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Troubleshooting Audio

Audio from computer speakers breaking up?
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F5 Key
Top Row of Keyboard

Refresh
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today’s Presentation
Measure Collaboration Workspace Webinar Series: eCQI Resource Center, Hybrid Measure, Measure Collaboration Workspace, and the CMS Measures Inventory Tool

Artrina Sturges, EdD
Alignment of Electronic Clinical Quality Measures (eCQMs) Lead Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

July 15, 2020
Purpose

This presentation, the first of three Measure Collaboration Workspace Series sessions, highlights the tools supporting the electronic clinical quality improvement activities for Eligible Hospitals, Critical Access Hospitals, Eligible Professionals, and Eligible Clinicians reporting eCQMs for CMS quality programs.
Objectives

Participants will be able to:

• Describe Electronic Clinical Quality Improvement (eCQI) Resource Center resources available for the 2021 performance and reporting period, hybrid measure, and pre-rulemaking measures.

• Understand and use the Measure Collaboration Workspace electronic clinical quality measure (eCQM) Concepts module.

• Use the CMS Measures Inventory Tool (CMIT) to search for measure concepts and conduct environmental scans.
Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published at a later date.

Note: As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the QualityNet Inpatient Questions and Answers tool, at QualityNet Q&A Tool. Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers tool, at QualityNet Q&A Tool. If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.
Presenters

- Debbie Krauss, MS, RN, Nurse, Center for Clinical Standards and Quality (CCSQ), CMS
- Edna Boone, MS, eCQI Resource Center Coordinator, Battelle
- Katrina Hoadley, MS, RN, Nurse, CCSQ, CMS
- Bridget Blake, BS, Principal Systems Engineer, MITRE
- Rose Almonte, MS, RN, Principal Clinical Informatics, MITRE
- Mary Sheehan, MPH, MMS Inventory Lead, Battelle
- Marissa White, MPH, MMS Inventory Team, Battelle
- Nina Heggs, CMS Inventory Lead
eCQM Strategy Project Background
eCQM Strategy Project Background

**eCQM Strategy Project Goals**
- Reduce Burden
- Increase Value
- Increase Stakeholder Involvement

**Problem Statement**
- Providers participating in CMS quality and value-based purchasing programs have shared challenges they experience related to the complexity and high burden of eCQM implementation, data capture, and reporting.

**Project Scope**
- **Measure Development** process from concept to the Measures Under Consideration (MUC) list
- **Electronic Clinical Quality Reporting** requirements and processes from eCQM implementation to submission
- **Tools for Development and Reporting**
eCQM Strategy Recommendations
Edna Boone, MS, eCQI Resource Center Coordinator, Battelle

eCQI Resource Center
eCQI Resource Center

• The Electronic Clinical Quality Improvement (eCQI) Resource Center serves as a one-stop shop for the most current information to support eCQI.

• This website has the most current news, events, and resources related to eCQM tools and standards.

• The center is a place to coordinate people and activities around eCQI.
New Resources

• eCQM Telehealth Guidance for Eligible Professionals and Eligible Clinicians
  o 2020 reporting/performance
  o 2021 reporting/performance

• The eCQI Resource Center [Hybrid Measures page](#) houses the most current hybrid measures and key resources for their implementation.
eCQI Resource Center

Demonstration:

- Updated format of the eCQM pages
- eCQM Annual Update for 2021 Reporting/Performance Periods
- Telehealth Guidance for 2020 and 2021 Reporting/Performance Periods
- Hybrid measure page
- Contact Us
Introduction to Hybrid Measures

• A hybrid measure uses both claims data and core clinical data elements (CCDE) from the electronic health records (EHR) for measure calculation.

• Core clinical data elements:
  o Are intended to reflect a patient’s clinical status when the patient first presents to an acute care hospital for treatment.
  o Are routinely and consistently captured in most adult inpatient records and can be electronically extracted from hospital EHRs.

• To calculate the hybrid measure, administrative data from the EHR (linking variables) are needed to link the CCDE to the claims data.
Overview of the Hybrid Hospital-Wide Readmission (HWR) Measure

• The Hybrid HWR measure is an all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.

