



# A Quick Guide to the Clinical Quality Measures

Reporting clinical quality measures is one of the meaningful use core objectives for the CMS Electronic Health Record (EHR) Incentive Programs for payment years 2011 and 2012. Both eligible professionals (EPs) and eligible hospitals and critical access hospitals (CAHs) must report clinical quality measure results generated from their certified EHR system in the [CMS Registration and Attestation System](#) located on the CMS website.

This guide gives eligible professionals, eligible hospitals, and CAHs a brief overview of clinical quality measures, and helps answer the following questions:

- What is a clinical quality measure?
- Why are clinical quality measures important?
- How do I choose which clinical quality measures to report?
- How do I report clinical quality measures for the Medicare EHR Incentive Program?

## What is a Clinical Quality Measure (CQM)?

CQMs can be measures of processes, experiences and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care.

For example, a measure can provide information regarding whether a health care provider, such as a hospital, has provided care to their patients that supports a clinical process found to be effective in reducing complications associated with a specific disease or medical condition or associated with being hospitalized.

In the 2011-2012 program years of the EHR Incentive Programs, clinical quality measure results are reported to CMS along with other meaningful use objectives and associated measures to demonstrate that a provider has used EHR technology in a meaningful way.

### Parts of a Clinical Quality Measure:

**Initial Patient Population:** The group of patients which the performance measure is designed to address.

- Example – All patients 65 years and older

**Denominator:** A subset of the initial patient population (i.e., Patients with diabetes. For some measures the initial patient population and the Denominator are the same).

- Example – All patients 65 years of age and older with diabetes

**Numerator:** A subset of the denominator population for whom a process or outcome of care occurs. It represents a clinical action to be counted as meeting a measure's requirements (i.e. patients who received the particular service or obtained a particular outcome that is being measured).

- Example – Patients who had a diabetic foot exam

**Denominator Exclusion:** The mechanism used to exclude patients from the denominator of a performance measure when a therapy or service would not be appropriate in instances for which the patient otherwise meets the denominator criteria.

- Example – A patient with bilateral lower extremity amputation is excluded from a measure of foot exams

## Why are CQMs Important?

CQMs help CMS ensure that quality health care is delivered to Medicare beneficiaries and Medicaid recipients.

CQMs provide a standardized means of measuring and comparing delivery of care. The use of CQMs allows care services to be measured in a clinically meaningful way, and may facilitate improvements in care that can be easily communicated to CMS beneficiaries, health care providers, and the public.

The CMS EHR Incentive Programs requires that data be recorded in certified EHRs to facilitate the collection and reporting of CQMs. By doing so, our nation's health care system can continue to move towards more efficient and responsible care, tracking progress along the way.

## How Can I Record and Report CQMs for the EHR Incentive Programs?

**Note:** Meaningful use does not need to be met in the first participation year of the Medicaid EHR Incentive Program. Therefore, CQMs are not required for those participating in the Medicaid EHR Incentive Program in 2011.

CQM requirements are different for EPs and eligible hospitals/CAHs participating in the Medicare EHR Incentive Program. The requirements are as follows:

**EPs** — EPs must report on a minimum of six and a maximum of nine total CQMs:

- An EP will report nine measures if he or she needs to attest to the three required core (because all three core measures have zeros for the denominator), the three alternate core measures, and the three additional measures.

### **EPs: How to Select Measures**

Prior to choosing the CQMs to report, EPs should take time to understand which measures are best suited for their practice. EPs should begin by determining if they have patients in their practice who are applicable to the population addressed in the clinical quality measure.

An EP should report all three core CQMs if all three apply to their practice. If an EP has a denominator of zero for one or more of the core CQMs, then they should pick one to three replacements from the alternate core CQMs. It may be possible that the certified EHR reports all three core CQMs and all three alternate core CQMs with zeros for the denominator. This is acceptable provided this is what is reported from the certified EHR.



The EP should then report three additional CQMs that are relevant to their practice from the list of 38 CQMs.

**Note:** A list of the 44 clinical quality measure specifications can be found in the [EP Measure Specifications](#) file from the CMS website.

**Eligible Hospitals/CAHs** — For the Medicare EHR Incentive Program, eligible hospitals must report on all 15 pre-selected CQMs. Only EPs have a choice of which CQMs to report.

**Note on Selecting an EHR System:** When selecting a certified EHR system, providers should be sure that it can report the CQMs they will be selecting for meaningful use reporting. It may be helpful to pick a certified EHR system that can report all the CQMs defined in the EHR Incentive Programs, so that they have the flexibility to choose from any of the CQMs.

### How to report

CQMs are reported during the attestation process along with the meaningful use core and menu objectives. Providers will enter the denominator, numerator and any applicable exclusion results directly into the attestation system.

## Additional Resources

For more information on the CMS EHR Incentive Program, visit <http://www.CMS.gov/EHRIncentivePrograms>. There you can find additional fact sheets and informational guides on registration, eligibility and attestation for the EHR Incentive Programs.

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