



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

### Measure Collaboration Workspace Webinar Series – Session 1: eCQI Resource Center, Hybrid Measure, Measure Collaboration Workspace, and the CMS Measures Inventory Tool

#### Transcript

#### Speakers

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Artrina Sturges: Thank you, Matt, and good afternoon everyone. My name is Artrina Sturges, and I'm your host for today's event. We have a few announcements for you. This presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the [QualityReportingCenter.com](https://QualityReportingCenter.com) website, and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, was distributed yesterday. If you did not receive the email, the slides are available for download on our inpatient website, again [QualityReportingCenter.com](https://QualityReportingCenter.com).

Today's presentation is the first of three in the Measure Collaboration Workspace series which highlights the tools supporting electronic clinical quality improvement activities for Eligible Hospitals, Critical Access Hospitals (CAHs), Eligible Professionals, and eligible clinicians reporting eCQM for CMS quality programs.

Our intent after today's webinar is that you will be able to describe the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) materials available for the 2021 performance and reporting period, hybrid measure, and pre-rulemaking measures. We'd also like for you to be able to understand and use the Measure Collaboration Workspace electronic clinical quality measure (eCQM) Concepts module and use the CMS Measures Inventory Tool to search for measure concepts and conduct environmental scans.

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webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the *QualityNet* Q&A tool. You can access the Q&A tool using the link on this slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the Q&A tool, which, again, you can access using the link on this slide.

We have a number of presenters that have joined us for today's call. Debbie Kraus is a nurse for the Center for Clinical Standards and Quality (CCSQ) with CMS. Edna Boone is the eCQI Resource Center Coordinator, Battelle. Katrina Hoadley is a nurse for CCSQ with CMS. Bridget Blake is a Principal Systems Engineer with MITRE. Rose Almonte is a Principal Clinical Informatics with MITRE. Mary Sheehan is an MMS Inventory Lead with Battelle. Marissa White is with the MMS Inventory Team with Battelle. Nina Heggs is the CMS Inventory Lead.

At this time, Debbie Krauss will join us to present information on the eCQM Strategy Project background. Debbie, the floor is yours.

**Debbie Krauss:** Thanks, Artrina. Next slide, please.

Hi, everybody. Welcome to today's webinar. To start off, I'd like to give you a little background on where all of this information came from. Basically, the start was a result of the eCQM Strategy Project. The background for that project is basically our administrator Seema Verma, as well as the CMS leadership, have heard from you all, the stakeholders, over the last few years about the burdens of reporting electronic clinical quality measures. So, the eCQM project started in an effort to reduce burden and to increase the value that you feel going through the reporting process of these eCQMs and to increase stakeholder involvement, giving us feedback for all things related to eCQM so we could meet your needs better and reduce burden. We found that providers participating in CMS quality and value-based purchasing programs have shared all of these challenges and experiences related to the high complexity and burden of eCQM implementation, data capture, and reporting. So, this project had a scope of three main areas. First, we were going to look at the measure

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development process, from the time the measure is a concept until the time the measure is ready for the Measures Under Consideration, or the MUC, list. We were also going to look at eCQM quality reporting from all the requirements and processes from implementation of the eCQM in your EHRs until you're ready to submit it to CMS for the reporting program. The third bucket that we were looking at in the scope of this project included the tools that we use for development and reporting. These tools are the Bonnie logic testing tool, the Measure Authoring Tool, and the Cypress certification tool. So, all of this work we looked at over the last two years is part of the eCQM Strategy Project. Next slide, please.

