CMS Quality Programs Bi-Monthly Forum
June 20, 2023

>>Darrick Hunter, CMS: Hello, everyone, and thank you for joining us today. My name is Darrick Hunter from CMS's Division of Value Based Incentives and Quality Reporting, and I will be moderating today's forum. This bimonthly forum aims to provide national stakeholder organizations, specialty societies, health IT organizations and the HR vendors with information relevant to CMS's Quality Measurement and Value-based Incentives Group. Next slide, please.

On our program today, we're going to include updates on USCDI+ quality, Digital Quality Measurement, the quality reporting document architecture or QRDA, eCQI Resource Center updates, value-based human readable output, the eCQM annual update publication document, the Medicare Promoting Interoperability Program, the Merit-Based incentive payment system and alternative payment models.

Please note that we will not be having a live audio question and answer portion of today's call. We encourage you to submit any questions through the Q & A box. Subject matter experts, who are on the webinar, will work to review and answer any questions they can. And now I will turn it over to Lindsey - I'm sorry, Lisa Wagner, who is joining us from the Office of National Coordinator for Health Information Technology. Lisa.

>>Lisa Wagner, ONC: Thank you, Darrick. My name is Lisa Wagner. I'm a Senior Advisor with ONC's Office of Policy. I'm stepping in for my colleague Ashley Hain today. Next slide, please.

We're going to be talking about USCDI+ quality for update today. USCDI being the US core data for interoperability and our plus initiative that we've just started recently. Next slide, please.

So USCDI+ is an extension of USCDI. So, the US core data for interoperability. And we launched the USCDI+ initiative in late 2021- to address specific program and use case needs for data standards. The idea for USCDI+ is that it will expand incrementally over time, just like the USCDI does via a transparent established and collaborative process, weighing both anticipated benefits and industry-wide impacts. And so the idea for USCDI+ is that it will establish data element lists and implementation guidance to harmonize and align data needs for partners. And we see a lot of opportunity for this, for more targeted engagement with teams, working across the different domains that we've identified.

Today we're going to speak specifically about the quality space and quality measurement space that we're focused on with one of the USCDI+ activities. There are other domains that we're working on right now with the USCDI+ initiative, including public health, maternal health and cancer. And we're seeing how all of these different areas have opportunities for greater alignment as well. And we have been, ONC has been collaborating with many other federal partners on this initiative, including CMS, CDC, HRSA and NIH. And so we've really started the USCDI+ initiative based on the sheer need for alignment across different program areas. And we will continue to expand on this work over time. Next slide, please.

So the USCDI+ initiative is meant to be an iterative process, where we're making changes and updates on a rolling basis, similar to USCDI. We do expect that this work will require partnerships within and outside government but for those who are working in the same program areas around these different kind of data standards needs that we're focusing on. Next slide, please.

So what really brings us here today is to talk specifically about the USCDI+ quality domain. And we started, ONC started working with both CMS and HRSA to identify USCDI+ quality data elements. In particular, we began collaborating with CMS to address core data and interoperability needs for CMS's FHIR quality reporting initiatives. And while our quality measurement focus with CMS programs is a key starting point, it is just one part of the broader USCDI+ quality domain.

We are also working and engaged with a wide range of public and private partners, including AHEP, NCQA, and NQF in the quality measurement space to support quality reporting, quality measurement and quality improvement. This initiative is identifying opportunities for policy alignment around quality reporting programs, under existing authorities across various HHS agencies. And USCDI+ quality is intended to support collection and harmonization of quality measured data elements for the broader quality community, including specialty registries, payers, quality improvement organizations, and quality improvement models. And as ONC develops a data element list with clear, clinical concepts mapped to data elements and standards, we intend to publish that data element list for the quality community to support their work and align their approaches to interoperability goals. Next slide, please.

So the initial USCDI+ quality data element list builds on analysis and review of existing quality data elements and the exploration of existing implementation guides. It includes data elements in the USCDI. However, as a core data set, the USCDI standard itself does not include each data element needed for quality measurement use cases. So, through USCDI+ quality, we are seeking to extend from the USCDI model to establish a consistent baseline of harmonized data elements for a wide range of CMS and other quality measurement use cases. And we're also looking at what's in the work with changes or updates to quality specific data elements. And this really just all feeds into a better understanding of where there are overlaps and need for harmonization as we're working through this, these quality measurement data elements. Next slide, please.

So this slide is just showing a little bit of where we started with our analysis, and where we're planning to go. We gathered input from a variety of sources to develop the draft data element list for USCDI+ quality. Ourselves, ONC and partners reviewed data requirements for electronic clinical quality measures, or ECQM's currently used in CMS's inpatient and eligible clinician quality reporting programs and data elements, included in draft and published HL7 FHIR implementation guides for various use cases, such as long term and post-acute care, oncology and federally qualified health center reporting requirements.

We also held a series of discussions with organizations in the public and private sector, involved in measured development, measure evaluation and quality reporting to go beyond currently specified ECQM's and identified high priority data elements for inclusion in the data element list for USCDI+ quality. We also expanded our look at areas such as the data element library, which is supported through CMS or CMS project, and the AHRQ common formats as well. And we're continuing to think about what we - where we really need to go to look at additional quality data elements - looking to work taking place within the government and with industry partners, such as NCQA and NQF. Next slide, please.

So as USCDI+ quality measures, or sorry as USCDI+ quality matures, we anticipate that it will change the quality measurement development narrative by coordinating measure developers and stewards to consistently and universally specify to USCDI and USCDI+ quality so that gaps in harmonized quality measure data elements may be identified across the quality measurement development community.