• The measure includes the following:
  o Medicare fee-for-service beneficiaries
  o Patients ages 65 years or older
  o Patients discharged alive from non-federal acute care hospitals
  o Patients not transferred to another acute care facility.

• Measure methodology aligns with the claims-based HWR measure currently used in the Hospital Inpatient Quality Reporting (IQR) Program, with the difference that the hybrid measure uses CCDE as part of the risk adjustment.
List of CCDE and Linking Variables

For the Hybrid HWR measure, hospitals need to submit 13 CCDE and six linking variables.

<table>
<thead>
<tr>
<th>6 Vital Signs</th>
<th>7 Laboratory Test Results</th>
<th>6 Linking Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart rate</td>
<td>Hematocrit</td>
<td>CMS Certification Number (CCN)</td>
</tr>
<tr>
<td>Respiratory rate</td>
<td>White blood cell count</td>
<td>Health insurance claim number (HICN) or Medicare Beneficiary Identifier (MBI)</td>
</tr>
<tr>
<td>Temperature</td>
<td>Sodium</td>
<td>Date of birth (DOB)</td>
</tr>
<tr>
<td>Systolic blood pressure</td>
<td>Potassium</td>
<td>Sex</td>
</tr>
<tr>
<td>Oxygen saturation</td>
<td>Bicarbonate</td>
<td>Admission Date</td>
</tr>
<tr>
<td>Weight</td>
<td>Creatinine</td>
<td>Discharge Date</td>
</tr>
<tr>
<td>-</td>
<td>Glucose</td>
<td>-</td>
</tr>
</tbody>
</table>
Overview of the Hybrid HWR Measure

The Fiscal Year (FY) 2020 inpatient prospective payment system (IPPS) rule finalized the following:

- Voluntary reporting in CY 2023
  - Hospitalizations between July 2021 and June 2022
- Voluntary reporting in CY 2024
  - Hospitalizations between July 2022 and June 2023
- Subsequent mandatory reporting under the Hospital IQR Program starting in 2025 (FY 2026 payment determination)
  - Beginning with hospitalizations between July 2023 and June 2024
- Removal of the claims-based HWR measure from the Hospital IQR Program beginning with CY 2024/FY 2026 payment determination to align with the start of mandatory reporting of the Hybrid HWR measure
Measure Collaboration Workspace
Measure Collaboration (MC) Workspace

- Hosted on the eCQI Resource Center (https://ecqi.healthit.gov/)
- Contains a set of interconnected resources, tools, and processes for eCQMs
- Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful eCQMs
- Provides access to the eCQM Data Element Repository, an online, searchable tool that provides all the data elements associated with eCQMs used in CMS Quality Reporting Programs
How to Access the MC Workspace
Overview of the MC Workspace

Links to Measure Concept Resources
Meaningful Measures Areas
CMS Measures Inventory Tool (CMIT)
Measures Under Consideration (MUC) List

Propose new measure concepts
Assess alignment with Meaningful Measures Areas
Check the CMS Measures Inventory for similar measures

Measure Collaboration Workspace

eCQM CONCEPTS
- Access eCQM data elements
- Find value sets
- Access use cases related to a data element(s)
- See data element test results
- Comment on a data element(s) for measures under development

eCQM DATA ELEMENT REPOSITORY
- Access the shared development workspace
- Search measure workflow documentation
- Provide comments on evolving eCQMs

NEW eCQM CLINICAL WORKFLOW
- Access test results
- See all important test attributes
- Participate in measure testing activities

eCQM TEST RESULTS

https://ecqi.healthit.gov/mcworkspace
MC Workspace eCQM Concepts Module
eCQM Concepts

• Submit measure concept ideas for feedback from the eCQI Resource Center user community
• Submit measure concept ideas to CMS for review
• Search submitted concepts and share your feedback
• Access resources to research existing measures in progress
eCQM Concepts Landing Page

Measure Collaboration (MC) Workspace

Electronic Clinical Quality Measure (eCQM) Concepts

The Electronic Clinical Quality Measures (eCQM) Concept module gives users the ability to comment on concepts under development or submit new measure concepts, align new measures with Meaningful Measures criteria, and identify whether similar measures exist. Feedback can help guide the measure developer to refine the concept and purpose behind a new measure to better suit the needs of the quality measurement reporting community. Browse eCQM Concepts that have been submitted and share comments to help inform the measure development process.

