



Hospital Inpatient Quality Reporting (IQR) Program

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

Speakers

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, MITR, CMS Inventory Lead

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

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

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

Moderator

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

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Artrina Sturges: Good afternoon, everyone. My name is Artrina Sturges, and I am your host for today's event. Just a few reminders: This presentation is being recorded, and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is QualityReportingCenter.com, and also posted to QualityNet in the coming weeks. If you registered for the event, a reminder e-mail, as well as a link to the slides, were distributed yesterday. If you did not receive the email, the slides are available for download on our website, QualityReportingCenter.com. Next slide, please.

Today's presentation is the third and final webinar in the Measure Collaboration Workspace series, which highlights the tools supporting the electronic clinical quality improvement (eCQI) activities for eligible hospitals (EHs), critical access hospitals (CAHs), eligible professionals (EPs), and eligible clinicians (ECs) reporting eCQMs for CMS quality reporting programs. Next slide, please.

Our intent after today's webinar is that you will be able to describe the updates to the eCQM Data Element Repository, available to help your organization with eCQM data mapping activities, receive information directly from the healthcare organization detailing how they have used the Data Element Repository, which in turn should help you with your implementation efforts, lastly, to be aware of available resources associated with eCQM reporting. Next slide, please.

As a reminder, we do not recognize the raised-hand chat feature during webinars. We encourage you to submit questions relevant to today's topics using the chat tool which we intend to address during the question-and-answer (Q&A) section. A Q&A document will be published at a later date and will contain all questions pertinent to the webinar. The Q&A document will be consolidated to focus on the most important and frequently asked questions. In order to obtain answers to you have that are not specific to the content of this webinar, we recommend you go to the QualityNet Q&A tool. You can access the Q&A tool using the link on the slide. There you can search for questions.

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If you do not find your question there, then you can submit your question to us using the Q&A tool. Next slide please.

We have a number of presenters who have joined us for today's call. Debbie Krauss is a Nurse for the Center for Clinical Standards and Quality, CMS. Bridget Blake is a Principal Systems Engineer with MITRE. Rose Almonte supports Principal Clinical Informatics with MITRE. Andrew Hamilton is the Chief Informatics Officer with AllianceChicago. Eduardo Segovia is a Manager, Data Warehouse Business Analyst with AllianceChicago, and Tina Aggarwal is a Clinical Informaticist with AllianceChicago. Next slide, please.

Debbie Krauss will start today's webinar by providing the eCQM Strategy Project Background. Debbie, the floor is yours.

Debbie Krauss: Thanks, Artrina. Welcome, everybody. I'm really happy you took the time to join us today. This will be a great presentation on how to use the tools that we provided to you as a result of the eCQM Strategy Project. Next slide, please.

We started this project three years ago. It is focused on reducing burden associated with eCQM reporting. We wanted to look at how we cannot only reduce that burden, but increase the value of your use of eCQMs that you are reporting and increase stakeholder involvement and communication with CMS and their measure developers. In order to reduce the burden, we did over 200 stakeholder interviews presented at CMS quality conferences, and we heard from you all about your needs, your burdens, and came up with recommendations on how we could reduce these burdens. We look at measure development, process, electronic eCQMs, reporting and implementation process, and tools that you use for the eCQM reporting, including the cyber certification tool, the Bonnie logic testing tool and the measure authoring tool that creates specifications for the eCQM. Next slide, please.

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We came up with burdens in the areas of alignment, value, development, implementation and reporting, certification, and communication. We have implemented over 116 recommendations that CMS has approved us to work with stakeholders and contractors to implement this. Today we will be focused on one of the most common burdens that we heard from you all, the stakeholders, which was implementation, and data mapping, and understanding of the electronic clinical quality measure specifications.

For this purpose, we developed a module in the Measure Collaborative Workspace that is the Data Element Repository. This is a tool that we have heard a lot of positive feedback. You will see firsthand how the Chicago group was able to utilize this tool and improve their eCQM implementation and reporting. Next slide, please.

So, that is it. I do not want to take up any more time on the background of the project. All of this information is online. I will turn it back to Artrina.

