

# ECQI RESOURCE CENTER USER GROUP

*April 16, 2024*

*Presenters:*

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# ECQI RESOURCE CENTER USER GROUP AGENDA

- Welcome
- Who are we today?
- Review of New Enhancements and Key Content
- Targeted Discussion
- Open Discussion
- Next Steps



# SUBMITTING FEEDBACK DURING THE USER GROUP

- Recording for note taking purposes only
- Polling Feature:
  - Open the Chat feature  on the Teams menu
  - Look for the LIVE Poll the chat box (you will need to scroll down for the second poll)
  - Select your responses on the radio buttons
- General feedback:
  - Use the chat feature at anytime to provide input

# POLL 1 – WHO ARE WE TODAY?

- Please respond using the polling feature

41 participants / 22 responses

- Select the user type you most identify with:
  - Academic/Researcher 8%
  - CDS Developer/Steward/Implementer 0%
  - eCQM Implementer or quality professional working with Eligible Hospital / Critical Access Hospital 30%
  - eCQM Implementer or quality professional working with Eligible Clinician 26%
  - eCQM Implementer or quality professional working with Eligible Hospital / CAH and Eligible Clinician
  - Health IT Developer/Vendor 8%
  - Measure Developer/Measure Steward 14%
  - Other 14% Reporting Vendor



# DEMONSTRATIONS OF NEW ENHANCEMENTS AND CONTENT

- NQF to CBE Ex: [https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=eh-cah-ecqms&globalyearfilter=2024&global\\_measure\\_group=eCQMs](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=eh-cah-ecqms&globalyearfilter=2024&global_measure_group=eCQMs)
- Pre-rulemaking to Program Candidate
- Eligible Hospital Program Candidate eCQMs Ex: [https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=eh-cah-ecqms&globalyearfilter=2026&global\\_measure\\_group=Program-Candidate-eCQMs](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=eh-cah-ecqms&globalyearfilter=2026&global_measure_group=Program-Candidate-eCQMs)
- Safety Video [https://ecqi.healthit.gov/ecqms?qt-tabs\\_ecqm=education](https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education)
- Measure Collaboration Workspace - eCQM Concepts <https://ecqi.healthit.gov/mc-workspace-2/ecqm-concepts>
- Clinical Practice Guidelines <https://ecqi.healthit.gov/clinical-guidelines-digital-age>
- Jira Integration Ex: [https://ecqi.healthit.gov/ecqm/ec/2024/cms0128v12?qt-tabs\\_measure=specifications-and-data-elements](https://ecqi.healthit.gov/ecqm/ec/2024/cms0128v12?qt-tabs_measure=specifications-and-data-elements)



# NQF TO CONSENSUS BASED ENTITY (CBE)

- The CMS CBE endorses quality measures through a transparent, consensus-based process to foster health care quality improvement.
- CMS uses CBE-endorsed measures in some quality reporting and value-based purchasing programs.
- The new CMS CBE has posted its inventory, the [Submission Tool and Repository \(STAR\)](#), with CBE numbers replacing the NQF number. The numbers did not change.
- CMS has made the nomenclature change by using CBE numbers in proposed rules, in the [CMS Measures Inventory Tool \(CMIT\)](#), on the [Electronic Clinical Quality Improvement \(eCQI\)](#) Resource Center and plans to update in the Qualified Clinical Data Registries (QCDR).



# NQF TO CONSENSUS BASED ENTITY (CBE)



## Eligible Hospital / Critical Access Hospital eCQMs

[Receive updates on this topic](#)

Select Period  Filter By

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

[eCQM Resources](#) **[EH/CAH eCQMs](#)** [About](#)

### 2024 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Total number of EH/CAH eCQMs: 12

| Title   | Short Name | CMS eCQM ID | CBE ID | Download Specifications | Notes |
|---|------------|-------------|--------|-------------------------|-------|
| <a href="#">Cesarean Birth</a>                                | PC-02      | CMS334v5    | 0471e  |                         |       |
| <a href="#">Safe Use of Opioids - Concurrent Prescribing</a>  | N/A        | CMS506v6    | 3316e  |                         |       |
| <a href="#">Hospital Harm - Opioid-Related Adverse Events</a> | HH-ORAE    | CMS819v2    | 3501e  |                         |       |



# NQF TO CONSENSUS BASED ENTITY (CBE)

## Cesarean Birth

View Edit Revisions

Measure Information

Specifications and Data Elements

Release Notes

### Compare Versions of: "Cesarean Birth"

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

Strikethrough text highlighted in red indicates information changed from the previous version.

