Pioneers in Quality:

eCQM Expert to Expert Webinar Series: CAC-3 & EHDI-1a eCQMs

March 5, 2019

Q & A Document

QUESTION 1: How can I download the slides from today and previous webinars?

A: The slides are available for all the GoToWebCast Expert to Expert Sessions during the live session under the Event Resources section. Click the triangle and you can either download or print the PDF file. Within a few weeks of the session, the PDF of the slides will also be posted to the Joint Commission Expert to Expert series landing page at https://www.jointcommission.org/piq_expert_to_expert_series/ and the CMS eCQI Resource Center

QUESTION 2: When is the transition from QRDA expected to be?

A: The timeline for the transition to FHIR (Fast Healthcare Interoperability Resources) has not been determined yet. In the Health Level Seven (HL7) community, engaged stakeholders including measure developers, vendors, and implementers are testing converting eCQMs to FHIR to address any gaps in that standard.

QUESTION 3: Are there plans to move out from a complex QRDA III format to a simpler format?

A: Currently we are using QRDA Category I files to report electronic clinical quality measures (eCQMs), but we are moving toward using FHIR (Fast Healthcare Interoperability Resources). There is a lot of work underway to find a better way to exchange quality data in the future. To clarify, QRDA III files are used by physicians and the QRDA I file format is used for hospitals.

QUESTION 4: Can we expect the transition from QRDA format to FHIR format to occur in 2020 or 2021?

A: There will not be a replacement for QRDA in place for the 2020 reporting period and we cannot speak yet about the 2021 reporting period. That work is getting done in the HL7 community. Contact us at Pioneersinquality@jointcommission.org and we can connect you with that group so you can stay up to date on those activities.

QUESTION 5: Regarding "must be authored during relevant period," does that mean before the discharge date and time?

A: “During the encounter relevant period” includes any time starting with the admission date/time through the discharge date/time.

QUESTION 6: What does the author date/time refer to?

A: For this measure, author date/time refers to when the home management plan of care (or refusal thereof) was documented or “authored” in the medical record. Author date/time is an attribute found in the Quality Data Model. See the Quality Data Model, version 5.4, page 39 for more information on this attribute.

QUESTION 7: Initial population hearing screening. If a baby is born at hospital A and then transferred to hospital B, then the baby should only be included for hospital A and NOT be included for hospital B correct?

A: Yes, that is correct, Hospital A only.

QUESTION 8: Why isn't either of these Denominator Exclusions?
A. Newborns who were admitted to NICU
B. Transferred to an Acute Care Facility

A: The intent of this measure is that hearing screening is done prior to discharge. If a newborn is transferred to the NICU, the measure is looking for screening that was done prior to the hospital discharge. For newborns and infants transferred to an acute care facility for a higher level of care, you can use the medical reasons exclusion for the measure.

QUESTION 9: Who is qualified to do a hearing screen in an acute care hospital?

A: The measure doesn't define who can perform a hearing screen, it is left to the policies of the facility.

QUESTION 10: The reasons for not performing the test are to be added into dsfields like nursing flowsheets and is there a specific script that needs to be documented?

A: We would use the discrete field. There is no specific script.

QUESTION 11: Slide 51. Is this only exclusive for routine test? How about in-patient follow-ups for problems seen during the initial screen?

A: It is for hearing tests done at the time of the encounter where the baby was born; inpatient follow-ups, as subsequent encounters, would not be counted.

QUESTION 12: If the Author Date of the screening is documented in the system after the discharge date but it was realized during the encounter, does the patient count on the measure?

A: The measure looks at when the screening was performed/ordered, not when the information was documented.

QUESTION 13: Can the Joint Commission provide robust outcomes analysis for these measures so we can be sure to show the real value for meeting the measures to our organizations? Also, have you considered doing a cost analysis and whether the financial burden for clinical quality measures brings the "value equation" to the Core Measure arena that I know we all are striving for. I have seen good analysis on AMI and Sepsis. Does the Joint Commission have this data?

A: It would appear that the reference to AMI and Sepsis analysis relates to chart-based measures. Collecting performance data obtained from eCQMs is still in its infancy and needs to be more mature, before a cost benefits analysis could be considered.