



## 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**

Measure Removal Factors	Measure Retention Factors
It is not feasible to implement the measure specifications.	Measure aligns with other CMS and Health and Human Services (HHS) policy goals.

### 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. The nine removed measures are shown in Table 2, below. However, six of the removed measures have been retained as electronic Clinical Quality Measures (eCQMs); these are denoted in Table 2 by an asterisk.

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

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

\*Retained as eCQM for the Hospital IQR Program Fiscal Year (FY) 2018 payment determination

The complete list of Hospital IQR measures for Calendar Year (CY) 2016 (FY 2018) includes the 28 measures eligible for submission as eCQMs. All hospitals must submit at least four of these measures as eCQMs. Please reference the [Fiscal Year 2018 \(Calendar Year 2016\) Measure Comparison Tables](#) (direct link).

## Hospital IQR Program Changes – FY 2018 (CY 2016)

### 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 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 four 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 March 13, 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 Extension/Exemption (ECE) form to request an exemption from the Hospital IQR Program's electronic Clinical Quality Measure reporting requirement. This exemption for the applicable program year must be based on hardships preventing hospitals from electronically reporting. Such hardships could include, but are not limited to, infrastructure challenges or unforeseen circumstances. For infrastructure challenges, hospitals must demonstrate that they are in an area without sufficient Internet access or face insurmountable barriers to obtaining infrastructure. Unforeseen circumstances could be problems, such as vendor issues outside of the hospital's control, including a vendor product losing certification. Also, hospitals may also be considered undergoing hardship and can apply for an exemption, if they are newly participating in the Hospital IQR Program; these hospitals 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.

## Hospital IQR Program Changes – FY 2018 (CY 2016)

### 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. Public reporting of eCQM data will be addressed in future rulemaking.

### Structural Measures

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#### 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 Hospital Survey on Patient Safety Culture questions:

- 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

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#### 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**

## Hospital IQR Program Changes – FY 2018 (CY 2016)

### 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 3: Finalized Weighting for Confidence Interval Calculation**

Topic Area	
Healthcare-Associated Infection (HAI)	66.7%
Other/Clinical Process of Care (Emergency Department [ED], IMM, Stroke [STK], VTE, Sepsis)	33.3%