And there are conversations that we've had with stakeholders, as well as various listening sessions. So, for the past year plus, we have heard for a greater need for universal standardized data element lists to build out new measures. We've also heard of a need to prioritize narrowing our data element list to eliminate redundant data elements to ensure that the future generation of quality measures reduce duplicative measures. That might only be slightly different to reduce reporting burden. And we've also heard that USCDI+ quality should work in a similar fashion to USCDI to really support interoperability as well as facilitate aggregation and improve analytics. Next slide, please.

So now we're just going to wrap it up with just a little bit about the specific quality data element list. Next slide, please.

So, we released a first draft of the USCDI+ quality data element list at the beginning of May 2023 for a public review comment and feedback on the ECQI Resource Center. And I'd like to emphasize that this first draft is really just a starting point and has been based on the work we described earlier as well as the data elements currently used in the existing ECQM used in CMS's IQR and QPP reporting programs. We anticipate feedback on this draft set to include comments on the data classes and elements as well as gaps or what is missing and what can be added. And we encourage all partners to provide comments on what existing quality measures and associative data elements may need to be harmonized to reduce reporting burden. And we'd really like to hear feedback and thoughts on how future expansion efforts, as they relate to measured development now and in the future, are really necessary. And we - like we said before, we will establish a consistent review and publishing process similar to USCDI to build on this work. Next slide, please.

Here's just a quick snapshot of what's included in our first draft of the USCDI+ quality data element list, which is out for public comment right now. You will see four columns included, which are the data class, the data element, the level, which is a leveling similar to USCDI, and then the source of the data element just to show exactly kind of where we pulled that specific data element. Next slide, please.

So what's really included in this first draft of the USCDI+ quality data element list, there are several new proposed data classes, including care experience and outcomes and communications. There are also close to 100 data elements in this data element list that are not included in any version of USCDI, so data elements such as medication administration and date of onset. And there are many data elements that are considered at the comment level, which for those of you not familiar with the leveling means that it might be a little more burdensome, or might not have as - be as readily available as some of the other data elements. And we're really seeking feedback on these to really understand their importance and potential burden for reporting. Next slide, please.

This just shows kind of what we're looking at when we're requesting feedback. So, whether that is around a level of complete - completeness, level of specificity, the usefulness of a companion guidance that we posted with it as well to show the ECQM mapping that's associated with the specific data element list and the frequency of updates. Next slide, please.

So just in closing, to reiterate sort of next steps and timeframes, we are requesting feedback on the data element list and requests or welcome any and all comments. The first comment period closes next Friday, June 30. And as I mentioned before, we do intend for this to be an iterative process. So we do - our current thinking is that we will have some development period in the next three to six months based on current comments but that we would then post again for additional public comment and

feedback on our future data element list. And then once we finalize our current kind of established process on timing, we will make sure to communicate that publicly going forward. Next slide.

And that's all we have. There are resources here. Thank you all.

>>Darrick Hunter, CMS: Thank you, Lisa. Joel Andress will present next.

>>Joel Andress, Center for Clinical Standards and Quality: Good afternoon, everyone. My name is Joel Andress. I work at the Division of Quality Measurement for the Center for Clinical Standards and Quality.

I am - I am responsible for the digital quality measured transition that our quality measurement and value-based incentives group is currently undertaking in partnership with other components of CMS as well as other federal partners, including ONC and the USCDI and the USCDI project that you just heard about. My - so the presentation today is providing information about some additions we've made to the resource center regarding information around digital quality measurement, including a published definition for what we mean by digital quality measures. The intent of this is to provide some clarity. We've gotten a lot of feedback both internally and externally about confusion around what is meant by digital quality measures and exactly how we're defining them when we're talking about the transition work that we're currently undertaking. Next slide, please.

So the first thing we'll talk a little bit about where you can find the information on the resource center, some changes that have been made and new information that's been posted. We'll also talk a little bit about the dQM definition, and I'll provide you with some contact information to allow you to provide feedback once you've had a chance to hear the presentation and review the information on the site for yourself. Next slide, please. Thank you.

So, I think as many of you are probably aware, CMS has made a commitment to transition to digital quality measurement in its quality programs in the relatively near future. We had initially announced the goal of 2025. I think based on the feedback we've had as well as our own experiences in pursuing the transition, we concluded that 2025 is not in itself useful in the goal date. However, we are continuing to pursue digital measurement implementation with those lessons in feedback in mind. The goal here is to ensure that our quality measurement data are - are a better fit within the - within the healthcare system and the delivery of care and the process of providing for - not only for patient care, but also for building clinical and administrative knowledge about the provision of that care. In essence, to help feedback into the loop of constant improvement of care delivery.

The - the digital quality measurement effort is intended to reduce - reduce burden for data collection. It's also intended to increase the value of the data that we do collect. And that's the flip side to all the conversations that we have. Frequently, you'll hear about data burden as a - as a hindrance to the delivery of care. And what we want to try to get to is where our standards and our IT systems allow us to collect quality data as an outgrowth of the delivery of care. That's a goal that we've had for some time, obviously. But we think we can make some meaningful steps towards that ideal state with some of the effort that we're pursuing now. Next slide, please. Thank you.

So this - this is a mockup of the - if you try the Resource Center you can reach it if you're not aware by going to ecqi.healthit.gov. This site as a whole is intended to provide information about, originally about eCQM's because most of the work that we've done has been building off the eCQM measure

project. We've incorporated information about digital quality measures here as well. You can see we've built our own tab onto the website, which provides more detailed information about digital quality measures including CMS' goal statement about why we're pursuing digital quality measures, what we think we can accomplish with them, as well as to provide a one-stop shop for digital quality measure information. And so we're looking to incorporate - to make this a place you can go to, to find out what we're working on -- can answer some of the questions, frequent questions that we receive about digital quality measures and how they're expected to go. This is not a final release on this. We expect that more information will be added as we go. And this will be a key platform for communicating about digital quality measures well into the future. Next slide, please. Thank you.

