

# **ELIGIBLE CLINICIAN eCQM WEBINAR SERIES #2: OVERVIEW OF PERFORMANCE PERIOD 2022**

*April 21, 2022*



# PRESENTATION OVERVIEW

- Review Technical Release Notes
- Identify general updates to header and logic made annually across eligible clinician electronic clinical quality measures (eCQMs)
- Discuss notable updates to header and logic for performance period 2022 made across eligible clinician eCQMs
- Provide an overview of a new eCQM:
  - CMS646v2, Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer
- Highlight updates to two eCQMs:
  - CMS347v5, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
  - CMS2v11, Preventive Care and Screening: Screening for Depression and Follow-Up Plan



# TECHNICAL RELEASE NOTES (TRNs)

## TRNs provide a summary of all changes to eCQM

- Available on the eCQI Resource Center under eCQM Resources at [https://ecqi.healthit.gov/ep-ec?qt-tabs\\_ep=0&globalyearfilter=2022&order=field\\_published\\_date&sort=desc](https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=0&globalyearfilter=2022&order=field_published_date&sort=desc)

Select Performance Period: 2022 ▾

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

eCQM Resources

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For Use ▾	eCQM Implementation Resources	Published ▲
Jan 1 - Dec 31 2022	<a href="#">Technical Release Notes (PDF)</a> ⓘ	Jan 2022
Jan 1 - Dec 31 2022	<a href="#">2022 Quality Benchmarks</a> ↗ (ZIP) ⓘ	Jan 2022
Jan 1 - Dec 31 2022	<a href="#">Technical Release Notes (ZIP)</a> ⓘ	Jan 2022



# TRNs – EXAMPLE (CMS349v4)

## CMS349v4 - HIV Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated the eCQM version number.	Header	eCQM Version Number	Annual Update
Updated copyright.	Header	Copyright	Annual Update
Updated rationale for consistency with updated evidence about use of antiretroviral agents.	Header	Rationale	Annual Update
Updated references.	Header	Reference	Annual Update
Updated Initial Population age logic to a closed interval for harmonization with other measures.	Logic	Initial Population	Annual Update
Updated numerator logic using 'has' instead of 'exists' for harmonization with other measures.	Logic	Numerator	Annual Update
Updated the version number of the Measure Authoring Tool (MAT) Global Common Functions Library (MATGlobalCommonFunctions-6.2.000). Updated the 'Inpatient Encounter' definition to include a 'day of' timing clarification. Added the following timing functions: Normalize Interval, Has Start, Has End, Latest, Latest Of, Earliest, and Earliest Of. Please see individual measure details for application of specific timing functions.	Logic	Multiple Sections	Standards Update
Added new NormalizeInterval function to timing attributes to decrease implementation burden due to variable use of timing attributes for select QDM data types. The NormalizeInterval function was applied, where applicable, for the following data elements: Assessment, Performed; Device, Applied; Diagnostic Study, Performed; Intervention, Performed; Laboratory Test, Performed; Medication, Administered; Medication, Dispensed; Physical Exam, Performed; Procedure, Performed; Substance, Administered.	Logic	Multiple Sections	Standards Update
Value set Indicators of Human Immunodeficiency Virus (HIV) (2.16.840.1.113762.1.4.1056.54): Deleted 1 ICD-9-CM code (176.9) based on review by technical experts, SMEs, and/or public feedback. Added 11 SNOMED CT codes (838338001, 838377003, 840442003, 840498003, 860871003, 860872005, 860874006, 866044006, 870271009, 870328002, 870344006) based on terminology update. Renamed extensional value sets to match the grouping name, Indicators of Human Immunodeficiency Virus (HIV), based on review by technical experts, SMEs, and/or public feedback.	Value Set	Terminology	Measure Lead

# GENERAL ANNUAL UPDATES TO HEADER

## eCQM header

- Provides important general information about the eCQM
- Includes sections in plain language, such as the eCQM description, rationale, definitions, guidance, initial population, denominator, exclusions, exceptions, and numerator

