

ELIGIBLE CLINICIAN eCQM WEBINAR: HIGHLIGHTS FOR PERFORMANCE PERIOD 2023

February 2, 2023



PRESENTATION OVERVIEW

2023 eCQM Global Changes

eCQMS that Underwent Significant Changes from Performance Period 2022 to 2023

- CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- CMS156v11 - Use of High-Risk Medications in Older Adults
- CMS144v11 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

NEW eCQM for Performance Period 2023

- CMS951v1 - Kidney Health Evaluation



WEBINAR PART 1

2023 eCQM GLOBAL CHANGES



TECHNICAL RELEASE NOTES (TRNs)

TRNs provide a summary of all changes to eCQMs

- Available on the eCQI Resource Center under eCQM Resources at https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=0&globalyearfilter=2023&order=field_published_date&sort=desc

Select Performance Period: 2023 ▾

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

eCQM Resources

EC eCQMs

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2023 Performance Period Eligible Clinician Resources

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Technical Specifications

eCQM Resources	Short Description	Published ▴▾
Technical Release Notes (PDF)	Year over year changes to eCQM logic and terminology ⓘ	Nov 2022
Technical Release Notes (ZIP)	Year over year changes to eCQM logic and terminology ⓘ	Jun 2022



TRNs – EXAMPLE (CMS177v11)

CMS177v11 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated the eCQM version number.	Header	eCQM Version Number	Annual Update
Updated the measure description to add the acronym MDD for clarity.	Header	Description	Measure Lead
Updated copyright.	Header	Copyright	Annual Update
Updated disclaimer.	Header	Disclaimer	Standards/Technical Update
Updated the rationale section to further support measure intent.	Header	Rationale	Measure Lead
Updated references.	Header	Reference	Measure Lead
Updated version number of the Quality Data Model (QDM) used in the measure specification to v5.6.	Header	Guidance	Standards/Technical Update
Replaced the Global.CalendarAgeInYearsAt function with the native CQL function AgeInYearsAt to take advantage of existing CQL features and increase human readability. As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.	Logic	Multiple Sections	Measure Lead
Updated the version number of the Measure Authoring Tool (MAT) Global Common Functions Library to v7.0.000.	Logic	Multiple Sections	Standards/Technical Update
Updated the version of the Quality Data Model (QDM) to 5.6 and Clinical Quality Language (CQL) to 1.5.	Logic	Multiple Sections	Standards/Technical Update
Removed direct reference code LOINC code (21112-8) 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 narrative fields in plain language, such as the eCQM description, rationale, definitions, guidance, initial population, denominator, exclusions, exceptions, and numerator

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

- Updated the eCQM version number by one whole number
- Updated the measure steward
- Updated the measure developer
- Updated the copyright statement
- Updated the disclaimer statement
- Updated to reflect current evidence and guidelines

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2022-05-v3.pdf) for all 2023 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2022-05-v3.pdf>



REVISED HEADER TEXT FOR PALLIATIVE CARE EXCLUSION

Updated timing requirement for patients receiving palliative care from ‘during’ measurement period to ‘for any part of’ the measurement period

- 2022 denominator exclusion text:
“Exclude patients receiving palliative care **during** the measurement period.”
- 2023 denominator exclusion text:
“Exclude patients receiving palliative care **for any part of** the measurement period.”

Update applied to the following Eligible Clinician eCQMs:

- **CMS122v11** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- **CMS124v11** Cervical Cancer Screening
- **CMS125v11** Breast Cancer Screening
- **CMS130v11** Colorectal Cancer Screening
- **CMS131v11** Diabetes: Eye Exam
- **CMS156v11** Use of High-Risk Medications in Older Adults
- **CMS165v11** Controlling High Blood Pressure



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 Quality Data Model (QDM) and Clinical Quality Language (CQL) standards updates
- Refinement of logic expressions to conform to CQL Style Guide, including updating CQL definition names, functions, and aliases

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-v6.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=2&qt-teste=1

Reporting/Performance Period			
2023 ⌵ Apply Reset			
Reporting/Performance Period	eCQM Specifications and Resources	Tool and Resource Versions	Standard Versions
2023	<ul style="list-style-type: none">2023 EH/CAH Implementation Resources2023 Eligible Clinicians Implementation Resources	<ul style="list-style-type: none">MAT V6.10 ↗eCQM Logic and Implementation Guidance V6.0 (PDF)Cypress V7.0 ↗Bonnie V5.1.1 ↗QDM CQL-to-ELM Translator V1.5.3 ↗CQL Style Guide V6.0 (PDF)	<ul style="list-style-type: none">QDM V5.6 (PDF)HL7 V3 IG: CQL-based HQMF IG R1 STU 4.1 ↗HL7 CQL R1 v1.5 ↗HL7 V3 HQMF Normative Release 1 ↗HL7 QRDA I R1 STU R5.3 ↗HL7 QRDA III R1 Normative ↗2023 CMS QRDA I IG for Hospital Quality Reporting2023 CMS QRDA III IG for Eligible Clinicians

For an early preview, look for the eCQMs Annual Update Pre-Publication Document for the 2023 Reporting/Performance Period (<https://ecqi.healthit.gov/sites/default/files/2022-eCQM-PrePublication-v2.pdf>) on the eCQI Resource Center



REVISED LOGIC FOR AGE FUNCTION UPDATE

Replaced the 'Global.CalendarAgeInYearsAt' function with the native CQL function 'AgeInYearsAt'

- Takes advantage of existing CQL features and increases human-readability
- Intent is to reduce implementer burden
- LOINC code 21112-8 (Birth date) is no longer required and has been removed from the Terminology section of the human readable specification



REVISED LOGIC FOR AGE FUNCTION UPDATE *(cont.)*

Example of revised logic in CMS22 (Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented)

- CMS22v10 (2022):
“Qualifying Encounter During Measurement Period” Qualifying Encounter with [“Patient Characteristic Birthdate”: “Birth date”] BirthDate such that $\text{Global."CalendarAgeInYearsAt" (BirthDate.birthDatetime, start of "Measurement Period")} \geq 18$
- CMS22v11 (2023):
“Qualifying Encounter During Measurement Period” Qualifying Encounter where $\text{AgeInYearsAt (date from start of "Measurement Period")} \geq 18$



REVISED LOGIC FOR AGE FUNCTION UPDATE *(cont.)*

Replaced the 'Global.CalendarAgeInYearsAt' function with the native CQL function 'AgeInYearsAt'

Update applied to all Eligible Clinician eCQMs, **EXCEPT** the following, as these eCQMs include no age requirement:

- **CMS50v11** Closing the Referral Loop: Receipt of Specialist Report
- **CMS129v12** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- **CMS149v11** Dementia: Cognitive Assessment
- **CMS157v11** Oncology: Medical and Radiation – Pain Intensity Quantified
- **CMS645v6** Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy
- **CMS646v3** Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer
- **CMS771v4** Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia



REVISED LOGIC FOR TIMING PRECISION UPDATE

Updated the timing precision in the definitions from datetime to date by adding 'day of', 'date from', and/or function 'ToDateInterval'

- Intended to resolve time zone offset issues when comparing datetime to interval as days
- Adds date level precision to the logic in cases where an interval of dates are being compared



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Example of numerator logic change in CMS146 (Appropriate Testing in Pharyngitis)

- CMS146v10 (2022):
"Group A Streptococcus Lab Test With Result" GroupASTreptococcusTest,
"Encounter With Pharyngitis or Tonsillitis With Antibiotic" EncounterWithPharyngitis
where (Global."NormalizeInterval" (GroupASTreptococcusTest.relevantDatetime,
GroupASTreptococcusTest.relevantPeriod) starts within 3 days of end of
EncounterWithPharyngitis.relevantPeriod)
return EncounterWithPharyngitis
- CMS146v11 (2023):
"Group A Streptococcus Lab Test With Result" GroupASTreptococcusTest,
"Encounter With Pharyngitis or Tonsillitis With Antibiotic" EncounterWithPharyngitis
where (Global."NormalizeInterval" (GroupASTreptococcusTest.relevantDatetime,
GroupASTreptococcusTest.relevantPeriod) starts during day of Interval[(end of
EncounterWithPharyngitis.relevantPeriod) - 3 days, (end of EncounterWithPharyngitis.relevantPeriod) + 3
days]) return EncounterWithPharyngitis



REVISED LOGIC FOR TIMING PRECISION UPDATE

(cont.)

Update applied to the following Eligible Clinician eCQMs:

CMS56v11	Functional Status Assessment	CMS137v11	Initiation and Engagement of Substance Use Disorder
CMS74v12	Primary Caries Prevention Intervention as Offered by Dentists	CMS138v11	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS75v11	Children Who Have Dental Decay or Cavities	CMS139v11	Falls: Screening for Future Fall Risk
CMS90v12	Functional Status Assessments for Heart Failure	CMS146v11	Appropriate Testing for Pharyngitis
CMS117v11	Childhood Immunization Status	CMS147v12	Preventive Care and Screening: Influenza Immunization
CMS122v11	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS153v11	Chlamydia Screening in Women
CMS124v11	Cervical Cancer Screening	CMS154v11	Appropriate Treatment for Upper Respiratory Infection
CMS125v11	Breast Cancer Screening	CMS155v11	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CMS127v11	Pneumococcal Vaccination Status for Older Adults	CMS156v11	Use of High-risk Medications in Older Adults
CMS128v11	Anti-depressant Medication	CMS165v11	Controlling High Blood Pressure
CMS130v11	Colorectal Cancer Screening	CMS249v5	Appropriate Use of DEXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS131v11	Diabetes: Eye Exam		
CMS136v12	Follow-up Care for Children Prescribed ADHD Medication (ADD)		



REVISED LOGIC TO EXCLUDE TELEHEALTH/VIRTUAL ENCOUNTERS IF TELEHEALTH NOT APPROPRIATE

Updated logic using latest QDM v5.6 ‘Encounter, Performed’ class attribute to exclude telehealth (or virtual) encounters using the logical representation

- QDM v5.6 introduced the “Encounter, Performed” *class* attribute that allows a measure to specify telehealth encounters using a direct reference code from the ActCode terminology of ‘VR’ or **virtual**
- Mechanism enables expressions to specifically exclude these encounters, regardless of the “Encounter, Performed” code

Example of logic specifically excluding encounters that occur via telehealth:

define "Has Qualifying Encounter":

exists ["Encounter, Performed": "Office Visit"] ValidEncounter

where ValidEncounter.relevantPeriod during "Measurement Period"

and **ValidEncounter.class !~ "virtual"**

Refer to 2023 Telehealth Guidance posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/2023-EC-Telehealth-Guidance-v2.pdf) for additional information:
<https://ecqi.healthit.gov/sites/default/files/2023-EC-Telehealth-Guidance-v2.pdf>.



REVISED LOGIC TO EXCLUDE TELEHEALTH/VIRTUAL ENCOUNTERS IF TELEHEALTH NOT APPROPRIATE

(cont.)

Update applied to the following Eligible Clinician eCQMs:

- **CMS22v11** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **CMS69v11** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **CMS142v11** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- **CMS143v11** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- **CMS646v3** Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer
- **CMS771v4** Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

Rationale for why each eCQM is not eligible for telehealth can be found in Table 3 of the 2023 EC Telehealth Guidance document

Refer to 2023 Telehealth Guidance posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/2023-EC-Telehealth-Guidance-v2.pdf) for additional information:
<https://ecqi.healthit.gov/sites/default/files/2023-EC-Telehealth-Guidance-v2.pdf>



REVISED “HOSPICE.HAS HOSPICE SERVICES”

- Added QDM datatypes “encounter, performed” and “assessment, performed”
- Provides additional ways to identify patients receiving hospice services
- Revised logic example – CMS56 (Functional Status Assessment for Total Hip Replacement)

CMS56v10 (2022):

Hospice.Has Hospice

exists (["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
where (DischargeHospice.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
or DischargeHospice.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)")
and DischargeHospice.relevantPeriod ends during "Measurement Period")
or exists (["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
where HospiceOrder.authorDatetime during "Measurement Period")
or exists (["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed where Global."NormalizeInterval"
(HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod) overlaps "Measurement Period")

CMS56v11 (2023):

Hospice.Has Hospice Services

exists (["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
where (InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)")
and InpatientEncounter.relevantPeriod ends during day of "Measurement Period")
or exists (["Encounter, Performed": "Hospice Encounter"] HospiceEncounter
where HospiceEncounter.relevantPeriod overlaps "Measurement Period")
or exists (["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment
where HospiceAssessment.result ~ "Yes (qualifier value)"
and Global."NormalizeInterval" (HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod) overlaps "Measurement Period")
or exists (["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder
where HospiceOrder.authorDatetime during day of "Measurement Period")
or exists (["Intervention, Performed": "Hospice Care Ambulatory"] HospiceOrder
where Global."NormalizeInterval" (HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod) overlaps "Measurement Period")



REVISED “HOSPICE.HAS HOSPICE SERVICES” *(cont.)*

Update applied to the following Eligible Clinician eQMs:

CMS56v11	Functional Status Assessment	CMS136v12	Follow-up Care for Children Prescribed ADHD Medication (ADD)
CMS74v12	Primary Caries Prevention Intervention as Offered by Dentists	CMS137v11	Initiation and Engagement of Substance Use Disorder
CMS75v11	Children Who Have Dental Decay or Cavities	CMS139v11	Falls: Screening for Future Fall Risk
CMS90v12	Functional Status Assessments for Heart Failure	CMS146v11	Appropriate Testing for Pharyngitis
CMS117v11	Childhood Immunization Status	CMS153v11	Chlamydia Screening in Women
CMS122v11	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS154v11	Appropriate Treatment for Upper Respiratory Infection
CMS124v11	Cervical Cancer Screening	CMS155v11	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CMS125v11	Breast Cancer Screening	CMS156v11	Use of High-risk Medications in Older Adults
CMS127v11	Pneumococcal Vaccination Status for Older Adults	CMS165v11	Controlling High Blood Pressure
CMS128v11	Anti-depressant Medication		
CMS130v11	Colorectal Cancer Screening		
CMS131v11	Diabetes: Eye Exam		



REVISED “HOSPICE.HAS HOSPICE SERVICES” *(cont.)*

Eligible Clinician eCQMs that included the hospice exclusion in the 2022 performance period, and were updated in 2023 to incorporate the hospice library for harmonization:

- **CMS69v11** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **CMS347v6** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Eligible Clinician eCQMs that added the hospice exclusion in the 2023 performance period:

- **CMS138v11** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **CMS147v6** Preventive Care and Screening: Influenza Immunization



WEBINAR PART 2

eCQMS THAT UNDERWENT SIGNIFICANT CHANGES FROM PERFORMANCE PERIOD 2022 TO 2023



REVIEW UPDATES TO eCQMs THAT UNDERWENT SIGNIFICANT CHANGES FROM 2022 TO 2023

CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

CMS156v11 - Use of High-Risk Medications in Older Adults

CMS144v11 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)



MEASURE DESCRIPTION

CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

- Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters



KEY OVERALL CHANGES

CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

- **Timing of the BMI and follow up plan**
 - BMI must be performed **during the measurement period**
 - If the documented BMI is outside of normal parameters, then a follow-up plan must be documented **during the measurement period**
 - Change to address a **known issue ([EK-13](#))** for CMS69v9 and v10* where there was a discrepancy in the measure narrative and CQL logic
 - CMS69v9 and v10 measure logic did not include a look-back period for the BMI follow-up plan; instead, there was a look-forward period from the most recent BMI for a follow-up plan
 - For a BMI outside of normal parameters, a follow-up plan needed to be documented during the encounter or during the 12 months after the current encounter
 - Clinicians had to document a follow-up plan for every BMI outside of normal parameters

* CMS69v9 - PY2021; CMS69v10 - PY2022



KEY CHANGES: HEADER UPDATES

CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

Updated Description language Percentage of patients aged 18 years and older with a BMI documented during the current encounter or ~~within~~ **during** the ~~previous twelve months~~ **measurement period** AND who had a follow-up plan documented if ~~most recent~~ BMI was outside of normal parameters

Updated Numerator language Patients with a documented BMI during the encounter or during the ~~previous twelve months~~ **measurement period**, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the ~~previous twelve months of the current encounter~~ **measurement period**

Updated Guidance section with similar changes

Refer to Technical Release Notes (TRNs) posted on the [eCQI Resource Center](https://ecqi.healthit.gov/sites/default/files/EC-TRN-2022-05-v3.pdf) for all 2023 updates at <https://ecqi.healthit.gov/sites/default/files/EC-TRN-2022-05-v3.pdf>



KEY CHANGES: LOGIC UPDATES

CMS69v11 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

Multiple Sections Revised timing for BMI and documentation of interventions in 'High BMI and Follow up Provided' and 'Low BMI and Follow up Provided' logic to reduce clinician and implementer burden

CMS69v10 (2022)

High BMI and Follow up Provided

"Most Recent Documented BMI" MostRecentBMI
with ["Intervention, Performed": "Follow Up for Above
Normal BMI"] AboveNormalFollowUp
such that Global."NormalizeInterval" (
MostRecentBMI.relevantDatetime,
MostRecentBMI.relevantPeriod) **ends 12 months or less on
or before day of start of** Global."NormalizeInterval" (
AboveNormalFollowUp.relevantDatetime,
AboveNormalFollowUp.relevantPeriod)
and AboveNormalFollowUp.reason in "Overweight or
Obese"
where MostRecentBMI.result >= 25 'kg/m2'

CMS69v11 (2023)

High BMI and Follow up Provided

("Documented High BMI during Measurement Period" HighBMI
with ("High BMI Interventions Ordered"
union "High BMI Interventions Performed")
HighBMIInterventions
such that (**Coalesce**(start of
Global."NormalizeInterval"(HighBMIInterventions.relevantDatetime,
HighBMIInterventions.relevantPeriod),
HighBMIInterventions.authorDatetime)**during "Measurement
Period")**
)



KEY CHANGES: LOGIC UPDATES *(cont.)*

CMS69v11 - Preventive Care And Screening: Body Mass Index (BMI) Screening And Follow-up Plan

- **Revised timing logic for BMI and documentation of interventions are found in the following Definitions*:**
 - BMI during Measurement Period
 - Documented High BMI during Measurement Period
 - Documented Low BMI during Measurement Period
 - High BMI and Follow up Provided
 - High BMI Interventions Ordered
 - High BMI Interventions Performed
 - Low BMI and Follow up Provided
 - Low BMI Interventions Ordered
 - Low BMI Interventions Performed

** Changes allow for the BMI and follow-up plan documentation to occur anytime during the measurement period*



MEASURE DESCRIPTION

CMS156v11 - Use of High-risk Medications in Older Adults

- Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class. Three rates are reported.
 1. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.
 2. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.
 3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for patients in both numerators).



MEASURE NUMERATOR

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1: Patients with at least two orders of high-risk medications from the same drug class on different days.

- a. At least two orders of high-risk medications from the same drug class.
- b. At least two orders of high-risk medications from the same drug class with summed days supply greater than 90 days.
- c. At least two orders of high-risk medications from the same drug class each exceeding average daily dose criteria.

Numerator 1

exists ("Same High Risk Medications Ordered on Different Days")

or ("Two High Risk Medications with Prolonged Duration")

or ("High Risk Medications with Average Daily Dose Criteria")



KEY OVERALL CHANGES

CMS156v11 - Use of High-risk Medications in Older Adults

- **Numerator Rate 1b medication duration calculation logic revised**
 - Replaced counting days during a Medication Order Relevant Period with counting Medication Order days supply
 - Rationale
 - Captures the medication duration more accurately by using days supply information directly
- **Numerator Rate 1 – New Criteria added (1c)**
 - 1c. At least two orders of high-risk medications from the same drug class each exceeding average daily dose criteria
 - Rationale
 - Changes based on clinical recommendations to avoid drugs with average daily dose maximums



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1b: Two High Risk Medications with Prolonged Duration

CMS156v10 (2022)

Two High Risk Medications with Prolonged Duration

("Cumulative Medication Duration"("AntilInfectives
During Measurement Period")>= 90
and "More than One AntilInfective Order")

Cumulative Medication Duration(Medication List<"Medication, Order">)

Sum((collapse(Medication.relevantPeriod))CumulativeD
osages
return all duration in days of CumulativeDosages
)

CMS156v11 (2023)

Two High Risk Medications with Prolonged Duration

Sum(("More Than One Order"(["Medication, Order":
"Anti Infectives, other"])))AntilInfectives
let **DaysSupply**:
Coalesce(AntilInfectives.daysSupplied,
AntilInfectives.supply.value
/(AntilInfectives.dosage.value *
CMD.ToDaily(AntilInfectives.frequency)))*(1 +
Coalesce(AntilInfectives.refills, 0))
return all DaysSupply
)> 90



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1b: Two High Risk Medications with Prolonged Duration

CMS156v11 PY2023

Two High Risk Medications with Prolonged Duration

```
Sum(("More Than One Order"(["Medication, Order": "Anti Infectives, other"]))AntilInfectives
  let DaysSupply: Coalesce(AntilInfectives.daysSupplied, AntilInfectives.supply.value
/(AntilInfectives.dosage.value * CMD.ToDaily(AntilInfectives.frequency)))*(1 + Coalesce(AntilInfectives.refills, 0))
  return all DaysSupply
)> 90
```



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1b: More Than One Order*

More Than One Order(Medication List<"Medication, Order">)

```
"Medication" OrderMedication1
with "Medication" OrderMedication2
such that ( OrderMedication1.authorDatetime during "Measurement Period"
and OrderMedication1.refills >= 1
)
or ( date from OrderMedication1.authorDatetime !~ date from OrderMedication2.authorDatetime
and OrderMedication1.authorDatetime during "Measurement Period"
and OrderMedication2.authorDatetime during "Measurement Period"
)
return OrderMedication1
```

***“More Than One Order”** function verifies if there is a high-risk medication ordered with a refill, or if there are 2 or more high risks medications ordered on different dates



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1b: DaysSupply

Two High Risk Medications with Prolonged Duration

Sum(("More Than One Order"(["Medication, Order": "Anti Infectives, other"]))AntiInfectives
let **DaysSupply: Coalesce**(AntiInfectives.daysSupplied, AntiInfectives.supply.value
/(AntiInfectives.dosage.value * CMD.ToDaily(AntiInfectives.frequency))) * (1 + Coalesce(AntiInfectives.refills, 0))
return all DaysSupply
) > 90

DaysSupply: If a) is available use a), if a) is not available use b)

- a) DaysSupplied
- b) (Supply/(Dosage*Frequency)) * (1+ # of Refills)



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

CMD.ToDaily Function

CMD.ToDaily(Frequency Choice<Quantity, Code>)

case

when Frequency is Quantity then QuantityToDaily(Frequency as Quantity)

else CodeToDaily(Frequency as Code)

End

Note: CQL can return frequency as either a quantity (e.g., 12 hours) or a code (e.g., "twice a day (qualifier value) SNOMEDCT 229799001)



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

CMD.QuantityToDaily(Frequency Quantity) Function

▲ CMD.QuantityToDaily(Frequency Quantity)

```
case Frequency.unit
  when 'h' then (24.0 / Frequency.value)
  when 'min' then (24.0 / Frequency.value) * 60
  when 's' then (24.0 / Frequency.value) * 60 * 60
  when 'd' then (24.0 / Frequency.value) / 24
  when 'wk' then (24.0 / Frequency.value) / (24 * 7)
  when 'mo' then (24.0 / Frequency.value) / (24 * 30) /* assuming 30 days in month */
  when 'a' then (24.0 / Frequency.value) / (24 * 365) /* assuming 365 days in year */
  when 'hour' then (24.0 / Frequency.value)
  when 'minute' then (24.0 / Frequency.value) * 60
  when 'second' then (24.0 / Frequency.value) * 60 * 60
  when 'day' then (24.0 / Frequency.value) / 24
  when 'week' then (24.0 / Frequency.value) / (24 * 7)
  when 'month' then (24.0 / Frequency.value) / (24 * 30) /* assuming 30 days in month */
  when 'year' then (24.0 / Frequency.value) / (24 * 365) /* assuming 365 days in year */
  when 'hours' then (24.0 / Frequency.value)
  when 'minutes' then (24.0 / Frequency.value) * 60
  when 'seconds' then (24.0 / Frequency.value) * 60 * 60
  when 'days' then (24.0 / Frequency.value) / 24
  when 'weeks' then (24.0 / Frequency.value) / (24 * 7)
  when 'months' then (24.0 / Frequency.value) / (24 * 30) /* assuming 30 days in month */
  when 'years' then (24.0 / Frequency.value) / (24 * 365) /* assuming 365 days in year */
  else null
end
```

If frequency.value is 2 times per day = $(24/2)/24 = 0.5$



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

CMD.CodeToDaily(Frequency Code) Function

▲ CMD.CodeToDaily(Frequency Code)

case

```
when Frequency ~ "Once daily (qualifier value)" then 1.0
when Frequency ~ "Twice a day (qualifier value)" then 2.0
when Frequency ~ "Three times daily (qualifier value)" then 3.0
when Frequency ~ "Four times daily (qualifier value)" then 4.0
when Frequency ~ "Every twenty four hours (qualifier value)" then 1.0
when Frequency ~ "Every twelve hours (qualifier value)" then 2.0
when Frequency ~ "Every thirty six hours (qualifier value)" then 0.67
when Frequency ~ "Every eight hours (qualifier value)" then 3.0
when Frequency ~ "Every four hours (qualifier value)" then 6.0
when Frequency ~ "Every six hours (qualifier value)" then 4.0
when Frequency ~ "Every seventy two hours (qualifier value)" then 0.34
when Frequency ~ "Every forty eight hours (qualifier value)" then 0.5
when Frequency ~ "Every eight to twelve hours (qualifier value)" then 2.0
when Frequency ~ "Every six to eight hours (qualifier value)" then 3.0
when Frequency ~ "Every three to four hours (qualifier value)" then 6.0
when Frequency ~ "Every three to six hours (qualifier value)" then 4.0
when Frequency ~ "Every two to four hours (qualifier value)" then 6.0
when Frequency ~ "One to four times a day (qualifier value)" then 4.0
when Frequency ~ "One to three times a day (qualifier value)" then 3.0
when Frequency ~ "One to two times a day (qualifier value)" then 2.0
when Frequency ~ "Two to four times a day (qualifier value)" then 4.0
```

else null

end

If qualifier value is a code equivalent to once daily the function converts to 1.0



HEADER UPDATES

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1c: *New* High Risk Medications with Average Daily Dose Criteria

Added new guidance statement for calculating average daily dose for each prescription event.

To calculate average daily dose, multiply the quantity of pills prescribed by the dose of each pill and divide by the days supply. For example, a prescription for the 30-days supply of digoxin containing 15 pills, 0.25 mg each pill, has an average daily dose of 0.125 mg. To calculate average daily dose for elixirs and concentrates, multiply the volume prescribed by daily dose and divide by the days supply. Do not round when calculating average daily dose.

Updated Numerator language

Rate 1 : Patients with at least two orders of high-risk medications from the same drug class on different days.

- a. At least two orders of high-risk medications from the same drug class.
- b. At least two orders of high-risk medications from the same drug class with summed days supply greater than 90 days.
- c. At least two orders of high-risk medications from the same drug class each exceeding average daily dose criteria.



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1c: Added new High Risk Medications with Average Daily Dose Criteria

High Risk Medications with Average Daily Dose Criteria

exists ("More Than One Order"(["Medication, Order": "Reserpine"] ReserpineOrdered
where "Average Daily Dose"(ReserpineOrdered)> 0.1 'mg/d'

)

)

or exists ("More Than One Order"(["Medication, Order": "Digoxin"] DigoxinOrdered
where "Average Daily Dose"(DigoxinOrdered)> 0.125 'mg/d'

)

)

or exists ("More Than One Order"(["Medication, Order": "Doxepin"] DoxepinOrdered
where "Average Daily Dose"(DoxepinOrdered)> 6 'mg/d'

)

)



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1c: Added *new* Average Daily Dose Function

Average Daily Dose(MedicationOrder "Medication, Order")

MedicationOrder Order

let MedicationStrength: "**MedicationStrengthPerUnit**"(Order.code),

DaysSupplied: Coalesce(Order.daysSupplied, Order.supply.value /(Order.dosage.value *

CMD.ToDaily(Order.frequency)))

return if DaysSupplied is not null

and (MedicationStrength.unit = 'mg'

or (MedicationStrength.unit = 'mg/mL'

and Order.supply.unit = 'mL'

)

) then ((Order.supply * MedicationStrength) / Quantity { value: DaysSupplied, unit: 'd' })

else null

Average Daily Dose Simple Calculation = (Order Supply*Medication Strength)/Days Supplied



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1c: Average Daily Dose – Medication Strength Function Per Unit Function

MedicationStrengthPerUnit(Strength Code)

case

when Strength ~ "reserpine 0.1 MG Oral Tablet" then 0.1 'mg'

when Strength ~ "reserpine 0.25 MG Oral Tablet" then 0.25 'mg'

when Strength ~ "digoxin 0.05 MG/ML Oral Solution" then 0.05 'mg/mL'

when Strength ~ "digoxin 0.0625 MG Oral Tablet" then 0.0625 'mg'

when Strength ~ "1 ML digoxin 0.1 MG/ML Injection" then 0.1 'mg/mL'

when Strength ~ "digoxin 0.125 MG Oral Tablet" then 0.125 'mg'

when Strength ~ "digoxin 0.1875 MG Oral Tablet" then 0.1875 'mg'

when Strength ~ "digoxin 0.25 MG Oral Tablet" then 0.25 'mg'

when Strength ~ "2 ML digoxin 0.25 MG/ML Injection" then 0.25 'mg/mL'

when Strength ~ "doxepin 3 MG Oral Tablet" then 3 'mg'

when Strength ~ "doxepin 6 MG Oral Tablet" then 6 'mg'

when Strength ~ "doxepin hydrochloride 10 MG Oral Capsule" then 10 'mg'

when Strength ~ "doxepin hydrochloride 10 MG/ML Oral Solution" then 10 'mg/mL'

when Strength ~ "doxepin hydrochloride 25 MG Oral Capsule" then 25 'mg'

when Strength ~ "doxepin hydrochloride 50 MG Oral Capsule" then 50 'mg'

when Strength ~ "doxepin hydrochloride 75 MG Oral Capsule" then 75 'mg'

when Strength ~ "doxepin hydrochloride 100 MG Oral Capsule" then 100 'mg'

when Strength ~ "doxepin hydrochloride 150 MG Oral Capsule" then 150 'mg'

else null

end

RXNorm code 198196 descriptor
"reserpine 0.1 MG Oral Tablet"
converts to 0.1 'mg'

RxNorm code 204504 descriptor
"1 ML digoxin 0.1 MG/ML Injection"
converts to 0.1 'mg/mL'



LOGIC UPDATES *(cont.)*

CMS156v11 - Use of High-risk Medications in Older Adults

Rate 1c: DaysSupplied

DaysSupplied: Coalesce(Order.daysSupplied, Order.supply.value /(Order.dosage.value * CMD.ToDaily(Order.frequency)))

DaysSupplied: If a) is available use a), if a) is not available use b).

- a) Days supplied
- b) Supply/(Dosage*Frequency)

Note: Calculation for DaysSupplied is slightly different than Rate 1b - DaysSupply which takes into refills into consideration



MEASURE DESCRIPTION

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) $\leq 40\%$ who were prescribed or already taking beta-blocker therapy during the measurement period



KEY OVERALL CHANGES

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) changed from $< 40\%$ to $\leq 40\%$ (also on CMS145v11)
 - Rationale: The AHA/ACC Joint Task Force updated this value to $\leq 40\%$ to better align with existing guidelines for the management of heart failure
- Updated the Numerator narrative to patients who were prescribed or already taking a Beta Blocker during the measurement period
 - Rationale: Better align numerator narrative with measure intent and logic
- Removed inpatient encounters (Population 2)
 - Rationale: To better focus the measure on outpatient care



KEY OVERALL CHANGES *(cont.)*

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Added Denominator Exclusion - Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD)
 - Rationale: These patients were not included in clinical treatment trials for low LVEF heart failure
- Removed documentation of system reason(s) from the Denominator Exception
 - Rationale: Due to wide availability of beta-blockers in the outpatient setting a system-based reason is no longer applicable



KEY CHANGES: HEADER UPDATES

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Updated Description language Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) \leq 40% who were prescribed or already taking beta-blocker therapy ~~either within a 12-month period when seen in~~ during the ~~outpatient setting OR at each hospital discharge measurement~~ period

Updated Initial Population language All patients aged 18 years and older with **two qualifying encounters during the measurement period and** a diagnosis of heart failure

Updated Denominator language Equals Initial Population with a current or prior LVEF \leq 40%

Added Denominator Exclusion **Patients with a history of heart transplant or with a Left Ventricular Assist Device (LVAD) prior to the end of the outpatient encounter with Moderate or Severe LVSD**

*Note CMS135v11 and CMS144v11 have similar changes. We will review the changes for CMS144v11 in the presentation.



KEY CHANGES: HEADER UPDATES *(cont.)*

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Updated Numerator language Patients who were prescribed or already taking beta-blocker therapy either within a 12-month period when seen in during the outpatient setting OR at each hospital discharge measurement period

Removed one of the Denominator Exceptions Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the healthcare system).



KEY CHANGES: LOGIC UPDATES

CMS144v11 - Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Denominator Exclusions

"Has Heart Transplant"
or "Has Heart Transplant Related Diagnosis"
or "Has Left Ventricular Assist Device Implanted"
or "Has Left Ventricular Assist Device Related Diagnosis"

Has Heart Transplant

exists ["Procedure, Performed": "Heart Transplant"] HeartTransplant
with "Heart Failure Outpatient Encounter with History of Moderate or Severe LVSD"
ModerateOrSevereLVSDHFOutpatientEncounter
such that (Global."NormalizeInterval" (HeartTransplant.relevantDatetime, HeartTransplant.relevantPeriod)
) starts before
end of ModerateOrSevereLVSDHFOutpatientEncounter.relevantPeriod



WEBINAR PART 3

OVERVIEW OF NEW eCQM



REVIEW NEW eCQM FOR PERFORMANCE PERIOD 2023

CMS951v1 – Kidney Health Evaluation



MEASURE OVERVIEW

CMS951v1 – Kidney Health Evaluation

Description	Percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period
Measure steward	National Kidney Foundation
Measure scoring	Proportion measure
Measure type	Process measure
Improvement notation	Higher score indicates better quality

Refer to the CMS951v1 measure specification: <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS951v1.html>



MEASURE OVERVIEW *(cont.)*

CMS951v1 – Kidney Health Evaluation

Clinical Recommendation Statement

- At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) and estimated glomerular filtration rate in patients with type 1 diabetes with duration of ≥ 5 years, in all patients with type 2 diabetes, and in all patients with comorbid hypertension.
- Patients with diabetes should be screened annually for Diabetic Kidney Disease (DKD). Initial screening should commence:
 - 5 years after the diagnosis of type 1 diabetes; or
 - From diagnosis of type 2 diabetes
- Screening should include:
 - Measurements of urinary albumin-creatinine ratio (ACR) in a spot urine sample;
 - Measurement of serum creatinine and estimation of GFR



MEASURE OVERVIEW *(cont.)*

CMS951v1 – Kidney Health Evaluation

Guidance

- This measure assesses performance of a comprehensive kidney evaluation in adults aged 18–75. This measure does not preclude or discourage the use of regular laboratory testing for CKD in patients outside of the age range (patients under 18 years and those over 75 years of age).
- This eCQM is a patient-based measure.
- This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.



MEASURE OVERVIEW *(cont.)*

CMS951v1 – Kidney Health Evaluation

Initial Population

- All patients aged 18–75 years with a diagnosis of diabetes at the start of the measurement period with a visit during the measurement period

Denominator

- Equals Initial Population

Denominator Exclusions

- Patients with a diagnosis of End Stage Renal Disease (ESRD)
- Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5
- Patients who have an order for or are receiving hospice or palliative care



MEASURE OVERVIEW *(cont.)*

CMS951v1 – Kidney Health Evaluation

Numerator

- Patients who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period

Numerator Exclusions

- Not applicable

Denominator Exceptions

- None



KEY LOGIC STATEMENTS

CMS951v1 – Kidney Health Evaluation

▲ Initial Population

AgeInYearsAt(date from start of "Measurement Period")in Interval[18, 75]
and "Has Active Diabetes Overlaps Measurement Period"
and "Has Outpatient Visit During Measurement Period"

▲ Has Active Diabetes Overlaps Measurement Period

exists (["Diagnosis": "Diabetes"] Diabetes
where Diabetes.prevalencePeriod overlaps "Measurement Period"
)

▲ Has Outpatient Visit During Measurement Period

exists ((["Encounter, Performed": "Annual Wellness Visit"]
union ["Encounter, Performed": "Home Healthcare Services"]
union ["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Outpatient Consultation"]
union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]
union ["Encounter, Performed": "Telephone Visits"]) ValidEncounter
where ValidEncounter.relevantPeriod during "Measurement Period"
)



KEY LOGIC STATEMENTS *(cont.)*

CMS951v1 – Kidney Health Evaluation

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

exists "Has CKD Stage 5 or ESRD Diagnosis Overlaps Measurement Period"
or Hospice."Has Hospice Services"
or PalliativeCare."Palliative Care in the Measurement Period"



KEY LOGIC STATEMENTS *(cont.)*

CMS951v1 – Kidney Health Evaluation

▲ Has CKD Stage 5 or ESRD Diagnosis Overlaps Measurement Period

```
( ["Diagnosis": "Chronic Kidney Disease, Stage 5"]  
  union ["Diagnosis": "End Stage Renal Disease"] ) CKDOrESRD  
  where CKDOrESRD.prevalencePeriod overlaps "Measurement Period"
```

▲ Hospice.Has Hospice Services

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter  
  where ( InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"  
    or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"  
  )  
  and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"  
)  
or exists ( ["Encounter, Performed": "Hospice Encounter"] HospiceEncounter  
  where HospiceEncounter.relevantPeriod overlaps "Measurement Period"  
)  
or exists ( ["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment  
  where HospiceAssessment.result ~ "Yes (qualifier value)"  
    and Global."NormalizeInterval" ( HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod ) overlaps "Measurement Period"  
)  
or exists ( ["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder  
  where HospiceOrder.authorDatetime during day of "Measurement Period"  
)  
or exists ( ["Intervention, Performed": "Hospice Care Ambulatory"] HospicePerformed  
  where Global."NormalizeInterval" ( HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod ) overlaps "Measurement Period"  
)
```



KEY LOGIC STATEMENTS *(cont.)*

CMS951v1 – Kidney Health Evaluation

▲ PalliativeCare.Palliative Care in the Measurement Period

```
exists ( ["Assessment, Performed": "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)"] PalliativeAssessment
  where Global."NormalizeInterval"(PalliativeAssessment.relevantDatetime, PalliativeAssessment.relevantPeriod) overlaps "Measurement Period"
)
or exists ( ["Diagnosis": "Encounter for palliative care"] PalliativeDiagnosis
  where PalliativeDiagnosis.prevalencePeriod overlaps "Measurement Period"
  or exists ( ["Encounter, Performed": "Palliative Care Encounter"] PalliativeEncounter
    where PalliativeEncounter.relevantPeriod overlaps "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Palliative Care Intervention"] PalliativeIntervention
    where Global."NormalizeInterval"(PalliativeIntervention.relevantDatetime, PalliativeIntervention.relevantPeriod) overlaps "Measurement Period"
  )
)
```



KEY LOGIC STATEMENTS *(cont.)*

CMS951v1 – Kidney Health Evaluation

▲ Numerator

"Has Kidney Panel Performed During Measurement Period"

▲ Has Kidney Panel Performed During Measurement Period

```
exists ( ["Laboratory Test, Performed": "Estimated Glomerular Filtration Rate"] eGFRTest
  where Global."NormalizeInterval" ( eGFRTest.relevantDatetime, eGFRTest.relevantPeriod ) during "Measurement Period"
  and eGFRTest.result is not null
)
and exists ( ["Laboratory Test, Performed": "Urine Albumin Creatinine Ratio"] uACRTest
  where Global."NormalizeInterval" ( uACRTest.relevantDatetime, uACRTest.relevantPeriod ) during "Measurement Period"
  and uACRTest.result is not null
)
```



CODES AND VALUE SETS

CMS951v1 – Kidney Health Evaluation

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Encounter for palliative care" ("ICD10CM Code (Z51.5)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Chronic Kidney Disease, Stage 5" (2.16.840.1.113883.3.526.3.1002)
- valueset "Diabetes" (2.16.840.1.113883.3.464.1003.103.12.1001)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "End Stage Renal Disease" (2.16.840.1.113883.3.526.3.353)
- valueset "Estimated Glomerular Filtration Rate" (2.16.840.1.113883.3.6929.3.1000)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- 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 "Outpatient Consultation" (2.16.840.1.113883.3.464.1003.101.12.1008)
- valueset "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- valueset "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.198.12.1135)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)
- valueset "Urine Albumin Creatinine Ratio" (2.16.840.1.113883.3.6929.3.1007)

Value Set Authority Center (VSAC): <https://vsac.nlm.nih.gov/download/ecqm?rel=2023>



QUESTIONS?



eCQM RESOURCES

eCQI Resource Center	<ul style="list-style-type: none">• The one-stop shop for the most current resources to support electronic clinical quality improvement• The eCQI Resource Center will include CRP announcements• Contact Us if you have questions on locating, downloading, and comparing eCQM specifications.
Office of National Coordinator Project Tracking System (ONC Jira) eCQM Issue Tracker	<ul style="list-style-type: none">• CMS receives questions on eCQMs through ONC Jira, which is used as a collaborative platform for logging, tracking, and discussing issues related to program eCQMs• Jira uses platforms, known as trackers or projects. The Jira eCQM Issue Tracker 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.• 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.



ADDITIONAL RESOURCES

Guide for Reading eCQMs

- To help providers, quality analysts, implementers, and health information technology vendors understand eCQMs and their related documents
- <https://ecqi.healthit.gov/sites/default/files/Guide-for-Reading-eCQMs-v8.pdf>

eCQM Logic and Implementation Guide

- Provides general implementation guidance, including defining how specific logic and data elements should be conceptualized and addressed during eCQM implementation
- <https://ecqi.healthit.gov/sites/default/files/eCQM-Logic-and-Guidance-v6.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 eCQMs
- <https://vsac.nlm.nih.gov/download/ecqm?rel=2023>

Pioneers in Quality Video Short—CQL Basics

- 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>