How to Comment on or Propose an eCQM Concept

If you have a measure concept in mind or want to comment on an existing concept, follow these simple steps to propose your idea:

1. Search the [CMS Measures Inventory Tool](#), to see if your proposed measure concept is in progress.
2. Search the [Measure Collaboration Workspace Proposed Concepts Library](#) for your measure concept. If it exists, submit your comments supporting the concept for consideration by the measure developer.
3. If your proposed measure concept does not exist, click on [Propose an eCQM Concept](#) to submit basic information about your concept. This information will be routed to CMS measure developers for consideration.

Propose an eCQM Concept

Create an eCQI Resource Center account to Propose an eCQM Concept.

Create new account

Already have an eCQI RC account? Sign in
eCQM Concepts Demo

https://ecqi.healthit.gov/mc-workspace-2/ecqm-concepts

• Access eCQM Concepts module
• Search existing eCQM Concepts
• Comment on an existing eCQM Concept
• Submit a new eCQM Concept
We Welcome Feedback

- The eCQI Resource Center and Measure Collaboration Workspace are constantly improving to better meet the needs of users.
- Please send any news, events, content, questions or suggestions to ecqi-resource-center@hhs.gov or visit the Contact Us page at https://ecqi.healthit.gov/contact.
CMS Measures Inventory Tool (CMIT)
CMS Measures Inventory Tool (CMIT)

- Host site for the CMS Quality Measures Inventory
- Agency-level repository of record for information about the measures CMS uses to promote healthcare quality and quality improvement
Purpose of CMIT

- Provide stakeholders access to information about quality measures
- Promote transparency
- Coordinate quality improvement efforts
- Enable public participation in quality measurement
- Assist in management of the CMS Quality Measure Portfolio
  - Foster measure harmonization and alignment
  - Identify redundancies
  - Identify measurement gaps
CMIT Data

The CMS Quality Measures Inventory consists of the following:

- Measures in CMS programs that are subject to the federal rulemaking process and have been proposed, finalized, implemented, or removed
- Measures under Development (MUDs) and Measures under Consideration (MUCs) for the above programs
- Measures used in programs and initiatives that are not subject to the federal rulemaking process, including measures that may be a part of CMS models or initiatives

Data sources include Federal Rules, measure specification manuals, CMS Program and Measure Leads

All measure information is validated by CMS Program and Measure Leads

Data are updated three times a year and the system is moving toward more real-time updates
CMIT Features

- Measure results and measure program results
- Search, filter, and sort measures inventory
- Measure information, including measure specifications, Meaningful Measure Area, Healthcare Priority, National Quality Forum (NQF) ID, endorsement status, etc.
- Export and print results
- Summary of measures by program and status
- Measure comparison
- Environmental scan
CMIT Demo

https://cmit.cms.gov
Measures Management System (MMS)

- Standardized system for developing and maintaining the quality measures used in CMS programs and initiatives
- Includes resources for measure developers and opportunities for stakeholders
- Highlights:
  - MMS Newsletter
  - Information Sessions
  - CMS Measures Management System Blueprint (Blueprint v15.0)
Questions or Comments?
Engage and Get Help

• Use the eCQI Resource Center
  o https://ecqi.healthit.gov
• Share feedback on the Measure Collaboration Workspace
  o https://ecqi.healthit.gov/mc-workspace
• Explore the CMS Measures Inventory Tool
  o https://cmit.cms.gov
• Engage with the eCQI community
  o https://ecqi.healthit.gov/engage-ecqi
• Learn about eCQM communication resources
  o https://ecqi.healthit.gov/sites/default/files/eCQMCommunication%20Resources-2020-508.pdf
• Reach out for help
  o https://ecqi.healthit.gov/contact
• ONC Project Issue Tracking System (Jira)
  o https://oncprojecttracking.healthit.gov
Contact Information