Text highlighted in green indicates information updated in the new eCQM version.

COMPARE 2024 VERSION TO

2023

Compare >

Reset

DOWNLOAD

Download

| Measure Information | 2024 Reporting Period  |
|---------------------|--|
| Title               | Cesarean Birth   |
| CMS eCQM ID         | CMS334v5   |
| Short Name          | PC-02  |
| CBE ID              | 0471e  |
| Description         | Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth   |
| Definition          | Parity: The number of pregnancies reaching 20 weeks gestation regardless of the number of fetuses or outcomes<br>Gravidity: The number of pregnancies, current and past, regardless of the pregnancy outcome<br>Preterm Birth: The number of births >= 20 weeks and < 37 weeks gestation, regardless of outcome<br>Term Birth: The number of births >= 37 weeks gestation, regardless of outcome<br>Nulliparous: Parity = 0 or Gravidity = 1 or Preterm & Term Births both = 0 |





# PROGRAM CANDIDATE

- The ‘Pre-Rulemaking’ filter on the eCQM pages has been replaced with ‘Program Candidate’
  - Program Candidate eCQMs are eCQMs not yet adopted for use in a CMS quality reporting program.
  - Program Candidate eCQMs are not eligible for CMS quality reporting until CMS proposes and finalizes through notice-and-comment rulemaking for each applicable program.
  - Note: CMS will continue to use the term ‘[Pre-Rulemaking](#)’ to reflect the process for the submission and selection (Measures Under Consideration List) of quality and efficiency measures prior to proposing in a rule.



# PROGRAM CANDIDATE



## Eligible Hospital / Critical Access Hospital eCQMs

[Receive updates on this topic](#)

Select Period: 2024 ▾ Filter By: **eCQMs** Apply Filters

Find older eCQM specifications in the **Program Candidate eCQMs**

**eCQM Resources** | **EH/CAH eCQMs** | **About**

### 2024 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Total number of EH/CAH eCQMs: 12

| Title                                 | Short Name | CMS eCQM ID | CBE ID | Download Specifications | Notes |
|---------------------------------------|------------|-------------|--------|-------------------------|-------|
| <a href="#">Cesarean Birth</a>        | PC-02      | CMS334v5    | 0471e  |                         |       |
| <a href="#">Safe Use of Opioids -</a> | N/A        |             |        |                         |       |



# EH PROGRAM CANDIDATE ECQMS

- EH Program Candidate eCQMs for **2026** Reporting have been posted to the eCQI Resource Center

Eligible Hospital / Critical Access Hospital eCQMs

Receive updates on this topic

Select Period: 2026 Filter By: Program Candidate eCQMs Apply Filters

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

eCQM Resources EH/CAH eCQMs About

**2026 Reporting Period Eligible Hospital / Critical Access Hospital Resources for Program Candidate eCQMs**

Filter Resources by

- Any - Implementation Guidance Reporting References Standards References Technical Specifications

| eCQM Resources   | Short Description               | Published |
|--|---------------------------------|-----------|
| <a href="#">eCQM Specifications for Hospital Quality Reporting (ZIP)</a> | eCQM technical specifications ⓘ | Apr 2024  |

Eligible Hospital / Critical Access Hospital eCQMs

Receive updates on this topic

Select Period: 2026 Filter By: Program Candidate eCQMs Apply Filters

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

eCQM Resources EH/CAH eCQMs About

**2026 Reporting Period Eligible Hospital / Critical Access Hospital Program Candidate eCQMs**

Total number of EH/CAH eCQMs: 3

| Title   | Short Name | CMS eCQM ID | CBE ID | Download Specifications | Notes   |
|---|------------|-------------|--------|-------------------------|---|
| <a href="#">Global Malnutrition Composite Score</a>               | GMCS       | CMS986v3    | 3592e  |                         |   |
| <a href="#">Hospital Harm - Postoperative Respiratory Failure</a> | HH-PRF     | CMS1218v1   | 4130e  |                         | *This is a risk adjusted measure. Risk Adjustment Summary Report: <a href="#">Hospital Harm - Postoperative Respiratory Failure (PDF)</a> |
| <a href="#">Hospital Harm - Falls with Injury</a>                 | HH-Falls   | CMS1017v1   | 4120e  |                         | *This is a risk adjusted measure. Risk Adjustment Summary Report: <a href="#">Hospital Harm - Falls with Injury (PDF)</a>                 |

