medisolv Hybrid Measures: Voluntary Today, Required Tomorrow

June 9, 2021

Agenda & Objectives

Agenda:

- What is a hybrid measure?
- Defining the Hybrid Hospital-Wide 30-day Readmission Measure
- Review the CCDE and linking variables
- Obstacles to Hybrid Measure monitoring and submission
- Lessons learned from pilot submissions
- Future hybrid measure requirements

Learning Objectives:

- Discuss the challenges facing electronic measures and how the hybrid measure may address these challenges.
- Identify the steps you need to take in order to implement the hybrid measure at your hospital.
- Construct a plan to implement the hybrid measure at your hospital with concrete steps.\Recognize the future of the hybrid measure and its potential impact on your hospital.
- Identify the hybrid measure requirements and timeline for the CMS Inpatient Quality Reporting program.



Kristen Beatson Vice President of Electronic Measures Medisolv



What is a Hybrid Measure?



What is a Hybrid Measure?

What are we talking about when we say hybrid measure?



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Why do we need hybrid measures?

Accuracy

The best-performing risk adjustment models assess both comorbidities and severity. Claims-based models assess the burden of comorbid conditions, but clinical data can provide a measure of the severity of the illness for which a patient is admitted.

Preference

Clinicians prefer the use of clinical data to assess hospital performance.

Data Collection

The transition to Electronic Health Records creates an opportunity to integrate clinical information into hospital quality measurement without manual chart abstraction.

CCDE Tracking and Reporting

- Measures will be publicly reported
- Eliminate hospital burden
 - Gradual integration
 - Low-risk
 - Current work = future reward
- Align with hospital's needs
 - You already collect this data
 - Accounting for patient risk
- Speak to the future of measurement
 - · Capitalizes on your EHR investment
 - CMS effort to measure quality for Medicare patients
- Gain performance insights

What?

Hybrid Hospital-Wide 30-Day Readmission Measure

- Same as chart-abstracted just uses clinical data to risk adjust
- Unplanned readmissions w/in 30 days from index admission
- Hybrid risk-standardized readmission rate (HRSRR)
- Claims data and EHR based Core Clinical Data Elements submitted by your hospital
- Differences in case mix and service mix across hospitals and a hospital-specific effect.
- Cohorts
- Allows for a more precise calculation based on severity of illness (Critically ill patient = Higher probability for readmission)



Population

- 1. Ages 65 or older
- 2. Medicare
- 3. Discharged from Non-Federal Acute Care Facilities to Non-Acute Care Settings
- 4. Key Exclusions: "Planned" Readmissions, Psychiatric Diagnosis and Cancer Treatment

Program	Reporting Requirement	Performance Year	Payment Year Public Reporting
Hybrid All-Cause Readmission	Voluntary	Jan 1, 2018 – June 30, 2018*	N/A
Hybrid All-Cause Readmission	Voluntary	July 1, 2021 – June 30, 2022	N/A
Hybrid All-Cause	Voluntary	July 1, 2022 – June 30, 2023	N/A
Readmission & Hybrid Hospital-	Mandatan	July 1, 2023 – June 30,	FY 2026 (10/1/2025) Payments
Wide All-Cause Mortality	Mandatory	2024**	July 2025 Care Compare "Refresh"

Hybrid Measure Reporting Requirements

* CMS Received EHR data from 150 Hospitals for the CY 2018 Reporting. Medisolv successfully submitted for 69 of those hospitals. ** CMS is removing the Claims-based HWR Measure with the July 1, 2023-June 30, 2024 Mandatory Reporting for FY 2026 Payment Year.

IQR Participation Requirements

The following must be met in order to successfully meet IQR requirements:



Claims Data

VS

EHR Data



Claims Data: Defined





EHR Data: Defined



Defined by the specification:

Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data



Core Clinical Data Elements (CCDEs)



Note:

This is not an eCQM specification. The logic is in the same format but in this case, is only intended to guide the extraction of electronic clinical data and will not produce measure results.

