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Troubleshooting Audio

Audio from computer
speakers breaking up?

Audio suddenly stop?

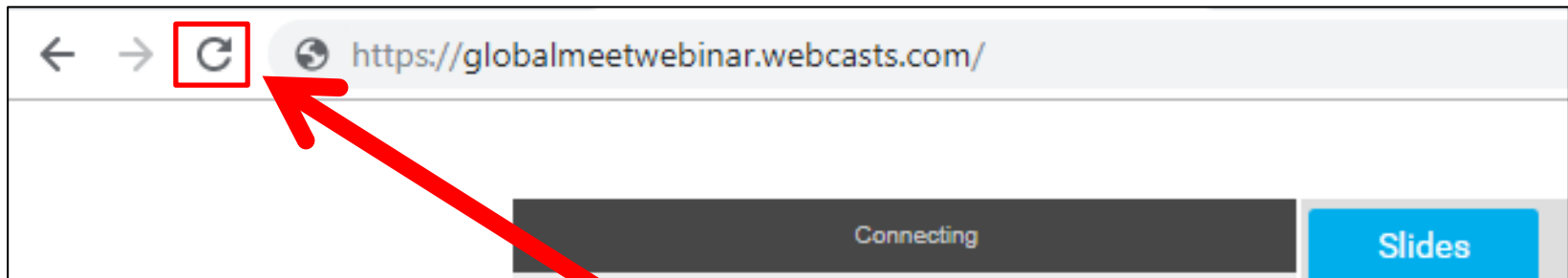
Click Refresh

– or –

Press F5



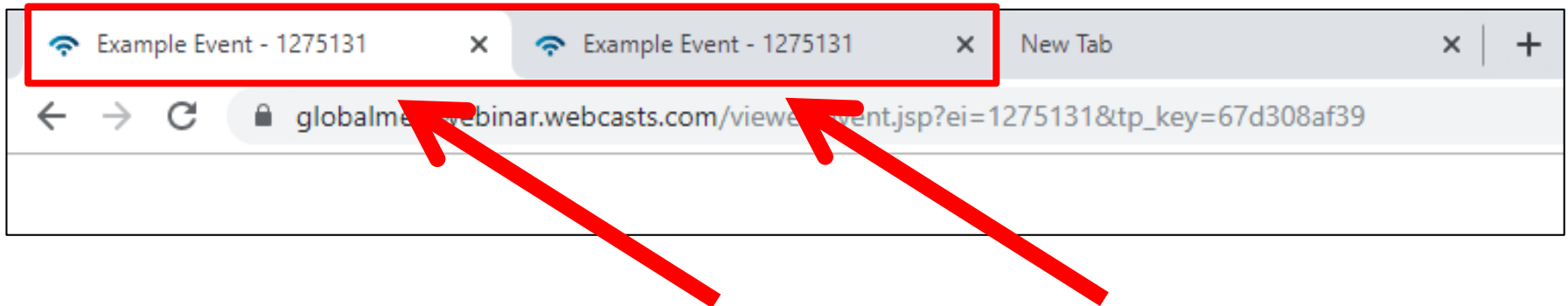
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

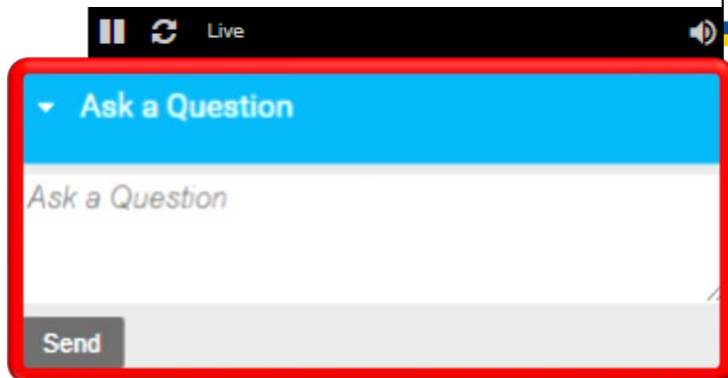
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Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



The screenshot shows a live chat window with a black header bar containing a pause icon, a refresh icon, the word "Live", and a speaker icon. Below the header is a blue bar with a downward arrow and the text "Ask a Question". Underneath is a text input field with the placeholder text "Ask a Question". At the bottom left of the input area is a grey button labeled "Send". The entire "Ask a Question" section is highlighted with a red rectangular border.



**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 Data Element Repository

Artrina Sturges, EdD

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

August 12, 2020

Purpose

The final session of the Measure Collaboration Workspace Series 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 new updates to the Electronic Clinical Quality Measure (eCQM) Data Element Repository to help with eCQM data mapping activities.
- Learn how a health care organization uses the Data Element Repository to understand eCQM requirements.
- Describe resources available to learn more about CMS programs that use 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 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, CMS
- Bridget Blake, MBA, Principal Systems Engineer, MITRE
- Rose Almonte, MS, RN, Principal Clinical Informatics, MITRE
- Andrew Hamilton, MS, BSN, RN MS Chief Informatics Officer, AllianceChicago
- Eduardo Segovia, BS, Manager, Data Warehouse Business Analyst, AllianceChicago
- Tina Aggarwal, MS, BSN, RN, Clinical Informaticist, AllianceChicago