# SAFETY VIDEO

- Patient Safety-Related eCQMs Video Short
- Highlights the importance of reducing preventable health care harms and help clinicians, eCQM implementers, and others learn about current measures in use by CMS programs and in consideration by CMS for adoption.
- <https://www.youtube.com/watch?v=uvYAtPSxMF4>



# NEW CLINICAL PRACTICE GUIDELINES SECTION

CENTER

eCQMs Electronic Clinical Quality Measures | dQMs Digital Quality Measures | Resources Standards, Tools, & Resources | About eCQI, CDS, FAQs, Engage | Log in Manage Your Account

Search keyword or phrase

## Clinical Guidelines for the Digital Age

[Receive updates on this topic](#)

About | Tools & Resources | Clinical Quality Standards

**LEARN MORE ABOUT**

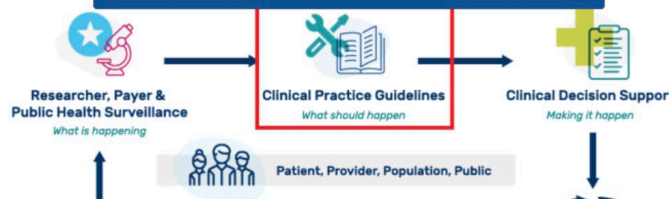
- About eCQI
- Clinical Guidelines for the Digital Age**
- CDS - Clinical Decision Support
- FAQs - Frequently Asked Questions
- Glossary

**ENGAGE**

- eCQI Resource Center User Group
- Upcoming Events
- Engage in eCQI
- Contact Us

Adapting Clinical Guidelines for the Digital Age (ACG) is a Centers for Disease Control and Prevention (CDC) initiative to improve patient care and health outcomes by ensuring that evidence-based guidance is easily accessible, and any translation is consistent with the guidelines.

The ultimate goal is a seamless, quick, accurate, and



## Clinical Guidelines for the Digital Age

[Receive updates on this topic](#)

About | Tools & Resources | Clinical Quality Standards | Connect

Adapting Clinical Guidelines for the Digital Age (ACG) is a Centers for Disease Control and Prevention (CDC) initiative to improve patient care and health outcomes by ensuring that evidence-based guidance is easily accessible, and any translation is consistent with the guidelines.

The ultimate goal is a seamless, quick, accurate, and consistent translation and adoption of evidence-based guidelines into patient care.

ACG considers the implementation of computable clinical guidelines for use in Clinical Decision Support (CDS) and electronic clinical quality measures (eCQMs) during guideline development and uses

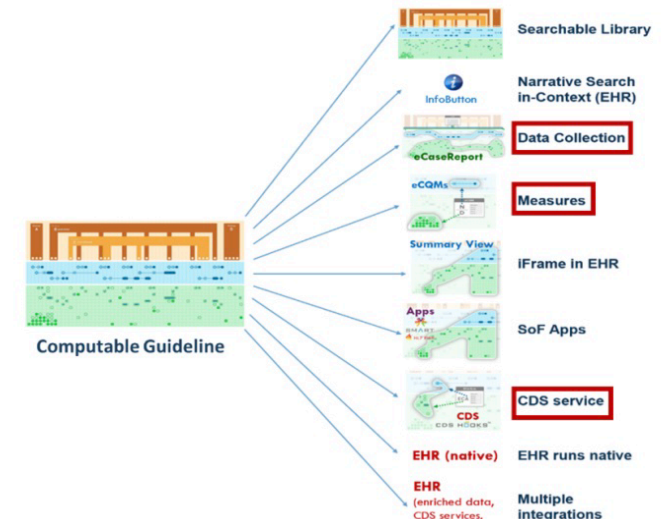
Fast Healthcare Interoperability Resources® (FHIR®)-based technical standards known as CPG-on-FHIR®. "A foundational tenet of CPG-on-FHIR® approach is the concept of one faithful representation of the written guideline in computable format (i.e., the computable guideline) with many ways to implement it." Michaels, M. (2023). [Adapting Clinical Guidelines for the Digital Age: Summary of a Holistic and Multidisciplinary Approach](#). American Journal of Healthcare Quality 38, 5, S3-11