Electronic Clinical Quality Improvement (eCQI) Resource Center and Measure Collaboration (MC) Workspace
ecqi-resource-center@hhs.gov

CMS Measures Inventory Tool (CMIT)
MMSSupport@battelle.org
Measure Collaboration Workspace Webinar Series: eCQI Resource Center, Hybrid Measure, Measure Collaboration Workspace, and the CMS Measures Inventory Tool

Question & Answer Session
Continuing Education (CE) Approval

This program has been approved for **CE credit** for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)

- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.
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Appendix – eCQI Resource Center Demonstration Screen Shots
eCQI Resource Center
https://ecqi.healthit.gov

Updated eCQMs and Implementation Resources for 2021 Reporting Now Available

- Eligible Professional/Clinician
- Eligible Hospital/CAH

Electronic Clinical Quality Improvement (eCQI) Resource Center - The one-stop shop for the most current resources to support electronic clinical quality improvement.

Featured Resources
Electronic clinical quality measures (eCQMs) use data electronically extracted from electronic health records (EHRs) and/or health information technology systems to measure the quality of health care provided. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality reporting and value-based purchasing programs. Review eCQM Basics (PDF) and visit the Education tab.

There are several benefits of using eCQMs:
- eCQMs use detailed clinical data to assess the outcomes of treatment by healthcare providers and organizations
- eCQMs reduce the burden of manual abstraction and reporting for provider organizations and clinicians
- eCQMs foster the goal of access to real-time data for bedside quality improvement and clinical decision support

Hospitals, professionals, and clinicians use eCQMs to provide feedback on their care systems and to help them identify opportunities for clinical quality improvement. eCQMs are also used in reporting to CMS, The Joint Commission, and commercial insurance payers in programs that reimburse providers based on quality reporting.

Find eCQMs:

Eligible hospital (EH) and critical access hospital (CAH) eCQMs and supporting materials are on the eligible hospital/critical access hospital page of this website.

Eligible professional (EP) and eligible clinician eCQMs and supporting materials are on the eligible professional/eligible clinician page of this website.

Explore Measure Collaboration (MC) Workspace:
Eligible Professional/Eligible Clinician eCQM Page - Implementation Resources

https://ecqi.healthit.gov/ep-ec
Eligible Professional/Eligible Clinician eCQM page - eCQM Table

https://ecqi.healthit.gov/ep-ec

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS eCQM ID</th>
<th>Quality Domain</th>
<th>NQF ID</th>
<th>MIPS Quality ID</th>
<th>Meaningful Measure Area</th>
<th>Telehealth Eligible</th>
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<tbody>
<tr>
<td>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
<td>CMS161v8</td>
<td>Effective Clinical Care</td>
<td>0104e</td>
<td>107</td>
<td>Prevention, Treatment, and Management of Mental Health</td>
<td>Yes</td>
</tr>
<tr>
<td>Anti-depressant Medication Management</td>
<td>CMS128v8</td>
<td>Effective Clinical Care</td>
<td>Not Applicable</td>
<td>009</td>
<td>Prevention, Treatment, and Management of Mental Health</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Each year, CMS updates the eCQMs for potential use in CMS quality reporting programs and publishes them on the eCQI Resource Center. CMS updates the specifications to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting. CMS requires the use of most current version of the eCQMs for the applicable performance/reporting periods for all quality reporting programs.