If I was asked to give a quick elevator speech on what the project really included and what we found out of what our recommendations were, we divided this project's findings into six areas of burden that are represented here on the screen. The first area of burden had to do with alignment. So, we heard from many stakeholders over the last two years through one-on-one interviews, through conferences, and meetings at those conferences. We heard from hundreds of stakeholders that helped us to identify these six areas of burden, and then we came up with a variety of recommendations, 117 to be exact, that we have implemented and are working on in these areas of burden. With alignment, we have tried to work towards eCQM reporting requirements being aligned across program and care settings. We're also looking at the eCQM specification value sets and data collection to try to achieve alignment there. The next area on the right, in the green, is the area of burden of value. We wanted to make sure. The burden area of value, we wanted to make sure that you all were able to recognize exactly what you could do to have value in reporting the eCQMs. We've given examples of quality dashboards and best practices in the field that have used this quality data for their dashboards and QI initiatives. The other value that we tried to achieve for you all was data element definitions that we needed to make sure was clear for you. We did also look at the development process burdens, and we developed the Measure Collaborative Workspace. So, we are going to be presenting the various modules of that workspace and show how you can really get information that you need for data element definitions in the Data Element Repository

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(DERep) and also show how you can give us feedback for not only possible new eCQM concepts to be developed but also give us feedback on workflow and on data element feasibility. In the burden area of implementation and reporting, we also have recommendations related to having clarity of the eCQM specification tools and resources. We want to make sure that the eCQMs do have feasible data elements, and we also realize the importance and the burden reduction activities related to submissions with eCQMs through [Fast Healthcare Interoperability Resources] FHIR-based APIs [application programming interface]. We want to use standards that will support interoperability and consolidate the pre-submission validation testing tools; these recommendations we've started also implementing. In the final area where we have recommendations, we heard from you all about the challenges related to attribution. Right now, we are in the middle of research and some pilots and testing to try to get better recommendations on how to submit eCQMs with attribution issues clarified.

The next area of burden is the eCQM certification process, and, as many of you may have noted in the most recent ONC Cures Act rule, they were able to support your concern about certification being in alignment with CMS submissions. Now, the eCQM certification process includes testing and certification to the CMS QRDA implementation guide to assist with this ability to present the reports to CMS without problems. The final area of burden was in the field of communication and education and outreach. We've really tried to improve our use of plain language, improve our education and outreach to stakeholders, and share with you all the information and more information on the eCQI Resource Center. These are the areas of burden, and these are just the high-level strategy recommendations that we have started to implement. Next slide, please.

Thanks, Artrina. I'll turn it back to you.

**Artrina Sturges:** Thank you very much, Debbie. Edna Boone will join us to discuss the eCQI Resource Center. Edna, the floor is yours.

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**Edna Boone:**

Hello, and welcome to a presentation on the eCQI Resource Center. The eCQI Research Center serves as the one-stop shop for the most current information to support electronic clinical quality improvement. The site has the most current news, events, and resources related to the eCQI tools and standards. The center is a place to coordinate people and activities around eCQI.

The resource center is found at <https://eCQI.healthit.gov>.

There are some new resources that we will show in an upcoming demonstration. These are the eCQM telehealth guidance for eligible professionals and eligible clinicians. This guidance is for the 2020 and 2021 reporting performance years. Additionally, the eCQI Resource Center has a new Hybrid Measures page that houses the most current hybrid measures for key resources for their implementation. Currently, the hybrid measures are used for eligible hospitals and Critical Access Hospitals.

In the demonstration, we will review the format of the new eCQM pages, highlight that the annual update for 2021 reporting performance period is now live on the site, highlight where to find telehealth guidance for 2020 and 2021 reporting periods, look through the hybrid measure page, and Contact Us.

This is a brief overview of the eCQI Resource Center and recent updates to the site. The URL is <https://eCQI.healthit.gov>. The site serves as a one-stop shop for the most current resources to support electronic clinical quality improvement. In some cases, the site points to external sources of information. Our goal is not to duplicate existing resources but rather to give users one place to find eCQI resources. The home page includes both news and events. Users are encouraged to submit news and events via the email found in the Contact Us section. There is a keyword search which allows you to search the entire site and extensively filter the results provided by topic, author, user level, etc. There is also an easy blue topic bar on the website that allows you to navigate the major areas of the website. The About eCQM page provides an introduction to eCQMs and is organized in a tab format. It provides an overview of eCQMs, their

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development, tools and resources used with eCQMs, and some educational materials. Also, there are opportunities to connect throughout the website. There are links to the eligible professional, eligible clinician, and eligible hospital (Critical Access Hospital) pages on the eCQI Resource Center from the home page here on the blue topic bar and also within the large blocks on the home page itself.

