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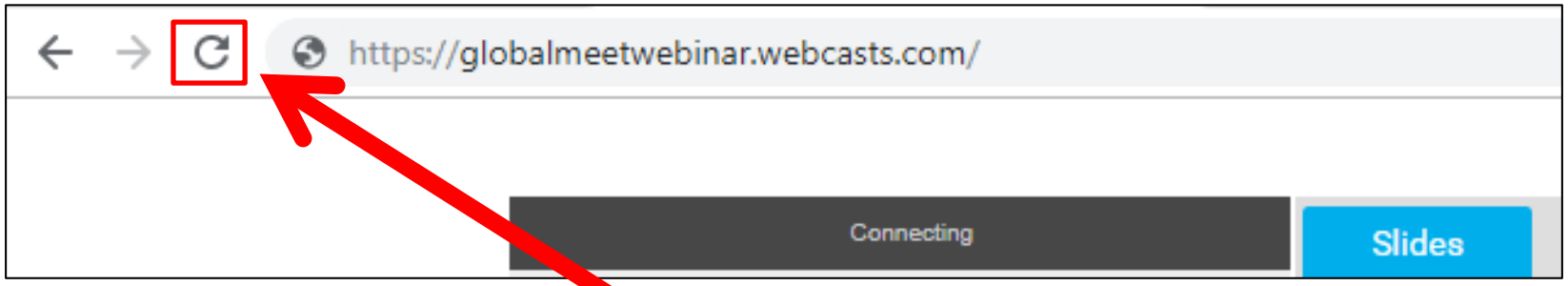
Click Refresh
– or –
Press F5

F5 Key
Top Row of Keyboard



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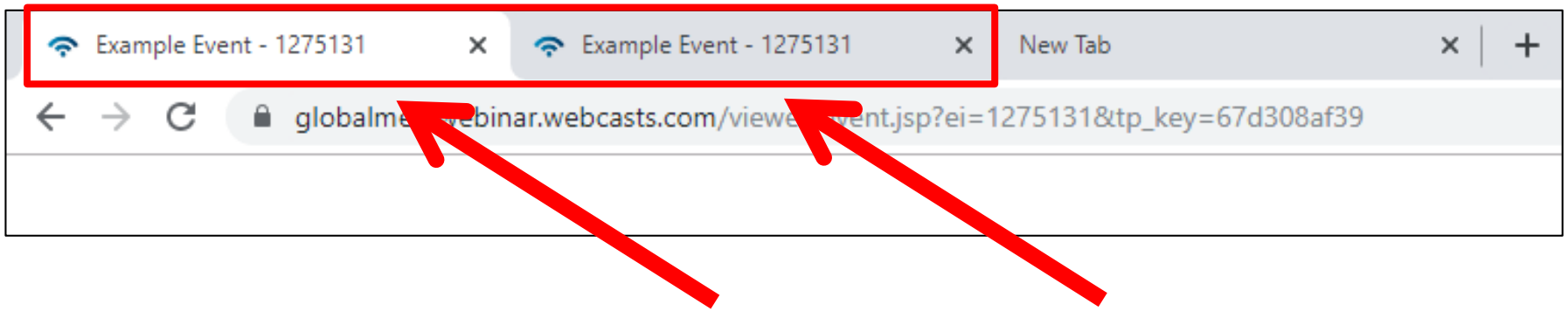
- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).**
- **Close all but one browser/tab and the echo will clear.**



Example of Two Browsers/Tabs Open in Same Event

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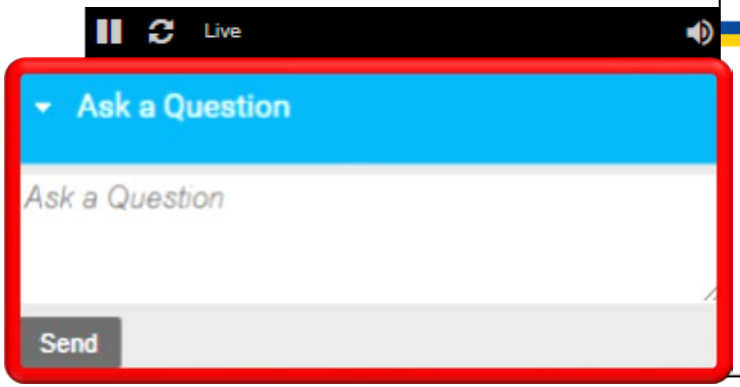


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

Measure Collaboration Workspace Webinar Series: Measure Collaboration Workspace and eCQM Flows and Clinical Flow Prototype

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

July 29, 2020

Purpose

This presentation, the second of three Measure Collaboration Workspace Series sessions, highlights the tools supporting the electronic clinical quality improvement activities for Eligible Hospitals (EHs), Critical Access Hospitals (CAHs), Eligible Professionals, and Eligible Clinicians reporting eCQMs for Centers for Medicare & Medicaid Services (CMS) quality programs.

Objectives

Participants will be able to:

- Understand the purpose of the Measure Collaboration (MC) Workspace, its components, and use of the tool.
- Share feedback on clinical workflow and data capture with measure developers for measures under development.
- Describe the purpose of eCQM flows and ways they can improve understanding and implementation of eCQMs.

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 later.

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
- Bridget Blake, MBA, Principal Systems Engineer, MITRE
- Rose Almonte, MS, RN, Principal Clinical Informatics, MITRE
- Claudia Hall, DNP, RN, Clinical Program Lead, Mathematica

Debbie Krauss, MS, RN, Nurse, CCSQ, CMS

eCQM Strategy Project Background

eCQM Strategy Project Background

eCQM Strategy Project Goals

- Reduce Burden
- Increase Value
- Increase Stakeholder Involvement

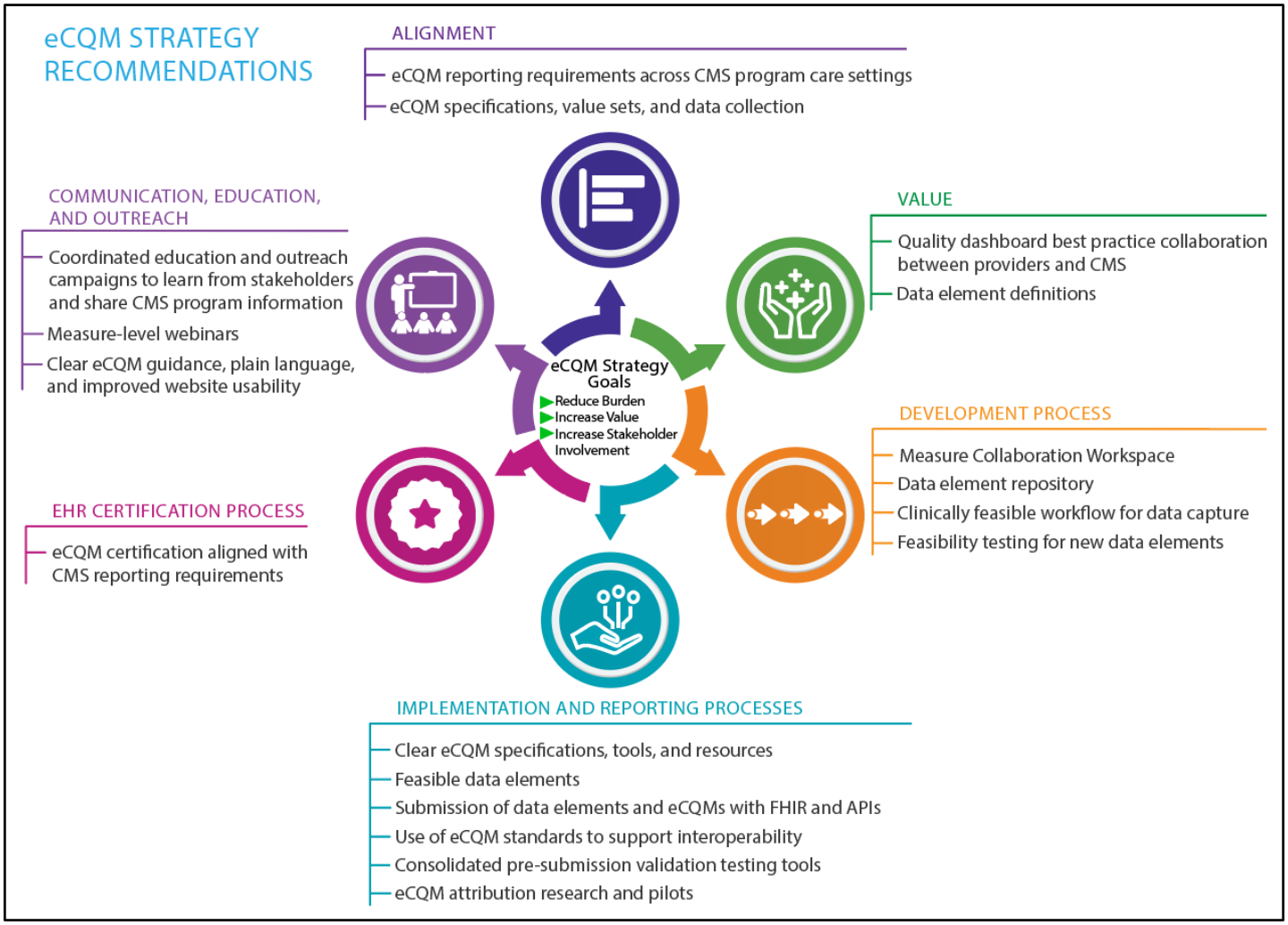
Problem Statement

- Providers participating in CMS quality and value-based purchasing programs 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