Debbie Krauss, MS, RN, Nurse, Center for Clinical Standards and Quality (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 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

eCQM STRATEGY RECOMMENDATIONS

ALIGNMENT

- eCQM reporting requirements across CMS program care settings
- eCQM specifications, value sets, and data collection

COMMUNICATION, EDUCATION, AND OUTREACH

- Coordinated education and outreach campaigns to learn from stakeholders and share CMS program information
- Measure-level webinars
- Clear eCQM guidance, plain language, and improved website usability

EHR CERTIFICATION PROCESS

- eCQM certification aligned with CMS reporting requirements



VALUE

- Quality dashboard best practice collaboration between providers and CMS
- Data element definitions

DEVELOPMENT PROCESS

- Measure Collaboration Workspace
- Data element repository
- Clinically feasible workflow for data capture
- Feasibility testing for new data elements

IMPLEMENTATION AND REPORTING PROCESSES

- Clear eCQM specifications, tools, and resources
- Feasible data elements
- Submission of data elements and eCQMs with FHIR and APIs
- Use of eCQM standards to support interoperability
- Consolidated pre-submission validation testing tools
- eCQM attribution research and pilots

Bridget Blake, MBA, Principal Systems Engineer, MITRE

Measure Collaboration Workspace

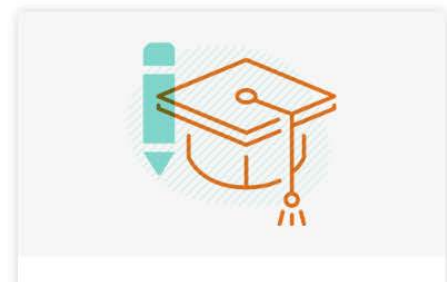
Measure Collaboration (MC) Workspace

- 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

The screenshot shows the eCQI Resource Center website. The browser address bar displays ecqi.healthit.gov. The main navigation bar includes links for **eCQI RESOURCE CENTER**, **eCQMs** (highlighted with a red box), **Resources**, **About**, and **My account**. The **eCQMs** dropdown menu is open, showing categories like **EP/EC ECQMS** and **EH/CAH ECQMS**, with the **MEASURE COLLABORATION** section (containing **Measure Collaboration (MC) Workspace**) highlighted by a red box. On the left, a blue banner titled "Updated eCQMs and Implementation Resources for 2021 Reporting Now Available" features buttons for **Eligible Professional/Clinician** and **Eligible Hospital/CAH**. Below the banner, text describes the Electronic Clinical Quality Improvement (eCQI) Resource Center as a one-stop shop for resources.

Featured Resources



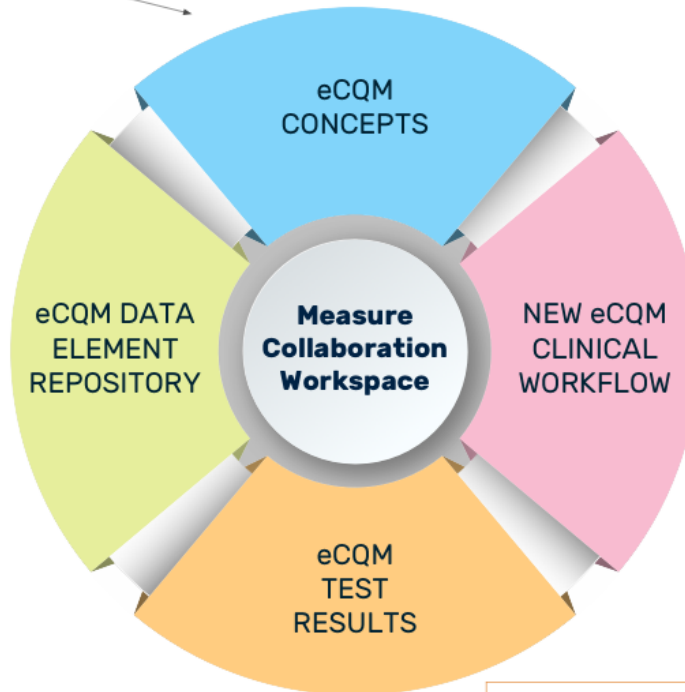
Overview of the MC Workspace

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

- 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



- Access the shared development workspace
- Search measure workflow documentation
- Provide comments on evolving eCQMs

- Access test results
- See all important test attributes
- Participate in measure testing activities

11/2019

<https://ecqi.healthit.gov/mcworkspace>

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

eCQM Data Element Repository

eCQM Data Element Repository Demo

<https://ecqi.healthit.gov/mc-workspace-2/data-element-repository>

- Navigate eCQM Data Element Repository landing page and available filters
- Filter for 2020 EH/CAH eCQMs*
- Select CMS108v8 and highlight information available on measure pages with expand and collapse features to display data elements
- Demonstrate links to value sets and direct reference codes in VSAC
- Demonstrate link to eCQI Resource Center measure pages
- From Data Element Repository landing page, demonstrate information available on QDM filters

*EH/CAH = Eligible Hospital/Critical Access Hospital

Andrew Hamilton, MS, BSN, RN MS Chief Informatics Officer,
AllianceChicago

Eduardo Segovia, BS, Manager, Data Warehouse Business Analyst,
AllianceChicago

Tina Aggarwal, MS, BSN, RN, Clinical Informaticist, AllianceChicago

Health System Experience Using the eCQM Data Element Repository

Data Element Repository

Implementer Experience

Andrew Hamilton, RN, BSN, MS *Chief Informatics Officer*
Eduardo Segovia, BS *Manager, Data Warehouse Business Analyst*
Tina Aggarwal, MS, BSN, RN *Clinical Informaticist*



AllianceChicago – Who We Are

Our Mission

To improve personal, community and public health through innovative collaboration.

