



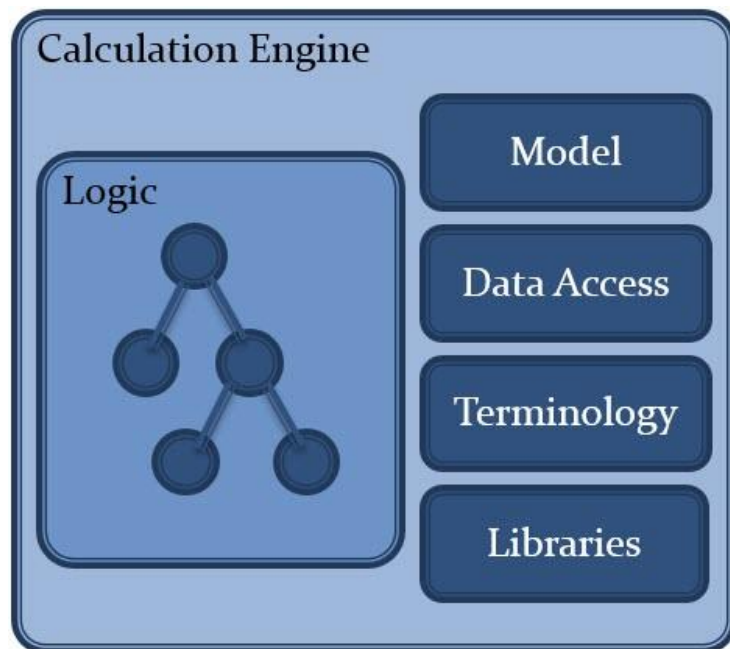
# Electronic Clinical Quality Measure (eCQM) Calculation Architecture

An Overview of the Use of Clinical Quality Language (CQL) and Expression Logical Model (ELM) in an eCQM calculation environment



# General electronic Clinical Quality Measure (eCQM) Calculation Architecture

Calculation of eCQMs involves the following conceptual components:



**Calculation Engine** is what performs the measure calculations

**Logic** is the description of how the measure calculates against the clinical information, for example, patient records

**Model** is the structured representation of clinical information that is used to calculate the measure

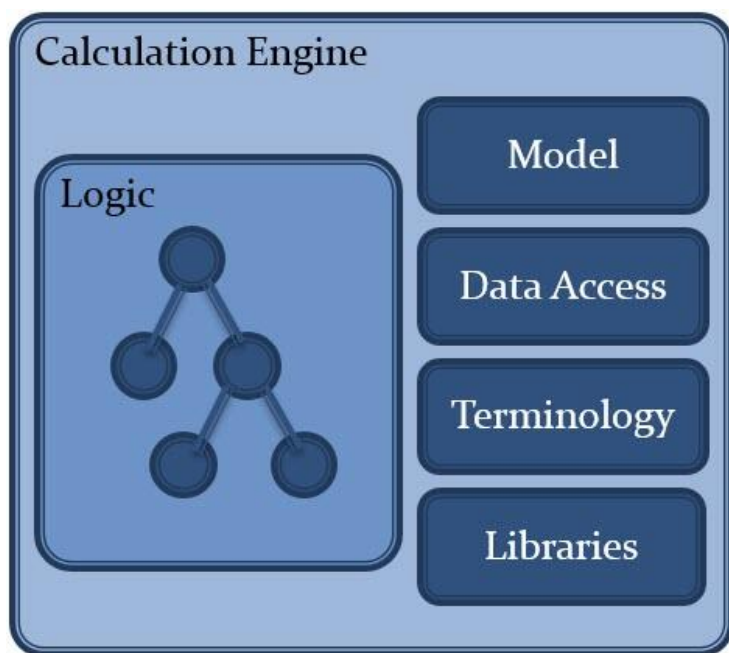
**Data Access** is how records of clinical information are retrieve from the underlying system, for example, an Electronic Health Record (EHR)