[https://ecqi.healthit.gov/clinical-guidelines-digital-age?qt-tabs\\_cpg=about](https://ecqi.healthit.gov/clinical-guidelines-digital-age?qt-tabs_cpg=about)

One translation

Many Ways to Implement



# ECQM JIRA TRACKER INTEGRATION

## Kidney Health Evaluation

[Receive updates on this topic](#)

Measure Information

Specifications and Data Elements

Release Notes

### Specifications

| Attachment  | Size     |
|---|----------|
|  <a href="#">CMS951v2.html</a>               | 76.7 KB  |
|  <a href="#">CMS951v2.zip (ZIP)</a>          | 85.68 KB |
|  <a href="#">CMS951v2-TRN.xlsx (Excel)</a>   | 22.49 KB |
|  <a href="#">CMS951v2-eCQMFlow.pdf (PDF)</a> | 1.24 MB  |

### Data Element Repository

[Data Elements contained within CMS951v2](#)

### Value Sets

[Value Sets to be used with CMS951v2](#)

### eCQM Jira Issue Tracker

[Tickets for CMS951v2](#)

\*Note there may be (more) tickets in the [eCQM Jira Tracker](#) for this measure. Only tickets tagged with their associated CMS measure ID appear. Use the [eCQM Issue Tracker](#) to open new issues regarding eCQM implementation and the CMS [Hybrid Measures Tracker](#) to log issues regarding hybrid measure implementation. Log in required.

”Yeah!!! I love it!!!”



# TARGETED DISCUSSION



# TARGETED DISCUSSION ITEMS

- Test Files for QDM Based eCQMs
- Bonnie/MADiE Tool Question
- CMS IDs
- RC Feedback
- Jira Issue Tracker - 90 days
- Measure Collaboration Concepts





# TEST FILES FOR QDM BASED ECQMS

- CMS is looking for feedback regarding potential utilization of published test cases for QDM based eCQMs.
- Poll Question 1: Would you utilize test case files for QDM based eCQMs?
  - Yes 47%
  - No
  - I don't know 52%
  - 17 respondents
- Poll Question 2: What file format would your organization utilize?
  - QRDA 36%
  - JSON 15%
  - Excel 36%
  - Other (must specify), I don't know 13%
  - Second poll's 2nd question is hard since there is no current browser that allows an XML to be viewed in human readable form.
  - I've asked our EHR vendor to provide a utility to view xml in human readable. I pose the same challenge to this group.
  - 19 respondents



# MEASURE TESTING IN BONNIE BY IMPLEMENTERS



# DOWNLOAD MEASURE FROM ECQI RESOURCE CENTER

| Title  | CMS eCQM ID | CBE ID         | MIPS Quality Incentive | Telehealth Eligible | Download Specifications | Notes             |
|--|-------------|----------------|------------------------|---------------------|-------------------------|-------------------|
| Anti-depressant Medication Management  | CMS128v12   | Not Applicable | 009                    | Yes                 |                         |                   |
| Appropriate Testing for Chlamydia  | CMS146v12   | Applicable     | 066                    | Yes                 |                         |                   |
| Appropriate Treatment for Upper Respiratory Infection (URI)  | CMS154v12   | Not Applicable | 065                    | Yes                 |                         |                   |
| Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture | CMS249v6    | 3475e          | 472                    | Yes                 |                         |                   |
| Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy                   | CMS645v7    | Not Applicable | 462                    | Yes                 |                         |                   |
| Breast Cancer Screening  | CMS125v12   | Not Applicable | 112                    | Yes                 |                         | *For MVP use only |

