OUTPATIENT QUALITY REPORTING ELECTRONIC CLINICAL QUALITY MEASURE

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MEASURE ADDED TO THE OPPS RULE

• The ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40) been finalized for use in the Outpatient Quality Reporting (OQR) program
  o First eCQM in the OQR program

• Finalized for:
  o Voluntary Reporting: CY 2023 data for CY 2025 payment determination
  o Mandatory Reporting: beginning with CY 2024 data for CY 2026 payment determination

• Replaces 2 chart-abducted measures:
  o OP-2 (Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department (ED) Arrival), and
  o OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention)

• OP-2 and OP-3 were finalized for removal from the OQR program beginning with CY 2023 reporting period/CY 2025 payment determination
MEASURE SPECIFICATIONS

• Electronic **process** measure that includes the populations of OP-2 and OP-3
• Measures the percentage of ED patients (aged 18 or older) diagnosed with STEMI that received timely fibrinolytic therapy (within 30 minutes) or timely transfer to a percutaneous coronary intervention (PCI)-capable facility (within 45 minutes).
• Has been submitted to the National Quality Forum (NQF) for endorsement.
MEASURE SPECIFICATIONS (CONT’D)

• Denominator includes all emergency department (ED) encounters for patients 18 years and older with a diagnosis of ST-segment elevation myocardial infarction (STEMI)

• Numerator includes ED-based STEMI patients:
  o Patients whose time from ED arrival to fibrinolytic therapy is 30 minutes or fewer
  o Who arrive at a PCI-capable facility (without being transferred) and received PCI within 90 minutes of arrival
  o Who arrive at a non-PCI-capable facility and were transferred to a PCI-capable facility with 45 minutes of arrival
STEMI ECQM REPORTING

- Hospitals need to report:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Data Period</th>
<th>Payment Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Reporting</td>
<td>At least 1 quarter from CY 2023</td>
<td>N/A</td>
</tr>
<tr>
<td>Mandatory Reporting</td>
<td>At least 1 quarter from CY 2024</td>
<td>CY 2026</td>
</tr>
<tr>
<td></td>
<td>At least 2 quarters from CY 2025</td>
<td>CY 2027</td>
</tr>
<tr>
<td></td>
<td>At least 3 quarters from CY 2026</td>
<td>CY 2028</td>
</tr>
<tr>
<td></td>
<td>All 4 quarters from CY 2027</td>
<td>CY 2029+</td>
</tr>
</tbody>
</table>
RESOURCES

• For information on the STEMI measure see:
  o Final Calendar Year 2023 Rule for the Outpatient Quality Reporting Program
  o eCQI Resource Center for information and resources related to the electronic specifications of the STEMI eCQM measure

• Submit technical and implementation questions in the ONC Project Tracking System (Jira) eCQM Tracker
NAVGATING THE ECQI RESOURCE CENTER - HTTPS://ECQI.HEALTHIT.GOV
NAVIGATING TO THE OQR OUTPATIENT ECQM PAGE

From the homepage select “Outpatient Quality Reporting eCQMs”
Contains information on the measure specifications and value sets
From homepage – select “Create” to create a new issue

https://oncprojecttracking.healthit.gov/support/secure/CreateIssue!default.jspa
LOGGING A TICKET FOR OQR ECQM IMPLEMENTATION/TECHNICAL ISSUES

- Under Project select “eCQM Issue Tracker”
- Under Issue Type select “OQR eCQMs”