Medicare & Medicaid EHR Incentive Programs

Meaningful Use Stage 2: Clinical Quality Measures for Eligible Professionals in 2014 and Beyond
National Provider Call 10-24-12
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Today’s CMS Speakers

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Center for Clinical Standards and Quality

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Center for Clinical Standards and Quality

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CQM Program & Policy (acting),
Center for Clinical Standards and Quality

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Technical Director for Health IT
Center for Medicaid and CHIP Services
Today’s Objectives

EHR Incentive Program Meaningful Use Stage 2 Requirements for Eligible Professionals (EP)

Focus: 2014 Clinical Quality Measures (CQMs)
• Present 2014 CQM Requirements for Meaningful Use
• Explain the components of electronic clinical quality measures
• Provide additional resources for more information
• Answer participants’ questions
Meaningful Use Stage 2
Meaningful Use Stage 2 (MU2) Timeline

Feb 2012 -
Stage 2
Proposed
Rule

Oct 25, 2012 –
CQMs for 2014 and beyond posted on CMS Web site

Aug 2012 -
Stage 2 Final
Rule

Jan 2014 -
Stage 2 Start Date for EPs
CQM Required Reporting Timelines
Finalized in the Rule

CQM Reporting Time Periods:

- In the first year of Stage 1 participation, an EP can submit any continuous 90-day period. Subsequent reporting periods will be 1 calendar year.
  - EPs have a reporting period of January 1 - December 31 (calendar year).
  - Submissions must be made no more than 2 months following the end of the calendar year (Feb 28).

- EPs demonstrating meaningful use in the year 2014 will only be required to submit a 3-month period of CQM data for the year.
  - Unless an EP is in the first year of Meaningful Use, the three months must coincide with a calendar-year quarter, though EPs may select to submit data for any quarter in the year.

- Those initiating or continuing Stage 2 in 2015 will be required to report a full calendar year of data.
CQM Reporting Options in 2014 and Beyond

Option 1: Report through Certified EHR Technology

- 9 CQMs in at least 3 different domains
- Though not required, CMS suggests a core set of measures for both adults and children
- For this reporting option, CQMs will be submitted on an aggregate basis reflective of all patients without regard to payer

Option 2: Utilize the Physician Quality Reporting System (PQRS)* EHR Reporting Option

- Submit and satisfactorily report PQRS CQMs under PQRS EHR Reporting option using CEHRT
- EPs selecting this option will be subject to the reporting periods established for the PQRS EHR reporting option

*For more information on the requirements of the PQRS, refer to 42 CFR 414.90 and the CY 2013 Medicare PFS proposed rule (77 FR 44805 through 44988)
Group Reporting:

- Option A: EPs in an ACO (Medicare Shared Savings Program or Pioneer ACO) who satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology
- Option B: EPs who satisfy requirements of PQRS GPRO option using Certified EHR Technology
Changes to Meaningful Use Reporting Requirements Finalized in the Stage 2 Rule

**Meaningful Use Objectives (MU1)**
- 20 Total
  - 15 required core objectives
  - 5 of 10 menu set objectives

**Clinical Quality Measures**
- 6 Total
  - 3 required core measures (or 3 alternate core, as necessary)
  - 3 of 38 additional measures

**Meaningful Use Objectives (MU2)**
- 20 Total
  - 17 required core objectives
  - 3 of 6 menu set objectives

**Clinical Quality Measures (2014)**
- 9 Total
  - **Option 1**
    - 9 measures (from at least 3 different domains)
  - **Option 2**
    - Report measures under PQRS EHR reporting option using CEHRT
    - Group Reporting Options*

*See previous slide*
Key Changes to Meaningful Use Objective Requirements in the Final Rule

- For details regarding the requirements for meaningful use objectives in the Final Rule, see the CMS Stage 2 website (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)
  - Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals
  - Stage 1 Changes Tipsheet
  - Stage 2 Overview Tipsheet
- Note that the Final Rule makes changes to both Stage 1 (effective January 2013) and Stage 2 (effective January 2014) meaningful use objective requirements.
- Key changes:
  - CQMs are no longer a meaningful use core objective, though reporting CQMs is still a requirement for meaningful use.
  - All Clinical Quality Measures will be submitted electronically.
2014 CQM Selection Criteria

Selection of 2014 CQMs was based on:

- Statutory requirements
- Implemented within the capacity of CMS infrastructure
- Alignment with existing Quality Measure programs
- Measures that address known gaps in quality of care
- Measures that address areas of care for different types of eligible professionals
- **Support CMS and HHS priorities for improved quality of care based on the National Quality Strategy and HITPC recommendations**
CQM Reporting Requirements in 2014