We'll go to the Eligible Professional and Eligible Clinician pages. These pages are set up in a tab format with eCQM resources, eCQMs, and About. If applicable, there will be a tab for hybrid measures that we see on the hospital pages. The default reporting performance year is the current year. Users can look back and forward. The latest resources for the 2021 reporting year have been added to the site. The Resource tab provides a list of key resources including a link to the implementation checklist, a new telehealth guidance for eligible professional and eligible clinicians for both 2021 reporting, and if you go to the 2021 performance period, there is telehealth guidance for 2021, as well. There is also a guide to reading eCQMs for new users and a table of the eligible clinician and eligible professional eCQMs for the given year. The specifications for all of the measures for this reporting year are in a zip file. There are links to the value sets, direct reference codes, and finding parameter specifications that are found in the Value Set Authority Center. There is also some technical logic and implementation guidance as well as technical release notes which provide changes over the measures from year to year. As available, the quality benchmarks for various programs are posted here and linked from the site, as well as eCQM flows, and QRDA implementation guidance, and Schematron sample files. Lastly, there is a pre-publication document for each of the reporting years.

If we go to the eCQM table, you see that each of the columns is sortable. Again, note the new column on the end here for telehealth eligibility, and, again, this can be sorted for measures whether they are eligible or ineligible. Each of the items on this table sorts in this fashion. You can see a detailed page on a measure by clicking on any measure, and you'll note that the top of the page provides you specifications links to the data

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element repository which provides all of the data elements used by the selected measure. General information includes information found in the XML HTML and technical release notes.

Going backwards, the About file provides general information on the eCQMs along with the quality reporting programs that use the eCQMs.

If we migrate to the hospital or go to the hospital pages, we will see that there is a tab for Hybrid Measures. This is a new part of the website that provides information and links to the corresponding value sets. So, for 2020, we're seeing there are no hybrid measures. If we switch to 2021 reporting, you see the information for the hybrid measures, including links to the measures and the supporting implementation materials.

The hybrid measures are quality measures that merge electronic health records data elements with claims data to calculate measure results. There will be more information on the hybrid measures at the next presentation. In closing, I'd like to highlight that CMS is always seeking ways to improve the site and expand content pertinent to all stakeholders, including clinicians and quality improvement specialists. We encourage you to submit your input and feedback to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov). This contact is always found on the Contact Us page of the resource center. Thank you.

**Artrina Sturges:** Thank you, Edna. At this time, Katrina Hoadley joins us to discuss hybrid measures. Katrina, the floor is yours.

**Katrina Hoadley:** Thanks, Artrina. Hello, my name is Katrina Hoadley, and I am the Hospital Inpatient Quality Reporting Program measures lead. I will be providing a high-level overview of the hybrid measure. Next slide.

Hybrid measures are quality measures that merge Core Clinical Data Elements (CCDE) from the electronic health record (EHR) with claims data to calculate measure results. Core Clinical Data Elements are intended to reflect a patient's clinical status when the patient first presents to an acute care hospital for treatment. They are routinely and consistently captured in most adult inpatient records and can be electronically extracted

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from hospital EHRs. To calculate the hybrid measure, administrative data from the EHR, referred to as linking variables, are needed to link the Core Clinical Data Elements to the claims data. Next slide.