**Terminology** is concerned with determining whether clinical information is related to the measure logic through looking at coded values

**Libraries** enable the reuse of measure logic across measures and decision support artifacts

# Database Management System (DBMS)-based eCQM Calculation Architecture

These components are present in current calculation systems, though they may be implemented differently in different environments. For example, an implementation primarily based around a DBMS such as MSSQL Server may have:



**Calculation Engine** in this case is the overall DBMS such as Oracle or Microsoft SQL Server

**Logic** defined as stored procedures in the database, typically hand-translated from the human-readable

**Model** is defined as tables or views in the database, typically mapped from the source EHR to HL7 V3-style structures

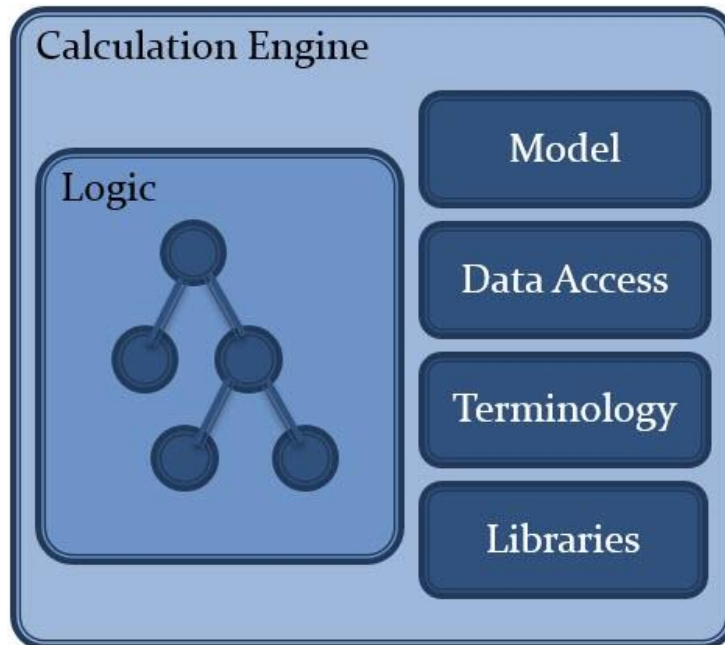
**Data Access** is performed by the database system via index access

**Terminology** is typically “cached” as tables in the database and related using filters and joins in the logic

**Libraries** of commonly used patterns in the measure definitions may be abstracted as additional stored procedures

# Service-based eCQM Calculation Architecture

As another example, the measure calculation may be performed in a service layer in a platform such as .NET. In this case:



**Calculation Engine** is the middleware service layer that actually performs the calculations

**Logic** is represented as methods in a development language such as Java or .NET

**Model** is defined as .NET classes, typically derived from HL7 V3 models

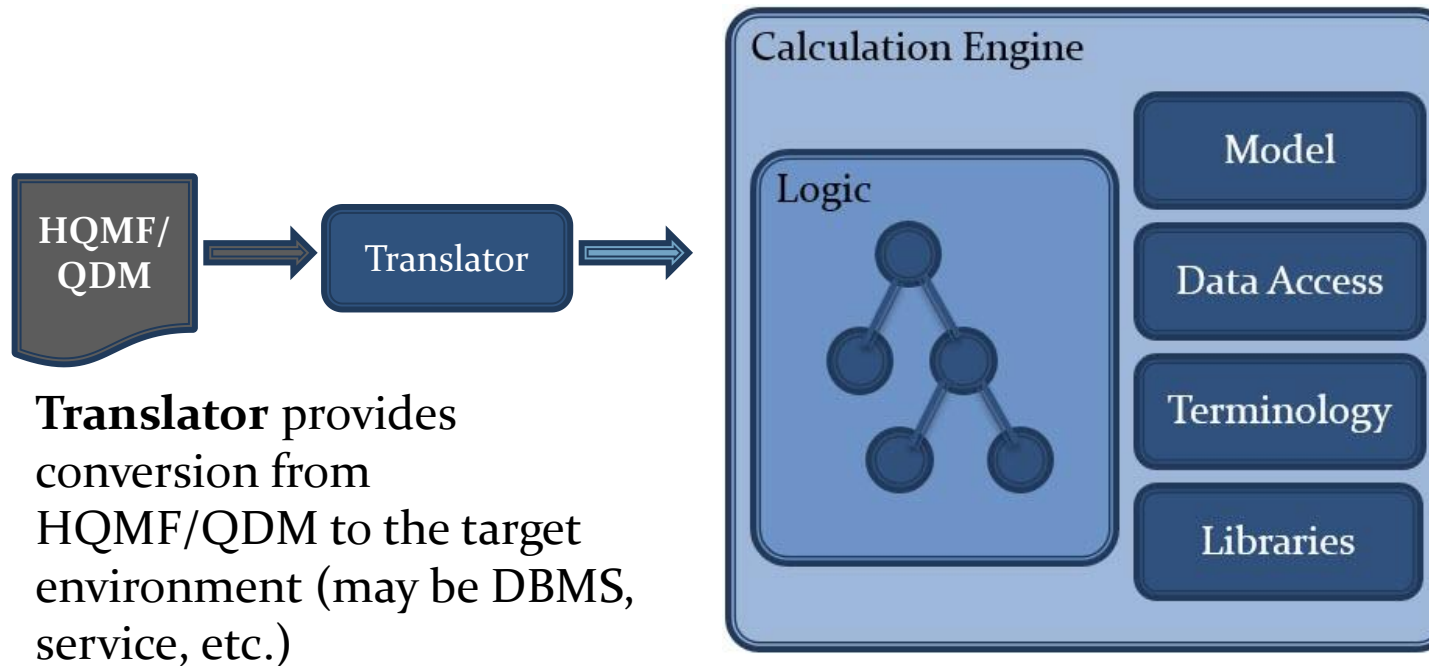
**Data Access** is performed by a service layer, accessing a database or HL7 V3 documents

**Terminology** may be provided by a full terminology service, or by caching relevant terminologies

**Libraries** in this case are just .NET assemblies containing commonly used calculation methods

# Current Health Quality Measures Format (HQMF) eCQM Calculation Architecture

Building on this example for an HQMF/Quality Data Model (QDM) calculation environment specifically:

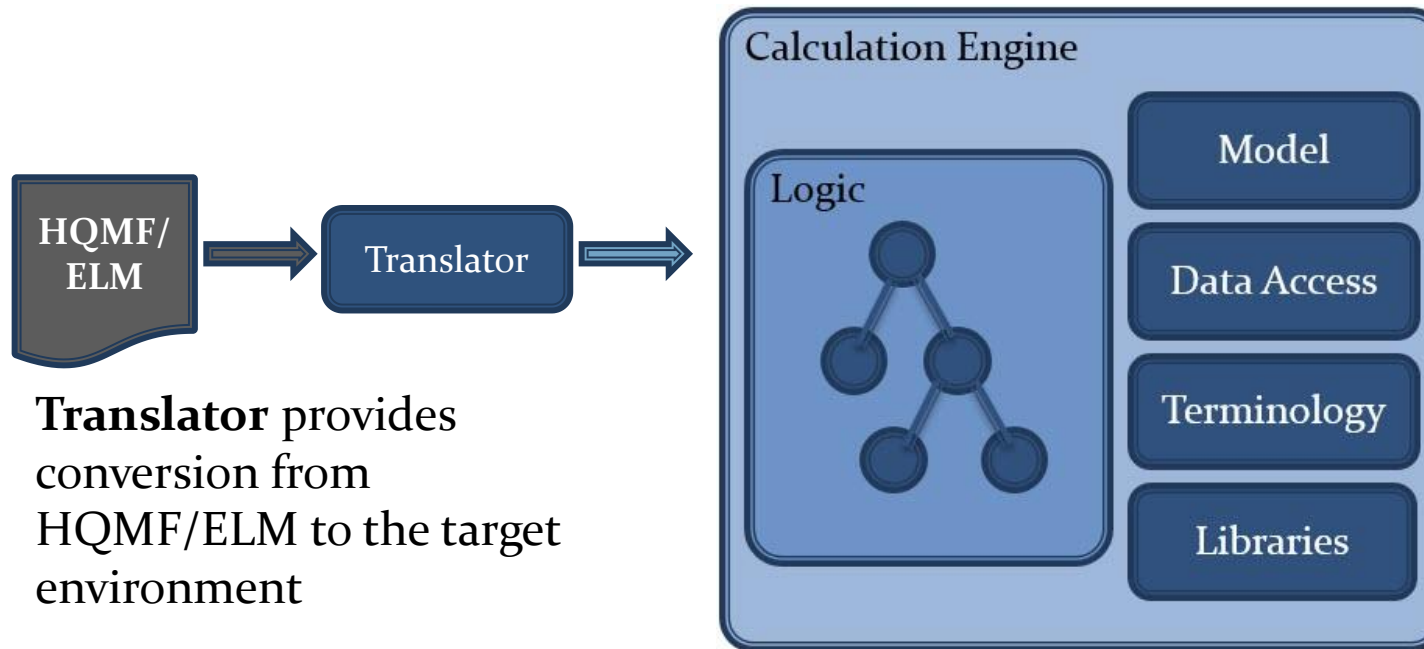


**Translator** provides conversion from HQMF/QDM to the target environment (may be DBMS, service, etc.)

- Translation process may be **manual** or **automatic**
- For most implementations, this is a manual, time-consuming, and error-prone process
- Implementing an **automatic** translation process is possible with HQMF/QDM, but extremely difficult

# Near Term HQMF/Clinical Quality Language (CQL) eCQM Architecture

If the environment already has a translation component, the transition to CQL involves changing the translator to use Expression Logical Model (ELM), rather than HQMF/QDM as the source for the measure definitions. All other components could potentially remain the same in this environment:

