Pioneers in Quality:

eCQM Expert to Expert Webinar Series: STK-5, & AMI-8a eCQMs

January 29, 2019

Q & A Document

QUESTION 1: I cannot get the handout to open.

A: Please click on the arrow next to handouts in the Handouts pane on the right. You should then see a PDF. Launch or save the PDF and you can print or view the slide deck.

QUESTION 2: Can you please post the link for CEUs?

A: An automated email will be sent after this session to obtain CEUs.

QUESTION 3: Where is the captioning option?

A: If you go to the chat window, you will find a link and password to the Closed Captioning option. This information is also on the second slide if you downloaded the slide deck.

QUESTION 4: When are the versions for those not covered in this presentation available?

A: Please go to The Joint Commission's Pioneers in Quality webpage for previous recordings and dates for upcoming webinars:
https://www.jointcommission.org/piq_expert_to_expert_series/

QUESTION 5: I am unable to open the PDF handout. It just opens a new screen with a black box. I had the same issue with the last presentation for STK 2, 3, and 6. Any suggestions? Is there a website I can go to download it? Thank you.

A: The slides will be posted to the following page when they are available:
https://www.jointcommission.org/piq_expert_to_expert_series/

QUESTION 6: We currently use Epic as our EHR vendor and will they be aware of the new CQL that will be adopted beginning with 2019 submissions?

A: Yes, EHR vendors are aware of the transition to CQL-based measures.

QUESTION 7: How can CQL be converted into SQL so we can run the logic against our databases? Right now our programmers are struggling with interpreting CQL into something usable.

A: The eCQI Resource Center posts information about CQL, tools and resources, and additional educational material for reference. In terms of an answer to cover this information, please go to the CQL Issue Tracker link below and create an issue request.
https://oncprojecttracking.healthit.gov/support/projects/CQLIT

There is also a slide presentation that may provide some guidance. It addresses an overview of the CQL architecture and building a CQL execution engine- "Getting Started with CQL: Technical Implementation for Vendors" which can be found at:
https://health.mitre.org/blog/getting-started-with-cql-technical-implementation-for-vendors/

QUESTION 8: Can you further define how encounters are defined?

A: For the full definition of "Encounter", please refer to the QDM 5.3 specifications, section 4.0.10.

https://ecqi.healthit.gov/system/files/QDM_5_3_ANNOTATED_2017August_508.pdf

Encounter within the STK-5 measure is defined as a non-elective inpatient admission. We use the Non-elective Inpatient Encounter value set (2.16.840.1.113883.3.117.1.7.1.424) to capture all non-scheduled hospitalizations. Non-elective admissions include emergency, urgent, and unplanned admissions.

QUESTION 9: Is CQL also going to be used to submit to CMS as well?

A: Yes, both the Joint Commission and CMS use CQL for their respective programs' eCQMs.

QUESTION 10: Are other eCQMs going to be affected with this new change as well, e.g., STK 2, 6 or ED measures?

A: Yes, all eCQMs for CY 2019 reporting period are impacted.

QUESTION 11: Is CQL machine readable?

A: Yes.

QUESTION 12: Would "intersect" be the equivalent of the "and" statement?

A: Yes, it is similar since Intersect looks for the common elements between 2 or more lists. Please refer to slide 22 in the presentation.

QUESTION 13: I know CMS made an adjustment to align with the Joint Commission which impacts CMS 31. Will the Stroke 5 specifications be the same for CMS and the Joint Commission in 2019?

A: The specifications for eCQMs in use by both the Joint Commission and CMS for their respective programs are aligned. The eligible hospital measure specifications can be found here: https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

QUESTION 14: Where can I find documentation of all the CQL functions and what they do?

A: The CQL functions are documented in the HL7 specification. The eCQI Resource Center provides links to these specifications, as well as the QDM documentation:
https://ecqi.healthit.gov/ecqi-tools-key-resources

QUESTION 15: If the library Alias has Joint Commission, how would I know this is available at NLM in the VSAC? Will the Joint Commission ever differ? Will the library Alias ever state VSAC to show information is in the VSAC? If it was a HEDIS measure would the library alias be HEDIS or NCQA? Thank you for your help.

A: The library alias is used in the measure specification, in order to reuse logic across measures. The alias does NOT pertain to the VSAC, which houses the value sets for the measures.

QUESTION 16.1: 2 days = 48 hours or present day and next day?