So, on the dQM tab you're going to find some information about CMS' efforts around digital quality measures, including how we see digital quality measures fitting within the broader project of quality measurement and understanding what data sources are going to be implicated in this. Right now, we're focusing on EHR's as a source of information for dQM's, but that's not our final goal. In fact, as we'll talk about a little bit in the next few minutes, we're looking to expand that beyond EHR's to incorporate data that are collected through NHSN, through survey instruments, through assessment tools and other data sources, including claims. The - it also provides some information about the FHIR standards and links to resources where you can learn more about the data standards that we're - that we're using to build the digital quality measure transition. And to provide - provide information on specific issues that we've encountered as we've talked with stakeholders about this. So, you'll find expanding sets of briefs or memos that address specific issues that have been raised to us with some frequency. We felt it was necessary to have some responses out for people to - to review and then react to. And the intent of this is to provide a more comprehensive and standardized response above and beyond answering questions that we've received a in piece meal fashion at different conferences and discussions. Next slide, please.

The most recent updates that we've included in here and the information that I want to draw your attention to is the digital quality measure definition. So, this is an issue that has come up many times in our - in our work on the transition, which is an expressed confusion on what exactly a digital quality measure is, compared to an eCQM or simply quality measures. And that's a reasonable concern. And it can, in fact, mean a lot of things. One of the most important lessons that we take away from these conversations is that the focus really needs to be less on digital quality measures and more about digital quality measurement. In other words, what are the things we want to achieve with digital quality measurement and then by deciding that we can build measures that are able to achieve those goals. And so that's what our definition has actually focused on.

Rather than trying to say this particular measure classifies as an eCQM, this particular measure classifies as a dQM, this particular measure is either - in some ways, that's less relevant than trying to understand what we want our measures to accomplish. Because the reality is that we have long-standing goals about interoperability, data sharing, relevance and compatibility that we continue to want to pursue. And the extent to which a measure is digital in some respects is the extent to which it meets those - those particular goals. So, in laying out those goals we hope to both provide some clarity about what CMS is pursuing, but also to allow for the flexibility of measures to be developed in a way that meet our goals without shutting off avenues for - for innovation, both within its own programs and also externally within the broader healthcare information system.

So, what are those goals that we're laying out. So first of all, we see digital quality measurement as using - as making use of standardized digital data from one or more sources of health information that's

captured through interoperable systems. They need all of those pieces in place. It has to be standardized so they can be shared. It has to have systems that operate under an understood set of parameters and standards so that the data can not only be shared but so that they can read it once it's been shared. And then we need to make sure that the data are able to be captured in a - in a visual fashion. Now some of those are, you know, we all know that digital data can - can be produced in a number of different ways either directly through interaction with - through the provision of care and certain identifiers within the HR's as the care is being provided and recorded.

In other cases, it's - we actually still have to you know, extract data from paper systems or the visuals in order to provide - in order to translate it into a digital format. And I expect to some extent that's going to continue. But the goal ultimately is to get to where there's as little - there's as little gap between the provision of care and the capture of quality measurement data as possible. And so the project here is to reduce that as much as we can.

We also require that the quality measure specifications and digital quality measurements are standards based and make use of current packages to apply measure logic. So, what does that mean? Well, eCQM's are the best example of this. They make use of data standards that allow for a common - common language to define what measures are, how they're captured and then make use of common programming language in order to - in order to calculate the measures out of the data once they've been captured. And that's something we want to continue with. The difference here is that we're using a standard that isn't specific to quality measures. It is rather something that can be generalized to the broader healthcare IT system and even outside of the healthcare IT system so that we can use a broader set of data without as many silos being put in place to separate out the relevant kind of information that we need.

Social drivers have helped as one key example of this where current data silos create some significant issues in trying to capture and incorporate it into the measures. The measures also need to be computable without unique effort. That is, we need to be able to establish the system that once the data are collected, we're able to compute the measures meaningfully and then incorporate them within the specific use cases for which they're being collected. That means that we need to be able to query the data, run measure calculations in an automated fashion and then generate the necessary outputs to support the quality measurement programs that the measures serve. And finally, the - the totality of that process needs to sit within what we see as an emerging learning healthcare system. Where data are captured, they're shared. Data are taken in and then used to create greater knowledge about the provision of care to help inform better care, to help inform better clinical standards and to help support the decision making of clinicians and administrators and of patients and their families within the healthcare system. Next slide please.

One key aspect of this is the use of digital data. Right now, our work is primarily focused on eCQM's because these are the measures where data standards are most readily applicable. And we built something of an analogous model in - in order to implement eCQM's up until now, which does not mean there are not still significant efforts that need to be undertaken in order to implement the measures. But we want to see digital data alternately as being a seamless outgrowth, as I said in the tradition of care. We see the different data sources as continuing to be independent of one another but able to be used in combination. So that is if you have multiple data sources that are - that have data ideal for measure calculations, then we want to be able to aggregate those data together and then provide for a richer data set to support measure of limitations. And we see this as being useful not only in measure of implementation course, but also measure development down the road.

