does consider two prescriptions of different dosages for the same opioid to be different opioid prescriptions, and patients with these prescriptions meet numerator criteria. However, we appreciate the issue and in the next annual update will consider updating the measure numerator to require prescriptions for different opioids rather than different dosages of the same opioid.

Description

CMS 506- Safe Use of Opioids-Concurrent Prescibing

In NYS providers are not allowed to use range orders, so need to write one order for moderate pain and another for severe pain. Do you consider that as two orders?

https://oncprojectracking.healthit.gov/support/browse/CQM-4515

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The Hybrid Measure

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Question:

Will the Hybrid Hospital-Wide 30-Day readmission measure be required for Critical Access Hospitals as well?

Kristen Beatson

Yes, it is required for Critical Access Hospitals. Please see next slide for JIRA ticket response.

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Will the Hybrid Hospital-Wide 30-Day readmission measure be required for Critical Access Hospitals as well?

Sapha Hassan **commented** on CHM-71

Re: Question on Surgical Hospital and CAH Requirements

Kristen Beatson,

Thank you for your question. Here are our responses:

1. CAHs participating in the Inpatient Quality Reporting (IQR) program may voluntarily participate in the 2023 and 2024 Voluntary Reporting periods for the hybrid HWR measure. However, beginning with 2025 Public Reporting (FY 2026 payment determination), reporting will be mandatory under the IQR program.
2. If a surgical hospital is participating in the IQR program, it may voluntarily submit data for the Hybrid HWR measure for the 2023 and 2024 Voluntary Reporting periods. However, beginning with 2025 Public Reporting (FY 2026 payment determination), reporting will be mandatory under the IQR program. If you would like confirmation of whether your surgical hospital participates in the IQR program, please provide us with your hospital's CCN and we will try to provide you with this information.
3. Surgical hospitals reporting data on the Hybrid HWR measure will need to report their patients' lab and vital signs values to CMS via a QRDA I file. As noted in the FY 2020 Inpatient Prospective Payment Systems (IPPS) rule, hospitals submitting data for the Hybrid HWR measure need to use an the EHR system certified to the 2015 edition, meaning it must be able to report the measure. Hospitals will have the ability to manually enter lab data into the EHR from non-certified sources, but the EHR has to be able to generate the QRDA I file for data submission.

Add Comment

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Question:

Are there other hybrid measures or just the readmission measure?

Kristen Beatson

For now, there's just this one. But in the CMS 2021 IPPS Final Rule CMS mentions "Hybrid Measures," plural. So, I do believe we will see more hybrid measures in the future.

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Question:

If your organization has not previously reported during the voluntary period, can they still submit to the voluntary period for 2021?

HYBRID

Kristen Beatson

Absolutely. Medisolv had many hospitals participate in the pilot program in 2018. If you haven't participated before, it's fine to participate now and I would encourage you to participate this year.

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Question:

How often is the hybrid measure data submitted?

Kristen Beatson

Not sure yet. We think it's going to be submitted at one time in four separate files. This question was submitted as a JIRA ticket and CMS came back and said they didn't know yet.

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Question:

Upon validating the Hybrid measures I do see an issue with transfers from another ER site where the weight is not documented or some of the Labs are not ordered because they were done at the transferring site, Do you have recommendations we should sent along to our staff on entering these values into our EHR from a Transfer report?

Kristen Beatson

It's up to the hospital how you handle the documentation. You need to have that conversation internally. With the hybrid measure it's going to take that first instance of documentation completed at your hospital.

When the patient arrives at your hospital, we assume your hospital is taking those vitals and those are the ones that will be considered for the hybrid measure.

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Question:

When a patient's encounter starts as Outpatient for a couple of days then become Inpatient ... do you use vitals of first encounter, or does time start counting as the patient becomes inpatient?

HYBRID

Kristen Beatson

The time starts when that inpatient admission begins and then looks back for 24 hours. So, if they had any of those labs or vitals done at your facility than that data will be evaluated and included in your measure. The key is "does it fall within that 24 hours prior to admission timeframe."

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eCQM Technical Questions

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Question:

How do I know that I'm done with submissions for CMS?

Alli Murray

The next few slides provide screenshots of what the completed submission looks like in QualityNet.

Medisolv clients receive confirmation from their advisor that their submission is completed and accepted.