AllianceChicago's efforts are focused in three core areas:



Health Care
Collaboration



Health Information
Technology



Health Research
+ Education

User Community

60 community health centers
from 18 states



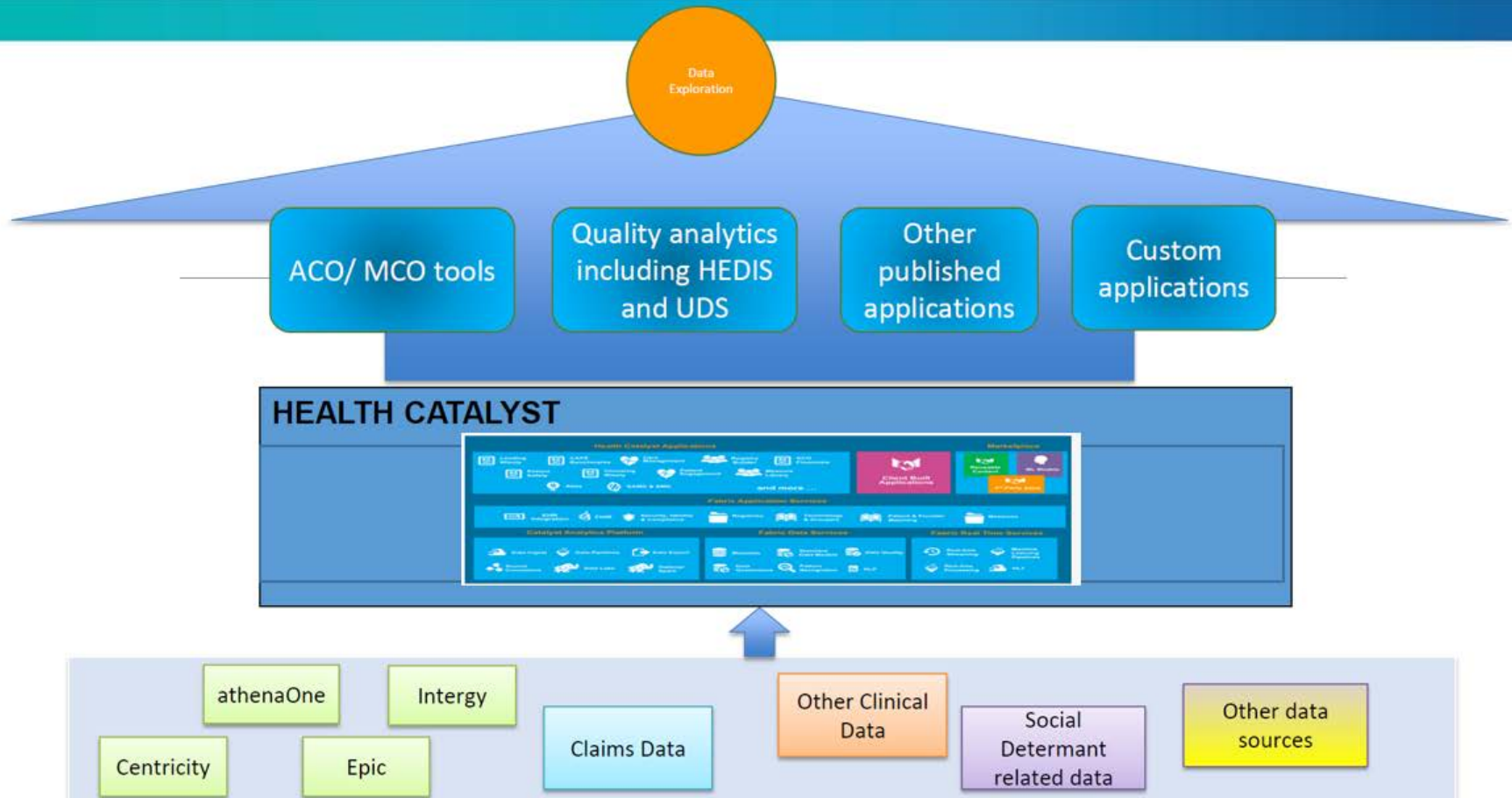


AllianceChicago now has initiatives that span 18 States and engage more than:

- 60 Safety-net Health Centers
- >3,200,000 patients
- >20 Funders
- >20 Research Affiliations



