Hospital IQR Program Changes – FY 2018 (CY 2016)

Program Measures

Two factors for retention/removal of measures were added, as shown in Table 1.

**Table 1: Retention/Removal of Measure Factors**

<table>
<thead>
<tr>
<th>Measure Removal Factors</th>
<th>Measure Retention Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not feasible to implement the measure specifications.</td>
<td>Measure aligns with other CMS and Health and Human Services (HHS) policy goals.</td>
</tr>
</tbody>
</table>

Clinical Process Measures

Chart-Abstracted Submission

Beginning with January 1, 2016 and forward discharges, eligible facilities participating in the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program will no longer be required to submit data for nine previously required chart-abstracted measures because the measures have been removed (as provided in Table 2, below). However, six of the removed measures have been retained as electronic clinical quality measures, as denoted in Table 2 by an asterisk.

**Table 2: Removal of Chart-Abstracted Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Name</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>STK-01</td>
<td>Venous Thromboembolism (VTE) Prophylaxis</td>
<td>Topped Out</td>
</tr>
<tr>
<td>STK-06*</td>
<td>Discharged on Statin Medication</td>
<td>Topped Out</td>
</tr>
<tr>
<td>STK-08*</td>
<td>Stroke Education</td>
<td>Topped Out</td>
</tr>
<tr>
<td>VTE-1*</td>
<td>Venous Thromboembolism Prophylaxis</td>
<td>Topped Out</td>
</tr>
<tr>
<td>VTE-2*</td>
<td>Intensive Care Unit VTE Prophylaxis</td>
<td>Topped Out</td>
</tr>
<tr>
<td>VTE-3*</td>
<td>VTE Patients with Anticoagulation Overlap Therapy</td>
<td>Topped Out</td>
</tr>
<tr>
<td>IMM-1</td>
<td>Pneumococcal Immunization</td>
<td>Infeasibility to Implement</td>
</tr>
<tr>
<td>AMI-7a*</td>
<td>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>Does not result in better patient outcomes</td>
</tr>
<tr>
<td>SCIP-Inf-4</td>
<td>Cardiac Surgery Patients with Controlled Postoperative Blood Glucose</td>
<td>Leads to negative unintended consequences</td>
</tr>
</tbody>
</table>

*Retained as eCQM for the Hospital IQR Program FY 2018 payment determination*

For a complete list of Hospital IQR measures for CY 2016 [Fiscal Year (FY) 2018], including the 28 measures eligible for submission as electronically specified Clinical Quality Measures (eCQMs) (of which all hospitals must submit at least four as eCQMs), please reference the Fiscal Year 2018 (Calendar Year 2016) Measure Comparison Tables (direct link).
Population and Sampling

Hospitals will be required to submit population and sample size data only for those measures submitted as chart-abstracted under the Hospital IQR Program.

Mandatory Electronic Submission

Mandatory eCQM Reporting Requirements

For the FY 2018 payment determination, hospitals must submit data for at least four of the 28 Hospital IQR Program electronically specified clinical quality measures (eCQMs) that align with the Medicare EHR Incentive Program. Note: National Quality Strategy Domain distribution will not be required. In addition, any data submitted as an eCQM will not be posted on the Hospital Compare website at this time.

To meet the requirements, hospitals must:

- Select 4 of the 28 available eCQMs for CY 2016
  - Note: Hospitals must also chart-abstract required measures even if those measures are submitted as eCQMs.
- Report one quarter of eCQM data from Q3 or Q4 of CY 2016
- Report using either the 2014 or 2015 edition of Certified Electronic Health Record Technology (CEHRT)
- Submit through the QualityNet Secure Portal by February 28, 2017, regardless of the reporting quarter selected for submission
- Complete other remaining IQR Program requirements
  - Note: Submitting eCQMs only meets a portion of the IQR Program requirements and EHR Incentive Program requirements. Hospitals must also submit data for all required chart-abstracted, web-based, structural, and claims-based measures.