A: In this measure, when we say day OF, it is using calendar day. As explained during the webinar, you have until 11:59 pm the next day.

QUESTION 16.2: For example, comfort measures recorded at 5 am but admission @7am

A: Correct, the current measure allows for comfort measures to count even prior to admission, as long as it occurred on the same day.

QUESTION 16.3: Same day but before admission?

A: Correct, the current measure allows for comfort measures to count even prior to admission, as long as it occurred on the same day.

QUESTION 17.1: Any idea when we will get eCQM thresholds?

A: At this time, thresholds are not provided as eCQM data is not being publicly reported by The Joint Commission or CMS.

QUESTION 17.2: Yes I understand that... we are trying to process improve our eCQM measure compliance... should we use 100% as the goal?

A: See answer to Question 17.1. At this time, the goal is for hospitals to understand their baseline rate of performance for a measure in order to determine if performance improvement efforts are effective over time.

QUESTION 18: Can you go over the measure calculation regarding the Denominator, Denominator Exclusion, Numerator, Denominator exception? Are Denominator Exceptions included as a "pass" of the measure when we look for a Num/Den score? Or are the denominator exceptions removed from the denominator population?

A: Denominator exceptions are processed only after the numerator has been unmet. If you satisfy the numerator, the patient remains. However, if you do not satisfy the numerator, and there is no reason documented, then that meets criteria for a denominator exception.

QUESTION 19: Not sure how CQL captures ECG done. I am not sure if coders code every ECG that a patient gets done.

A: There is no change to how this data is being captured. Value sets are still used in the CQL logic to capture these procedure codes.

QUESTION 20: Does documentation of a medical reason for not administering an antithrombotic have to occur within the day of or day after hospital admission to count as an exception, or can it be documented in the discharge summary and still count.

A: The reason for not administering must be documented within the day of or day after hospital admission to count. You can see slide 67 for the timing statement.

QUESTION 21: Please share what authordatetime means in the CQL logic?

A: .authorDateTime is an attribute from the QDM which means the time the data element was entered into the clinical software. Note, some datatypes include both Relevant Time and Author datetime attributes. The purpose is to accommodate authorDateTime if the actual start and stop times are not available when evaluating for feasibility, and also to allow specification of a time for Negation Rationale.

QUESTION 22: Regarding the timing of the comfort measures and reasons for not prescribing-- what if the patient did not come through ED and either of these were done prior to Inpatient time? Sometimes we see patient in Observation status or in cath lab, etc. with these orders placed, but they are a fallout because it was prior to Inpatient.

A: Observation patients are not captured in the logic. However, since we are using the "day of" operator, it does not take into account the patient status at the time of documentation, The timing for day 1 starts at the hospitalization start time. So for example, if the patient was admitted to inpatient on 10/10 and the comfort measures was documented while in OBS on 10/10, it will still satisfy the measure because it occurred on the same day.

QUESTION 23: Is there a way to exclude a patient for PCI if the initial EKG was negative for STEMI. But then an EKG is repeated and then positive for STEMI and the 90 minutes has already passed?

A: The intent of the AMI-8a measure is to assess the timing of the PCI when an ECG result indicates an acute or evolving MI (ST-segment elevated MI or STEMI). So, if the ECG does not result in a STEMI MI in the ED then the timing should not start at arrival to ED but if the ECG does result in a STEMI MI during the inpatient encounter, the timing should start at the arrival time to the hospital inpatient. In v6 we removed the non-STEMI exclusion logic but inadvertently omitted the ECG result. This erroneously results in the PCI timing beginning at the arrival time for patients with a principal diagnosis of acute or evolving MI during the hospital stay, regardless of the ECG result time. Since the 2019 reporting period is the last year AMI-8a is available for reporting, because it is being removed as a CMS reporting requirement beginning with calendar year 2020 discharges, there are no plans for revisions to the measure.

QUESTION 24: Is there a difference between arrival date and admission date?

A: For STK-5 when referring to arrival date, it is using the admission date/time. For example, ED Arrival refers to the ED admission date/time.

For AMI-8a, the arrival time is based on facility location components and location period. To determine arrival time requires specification of the location attribute, i.e., where, within the scope of the encounter, the patient was treated. The location period defines the arrival (start) and departure (stop) times for each location specified. Whereas the admission and discharge times are referenced by periods – the interval between start and stop times for the encounter.