Consistent with our goal of increasing the use of EHR data in quality measurement, and in response to stakeholder feedback encouraging the use of clinical data and outcome measures, we developed the Hybrid Hospital-Wide Readmission (HWR) measure. Currently the Hybrid Hospital-Wide Readmission measure is the only hybrid measure adopted for use in a program. The Hybrid Hospital-Wide Readmission measure is an all-cause, risk-standardized, readmission measure that focuses on unplanned readmissions within 30 days of discharge from an acute care hospitalization. The measure includes the following: Medicare fee for service beneficiaries, patients ages 65 years or older, patients discharged alive from non-federal acute care hospitals, and patients not transferred to another acute care facility. The measure methodology aligns with the claims-based, hospital-wide, readmission measure currently used in the Hospital Inpatient Quality Reporting Program with the difference being that the hybrid measure uses Core Clinical Data Elements as part of the risk adjustment. Next slide.

For the Hospital-Wide Readmission measure, hospitals need to submit 13 Core Clinical Data Elements and six linking variables. The table displays the six vital signs and seven laboratory results that comprise the Core Clinical Data Elements, as well as the six linking variables from administrative data. Next slide.

The fiscal year 2020 inpatient prospective payment system rule finalized the following: voluntary reporting in 2023, which includes hospitalizations between July 2021 and June 2022, and volunteer reporting in 2024, which includes hospitalizations between July 2022 and June 2023. It also finalized a subsequent mandatory reporting under the [Hospital] IQR Program starting in 2025. This will be beginning with hospitalizations between July 2023 and June 2024. We also finalized the removal of the claims-based, hospital-wide readmission measure from the [Hospital] IQR Program beginning with FY, or fiscal year, 2026 payment determination to

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align with the start of mandatory reporting of the Hybrid Hospital-Wide Readmission measure. That concludes the overview of the hybrid measure. Thank you.

**Artrina Sturges:** Thank you, Katrina. Bridget Blake joins to discuss the Measure Collaboration Workspace. Bridget, the floor is yours.

**Bridget Blake:** Thank you, Artrina. Good afternoon. Next slide, please.

The Measure Collaboration, or MC, Workspace was developed based on feedback from the CMS eCQM Strategy Project. The workspace is hosted on the eCQI Resource Center, the one-stop shop with the most current electronic clinical quality improvement resources. There are three major aspects to the MC Workspace. First, it brings together interconnected resources, tools, and processes to centralize information for those of you implementing eCQMs. Second, it provides clarity and transparency to help in data mapping. Third, it promotes improved interaction across stakeholder communities for getting involved earlier in the development and testing processes and for sharing lessons learned across communities that develop, implement, and report eCQMs. The MC Workspace is a collaborative portal that helps make it easier for quality and IT staff at hospital and provider organizations to implement and use eCQMs. Next slide, please.

To access the MC Workspace from the home page of the eCQI Resource Center, select eCQMs. Then, under Measure Collaboration, select MC Workspace. Next slide, please.

In 2018, the MC Workspace team gathered requirements and conducted focus groups that resulted in the initial launch of the MC Workspace landing page and data element repository module in December 2018. The team continued to gather requirements in 2019, and the remaining modules were launched in the December 2019 release. This diagram shows the four modules that comprise the MC Workspace. Starting at the top and moving clockwise, the eCQM Concepts module allows users to search existing measure inventories and submit new measure concepts for consideration. A

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de novo measure is a new eCQM that is not based on an existing measure. The new eCQM clinical workflow module allows users to review sample clinical workflows associated with de novo eCQMs and to provide feedback on expected challenges. The eCQM Test Results module provides transparency into how eCQMs are tested and allows users to participate in testing activities. Finally, the eCQM Data Element Repository provides data definitions to aid in measure implementation and data mapping. This lunch and learn is the first in a series of three where we will discuss these modules in more detail. Today, Rose Almonte will demonstrate the eCQM Concepts module. Artrina, I'll turn it back over to you.

**Artrina Sturges:** Thanks very much, Bridget. Rose Almonte will review the MC Workspace eCQM Concepts module. Rose, the floor is yours.