CQM Domains:
1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

Clinical Quality Measures
9 Total

Option 1
9 measures
(from at least 3 different domains)

Option 2
Report measures under PQRS EHR reporting option using CEHRT

Group Reporting Options
<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Measure Title</th>
<th>Core (Rec.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient and Family Engagement</td>
<td>NQF 0384*</td>
<td>Oncology: Medical and Radiation – Pain Intensity Quantified</td>
<td></td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>TBD*</td>
<td>Functional status assessment for knee replacement</td>
<td></td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>TBD*</td>
<td>Functional status assessment for hip replacement</td>
<td></td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>TBD*</td>
<td>Functional status assessment for complex chronic conditions</td>
<td>A</td>
</tr>
</tbody>
</table>

Key: Core (Rec.) – Recommended Core Measure; A – Adult; P – Pediatric

* New CQMs in 2014
## 2014 Clinical Quality Measures by Domain (Cont.)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Measure Title</th>
<th>Core (Rec.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>NQF 0022*</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>A</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>NQF 0101*</td>
<td>Falls: Screening for Future Fall Risk</td>
<td></td>
</tr>
<tr>
<td>Patient Safety</td>
<td>NQF 0419*</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>A</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>NQF 0564*</td>
<td>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</td>
<td></td>
</tr>
<tr>
<td>Patient Safety</td>
<td>NQF 1365*</td>
<td>Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Domain</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>TBD*</td>
<td>Closing the referral loop: receipt of specialist report</td>
<td>A</td>
</tr>
</tbody>
</table>

Key: Core (Rec.) – Recommended Core Measure;  A – Adult; P – Pediatric  
* New CQMs in 2014
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<th>Domain</th>
<th>Measure</th>
<th>Measure Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0024</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
<td>P</td>
</tr>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0028</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>A</td>
</tr>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0033</td>
<td>Chlamydia Screening for Women</td>
<td>P</td>
</tr>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0038</td>
<td>Childhood Immunization Status</td>
<td>P</td>
</tr>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0041</td>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td></td>
</tr>
<tr>
<td>Population/ Public Health</td>
<td>NQF 0418*</td>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan</td>
<td>P, A</td>
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<tr>
<td>Population/ Public Health</td>
<td>NQF 0421</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</td>
<td>A</td>
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<tr>
<td>Population/ Public Health</td>
<td>NQF 1401*</td>
<td>Maternal depression screening</td>
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<tr>
<td>Population/ Public Health</td>
<td>TBD*</td>
<td>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
<td></td>
</tr>
</tbody>
</table>

Key: Core (Rec.) – Recommended Core Measure;  A – Adult;  P – Pediatric  * New CQMs in 2014
## 2014 Clinical Quality Measures by Domain (Cont.)

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<th>Measure Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>NQF 0002</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>P</td>
</tr>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>NQF 0052</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>A</td>
</tr>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>NQF 0069*</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>P</td>
</tr>
<tr>
<td>Efficient Use of Healthcare Resources</td>
<td>NQF 0389</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td></td>
</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0004</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0018</td>
<td>Controlling High Blood Pressure</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0031</td>
<td>Breast Cancer Screening</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0032</td>
<td>Cervical Cancer Screening</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0034</td>
<td>Colorectal Cancer Screening</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0036</td>
<td>Use of Appropriate Medications for Asthma</td>
<td>P</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0043</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0055</td>
<td>Diabetes: Eye Exam</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0056</td>
<td>Diabetes: Foot Exam</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0059</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0060*</td>
<td>Hemoglobin A1c Test for Pediatric Patients</td>
<td></td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0062</td>
<td>Diabetes: Urine Protein Screening</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0064</td>
<td>Diabetes: Low Density Lipoprotein (LDL) Management</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0068</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0070</td>
<td>Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0075</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0081</td>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0083</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
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<tbody>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0086</td>
<td>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0088</td>
<td>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</td>
<td></td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0089</td>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0104*</td>
<td>Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
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</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0105</td>
<td>Anti-depressant Medication Management</td>
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</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 108*</td>
<td>ADHD: Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</td>
<td>P</td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 110*</td>
<td>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</td>
<td></td>
</tr>
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<tbody>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0385</td>
<td>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0403*</td>
<td>HIV/AIDS: Medical Visit</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0405*</td>
<td>HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis</td>
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</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD* (proposed as NQF 0407)</td>
<td>HIV/AIDS: RNA control for Patients with HIV</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0565*</td>
<td>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0608*</td>
<td>Pregnant women that had HBsAg testing</td>
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<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0710*</td>
<td>Depression Remission at Twelve Months</td>
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</thead>
<tbody>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>NQF 0712*</td>
<td>Depression Utilization of the PHQ-9 Tool</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Children who have dental decay or cavities</td>
<td>P</td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Dementia: Cognitive Assessment</td>
<td></td>
</tr>
<tr>
<td>Clinical Process/ Effectiveness</td>
<td>TBD*</td>
<td>Hypertension: Improvement in blood pressure</td>
<td></td>
</tr>
</tbody>
</table>