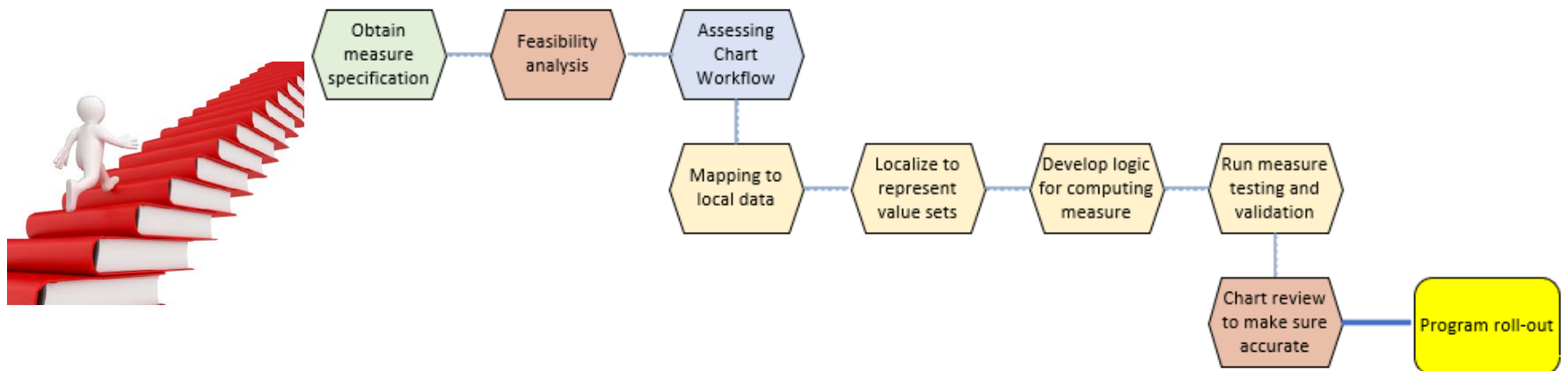
AllianceChicago Data Warehouse Overview



Prior Experience

- Universal HIV Screening Measure (CDC)
- Hepatitis C Screening (CDC)
- Contraceptive Measure (OPA)
- Heart Failure Measure Stratified by Race (NMQF)

Overview of Measure Implementation



CMS347v3: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Our process of building the eCQM for Statin Therapy.

How we implement the measure within organizations and measure testing.

Measure Description

- Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:
- *Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
- *Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR
- *Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

Performance Measures:

Measure Name	Measure Definition
Statin Therapy– ASCVD Risk Group	% of ASCVD patients age 21+ years who were prescribed or were on statin therapy during the measurement period
Statin Therapy – LDL-C level ≥ 190 mg/dL Risk Group	% of patients age 21+ years with LDL ≥ 190 mg/dL who were prescribed or were on statin therapy during the measurement period
Statin Therapy – diabetes and LDL-C level 70-189 mg/dL Risk Group	% of patients age 40-75 years with diabetes and LDL-C level 70-189 mg/dL who were prescribed or were on statin therapy during the measurement period
Statin Therapy Cohort - Follow-up Visit	Number of patients at identified as high risk of cardiovascular events (all risk groups combined) who were NOT on statin therapy at baseline who return for 1 or more follow-up visits
Statin Therapy Cohort - Newly Prescribed Statin Therapy	Number of patients at identified as high risk of cardiovascular events (all risk groups combined) who were NOT prescribed or were on statin therapy at baseline who return for 1 or more follow-up visits AND who receive a subsequent prescription for statin therapy

Measure Specification

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CMS Measure ID:

[CMS347v3](#)

Version:

3

NQF Number:

0

Performance/Reporting Period

2020

Description:

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

*Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR

*Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR

*Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

Data Elements contained within the eCQM

+ Expand all

[Adverse Event: Statin Allergen](#)



[Allergy, Intolerance: Statin Allergen](#)



[Diagnosis: Atherosclerosis and Peripheral Arterial Disease](#)



[Diagnosis: Breastfeeding](#)



[Diagnosis: Cerebrovascular disease, Stroke, TIA](#)



Feasibility

- Feasibility scorecard (ex: HCV)

Measure Title: HCV Learning Collaborative Feasibility Scorecard

#	Value Set	Data Element Attributes	Value Set Code Type	Timeline	DATA AVAILABILITY		DATA ACCURACY		DATA STANDARDS		WORKFLOW	
					Is the data readily available in a structured format?		Is the information contained in the data element correct? Are the data source and recorder specified?		Are the data elements coded using a national accepted terminology standard?		To what degree is the data element captured during the course of care? How does it impact the typical workflow for	
					Score	Additional Characteristics	Score	Additional Characteristics	Score	Additional Characteristics	Score	Additional Characteristics
1	1945-1965 Birth Cohort	Administrative Code	Administrative code	Current								
2	UDS Visit	Administrative Code	ID10CM, ID9CM, SNOMEDCT, CDT, CPT, HCPCS, RXNORM	Current								
3	HCV risk factor - Current or past injection drug use	BD	TBD	Current								
4	HCV risk factor - History of IDU	BD	TBD	Current								
5	HCV risk factor - History of incarceration	BD	TBD	Current								
6	HCV Antibody	16.840.1.113762.1.4.1056.72	CPT Code?	Current								
7	Tested for HCV RNA	16.840.1.113762.1.4.1056.73	CPT Code, LOINC	Current								
8	HCV Diagnosis	See my email attachment	ICD	Current								
9	Linkage to HCV Care	BD	No available value set - will need to determine during project period - I found a ref for	Current								
10	HCV Treatment Initiation	Proposed med list	RxNorm Codes?	Current								
11	HCV Cure	16.840.1.113762.1.4.1056.73	LOINC	Current								

Assess Chart Workflow



Value Set Authority Center (VSAC)

[Welcome](#)
[Search Value Sets](#)
[Download](#)

Search the NLM Value Set Repository. Program: All Expansion Version: Latest

COVID-19 Value Sets: ☐

Refine by:

Steward
Code System

[Search Results](#)
[Value Set Details](#)

[API Resource](#)