Artrina Sturges: Thank you very much, Debbie. Bridget Blake will present information on the Measure Collaboration Workspace. Bridget, the floor is yours.

Bridget Blake: Great. Thank you. Next slide, please.

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

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To access the MC Workspace from the homepage of the eCQI Resource Center, select eCQMs. Then, under measure collaborations, select MC Workspace. Next slide, please.

As Debbie shared, 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 the Data Element Repository module in December 2018. The team continued to gather requirements in 2019, and the remaining modules were launched in a December 2019 release. This diagram shows the four modules that comprise the MC Workspace. If you start at the top and work clockwise, the eCQM concepts module allows users to search existing measure inventory and submit new measure concepts for consideration not based on an existing measure. The new eCQM clinical workflow module allows users to review sample, clinical workflows associated with the de novo eCQMs and to provide feedback on expected challenges. The eCQM test results module provides transparency into eCQMs are tested and allows users to participate in testing activities. Finally, the eCQM Data Element Repository to provide data definitions to aid and measure implementation and data mapping. It's a searchable tool that provides all of the data elements associated with eCQMs and CMS quality reporting programs. This webinar is the third in the series of three where we will discuss these modules in more detail. Today, Rose will demonstrate the final module, the [eCQM] Data Element Repository, or DERep module, of the MC Workspace. Artrina, back to you.

Artrina Sturges: Thank you very much, Bridget. As Bridget mentioned, Rose Almonte will present information on the eCQM Data Element Repository. Rose, the floor is yours.

Rose Almonte: Thank you, Artrina. In this last webinar of this series, I will be providing a demonstration of the Measure Collaboration Workspace, and specifically the Data Element Repository, or eCQM DERep, as it's also referred. I'll start from the eCQI Resource Center homepage, which you see here. From this homepage, there are multiple ways to access the MC Workspace. You can click on the eCQM menu and launch the MC Workspace from there,

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or from the Resources menu where the link is also available. I will go ahead and click on that link. We are now at the MC Workspace landing page. This has this graphic that many of you may now be familiar with. Beneath the graphic, you will find a brief description of each of the modules contained in the Measure Collaboration Workspace, as well as the list of featured research resources. Today I will be focusing on the eCQM Data Element Repository, which you can access that from the tab at the top or by clicking on the right widget of the graphic in green. I will go ahead and click on that.

We are now at the eCQM on the Data Element Repository. The Data Element Repository went live in 2018. Since then, the tool has been updated to incorporate stakeholder feedback, and it contains the data definitions for all of the available CMS programs, eligible hospitals, critical access hospitals, eligible professionals, eligible clinicians eCQMs for the 2019, 2020, and 2021 performance and reporting period. There is a brief description of the Data Element Repository which you will find here at the top. Generally, the aim of this tool is to reduce implementer or burden by centralizing information from multiple sources. Those multiple sources being the eCQM specifications, the Value Set Authority Center, and the Quality Data Model (QDM). Collectively this information helps implementers perform data mapping activities.

From the Data Element Repository, you are able to filter the information and search for specific items. There is a year filter that allows you to select for the appropriate performance and reporting period, and then you can filter to view the eCQM data elements, eligible hospitals, critical access hospitals, eligible professionals, eligible clinicians, eCQM, categories, attributes, and data types. You will see a brief description for each of those filters here. I will go ahead and apply a sample filter for 2021 performance reporting period and select to view that eligible professional/eligible clinician eCQM. I will click apply. I will see the 47 eCQMs that are currently available for the 2021 performance and reporting period.

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Likewise, if I change that filter to view the other eCQMs, and click apply, I will see the nine eCQMs that are currently available for the 2021 reporting and performance period.

I will show you a sample measure page, which we understand to be most helpful to implementers. I will use an eligible professional/eligible clinician eCQM for that. To view the details of the specific measure, you simply click on the measure title for that measure. I will select the cervical cancer screening measure, CMS124v9. I am now viewing a measure page on the Data Element Repository. The top portion of this page shows you the measure title and the measure description, which is taken from the eCQM specification. The remaining portion is the listing of all of the data elements used for that measure. This listing also includes any data element attributes that are constrained to a value set. This measure title, cervical cancer screening, is also a hyperlink.