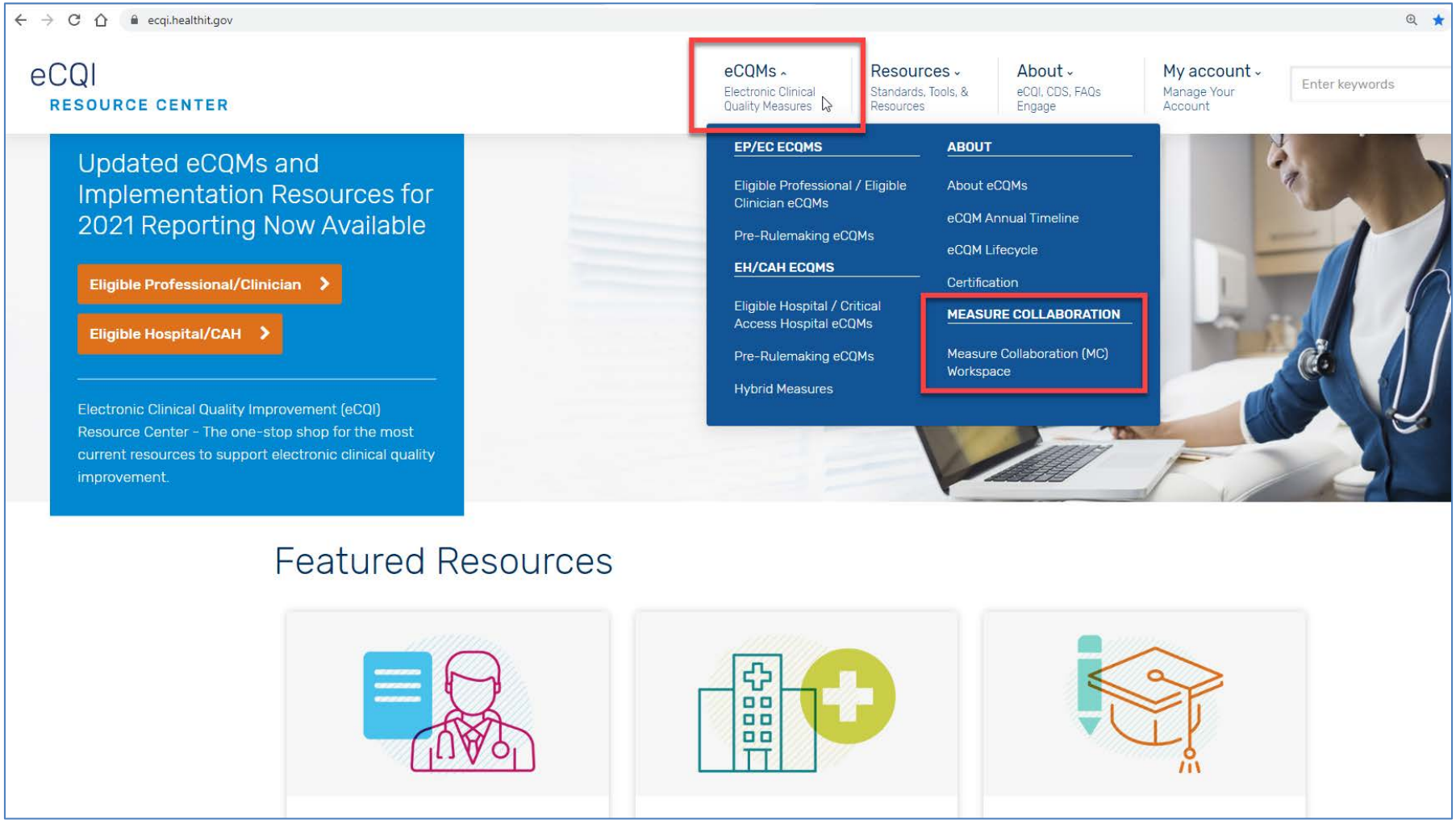
Bridget Blake, MBA, Principal Systems Engineer, MITRE

Measure Collaboration Workspace

Measure Collaboration (MC) Workspace

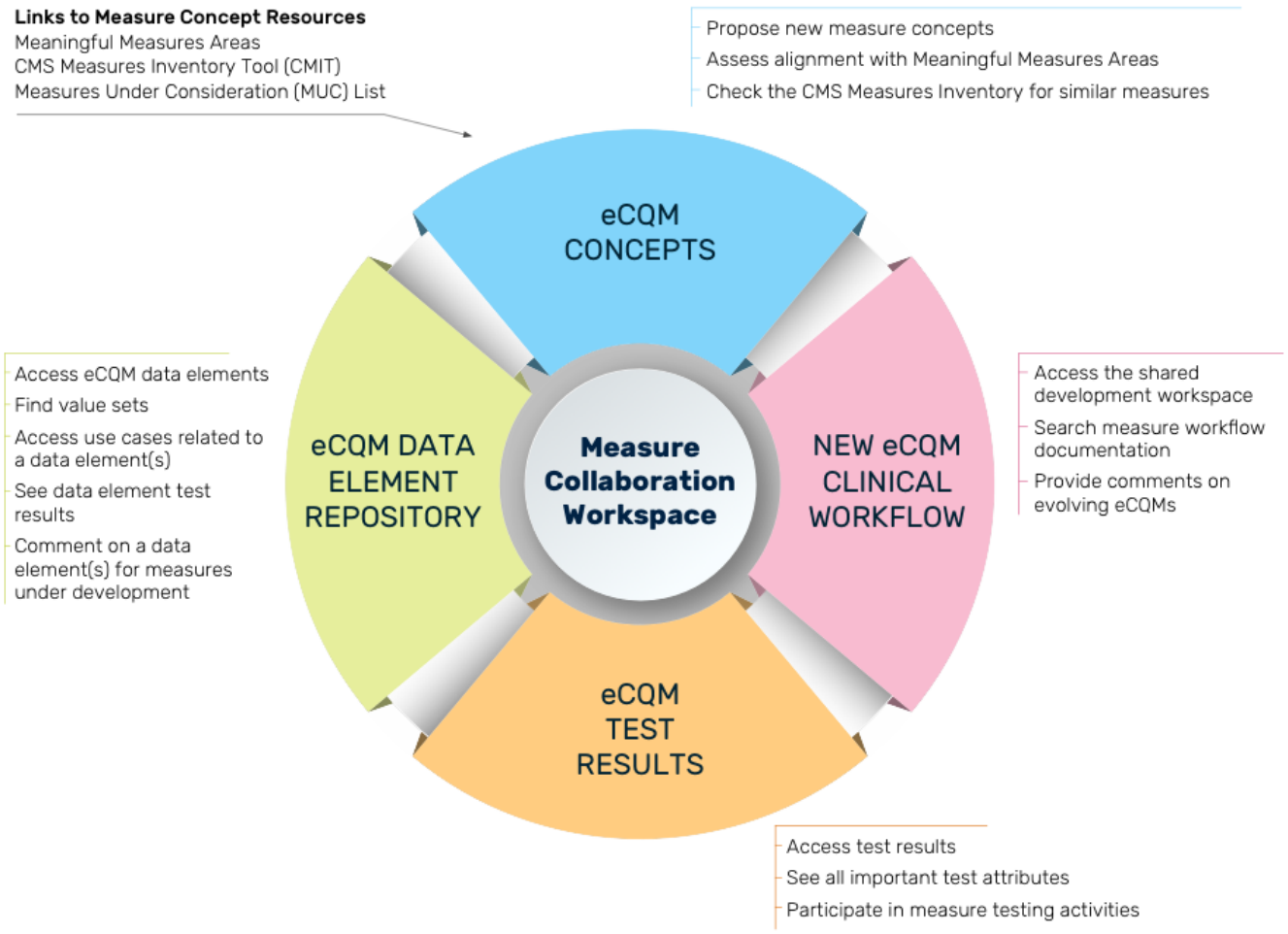
- Hosted on the eCQI Resource Center (https://ecqi.healthit.gov/)
- Contains a set of interconnected resources, tools, and processes for eCQMs
- Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful 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

https://ecqi.healthit.gov/mcworkspace



Rose Almonte, MS, RN, Principal Clinical Informatics, MITRE

MC Workspace eCQM Test Results and New eCQM Clinical Workflow Module

New eCQM Clinical Workflow

- Review clinical intent for clinical workflow implications to your organization.
- Share feedback on clinical workflow challenges for measure developer consideration.
- Share documentation and insight to your organization's workflows and related processes.