Cataracts: 20 over 40 or Better Visual Acuity

## Anti-depressant Medication Management

Information Specifications and Data Elements Release Notes

| Attachment                   | Size      |
|------------------------------|-----------|
| CMS128v12.html               | 103.67 KB |
| CMS128v12.zip (ZIP)          | 140.4 KB  |
| CMS128v12-TRN.xlsx (Excel)   | 21.71 KB  |
| CMS128v12-eCQMFlow.pdf (PDF) | 2.51 MB   |

Data Element Repository  
Data Elements contained within CMS128v12

Value Sets  
Value Sets to be used with CMS128v12

eCQM Jira Issue Tracker  
Tickets for CMS128v12

# UPLOAD TO BONNIE

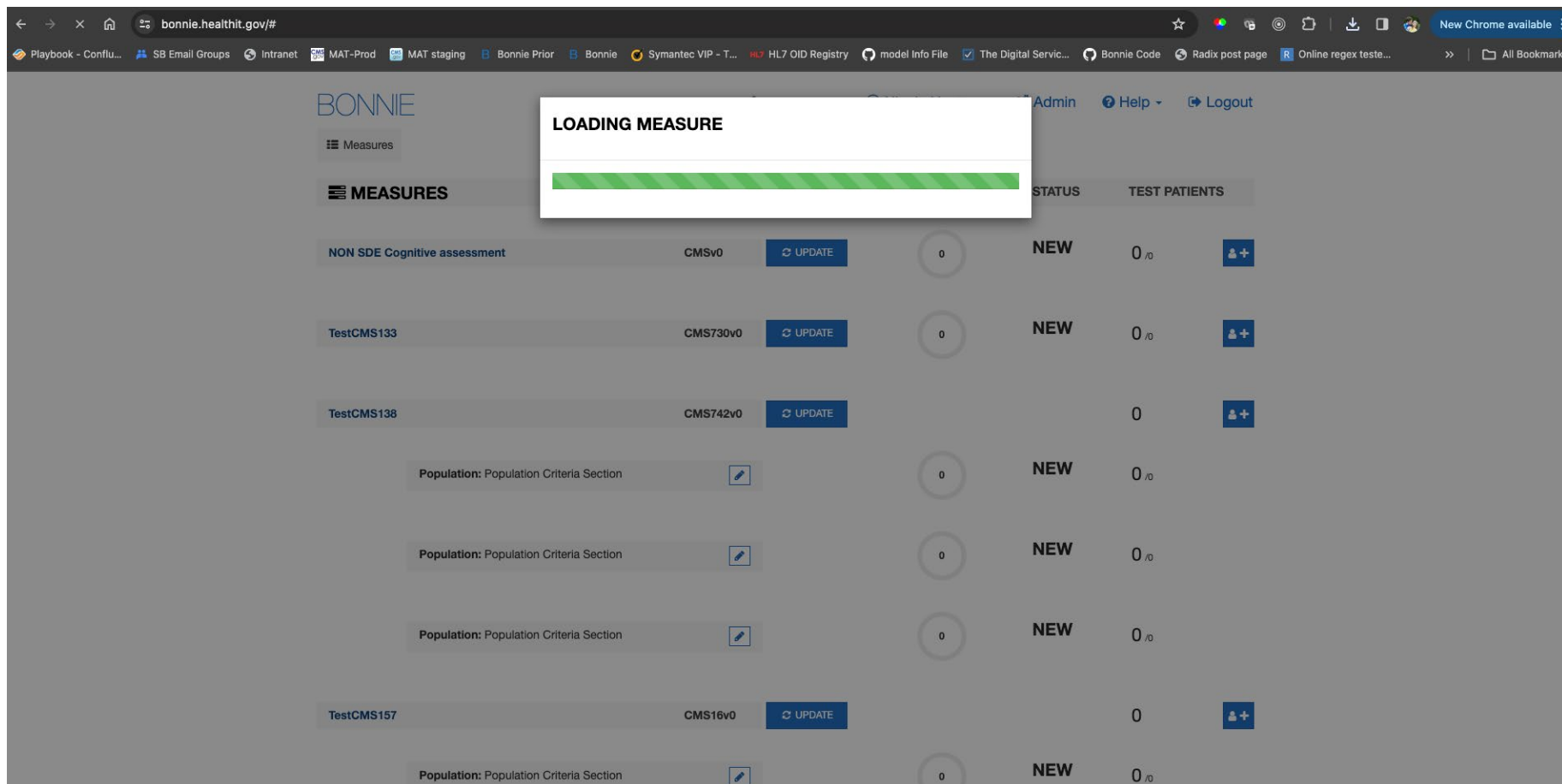
The screenshot displays the BONNIE web application interface. A 'New Measure' dialog box is open, allowing users to configure a new measure. The dialog box includes the following sections:

- MEASURE DATA:** A 'BROWSE' button next to the file 'CMS128v12.zip'.
- VSAC CREDENTIALS:** A message stating 'You are currently authenticated with VSAC. Log out?' with a 'Log out?' link.
- VALUE SETS:** Two buttons: 'Profile' (selected) and 'Release'.
- TYPE:** Two buttons: 'Eligible Professional' (selected) and 'Eligible Hospital'.
- CALCULATION:** Two buttons: 'Patient Based' (selected) and 'Episode of Care'.

At the bottom of the dialog box, there are two buttons: 'CLOSE' and 'LOAD'. The 'LOAD' button is highlighted with a red box, indicating the final step in the process.



# LOADING MEASURE IN BONNIE



The screenshot shows the BONNIE web application interface. A modal dialog box titled "LOADING MEASURE" is centered on the screen, featuring a green progress bar. The background is dimmed, showing a table of measures. The table has columns for measure name, ID, update button, status, and test patients. The measures listed include "NON SDE Cognitive assessment", "TestCMS133", "TestCMS138", and "TestCMS157".

| MEASURES                                |          |                        | STATUS | TEST PATIENTS |
|---|----------|------------------------|--------|---------------|
| NON SDE Cognitive assessment            | CMSv0    | <a href="#">UPDATE</a> | NEW    | 0/0           |
| TestCMS133                              | CMS730v0 | <a href="#">UPDATE</a> | NEW    | 0/0           |
| TestCMS138                              | CMS742v0 | <a href="#">UPDATE</a> | NEW    | 0             |
| Population: Population Criteria Section |          |                        | NEW    | 0/0           |
| Population: Population Criteria Section |          |                        | NEW    | 0/0           |
| Population: Population Criteria Section |          |                        | NEW    | 0/0           |
| TestCMS157                              | CMS16v0  | <a href="#">UPDATE</a> | NEW    | 0             |
| Population: Population Criteria Section |          |                        | NEW    | 0/0           |



# CREATE TEST CASES IN BONNIE

The screenshot shows the BONNIE web application interface. The browser address bar displays the URL: `bonnie.healthit.gov/#measures/8924F2B3-EC06-4650-B634-D70A53DEE577`. The application header includes the BONNIE logo, navigation links for Dashboard, Nicole Hunter, Admin, Help, and Logout, and a breadcrumb trail for Measures > CMS128v12.

The main content area is titled **CMS128V12** and includes a sub-section for **MEASURE DETAILS**. The measure is identified as **ANTI-DEPRESSANT MEDICATION MANAGEMENT**. The description states: "Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)."

The **MEASURE METADATA** table is as follows:

| Name                               | Version  |
|------------------------------------|----------|
| HQMF Version Number                | 12.0.000 |
| AntidepressantMedicationManagement | 12.0.000 |
| CumulativeMedicationDuration       | 2.0.000  |
| Hospice                            | 5.0.000  |
| MATGlobalCommonFunctions           | 7.0.000  |

The **TEST PATIENTS** section shows a 100% pass rate for 1 patient, with a 18% coverage rate. A test case named "med test" is shown with a PASS result.