And then finally we don't - we don't want these data sources to be quality measurement specific. Right? So, you define what data elements are required for a quality measure. Yes. And those go into the program requirements. Yes, that still happens. But the data elements, the data requirements themselves follow some basic standardized requirements that are built out of the HL7 FHIR standard to define the data elements but also are identified through standardized data sets and definitions, which we're starting to build through both the USCDI and the USCDI+ projects. And so that's where you start to get an agreed upon definition of what those data elements need to look like across different use cases. So, if I'm capturing blood pressure for quality measure, then the data that I'm capturing for it should be in the same standard and readable for use cases other than quality measurement, including the provision of patient care. And the - the enterprise of USCDI and USCDI+ is very much in line with meeting that particular need. Next slide, please.

So the first - we've already begun to take the first steps on this. The first - the very initial part of it, which is ongoing: the development of other appropriate standards, the implication of those standards to interesting measures. In our case, CMS has begun converting its QDM-based eCQM's into FHIR-based specifications with the intent of both defining the requirements for those measures and also learning about what is necessary in order to take an existing measure and then convert it to the FHIR standard. We want to build out measure specifications that will allow for reporting to leverage those standardized - the standardized data that are collected as a result of those specifications. And the program requirements are built around them in order to support reporting of those - of those data for programs that make sure of eCQM's. The goal is to shift over to FHIR based reporting in the near future for those eCQM's.

We also want to take advantage of the - of what we learn in that process to begin - to use it as a future model for reporting of digital quality measures that are not eCQM based. So, they help measures that come out of the HSN. They're claims based that are collected by registries. These are all data sources where we think we can implement the FHIR standard and support digital quality measure reporting in a - in a more timely and interoperable fashion than we have in the past. And so as we're building this process out for eCQM's we're also thinking about how it can then apply to other data sources and programs as well. Next slide, please. Thank you.

So, this is a graph that we've been working on to visualize what exactly we're talking about when we're thinking about how this process works. So if you think about the average collection of pieces of Legos on your child's playroom floor then you get a sense of how jumbled data can truly be if we're not taking them through the process to standardize them. And there will be some efforts still to capture the data, clean them and then to organize them into standardized definitions and categories. That work will, we expect will continue to be conducted by providers and other data source systems such as registries into the future.

The difference is that once those data are standardized, it's not necessary for the providers and the originating systems to then apply all of the measure logic and roles to those data elements for a given - for a given purpose. And that's really the value here. Once you have those data standardized, they can be used for multiple purposes. It's then a question of well how do I apply the logic and rules to those data in order to use them for example, a quality measure. What we're conceptualizing is something we've been calling a measure collection calculation tool. You guys have heard about this before. Once you've queried FHIR standardized data from a data source, like an EHR and are able to access those

data,you can then use - you can use the tool first to query the data, but then also to apply, define measure logic to it.

So we're talking about applying code packages to the measure. You have that - if you have that code - coding available and applicable to appropriate standards, you can collect the standardized data from other systems. You can aggregate those data together within a - within another system or the CMS for instance or on a registry as another example. And then you can calculate the measured results. And then that - that same - and then you can use programming interfaces like API's to then produce appropriate reporting outputs including measure reports, performance determinations, program determinations to the appropriate stakeholders, whether it's giving feedback to a provider or you know depending on a payment file to an internal system here at CMS. It allows you to make use of those data. But once those data have been captured, you're not limited to simply producing those reports that have been pre-defined. But you can still use those data to inform information. You can mix the - these individual data altogether to produce new information, new knowledge that can be used either at CMS or by the provider, or by other stakeholders within where the data are shared to build information out of those. And that way the siloes that those data exist in can potentially be broken down. Next slide, please.

So, as I said we're interested in questions and feedback. My email is here as is that of my colleague Bridget Calvert, who works with me on the digital quality measure transition efforts here in CCSQ. We're also working with Yale-CORE as our contractor.

If you have any questions or any feedback on information presented here or what you find on the data Resource Center, please don't hesitate to reach out to us. We'd love to hear from you whether your feedback is complimentary or concerned. Thank you.

>>Darrick Hunter, CMS: Thank you, Joel. Jennifer Seeman will now present.

>>Jennifer Seeman, ICF: Thanks Darrick. Hi, I'm Jen Seeman with ICF, the eCQM or CMS eCQM standards support contract. Next slide.

We just wanted to announce today that the - we have published the 2024 CMS QRDA I IG Schematron and Sample Files that of course supports the 2024 reporting period for hospital inpatient quality reporting, promoting interoperability and hospital outpatient quality reporting. Next slide.

High level changes for this year are fairly limited, actually. So we really just updated information and measure information to align with the 2024 reporting measures. And we did remove the documentation of slash service event section. It's been optional for several years. So we've got some feedback to go ahead and remove that. And the sample files were also updated with information specific to the 2024 reporting period. Next slide.

Quick announcement. So just for additional QRDA related resources, we'll run through these. You can visit the eCQI Resource Center for QRDA and eCQM information. Also, if you have questions about any of the QRDA IG's or Schematron you can post a question to the ONC project tracking system in the QRDA project. And in that project, there is also a QRDA known issues dashboard should you want to search for any issues there.

And that is all I have for QRDA. Thank you.

>>Darrick Hunter, CMS: Thank you, Jen. Next, Edna Boone will present on the eCQI Resource Center.

>>Edna Boone, eCQI Resource Center: Thanks, Darrick. So, we have added several new pieces of content and functionality to the Electronic Clinical Quality Improvement Resource Center or eCQI Resource Center. We'll go to the next slide.

And next slide, our first item is that CMS has updated the value set information on the eCQI Resource Center. New value set harmonization guidance is now located on the value set guidance tab of the value set information pages. Next slide.

