

What are eCQMs?

Electronic clinical quality measures (eCQMs) are measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to assess the quality of health care provided. The Centers for Medicare & Medicaid Services (CMS) uses eCQMs in various quality reporting and value-based purchasing programs.

Who uses eCQMs?

Inpatient and outpatient hospitals and eligible clinicians use eCQMs. Program-specific eligibility requirements are available on CMS quality reporting program websites.

How are eCQMs calculated?

Each eCQM specification includes computable representations that define its intent, populations, logic, data elements, and value set identifiers. EHR and/or health IT systems certified by the Office of the National Coordinator for Health Information Technology use patient data to calculate the results for each eCQM based on its specification.

How are eCQMs chosen by CMS?

Each year, CMS selects eCQMs for (re)adoption in its programs that reflect national priorities based on evidence-based medicine. Annual updates to previously adopted eCQM specifications include value sets and direct reference codes—clinical codes and terms that help health care providers and payors define clinical concepts.

What is the eCQM timeline?

Participants must use the most current version of eCQMs to report according to program-specific timelines and updates. The [eCQM Annual Timeline](#) provides timeframes for eCQM updates, reporting, rules, public comments, and more.

Where are the eCQMs published?

The eCQMs used in CMS programs are located on the [eCQI Resource Center](#).

What's in it for me?

- eCQMs save time by moving from manual chart abstraction to electronic measurement.
- eCQMs use detailed clinical data to assess the quality of treatment by health care providers and organizations and to drive clinical action.
- eCQMs foster the goal of access to real-time data for quality improvement and clinical decision support (CDS).
- Value-based programs reward quality outcomes.

What's next for eCQMs?

Fast Healthcare Interoperability Resources® (FHIR): CMS supports the use of Health Level Seven International's® (HL7) FHIR® as the standard for health care quality data exchange. CMS is converting its current set of eCQMs to digital Quality Measures (dQMs) based on FHIR standards including the testing of FHIR-based application programming interfaces (APIs) for the transmission and receipt of quality measure data.

Where can I learn more?

- eCQM implementation questions/feedback [ASTP/ONC Project Tracking System \(Jira\)](#)
- [Hospital Inpatient Quality Reporting \(IQR\) Program](#) or (844) 472-4477
- Medicaid Promoting Interoperability should contact their state Medicaid agencies
- Medicare Promoting Interoperability Programs [QualityNet Service Center](#), qnetsupport@cms.hhs.gov, or (866) 288-8912
- [Outpatient Quality Reporting \(OQR\)](#) [QualityNet Question and Answer website](#)
- Quality Payment Program (QPP) QPP@cms.hhs.gov or (866) 288-8292