## **General header annual updates, performed as needed, that we will not discuss**

- Updated the eCQM version number by one whole number
- Changed the measure steward
- Changed the measure developer
- Updated the copyright statement
- Updated the disclaimer statement
- Revised the references with current evidence

*Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EP-EC-TRN-2021-05-v2.pdf) for all 2022 updates at <https://ecqi.healthit.gov/sites/default/files/EP-EC-TRN-2021-05-v2.pdf>.*





# REVISED eCQM HEADER TEXT, CLARIFYING EPISODE-BASED eCQMs

## Episode-based eCQMs

- 2021 added statement to guidance: “This eCQM is an episode-based measure”
- 2022 added clarifying language to guidance section of episode-based eCQMs to better define the episode: **“An episode is defined as each...during the measurement period”**
  - CMS22v10, Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
  - CMS68v11, Documentation of Current Medications in the Medical Record
  - CMS133v10, Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery
  - CMS146v10, Appropriate Testing for Pharyngitis
  - CMS154v10, Appropriate Treatment for Upper Respiratory Infection (URI)
  - CMS157v10, Oncology: Medical and Radiation—Pain Intensity Quantified
  - CMS161v10, Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
  - CMS177v10, Child and Adolescent MDD: Suicide Risk Assessment



# REVISED eCQM HEADER TEXT, CLARIFYING TELEHEALTH—NOT ELIGIBLE

## 2022 telehealth guidance for eligible clinician eQMs

- Provides supplemental information related to the allowance of telehealth encounters for eligible clinician eQMs for the 2022 performance period
- Posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/2022-EP-EC-Telehealth-Guidance.pdf) at <https://ecqi.healthit.gov/sites/default/files/2022-EP-EC-Telehealth-Guidance.pdf>

## Added language to guidance section for non-telehealth-eligible eQMs

1. “Telehealth encounters are not eligible for this eCQM because the eCQM requires a clinical action that cannot be done via telehealth” (added to CMS22v10, 69v10, 142v10, 143v10, 646v2, 771v3)
2. “Telehealth encounters are not eligible for this eCQM because the eCQM does not contain telehealth-eligible codes” (added to CMS129v11, 133v10)
3. “Telehealth encounters are not eligible for this eCQM because it does not contain telehealth-eligible codes and requires a clinical action that cannot be done via telehealth” (added to CMS75v10)



# REVISED eCQM HEADER TEXT, CLARIFYING TELEHEALTH—CARE SETTINGS

## Refined “in-person” setting language in header for telehealth-eligible eCQMs

- Replaced “in the office of the provider” with “by the provider” in the guidance  
CMS2v11, Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Removed numerator requirement for “face-to-face” visits  
CMS136v11, Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Added “or telehealth” to existing setting of “face-to-face encounter” in the guidance and logic  
CMS157v10, Oncology: Medical and Radiation—Pain Intensity Quantified

## Removed “office visit” setting from qualifying encounter logic for non-telehealth-eligible eCQM

- Removed “office” from “office visits” in logic that defines the qualifying encounter  
CMS143v10, Primary Open-Angle Glaucoma (POAG): Optic-Nerve Evaluation





# ANNUAL UPDATES TO eCQM LOGIC

## Logic annual updates, performed as needed, that we will not discuss

- General updates to logic across eCQMs to conform with QDM and CQL standards updates
- Refinement of logic expressions to conform to CQL Style Guide updates and technical reviews
- Updated names: CQL definitions, functions, and aliases to clarify and align with CQL Style Guide

## For more information on eCQM standards

- eCQI Resource Center Standards Summary page at <https://ecqi.healthit.gov/standards-summary>
- CQL Style Guide at <https://ecqi.healthit.gov/sites/default/files/CQL-Style-Guide-v5.pdf>