Specification Overview

Core Clinical Data Elements (CCDE)



Claims Data: Submission

MUST SUBMIT 6 Linking Variables

Claims Data: Submission

MUST SUBMIT 6 Linking Variables

- CMS certification number
- Health Insurance Claim Number or Medicare Beneficiary Identifier
- Date of birth
- Sex
- Admission date
- Discharge date

EHR Data: Submission

MUST SUBMIT **13 CCDE** (Vital Signs and Lab Results)

EHR Data: Submission

13 CCDE

Vital Signs

- Heart rate
- Systolic blood pressure
- Respiratory rate
- Temperature
- Oxygen saturation
- Weight

Lab Test Results

- Hematocrit
- White blood cell count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

EHR Data: Specification

Same structure as eCQMs:

- Metadata
 - Description
- Populations
- Definitions/Functions
 - Logic
- Data elements/OIDs



Metadata (Description)

Authoring Tool)GUIDNQF Number2879eGUIDJuly 1, 2021 through June 30, 2022fa75de85-a934-45d7-a2f7-c700a756078bMeasure StewardCenters for Medicare & Medicaid Services (CMS)Measure OverloperMathematicaVersionYale New Haven Health Service Corporation/ Center for Outcomes Research and EvaluationMeasure OverloperYale New Haven Health Service Corporation/ Center for Outcomes Research and EvaluationMeasure OverloperYale New Haven Health Service Corporation/ Center for Outcomes Research and EvaluationMeasure OverloperThis 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.	529	eCQM Version Number	1.3.000		
Period 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 Measure Developer Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation Measure Developer Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation Tendorsed 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	2879e	GUID	fa75de85-a934-45d7-a2f7-c700a756078b		
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Population Criteria



Definitions & Functions (Logic)

Definitions		
▲ Initial Population		
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Inpatient Encounters	s	
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Definitions & Functions (Logic)



Data Elements & OIDs



Potential Hazards





Workflow



Mapping

No additional documentation needed (most of the time)

Vital Signs

- Heart rate
- Systolic blood pressure
- Respiratory rate
- Temperature
- Oxygen saturation
- Weight

Lab Test Results

- Hematocrit
- White blood cell count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

Mapping

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Mapping

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Value Set Members				
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8341-0 Dry body weight		LOINC	2.67	2.16.840.1.113883.6.1
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8351-9 Body weight Me	asuredwithout clothes	LOINC of 1 ▶ ▶ 20 ✔ View 1 - 6 of 6	2.67	2.16.840.1.113883.6.1

Timing of Data Elements

The earliest instance of documentation will qualify patient







Monitoring, Improvement, Maintenance

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8	RR RR		26	21.14 %
8	B Temp		13	10.57 %
8	B SBP		14	11.38 %
8	B O2Sat		17	13.82 %
6	HCT		29	23.58 %
8	B WT		21	17.07 %
8	B WBC		33	26.83 %
8	B Na		123	100.00 %
8	BiCarb		80	65.04 %
8	B K		30	24.39 %
8	B Creat		30	24.39 %
6	Glucose		25	20.33 %


Monitoring, Improvement, Maintenance

- Who
- Resources
- Plan
- Feedback loop
- Mapping Vendor
- Documentation Changes

Submission & Follow-up



Submit QRDA I files via HARP - 9/30 deadline

Validate

Validate and confirm submission

Document

Document your submission



Submission and Follow-up



Submit QRDA I files via **HARP**

9/30 deadline

Validate

Validate and confirm submission

Document

Document your submission

Lessons Learned

From 2018 voluntary reporting

CCDEs aren't as simple as they seem

- "Mapping only" is not necessarily true
- Requires accurate interpretation of logic
- Consider all locations / instances of documentation
- Know your Medicare population
- Units of measure & MBIs are tricky



2018 IPPS

Units of Measurement

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- The FY 2018 Inpatient Prospective Payment System (IPPS) final rule defines units of measure for reporting CCDE:
 - Fahrenheit
 - Pounds
- However, hospitals may report data in:
 - Fahrenheit or Celsius
 - Pounds or Kilograms
- CMS will convert units upon receipt of data from hospitals.