**Rose Almonte:** Hello, everyone. Today, I will be providing a demonstration of the eCQM Concepts module of the Measure Collaboration Workspace. In the eCQM Concepts module, users will be able to 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.

In addition, you'll be able to access resources to research existing measures in progress. I'll now provide a brief demonstration of the eCQM Concepts module.

Starting from the Measure Collaboration Workspace landing page, you can launch to the eCQM Concepts module in two ways, either by clicking on the eCQM Concepts tab at the top of the screen or, in this wheel, you'll notice the eCQM concepts in blue. You may click on that. I'll go ahead and click on that blue wheel to launch to the eCQM Concepts module.

Once in the eCQM Concepts module, you'll see a brief description that basically lists all those activities that users will be able to perform on the eCQM Concepts module. In addition, you'll see some instructions on how to comment on or propose an eCQM concept, which includes searching the CMS measure inventory tool for related measure concepts, searching

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the measure collaboration proposed concepts library, and, if you'd like to submit an idea of your own, you can create an eCQI Resource Center account to propose an eCQM concept.

Currently, there are two measure concepts within the proposed eCQM concepts library. Beneath that, you'll see the featured research resources that you can access to search for related measure concepts. I'll go ahead and click on one of these proposed eCQM concepts to show you that detail. This sample proposed eCQM concept is the severe hypoglycemia measure. You'll see for this measure you can review the measure description, the initial population, the measure population, as well as the care setting rationale, and Meaningful Measure Areas. If you'd like to share comments on this measure concept, you'll see here at the bottom that you'll need to create an eCQI Resource Center account or log in with your existing account. After reviewing this information, if you have any comments to share with the author and the eCQI Resource Center community, you can register and log in to provide those comments which might include information to support the idea, or providing suggestions, or considerations when defining a particular measure population, or sharing challenges encountered with a related local quality improvement initiative at your organization.

I'll just briefly show you how you can submit a proposed eCQM concept idea of your own. I'll do that in our staging environment here. As you can see, I am in the eCQM Concepts tab of the Measure Collaboration Workspace, and I have logged in as an eCQI Resource Center user. So, now instead of that blue box, I have an orange button here to propose an eCQM concept. I'll go ahead and click on that orange button. Now, you see the Create eCQM Concept form. I'll start by entering a title of Adolescent BMI Screening. You'll see the red asterisk there which indicates a required field. There are four required fields: a title, description, care setting, and rationale. I'll just provide a brief description here to ensure appropriate screening for adolescent BMI. For a care setting, I will select clinician healthcare professional. For rationale, I will just add a brief rationale: Adolescent childhood obesity continues to increase. After completing the

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form, you can select to save and continue later or you can save and request public review. I'll go ahead and select Save and Request Public Review which sends this information to the site moderator for review. Because this information will appear to the public, the site moderator will review the entry to make sure it's clear and appropriate. They will contact you if any modifications are recommended, but, otherwise, upon approval, the entry will be visible to the eCQI research community for review and commenting. At some point, you may decide that you'd like to submit your eCQM concept idea to CMS for review. I'll show you how you can do that. I will start from the eCQM Concepts page, and I'll start with a measure concept that has already been published. I'll select the cervical cancer treatment management eCQM concept.

So, for an eCQM concept idea that you've submitted, you can select that measure to view the details. If you'd like to make additional modifications, you can click on New Draft. Additionally, if you're ready to submit this to CMS for review and consideration, you can click on the Save and Request CMS Review button. At that point, the measure concept will be sent to the appropriate CMS measure developer staff depending on the care setting you identified.

**Artrina Sturges:** Thank you very much, Rose. Mary Sheehan will review the CMS Measures Inventory Tool (CMIT). Mary, the floor is yours.

**Mary Sheehan:** Thank you for having me today. My name is Mary Sheehan. I work as the Inventory Task Lead for Battelle who serves as the Measures Management System (MMS) contractor to CMS. I'm excited to be here with you all today to show you our CMS Measures Inventory Tool.