New eCQM Clinical Workflow Landing Page

New eCQM Clinical Workflow Demo

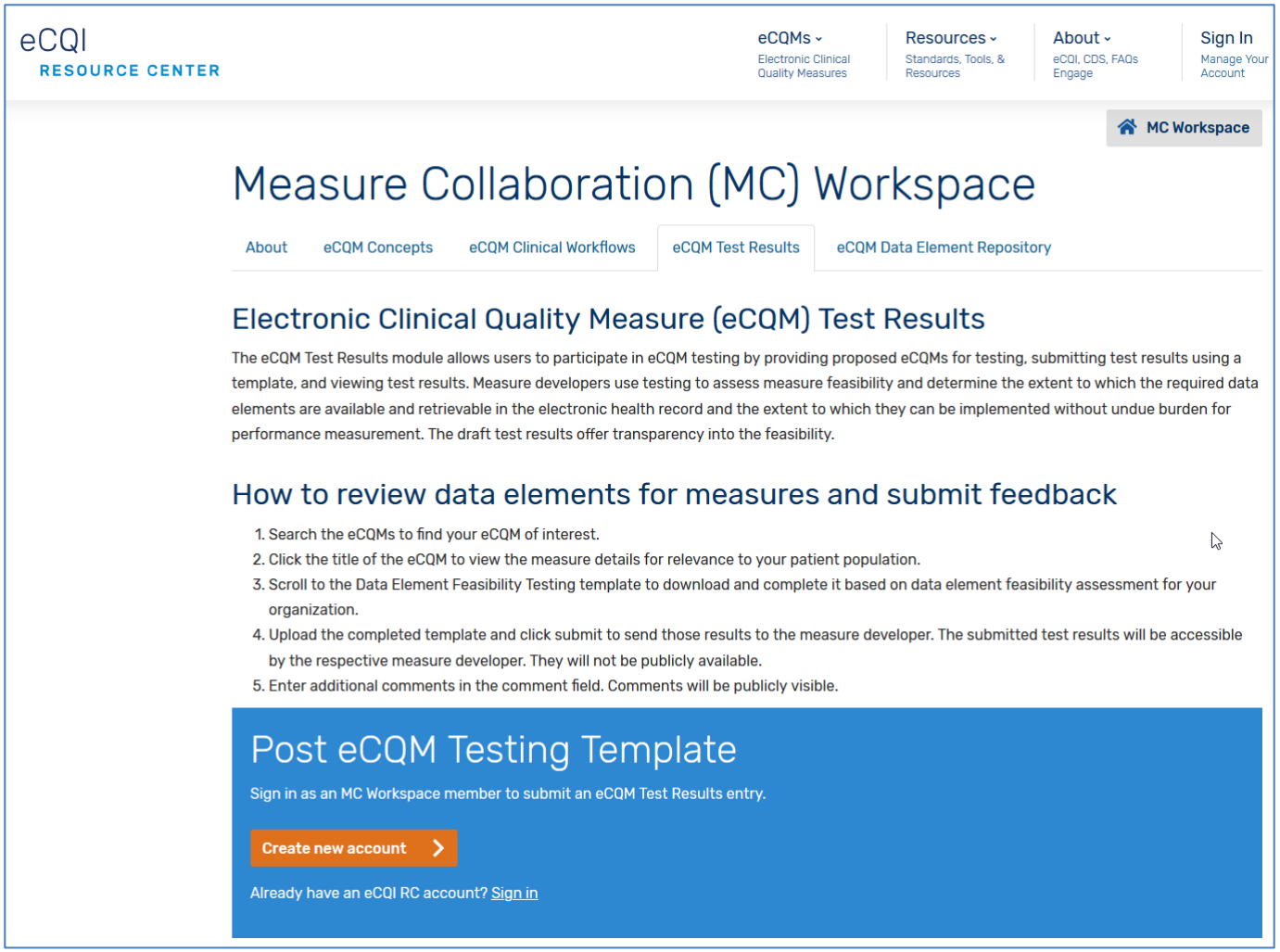
https://ecqi.healthit.gov/mc-workspace-2/ecqm-clinical-workflows

- Access the New eCQM Clinical Workflow module.
- Search existing measures.
- Review measure information and download sample workflows.
- Annotate workflow with feedback.
- Upload documentation and share feedback with measure developer.

eCQM Test Results

- Review data elements proposed for a measure.
- Share data element feasibility based on your organization's workflows for measure developer consideration.
- Express interest in participating in measure testing activities.

eCQM Test Results Landing Page



eCQM Test Results Demo

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

- Access the eCQM Test Results module.
- Search existing measures.
- Review measure information and download data element feasibility spreadsheet.
- Update data element feasibility spreadsheet.
- Upload documentation and share feedback with measure developer.

Claudia Hall, DNP, RN, Clinical Program Lead, Mathematica

Eligible Hospital (EH) and Critical Access Hospital (CAH) eCQM Flows and Clinical Flows

EH eCQM Flows

The eCQM flows supplement eCQM specifications for EHs and CAHs for the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
- Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

CMS publishes the EH and CAH eCQM flows to the eCQI Resource Center.

What is the purpose of the eCQM flows?

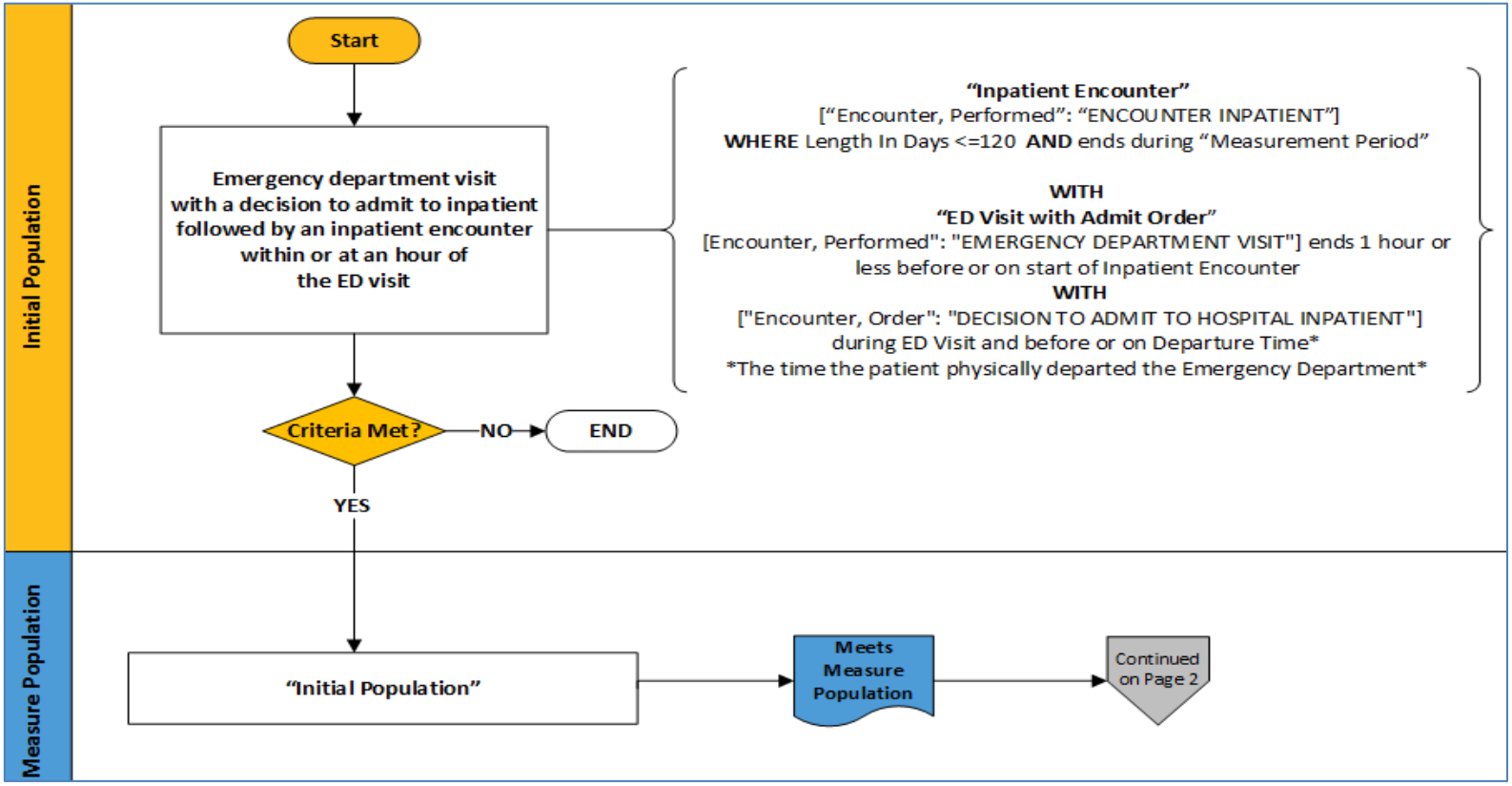
- The eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for reporting rates. They provide an overview of each of the population criteria components and associated data elements that lead to inclusion in or exclusions from the eCQM's quality action (numerator).
- The flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes.
- A "Read Me First" guide to understanding the flows is also available to assist users as they navigate the flows. The guide can be found on the eCQI Resource Center website within the eCQM Flows zip file.