Data Elements	Units of Measurement
Heart Rate	Beats per minute
Systolic Blood Pressure	mmHg
Respiratory Rate	Breath per minute
Temperature	Degrees Fahrenheit
Oxygen Saturation	Percent
Weight	Pounds
Hematocrit	% red blood cells
White Blood Cell Count	Cells/mL
Potassium	mEq/L
Sodium	mEq/L
Bicarbonate	mmol/L
Creatinine	mg/dL
Glucose	mg/dL

2020 IPPS

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Thank you for your question. CMS has not yet provided information on how Hybrid HWR measure results will be calculated when blank or non-numerical lab results are submitted. Additionally, while the Hybrid HWR measure specifications in the Measure Authoring Tool (MAT) do not detail the units of measurement for the labs or vital sign values that need to be reported for this measure, CMS has listed acceptable units of measurement for these values in the FY 2020 Inpatient Prospective Payment System rule. For your convenience, we have included below a copy of the relevant table included in the Rule. Please note that while CMS has not explicitly stated in the Rule that the lab and vital sign values must be submitted in these units of measurement, we recommend that hospitals adhere as closely as possible to reporting these CCDE values with these units of measurement.

Data Elements	Units of Measurement	Additional Accepted Units of Measurement
Heart Rate	Beats per minute	-
Systolic Blood Pressure	Millimeter of mercury (mmHg)	-
Respiratory Rate	Breath per minute	-
Temperature	Degrees Fahrenheit (F)	Degrees Celsius (C)
Oxygen Saturation	Percent (%)	-
Weight	Kilogram (KG)	Pounds (LB)
Hematocrit	Percent (%)	-
White Blood Cell Count	10^9 per liter (x10E+09/L)	Thousands of cells per microliter (K/MCL)
Potassium	Millimole per liter (MMOL/L)	MEQ/L
Sodium	Millimole per liter (MMOL/L)	MEQ/L
Bicarbonate	Millimole per liter (MMOL/L)	MEQ/L
Creatinine	Milligrams per deciliter (MG/DL)	-
Glucose	Milligrams per deciliter (MG/DL)	-

In summary, reported lab values should adhere to the recommended timeframes (i.e. those first resulted in the 24 hours that immediately preceded the admission; or if no results are available, then first resulted in the 0-24 hours after admission), utilize the appropriate value sets and, ideally, are reported using the units of measurement specified by CMS. Please note that while CMS anticipates that some data will be missing, CMS does not anticipate receiving non-numerical CCDE values for the Hybrid HWR measure as the LOINC codes used to define the value sets for this measure all utilize numeric/quantity values. Don't reach for that glass of wine until you've completed *(i.e. validated)* the submission process!

qnetsupport@hcqis.org Hospital eCQM Reporting QRDA files have been <mark>deleted</mark>	12/13/2018
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qnetsupport@hcqis.org Hospital eCQM Reporting QRDA files have been <mark>deleted</mark>	12/11/2018



Submission tasks:

- Final review of data
- File creation
- Submission steps
- Errors, rejections, mismatching results
- 4 quarters of data (4 separate uploads)
- Re-submission
- QRDA I files are distinct from eCQM reporting formats



Reports Matter



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Reports Matter

Hybrid Hospital Specific Report						
	•					
Table I: Your Hospital's Performance on the 30-Day Hybrid HWR Measure HOSPITAL NAME						
Hospital Discharge Period: January 1, 2018 through June 30, 2018						
Performance Information	Hybrid HV	VR Medicine	Surgery/	Cardio-	Cardio-	Neurology
	Composite	[d] Wedicine	Gynecology	respiratory	vascular	Neurology
Your hospital's H-RSRR [a]	15.5					
Total number of unplanned readmissions at your hospital (numerator) [b] Total number of elicible discharces included in the calculation of the Hybrid HWR measure (denominator) [c]	78	37	9 64	24	6	2
Your hospital's Observed Unplanned Readmission Rate (numerator/denominator)	13.8	13.2	14.1	15.8	15.8	6.3
Overall observed readmission rate for all hospitals participating in the 2018 Voluntary Reporting (numerator/denominator)	15.7					
Total number of unplanned readmissions for all hospitals participating in the 2018 Voluntary Reporting (numerator) Total number of eligible discharges for all hospitals participating in the 2018 Voluntary Reporting (denominator) [c]	19,303 123.056	10,811	3,187 27.012	2,663 14,920	1,703	939 7 548
Table II: Summary of Your Hospital's Submission of CCDE Informa	C C					
HOSPITAL NAME Hospital Discharge Period: January 1, 2018 through June 30, 2018						
		Number	Percer	tage (%)		
Hospital Discharge Period: January 1, 2018 through June 30, 2018		Number 701		tage (%)		
Hospital Discharge Period: January 1, 2018 through June 30, 2018 Submission Information				<u> </u>		
Hospital Discharge Period: January 1, 2018 through June 30, 2018 Submission Information Total discharges (based on claims)		701		<u> </u>		
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Expect the unexpected

