Clinical Quality Measures (CQMs)

Maria Durham
OCSQ
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Objectives

- Background/Assessing the Quality of Care
  - What is a measure?
  - Why do we measure?
  - What is unique about the EHR Incentive Program?
- Anatomy of a Clinical Quality Measure (CQM)
  - CMS EHR Incentive Program Meaningful Use Stage I Reporting
- Walk-thru of common questions concerning CQMs
- Resources

Clinical Quality Measure

- A clinical quality measure is a mechanism used for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in an optimal timeframe.[1]

- 1 Retrieved from : http://www.qualitymeasures.ahrq.gov/about/inclusion-criteria.aspx

Why are Measures Important to CMS?

- Measuring quality of patient care drives improvements in healthcare
- CMS programs require use of CQMs to help us ensure that quality care is delivered.
- That is, in order to improve care, it has to be measured in a clinically meaningful way to inform both our beneficiaries, our providers, and our policy decisions.

Types of Measures

- There are many types of measures but the 2 most common measures used in our CMS programs are:
  - **Process** – A measure that focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a certain outcome.
  - **Outcome** – A measure that indicates the result of the performance (or nonperformance) of a function or process.

Where Do CQMs Come From?

- Any person or entity can develop a CQM
- Typically to be used in a CMS program, they require consensus endorsement and must meet certain criteria such as:
  - *Importance to Measure and Report*
  - *Scientific Acceptability of Measure Properties*
  - *Usability*
  - *Feasibility*
- Most of today's CQM reporting is through:
  - manual chart review
  - referencing manual specifications for the measures

http://www.qualityforum.org/docs/measure_evaluation_criteria.aspx

How is the EHR Incentive Program Different?

- The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified Electronic Health Record (EHR) in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQMs) and other such measures selected by the Secretary

What does this mean?

HITECH requirements:

- To report quality measures from an EHR, electronic specifications must be developed that include the data elements, logic and definitions for that measure in a format that can be captured or stored in the EHR so that data can be sent electronically in a structured, standardized format.

Components of Electronic Specification:

1. Measure Overview/Description
2. Measure Logic (provides programming language to code the EHR)
3. Measure Code Lists (codes that reflect data elements (ICD-9/10, etc.)) -
4. Quality Data Set (QDS) Elements (a data model for e-specifications)