Additionally, CMS has consolidated value set information by migrating the value set content from codes, code systems and value sets from the supplemental material on the MMS Hub, to the eCQI Resource Center value set page. The code systems content remains on the MMS Hub and is integrated into the measure specification section under specify the code. Next slide.

If you have more information about value sets, please visit the Value Set Authority Center or VSAC. And at any time, we always welcome comments to the Resource Center and information regarding the Resource Center group on the links here.

Next slide talks a little bit about how the Resource Center has updated the eCQM menu and filtering structure on the site. Next slide.

The main menu navigation now includes eligible clinician, eligible hospital critical access hospital and outpatient quality reporting eCQM's. Next slide.

Filters for the eligible hospital include eCQM's, hybrid measures, pre- rulemaking eCQM's and pre-rulemaking hybrid measures. Next slide.

Filters for eligible clinicians are eCQM's and pre rulemaking eCQM's. And last but not least, next slide.

Filters for outpatient quality reporting include eCQM's and pre- rulemaking eCQM's. Next slide.

Additionally, CMS has updated the eCQM definition on the eCQI Resource Center. The definition is found in the glossary and also on the get started with eCQM's about page. The definition is here: An electronic clinical quality measure is a measure specified in a standard electronic format that uses data electronically extracted from health - electronic health records or an EHR and/or health information technology systems to measure the quality of healthcare provided. So further defining an eCQM and you'll see that nestles nicely under the work that Joel just provided around digital quality measures and eCQM essentially would be a type of digital quality measure. All right.

The next slide, CMS has updated the eCQM compare feature on the eCQI Resource Center. This feature is accessed on the individual eCQM pages and contains many of the fields in the measure header. Next slide.

An end user would select an electronic clinical quality measure. And then once you're on that eCQM page you have the ability to sort a given reporting year and compare against another reporting year. Next slide.

The changes for the selected years are highlighted with red indicating items that have been removed and green items that have been added. All right. And our last item we wanted to highlight on the next page.

CMS has added the implementation tab to the get started page. Next slide.

Users can find some key implementation resources that are available throughout the site, but they're listed here on a single page for your use. Next slide.

To locate this new page, use the main menu to navigate to get started with eCQM page and note that a new tab has been located after certification, and before tools and resources. And next slide.

We, again, always ask you how we're doing. So please do visit the Resource Center. Provide any suggestions for improvements to eCQI-resource-center@HHS.gov.

And consider joining the user group. We have one actually today. We meet every other month. And we will be having one at 3:00 this afternoon. So if you need information about that user group, just navigate to the Resource Center and you can type in user group or look at the calendar.

Many of the ideas and new content as well as new displays and functions have come from the user group that are end users. So, we thank you for that and I will turn it over to the next speaker.

>>Darrick Hunter, CMS: Thank you, Edna. Jennifer Seeman will present again.

>>Jennifer Seeman, ICF: Thank you, Darrick. Yep, so I will also present some information that's tied tightly to some of Joel's presentation. If you could go to the next slide.

As Joel stated, there has been some work to translate current program eCQM's to FHIR-based measures. As that process progresses, we anticipate there will be changes to the human readable, among other things. But one of the things that we wanted to present here today is kind of a request for participation, feedback, information. So the next two slides will show you the current QDM output versus a very draft, sorry, snippet of a FHIR eCQM.

And what we would like to do is have anybody who would like to participate in feedback and provide thoughts on the human readable formats moving forward, reach out to FHIR at ICF.com and the plan will be then to kind of circulate this. And then if you also look at the next slide, you know this again, a very draft state of what an eCQM might look like in a FHIR resource format. And again we're refining this.

I can say that there's a lot of work going on to make the FHIR human readable, similar - contain the similar fields and information currently for QDM measures. But we're continuing to refine that and again, would request anybody interested in providing feedback, reach out to us.

And we'd love to hear from you. Again, that email is FHIR@ICF.com -- F-H-I-R. And that's just a quick note about moving forward there. Thank you.

>>Darrick Hunter, CMS: Thank you, Jen. Next we will hear from Sera Gearhart. Sera.

>>Sera Gearhart, CMS: Thank you. Hello, my name is Sera Gearhart from the CMS eCQM team. And today I'm going to talk about the electronic clinical quality measures annual update publication for the 2024 reporting performance period. Next slide, please.

So here's just a brief agenda for today's presentation. I'll begin by reviewing the annual update publication announcement for the 2024 eCQM reporting and performance period. Then, I'll provide a brief overview of the eCQM annual update cycle. We will talk about opportunities to engage in the next eCQM annual update process via the ONC Jira project tracking system, eCQM issue tracker. And lastly, my colleague Mike Kerachsky will provide a brief overview of the eCQM known issues tracker. Next slide, please.

As of May 4, CMS has posted the 2024 reporting performance period eCQM specifications on the eCQI Resource Center for eligible hospitals and critical access hospitals, outpatient quality reporting and eligible clinicians. The updated eCQM's are to be used to electronically report 2024 clinical quality measure data for CMS quality reporting programs. Please note that measures will not be eligible for 2024 reporting unless and until they are proposed and finalized through notice and comment rulemaking for each applicable program. Additionally, the pre rulemaking EH, CAH and hybrid hospital eCQM's were published to the eCQI Resource Center mid-April to accompany the release of the proposed IPPS rule. The eCQI Resource Center has adopted new many filtering options to allow users to look for pre-rulemaking eCQM's or those that were previously published and finalized reporting in 2024. Next slide please.