# TOOLING AND STANDARDS UPDATES

You can find updates to eCQM Standards and Tool Versions for each performance period at [https://ecqi.healthit.gov/ecqi-tools-key-resources?field\\_ecqm\\_reporting\\_period\\_value=3&qt-teste=1](https://ecqi.healthit.gov/ecqi-tools-key-resources?field_ecqm_reporting_period_value=3&qt-teste=1)

Reporting/Performance Period			
2022 <span>⌵</span> <span>Apply</span> <span>Reset</span>			
Reporting/Performance Period	eCQM Specifications and Resources	Tool and Resource Versions	Standard Versions
2022	<ul style="list-style-type: none"><li><a href="#">EH/CAH Implementation Resources</a></li><li><a href="#">EP/Eligible Clinicians Implementation Resources</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">MAT V6.04</a></li><li><a href="#">eCQM Logic and Implementation Guidance V5.0</a> (PDF)</li><li><a href="#">Cypress V6.0</a></li><li><a href="#">Bonnie V4.2.1</a></li><li><a href="#">QDM CQL-to-ELM Translator V1.4.6</a></li><li><a href="#">CQL Style Guide V5.0</a> (PDF)</li></ul>	<ul style="list-style-type: none"><li><a href="#">QDM v5.5 Guidance Update</a> (PDF)</li><li><a href="#">HL7 V3 IG: CQL-based HQMF IG R1 STU 4*</a></li><li><a href="#">HL7 CQL R1 STU 4</a></li><li><a href="#">HL7 V3 HQMF Normative Release 1*</a></li><li><a href="#">HL7 QRDA I R1 STU R5.2 with errata</a> (ZIP)</li><li><a href="#">HL7 QRDA III R1 STU R2.1</a> (ZIP)</li><li><a href="#">2022 CMS QRDA I IG for Hospital Quality Reporting</a></li><li><a href="#">2022 CMS QRDA III IG for Eligible Clinicians/EPs</a></li></ul>

For an early preview, look for the eCQMs Annual Update Pre-Publication Document for the 2022 Reporting/Performance Period <https://ecqi.healthit.gov/sites/default/files/2021-eCQM-PrePublication.pdf> on the eCQI Resource Center

# REVISED LOGIC TO INCLUDE A TIMING FUNCTION UPDATE

## Added “NormalizeInterval” function

- Timing of an action can be identified in two ways
  - A point in time (relevantDatetime)
  - A range of time (relevantPeriod)
- The NormalizeInterval function allows for actions that can use either the point in time or range of time
- Added to all eCQMs containing data types that have both relevantDatetime and relevantPeriod timing attributes
- Intent is to reduce implementer burden

# Global.NormalizeInterval() FUNCTION

**Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)**

if pointInTime is not null then Interval[pointInTime, pointInTime]

else if period is not null then period

else null as Interval<DateTime>

**Quality Data Model (QDM) data types have both a relevantDatetime and relevantPeriod**

- Assessment, Performed
- Device, Applied
- Diagnostic Study, Performed
- Intervention, Performed
- Laboratory Test, Performed
- Medication, Active
- Medication, Administered
- Medication, Dispensed
- Physical Exam, Performed
- Procedure, Performed
- Substance, Administered

# Global.NormalizeInterval()—HOW IT WORKS

**Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)**

if pointInTime is not null then Interval[pointInTime, pointInTime]

else if period is not null then period

else null as Interval<DateTime>

## A case with a Procedure Performed

- A relevantDatetime of 2022-01-10 08:00:00 for the procedure is available in the patient data; the function returns:

**Interval[2022-01-10 08:00:00, 2022-01-10 08:00:00]**

- A relevantPeriod starting at 2022-01-10 08:00:00 and ending at 2022-01-10 11:00:00 for the procedure is available in the data; the function returns:

**Interval[2022-01-10 08:00:00, 2022-01-10 11:00:00]**



# OVERVIEW OF NEWLY ADDED eCQM IN 2022

*CMS646v2—Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer*



# MEASURE OVERVIEW

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

eCQM title	Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer
Description	Percentage of patients initially diagnosed with non-muscle invasive bladder cancer and who received intravesical Bacillus-Calmette-Guerin (BCG) within 6 months of bladder cancer staging.
Measure steward	Oregon Urology
Domain	Effective Clinical Care
Measure scoring	Proportion measure
Measure type	Process measure