Key: Core (Rec.) – Recommended Core Measure;  A – Adult; P – Pediatric

* New CQMs in 2014
### Stage 1 CQMs Dropped from Requirements in 2014

<table>
<thead>
<tr>
<th>Measure No.</th>
<th>Measure Title</th>
<th>Core? (MU1)</th>
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</thead>
<tbody>
<tr>
<td>NQF 0001</td>
<td>Asthma Assessment</td>
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<tr>
<td>NQF 0012</td>
<td>Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)</td>
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<tr>
<td>NQF 0013</td>
<td>Hypertension: Blood Pressure Management</td>
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</tr>
<tr>
<td>NQF 0014</td>
<td>Prenatal Care: Anti-D Immune Globulin</td>
<td>Core</td>
</tr>
<tr>
<td>NQF 0027</td>
<td>Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies</td>
<td></td>
</tr>
<tr>
<td>NQF 0047</td>
<td>Asthma Pharmacologic Therapy</td>
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<tr>
<td>NQF 0061</td>
<td>Diabetes: Blood Pressure Management</td>
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<tr>
<td>NQF 0067</td>
<td>Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD</td>
<td></td>
</tr>
<tr>
<td>NQF 0073</td>
<td>Ischemic Vascular Disease (IVD): Blood Pressure Management</td>
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<tr>
<td>NQF 0074</td>
<td>Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol</td>
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</tr>
<tr>
<td>NQF 0084</td>
<td>Heart Failure(HF): Warfarin Therapy Patients with Atrial Fibrillation</td>
<td></td>
</tr>
<tr>
<td>NQF 0575</td>
<td>Diabetes: Hemoglobin A1c Control (&lt;8.0%)</td>
<td></td>
</tr>
</tbody>
</table>
Where Can I Find Out More Information About CQMs?

Measure Specifications, Technical Release Notes, and Supporting Documentation can be found at:

- On the CMS EHR Incentives Program Web site, click “Clinical Quality Measures”
For More Specifics on Changes to Meaningful Use with Final Rule

Visit – CMS.gov EHR Incentive Programs Stage 2 Web page

Download – 2014 Clinical Quality Measures Tipsheet
  • (See CMS Stage 2 link above)

Listen – Previous Medicare Learning Network (MLN) Fee-For-Service (FFS) National Provider Calls
  • E.g., Stage 2 Requirements for the Medicare and Medicaid EHR Incentive Programs (9/13/2012)

Read – Federal Register: Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 2, Final Rule
  • http://federalregister.gov/a/2012-21050
Electronic Clinical Quality Measures (eCQM)
eCQM Specifications

There are 3 components of an eCQM. Each component helps users view, understand, and implement the measure.

**XML**

*Description*: A CQM written in Health Quality Measures Format (HQMF) syntax. HQMF is the industry (HL7) standard for representing a CQM as an electronic document.

*Likely User*: EHR system developers and administrators, analysts.

*Use*: To enable the automated creation of queries against an EHR or other operational data store for quality reporting.

**Value Sets**

*Description*: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

*Likely User*: EHR users, system developers and administrators, analysts.

*Use*: To provide the necessary vocabulary to understand and implement the CQM.

**Human-Readable**

*Description*: The human-readable HTML equivalent of the XML file content.

*Likely User*: EHR users.

*Use*: To identify the details of the CQM in a human-readable format, so that the user can understand both how the elements are defined and the underlying logic of the measure calculation.
The Basics:
- The XML component contains important details about the measure, how the data elements are defined, and the underlying logic of the measure calculation.
- It is organized with the same structure and contains the same information as the human readable file, though it is written in XML programming language.

What’s new in 2014
- The XML component was not provided during Stage 1.
- This component provides information that will help programmers in automating different aspects of quality measurement and reporting.

XML

Description: A CQM written in Health Quality Measures Format (HQMF) syntax. HQMF is the industry (HL7) standard for representing a CQM as an electronic document.

Likely User: EHR system developers and administrators, analysts.

Use: To enable the automated creation of queries against an EHR or other operational data store for quality reporting.
eCQM Components: Value Sets

The Basics

• Value sets convey information about how different data elements within the CQM are defined, based on code groupings.
• The value set includes a unique identifier, a list of codes, and descriptions of those codes.