This year, the annual update publication includes the publication of eligible hospital and critical access hospital, outpatient quality reporting and eligible clinician measures that have been developed for use in the 2024 reporting of CMS quality reporting programs. The hospital hybrid measures, quality measures that use both claims data and clinical data from electronic health records for calculating the measures are also posted to the eCQI Resource Center. There were also several pre-rulemaking measures published that are currently undergoing consideration or proposed for inclusion in a CMS reporting program for EH/CAH, OQR, hospital hybrid and eligible clinicians. Next slide please.

Important reference materials are posted on the eCQI Resource Center with the annual update publication, including the guide for reading eCQM's, the eCQM logic and implementation guidance, the tele-health guidance for eCQM's for eligible clinicians and technical release notes, which identify individual header, logic and value asset changes associated with each measure. The eCQI Resource Center also provides links to the eCQM value sets, direct reference codes and terminology. These value sets are available through the National Library of Medicine’s Value Set Authority Center or VSAC via the download tab from the eCQI Resource Center. Next slide, please.

Now I'll provide background and overview of the eCQM annual update or AU cycle that leads to this final publication. Next slide, please.

Every year, CMS updates eCQM specifications for CMS programs so the eCQM's remain relevant and actionable within the clinical care setting. Updates to eCQM's are made to align with current evidence or guideline changes, feedback from the field, evolving technical standards and the data model and logic expression language, coding and terminology updates and harmonization efforts. Next slide, please.

The diagram you're seeing now provides a high-level overview of the AU cycle that occurs annually between September and May. The shapes in light blue highlight areas where the public can engage in the AU process. Information gathering activities begin in the summer and generally conclude in the fall. Measure developers and stewards perform literature reviews including review of updated clinical guidelines as well as technical requirements and may meet with expert work groups or technical expert panels to propose changes in the next iteration of the measure. The change review process then takes place in early fall. At this time, measure developers and stewards publicly post proposed changes to each measure via the ONC Jira project tracking system, eCQM issue tracker to gather public feedback. In the winter, CMS reviews and approves measure changes at finalization meetings. In late winter, measure developers and stewards post draft versions of the proposed eCQM specifications for public comment. Finally, the new versions of the eCQM measure specifications are published on the eCQI Resource Center in spring, usually in early May, accompanied by updated value set encoding information published on the Value Set Authority Center. Next slide, please.

There are several ways the public can engage in the eCQM annual update process via the ONC Jira project tracking system eCQM issue tracker. Year round, implementers can submit eCQM-specific questions regarding measure logic or intent. In the fall, implementers can participate in the change review process or CRP by reviewing and commenting on proposed measure changes. In the winter, CMS invites vendors and other interested parties to review and comment on draft eCQM specifications. Next slide, please.

I'd like to wrap up by providing key links and resources based on the presentation today. I'll now pass the presentation to my colleague Mike Kerachsky to present on the eCQM known issues tracker.

>>Michael Kerachsky, Mathematica: Great, thank you Sera. Next slide, please.

So good afternoon, my name is Michael Kerachsky with Mathematica's eCQM team. Today I will present on the eCQM known issues tracker, specifically an overview meaning location, purpose and goals for the known issues tracker, as well as how to view issues both in the tracker as well as on the eCQI Resource Center. I'll then summarize three unknown issues specific to reporting period 2023 eligible hospital eCQM's that have been published since the last quality programs forum. Next slide, please.

The eCQM known issues tracker is the separate ONC Jira tracker, which is a forum to provide information on known eCQM implementation related or technical issues, for which a solution is under development, but has not yet been made available in the published eCQM specification. CMS approved known issues that could affect either implementation or measured calculation. The goal of the tracker is to reduce, implement or burden an improved transparency with reporters by identifying known issues to eCQM specifications. Next slide, please.

So how does one view known issues? This slide provides information on access, and you can view known issues from the ONC Jira tracker. To access the ONC Jira eCQM known issues tracker, you may either select the link on this slide or if working within ONC Jira, you would need to navigate to the top ribbon and select the projects drop down. Then view all projects and finally select eCQM known issues project. And from there you can select issues from the left hand pane as shown here on this slide. The default view displays all open issues or those that correspond to the current or future reporting periods sorted by EKI number or known issues number in descending order. Within each known issue, the type field located under each issue distinguishes between issues applicable to either eligible clinician or eligible hospital eCQM's. Next slide, please.

Known issues are also documented, including hyperlinked to the specific known issue in the notes column in the list of eligible clinicians and eligible hospital eCQM's located on the eCQI Resource Center. This ensures that when an interested party search and/or consider reporting on specific eCQM's, they are made aware of any possible implementation or technical issues corresponding to a given eCQM. Next slide.

Okay all three known issues we will do today are specific to reporting period 2023 eligible hospital eCQM's. First, there are two known issues specific to CMS871 version 2 hospital harm, severe hyperglycemia. This measure assesses the number of in-patient hospital days with a hyperglycemic event or the total qualifying in-patient hospital days for the encounter for patients 18 years of age or older at admission. As documented in EKI 18 here on the slide, CMS871 version two does not include additional logic that constrains the denominator exclusion to the specific qualifying encounter, which may cause subsequent encounters for the same patient to be erroneously excluded. If a patient has multiple admissions during the measurement period, then the results of that first denominator exclusion are carried forward to all subsequent in-patient hospitalization encounters for the patient. Now, this could lead to incorrect measure performance rates. And there is not currently a solution to this known issue for CMS871 version two. The measure steward has added additional timing constraint logic to the 2024 specification to correct this issue. Next slide, please.