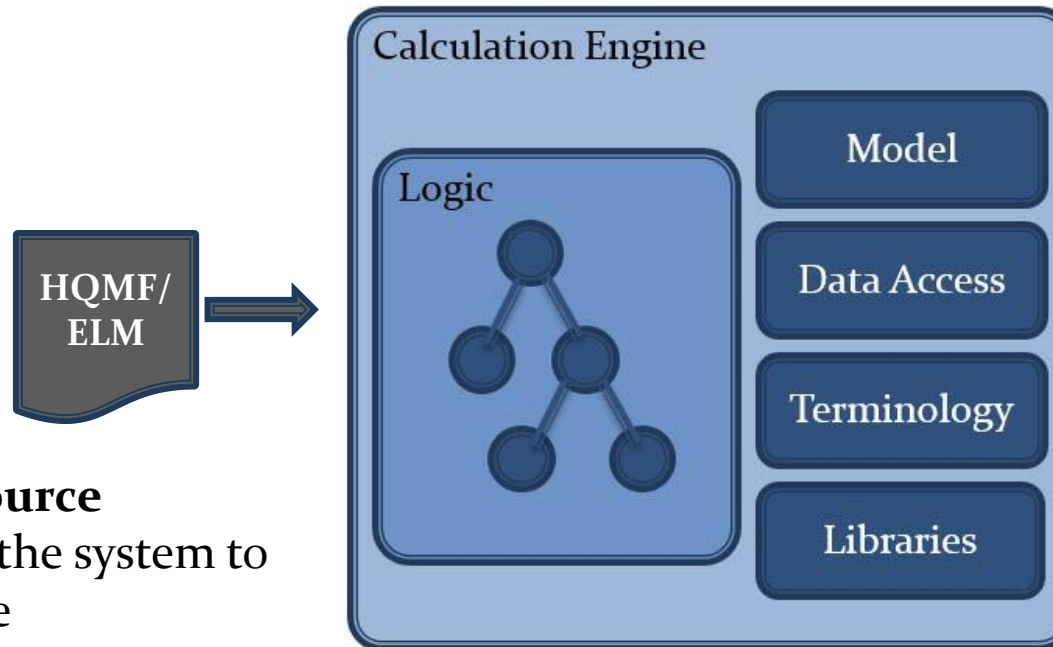


**Translator** provides conversion from HQMF/ELM to the target environment

- Note, however, that since the QDM logic and CQL are very different approaches, changes to the translator to use ELM may require changes to the calculation engine
- In other words, this is a potential approach, but it is a non-trivial lift

# Alternative HQMF/CQL eCQM Architecture

An alternative enabled by using CQL is to use a native CQL/ELM engine. In this alternative, the vendor focus would be on development of the Data Access layer component, and using an open source engine implementation:

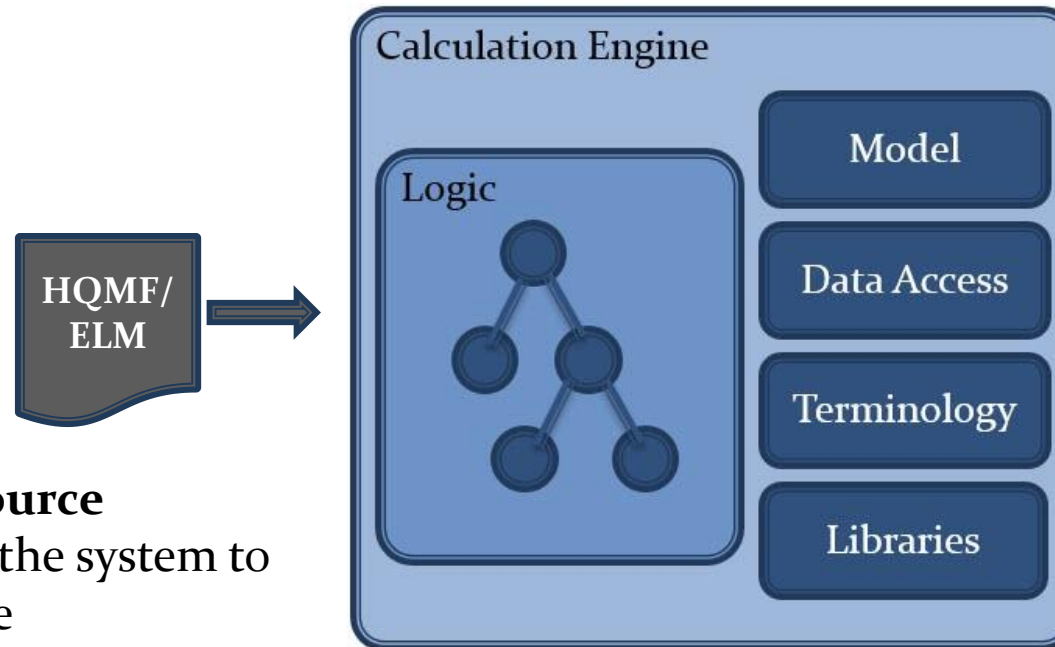


**Native Open Source Engine** enables the system to directly consume HQMF/ELM produced by the MAT

- The availability of open source tooling changes the focus of implementation from the engine itself to the mapping of the data source, a simpler process because the data model is still QDM

# Long Term HQMF/CQL eCQM Architecture

Longer term, the goal is to enable harmonized data model standards to be used for both clinical quality measurement and decision support:



**Native Open Source Engine** enables the system to directly consume HQMF/ELM produced by the Measure Authoring Tool (MAT)

- Ideally, these same data model standards will be part of the interoperability capabilities of EHRs, further reducing the burden on implementers for consuming measure and decision support artifacts