How to Implement eCQM Annual Updates

March 2019
Objectives

• Determine how to identify changes in the electronic clinical quality measure (eCQM) updates that could impact an existing eCQM implementation
• Evaluate existing processes for managing workflow when implementing a quality measure
• Understand the changes in measure specifications from one eCQM Annual Update to the next
Overview

- Overview of eCQM updates
- Preparing for the implementation of eCQM updates
- Step-by-step explanation of eCQM updates
  - Step 1: Get updates
  - Step 2: Gap analysis
  - Step 3: Data capture and workflow redesign
  - Step 4: Data extraction and eCQM calculation
  - Step 5: Validation
  - Step 6: Downstream uses of eCQM results
- Help regarding implementing eCQMs and eCQM updates
- Help regarding use of eCQMs in CMS quality programs
eCQM Updates
What changes and why?

• CMS makes updates to the eCQMs adopted for submission in CMS programs annually. CMS requires the use of updated eCQMs for all its quality programs.

• Updates to eCQMs may include:
  ▪ Codes system changes – SNOMED CT, RxNorm, etc.
  ▪ Logic, data model, value set and direct reference code (DRC) updates
  ▪ Clinical updates based on new research, literature, and clinical guidelines
  ▪ Clarifications based on implementation issues reported in the Office of the National Coordinator (ONC) Project Tracking System (JIRA)
  ▪ Changes based on advances in technical standards and data exchange protocols
When does it change?

eCQM Annual Timeline

The eCQM® Annual Timeline is a general guide provided for referencing scheduled updates for eCQMs®, tools, reporting, rules, public comments®, and more. The timelines listed may by subject to change.

**eCQM Annual Timeline by Calendar Quarter**

1st Quarter

**eCQM**
- CMS Measures Inventory Tool Updated
- CMS Quality Reporting Document Architecture I Implementation Guide Public Comments
- Draft Electronic Clinical Quality Measure Specifications Posted in ONC Project Tracking System (JIRA) for Public Testing and Comments

**Reporting**
- Inpatient Quality Reporting Submission Closed
- Quality Payment Program Reporting Submission Open and Closed

**Rule**
- Pre-Rulemaking: Measure Applications Partnership Publishes Final Report
- Pre-Rulemaking: Measures Under Consideration Opens for New Measures

https://ecqi.healthit.gov/ecqm-annual-timeline
eCQM Implementation Process

- Get Update
- Gap analysis
- Data capture and workflow redesign
- Data extraction and eCQM calculation
- Validation
- Downstream uses of eCQM results

http://www.aha.org/content/13/13ehrchallenges-report.pdf
Preparing for the Implementation of eCQM Updates
eCQM Implementation Checklist:
Pre-Check

Follow the Pre-Check steps on the Pre-Check list to prepare for updates to the eCQMs.
• Sign up for a Unified Medical Language System (UMLS) account
• Sign up for an ONC Project Tracking System (JIRA) account
• Sign up for an electronic Clinical Quality Improvement (eCQI) Resource Center account
• Subscribe to the Eligible Professional (EP)/Eligible Clinician and/or Eligible Hospital (EH)/Critical Access Hospital (CAH) pages for alerts when the EP/EC or EH/CAH pages have been updated
• Review the code versions used in the Annual Update
  ▪ eCQM Pre-Publication document and the Value Set Authority Center (VSAC) download page
• Review the standards, tools, and documents used in the Annual Update

3/20/2019
https://ecqi.healthit.gov/ecqm-implementation-checklist
Step-by-Step Process for Implementing eCQM Updates

Step 1: Get Updates
What eCQM materials are updated?

