February 2017 Issue

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Welcome!

This month's newsletter provides an overview of electronic clinical quality measures (eCQMs) and discusses the rulemaking process for quality measures. Every edition will include links to the latest CMS Blueprint, as well as a calendar of upcoming opportunities and events.

We hope you find this newsletter useful and we welcome any feedback or suggestions to make it even better.

Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

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Overview of Electronic Clinical Quality Measures

Electronic clinical quality measures (eCQMs), formerly known as eMeasures, are designed so the data needed to calculate the measure can be extracted from an electronic health record (EHR) or other clinical information system. eCQMs can promote greater consistency and improved uniformity in defining clinical concepts across measures along with increased comparability of performance results. The use of specific standards expressed in a machine-readable format is what makes eCQMs different from other types of measures. eCQMs use standards and tools to develop the measures. A complete list can be found, by the measure development phase, on the eCQM lifecycle page of the Electronic Clinical Quality Improvement Resource Center (eCQI).

One standard, used during the conceptualization and specification phases, is the Quality Data Model (QDM), an information model that defines relationships between patients and clinical concepts in a standardized format. It provides

- Language that electronically defines a clinical concept through its data elements,
- Vocabulary to relate clinical concepts to each other providing a method to construct complex clinical representations for eCQMs, and
- A foundation for the conceptualization and specification phases in the eCQM Measure Lifecycle.

Another key standard is the Health Quality Measure Format (HQMF), a standards-based representation of quality measures as electronic documents. It was developed by Health Level Seven International (HL7) and defines the information necessary to compute a quality measure and result value. An HQMF document is written in Extensible Markup Language (XML) and contains three main sections:

- Measure Details: defines the type and description of the quality measure that is encoded.
- Population Criteria: defines the attributes that describe the patient populations that are being tested by the quality measure.

- Data Criteria: defines the data attributes, time references, and value set codes that are used to describe the specific values or sets of values that are required by the patient populations being tested by the quality measure.

Through standardization of a measure's structure, metadata, definitions, and logic, the HQMF provides for quality measure consistency and unambiguous interpretation. HQMF is the underlying structured representation used by the Center for Medicare & Medicaid Services' (CMS) Measure Authoring Tool (MAT). The MAT is based on the QDM and has links to the Value Set Authority Center (VSAC) where measure developers can view existing values sets and create new ones. The HQMF, MAT and VSAC are all used during the specification and testing phases of measure development.

Using the QDM and VSAC in the MAT, the measure developer creates the measure specifications. The final result is the HQMF.The HQMF is what is used by the electronic health record or other health information technology to find the data to calculate the measure.

Another standard, used in eCQM reporting, is the HL7 Quality Reporting Document Architecture (QRDA), a standard document format for the exchange of eCQM data. The QRDA documents:

- Contain data extracted from electronic health records (EHRs) and other health information technology systems,
- Can be used to exchange eCQM data between systems, and
- Are the data submission standards for a variety of quality measurement and reporting initiatives.

CMS publishes QRDA Implementation Guides. These guides provide CMS-specific requirements for the Eligible Professionals/Eligible Clinicians and Eligible Hospitals.

More information about eCQMs and their standards can be found on the Electronic Clinical Quality Improvement (eCQI) Resource Center.

Measures Management Up Close

Each month, we will bring you an introspective look at a measures management topic.

The Quality Measures Rulemaking Process

The Federal rulemaking process, as applied by CMS to quality measures, is both simple and complex. According to the HHS Regulations Toolkit, it begins with defining the need for a rule, drafting a proposal for that rule and publishing it for comment, responding to comments with the final rule, and then publishing that final rule. Simple, but not without some degree of complexity.

First, the CMS program will establish the working definition of a rule. According to the Toolkit, rules are statements made by the government for one of two purposes:

- Carry out or explain law or policy, or
- Describe an agency's organization or procedures.

Although for quality measurement purposes rules are fairly discrete; generally, rules respond to one of the following:

- Legal or statutory mandates
- Agency-identified needs or problems
- Public petitions
- Federal stakeholders (e.g., an advisory committee, the Government Accountability Office)

The Administrative Procedure Act (APA) sets the rules for rulemaking by advising federal agencies how to (1) inform the public about how the agency is organized, its procedures, and its overall rules; (2) give the public a chance to participate in the rulemaking process; (3) set uniform rulemaking

standards that various agencies can follow; and (4) facilitate judicial regulatory review.