Claudia Hall, DNP, RN, Clinical Program Lead, Mathematica

Example eCQM Measure Flow

2020 eCQM Flow – CMS111v8 Measure Flow Diagram*

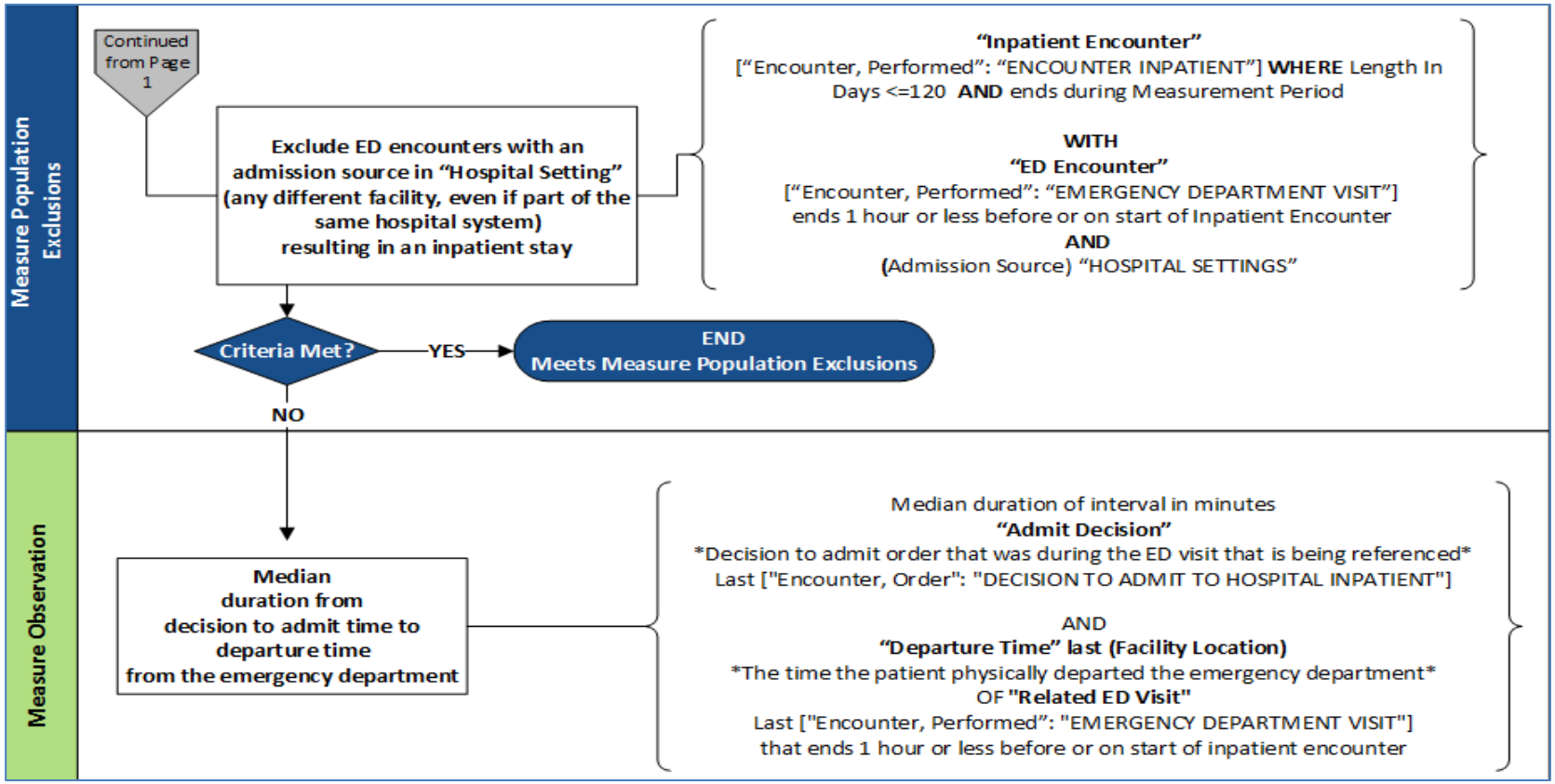
Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)



*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

2020 eCQM Flow – CMS111v8 Measure Flow Diagram* (continued)

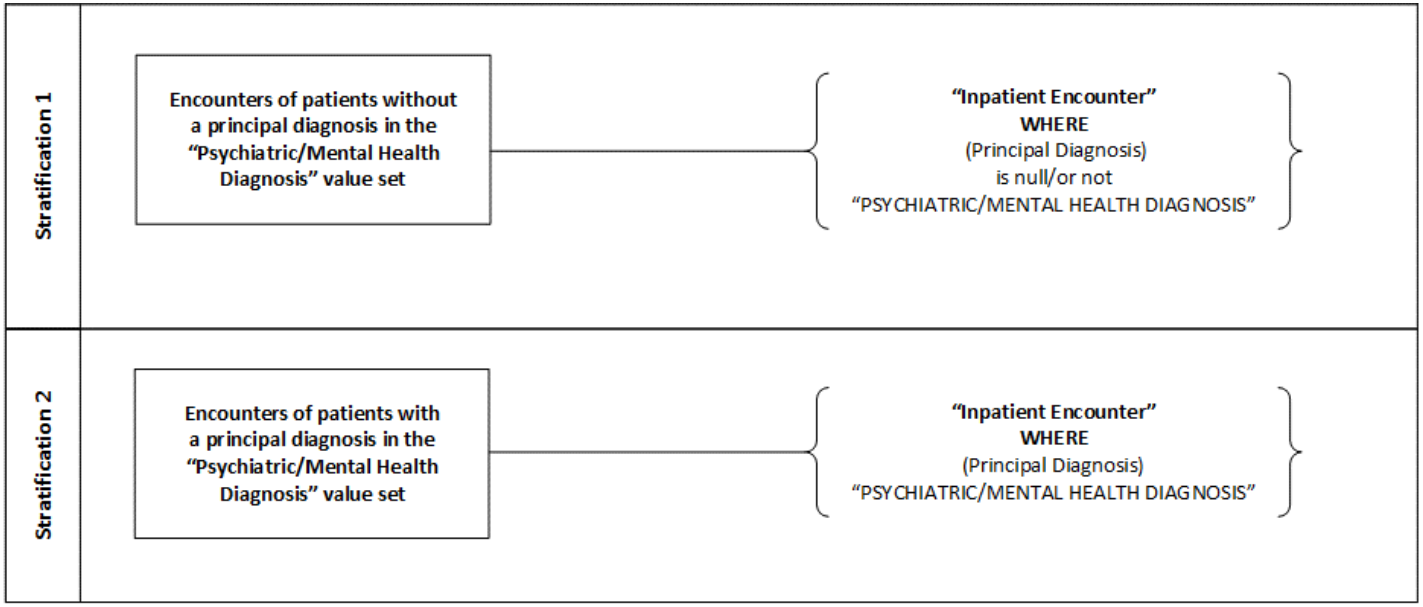
Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)



*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

2020 eCQM Flow – CMS111v8 Measure Flow Diagram* (continued)

Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)



Sample Calculation
Measure Observation = median time (minutes) (ED facility location departure time - decision to admit time) = 75 Minutes
Each population in the measure definition should be reported both without stratification and by each stratification criteria.

