Electronic Clinical Quality Measure Basics (eCQM 101)

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 (EHR) and/or health information technology (IT) systems to measure the quality of health care provided. The Centers for Medicare & Medicaid Services (CMS) uses eCQMs in a variety of quality reporting and value-based purchasing programs.

Who uses eCQMs?

Eligible hospitals, critical access hospitals, eligible clinicians, and/or eligible professionals use eCQMs. Program eligibility requirements are available on CMS quality reporting program sites.

How are eCQMs calculated?

The computable representations in an eCQM specification define its intent, populations, logic, data elements, and value set identifiers. EHR 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 into CMS 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?

- eCQM programs help clinicians focus on patient care rather than paperwork, thereby improving quality
- eCQMs save time by moving from manual chart abstraction to electronic measurement
- eCQMs use detailed clinical data to assess the quality of treatment by healthcare 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
- eCQMs lower costs by reducing preventable readmissions and decreasing medication errors

What's next for eCQMs?

CDS/eCQM Harmonization

Harmonization of CDS and eCQMs will make it easier to facilitate health IT-enabled clinical quality improvement and to promote integration and reuse.

Fast Healthcare Interoperability Resources® (FHIR)

HL7's FHIR® and associated standards are undergoing testing for possible adoption by CMS. CMS supports the use of FHIR as the standard for healthcare quality data exchange and will continue testing prior to implementing FHIR-based application programming interfaces (APIs) for the transmission and receipt of quality measure data.

Where can I learn more?

For hospital reporting guidance, visit QualityNet and the Quality Reporting Center for specific program reporting information.

For clinician reporting guidance, visit the Quality Payment Program website and the Quality Payment Program Resource Library. For information about the Promoting Interoperability Program, refer to the CMS Promoting Interoperability Program webpage.

eCQM Activities

Determine your eCQM program eligibility → Provide input to eCQMs in development → Select eCQMs to report against → Collect eCQM data in your EHR/health IT system → Perform eCQM calculations → Report eCQM performance to CMS

For more information on eCQMs, visit https://ecqi.healthit.gov