# MEASURE OVERVIEW

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

CMS646v2	Performance period 2022
Clinical recommendation statement	Intravesical BCG should be administered within six months of the initial diagnosis of nonmuscle invasive bladder cancer. It may be administered 3 to 4 weeks after resection, but there needs to be pathological tumor confirmation, and must be withheld if there is traumatic catheterization, bacteriuria, persistent gross hematuria, persistent severe local symptoms, or systemic symptoms. The normal induction course is six weekly instillations of intravesical BCG (AUA Nonmuscle Invasive Bladder Cancer and AUA Guideline for the Management of Nonmuscle Invasive Bladder Cancer: Stages Ta High Risk, T1, and TIS).

# MEASURE OVERVIEW

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

CMS646v2	Performance Period 2022
Guidance	<p>Ta bladder cancer must be high <a href="#">grade</a> Ta only and is supported by the 2016 AUA guidelines and 2018 NCCN guidelines.</p> <p>The BCG dose can be full or partial and can be from any lot or manufacturer.</p> <p>This <a href="#">eCQM</a> is a patient-based measure.</p> <p>Telehealth encounters are not eligible for this measure because the measure requires a clinical action that cannot be conducted via telehealth.</p> <p>This version of the eCQM uses <a href="#">QDM</a> version 5.5. Please refer to the <a href="#">eCQI resource center</a> (<a href="https://ecqi.healthit.gov/qdm">https://ecqi.healthit.gov/qdm</a>) for more information on the QDM.</p>

# MEASURE OVERVIEW

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

CMS646v2	Performance Period 2022
Initial Population	All patients initially diagnosed with T1, Tis, or high-grade Ta nonmuscle invasive bladder cancer and who have a qualified encounter in the measurement period
Denominator Statement	Equals initial population
Denominator Exclusions	<ul style="list-style-type: none"><li>• Immunosuppressed patients (includes HIV and immunocompromised state)</li><li>• Immunosuppressive drug therapy</li><li>• Active tuberculosis</li><li>• Mixed histology urothelial cell carcinoma, including micropapillary, plasmacytoid, sarcomatoid, adenocarcinoma, and squamous disease</li><li>• Patients who undergo cystectomy, chemotherapy, or radiation within six months of bladder cancer staging</li></ul>



# MEASURE OVERVIEW

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

Measure CMS646v2	Performance period 2022
Numerator statement	Intravesical BCG instillation for initial dose or series. BCG is initiated within six months of the bladder cancer staging and during the measurement period.
Denominator exceptions	Unavailability of BCG
Numerator exclusions	Not applicable

# KEY LOGIC STATEMENTS

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

### ▲ Initial Population

exists ( "Bladder Cancer Diagnoses" )  
and "Has Most Recent Bladder Cancer Tumor Staging is Ta HG, Tis, T1"  
and "Has Qualifying Encounter"

### ▲ Bladder Cancer Diagnoses

["Diagnosis": "Bladder Cancer for Urology Care"] BladderCancer  
where BladderCancer.prevalencePeriod starts before  
end "Measurement Period"

### ▲ Has Most Recent Bladder Cancer Tumor Staging is Ta HG, Tis, T1

"Most Recent Bladder Cancer Staging Procedure".result ~ "T1: Urinary tract tumor invades subepithelial connective tissue (finding)"  
or "Most Recent Bladder Cancer Staging Procedure".result ~ "Ta: Noninvasive papillary carcinoma (urinary tract) (finding)"  
or "Most Recent Bladder Cancer Staging Procedure".result ~ "Tis: Carcinoma in situ (flat tumor of urinary bladder) (finding)"  
or "Most Recent Bladder Cancer Staging Procedure".result ~ "Carcinoma in situ of bladder"