If I click on that, you are brought to the eCQI Resource Center page which contains the specifications, general information, and release notes for that measure for this selected performance period. Then, clicking on the specification, you will be brought to the human readable view of that measure specification that many of you are familiar with, showing you the metadata, the header information. Beneath that, you will see the logic for that measure. Then, for the data criteria, you will see a listing of the QDM data elements and their respective value set. This is where the eCQM Data Element Repository might be helpful to provide you more detail behind what the data elements represent.

In going back to the eCQM Data Element Repository, these data elements, are currently collapsed. If I click to expand all, I will now see some additional information for each of these data elements. That information includes, at the top, information from the Value Set Authority Center which may be a specific code in that case of a direct reference code as it is in this example or the value set purpose statement as is shown here or encounter performed, and encounter inpatient, along with a link to the Value Set Authority Center. Beneath that is a QDM datatype and definition for that particular data element.

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You can see that this is linked to the Value Set Authority Center. If you are implementing this measure for cervical cancer screening and you want to learn more about each of the data elements. For this first element, Diagnosis: Congenital Absence of Cervix, you can see that it is a direct reference code and the SNOMED CT code is a link to the Value Set Authority Center. If I click on that link, it will take me directly to the value set authority center to that specific code. Now see here, the SNOMED CT code and the description for that code.

Also, in understanding what diagnosis means, I see the definition from the Quality Data Model of what the diagnosis definition is. For encounter performed, encounter inpatient, this particular data element is using a value set. The link to VSAC is the value set object identifier (OID). In clicking on that link, I am brought to the Value Set Authority Center. Before seeing all of the codes that are in that value set, you will need a VSAC login. If you do not have a login, you can request one by clicking on the Request One Now link and go through that process. I do have one, so I will type in that username and password information. I am brought directly to that value set and to their respective expansion version for the selected performance period that I have. For 2021, it is using this particular expansion version.

In clicking on the description, you will see that in the purpose statement, this is the information that is already visible in the Data Element Repository. Beneath that, you will see all of the available codes in that specific value set. Going back to the measure page on the Data Element Repository for the cervical cancer screening measure, you can see how it centralizes information from the eCQM specification from the Value Set Authority Center and from the Quality Data Model. This tool is not intended to replace the source documents. We encourage you to refer back to source files for more detailed information. Hopefully you will find it helpful, that the key pieces of information from those sources are consolidated and centralized to this location. As you implement measures and run into questions seeking more detail, behind what a data element is intending to capture, you can refer to this tool to view supporting information in one place for each CMS eCQM. On each of these pages you will see a link to go back to the DERep homepage.

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I will click on that. Quickly, I will show you other available filters in the DERep. The eCQM data element filter is going to show you a comprehensive listing of all of the eCQM data elements across all of the measures across selected performance reporting period. I will do that now.

You can imagine it will be a lengthy list and it could take some time. In selecting the QDM categories, and clicking Apply, you will see all of the available QDM categories for the current performance period. For 2021 eCQMs, the QDM v5. 5 update is used. For any of these QDM categories, you can click on the particular QDM category name and view the definition for that QDM category, and you can view the link to any QDM datatypes that are currently used in the selected performance period.

In going back to the DERep homepage, I am going to select the 2021 performance and reporting period and select to view the QDM data types. Again, you will see a listing of the available QDM data types, and QDM v5. 5 guidance update.

Similarly, you can click on that QDM datatype name to view the complete definition from the QDM, the definition for the respective QDM category, and a listing of all of the data elements in the selected performance period that are using that particular QDM datatype.

Likewise, when you filter on 2021 and select QDM attributes. For 2021 QDM attributes, you will see the list in the available QDM attributes in QDM version 5. 5. I will select Admission Source. You will see a definition for admission source, and you will see a link to any of the QDM data types that are currently using that QDM attributes. Just to show you how the information is linked to one another, I will go ahead and click on Encounter Performed, which, as you saw, shows the QDM definition for Encounter Performed, and the definition for the respective QDM category that it is part of and any data elements using the QDM datatype. To go further, I will select the Encounter Performed: Clinical Oral Evaluation, and I will see that specific data element page, the datatype, the definition, and I will see any measures that are currently using that data element, along with the definition of any QDM attributes that are specified for that

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datatype, as well. You will see how all of the information in the QDM Data Element Repository is linked to one another, build upon one another. That way you can see any related measures that might be using similar data elements.