- Implementation Checklist
- Guide for Reading eCQMs
- eCQM Tables
- Specifications (human-readable and machine-readable XMLs)
- Technical Release Notes
- Value Sets, Binding Parameter Specification (BPS), DRCs
- Measure Logic and Guidance Document
- eCQM Flows*
- CMS Quality Reporting Document Architecture (QRDA) Implementation Guides*

*Usually published after the Annual Update

https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms
https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms
eCQM Implementation Checklist

Checklist

1. Access the appropriate eCQM Annual Update
2. Secure detailed information about each measure
3. Download value sets
4. Prepare to implement the updates by understanding changes to the eCQM
5. Prepare to report the updated eCQMs
6. Reach out for help

Follow the Checklist steps to implement updates to the eCQMs

Send suggestions for improving this checklist to the eCQI Resource Center to ecqi-resource-center@hhs.gov.

https://ecqi.healthit.gov/ecqm-implementation-checklist
Implementation Checklist

- Access the appropriate eCQM Annual Update on the eCQI Resource Center EP/Eligible Clinician and/or EH/CAH pages
- Secure detailed information about each measure
  - Click into an eCQM on the online table to view detailed human-readable information on the measure
  - Download and open zip files for the individual eCQMs your organization uses
  - Open the Hyper Text Markup Language (HTML) document that contains the human readable measure specification description
  - Review Health Quality Measure Format (HQMF) document (including specific reading instructions)
  - Review data elements for the eCQM in the eCQM Data Element Repository (DERep)

https://ecqi.healthit.gov/ecqm-implementation-checklist
Implementation Checklist (Cont’d)

• Download Value Sets
  ▪ Download corresponding annual update value sets, DRCs, and BPS from the VSAC using your UMLS license log in

• Prepare to implement the updates by understanding changes to the eCQMs

• Prepare to report the updated eCQMs

• Reach out for help

https://ecqi.healthit.gov/ecqm-implementation-checklist
Where do I find the updated specifications and materials?

https://ecqi.healthit.gov/
Finding EH/ CAH eCQMs and Materials

Eligible Hospital / Critical Access Hospital eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for reporting of eCQMs to the Promoting Interoperability programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)
- Medicare Promoting Interoperability Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals (formerly known as the Medicare EHR Incentive Program)

Use eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period: 2019

### 2019 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS

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<thead>
<tr>
<th>For Use</th>
<th>eCQM Materials</th>
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3/20/2019

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms
Finding EH/CAH eCQMs and Materials (Cont’d)

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### Finding EH/CAH eCQM and Materials (Cont’d)

(UHJK Links are not updated for the 2019 Reporting Period)

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<td>Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</td>
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<td>CMS111v7</td>
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<td>Patient’s Experience of Care</td>
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<td>Patient’s Experience of Care</td>
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<td>CMS108v7</td>
<td>0371</td>
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</tbody>
</table>
Example: Individual Measure Page - Downloadable Measure Specifications and DERep

Data Elements

Specifications

Downloadable specifications

Release Notes

https://ecqi.healthit.gov/ecqm/measures/cms50v7
Measure Specification

• Contents of the measure specifications:
  ▪ Human-Readable HTML file - Provides high level understanding of the element definition and the underlying logic used in measure calculation
  ▪ Machine-Readable (XML) - Translates metadata from human-readable header into computer code, the XML also contains code to reflect the population criteria
  ▪ Technical Release Notes (TRNs) - Provide a list of all changes by measure and identifies the updates that require action
Updated eCQM Value Sets

• The National Library of Medicine publishes updates to the eCQM value sets to align with the most recent releases to terminologies, including, but not limited to:
  ▪ International Classification of Diseases (ICD)-10 Clinical Modification (CM) and Procedure Coding System (PCS)
  ▪ SNOMED CT
  ▪ Logical Observation Identifiers Names and Codes (LOINC)
  ▪ RxNorm

• The changes to the value sets consist of
  ▪ Deletion of expired codes
  ▪ Addition of relevant replacement codes
  ▪ Addition of newly available codes that represent concepts consistent with the intent of the value set and corresponding measure(s)

Where do I find the updated value sets?

The VSAC publishes updated eCQM value sets annually. The Downloadable Resource Table provides prepackaged downloads for the most recently updated and released eCQM value sets, as well as for previously released versions.
Finding Value Sets (Cont’d)

Download value sets by measure, value set name, or quality data model category.