Value Set Information Expansion Versions: eCQM Update 2019-05-10

[Metadata](#)
[Description](#)
[Measure](#)
[Grouping Members](#)

Name: Cerebrovascular disease, Stroke, TIA

Code System: ICD10CM, ICD9CM, SNOMEDCT

Value Set Definition

Definition Type: Grouping

Definition Version: 20170504

Program: CMS, eCQM Update 2019-05-10 using this value set

Expansion Details

Expansion Profile eCQM Update 2019-05-10

OID: 2.16.840.1.113762.1.4.1047.44

Steward: [Contact](#) Quality Insights of Pennsylvania

Value Set Name	Code System	OID	Type	Definition Version	Steward	Program	Expansion Version	Expanded Code List
Cerebrovascular disease, Stroke, TIA	ICD10CM ICD9CM SNOMEDCT	2.16.840.1.113762.1.4.1047.44	Grouping	20170504	Quality Insights of Pennsylvania	CMS, eCQM Update 2019-05-10 using this value set	eCQM Update 2019-05-10	

Code	Description	Code System	Code System Version	Code System OID	TTY
220:69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
221:69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
222:69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
223:69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
224:69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
225:69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
226:69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
227:69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
228:69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
229:69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
230:69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
231:69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
232:69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	ICD10CM	2019	2.16.840.1.113883.6.90	PT
233:69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting	ICD10CM	2019	2.16.840.1.113883.6.90	PT
234:69.290	Apraxia following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
235:69.291	Dysphagia following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
236:69.292	Facial weakness following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
237:69.293	Ataxia following other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
238:69.298	Other sequelae of other nontraumatic intracranial hemorrhage	ICD10CM	2019	2.16.840.1.113883.6.90	PT
239:69.30	Unspecified sequelae of cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
240:69.310	Attention and concentration deficit following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
241:69.311	Memory deficit following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
242:69.312	Visuospatial deficit and spatial neglect following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
243:69.313	Psychomotor deficit following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
244:69.314	Frontal lobe and executive function deficit following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
245:69.315	Cognitive social or emotional deficit following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT
246:69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	ICD10CM	2019	2.16.840.1.113883.6.90	PT

Value Set Info

Expansion List

Mapping to Local Data

Insured, Uninsured, Patient's Primary Insurance										
Report variables	Variable name	Variable description	Data type	Date specification	Centricity table	Centricity column	Centricity value	HDID for OBS	Data value	Questions/com
	PatientID		Numeric		PatientProfile	PatientID				
	HealthCenterID				PatientProfile	HealthCenterID				
	Race	6 Main Categories								
	Ethnicity	Hispanic/Latino, Not HHispanic/Latino								
	Sex	Male, Female, Unknown								
	Insurance Status	Insured, Uninsured, Patient's Primary Insurance							Selfpay OR Unknown = Uninsured. Else insured	
	Age			as of 1/31/2019						
	Age Category	Ages 21-24		as of 1/31/2019						
		Ages 25-34								
		Ages 35-44								
		Ages 45-54								
		Ages 55-64								
		Ages 65-74								
		Ages 75+								
	Language	Best Served in a Language Other Than English. UDS Definition	Y/N							
	LDL Name	Recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period		Highest value between 2/1/2016-1/31/2019	Obs	ObsName	LDL	30		
							LDL DIR	21893		
							LDL (CALCUL)	3891		
							LDL	30		

Building Logic

The screenshot displays the PopulationBuilder interface with a workspace titled "Adults aged >= 21 years who were previously diagnosed with or curre...". The workspace contains a vertical sequence of filters connected by AND operators:

- Organization Center Filter (Organization ID: ACIL)
- Patient Filter (Age: 21 years and older)
- Encounter Filter (Encounter Type: Adult Office Visit, COVIDOFFICE, and 24 others; Start Date: Within the last year)
- Diagnosis Filter (Code: I20Atherosclerosis and Peripheral Arterial Disease)
- Medication Order Filter (Medication Description: #ATORVASTATIN 10 MG TABLET, #ATORVASTATIN 20 MG TABLET, and 1111 others)

A "Generated SQL" window is open, showing the following query:

```
ComponentID: ALRESORGANIZATIONCENTER, ALRESCENTERID
*/
IF OBJECT_ID('tempdb..#Rule_0_@ACRESorganizationCenter') IS NOT NULL
DROP TABLE #Rule_0_@ACRESorganizationCenter
GO
SELECT query.* INTO #Rule_0_@ACRESorganizationCenter
FROM (
    SELECT source.EDWPatientID AS EDWPatientID
    FROM SharedLocal.Person.Patient AS source
    INNER JOIN SharedLocal.Security.PatientOrgCenterLinkage AS C1 ON
    source.EDWPatientID = C1.EDWPatientID
    WHERE C1.OrganizationID IN ('ACIL') AND C1.RowsourceDesc IN
    ('Centricity.ACIL.UF','Centricity.ACIL.WM','Centricity.ACIL.AL','Centricity.ACIL.EF',
    'Centricity.ACIL.PM','Centricity.ACIL.PH','Centricity.ACIL.FP','Centricity.ACIL.H',
    'Centricity.ACIL.HF','Centricity.ACIL.HM','Centricity.ACIL.HI','Centricity.ACIL.HC',
    'Centricity.ACIL.HB','Centricity.ACIL.IM','Centricity.ACIL.IC','Centricity.ACIL.LC',
    'Centricity.ACIL.MA','Centricity.ACIL.NW','Centricity.ACIL.NC','Centricity.ACIL.SH',
    'Centricity.ACIL.SA','Centricity.ACIL.TC','Centricity.ACIL.TP','Centricity.ACIL.NM',
    'Centricity.ACIL.TS','Centricity.ACIL.WY','Centricity.ACIL.NK','Centricity.ACIL.HS')
    GROUP BY source.EDWPatientID
) AS query;
```