I will click to return to the data element repository homepage. Hopefully, you have a better understanding of what the data element repository can offer you. I showed you how to use the filters, how to see the measure pages, how the information is linked together. We hope you find it useful. If you have any feedback to share, please feel free to do that via the Contact Us link on the eCQI Resource Center. For those who may not have attended the previous session, the recording and references and slides are available at the Quality Reporting Center. Those links are also available here at the eCQI Resource Center by clicking on the Resources link and the eCQM and eCQI educational resources and then on this general eCQM and eCQI education block. You will see a variety of resources which also includes links to those recordings.

I also want to add that to access and review information on the MC Workspace, you do not need an eCQI Resource Center account. However, if you are interested in submitting an eCQM concept of your own or commenting on any of the content in the MC Workspace, you will need an account on the eCQI Resource Center. That is it for this demonstration. Thank you all.

Artrina Sturges: Thank you very much, Rose. At this time, the AllianceChicago team has joined us. They will start their presentation. Andrew, the floor is yours.

Andrew Hamilton: Good afternoon, and thank you for joining. It is a pleasure to share with you the work we have done at AllianceChicago relative to the topic of specifying and implementing electronic clinical quality measures. Next slide, please.

AllianceChicago is a Health Center Controlled Network, which means we bring community health centers together from across the country to support use, implementation, optimization and ongoing support for health

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information technology. We work with over 60 community health centers from over 18 states. We focus on areas of healthcare collaboration and innovation, health information technology, and health research and education. Next slide.

Alliance Chicago has, as I mentioned, brought together a safety net health center that includes over three million unique patients. We have supported over 20 research affiliations, and have contracts with federal, state, local agencies to support the ongoing use, adoption, and optimization of health information technology. Next slide.

Today, we will be sharing work that our team has done related to developing, testing, and implementing electronic clinical quality measures. The work that we will be demonstrating is derived from the data source in our enterprise data warehouse. The AllianceChicago enterprise data warehouse includes data sources from multiple EHR systems, as well as claims data, and other relevant clinical data that supports our work in health information technology, research, education, and innovation. The platform that we use is a third-party commercial technology from Health Catalyst. From there we derived a series of tools that support all of our organization's needs, including supporting accountable care, quality and reporting, including HEDIS and UDS measurement sets which are relevant to our Community Health Centers and encompass aspects of the eCQMs. We have also developed customized applications out of the enterprise data warehouse which we use to support workflows and population health, risk stratification, and patient engagement. Next slide.

The work we will present today is specific to a single quality measure that we have been involved in testing and developing. Prior to that work, we also want to share with you that we have completed testing and evaluation of the measures listed here, as well as many others throughout the history. These are the most recent ones. In each of these, we followed a similar process which we will share today. With that, I would like to turn this presentation over to my friend and colleague, Tina, who will walk you through this process. Thank you so much. Tina, the floor is yours.

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Tina Aggarwal: Thank you, Andrew. Hello everyone. When it comes to the eCQM Data Element Repository there are steps on the right, including accessing data elements and value sets and test results that Rose also touched upon in previous slides. We utilize these steps and have a process we go through at AllianceChicago. I will go through a high-level overview which will address what does an implementer actually do in order to go through measure implementations. Our steps include obtain measure specification, feasibility analysis, assessing chart workflow, mapping to local data, localized to represent value sets, develop logic for computing measure, run measure testing and validation, chart review to make sure everything is accurate, and program rollout. I just wanted to present this high-level overview, but we will focus on going through each step in more detail on the upcoming slides. Next slide, please.

Eduardo Segovia: In the next two slides, we will take a deep dive into measure implementation in our organization for measure number CMS347v3: Statin Therapy for Prevention and Treatment of Cardiovascular Disease. We will highlight how we use various tools to develop reports based on the measure specification using surveys, report design, and development tools, and eventually data validation and testing methodology. I will kick it over back to Tina to describe the measure itself in more detail. Next slide.