<table>
<thead>
<tr>
<th>CMS ID</th>
<th>Value Set Name</th>
<th>Value Set OID</th>
<th>QDM Category</th>
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<th>Expansion Version</th>
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<td>Activation of Emergency Medical System Education</td>
<td>2.16.840.1.113883.3.117.1.7.1.377</td>
<td>Communication</td>
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<td>eCQM Update 2018-09-17</td>
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<td>Intervention</td>
<td>20160331</td>
<td>eCQM Update 2018-09-17</td>
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</tbody>
</table>
Updated QRDA Implementation Guides (IGs)

QRDA - Quality Reporting Document Architecture

The Quality Reporting Document Architecture (QRDA) is the data submission standard used for a variety of quality measurement initiatives. QRDA creates a standard method to report quality measure results in a structured, consistent format enabling data between systems.

Current QRDA Reference and Implementation Guides

2019 Reporting and Performance Period


- 2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)
- 2019 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (zip)


- 2019 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals (pdf)
- 2019 CMS QRDA III Schematrons and Sample Files for Eligible Clinicians and Eligible Professionals (zip)
- Addendum to 2019 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals (pdf)

Find most current QRDA IGs here and linked in the eCOM Materials on the measure pages.

https://ecqi.healthit.gov/qrda
Where do I find eCQM Standards and Tools Versions Changes?

![eCQM Tools & Key Resources](https://ecqi.healthit.gov/ecqi-tools-key-resources)

**eCQI Resource Center**

**eCQI Tools & Key Resources**

The standards and tools versions listed for each reporting/performance period are the versions used to create and/or support the implementation of the specific reporting/performance period specifications. Newer versions of the standards and tools may be available, but were not used in the development of the reporting/performance period listed.

### Reporting/Performance Period

- **2019**
  - **eCQM Annual Update**
    - EH/CAH Spring 2018
    - EP/Eligible Clinicians Spring 2018
  - **Tool and Resource Versions**
    - MAT V5.5.0
    - Measure Logic Document V2.0 (pdf)
    - Cypress V4.0.1
    - Ronnie V2.0.4
    - CDL-to-ELM Translator v1.2.16
  - **Standard Versions**
    - QDM V5.3 (pdf)
    - HL7 Version 3.1.1: CDL-based HDMF R1 STU 2.1
    - CDL R1 STU 2
    - HL7 V3.0.1: CDL-based HDMF R1 STU 2.1
    - HL7 ORDA Version ORDA I R1 STU RS 2
    - HL7 ORDA Version ORDA III R1 STU R2.1
    - 2019 CMS ORDA I I9 for HBR (pdf)
    - Addendum to 2019 ORDA III Implementation Guide (pdf)

Download the [pdf version of the table](https://ecqi.healthit.gov/ecqi-tools-key-resources#quicktabs-tabs_tools2) showing reporting/performance periods 2015 to the current year.
Where do I find eCQM Tools and Resources?

eCQI Tools & Key Resources

Tools & Resources
The eCQM Informational Tools, Resources and Collaboration (InfoTRAC) referenced in this section are openly available and are provided for stakeholder use. They provide a foundation for the development, implementation, reporting, help, and feedback of quality measures and their improvement.

Find the Tools and Resources You Need
You can browse and search all of the tools and resources by visiting the eCQI Tools and Resources Library.

https://ecqi.healthit.gov/ecqi-tools-key-resources#quicktabs-tabs_tools1
Step-by-Step Process for Implementing eCQM Updates

Step 2: Gap Analysis
Gap Analysis

1. Get Update
2. Gap Analysis
3. Data capture and workflow redesign
4. Data extraction and eCQM calculation
5. Validation
6. Downstream uses of eCQM results

Gap Analysis: Analyzing Specifications

• Review eCQM Updates:
  ▪ Are there new data elements that you need to capture?
  ▪ Are there changes to the measure logic that may have workflow implications?
  ▪ Are there changes that may impact calculation such as updates to inclusion/exclusion criteria?
What are the changes for my measures?