The CMS Measures Inventory Tool is meant to be the official agency-level repository of quality measure information that are used in various CMS programs. We do have it as the host website. It is a searchable, filterable repository of measure information and very similar to what was talked about with the eCQM project. We are looking to promote healthcare quality, quality improvement through transparency and just making this information more available for stakeholders. So, we hope that you find this tool helpful to achieve that goal.

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Again, the purpose of CMIT is really is to provide stakeholders with access to measure information. We are really aimed at transparency. There is a part of the regulation that requires that CMS has their measure information available to the public. To that end, we look to have CMIT serve as that resource. We coordinate quality improvement efforts, and we hope that the tool helps the public feel that they're somehow able to participate in the quality measurement process, whether just being informed of the information that's there or being able to search and find additional information regarding the measure development process. We hope too that the CMS Measures Inventory Tool can help identify opportunities for harmonization and alignment. Maybe it could even help identify where there may be some redundancy in measures and also where there might be an opportunity to help fill some measurement gaps that exist across the CMS measures inventory.

As far as the data that we update in the inventory, it consists of a variety of different programs. When we first started populating the CMS inventory, we started off with the Medicare programs that go through the federal rulemaking process. So, a lot of times you'll see measures that have a status of proposed, finalized, implemented, or removed, and a lot of that is dictated through what is published in the federal rules each year.

Typically, as we update with any of the proposed rules that are published, a lot of that's coming out right now. We update any new measures that are being proposed into those programs, and, then, if the final rules for those programs come out, we go ahead and finalize any of that measure information based on what was published in the rule. Then, we also try to then include the upcoming status changes. So, you know it would be finalized in the rule let's say in August, but it will be implemented for the payment reimbursement, for example, a couple years later.

We do kind of keep forward tracking information in the inventory as well. Along with the variety of different programs that we have, I mentioned that we started with the Medicare programs, but we have expanded beyond that and include Medicaid. We're trying to work with CMMI right now to work to get to a point where we might be able to include the models

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within the inventory, but, in addition to that, we also try to get the scope of measure development. So, we do include measures that are under development. Then, each year, at the end of the year, we do an update to include the Measures Under Consideration. Again, those are specifically, the Measures Under Consideration, are only for those programs that go through the federal rule making process. So, it's not necessarily applicable to every program that we have, but we do try to make sure that we at least give some sort of pipeline look at some of the measures that might be coming into the programs in the future.

I mentioned that there are some programs that we have or initiatives that aren't necessarily subject to the federal rulemaking process, but they maybe have annual call letters or annual updates that we also include in the inventory as well. In terms of how we source the data for this, it's really important to us that we have authoritative sources for the information. So, for those programs that do go through the federal rulemaking where you have your proposed and your final rule, we do use those source documentation. A lot of times within those rules, specific program specification manuals are cited and so we will link to those or use those manuals as well. I mentioned some of the annual call letters that maybe some of the non-federal rule making programs use. We use those and that information as well, and once we compile all that information from those various sources, the ultimate check for us is to then send that information to the CMS program and measure leads for their review. We ask them each time we're going to do an update to take a look at their program, to go through the measure information that we've sent to them, and make sure that, if they have any questions or points of clarification that they want us to address, that they have a chance to review that before we make it publicly available in CMIT.

So, that's sort of our last check of quality of the data before we upload it. Then, we do update the inventory at this point three times a year. One of the updates was on June 25. After that, we are now moving towards more real-time updates. So our goal is to have less lag time between the time either a proposed or a final rule or a call letter has been released that we can get that data updated more quickly within CMIT.

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I'm going to highlight a few features of CMIT now, but, ultimately I'm going to show these to you in a demo. Again, some of the things that users have told us would be really helpful for this system that we've tried to incorporate are to be able to see the measure results in different ways, being able to see measures that are used across a variety of programs, but then also be able to look at measures specific in the program itself to be able to search and filter and sort measures in a given way based on certain needs. Let's say, for example, someone is searching specifically for cardiac or readmission-based measures. We do have measure information that spans sort of outside of the CMS scope. We do try to align with the National Quality Forum on making sure we're updating any NQF IDs and the endorsement status.