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

2020 eCQM Flow – CMS111v8 Measure Flow Narrative*

Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)

Measure Description	This measure assesses the median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status
Initial Population	Start by identifying: • Inpatient encounters ending during the measurement period with length of stay (Discharge Date minus Admission Date) less than or equal to 120 days • Where the decision to admit was made during the preceding ED visit at the same physical facility unless the ED and admitting hospital share the same CCN
Denominator	The measure population criteria is the same as the initial population
Measure Population Exclusion	The measure population exclusions criteria identify a subset of the measure population by excluding emergency department encounters with an admission source from another "Hospital Setting" (any different facility, even if part of the same hospital system) resulting in an inpatient stay

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.
*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

2020 eCQM Flow – CMS111v8* Measure Flow Narrative (continued)

Median Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)

Measure Observation	The measure observations criteria identify the encounters from the measure population (that did not meet the measure population exclusions criteria) and calculates the time (in minutes) of the interval between the decision to admit and the ED departure time for patients admitted to the inpatient facility from the emergency department
Stratification 1	Stratification 1 is an aggregate of all patients seen in the ED and admitted as an inpatient who DO NOT have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders
Stratification 2	Stratification 2 is an aggregate of all patients seen in the ED and admitted as an inpatient who DO have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

Questions?

For questions regarding the eCQM flows, please submit your question via the ONC Project Tracking System (JIRA) eCQM Issue Tracker and indicate in the issue summary that your question is regarding an eCQM flow.

Claudia Hall, DNP, RN, Clinical Program Lead, Mathematica

Clinical Flow - Prototype Development

Clinical Flow - Workflow Analysis & Clinical Decision Support for eCQMs

Project Goal:

- Produce an eCQM implementation support tool that demonstrates the varied workflows, data collection methods, and systems used for opioid and benzodiazepine prescribing.

Objectives

- Examine workflows
- Understand sites' electronic health record (EHR) capabilities for capturing measure data
- Determine how CDS tools can enhance and support clinical decision making around prescribing
- Solicit feedback from sites on the types of eCQM implementation tools that may be helpful for integrating the Safe Use eCQM in practice

Methods

- Recruit hospital sites; collect perspectives from clinical operations, IT, quality improvement, pharmacy
- Synthesize findings and draft prototypes
- Review prototypes with hospital sites
- Review refined prototype with hospitals and other stakeholders

CMS506v2: Safe Use of Opioids

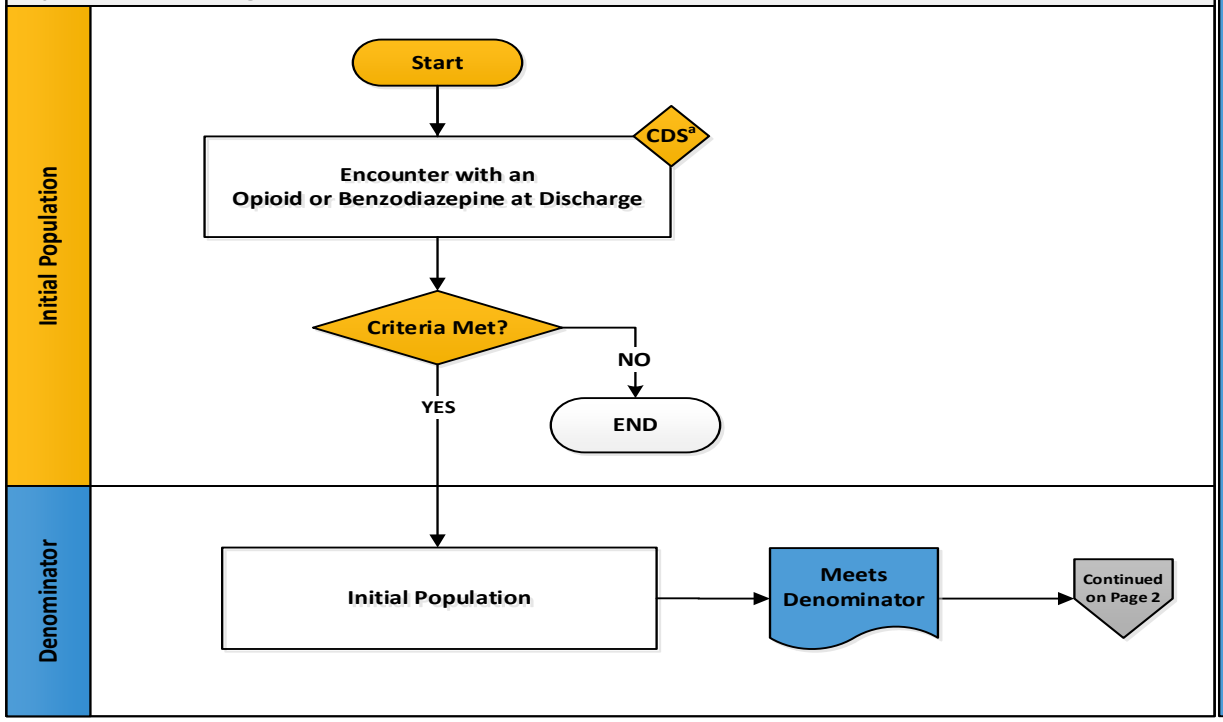
CMS506v2: Safe Use of Opioids – Concurrent Prescribing
Implementation Support Tool (DRAFT)

Measure Description: Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge (Link to specification: https://ecqi.healthit.gov/ecqm/eh/2020/cms506v2)

Measure Intent: Adopting a measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce the costs associated with adverse events related to opioid use by

(1) encouraging providers to identify patients with concurrent prescriptions of opioids or opioids and benzodiazepines and
(2) discouraging providers from prescribing two or more opioids or opioids and benzodiazepines concurrently.