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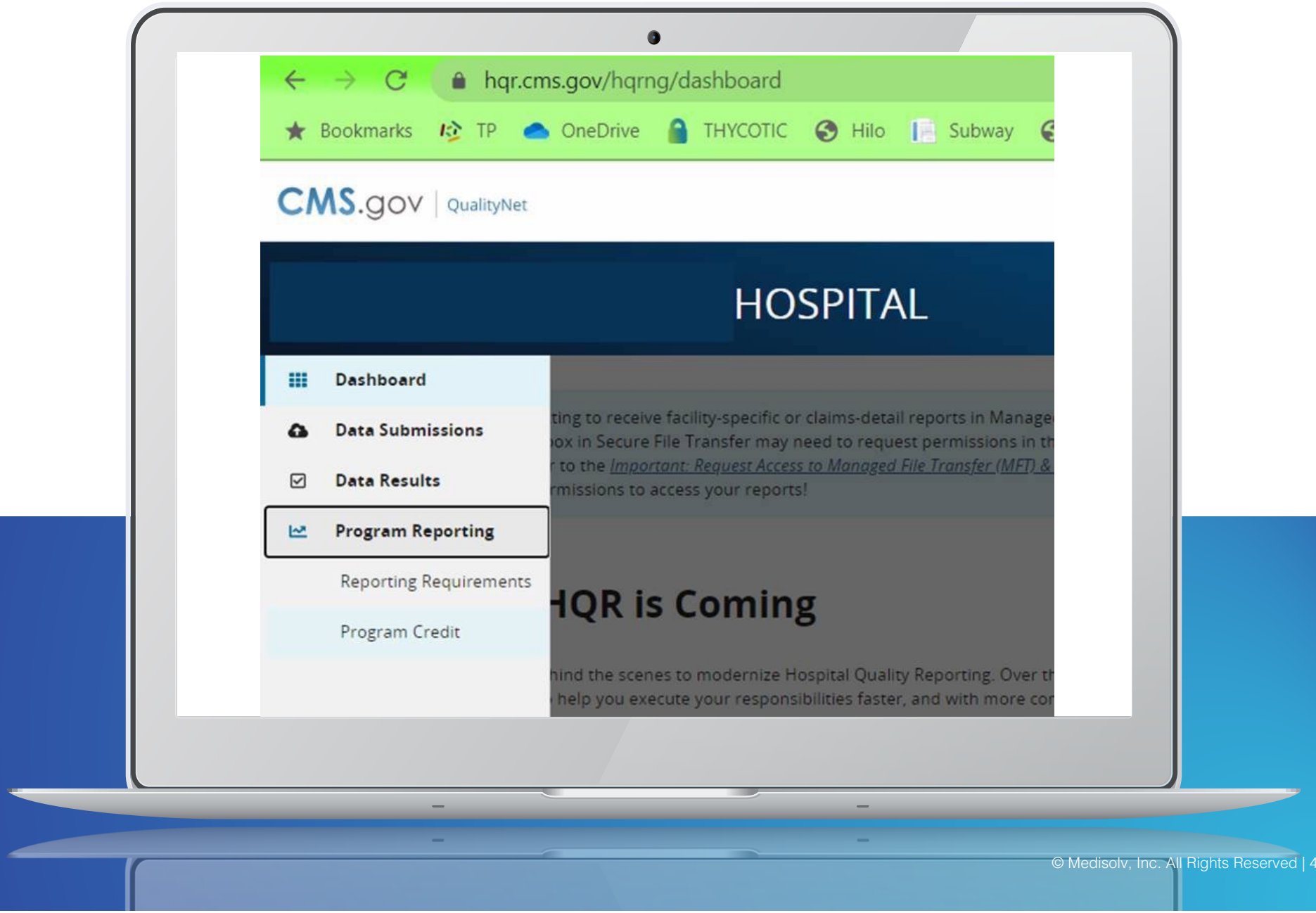
Submission Confirmation: QualityNet