So upon testing the previous known issue we just reviewed, the measure steward uncovered another issue where denominator exclusion cases were still processing as numerator cases to measure observation despite the timing constraint addition. Now, the HQMF standard stipulates how a ratio measure should be processed -- HQMF documents that numerator and denominator are standalone populations that are based on the same initial population or different initial populations if two are being evaluated in the measure. The issue impacting CMS 871 version two as documented in EKI-19 is that the CQM execution processing of a ratio measure does not align with how HQMF should be processed. The CQM execution engine process is a single initial population ratio measure like the proportion measure. Bonnie also uses CQM execution for calculation. This could lead to incorrect measure performance rates, and there is not currently a solution to this known issue for the 2023 implementation. The measure steward has added logic to the 2024 specification as a work around to remove denominator exclusion counters from the numerator and denominator populations as well as measure observations. Next slide, please.

Okay now for the final known issue. EKI 20 is specific to the 2023 reporting period of CMS 506 version five. This looks at the proportion of - this is safe use opioids concurrent prescribing, which looks at the proportion of in-patient hospitalization for patients age 18 years of age or older prescribed or continued on two or more opioids or opioid and benzodiazepine concurrently at discharge. So, this known issue indicates that there's an implementation issue specific to the denominator exclusion logic which contains repetitive logic statements specific to the inpatient encounter that can be interpreted in two different ways for each exclusion type. An example is cancer diagnosis. So, one way it can be interpreted is to exclude all patient encounters during the measurement period, even if only one encounter has a denominator exclusion, which is not consistent with the measure intent and may result in erroneous results. The second way to interpret this is evaluate each encounter independently for denominator exclusion and applied denominator exclusions only to the encounter in which they occur, which is consistent with the measure intents and aligns with the intent of encounter-based measures. So, depending on the interpretation by the implementer this may result in erroneous hospital performance rate. Note for this measure a lower score is indicative of higher quality care.

As indicated previously since the denominator exclusion logic refers to the initial population multiple times and the exclusion logic does not explicitly state the denominator exclusion, only implies the encounter in which it occurs. Some implementers have interpreted this as meaning an exclusion applies to all encounters the patient has in the reporting period. So again, implementers should evaluate each encounter independently for denominator exclusions. The solution for this known issue indicates that implementers again should evaluate each encounter independently and apply denominator exclusions only to the encounter in which they occur. This issue was corrected in the 2024 reporting period by removing the second reference to the initial population within each of the denominator exclusion clauses, thus referring to the initial population only once at the beginning of the exclusion logic clarifies an exclusion should only apply to the encounter in which it occurs.

And that's all I have. Next slide, please.

>>Darrick Hunter, CMS: Drew Morgan and Jess Warren will provide updates of the Medicare Promoting Interoperability Program. Thanks, Darrick. Next slide, please.

So I'm just going to go over, so Medicare Promoting Interoperability Program, the Hardship Exception application period is open. It opened on May 1. Participants of the program, eligible hospitals and critical access hospitals may be exempt from the downward payment adjustment if they can show that compliance with a requirement for being a meaningful EHR user would result in a significant hardship. Just for - just for stats for this year, we had 332 critical access hospitals that potentially could be receiving a payment adjustment. And then 360 for '22. So far, we've had 131 call hospitals come in to submit an application. And of that we have approved 124 of those. Same as with the eligible hospitals. So far to date, we've had 117 come in. And we have approved 108. Next slide, please.

The Hardship application period is now available. It is online. You can go in and submit your information online. The system is set up once you put in your CCN number, it will kick off the application process and you would - you would get a response within 24 hours of the final determination. Just to - some dates out here. For eligible hospitals, July 31 is the deadline to submit your application. And September 30 is for critical access hospitals. Back in May, the first and second week of May you should have received, if you are going to be on a payment adjustment list you would have received a letter from your Medicare Administrative Contractor or MAC outlining what you should do in order to file that Hardship. For more information, you can visit our Hardship Exception overview fact sheet on the CMS website. Next slide, please.

Reminder, just again applications must cycle in the following reasons: If you are using a decertified EHR technology or that your technology was de-certified and you had insufficient Internet connectivity. And extreme and uncontrollable circumstances that could be in the form of a natural disaster, hurricane, wildfires. And also it could be an issue with your vendor where you were unable to report. And also you have a lack of control of your certified EHR technology. If approved, the Hardship Exception is valid for only one payment adjustment year. And in order to - and participants must need to submit new applications for the following years. And just to note that there are no circumstances that an exception can be granted for more than five years. So, you get a total of five exceptions for the - for the program. Next slide, please. And I'll turn it over to Jessica.

>>Jennifer Seeman, ICF: Thank you. CMS is currently accepting proposals through our annual Call for Measures. Just a friendly reminder that this is an opportunity for eligible hospitals, critical access

hospitals, and other stakeholders to be involved in the future direction of the PI Program's reporting requirements. Next slide, please.

We request that submissions be considerate of our existing requirements to build on the advance use of search, promote health information exchange, improve efficiencies, further provide patients access to their health information and reduce administrative burden. If and where possible we do like to try and be considerate of the MIPS Promoting Interoperability performance category for eligible clinicians. So please keep that in mind as well. Next slide, please.

Our submission window closes on July 1 and here on this side we include information on how to submit your proposal. Next slide, please.

A few updates on calendar year 2023 changes for the PI program for hospitals. The Query of PDMP measure is now required and it includes schedule two opioids and schedule three and four drugs. The HIE objective offers a third reporting option and that is participating in TEFCA, so we have sending and receiving, bidirectional and TEFCA each to choose from. The public health and clinical data exchange objective requires that you submit your level of active engagement and we have consolidated and renamed the three previous options into two and those are option one, pre-production and validation.