Tina Aggarwal: Thank you. I want to take a moment to state the measure we will be talking about. We are going to be looking at the measure implementation process for Statin Therapy for the Prevention of Cardiovascular Disease. This measure is looking at the percentage of the following patients all considered high risk for cardiovascular events who were prescribed or were on statin therapy during the measurement period. I do not want to get too clinical for the purposes of this webinar, so I'll pass it back to Eduardo who will jump into the core of the process starting with measure specification. Next slide, please.

Eduardo Segovia: Thank you, Tina. As you may be aware, any given measure starts with the specification document. That can include the measure ID, version, measure description, and data elements which are typically grouped in the value sets, which you saw earlier in the eCQI slides. Information

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contained in these documents are developed by various measure development organizations and stakeholders. Typically, they go through months and sometimes years of rigorous development with various expert panels until they are endorsed and implemented into a wide variety of reporting programs and/or reporting data modalities. You can find the measure specification documents in various locations. I would like to highlight the eCQI Resource Center. You will see the link below on the slide as being the primary resource where measure developers, implementers, and various stakeholders can obtain measure resources. Next slide.

Prior to implementing any measure at organizations, we perform an assessment of each data element needed by the measure to evaluate the feasibility of capture for any given data element. An example of such a tool is an Excel document which was developed by the National Quality Forum to help gauge whether the necessary data elements and value sets that comprise any given measure would be successful if implemented in an electronic system. We ask the implementer to rate on a scale of 1 to 3, on either the current or future state for four areas of focus. They are data availability, data accuracy, data standards, and workflow. I will hand it over to my colleague, Tina, to discuss how workflow is typically assessed in a given site. Next slide.

Tina Aggarwal:

Thank you. So, when we assess chart workflow, we are examining to what degree is the data element captured during the course of care and how does it impact the typical workflow for users. We must take into consideration what is readily available in the electronic medical record and also take into consideration the possibility of needing to develop new content to capture data elements. As part of the workflow for the feasibility scorecard Eduardo just went over, we are looking at if one, the data element is routinely collected as part of routine care; two, if the data element is not routinely collected but is perceived to have some benefit to care; and three, we are looking at if additional time and effort are needed to collect this data without any immediate benefit to care. So, we are looking at these different components. Another key thing to note is

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overall, when assessing chart workflow, is training people to assess workflow and getting feedback from our site. Many sites may be using different workflows, so inquiring about feasible ways to capture the data, and delving more into the unique workflows tends to be more beneficial. Next slide, please.

Eduardo Segovia: After assessing feasibility and workflow, the next step in measure implementation is extracting all of the necessary data elements and codes needed as specified by the measure. In the previous slide showing the eCQI website for measure specification, we saw a listing of data elements. These elements are linked to the Value Set Authority Center website which is an online repository authoring tool hosted by the National Library of Medicine in order to help reference value sets, created by external programs which have been made publicly available. The value sets can be a list of codes, SNOMED CT, LOINC and many others. Using the National Library of Medicine search tool, we can also query specific value sets that may be called out by our specifications. For our measure, we can see the diagnoses codes related to cerebrovascular disease diagnosis that help to define the history of ASCVD. Using the export feature, we can extract ICD-10 codes needed by our report or our database programmers. Next slide.

Now that we have captured all of the value sets and codes, the next step in the process is to catalog and document a mock-up report in commonly available tools such as Excel, as you see here. We list out the variable names used in the report and document where they would map to locally. The example above is a patient-level mockup for the statin measure. You will notice demographic related elements which are commonly reported for most EMRs. Additionally, statin lab data elements are documented and mapped to local codes used by the EMR system and/or the lab interface. This process of documentation has been helpful for our organization. It is not only aided in the understanding of the measure specification, but it helps to get a sense of the scope and depth of the content available in the local EMR system. Additionally, it has helped to highlight potential issues and variations of clinical documentations in various practice sites. This

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documentation process has also been helpful for data analysts, or database programmers, as it provides a recipe for data extraction, planning, and can aid in the development of future projects much more rapidly. Next slide.