Technical Release Notes provide a list of all changes by measure so you can focus on those measures that you report on and identify the updates that require action.

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms
United States Health Information Knowledgebase (USHIK) Comparing eCQMs

USHIK provides side by side comparisons of measures and value set changes

https://ushik.ahrq.gov/CompareItems?system=mu&measure=CMS71v7&measure=CMS71v6
The eCQM DERep provides all the data elements associated with published and tested eCQMs for use in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can sort information by data element, eCQM, union, attribute, or QDM category and datatype data element.

The data elements provided are for use by Eligible Professional/Eligible Clinician and Eligible Hospital/Critical Access Hospital eCQM quality reporting and performance periods. Information contained within the DERep is derived from the eCQM specifications, Quality Data Set 5.3, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set, the QDM datatype, attributes used by that data element. Note: The data element descriptions may be updated in the DERep as compared to the VSAC. These will ultimately be in sync with the descriptions contained in the VSAC in Spring 2019.

The eCQM data elements provide a listing of all data elements used in eCQMs for 2019 CMS quality reporting and performance periods. Each eCQM data element includes information about the value set, the QDM datatype, and the QDM attributes used by that data element. Note: DERep data element descriptions may not yet be updated in the VSAC. The DERep and VSAC data element descriptions will be synchronized in Spring 2019.
How should I implement changes?

The eCQM Measure Logic and Implementation Guidance document provides information for those using and/or implementing the eCQMs.

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms
Step-by-Step Process for Implementing eCQM Updates

Step 3: Data Capture and Workflow Redesign
Data Capture and Workflow Redesign

- Get Update
- Gap analysis
- Data capture and workflow redesign
- Data extraction and eCQM calculation
- Validation
- Downstream uses of eCQM results

http://www.aha.org/content/13/13ehrchallenges-report.pdf
Workflow Analysis

• Definitions of workflow vary:
  ▪ The flow of work through space and time, where work is comprised of three components: inputs are transformed into outputs.¹
  ▪ The activities, tools, and processes needed to produce or modify work, products, or services. More specifically, clinical workflow encompasses all of the 1) activities, 2) technologies, 3) environments, 4) people, and 5) organizations engaged in providing and promoting health care.²

¹Carayon P, Karch BT. Workflow toolkit and lessons in user-centered design. Paper presented at the AHRQ Annual Health IT Grantee and Contractor Meeting; 2010 June 2-4; Washington, DC.
Consider Different Workflow Interactions

- Clinic-level workflow: the flow of information, in paper or electronic formats, among people at a practice or clinic
- Intra-visit workflow: workflow during a patient visit
- Inter-organizational workflow: workflow between healthcare organizations
- Cognitive workflow: the workflow in the mind

Data Capture and Workflow Redesign

• Data Capture
  ▪ Consider new query build in your electronic health record (EHR)
  ▪ Interface to bring data from disparate application into certified EHR
  ▪ Deploy alerts, reminders, and order sets judiciously

• Workflow Redesign
  ▪ Work with subject matter experts to determine where/how data should be captured (e.g., cardiovascular services)
  ▪ Evaluate aspects of care coordination or transitions of care

• Workflow Assessment for Health Information Technology (IT) Toolkit
Workflow Analysis Process

• Step 1: Decide what processes to examine
• Step 2: Create a preliminary flowchart
• Step 3: Add detail to the flowchart
• Step 4: Determine who you need to observe and interview
• Step 5: Perform observations and interviews
Goals of a Flowchart

• Shows how processes *really* happen, as opposed to how they are supposed to happen or how we expect they will happen

• Allows a better understanding of what contributes to different types of flows for the same processes

• Helps to identify ways to improve the flows

• Can illustrate ways that health IT will affect workflows
Example: Detailed Flowcharts

Example: Detailed Flowcharts

- Both flowcharts show the workflow of “patient check-in”
- Both are accurate descriptions of the same process at a particular clinic, but only figure #2 shows the details of what the workflow really is
- The details of the workflow will change when you implement health IT
  - If you don’t understand the details, you cannot plan for the changes that will come
Step-by-Step Process for Implementing eCQM Updates