And option two, the validated data production. For scoring, the HIE objective has reduced from 40 to 30 points. The provider to patient exchange has reduced from 40 to 25 points. Public health and clinical data exchange objective has increased from 10 to 25 points. And the e-prescribing objective has also increased from 10 to 20 points. In maintaining a lineup with the hospital IQR program, we've adopted the severe obstetric complications and caesarean births eCQM for voluntary reporting. And just keep in mind that beginning with 2023 we are now requiring a full year of eCQM data to be submitted as opposed to calendar year 2022 where that was three-quarters of data. Next slide, please.

To avoid a downward payment adjustment, eligible hospitals and causes must report on any continuous 90 days' worth of data, use 2015 additional Cures updated technology, earn a minimum score of 60 points, report on four self-selected eCQM's in addition to the safe use of opioids eCQM's. Again in 2023 it's for a full calendar year, complete the protect patient health information objective, the security risk analysis attestation and attest to whether or not you have completed the annual self-assessment on all 9 SAFER guides by choosing yes or no. And for any measure where there is a numerator and denominator, a numerator of zero is unacceptable. Next slide, please.

For more information, and a few resources for the 2015 Edition Cares Update criteria, we have listed this out for you. And please reach out if you need help accessing the hyperlinks. Next slide, please.

So we also have the link referencing the 2024 IPPS proposed rule, which has been officially released. Just to highlight, we have a couple of proposals included. That would be maintaining a 180-day EHR reporting period for 2025, which we have finalized already for 2024. Requiring a "yes" attestation for having completed the self-assessment of all nine SAFER guides. What we have currently is that you can attest yes, you have completed or no you have not completed, so we would like to move towards a yes. Adopting three new eCQM's in alignment with the hospital IQR program and these would be hospital harm pressure injury, hospital harm acute kidney injury and excessive radiation dose or inadequate image quality for a diagnostic CT.

This is everything for hospital promoting interoperability. Next up we have Vidya Sellappan, and she will provide updates to the Quality Payment Program. Vidya.

>>Vidya Sellappan, QPP: Thanks Jess. Hi, my name is Vidya Sellappan, and I will be sharing some of the updates on the Quality Payment Program. Next slide, please.

So we recently released the 2021 Quality Payment Program Experience Report. This report highlights data from participation and performance in QPP during the 2021 performance year. You can also access a public use file, which provides more data in details to help show the success and the challenges from 2021 and it's progress compared to 2020. The report and a high-level infographic can be found on the QPP resource library. Next slide, please.

We also wanted to remind clinicians that you can apply for a MIPS extreme and uncontrollable circumstance or EUC exception. Individual clinician groups, virtual groups and APM entities can apply for a MIPS EUC exception if you experience the extreme and uncontrollable circumstance out of your control. This might include natural disaster, ransomware attack or public health emergency that prevented you from collecting data for an extended period of time. You have until January 2, 2024 at 8:00 p.m. Eastern Standard Time to submit your application. To apply, you'll need to sign into QPP with your harp credentials and click exception application. Next slide, please.

And similar to the MIPS EUC exception, you can also submit a hardship exception for the promoting interoperability performance category. So individual clinicians groups and virtual groups reporting via traditional MIPS, MIPS value pathways or MVP's or APM performance pathways or APP can submit an application for reasons that might include insufficient Internet connectivity, decertified electronic health record technology, or CEHRT or if you lack control over the availability of certified EHR technology. Please note, that lacking 2015 addition CEHRT a loan does not qualify as a reason to submit an exception application. You also have until January 2, 2024 at 8:00 p.m.to submit your hardship application for promoting interoperability. To apply you'll need to again, sign into QPP with your harp credentials and click exception application. Next slide, please.

So finally we wanted to ensure that you were all aware that we recently archived certain web pages, resources, webinars and reports on the QPP web page from performance years 2017 through 2020. We did this to reduce the security risk of having - by having less data publicly available and to improve the QPP overall experience. At a quick glance, some of the following resources are no longer available: Performance year 2017 through 2020 QPP web pages, resources in the resource library and webinars from the webinar library, detailed performance feedback and submission information and detailed eligibility information including APM participant lists. And again, this information is available from 2021 onward, but from 2020 and before it will be archived. Next slide, please.

Now I'm going to turn it over to Brian Patterson. Brian.

>>Brian Patterson, CMS: Thanks. My name's Brian Patterson. I'm here for the Center for Medicare and Medicaid Innovation. I'll be giving some APM and related updates. Next slide.

The First Snapshot of the 2022 qualifying APM participant status and alternative payment model participation data will be available in the QPP Participation Status Tool in July, the first snap shot will include data from Medicare Part B plans with dates of service between January 1 and March 1, 2023. Data is used to determine QP status and update APM, participation of breach entity. To view your QPP

or APM participation status, you can visit the participation tool and enter your 10-digit national provider identifier. To learn more about how CMS determines QP and the APM participation status for each snap shot, visit the QPP website. Next slide.

I also have some new and updated resources that are available on the QPP resource library: the 2023 Learning Resources for QP Status and APM Incentive Payment zip file, the Performance Year 2023 APM Performance Pathway, the Comprehensive List of APM's and our 2023 Learning Resources for All Payer zip file. Next slide.

And those were all of the updates.

>>Darrick Hunter, CMS: Thank you, Brian. Thank you all for joining us today.

We will share the slides and recording from today's forum in the coming weeks. In the meantime, if you have any specific questions please email CMSqualityteam@ketchum.com. The next CMS quality program bimonthly forum is tentatively scheduled for August 2023.

The CMS will share more information on the next forum when it becomes available.

Have a great afternoon.