Measuring Testing/Validation

PID	ETHNICITY	Sex	Age	AgeCategory	ASCVDCode_v1	ASCVDOnsetDate	LDLEver	LDL3YR	LDLMostRecent	Statin	DiabetesCode	DiabetesOrHyperchole	Hypercholesterolemia	RiskGroup1_NUM	RiskGroup1	RiskGroup2
635956517966	Not Hispanic	F	28	Ages 25-34	G45.8	1/5/2015 0:00	86		86					N	Y	N
735050337882	Hispanic or M		40	Ages 35-44	G45.9	2/21/2017 0:00	179	179	179	ATORVASTATIN CALCIUM 40 MG ORAL TABLET				Y	Y	N
738215666104	Hispanic or F		62	Ages 55-64	G45.9	9/11/2014 0:00	119	110	110	ATORVASTATIN CALCIUM 40 MG ORAL TABLET				Y	Y	N
742580478318	Not Hispanic	M	63	Ages 55-64	G45.9	9/12/2019 0:00	186	186	186	LIPITOR 20 MG ORAL TABLET				Y	Y	N
743742622252	Unspecified	F	46	Ages 45-54	G45.9	5/15/2019 0:00				LIPITOR 40 MG ORAL TABLET	E11.9	#####		Y	Y	N
628927487384	Not Hispanic	F	37	Ages 35-44	G45.9	6/28/2019 0:00	114	103	103	ATORVASTATIN CALCIUM 20 MG ORAL TABLET				Y	Y	N
629122868976	Not Hispanic	F	57	Ages 55-64	G45.9	10/15/2014 0:00	116	87	87	ATORVASTATIN CALCIUM 40 MG ORAL TABLET				Y	Y	N
207690004732	Not Hispanic	F	46	Ages 45-54	G45.9	9/11/2015 0:00	175	165	165	ATORVASTATIN CALCIUM 40 MG ORAL TABLET				Y	Y	N
732998831166	Not Hispanic	F	46	Ages 45-54	G45.9	8/26/2019 0:00	144	69	69	ATORVASTATIN CALCIUM 40 MG ORAL TABLET				Y	Y	N
733020586718	Not Hispanic	F	46	Ages 45-54	G45.9	3/22/2016 0:00	216	186	186	SIMVASTATIN 40 MG TABLET				Y	Y	Y
735893888492	Not Hispanic	F	51	Ages 45-54	G45.9	3/6/2016 0:00	58	58	58					N	Y	N
736117510464	Not Hispanic	F	66	Ages 65-74	G45.9	1/31/2013 0:00	149	149	149	ATORVASTATIN CALCIUM 20MG TABLET				Y	Y	N
736827912912	Not Hispanic	F	46	Ages 45-54	G45.9	5/27/2015 0:00	128	110	110	ATORVASTATIN CALCIUM 20 MG ORAL TABLET				Y	Y	N
738964872926	Not Hispanic	M	50	Ages 45-54	G45.9	8/24/2017 0:00	120	120	120					N	Y	N
737930542860	Not Hispanic	F	57	Ages 55-64	G45.9	2/23/2017 0:00	137	137	137	SIMVASTATIN 40 MG ORAL TABLET	E11.9	#####		Y	Y	N
738119962594	Not Hispanic	M	51	Ages 45-54	G45.9	3/1/2018 0:00	177	69	69	ATORVASTATIN CALCIUM 80 MG ORAL TABLET				Y	Y	N
738265557442	Not Hispanic	M	65	Ages 65-74	G45.9	3/27/2019 0:00	65	62	62	LIPITOR 10 MG ORAL TABLET				Y	Y	N
740088317080	Not Hispanic	M	49	Ages 45-54	G45.9	6/26/2019 0:00	152	102	102	LOVASTATIN 20 MG ORAL TABLET				Y	Y	N
741515606804	Not Hispanic	F	52	Ages 45-54	G45.9	8/31/2017 0:00	90	80	80	ATORVASTATIN CALCIUM 10 MG ORAL TABLET	E11.9	#####		Y	Y	N
741756277598	Not Hispanic	F	59	Ages 55-64	G45.9	7/24/2018 0:00	122	122	122	ATORVASTATIN 40MG TABLETS	E11.9	#####		Y	Y	N
742342422374	Not Hispanic	M	51	Ages 45-54	G45.9	10/26/2018 0:00	118	115	115	ATORVASTATIN CALCIUM 10 MG ORAL TABLET				Y	Y	N
743026885510	Not Hispanic	M	55	Ages 55-64	G45.9	10/15/2018 0:00	108	78	78	ATORVASTATIN CALCIUM 40 MG ORAL TABLET	E11.65	#####		Y	Y	N
740869111290	Not Hispanic	F	55	Ages 55-64	G45.9	2/9/2018 0:00	143	124	124	ATORVASTATIN CALCIUM 20 MG ORAL TABLET				Y	Y	N
741110932618	Not Hispanic	F	52	Ages 45-54	G45.9	8/29/2019 0:00	109		109	ATORVASTATIN CALCIUM 80 MG ORAL TABLET				Y	Y	N

Chart Review- Denominator

- Data element | **Diagnosis: Cerebrovascular disease, Stroke, TIA**

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts that represent stroke and high risk diagnoses associated with stroke, including transient ischemic attack (TIA) and generalized ischemic cerebrovascular disease, which would indicate a patient has atherosclerotic cardiovascular disease (ASCVD) in relation to a cerebrovascular event.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category or attribute related to Diagnosis.