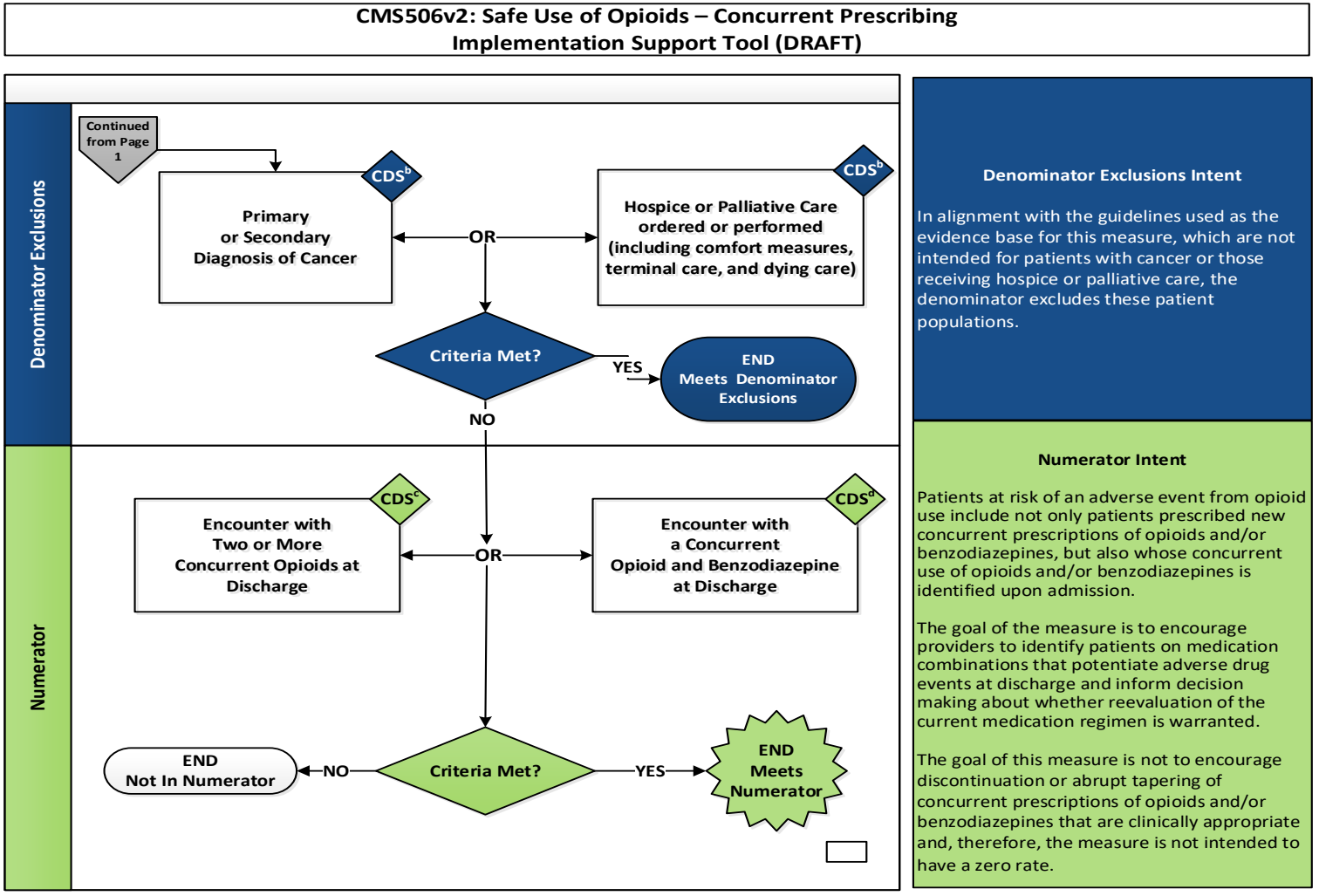
Implementation Diagram



Initial Population/ Denominator Intent:

In addition to the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain, opioid prescribing guidelines issued by various state agencies and professional societies for various settings agree with the recommendation to avoid concurrently prescribing opioids and opioids and benzodiazepines whenever possible, as the combination of these medications may potentiate opioid-induced respiratory depression.

CMS506v2: Safe Use of Opioids



CMS506v2: Safe Use of Opioids

CMS506v2: Safe Use of Opioids – Concurrent Prescribing Implementation Support Tool (DRAFT)

Clinical Decision Support (CDS): *Examples for suggested use*

CDS[a]	CDS[b]	CDS[c,d]
Duplicate order checking: on admission, provider alerted if patient is on concurrent medications	**Care team prompted to enter any indication of hospice or palliative care**	Duplicate order checking: popup alert for clinician if more than one opioid prescribed
Use of preferred order sets: on admission, provider prompted to prescribe opioid from list of preferred medications that are indicated for safer use or have lower abuse potential	**Entry of indication of active cancer: care team prompted to enter if patient has a diagnosis of cancer or is receiving treatment for cancer**	Pop-up alert: Clinician is alerted if two or more opioids or an opioid and a benzodiazepine are prescribed

Questions or Comments?

Engage and Get Help

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

Additional Resources and Contact Information

- ONC Project Issue Tracking System (JIRA)
  - https://oncprojectracking.healthit.gov
- eCQI Community Engagement Opportunities
  - https://ecqi.healthit.gov/engage-ecqi
- eCQI Resource Center and MC Workspace
  - ecqi-resource-center@hhs.gov

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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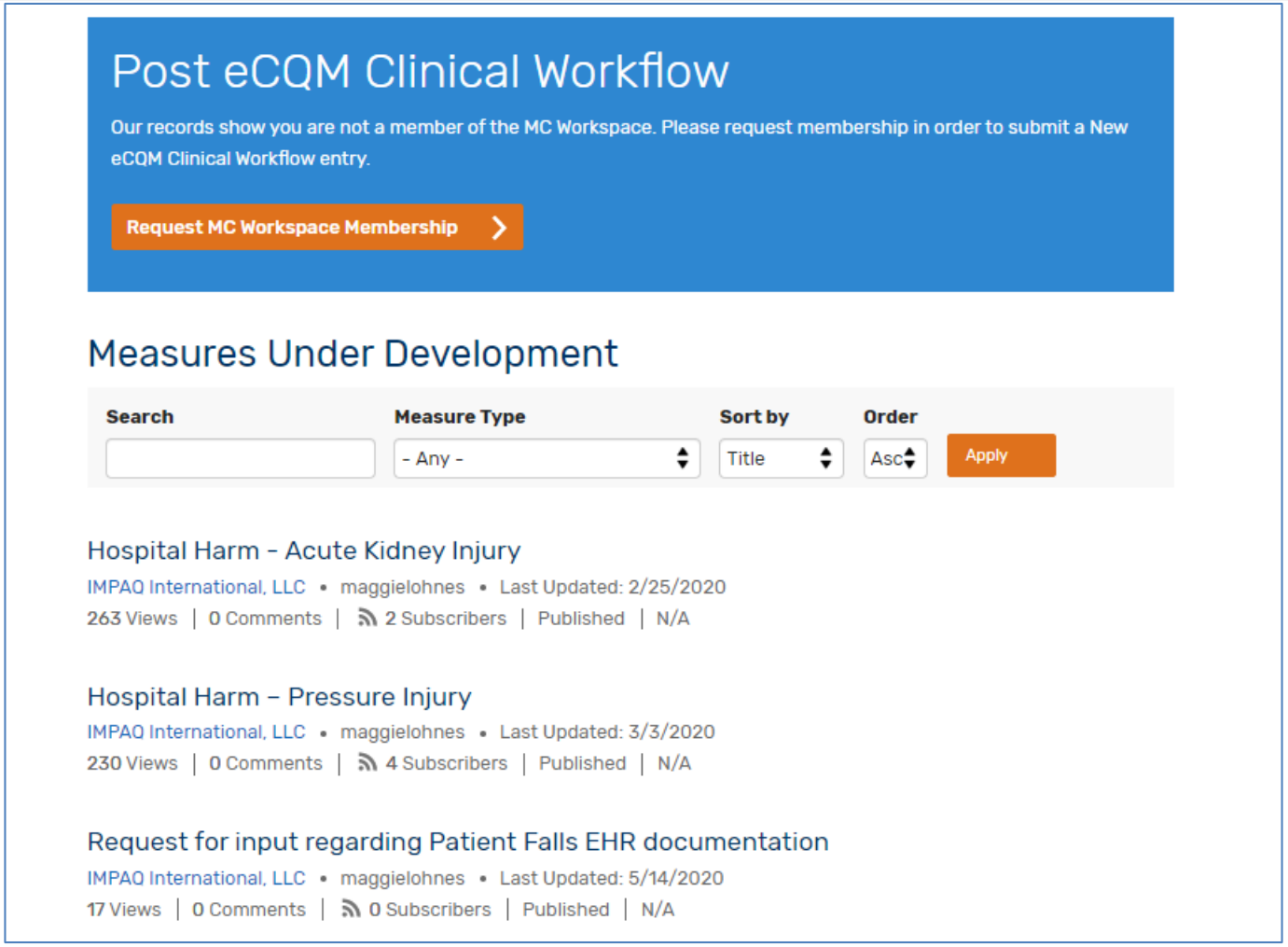
This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Appendix – Screen shots of New eCQM Clinical Workflow and eCQM Test Results

New eCQM Clinical Workflow Search



New eCQM Clinical Workflow Measure Detail

Hospital Harm - Acute Kidney Injury

IMPAQ International, LLC • maggielohnes • Published • Last Updated: 2/25/2020

263 Views 0 Comments 2 Subscribers

Receive updates on this topic

Description

The proportion of hospitalized patients age 18 years and older, who during their hospitalization suffer the harm of a substantial increase in serum creatinine, defined as greater than or equal to 1.5 times baseline, OR the initiation of renal dialysis (hemodialysis or peritoneal dialysis), during the measurement period.