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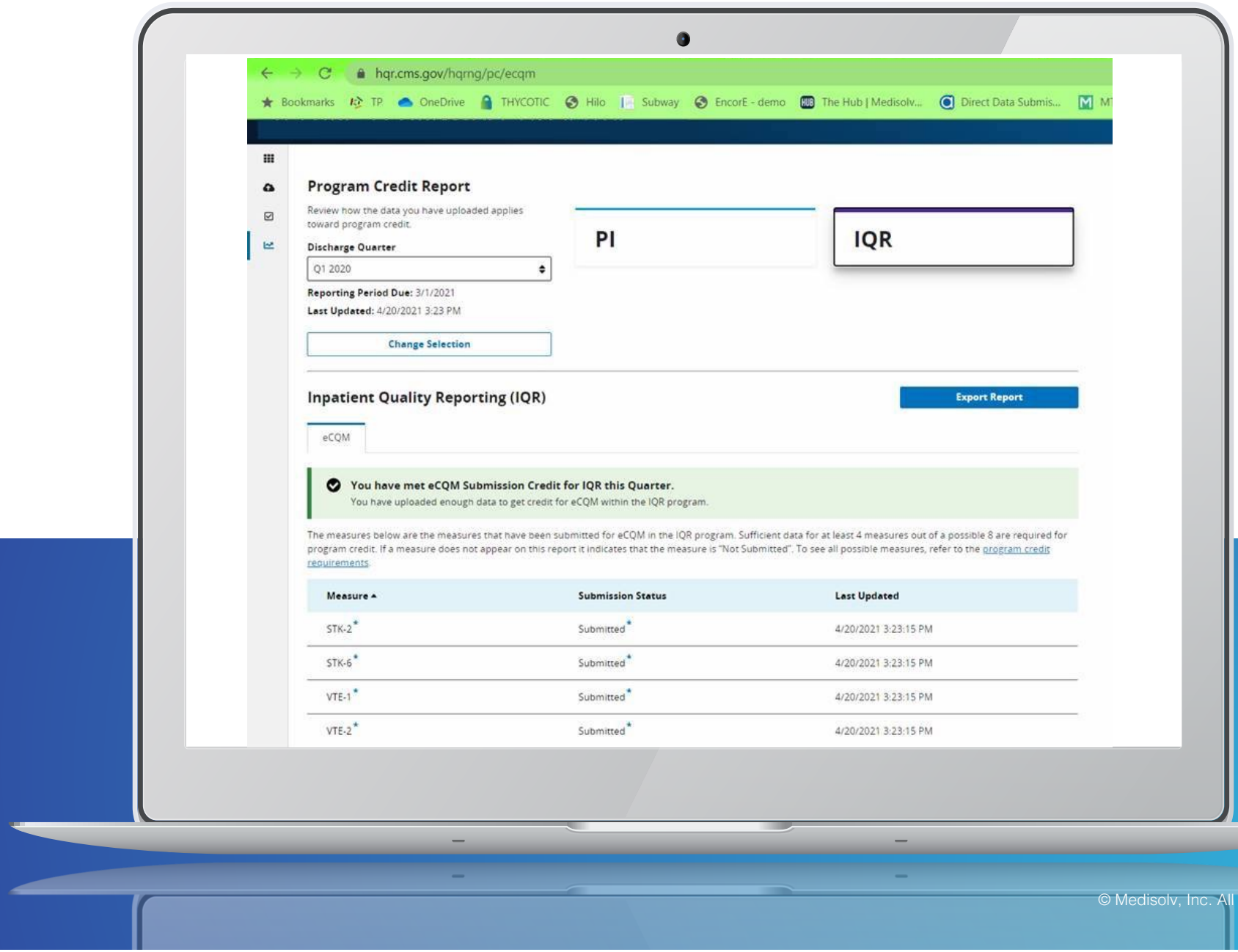
Submission Confirmation: QualityNet



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Question:

Does every nurse have to chart information in the same way using specific fields every time for the information to be picked up? Or will it look for specific information from different areas of the chart?

Alli Murray

Yes and no. The eCQM documentation has to occur in discrete fields that have been specifically mapped in specific areas. There are so many different ways to capture it. It's up to you and your team want.

But yes, it does have to be in a discrete field that has been mapped.

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Question:

Why can't we complete eCQM documentation after discharge?

Alli Murray

An example of a specification requiring contraindication is on the next slide. You can see in the specification that it specifically states the contraindication has to be completed during the encounter.

So, if it is not documented during the encounter (before patient discharge), you will have a fallout.

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Why can't we complete eCQM documentation after discharge?

Numerator

"Denominator" Encounter
with "Anticoagulant Therapy at Discharge" DischargeAnticoagulant
such that DischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

Denominator Exceptions

"Denominator" Encounter
with "Reason for Not Giving Anticoagulant at Discharge" NoDischargeAnticoagulant
such that NoDischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

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Question:

Do I need a new EHR Certification ID every year? Where do we file for a new EHR Certification number?

Pamela Feeler

Yes, hospitals will need to obtain an updated EHR Certification ID every year.

Certified Health IT Product List Website: https://chpl.healthit.gov/#/search

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Question:

How do you get the measure specifications and logic for each one?

Pamela Feeler

A good resource for measure specifications and logic is the eCQI Resource Center: https://ecqi.healthit.gov/

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Question:

How do I know what's in the value set?

Pamela Feeler

Hospitals can access the value sets from the Value Set Authority Center: https://vsac.nlm.nih.gov/. The resource

The resource is free, but you must have a registered account.

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Question:

I’m curious about the CEHRT requirements for eCQM submission – I’ve heard conflicting reports.

Alli Murray

The options for this year are on the next slide.

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I’m curious about the CEHRT requirements for eCQM submission – I’ve heard conflicting reports.

For calendar year (CY) 2021, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs must use

- **existing 2015 Edition certification criteria**
- **the 2015 Edition Cures Update criteria**
- **a combination of the two in order to meet the CEHRT definition, as finalized in the CY 2021 Physician Fee Schedule final rule (85 FR 84818 through 84828).**

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Question:

We're noticing that eCQMs are pulling into reports before final coding is complete. Is this something that you all see as well with your eCQMs? When this occurs, we're having to run historic uploads to have this updated which adds a lot of extra work. I'm not sure if its just our EHR and vendor or if this is something that everyone is having to deal with. I'm seeing it in PC measures and the Safe Use for Opioids.

Kristen Beatson

I think it's going to be vendor specific. It depends on the vendor and the process associated with that. Get in touch with your reporting vendor to address that because it does sound like a lot of work.

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