Step 4: Data Extraction and eCQM Calculation
Data Extraction and eCQM Calculation

Data Extraction and eCQM Calculation

- Once data are available, move forward with data extraction and calculation
- Continue iterative process of validation
- Make tweaks to data capture and/or workflow after validation if necessary
- Update internal documentation based on workflow changes
Step-by-Step Process for Implementing eCQM Updates

Step 5: Validation
Validation

Get Update  ➔  Gap analysis  ➔  Data capture and workflow redesign  ➔  Data extraction and eCQM calculation  ➔  Validation  ➔  Downstream uses of eCQM results

Validation

- Utilize available data, knowledge of patient population, and secondary data sources to review performance.
- If performance not as expected, immediately engage entire collaborative team to determine the source:
  - Data capture issue
  - Mapping issue
  - Measure issue
  - Value set issue
  - Workflow issue
Testing QRDA: Cypress Validation Utility (CVU) and Pre-Submission Validation Application (PSVA)

• **The Cypress Validation Utility (CVU)** conformance tool provides implementers with the ability to validate the conformance of QRDA Category I and Category III documents to CMS implementation guides.

• **Pre-Submission Validation Application (PSVA)** is an application program interface (API) which provides vendors, hospitals, and providers with a method for validating eCQM files within their own system/environment prior to submission and for securely transporting valid files to the CMS. The PSVA tool has three interfaces as part of the download package and a user is able to select the option that best meets their needs.
CYPRESS Validation Utility

Cypress Validation Utility allows for the testing of QRDA Category I and Category III documents for conformance to CMS reporting submission requirements.

https://cypressvalidator.healthit.gov/
The vendor or care delivery organization, also known as the “user”:

1. Downloads the PSVA to the vendor’s system
2. Validates quality submission files locally using the Pre-Submission Validation Method
3. Receives immediate quality submission error feedback
4. Submits valid quality reporting submissions

Back End System

Vendor/Care Delivery Organization

Pre-Submission Validation Application

Pre-Submission Validation Method

Error Feedback

Valid Submissions

Secure Submission Method

Application

Enterprise Validation Service (Multiple Program Schemas/Submission Rules)

Secure Submissions

Secure Submission Service

Step-by-Step Process for Implementing eCQM Updates
Step 6: Downstream uses of eCQM results
Downstream Uses of eCQM Results
Downstream Uses of eCQM Results

• Improve quality of care
• Decrease healthcare disparities
• Inform practice
• Propagate research
• Guide value-based care
Where do I go for help regarding implementing eCQMs and eCQMs updates?
Log and Review eCQM Implementation Issues
ONC Project Tracking System (JIRA)
ONC eCQM Issue Tracker (JIRA)

The Electronic Clinical Quality Measure (eCQM) Issue Tracker is used to track issues related to electronic clinical quality measures (eCQMs) used in CMS quality reporting programs including questions on implementation (e.g., the specifications, logic, code sets, measure intent) or policy (e.g., reporting requirements).

Reminder: Do not include any Protected Health Information (PHI) in JIRA.

The Change Review Process (CRP) is a decision-making model to determine the impact of an update, as defined by regulation with the intent to minimize provider and vendor burden in the collection, capture, calculation, and reporting of an electronic clinical quality measures (eCQMs). As part of this process we hope to solicit feedback from JIRA users by opening up issues for public comment and voting. To learn more about CRP, please review the information and documents on CQM-2070. To subscribe to the Weekly CRP digest, please email: CRP@mathematica-mpr.com

The public comment period for the following CQM will be open from Nov 30 - Dec 14.

- CQM-3376
- CQM-3377
- CQM-3378
- CQM-3379

The public comment period for the following CQM will be open from Nov 29 - Dec 13.

- CQM-3199
- CQM-3360
- CQM-3361
- CQM-3362
- CQM-3363

https://oncprojecttracking.healthit.gov/support/projects/CQM
Using ONC eCQM Tracker (JIRA)

- **Create an Account (Optional).** You will need an account to create a new issue or to track (watch) an existing issue, but you don’t need one to search for a public issue.