INCLUSION CRITERIA: Includes only relevant concepts associated with ASCVD diagnoses of cerebrovascular origin.

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Diagnosis: Cerebrovascular disease, Stroke, TIA value set [\(2.16.840.1.113762.1.4.1047.44\)](#)

Problems				
<div><div><div></div><div>Enter search text</div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>				
	Description	ICD-9	ICD-10	Onset Date
+	Transient ischemic attack	435.9	G45.9	03-Jan-2020
+	Stroke	434.91	I63.9	10-Mar-2020



Name:

Cerebrovascular disease, Stroke, TIA

Code System:

ICD10CM, ICD9CM, SNOMEDCT

OID:

2.16.840.1.113762.1.4.1047.44

Steward: [Contact](#)

Quality Insights of Pennsylvania

Chart Review- Numerator

- Data element | Medication, Order: Low intensity statin therapy


Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts that represent low intensity statin medications as defined by the 2013 American College of Cardiology (ACC) and the American Heart Association (AHA) guideline.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category related to Medication.

INCLUSION CRITERIA: Includes only relevant concepts associated with low intensity statin therapy medications.

EXCLUSION CRITERIA: Excludes any other intensity of statin therapy.

Constrained to codes in the Medication, Order: Low intensity statin therapy value set ([2.16.840.1.113762.1.4.1047.107](#)). 

New Medication

Find Medication

Custom List: Alliance Statins

PRAVASTATIN SODIUM 20 MG ORAL TABLET Take one daily 30 \$3.27

PRAVASTATIN SODIUM 40 MG ORAL TABLET Take one daily 30 \$4.79

PRAVASTATIN SODIUM 80 MG ORAL TABLET Take one daily 30 \$4.79

SIMVASTATIN 10 MG ORAL TABLET Take one daily 30 \$2.82

SIMVASTATIN 20 MG ORAL TABLET Take one daily 30 \$4.92

SIMVASTATIN 40 MG ORAL TABLET Take one daily 30 \$4.92

Medications

Interactions:

Active Only

Lexi-Drugs Online

Description	Instructions	Route	Last Rx	Generic	Start Date
SIMVASTATIN 10 MG...	Take one daily	ORAL		SIMVASTATIN	06-Jan-2020
OXYCODONE HCL 20...		ORAL		OXYCODONE...	17-Jul-2020

Aggregate Report

		Month of Measurement																		
		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Statin Therapy - All Risk Groups																			
	Number of patients in denominator who received a prescription for statin therapy on or after 6/1/2019	5554	5578	5575	5709	5916	6085	6201	6247	6355	6415	6402	6436	6511	6658	6715	6640	6504	6451	0
	Number of patients ages 21+ years with 1+ visits in the past 12 months who met the above risk group criteria	11366	11439	11472	11553	11688	11763	11863	11956	12156	12333	12401	12604	12798	12915	13005	12967	12807	12751	0
		48.9%	48.8%	48.6%	49.4%	50.6%	51.7%	52.3%	52.2%	52.3%	52.0%	51.6%	51.1%	50.9%	51.6%	51.6%	51.2%	50.8%	50.6%	#DIV/0!
	Statin Therapy - Diagnosis of ASCVD																			
	Number of patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	231	239	250	263	268	275	282	281	280	291	298	324	348	353	356	357	355	366	
	Number of patients ages 21+ years with 1+ visits in the past 12 months who met the following risk group criteria: Adults age 21+ years with a diagnosis of ASCVD*	299	309	315	326	328	338	340	341	343	359	363	366	375	383	389	388	385	394	
		77.3%	77.3%	79.4%	80.7%	81.7%	81.4%	82.9%	82.4%	81.6%	81.1%	82.1%	88.5%	92.8%	92.2%	91.5%	92.0%	92.2%	92.9%	#DIV/0!
	Statin Therapy - LDL ≥190 mg/DL																			
	Number of patients in denominator who are actively																			

Program and Roll-Out

- Clinical committee buy-in
- Training on workflow
- Consideration of unintended consequences
- Wraparound support

Statin on Medication List: Ensure the patient's statin medication is on the Medication List. Refer to the Disease Management Advisor for clinical decision support on statin prescribing, and the Alliance Statins Medication Custom List for easy access to prescribing recommended statins.