The **Population Criteria Section** includes a "SHOW ALL RESULTS" button and a dropdown menu for "Initial Population:" containing the following definition:

```
define "Initial Population":  
  AgeInYearsAt(date from "April 30 of the Measurement Period") >= 18
```



# CREATE TEST CASES IN BONNIE (CONT.)

The screenshot shows the BONNIE web application interface. At the top, there is a navigation bar with the BONNIE logo, a user profile for Nicole Hunter, and links for Admin, Help, and Logout. Below the navigation bar, there are tabs for Measures, CMS128v12, and a 'Create new patient' button. The main content area is divided into several sections:

- TEST PATIENT:** A form for entering patient information. Fields include:
  - LAST NAME\*: Smith
  - FIRST NAME\*: John
  - PATIENT DESCRIPTION: Patient is...
  - DATE OF BIRTH\*: mm/dd/yyyy 8:00 AM
  - LIVING STATUS:  Deceased
  - RACE: American Indian or Alaska Nativ
  - GENDER: Female
  - ETHNICITY: Hispanic or Latino
- ANTI-DEPRESSANT MEDICATION MANAGEMENT:** A section with a description: "Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an..." and a 'Show more' link.
- EXPECTED VALUE:** A section with checkboxes for IPP, DENOM, DENEX, and NUMER.
- ELEMENTS:** A sidebar with icons for ASSESSMENT, CONDITION, and ENCOUNTER.
- PATIENT HISTORY:** A section with a blue header and a sub-section for CMS128V12 population criteria section.
- CQL Calculation Results:** A section showing results: "CQL Calculation Results: IPP 0, DENOM 0, DENEX 0, NUMER 0".
- SHOW ALL RESULTS:** A button to view all results.
- INITIAL POPULATION:** A dropdown menu showing the definition: "define 'Initial Population': AgeInYearsAt(date from 'April 30 of the Measurement Period') >= 18".



# WORKFLOW QUESTIONS

- Why do you test measures in this manner?
- Pain points with workflow?
- Any Additional Workflows you use Bonnie or MAT for?
  - Many attendees noted they do not use Bonnie.
  - “We use Bonnie frequently to test the logic of new measures in particular. This helps us with writing our SQL code to implement for clients.”
  - “When we come across issues, we run these measures through Bonnie and use that and we've done that for a long time.”
  - “We typically use Bonnie only to make sure the logic is working. Other testing is done outside the tool.”
  - “We use the workflow that you laid out and it works well for us.”
  - “Big thank you for adding HOQR section and its STEMI eCQM to your site!”





# WORKFLOW IN MADiE

- Please reference the MADiE Independent Testing Supplemental Guide on the [MAT Public Website](#) for instructions on how to complete this workflow in MADiE



# CONTACT US

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- MADiE Help Desk - [ONC Jira](#)
- MADiE Help Desk Email - [semanticbits-madie-help@icf.com](mailto:semanticbits-madie-help@icf.com)



# CMS IDS: ARE YOU AWARE OR USING ANY OTHER IDS?

- CBE ID/#
- CMS eCQM ID
- UUID
- CMIT Measure ID (measure “family”)
- CMIT ID (individual “version” of the measure) – E for eCQM, C for non-eCQM, DQM TBD
- CMIT Measure Variation ID, which is the first two sets of numbers in the CMIT ID
- MIDS/QPP Quality ID
- MUC ID
- Program-Specific Version ID (ACO ID, OP ID, GPRO ID, etc.)
- Short Name (EH and OQR)
- MVP ID
- QCDR #
- “I only use CMS eCQM ID and Short Name. CMS using so many ID fields only adds confusion across the board, in my opinion.”
- “I would like CMS to work harder toward reducing the various ID systems.”



# RESOURCE CENTER FEEDBACK

- Would you use a feedback button on the eCQI RC (separate from the contact us email)?
  - Likely 78%
  - Not likely 14%
  - Don't know 7%
  - 14 responses
  - “Only provide the feedback button IF it is going to be monitored and responded to very quickly. Time delays causes distrust.” Seconded by another.
  - “Feedback button would be nice, BUT historically CMS has offered this and then promptly ignored any submitted feedback.”
  - “I would like feedback to be either via email to me directly or a phone call to me directly.”
- What would you give feedback on?:
  - **Usability issues:** website functionality and user experience 25%
  - **Website content:** text or content on the website 75%
  - 13 responses
- How would you like to give that feedback:
  - A button that opens your email 55%
  - A button that opens a short survey/form 45%
  - 11 responses
  - “Surveys are easy to get lost in and sometimes are difficult to land in the correct spot/topic. Emails allow you to give your ideas or thoughts directly.”