Extraordinary Circumstances Exemption for eCQMs

Effective starting with the FY 2018 payment determination, hospitals may utilize the existing Extraordinary Circumstances Exemption (ECE) form to request an exemption from the Hospital IQR Program’s electronic clinical quality measure reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting. Such hardships could include, but are not limited to, infrastructure challenges (hospitals must demonstrate that they are in an area without sufficient Internet access or face insurmountable barriers to obtaining infrastructure) or unforeseen circumstances, such as vendor issues outside of the hospital’s control (including a vendor product losing certification). In addition, hospitals newly participating in the Hospital IQR Program, that are required to begin data submission under Hospital IQR Program procedural requirements at 42 CFR 412.140(c)(1), which describes submission and validation of Hospital IQR Program data, may also be considered undergoing hardship and can apply for an exemption.
Public Reporting for eCQMs

For CY 2016/FY 2018 reporting, any data submitted as an eCQM will not be posted on the Hospital Compare website immediately following the submission deadline. Public Reporting of eCQM data will be addressed in the CY 2017/FY 2019 rule following the conclusion and assessment of the validation pilot.

Structural Measures

New Structural Measure

Beginning with FY 2018 (data entry period April 1, 2017 through May 15, 2017), hospitals will be required to submit data for an additional structural measure by answering the following questions:

- **Hospital Survey on Patient Safety Culture**
  - Does your facility administer a detailed assessment of patient safety culture using a standardized collection protocol and structured instrument?
  - What is the name of the survey that is administered?
  - How frequently is the survey administered?
  - Does your facility report survey results to a centralized location?

    (Optional response options include the following: National data repository; state-based data repository; health system repository; other; and do not report the data outside the facility.)

  - During the most recent assessment:
    - How many staff members were requested to complete the survey?
    - How many completed surveys were received?

Claims-Based Measures

New Claims-Based Measures

One new Cost Efficiency measure and two new Excess Days measures:

- THA/TKA Payment: Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

- AMI Excess Days: Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction

- HF Excess Days: Excess Days in Acute Care after Hospitalization for Heart Failure
Refinements to Claims-Based Measures

Measure refinements were made to the following existing measures:

- READM-30-PN: PN 30-Day Readmission Rate
- MORT-30-PN: PN 30-Day Mortality Rate

The pneumonia cohorts were expanded to include:

- Patients with a principal discharge diagnosis of pneumonia (the current reported cohort)
- Patients with a principal discharge diagnosis of aspiration pneumonia
- Patients with a principal discharge diagnosis of sepsis (excluding severe sepsis) with a secondary diagnosis of pneumonia coded as present on admission (POA)

Not including patients with the most severe illnesses:

- Principal discharge diagnosis of respiratory failure with a secondary diagnosis of pneumonia POA
- Principal discharge diagnosis of sepsis (including septic shock) with a secondary diagnosis of pneumonia POA

Validation

The quarters included in FY 2018 validation are Q3 2015, Q4 2015, Q1 2016, and Q2 2016.

Clinical Process of Care Measures

Chart-Abstracted Measures

The chart-abstracted measure validation processes will be applied only to measures that are required under the Hospital IQR Program in a chart-abstracted form.

Immunization Validation Stratum

The separate Immunization Measure Validation stratum was removed, and the Influenza Immunization (IMM) Measure was moved to the Clinical Process of Care Measure Validation stratum.

Re-Weighting of Combined Clinical and HAI Validation Scores

With the removal of the Immunization Measure Validation stratum and the moving of the Influenza Immunization Measure to the Clinical Process of Care Measure Validation stratum, the topic areas for validation were reweighed as follows:

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare-Associated Infection (HAI)</td>
<td>66.7%</td>
</tr>
<tr>
<td>Other/Clinical Process of Care (Emergency Department [ED], IMM, Stroke [STK], VTE, Sepsis)</td>
<td>33.3%</td>
</tr>
</tbody>
</table>