### ▲ Has Qualifying Encounter

exists ["Encounter, Performed": "Office Visit"] ValidEncounter  
where ValidEncounter.relevantPeriod during "Measurement Period"

# KEY LOGIC STATEMENTS

*CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR  
NON-MUSCLE INVASIVE BLADDER CANCER*

## ▲ Denominator

"Initial Population"

## ▲ Denominator Exclusions

"HIV Diagnosis"

or exists "Immunocompromised Conditions Diagnosis"

or exists "Immunosuppressive Drugs"

or exists "Acute Tuberculosis Diagnosis"

or exists "Mixed Histology Urothelial Cell Carcinoma"

or exists "Cystectomy Done"

or exists "Chemotherapy Exclusion"

or exists "Radiation Done"



# KEY LOGIC STATEMENTS

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

### ▲ Numerator

"First BCG Administered" is not null

### ▲ First BCG Administered

```
First(["Medication, Administered": "BCG Bacillus Calmette Guerin for Urology Care"] BCG
  with "Most Recent Bladder Cancer Staging Procedure" Staging
  such that Global."NormalizeInterval"(BCG.relevantDatetime, BCG.relevantPeriod)starts 6 months or less after Staging.relevantPeriod
  and Global."NormalizeInterval"(BCG.relevantDatetime, BCG.relevantPeriod)starts during "Measurement Period"
  sort by start of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)
)
```

### ▲ Most Recent Bladder Cancer Staging Procedure

```
Last(["Procedure, Performed": "Cancer staging (tumor staging)"] Staging
  with "Bladder Cancer Diagnoses" BladderCancer
  such that Global."NormalizeInterval"(Staging.relevantDatetime, Staging.relevantPeriod)starts on or before day of start BladderCancer.prevalencePeriod
  and Global."NormalizeInterval"(Staging.relevantDatetime, Staging.relevantPeriod)overlaps day of BladderCancer.prevalencePeriod
  sort by start of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)
)
```

# KEY LOGIC STATEMENTS

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

### ▲ Denominator Exceptions

exists "BCG Not Available Within 6 Months After Bladder Cancer Staging"

### ▲ BCG Not Available Within 6 Months After Bladder Cancer Staging

```
( ["Medication, Not Administered": "BCG Bacillus Calmette Guerin for Urology Care"] BCGnotGiven
  with "Most Recent Bladder Cancer Staging Procedure" Staging
  such that BCGnotGiven.authorDatetime 6 months or less after start of Global."NormalizeInterval" ( Staging.relevantDatetime, Staging.relevantPeriod )
  and BCGnotGiven.authorDatetime in "Measurement Period"
  where BCGnotGiven.negativeRationale in "Unavailability of Bacillus Calmette Guerin for urology care"
)
```



# VALUE SETS AND CODES

## *CMS646V2—INTRAVESICAL BACILLUS-CALMETTE-GUERIN FOR NON-MUSCLE INVASIVE BLADDER CANCER*

- code "Cancer staging (tumor staging)" ("SNOMEDCT Code (258232002)")
- code "Carcinoma in situ of bladder" ("ICD10CM Code (D09.0)")
- code "Combined radiotherapy (procedure)" ("SNOMEDCT Code (169331000)")
- code "T1: Urinary tract tumor invades subepithelial connective tissue (finding)" ("SNOMEDCT Code (369935001)")
- code "Ta: Noninvasive papillary carcinoma (urinary tract) (finding)" ("SNOMEDCT Code (369949005)")
- code "Tis: Carcinoma in situ (flat tumor of urinary bladder) (finding)" ("SNOMEDCT Code (369934002)")
- valueset "Active Tuberculosis for Urology Care" (2.16.840.1.113762.1.4.1151.56)
- valueset "BCG Bacillus Calmette Guerin for Urology Care" (2.16.840.1.113762.1.4.1151.52)
- valueset "Bladder Cancer for Urology Care" (2.16.840.1.113762.1.4.1151.45)
- valueset "Chemotherapy for Advanced Cancer" (2.16.840.1.113883.3.7643.3.1048)
- valueset "Cystectomy for Urology Care" (2.16.840.1.113762.1.4.1151.55)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "HIV" (2.16.840.1.113883.3.464.1003.120.12.1003)
- valueset "Immunocompromised Conditions" (2.16.840.1.113883.3.666.5.1940)
- valueset "Immunosuppressive Drugs for Urology Care" (2.16.840.1.113762.1.4.1151.32)
- valueset "Mixed histology urothelial cell carcinoma for Urology Care" (2.16.840.1.113762.1.4.1151.39)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Unavailability of Bacillus Calmette Guerin for urology care" (2.16.840.1.113762.1.4.1151.44)