We also have the Meaningful Measure Area and Healthcare Priority listed with programs to be able to update those. As those initiatives evolve, you can export and print your results. So that's always a nice feature. Once you've sort of narrowed down the search that you're looking for based on those results, you can export and print those to do any sort of work that you're doing. The export is actually into an Excel file. It becomes a little searchable that way. Then, you can get a measure summary view of the programs by the various statuses. There is a measure comparison tool that we have that I'll show you and an environmental scan tool that we have. So, with that, I'm going to go ahead and switch over to a live screen share where I'll share with you our CMIT tool.

This is the landing page for the CMS Measures Inventory Tool. To sort of orient you to the page itself, let me go ahead and just let you know that certainly if at any point you would need additional resources or help, the two tabs across the top say External Resources and About our Drop Down List. Let's say you have an issue that you want to contact us. Say, "Hey, can you check into this measure?" "Hey, if you could add this feature it would be really helpful." We're constantly looking for feedback. So, you can let us know through Contact Us. You can go to How It Works for some of the data dictionaries and definitions that we use, and, then, certainly any sort of additional help services are here. For external

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resources, this is where we link out to, you know, the NQF Quality Positioning System. We try to align with the eCQI Resource Center. They provide a lot more detail about their eCQMs than we do in the inventory itself. These are just some other helpful links that we think, you know, are valuable in terms of looking at different measure information. So, from there, you'll see then we've got four tabs across the top here. So, the Measure Inventory tab is where you're going to have access to all of the measures and the information within those measures here. Then, you'll have the Measure Summary tab which is where I mentioned that you can click on that tab, and it will take you based on programs.

You can scroll down through the different CMS programs here and then see the various statuses that are used across the spectrum here. So, our most common is implemented in the interest of people. They want to know what measures are currently being implemented in those programs, but, certainly all of these statuses are defined for you up here. When you go to How It Works, there's the data definition so that you can have a better understanding of what these different statuses mean. Our measure comparison, I'll show you this tool in a minute as we start to go through some of the different measures. Then, the environmental scan itself, I'll also show you that in more detail.

This is really just a help page. This kind of describes what the environmental scan support tool does. If you want a quick start there, it links out to a really great resource for you to get more information on the environmental scan tool itself.

OK. So, let's go back into the inventory. I think one of the main points that I want to show first is that, when you get to the landing page, the page itself is already filtered for you to specifically be able to find the implemented and finalized measures used within CMS programs. If you're not necessarily interested in the implemented or finalized [measures], you can clear all of these filters by clicking this button and then you'll be able to search across, you know, anything that's under development or that's been removed or that's considered or proposed. That filter capability is all done

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sort of above the bar here. Then, you can click on various filters along this left-hand side. You can click on Program and select the different programs that you're interested in. Let's say you want to specifically look at skilled nursing facilities, you can click on that. Close out, and then you'll see here that Skilled Nursing Facility has been populated for you again. You can clear any filters across the top.

One other point that I wanted to mention is I talked in the beginning about how you could view the measures in a couple different ways. This is an example. Let's say this three-item care transitions measure is used in three different programs. If you wanted to look at it more from a programmatic-specific viewpoint, you can switch your view by clicking on View Results by measure program. That will actually then show this measure listed out three times individually within this program to then show that it's implemented in each of those programs. You can then click on the program to sort of get a summary view of that measure to show that this measure had been finalized. Back in 2015, it was officially implemented for payment in 2017. If there was an upcoming status change, let's say for example, that it was a measure that's going to be removed from the program, that would be listed here with when that effective date would be.