Performance period for eligible clinicians is defined as the measure data capture period of the calendar year between January 1 and December 31. The updated eCQMs are to be used by eligible clinicians and eligible professionals to electronically report 2021 clinical quality measures data for CMS quality reporting programs. Measures will not be eligible for 2021 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

CMS has updated eCQMs for potential inclusion in these programs:
- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- APM: Comprehensive Primary Care Plus (CPC+)
- APM: Primary Care First (PCF)
- Medicaid Promoting Interoperability Program for Eligible Professionals

**eCQM Implementation Checklist**

Use the eCQM Resources and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.
Pre-rulemaking Eligible Professional/Eligible Clinician eCQMs

https://ecqi.healthit.gov/pre-rulemaking-ep-ec-ecqms

Pre-rulemaking Eligible Professional/Eligible Clinician eCQMs

Receive updates on this topic

CMS pre-rulemaking electronic clinical quality measures (eCQMs) are developed, but specifications are not finalized for use in a CMS quality reporting program. These measures will not be eligible for CMS quality reporting until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Feedback on technical aspects of these eCQMs should be submitted to the ONC Project Tracking System [Jira] eCQM Issue Tracker.

Feedback on the potential use of these eCQMs in CMS quality programs is to be submitted during formal CMS public comment periods associated with the relevant proposed rules.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS eCQM ID</th>
<th>NOFID</th>
<th>Meaningful Measure Area</th>
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<tbody>
<tr>
<td>Intravesical Bacillus-Calmette-Guerin for nonmuscle invasive bladder cancer</td>
<td>CMS646v1</td>
<td>Not Applicable</td>
<td>Appropriate Use of Healthcare</td>
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<tr>
<td>Potential Opioid Overuse</td>
<td>CMS460v2</td>
<td>Not Applicable</td>
<td>Prevention and Treatment of Opioid and Substance Use Disorders</td>
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</table>

<table>
<thead>
<tr>
<th>eCQM Implementation Resources</th>
<th>Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>eCQM Value Sets Pre-Rulemaking</td>
<td>May 2020</td>
</tr>
</tbody>
</table>
Eligible Hospital / Critical Access Hospital eCQMs

https://ecqi.healthit.gov/eh-cah

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### Eligible Hospital / Critical Access Hospital eCQMs

**Select Reporting Period:** 2021

- **eCQI Resources**
- **EH/CAH eCQMs**
- **About**
- **Hybrid Measures**

Hybrid measures are quality measures that merge electronic health record data elements with claims data to calculate measure results. Currently, the Hybrid Hospitalwide Readmission (HWR) measure is the only hybrid measure adopted for use in a program.

The electronic specifications for the Hybrid Hospitalwide Readmission (HWR) measure are updated for the voluntary reporting period from July 1, 2021 through June 30, 2022 for the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals that submit data for this measure during the voluntary reporting period would receive confidential hospital-specific reports that detail submission results from the reporting period, as well as the Hybrid HWR measure results. Data will not be publicly reported during the voluntary reporting period. CMS will begin the public reporting of the Hybrid HWR measure results beginning with data collected from the July 1, 2023 through June 30, 2024 reporting period.

Each year, CMS makes updates to the Hybrid HWR measure adopted for reporting in the Hospital Inpatient Quality Reporting (IQR) program. Hybrid measures require updates to the electronic specifications, posted below, and to claims-based specifications, available on QualityNet. CMS requires the use of updated electronic specifications for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting data for the Hybrid HWR measure to the Hospital IQR program requires that a hospital or electronic health record vendor use the most current version of the electronic measure specifications (identified below) for the applicable reporting period.

Use the Hybrid HWR Measure Materials and follow the eCQI Implementation Checklist to update your electronic health record and processes for Hybrid measure use and reporting.

2021 Reporting Period Eligible Hospital / Critical Access Hospitals

This is a voluntary hybrid measure and does not count toward eCQI submission.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CMS eCQI ID</th>
<th>NOF ID</th>
<th>Meaningful Measure Area</th>
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<tbody>
<tr>
<td>Core Clinical Data Elements for the Hybrid Hospitalwide Readmission (HWR) Measure with Claims and Electronic Health Record Data</td>
<td>CMS527V1</td>
<td>2879e</td>
<td>Admissions and Readmissions to Hospitals</td>
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</table>

2021 Reporting Period Eligible Hospitals / Critical Access Hospitals

<table>
<thead>
<tr>
<th>For Use</th>
<th>Implementation Resources</th>
<th>Published</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 01-04</td>
<td>Implementation Checklist eCQI Annual Update</td>
<td></td>
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</tbody>
</table>
Measure Collaboration Workspace Webinar Series:
eCQI Resource Center, Hybrid Measure, Measure Collaboration Workspace, and the CMS Measures Inventory Tool