[Value Set Authority Center](#)



# REVIEW UPDATES TO eCQMs THAT UNDERWENT SIGNIFICANT CHANGES FROM 2021 TO 2022

## *Measure updates:*

*CMS347v5—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*

*CMS2v11— Preventive Care and Screening:  
Screening for Depression and Follow-Up Plan*



# MEASURE OVERVIEW

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

eCQM Title	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Description	<p>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:</p> <ul style="list-style-type: none"><li>• *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR</li><li>• *Patients aged <math>\geq 20</math> years who have ever had a low-density lipoprotein cholesterol (LDL-C) level <math>\geq 190</math> mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</li><li>• *Patients aged 40-75 years with a diagnosis of diabetes</li></ul>

# HEADER UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

**Updated Guidance language** Updated guidance language to remove the denominator exception for Population 3 for patients who have an LDL-C < 70 to align with the updated 2018 ACC/AHA Cholesterol Guidelines. Added language to clarify that statins may not be appropriate for all patients, as specified in the denominator exceptions.

**Updated Denominator header statement** to set denominator equal to Initial Population.

**Added language to Denominator Exclusions** header section to clarify that exclusions must be active during the measurement period.

See the TRNs (PDF) here: [Eligible Clinician eQMs | eCQI Resource Center \(healthit.gov\)](#).



# HEADER UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

**Removed “statin intolerance”** and replaced with “statin-associated muscle symptoms” in the first Denominator Exception and removed exception for patients with diabetes who have an LDL-C result < 70 to align with the updated 2018 ACC/AHA Cholesterol Guidelines.

**Updated age thresholds in Populations 1 and 2**, removed “pure hypercholesterolemia” from Population 2, and removed LDL-C requirement from Population 3 in Rate Aggregation and Initial Population header sections to align with updated 2018 ACC/AHA Cholesterol Guidelines.

**Added the phrase “including an ASCVD procedure”** to Population 1 throughout the measure header to align with the existing measure logic that patients who have an ASCVD procedure are included in Population 1.



# LOGIC UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

**Updated Initial Population to revise age thresholds in Populations.** Removed “pure hypercholesterolemia” from Initial Population 2 logic and removed LDL-C requirement from Initial Population 3 logic to align with updated 2018 ACC/AHA Cholesterol Guidelines.

**Removed exception for allergy or intolerance to statin and added exception for statin-associated muscle symptoms** to align with the updated 2018 ACC/AHA Cholesterol Guidelines.

**Updated definition for Denominator Exceptions.** Removed definition for Allergy or Intolerance to Statin and added definitions for Has Allergy to Statin and Has Statin Associated Muscle Symptoms to align with the updated 2018 ACC/AHA Cholesterol Guidelines.

# LOGIC UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

**Updated CQL definitions for Denominator 1, 2, and 3** to align with updated 2018 ACC/AHA Cholesterol Guidelines.

**Removed CQL definition for Denominator Exception 3** because Denominator Exception 3 equals Denominator Exceptions for Populations 1 and 2 when the last exception for LDL-C result is removed.

**Removed CQL definition for Highest LDL Result** because the LDL-C requirement was removed from Population 3.

**Removed CQL definition for Most Recent LDL Result Within 3 Years** because the LDL-C requirement was removed from Population 3.