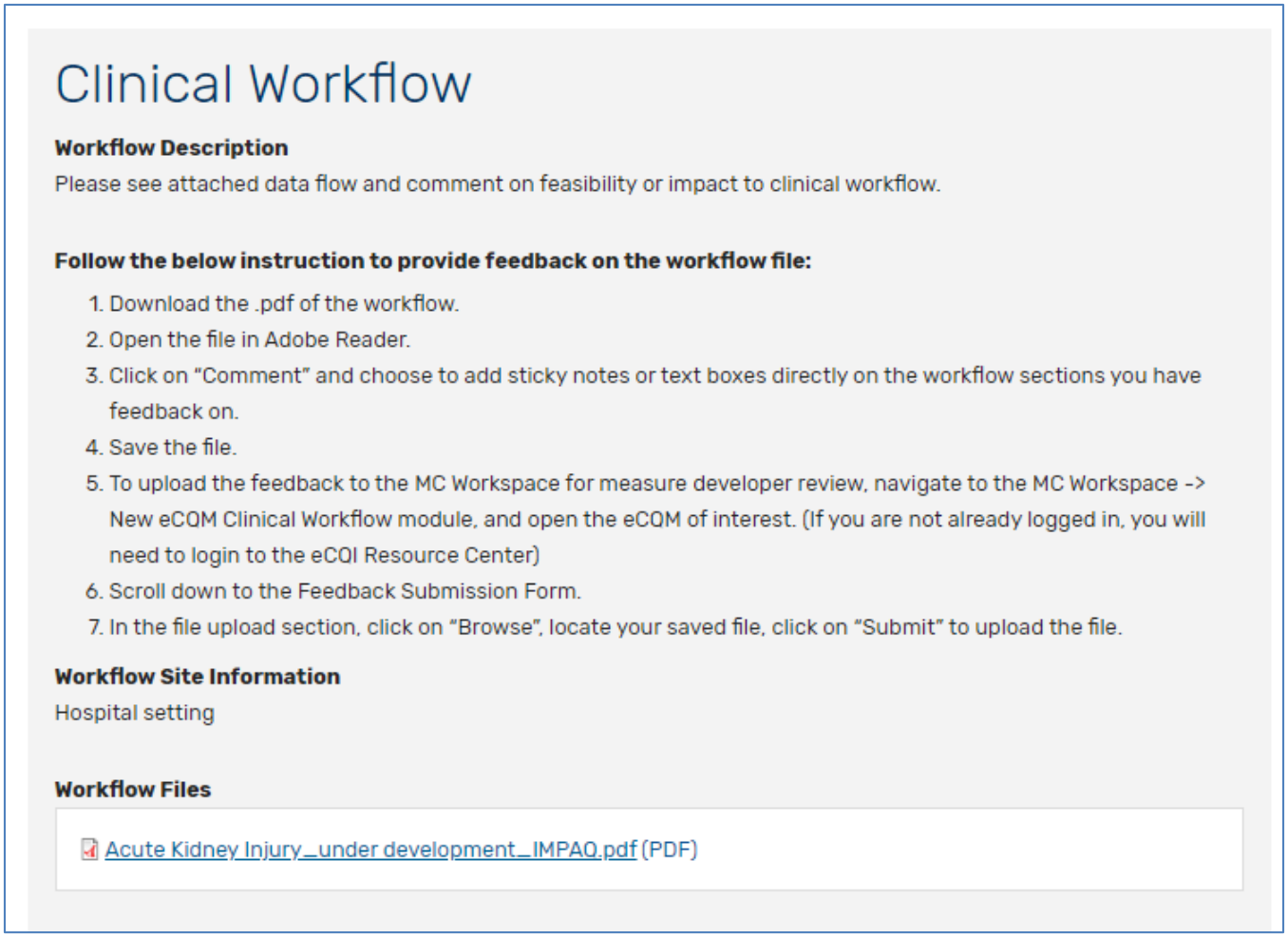
Initial Population

Patients age 18 years and older at the start of the measurement period with a discharged inpatient hospital encounter during the measurement period. Measure includes inpatient admissions who were initially seen in the emergency department or in observational status and who become an inpatient.

Rationale

This measure focuses on acute kidney injury as an outcome in the hospital inpatient setting. Acute kidney injury affects up to 10% of hospitalized patients (Wilson et al., 2015)(Chertow 2005), comparable to the rates of severe sepsis (Hoste, Schurgers, 2008) and acute lung injury (Wilson et al., 2015)(Goldstein et al., 2016)(McCoy et al., 2010). Less severe acute kidney injury and acute kidney injury requiring dialysis affects approximately 2,000 to 3,000 and 200 to 300 per million population per year, respectively. Up to two thirds of intensive care patients will develop acute kidney injury. Acute kidney injury may result in the need for dialysis, and is associated with an increased risk of mortality (Wilson et al., 2013).

New eCQM Clinical Workflow – Download Workflow Files



Clinical Workflow

Workflow Description

Please see attached data flow and comment on feasibility or impact to clinical workflow.

Follow the below instruction to provide feedback on the workflow file:

1. Download the .pdf of the workflow.
2. Open the file in Adobe Reader.
3. Click on "Comment" and choose to add sticky notes or text boxes directly on the workflow sections you have feedback on.
4. Save the file.
5. To upload the feedback to the MC Workspace for measure developer review, navigate to the MC Workspace -> New eCQM Clinical Workflow module, and open the eCQM of interest. (If you are not already logged in, you will need to login to the eCQI Resource Center)
6. Scroll down to the Feedback Submission Form.
7. In the file upload section, click on "Browse", locate your saved file, click on "Submit" to upload the file.

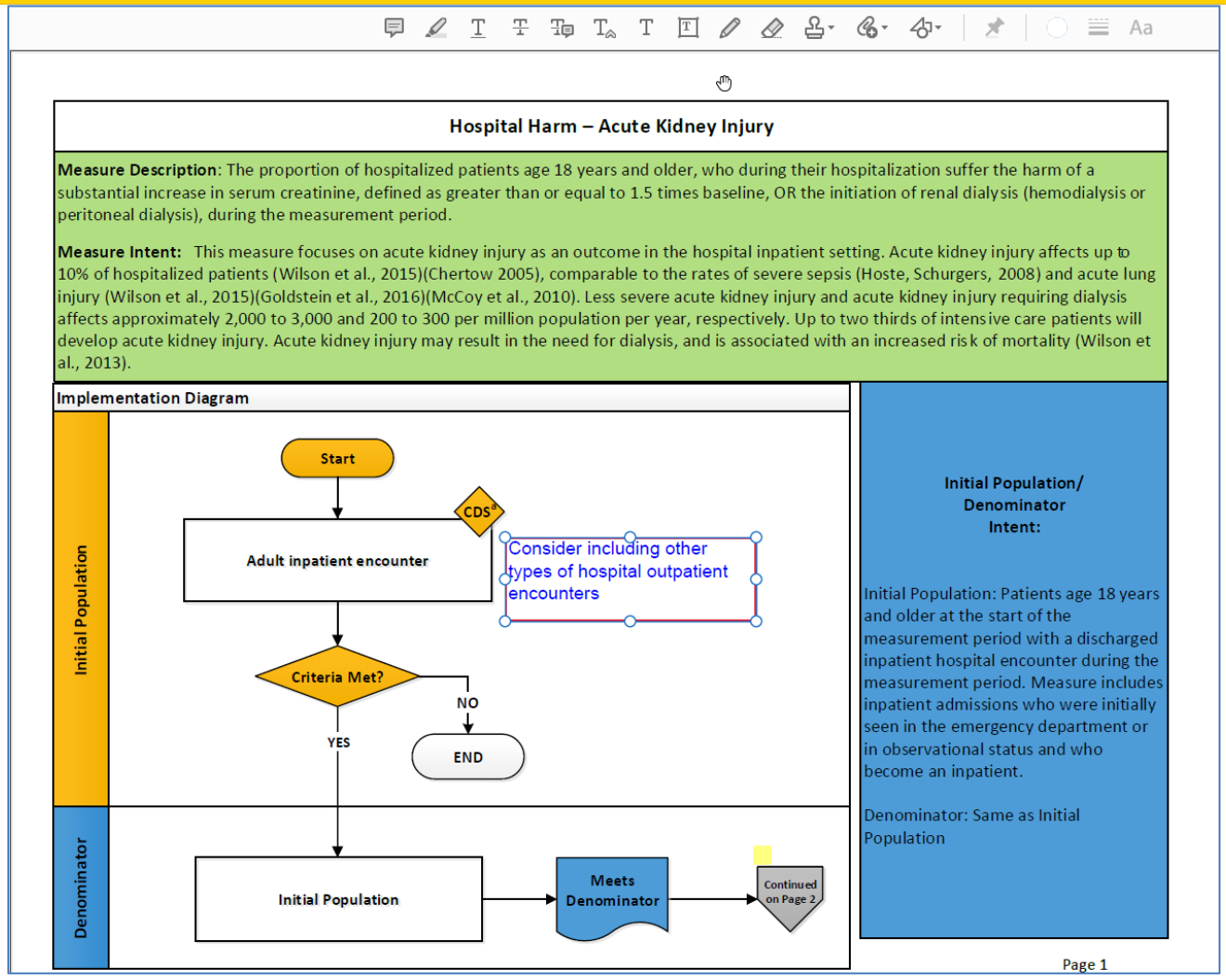
Workflow Site Information

Hospital setting

Workflow Files

Acute Kidney Injury_under development_IMPAQ.pdf (PDF)

Annotating Workflow Documents



Hospital Harm – Acute Kidney Injury

Measure Description: The proportion of hospitalized patients age 18 years and older, who during their hospitalization suffer the harm of a substantial increase in serum creatinine, defined as greater than or equal to 1.5 times baseline, OR the initiation of renal dialysis (hemodialysis or peritoneal dialysis), during the measurement period.