Appendix – eCQM Concepts Module Screen Shots
eCQM Concepts Search and Featured Research Resources

**Proposed eCQM Concepts® Library**

<table>
<thead>
<tr>
<th>Search</th>
<th>Select a Clinical Setting</th>
<th>Sort by</th>
<th>Order</th>
<th>Order</th>
<th>Apply</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- Any -</td>
<td>Title</td>
<td>Asc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HH-01 Hospital Harm - Severe Hypoglycemia
meggieohnes • Last Updated: 4/21/2020
41 Views | 0 Comments | 0 Subscribers | Published

HH-02 Hospital Harm - Severe Hyperglycemia
meggieohnes • Last Updated: 4/21/2020
22 Views | 0 Comments | 0 Subscribers | Published

**Featured Research Resources**
Browse these featured external sites to identify whether a similar measure concept exists or to get more information about CMS measures.

- CMS CMIT
  Measure Inventory Tool
- CMS MUC
  Measures Under Consideration
- CMS MMU
  Meaningful Measures Hub

See more eCQI Tools & Key Resources
HH-01 Hospital Harm - Severe Hypoglycemia

Not in a Group • mapplohnes • Published • Last Updated: 4/21/2020

41 Views 0 Comments 0 Subscribers

Description
This measure assesses the proportion of encounters of patients 18 years of age or older at admission, who were administered at least one hypoglycemic medication during the encounter, who suffer the harm of a severe hypoglycemic event during the encounter. Harm (numerator) is defined as a laboratory or point-of-care (POC) test for blood glucose with a result less than 40 mg/dL, where the hypoglycemic medication was given within the 24 hours prior to the start of the low blood glucose event (and administered during the encounter). Only one severe hypoglycemic event is counted per encounter.

Initial Population
All encounters when the patient is 18 years of age or older at the start of the encounter, and at least one hypoglycemic medication was administered during the encounter. Measure includes instances of administration of hypoglycemic medications in the emergency department or in observation status at the start of an inpatient admission when assessing inclusion of encounters in the measure denominator.

Measure Population
Denominator: Equals Initial Population

Numerator:
eCQM Concept – Add New Comment

Meaningful Measure Areas
Preventable Healthcare Harm

Keywords
harm, hypoglycemia

Measure Documents
 specifications for HH01-Severe Hypoglycemia (ZIP)

Add new comment

Comment *

About text formats

Save  Preview
Create eCQM Concept

Description *
Rationale *
Concept Population
Meaningful Measure Area
Keywords

Provide a brief description of the clinical focus area, target population, and relevant background information.

Care Setting * - Select a value -
Select the care setting that is most relevant to this clinical focus area.
Appendix – Acronyms
# Acronyms

<table>
<thead>
<tr>
<th>AUS</th>
<th>Annual Updates and Specifications</th>
<th>HSR</th>
<th>Hospital-Specific Report</th>
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<tbody>
<tr>
<td>CCDE</td>
<td>core clinical data element</td>
<td>HWR</td>
<td>Hospital-Wide Readmission</td>
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<td>IPPS</td>
<td>inpatient prospective payment system</td>
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<td>CCSQ</td>
<td>Center for Clinical Standards and Quality</td>
<td>IQR</td>
<td>Inpatient Quality Reporting</td>
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<td>CE</td>
<td>continuing education</td>
<td>MAT</td>
<td>Measure Authoring Tool</td>
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<tr>
<td>CMIT</td>
<td>CMS Measures Inventory Tool</td>
<td>MBI</td>
<td>Medicare Beneficiary Identifier</td>
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<td>Centers for Medicare &amp; Medicaid Services</td>
<td>MC</td>
<td>Measure Collaboration</td>
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<td>electronic health record</td>
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<td>National Quality Forum</td>
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<td>Q&amp;A</td>
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<td>QRDA</td>
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<td>VIQR</td>
<td>Value, Incentives, and Quality Reporting</td>
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