- A lot of data = A lot of potential problems
- Mapping changes happen at the eleventh hour
- Linking variables

- JIRA
 - oncprojectracking.healthit.gov
- eCQI Resource Center
 - ecqi.healthit.gov

• QNET/CMS

- 866-288-8912
- <u>qnetsupport@hcqis.org</u>

 Logic/Intent/Data Elements 	Status:	RESOLVED
🔶 Moderate	Resolution:	Unresolved

None

1) Submit linking variables on 95% or more of discharges with a Medicare FFS claim for the same hospitalization during the measurement period;

2) Report vital signs for 90% or more of the hospital discharges for Medicare FFS patients, 65 years or older in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period); and
 3) Submit the laboratory test results for 90% or more of discharges for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure.

How will these % be calculated? Will you base the calculation on each individual CCDE? Or on all CCDEs in each category?

 $\ensuremath{\mathsf{Example:}}$ 12% of discharges are missing Heart Rate would mean hospital not meeting requirements

or

Example: 15% of discharges are missing 1 or more vital signs would mean hospital not meeting requirement

Can you clarify? Thanks!

Kristen



Hi Kristen Beatson

CMS has not yet provided guidance on how these participation criteria will be calculated. If you aren't already, you may wish to sign up for email announcements under the "EHR Notify: Hospital Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/ eCQM Notifications" listserv located here: https://qualitynet.cms.gov/listserv-signup to receive any announcements from CMS on this topic.

Alternatively, hospitals participating in the 2023 Voluntary Reporting of the Hybrid Hospital-Wide Readmission measure may receive additional information on this, so we encourage you to consider participating in this reporting period.

[✓] Hi - CMS has stated that hospitals are required to:

Logic/Intent/Data Elements

Status:



Unresolved

Liements

🔶 Moderate

Resolution:

None

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Best Practices



Start early

Best Practices

TO DO LIST		
V V V V V V Hybrid Measure		

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Take time to practice

Best Practices

Participate in voluntary reporting

- No requirements
- No penalties
- No public reporting
- Access to submission reports
- Access to HSRs

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Follow our annual cycle

Best Practices



2022 IPPS Proposed Rule

Changes and requirements

Reporting Requirement	Performance Year	Payment Year Public Reporting	
HWR + HMR Voluntary	July 1, 2022 – June 30, 2023	N/A	
HWR + HMR		FY 2026 (10/1/2025) Payments	
Mandatory	July 1, 2023 – June 30, 2024**	July 2025 Care Compare Refresh***	

Currently Specified Core Clinical Data Element Variables

Hybrid Measure Changes:

Addition of Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) measure; requirements to align with Hybrid Readmission Measure beginning July 1, 2022.

		Time Window for First
Data Elements	Units of Measurement	Captured Values
Heart Rate	Beats per minute	0-2 hours
Systolic Blood Pressure	mmHg	0-2 hours
Temperature	Degrees (Fahrenheit or Celsius)	0-2 hours
Oxygen Saturation	Percent	0-2 hours
Hematocrit	Percent	0-24 hours
Platelet	Count	0-24 hours
White Blood Cell Count	10^9 per liter (X10E+09/L)	0-24 hours
Sodium	mmol/L	0-24 hours
Bicarbonate	mmol/L	0-24 hours
Creatinine	mg/dL	0-24 hours

Success!





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