Measure Intent: This measure focuses on acute kidney injury as an outcome in the hospital inpatient setting. Acute kidney injury affects up to 10% of hospitalized patients (Wilson et al., 2015)(Chertow 2005), comparable to the rates of severe sepsis (Hoste, Schurgers, 2008) and acute lung injury (Wilson et al., 2015)(Goldstein et al., 2016)(McCoy et al., 2010). Less severe acute kidney injury and acute kidney injury requiring dialysis affects approximately 2,000 to 3,000 and 200 to 300 per million population per year, respectively. Up to two thirds of intensive care patients will develop acute kidney injury. Acute kidney injury may result in the need for dialysis, and is associated with an increased risk of mortality (Wilson et al., 2013).

Implementation Diagram

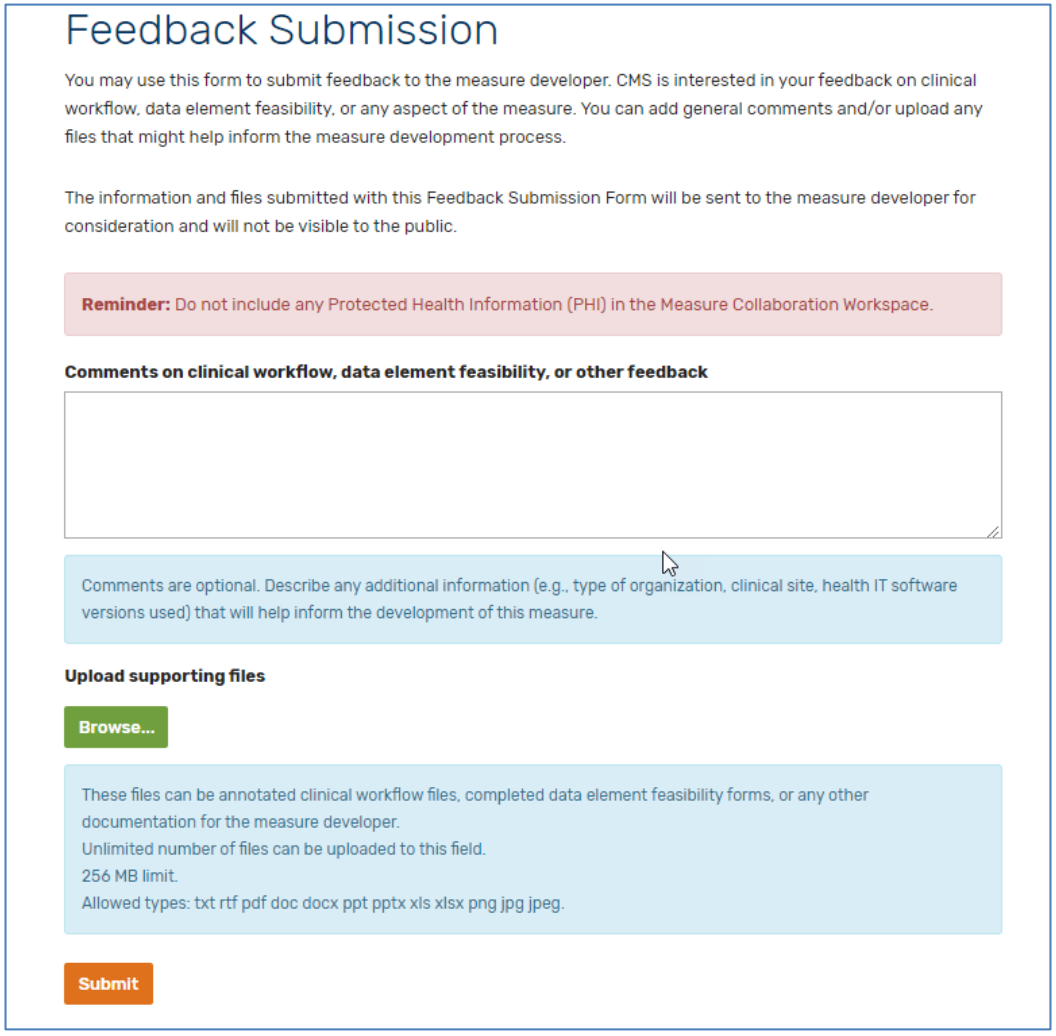
Initial Population/ Denominator Intent:

Initial Population: Patients age 18 years and older at the start of the measurement period with a discharged inpatient hospital encounter during the measurement period. Measure includes inpatient admissions who were initially seen in the emergency department or in observational status and who become an inpatient.

Denominator: Same as Initial Population

Page 1

Sharing Feedback with Measure Developers



Feedback Submission

You may use this form to submit feedback to the measure developer. CMS is interested in your feedback on clinical workflow, data element feasibility, or any aspect of the measure. You can add general comments and/or upload any files that might help inform the measure development process.

The information and files submitted with this Feedback Submission Form will be sent to the measure developer for consideration and will not be visible to the public.

Reminder: Do not include any Protected Health Information (PHI) in the Measure Collaboration Workspace.

Comments on clinical workflow, data element feasibility, or other feedback

Comments are optional. Describe any additional information (e.g., type of organization, clinical site, health IT software versions used) that will help inform the development of this measure.

Upload supporting files

Browse...

These files can be annotated clinical workflow files, completed data element feasibility forms, or any other documentation for the measure developer.
Unlimited number of files can be uploaded to this field.
256 MB limit.
Allowed types: txt rtf pdf doc docx ppt pptx xls xlsx png jpg jpeg.

Submit

eCQM Test Results – Downloading Data Element Feasibility Template

Data Element Feasibility Template

Please enter information about your organization:							
Organization/Hospital/Practice name	Sample organization name 1						
Contact name	Contact name						
Contact phone	Contact phone						
Contact role	Director, Clinical Quality Reporting						
Contact email	name@email.com						
EHR vendor	Cerner						
Organization/Hospital/Practice size	5 hospitals; 1800 beds; multi-specialty provider practice 220 providers across 54 locations.						
Geography	Suburban, South						
		Data Availability (Feasibility)	***Data Accuracy***		***Data Standards***		***Cl***
Hospital Harm - Acute Kidney Injury	**Value set**	**Is the data readily available in a structured format? (Y/N)**	**Is the information contained in the data element correct? (Y/N)**	**Are the data source and recorder specified? (Y/N)**	**Are the data elements coded using a national accepted terminology standard? (Y/N)**	**Terminology used**	**Data is collected and popu during routine care? (Y/N)**
Sample - Diagnosis: Chronic Kidney Disease	*Chronic Kidney Disease 2.16.840.1.113762.1.4.1182.276*	Y	Y	Y	Y	ICD-10	Y
Laboratory test, performed: glomerular filtration rate	Glomerular Filtration Rate 2.16.840.1.113883.17.4077.2.2038						
Laboratory test, performed: serum creatinine	Creatinine Lab Test 2.16.840.1.113883.3.666.5.2363						
Laboratory test, performed: glomerular filtration rate date and time							
Laboratory test, performed: serum creatinine date and time							
Laboratory test, result: glomerular filtration rate							
Laboratory test, result: serum creatinine							
Procedure, performed: dialysis service	Hospital based dialysis services 2.16.840.1.113762.1.4.1179.4						
Procedure, performed: dialysis service date and time							
Site comments on measure specification							
Please indicate interest to participate in additional testing activities							
Secure submission of an electronic extract of the data elements listed above: ***Yes / No***							

Tab 1-Readme | Tab 2-Value Sets | **Tab 3- Site Feedback**

Acronyms

CAH	Critical access hospital	**EH**	eligible hospital
CCN	CMS Certification Number	**EHR**	electronic health record
CCSQ	Center for Clinical Standards and Quality	**IQR**	Impatient Quality Reporting
CDS	Clinical Decision Support	**MC**	Measure Collaboration
CMS	Centers for Medicare & Medicaid Services	**MUC**	Measures Under Consideration
eCQI	electronic clinical quality improvement	**ONC**	Office of National Coordinator for Health Information Technology
eCQM	electronic clinical quality measure	**V**	version
ED	emergency department	**VIQR**	Value, Incentives, and Quality Reporting
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients		