CMS Digital Quality Measures (dQMs) Fact Sheet

Overview

The Centers for Medicare & Medicaid Services (CMS) is transitioning quality measures used across its reporting and value-based programs to **digital quality measures (dQMs)**. This shift is part of CMS's broader strategy to modernize quality measurement, reduce reporting burden, and improve the timeliness and accuracy of quality data.

What Are Digital Quality Measures?

CMS defines **dQMs** as quality measures that:
- Leverage **standardized, interoperable digital data** to calculate and report quality performance
- Pull data from **multiple electronic sources**, such as:
    - Electronic health records (EHRs)
    - Administrative systems
    - Case management systems
    - Clinical assessment data
    - Medical devices and wearables
    - Patient-reported data via digital tools
- Are **computable** using standards-based measure specifications and code packages
- Use Fast Healthcare Interoperability Resources (**FHIR®) Application Programming Interfaces (APIs)** and other modern data exchange standards to support automated data retrieval and calculation

CMS Goals for dQMs

CMS's dQM Strategic Roadmap outlines several key goals:
- **Reduce administrative burden** by minimizing manual chart review and data abstraction
- **Improve data quality and consistency** through standardized digital inputs
- **Enable more timely quality assessments** with near-real-time data availability
- **Support interoperability** across healthcare systems
- **Advance value-based care** by providing more actionable, patient-centered insights

Benefits of dQMs

dQMs benefits:

- Providers
    - Reduces manual data entry
    - Improves accuracy and complete data capture
    - Streamlines reporting across programs
    - Improves alignment with clinical workflows
- Health Plans & Accountable Care Organizations
    - Increases comprehensive population-level insights
    - Improves performance tracking in real time
    - Enhances care coordination and quality improvement
- Patients
    - Improves accuracy of care quality measurement
    - Improves outcomes and experience visibility
    - Improves care continuity across settings

Key Components of dQMs

Component	Description
Digital Data Sources	EHRs, claims, registries, wearables, patient-generated data
FHIR® APIs	Enable standardized data exchange and automated measure calculation
Standards-Based Specification	Code packages and logic that define how measures are computed
Integrated Computation Environment	Systems that calculate measure scores and generate reporting outputs

Timeline & Transition

CMS is actively transitioning measures across programs to dQMs beginning in the near future. Timelines will be presented through forthcoming rulemaking.

Key milestones include:

- Expansion of FHIR-based data exchange
- Increasing number of measures available in digital format
- Alignment with federal interoperability mandates

What Organizations Should Do Now

To prepare for the transition to dQMs, healthcare organizations should:

- Assess readiness for FHIR-based data exchange
- Map current data sources to dQM requirements
- Engage EHR vendors on dQM support
- Strengthen data governance and interoperability strategies
- Pilot digital measure reporting where available