What’s New in 2014

• The National Library of Medicine will be the oversight authority for value sets, overseeing validation and support, and warehousing a controlled collection of publicly-available value sets.

Value Sets

Description: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

Likely User: EHR users, system developers and administrators, analysts.

Use: To provide the necessary vocabulary to understand and implement the CQM.
eCQM Components: Value Sets (Cont.)

Value Sets

Description: A value set is comprised of code groupings drawn from multiple code systems that represent clinical concepts. Value sets provide definitions of the data elements necessary to calculate the CQM.

Likely User: EHR users, system developers and administrators, analysts.

Use: To provide the necessary vocabulary to understand and implement the CQM.

What’s New in 2014 (Cont.)

- Updated existing value sets and added new value sets, as necessary, to align with recommendations of the Health Information Technology Standards Committee (HITSC)
- Fully specified ICD-9 and ICD-10 codes and, as applicable, sought alignment with the 2012 PQRS measures
- Code descriptors are provided
- Value set developer information is provided
eCQM Components: Human-Readable Rendition

**The Basics:**
- A HyperText Markup Language (HTML) file that displays the eCQM narrative content in a human-readable format in a web browser.
- The document is divided into 2 parts:
  - Header: Provides details in a narrative format about the measure itself
  - Body: Contains data criteria and logic for how the measure is calculated

**What’s New in 2014**
- New information added to the Header
  - More details about the measure itself
  - Narrative information to improve understanding of how the measure is calculated

**Human-Readable**

*Description:* The human-readable HTML equivalent of the XML file content.

*Likely User:* EHR users.

*Use:* To identify the details of the CQM in a human-readable format, so that the user can understand both how the elements are defined and the underlying logic of the measure calculation.
eCQM Human-Readable File: Header

New fields/information were added to the Header in 2014 based on the needs of measure developers, CMS, and end-users.

- CMS Measures Management System Blueprint defines each of the pieces of information (or “metadata”) about each measure that is contained within the Header.
  - Download the “Blueprint Volume 1 Measure Development, v9.0” ZIP File
  - Open “Vol 1 Sect 09 eMeasure Specifications.pdf”
  - “Table 9-1 eMeasure Metadata” gives a definition of each field within the Header

Examples of new Header fields in 2014:

- Stratification
- Risk Adjustment
- Risk Aggregation
- Improvement Notation
- Initial Patient Population Definitions
- Denominator (incl. Exclusions and Exceptions)
- Numerator
# eCQM Human-Readable File: Header

<table>
<thead>
<tr>
<th><strong>eCQM Title</strong></th>
<th>Diabetes: Foot Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>eCQM Identifier</strong></td>
<td>123</td>
</tr>
<tr>
<td><strong>eCQM Version number</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>NQF Number</strong></td>
<td>0056</td>
</tr>
<tr>
<td><strong>GUID</strong></td>
<td>c0d72444-7c26-4863-9b51-8080f8928a85</td>
</tr>
<tr>
<td><strong>Measurement Period</strong></td>
<td>January 1, 20xx through December 31, 20xx</td>
</tr>
<tr>
<td><strong>Measure Steward</strong></td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td><strong>Measure Developer</strong></td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td><strong>Endorsed By</strong></td>
<td>National Quality Forum</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Percentage of patients 18-75 years of age with diabetes who had a foot exam during the measurement period.</td>
</tr>
</tbody>
</table>

**Initial Patient Population**: Patients 18-75 years of age with diabetes with a visit during the measurement period

**Denominator**: Equals Initial Patient Population

**Denominator Exclusions**: Patients with a diagnosis of gestational diabetes during the measurement period

**Numerator**: Patients who received a foot exam (visual inspection with either a sensory exam or pulse exam) during the measurement period

**Numerator Exclusions**: Not Applicable

**Denominator Exceptions**: None
eCQM Human-Readable File: Body

- Population criteria
- Data criteria
- Reporting stratification
- Supplemental data elements
- Measure observations (continuous variable measures only)
Population Criteria:

- Defines logic for each population of a measure
- Assembled from underlying data elements using:
  - Boolean operators (e.g., AND, OR)
  - Temporal context (e.g., starts before or during)
  - Relative comparators (e.g., FIRST)
  - Logical function (e.g., NOT, COUNT)
  - Criteria nesting
eCQM Human-Readable File: Example - Population Criteria