OK. Let's go back to our View Results by Measure. Another important feature is being able to search by keywords. So, let's say you wanted to search by "cardiac." This again will initially default to only to filtering "cardiac" based on your implemented and finalized measures, but you can always clear those two statuses by clicking Clear. You can then click within these measures that populated. So, you can click on the measure to then go into more detailed measure information. Across the tabs here is where you'll find more of the details around the measure. Your high-level specifications, like your description numerator/denominator, are all listed here. You can get some steward information, any contact information, if we have that available. We don't list personal emails, but, certainly, if there was a help desk or something like that, that was a little more generic, we would have that here.

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Characteristics is where you'll find your Meaningful Measure Area, some of the NQF information, target population. If it's a measure that's a part of a group, for example, this is a part of the outpatient measure group, and it has the identifier of outpatient measure number 13, you'll see that here.

Relationships is a tab that we're looking to expand and fill where maybe this is a measure that's related to another measure or maybe Medicaid has adapted this measure for a specific state or something. So, there might be a relationship there, but, at this point, we haven't populated any information there. The Programs tab is where you can get more information specifically for the program. You know what data sources this program is using to populate this measure information. We provide links to the federal rules and the different sources of information that we use to populate it. Then, Similar Measures is where you get a chance to go in and see, you know, what are other measures that are similar to this either in overall concept or where maybe you are looking for similarities in the numerator. All of these are expandable and collapsible. Lastly, the Environmental Scan tab is where you can get in based on all of the different articles that are relevant to this measure, specifically around, you know, cardiac imaging for pre-op risk.

You can link out to the full text article that was cited. PubMed and PubMed Central are the main sources, but also Endnote. Those have been manually extracted and so you'll see the relevance bar. The longer the bar, the more relevant the article is to the measure concept itself. All this information is here for you. You can export any selected articles here. So, you sort of are able to have a list of references, and this is really meant to sort of help improve and make efficient your information gathering process. This relevance verified is a nice tool where basically this sort of signifies that, if you have a check mark in one of these boxes, that article itself was cited either in the Measure Information Form or we have manually gone out and verified that that article was cited for the purposes of that measure.

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So, as we come back into the measures, if there's more information, this is really just a quick snapshot for you of the measure itself, but you can always add more information to be able to view across. You can click on Show/Hide columns, and it will allow for you to see some of the other data fields that you can have showing. So, let's say you want to be able to read the description and maybe you want to have the target population age and the Meaningful Measure Area showing, you can select those different fields. You can close here, and then you can see that you can scroll across and then you've got this information, and these are movable so you can move this down here so that you have the Meaningful Measure Area.

This is the button here for Export Excel File where you can export all the measure information. It will export whatever you have here in the window. So, you'll want to make sure that you have all the data fields populated across here that you want to have exported, and it will export in the order that you have them. So, with that, I want to pause. I think those are the high-level points that I wanted to show you today. Certainly, there's lots more that we can cover, but I want to be respectful of the time. So, you can always contact us. You can reach out. If you have any questions.

The one piece I did want to show just lastly, if you want to do a measure comparison, this Add button will allow you to do that. You can click on Measure Comparison and then the three measures that you select are here. Anything highlighted in yellow indicates that there's a difference in those fields. I just wanted to quickly show that to you. I'm sorry for cutting that short. So, this is our CMS Measures Inventory Tool. We hope you find it helpful. If you ever have feedback, please let us know. I'm happy to take any questions.

**Artrina Sturges:** Many thanks to everyone who's presented today. My apologies. We're going to go ahead and cut the webinar a little bit shorter today. We do have some additional slides in there for engagement and to get help and also for contact information. Again, in the interest of time, we want to respect everyone's time.

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We will not host a question-and-answer session today. Please be assured we will address any questions pertinent to today's webinar in the question-and-answer document that will be made available in the coming weeks.

For today's webinar, there's one continuing education credit that has been approved. To verify continuing education approval for any other state, license, or certification, please contact your licensing or certification board. Again, many thanks to all of our speakers for their time and attention. Many thanks to all of you for being with us. Have a great afternoon.