# LOGIC UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

### **Added CQL definition for patients ages 20 or older to align with new age range for Population 2.**

Added definition for patients ages 20 years and older with LDL cholesterol result  $\geq 190$  to align with new age range for Population 2 and to clarify that patients can also have hypercholesterolemia and cannot have ASCVD.

**Added CQL definition for patients ages 40 to 75 with diabetes** because the LDL-C result requirement was removed from Population 3, and to clarify that patients in this population cannot have hypercholesterolemia or LDL-C  $> 190$  or ASCVD.

**Added new CQL NormalizeInterval function** to timing attributes to decrease implementation burden due to variable use of timing attributes for select QDM data types.

# VALUE SET UPDATES

## *CMS347V5—STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE*

Value set **Renamed to Familial Hypercholesterolemia (2.16.840.1.113762.1.4.1047.100)**

Deleted 2 SNOMED CT codes (267432004, 414416008)

Deleted 1 ICD-10-CM code (E78.00)

Value set **Ischemic Heart Disease or Other Related Diagnoses (2.16.840.1.113762.1.4.1047.46)**

Added 1 SNOMED CT code (413444003)

Deleted 3 SNOMED CT codes (210078001, 473393007, 52674009)

Added value set **Statin Associated Muscle Symptoms (2.16.840.1.113762.1.4.1108.85)**

# MEASURE OVERVIEW

*CMS2V11—PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN*

eCQM Title	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Description	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter



# HEADER UPDATES

## *CMS2V11—PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN*

**Updated the language in the list of numerator-compliant follow-up plans** to ensure patients receive clinically appropriate treatment based on the recommendations from clinical experts.

**Added a new guidance statement** to clarify measure instructions regarding the appropriateness of pharmacological intervention.

**Added guidance statement that** a specific depression screening score is not required to calculate the measure for clarity and to align with guidance from the PREV-12 modality.





# LOGIC UPDATES

## *CMS2V11—PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN*

**Added new NormalizeInterval CQL function** to timing attributes to decrease implementation burden due to variable use of timing attributes for select QDM data types.

### **Has Adolescent Depression Screening**

exists ( ["Assessment, Performed": "Adolescent depression screening assessment"] AdolescentScreening

with "Qualifying Encounter During Measurement Period"

QualifyingEncounter

such that **Global."NormalizeInterval"** (

AdolescentScreening.relevantDatetime, AdolescentScreening.relevantPeriod )

14 days or less on or before day of start of QualifyingEncounter.relevantPeriod

and AdolescentScreening.result is not null

# VALUE SET UPDATES

## *CMS2V11—PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN*

### Value set **Bipolar Diagnosis (2.16.840.1.113883.3.600.450)**

Added 7 ICD-9-CM codes (296.50, 296.51, 296.53, 296.54, 296.55, 296.56, 296.89)

Added 1 ICD-10-CM code (F31.0)

### Value set **Depression Diagnosis (2.16.840.1.113883.3.600.145)**

Deleted 6 ICD-10-CM codes (O90.6, O99.340, O99.341, O99.342, O99.343, O99.345)

Added 1 ICD-9-CM code (296.35)

Added 3 SNOMED CT codes (191604000, 10811121000119102, 133121000119109)

Replaced value sets **Negative Depression Screening (2.16.840.1.113883.3.526.3.1564)** and **Positive Depression Screening (2.16.840.1.113883.3.526.3.1565)** with direct reference codes SNOMED CT codes (428171000124102, 428181000124104).