- **Search for an Issue.** Have a question? Search by keyword or project, see if others have submitted the same question, and review the responses.

- **Track an Issue.** Find an issue that you’re interested in? Keep track of changes or comments on a ticket by clicking ‘Start watching this issue’ on the right-hand side of the issue. You will need to be logged into your JIRA account.

- **Create an Issue.** Can’t find your issue? Make sure you’re logged in – create an issue by clicking the orange “Create Issue” button at the top of the screen. **Be sure to select the correct project** and issue type from the dropdown menu in the form. Reminder: Do not include any Protected Health Information (PHI).

- **Review your Issue.** Once you create an issue, you will be listed as a reporter of that issue. You can make comments, edits, change, add attachments, and communicate with assigned subject matter experts via the comments feature. Additionally, you will receive an email notification of any status changes to your issue.
Where do I go for help regarding use of eCQMs in CMS Quality programs?
CMS Policy/Quality Reporting Program Questions

- Hospital Inpatient Quality Reporting (IQR) Program - Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support [https://cms-ip.custhelp.com](https://cms-ip.custhelp.com) or (844) 472-4477

- Medicare and Medicaid Promoting Interoperability Programs - Quality Net Help Desk [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912

- Quality Payment Program (QPP) - [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or (866) 288-8292

- Quality Net reporting, data upload, Pre-Submission Validation Application (PSVA), etc. - Quality Net Help Desk [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912
How do I get involved?

• **Engage in eCQI**
  - This overview provides a listing of ways to engage with the community including open meetings, public comment periods, workgroups, technical expert panels, and educational events
Appendix: Other Information
## Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>API</td>
<td>Application Program Interface</td>
</tr>
<tr>
<td>BPS</td>
<td>Binding Parameter Specification</td>
</tr>
<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
</tr>
<tr>
<td>CVU</td>
<td>Cypress Validation Utility</td>
</tr>
<tr>
<td>DERep</td>
<td>Data Element Repository</td>
</tr>
<tr>
<td>DRC</td>
<td>Direct Reference Code</td>
</tr>
<tr>
<td>eCQI</td>
<td>Electronic Clinical Quality Improvement</td>
</tr>
<tr>
<td>eCQM</td>
<td>Electronic Clinical Quality Measure</td>
</tr>
<tr>
<td>EH</td>
<td>Eligible Hospital</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>HL7</td>
<td>Health Level Seven International</td>
</tr>
<tr>
<td>HQMF</td>
<td>Health Quality Measure Format</td>
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<tr>
<td>HTML</td>
<td>Hyper Text Markup Language</td>
</tr>
<tr>
<td>ICD-10-CM/PCS</td>
<td>International Classification of Diseases, 10\textsuperscript{th} Revision, Clinical Modification/Procedure Coding System</td>
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</table>
# Acronyms (Cont’d)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>IG</td>
<td>Implementation Guide</td>
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<tr>
<td>IQR</td>
<td>Inpatient Quality Reporting</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>LOINC</td>
<td>Logical Observation Identifiers Names and Codes</td>
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<tr>
<td>ONC</td>
<td>Office of the National Coordinator for Health Information Technology</td>
</tr>
<tr>
<td>PCS</td>
<td>Procedure Coding System</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PSVA</td>
<td>Pre-Submission Validation Application</td>
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<tr>
<td>QDM</td>
<td>Quality Data Model</td>
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<tr>
<td>QPP</td>
<td>Quality Payment Program</td>
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<td>QRDA</td>
<td>Quality Reporting Document Architecture</td>
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<td>TRN</td>
<td>Technical Release Notes</td>
</tr>
<tr>
<td>UMLS</td>
<td>Unified Medical Language System</td>
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<tr>
<td>USHIK</td>
<td>United States Health Information Knowledgebase</td>
</tr>
<tr>
<td>VSAC</td>
<td>Value Set Authority Center</td>
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