Now that we have created our recipe using data elements and mapped them to local codes, we can begin the construction of the report in our reporting system. Some reporting systems are object-oriented type based tools as you can see above. It allows the use of featuring drag-and-drop functionality and having some visual familiar clinical concepts, such as locational care, EHR filters, encounter types, diagnosis, and medications. More modern day data tools have been designed to facilitate report creation for the EMRs with minimal training for any level of end user. The example shown above is the creation of an age cohort for patients aged greater than or equal to age 21 previously or currently diagnosed with ASCVD using a population filter tool in Health Catalyst. Additionally, some reporting systems have allowed us to customize our data layering and search queries using common database programming languages such as SQL, or Structured Query Language. The tool above has ability to generate reusable code for us to provide flexibility for more advanced database programming. Next slide.

After building a report using our reporting tool, we arrive at a final view of the data set, which is an Excel extract from our population builder tool. This can undergo some type of testing and validation to ensure accuracy and reliability of our data. Additionally, testing and validation help ensure that data being reported is reflected accurately based on how it appears in the chart. The data can be summarized using descriptive statistics to help gain an understanding of the frequency of events, such as average duration or most commonly prescribed medications. Performance type measures can also go through more sophisticated analyses, such as signal to noise reliability testing, to help us understand actual differences in performance, versus errors in measurement.

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These steps can be performed by an analyst, informatics, or statistician at the site. For most organizations, it is recommended practice to perform chart abstraction after completing any measure implementation and report it using a small sample from the data set. I will now hand it over to Tina to review the process of chart review based on our statin measure. Next slide.

Tina Aggarwal:

Thank you. This data element Diagnosis: Cerebrovascular disease, Stroke, TIA comes from the measure specification page shown earlier. Clicking on the data element itself, brings up the value set description from VSAC along with other information. When it comes to chart review, we are validating the data elements in content in patient charts based off what the patient-level report returned. It is important to conduct testing and implement some form of a QA process before it rolls out to our Community Health Centers. Verifying the data element in the content is the best way for us to do this. For us specifically at AllianceChicago, we usually perform validation testing on multiple patients from multiple databases. Next slide, please.

This data element is diagnosis. I'm sorry, this data element is Medication, Order: Low Intensity Statin Therapy. This is another example of validating a data element in the EMR. It is important to validate both the denominator, which was the previous slide, and the numerator, as indicated on this slide, in order for us to validate the denominator and numerator, that is the best way to ensure that the full measure is being validated. Next slide, please.

Eduardo Segovia:

Following successful chart review, we have created an aggregate performance-level report for our statin measure. This is the last and final step to ensure validity and to provide helpful data for benchmarking and quality improvement for our various stakeholders looking to improve performance across the organizations. I'll hand it back over to Tina to discuss the process and considerations for rolling out content and reports to our end users. Next slide.

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Tina Aggarwal:

After all the steps of measure implementation have been completed, the last step is creating a program and rollout plan. Some aspects of this include presenting information at clinical committees and meetings to engage folks, training on workflows, and then consideration of unintended consequences, such as cost, and potential workflow modifications which may lead to increase time and potential burden. Another important part of the rollout processes is providing wraparound support. One big part of the wraparound support we conducted at AllianceChicago is webinars and more commonly clinical guidance and FAQ documents to disseminate to users. The picture on the slide here is just an example taken from one of the FAQs we have created. This provides measure information on statin therapy, and it presents where it is documented in the EMR. We tried to make everything a smooth process on translating information to sites, as we know that there is constantly a lot going on. So, there are various different ways that a program can be created and rolled out. These are a few highlights of how we do it. With all that, on behalf of AllianceChicago, we wanted to thank you for letting us to present the review of the eCQM Data Element Repository. I will pass it back to Artrina. Thank you.

Artrina Sturges:

Thank you very much. Huge thank you to all of our speakers today. If you have questions or comments, we would like to encourage you to engage and get help. Next slide.