EHR Location: AC Clinical Content - Form

Name: Disease Management Advisor

Folder Path: Enterprise/Alliance/Disease Management

The screenshot displays the 'Disease Management Advisor' form. At the top, it shows patient information: DOB 05/01/1953, Patient Age 66 Years Old, and Chronic Condition Alert for Asthma, HIV, Obesity, Depression. Below this, there are tabs for various conditions: Diabetes, HIV, Hepatitis C, Cardiovascular, Asthma, Adult Obesity, and Cancer Screening. The 'Problems' tab is active, showing a list of medical problems such as MODERATE OBESITY, HIV INFECTION, Liver disease, and Depression. The 'Medications' tab is also visible, showing a list of medications including SEREVENT DISKUS, BREATH-ACTIVATED, and others. Below the tabs, there are two risk calculators: ANA/ACC ASCVD Risk Estimator (Risk Score: 29.7%, Recommendation: Moderate to High-Intensity Statin) and Framingham Risk Calculator (Risk Score: 14%, Risk Group: Intermediate). A 'Refresh Risk Score' button is located between the two calculators. Below the risk calculators, there is a section for 'Get Statin Recommendations Based On' with radio buttons for ANA/ACC ASCVD Risk Estimator and Framingham Risk Calculator. The ANA/ACC section is selected, showing a 'Recommended Moderate to High-Intensity Statin' with a score above 7.5%. A list of statins is provided, including Atorvastatin, Rosuvastatin, and Simvastatin. An orange callout box with an arrow points to the 'Add Statin' button. To the right of the main form, there is a 'Centricity Practice Solution' window showing a list of statin recommendations categorized by intensity: High-Intensity Statins, Moderate-Intensity Statins, and Low-Intensity Statins. An orange callout box with an arrow points to the 'Easy access to the Alliance Statins Medication Custom List, to start the statin prescription from this form.' text at the bottom of the screenshot.

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://oncprojecttracking.healthit.gov>
- eCQI Community Engagement Opportunities
<https://ecqi.healthit.gov/engage-ecqi>
- Electronic Clinical Quality Improvement (eCQI) Resource Center and Measure Collaboration (MC) Workspace ecqi-resource-center@hhs.gov

Measure Collaboration Workspace Webinar Series:
Measure Collaboration Workspace and eCQM Data Element Repository

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 – Screenshots of eCQM Data Element Repository

eCQM Data Element Repository Landing Page

 MC Workspace

Measure Collaboration (MC) Workspace

[About](#)

[eCQM Concepts](#)

[eCQM Clinical Workflows](#)

[eCQM Test Results](#)

[eCQM Data Element Repository](#)

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM Data Element Repository \(DERep\)](#) provides additional clarification for all the data elements associated with published and tested eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, [QDM attribute](#), or [QDM category](#) and datatype data element.

The data elements provided are for use in eCQMs for 2019 and 2020 Performance and Reporting periods. Information contained within the DERep is derived from the [eCQM specifications](#), [Quality Data Model \(QDM\)](#), and the [Value Set Authority Center \(VSAC\)](#). Each eCQM data element includes information about the value set or, the direct reference code ([DRC](#)), along with the [QDM datatype](#), and the [QDM attributes](#) used by that data element. In the eCQMs for the 2019 Performance and Reporting period, QDM Version 5.3 information is displayed. In the eCQMs for the 2020 Performance and Reporting period, QDM Version 5.4 information is displayed.

Year	Select a Filter Option	Search	Sort by	Order	
2020	- All Data Elements -		Title	Asc	<input type="button" value="Apply"/>

Select a filter or search by term and click Apply to see results. Filter definitions are below:

eCQM Data Element

The [eCQM](#) data elements provide a listing of all data elements used in eCQMs for the selected CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set](#) or the direct reference code, along with the [QDM datatype](#) and [QDM attributes](#) used by that data element.

Eligible Hospital/Critical Access Hospital eCQMs for 2021 Performance/Reporting

Year	Select a Filter Option	Search	Sort by	Order		
2021 ▾	EH/CAH eCQMs ▾	<input type="text"/>	Title ▾	Asc ▾	Apply	Reset

eCQM

The eCQM filter currently provides a list of the Eligible Hospital/Critical Access Hospital and Eligible Professional/Eligible Clinician measures used in CMS quality reporting programs. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element.

[CMS71v10 - Anticoagulation Therapy for Atrial Fibrillation/Flutter](#)

[CMS72v9 - Antithrombotic Therapy By End of Hospital Day 2](#)

[CMS104v9 - Discharged on Antithrombotic Therapy](#)

[CMS105v9 - Discharged on Statin Medication](#)

[CMS9v9 - Exclusive Breast Milk Feeding](#)

[CMS190v9 - Intensive Care Unit Venous Thromboembolism Prophylaxis](#)

[CMS111v9 - Median Admit Decision Time to ED Departure Time for Admitted Patients](#)

[CMS506v3 - Safe Use of Opioids - Concurrent Prescribing](#)

[CMS108v9 - Venous Thromboembolism Prophylaxis](#)

Total number of EH/CAH eCQMs: 9

Sample eCQM Page – CMS108v9 Venous Thromboembolism Prophylaxis (VTE-1)

Venous Thromboembolism Prophylaxis (VTE-1)

DERep Home Page

CMS Measure ID:

[CMS108v9](#)

Version:

9

NQF Number:

None

Performance/Reporting Period

2021

Description:

This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission

Data Elements contained within the eCQM

+ Expand all

[Assessment, Performed: Risk for venous thromboembolism](#)



Direct Reference Code

Constrained to 'Risk for venous thromboembolism' [LOINC code](#)

QDM Datatype and Definition (QDM Version 5.5)

Assessment, Performed

Data elements that meet criteria using this datatype should document completion of the assessment indicated by the QDM category and its corresponding value set.

Timing: The time the assessment is completed; Author dateTime.

[Device, Applied: Graduated compression stockings \(GCS\)](#)