Section 3014 of the Affordable Care Act set the federal pre-rulemaking process specific to quality and efficiency measures used in certain Medicare programs. This is an important part of many programs, but is not required in the overall CMS rulemaking process. Pre-rulemaking includes priority planning, measure selection, implementation, and maintenance activities (see Figure), all done with support of the measure developers.

Rulemaking for Quality Measurement. Rulemaking affects both new and established measures undergoing maintenance—this includes review of their continued importance, as well as their fit with other measures in the larger measure set and in the program overall. For many programs, new measure rulemaking starts with the pre-rulemaking cycle and placement of a measure on the Measures Under Consideration (MUC) list. In compliance with ACA 3014, HHS posts the MUC list by December 1st annually. Once submitted, CMS gives stakeholder groups an opportunity to provide input on the selection of quality and efficiency measures. The National Quality Forum (NQF)—the consensus development entity under contract with HHS—convenes the Measure Applications Partnership (MAP) each December to review and comment on proposed measures from the MUC list.

The four MAP workgroups (i.e., Clinicians, Post-Acute Care/Long-Term Care, Hospitals, and Dual Eligible Beneficiaries) and the Coordinating Committee make program-specific recommendations to HHS by February 1st. The MAP recommendations for measures on the MUC list generally fall into one of three feedback categories:

- Support—add the program measure sets during the current rulemaking cycle.
- Do Not Support—do not add the measure.
- Conditionally Support—meet specific conditions before adding the measure.

During the next phase, CMS writes the proposed rule and publishes it in the Federal Register. The proposed rule is generally available for public comment for 60 days. During the public comment period, interested parties provide CMS with feedback to inform rulemaking.

Successful solicitation of public comments generally follows these 8 steps.

1. Prepare the Call for Public Comment
2. Notify relevant stakeholder organizations
3. Post the measures following COR approval
4. Collect information
5. Summarize comments and produce report
6. Send comments to the TEP for consideration
7. Finalize the Public Comment Report, including verbatim comments
8. Arrange for the final Public Comment Summary Report to be posted on the website

Ultimately, the Final Rule, when issued, will include a preamble, the rule, responses to the comments received, and any necessary additional documentation. The preamble defines the purpose of the measure, who it affects, and how it will influence care or outcomes of care.

Once published as a Final Rule and enacted, the measure(s) becomes part of the quality measurement ecosystem.

