Navigating the Obstacles in eCQM Reporting for ACOs

This visual is derived from stakeholder interviews conducted by the Centers for Medicare and Medicaid Services (CMS) to identify the human experience of Accountable Care Organization (ACO) participants and other stakeholders. Its primary intent is to highlight the most prominent obstacles ACOs face as they race to report aggregate electronic Clinical Quality Measures (eCQMs) and Merit-based Incentive Payment System (MIPS) CQMs by 2025. CMS is working to address barriers and reduce the burden ACOs face when reporting clinical quality measures.

Outcomes: Switching to eCQMs aims to improve coordinated care outcomes, promote interoperability between EHR systems and track population health outcomes. To achieve these results, CMS, ACOs, and their vendors must work together to navigate the obstacles preventing this.

Resource Barrier: Variation in size and makeup across ACOs creates different reporting challenges. ACOs of all sizes face barriers such as costs to upgrade or consolidate EHR systems, costs to hire vendors to assist with reporting, or lack of enough staff or resources to support the reporting process.

Operational Barrier: Many ACOs feel the transition to eCQMs creates unnecessary burden that takes away the focus on patient care.

Operational Barrier: ACOs are concerned about the all-patient, all-payer requirement because it increases the number of patients ACOs account for in reporting, adding to the burden of reporting. ACOs are also concerned about patient privacy and the legality/ethics of sharing patient data across payers.

2025

FINISH

Operational Barrier: ACOs believe there is a large disparity between shared savings received by ACOs with quality scores within close margins of other quality scores.

Motivation Barrier: Many Health IT vendors are unmotivated to begin development of new features without the rule finalized. The burden of reporting passes to ACOs, since EHR vendors have not started development.

Resource Barrier: ACOs noted data aggregators and registry vendors are potential solutions to report eCQMs, however, these options come at a high cost and may not be able to be used universally by all ACOs as a result.

Operational Barrier: ACOs feel eCQMs are measuring how the EHR works and not quality of care. If information is not placed in the correct location or entered as a discrete data element, eCQMs may not accurately reflect actions performed.

Education Barrier: ACOs feel there are not enough published best practices to help them transition to eCQM reporting. They are turning to other ACOs and industry partners for assistance, but look to CMS to provide additional, detailed resources to guide them through the reporting process.

2022

START

Workflow Barrier: Many ACOs utilize multiple EHRs and are running into interoperability issues now that they are required to aggregate and deduplicate patient data at the ACO level.

Motivation Barrier: ACOs that are concerned about costs, understanding of requirements, and ROI may choose to wait and see what happens with eCQMs.

According to the 2022 MSSP Final Rule, an ACO must report the three (3) eCQM/MIPS CQMs during the 2025 and subsequent performance years.