# ONC PROJECT TRACKING SYSTEM - JIRA

- Note the eCQM Tracker will be updating user accounts based on use.
  - After 90-days of inactivity, user accounts will go into an inactive status.
  - To resolve accounts, contact the Jira help desk to reactivate your account [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)



# MEASURE COLLABORATION WORKSPACE - ECQM CONCEPTS

- <https://ecqi.healthit.gov/mc-workspace-2/ecqm-concepts>

## Measure Collaboration (MC) Workspace

[About](#) [eCQM Concepts](#) [eCQM Testing Opportunities](#) [eCQM Data Element Repository](#)

### Electronic Clinical Quality Measure (eCQM) Concepts

The Measure Collaboration Workspace Electronic Clinical Quality Measures (eCQM) Concepts module gives users the ability to search for eCQM concepts suggested by others and comment on those suggested eCQM concepts, submit new eCQM concepts, describe the population(s), and assign a care setting. There are hyperlinks to the CMS Measures Inventory Tool (CMIT) and the Partnership for Quality Measurement (PQM) Submission Tool and Repository (STAR) Measure Database to help identify whether similar eCQMs already exist. Feedback provided through the eCQM Concepts Module can help guide an eCQM developer to refine the concept and purpose behind a new eCQM and develop detailed specifications to meet the needs of targeted quality measurement stakeholders.

#### Suggested eCQM Concepts

##### Appropriate Biomarker/Molecular Testing Based on Available Evidence for Patients with Stage IV Non-small Cell Lung Cancer (NSCLC)

RCMA\_VBC2023 • Last Updated: 12/11/2023

264 Views | 1 Comment | 1 Subscriber | Requested submission to CMS

##### Supporting Access to Biomarker/Molecular Testing Among Patients with, or at Risk for, High-Burden Cancers

RCMA\_VBC2023 • Last Updated: 12/11/2023

202 Views | 0 Comments | 1 Subscriber | Requested submission to CMS

##### Actionable Biomarkers Determined from Broad Molecular Testing for Patients with Stage IV Non-small Cell Lung Cancer (NSCLC) to Inform Targeted Therapy

RCMA\_VBC2023 • Last Updated: 12/11/2023

204 Views | 1 Comment | 2 Subscribers | Requested submission to CMS





# OPEN DISCUSSION

"THANK YOU!"  
"THANK YOU!"



# ECQI RESOURCE CENTER USER GROUP NEXT STEPS

- Send feedback and suggestions for site improvement to:
  - [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov)
- Attend the next eCQI Resource Center User Group Meeting: **July 16, 2024**
- Add meeting series to your calendar: <https://ecqi.healthit.gov/events/3931>
- Review past meeting notes on the [eCQI Resource Center User Group](#) page





# APPENDIX



# ECQI RESOURCE CENTER USER GROUP MEMBERSHIP

- *Volunteer forum of interested parties who use the electronic clinical quality improvement (eCQI) Resource Center to obtain key resources necessary for electronic clinical quality measure (eCQM) development, implementation, and reporting and education about eCQM and eCQI concepts and standards.*



# ECQI RESOURCE CENTER USER GROUP GOAL

- *Provide broad interested parties' input in the development and maintenance of the eCQI Resource Center's functionality and content to support the eCQI community.*
  - *Identify, discuss, and review the needs of the eCQI implementer community.*
  - *The outcome of discussions will result in suggested enhancements to the Centers for Medicare and Medicaid Services (CMS) eCQI Resource Center COR for approval.*
  - *Approved suggestions for enhancements will result in implementation on the eCQI Resource Center, deeper investigation at eCQI Resource Center focus groups, and/or be placed on the eCQI Resource Center backlog suggestion list.*



# ECQI RESOURCE CENTER USER GROUP OBJECTIVES

- *Focus on the implementer community including the usability of and gaps in resources provided*
- *Inform users of new functionality and content*
- *Gather real-world feasibility and community feedback on proposed eCQI Resource Center enhancements and features*
- *Provide eCQI Resource Center focus group opportunities*
- *Prioritize items for in depth discussion during eCQI Resource Center focus groups*
- *Advance CMS's understanding of implementer needs for Fast Healthcare Interoperability Resources® eCQMs*
- *Understand the needs of the eCQI community*