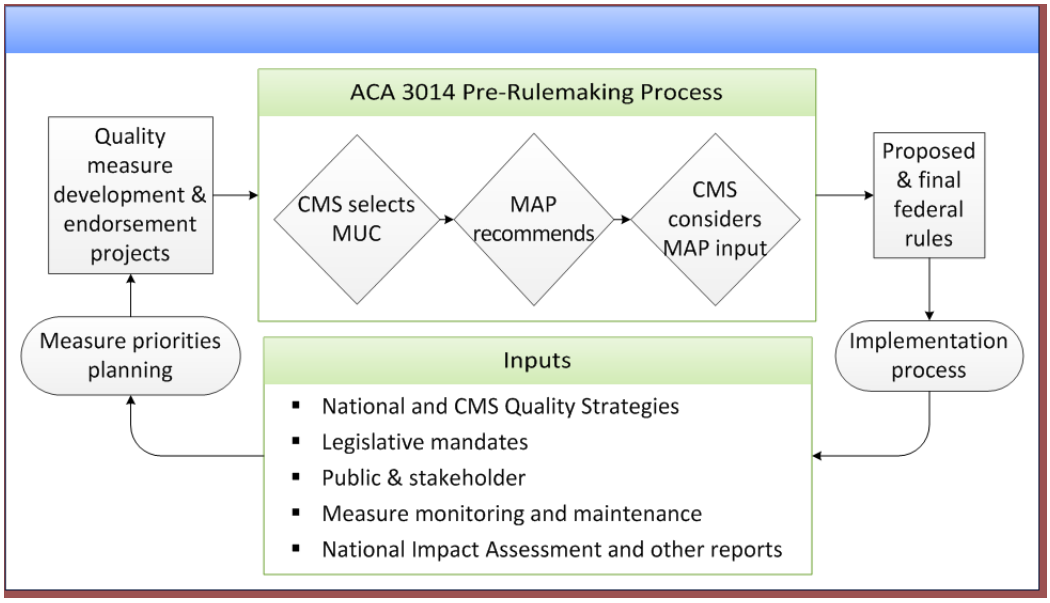

Figure: CMS Quality Measures Rulemaking Process

Upcoming Events

All times shown are Eastern Time zone

- OQR: Hospital OQR Program CY 2018 Chart-Abstracted Validation Overview for Selected Hospitals webinar on February 15, 2017 at 10:00 AM and 2:00 PM
  - Register for the event here
- Webinar on CMS' Annual MIPS Call for Measures and Activities on February 16, 2017 at 10:30 AM - 12:00 PM
  - Register for the event here
- IPFQR Program Manual and Paper Tools Review webinar on February 16, 2017 at 2:00 PM
  - Register for the event here
- ASC: The Ins and Outs of Measure Submission Via a Web-Based Tool webinar on February 22, 2017 at 2:00 PM
  - Register for the event here
- Hospital Inpatient Quality Reporting (IQR) Program Requirements for Fiscal Year (FY) 2019 Payment Determination webinar on February 22, 2017 at 2:00 PM
  - Register for the event here
- Looking Ahead: The IMPACT Act in 2017 Call on February 23, 2017 at 1:30 PM - 3:00 PM
  - Register for the event here
- PCHQR Program: Updates to Program Manual, Measure Information Forms, and Algorithms webinar on February 23, 2017 at 2:00 PM
  - Register for the event here
- Overview of the Hospital Value-Based Purchasing (VBP) Program Fiscal Year (FY) 2019 webinar on February 28, 2017 at 2:00 PM
  - Register for the event here

JIRA Updates for 2017

New for 2017: JIRA now has a field for "State of Development Details," where users can document the testing that has been done (for measures in field testing or fully developed) or is being planned (for measures in early development). Testing results and the types of facilities where the measure has been or will be tested are also requested. This will help in determining whether the candidate measure will be published on the MUC List.

Reminder for 2017: As with last year, anyone submitting a candidate measure for the MIPS program is required to complete and attach a Peer Reviewed Journal Article template, available on the CMS Pre-Rule Making website.

To get access to the JIRA MUC 2017 site: First, users must have an ONC JIRA account in place. Then, send an email to MMSSupport@battelle.org. Watch for the JIRA MUC 2017 User Guide, to be posted on the Pre-Rule Making website, for further information on how to request access to the separate 2017 MUC project website.

Upcoming Opportunities

Opportunities for Public Comment on quality measures

Currently there are no open public comments. Please check the CMS Quality Measures Public Comment Web Page for current Public Comment announcements and summary reports.

Opportunities to participate in a Technical Expert Panel (TEP)

- Hospital Quality Star Ratings on Hospital Compare
  - TEP nomination opened December 28, 2016, and will close on February 14, 2017.
- Development and Maintenance of Quality Measures for Inpatient Rehabilitation Facilities Quality Reporting Program (IRF QRP) and for Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
  - TEP nominations opened January 26, 2017, and will close on February 16, 2017.

Please check the CMS Quality Measures Call for TEP Web Page for current TEP membership lists and meeting summaries.

Opportunities to participate in the Call for Measures

- The Annual Call for Measures and Activities for the Merit-based Incentive Payment System (MIPS)

CMS is posting a fact sheet and hosting a webinar to walk stakeholders through the process for the Annual Call for Measures and Activities. This process allows organizations representing eligible clinicians, such as professional associations and medical societies, to identify and submit measures for consideration from the following categories:

- Measures for the Quality performance category
- Measures for the Advancing Care Information performance category
- Activities for the Improvement Activities performance category

All information and supplemental documents must be submitted by June 30, 2017. The final MIPS measures and activities for 2018 will be posted by November 1, 2017.

New to the listserv or miss a month? Find all of our announcements here.

Please send comments and suggestions to MMSSupport@battelle.org.