Initial Patient Population =
  AND: "Diagnosis, Active: Diabetes" starts before or during "Measurement Period"
  AND: "Patient Characteristic Birthdate: birth date" >= 18 year(s) starts before start of "Measurement Period"
  AND: "Patient Characteristic Birthdate: birth date" <= 75 year(s) starts before start of "Measurement Period"
  AND:
    OR: "Encounter, Performed: Office Visit"
    OR: "Encounter, Performed: Face-to-Face Interaction"
    OR: "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up"
    OR: "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up"
    OR: "Encounter, Performed: Home Healthcare Services"
    OR: "Encounter, Performed: Annual Wellness Visit"
    during "Measurement Period"

Denominator =
  AND: "Initial Patient Population"

Denominator Exclusions =
  AND NOT: "Occurrence A of Diagnosis, Active: Gestational Diabetes" ends before start of "Measurement Period"
  AND: "Occurrence A of Diagnosis, Active: Gestational Diabetes" starts before or during "Measurement Period"

Numerator =
  AND:
    AND: "Physical Exam, Performed: Visual Exam of Foot"
    AND:
      OR: "Physical Exam, Performed: Sensory Exam of Foot"
      OR: "Physical Exam, Performed: Pulse Exam of Foot"
      during "Measurement Period"

Denominator Exceptions =
  None

Example: eCQM Population Criteria - Diabetes: Foot Exam (NQF 0056)
Data Criteria (QDM Data Elements):

- Data criteria are the building blocks to assemble population criteria
  - QDM Element: an atomic unit of information corresponding to data criterion in an eCQM
  - Defines the data type in which the element is expected to be found (including required attributes of elements), the value set names, and value set object identifiers (OID)

Example: eCQM Data Criteria – Diabetes: Foot Exam (NQF 0056)

"Diagnosis, Active: Diabetes" using "Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1001)"
"Diagnosis, Active: Gestational Diabetes" using "Gestational Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1010)"
"Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)"
"Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
Supplemental Data Sets:

- Definition: Variables used to aggregate data into subgroups
- New in 2014 to collect basic demographic data
- New information can facilitate comparing results across strata to identify disparities

4 Supplemental Data Elements required in each 2014 CQM:

- Sex
- Race
- Ethnicity
- Payer

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer Source of Payment Typology Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex Administrative Sex Value Set (2.16.840.1.113762.1.4.1)"
Accessing the eCQMs

Current eCQM specifications are available through the CMS EHR Incentive Program website (www.cms.gov/EHRIncentivePrograms)

- This set of measures will apply to all participating EPs through 2013.

As of October 25, the 64 approved eCQMs for 2014 (for EPs participating in Stage 1 or Stage 2) are available on the CMS website (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html)
Accessing the eCQMs (Continued)

To view an individual eCQM, the specification package must be saved and extracted to your computer.

1. Download and save the zip file to your hard drive.
2. Right click on the zip file and select “extract all.”
3. Identify the destination where the extract files should be saved and select “extract.”
4. Navigate to the new folder containing the extracted files.
Accessing eCQM Value Sets


eCQM value sets are published in the Value Set Authority Center (VSAC) on the National Library of Medicine (NLM) website
2014 eCQM Value Sets
License Requirement

Access to the Value Set Authority Center requires a free Unified Medical Language System® Metathesaurus License.

• If you or your organization do not have an UMLS license, we encourage you to apply for one as soon as possible.

Get help locating resources from NLM:
- On the NLM home page, click “Contact NLM” (top, right corner) to access FAQ documents and other resources, or to submit an inquiry electronically.
- Call toll free: (888) FIND-NLM (346-3656); Local and international calls: (301) 594-5983
Resources
Resources – CMS Meaningful Use Stage 2 Web Site

This site presents key criteria for Meaningful Use Stage 2 rule for EPs who would like to continue to participate in the Medicare EHR Incentive Program.

- Or, navigate to the Stage 2 webpage from the CMS EHR Incentives Program website by clicking on the menu on the left side of the screen.

What you will find:

- Reporting requirements
- Measurement specifications
- Program timeline
- Resources clarifying changes to existing Stage 1 requirements
- Resources comparing MU criteria for Stage 1 and Stage 2
- Link to the August 28, 2012, Final Rule
General Resources - Links

Link to August 2012 Final Rule:

CMS EHR Incentive Page:

ONC EHR and Meaningful Use Page:
  - http://www.healthit.gov/policy-researchers-implementers/meaningful-use

National Library of Medicine:

Value Set Authority Center:
How Do I Submit a Question to CMS?

For General EHR Incentive Programs Questions:

EHR Information Center:
888-734-6433
(TTY 888-734-6563)
Questions and Answers
Inquiring Minds?

To ask a question, please press *1 on your touchtone phone.
Evaluate Your Experience with Today’s National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today’s NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today’s call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!