### Value set **Adult Depression Medications (2.16.840.1.113883.3.526.3.1566)**

Added 1 RxNorm code (616402)

Deleted 3 RxNorm codes (251200, 794947, 199283)

# VALUE SET UPDATES

## *CMS2V11—PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN*

Value set **Adolescent Depression Medications (2.16.840.1.113883.3.526.3.1567)**

Deleted 2 RxNorm codes (251200, 794947)

Value set **Follow Up for Adult Depression (2.16.840.1.113883.3.526.3.1568)**

Added 1 SNOMED CT code (228557008)

Deleted 1 SNOMED CT code (304891004)

Value set **Follow Up for Adolescent Depression (2.16.840.1.113883.3.526.3.1569)**

Added 1 SNOMED CT code (228557008)

Deleted 1 SNOMED CT code (304891004)



# eCQM RESOURCES AND STANDARDS

**Key standards for electronic transmission of health information used to support eCQMs are:**

- [CQL – Clinical Quality Language](#) – is the expression language used to explicitly communicate the specific data to be retrieved along with the logic needed to evaluate eCQMs. Essential to the operationalization of [CQL](#) is the Expression Logical Model ([ELM](#)) file. The ELM file is the machine-readable representation of the CQL designed for sharing and implementation applications.
- [HQMF – Health Quality Measure Format](#) – is a standard format to describe eCQM metadata, such as [numerator](#), [denominator](#), exclusions, and exceptions, as an [XML](#) document.
- [CQL-based Health Quality Measure Format \(HQMF\)](#) – is a standard implementation guide that describes how to use the [HQMF](#) base standard using the [QDM](#) and CQL to author eCQMs.
- [QDM – Quality Data Model](#) – is a standard information model that describes the data to represent information necessary for electronic quality assessment.
- [QRDA – Quality Reporting Document Architecture](#) – is a standard format for reporting eCQM data in a structured, consistent representation. There are two forms of [QRDA](#) in use, QRDA I for individual patient data and QRDA III for aggregate patient data.



***QUESTIONS?***



# eCQM RESOURCES

<a href="#">eCQI Resource Center</a>	<ul style="list-style-type: none"><li>• The one-stop shop for the most current resources to support electronic clinical quality improvement</li><li>• The eCQI Resource Center will include CRP announcements</li><li>• <a href="#">Contact Us</a> if you have questions on locating, downloading, and comparing eCQM specifications.</li></ul>
Office of National Coordinator Project Tracking System ( <a href="#">ONC Jira</a> ) <a href="#">eCQM Issue Tracker</a>	<ul style="list-style-type: none"><li>• CMS receives questions on eCQMs through <a href="#">ONC Jira</a>, which is used as a collaborative platform for logging, tracking, and discussing issues related to program eCQMs</li><li>• Jira uses platforms, known as trackers or projects. The Jira <a href="#">eCQM Issue Tracker</a> addresses questions specific to eCQM specifications, from questions on measure intent, logic implementation, and value set coding, to eCQM reporting and recommendations for updates to specifications.</li><li>• Measure developers use the eCQM Issue Tracker as a source for gathering new requirements for the eCQM Annual Update and are included as Change Review Process (CRP) tickets on the eCQM Issue Tracker summary page.</li></ul>





# ADDITIONAL RESOURCES

## Guide for Reading eQMs

- To help providers, quality analysts, implementers, and health information technology vendors understand eQMs and their related documents
- <https://ecqi.healthit.gov/sites/default/files/Guide-for-Reading-eQMs-v7.pdf>

## eQM Logic and Implementation Guide

- Provides general implementation guidance, including defining how specific logic and data elements should be conceptualized and addressed during eQM implementation
- <https://ecqi.healthit.gov/sites/default/files/eQM-Logic-and-Guidance-v5.pdf>

## Value Set Authority Center

- A repository for value sets across authors and stewards, with downloadable access to all official versions of value sets in the eQMs
- <https://vsac.nlm.nih.gov/download/ecqm?rel=2022>

## Pioneers in Quality Video Short—CQL Basics

- [https://ecqi.healthit.gov/cql?qt-tabs\\_cql=2](https://ecqi.healthit.gov/cql?qt-tabs_cql=2)

## CMS Measures Management System Blueprint

- A standardized approach to developing and maintaining quality measures used in quality initiatives and programs
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint>