Links have been provided for the eCQI Resource Center, where to share feedback on the MC Workspace, accessing the CMS Measures Inventory Tool, which was reviewed in session one, and additional links for engaging with the eCQI community, eCQM resources, and contacting the eCQI website team for assistance. Next slide, please.

We often discuss the availability of the ONC (Jira) website to research questions that may have already been posted regarding eCQM measures, the QRDA, etc. You are also able to create a login and password to post a question to receive feedback from CMS subject-matter experts. Additional links here include the eCQI community engagement opportunities and contact information for the eCQI Resource Center and the MC Workspace. Next slide, please.

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We do have a few questions that have come in. We will start with those. Please remember to place your questions in the chat box. That way we have an opportunity to address as many as we can during the remaining time. For today, our first question is indicating that they have not found the data definitions always helpful. An example is admission time. It can be interpreted differently, admission order time, arrival time, ED departure time, impacting as the specifications are written for the eCQM of the ED-2 measure. The core measure data dictionary ensures data interpretation alignment in data collection in between hospitals. I don't know if there's anyone available in the call who can speak to this. We may have to answer this offline.

Eduardo Segovia: This is Eduardo from the Alliance. I can answer that. If there are questions regarding the major specifications or specific data elements that you may not be clear with, I think you could probably reach out to the measure developers. That is usually listed in the measure specifications and they can probably answer your question or provide some insight as to how you can map those data elements.

Debbie Krauss: This is Debbie from CMS. I will add to that. If you could pull up slides 40, it may be on slide 40. The link to the ONC (Jira) is 41. Yes. The first bullet on this slide, you will see the ONC Project Issue Tracking System (Jira). Jira is a common issue tracker that is used by many people in many locations. CMS uses the ONC, the Office of National Coordinators, in this instance of JIRA. It is a public site. You do not have to register or anything. That is the appropriate place to contact the measure developer because the measure developers are listed in the workflow. It is automatically assigned the correct question to that measure developer, who created the measure. They can respond to any additional clarification that you would need about the definition.

Artrina Sturges: Thank you, Debbie. The next question is, "If I see a particular code is retired in a release note, how can I search what data were associated to that particular code?" So, as an example, if the medication or dosage was no longer accepted for a VTE or a stroke measure, per the release note, how can I go in and see the name of the medication that was changed?

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Debbie Krauss: This is Debbie. I know that along with the regular measure specifications, that are published every year, the measure developers create release notes for the measures. One way to find changes that may have occurred in the value sets is that. However, there may be a way to search on value sets that I am not familiar with. The National Library of Medicine, who runs the Value Set Authority Center, does have a way to contact them and respond to questions about searching and differences. They have a lot of resources that could possibly help you.

Artrina Sturges: Thank you, Debbie.

Debbie Krauss: One more thing is that it is also fine to put a ticket in Jira for that question. When you can associate it with a specific measure, then it will go to the measure developers who created the value sets who could possibly also inform you. There are a couple of ways to verify and search for that information.

Artrina Sturges: Thank you, Debbie. Next question: “Are we, the end user, able to run the measure reports referenced at the end of the presentation from the new workspace, or are all of the reports run by CMS?”

Eduardo Segovia: I think the one that you are referring to is the aggregate report, and it may be the patient-level. Those reports you would typically build within your system. I do not know if CMS can speak to measure submission or some of the data that are available. These reports are not built in the space; you have to build them yourself.

Debbie Krauss: There may be a number of reports, depending on whether you are reporting for MIPS or for a hospital inpatient quality reporting program. There may be a number of reports that are available through the submissions that are identified at the time after you submit the file to CMS. That would be program-specific.

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Artrina Sturges: Thank you both, I appreciate it. We are toward the end of our questions for today. I appreciate everybody's time and attention. If you have other questions that come in, even if we are not able to address them during the call, we will address them in the question-and-answer document, and that, which we mentioned earlier, will be posted on the Quality Reporting Center website in the coming weeks. Next slide, please.

For today's webinar, one continuing education credit has been approved. To verify CE approval for any other state, license, or certification, please contact your licensing or certification board. Once again, many thanks to all of our presenters and to all of you for all of your time and attention today. Have a good afternoon.