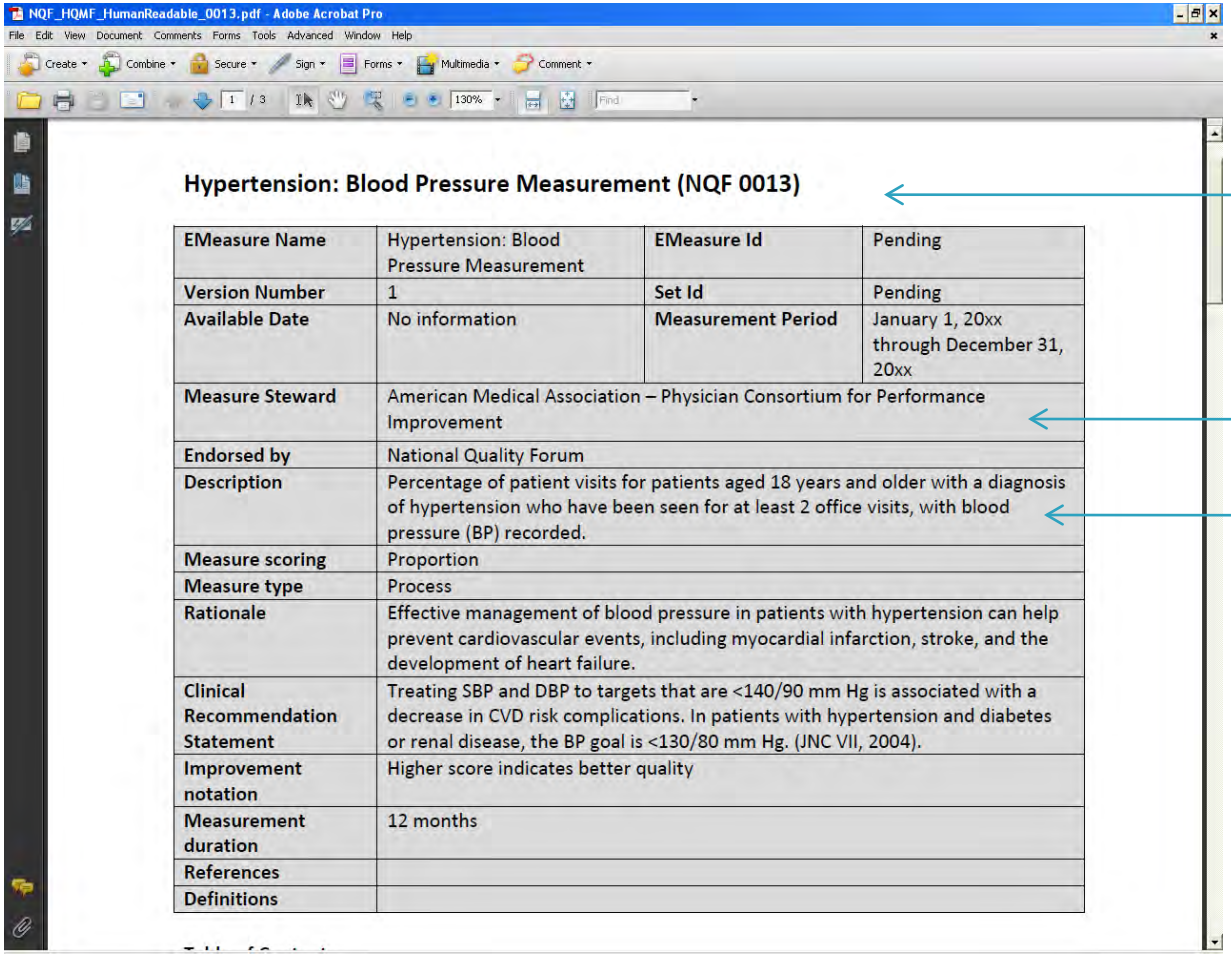
- https://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

Anatomy of a Clinical Quality Measure

There are 3-4 Major Components of Measures regardless of the source of data and the results drive what data is reported to CMS for the EHR Incentive Program:

1) Initial patient population (may not be specified in non-EHR based measures)
2) Denominator
3) Numerator
4) Exclusions

Measure Example



Hypertension: Blood Pressure Measurement (NQF 0013)

EMeasure Name	Hypertension: Blood Pressure Measurement	**EMeasure Id**	Pending
Version Number	1	**Set Id**	Pending
Available Date	No information	**Measurement Period**	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Effective management of blood pressure in patients with hypertension can help prevent cardiovascular events, including myocardial infarction, stroke, and the development of heart failure.		
Clinical Recommendation Statement	Treating SBP and DBP to targets that are <140/90 mm Hg is associated with a decrease in CVD risk complications. In patients with hypertension and diabetes or renal disease, the BP goal is <130/80 mm Hg. (JNC VII, 2004).		
Improvement notation	Higher score indicates better quality		
Measurement duration	12 months		
References			
Definitions			

Title

Steward

Description

https://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

Initial Patient Population

The initial patient population is defined as the group of patients the performance measure is designed to address:

Patients >= 18yrs of age with an active dx of hypertension who have been seen for at least 2 or more visits by their provider

E-Measure:

Initial Patient Population =

- o AND: "Patient characteristic: birth date" (age) >= 18 years";
- o AND: "Diagnosis active: hypertension";
- o AND: >=2 count(s) of:

  - OR: "Encounter: encounter outpatient" to determine the physician has a relationship with the patient;
  - OR: "Encounter: encounter nursing facility" to determine the physician has a relationship with the patient to determine the physician has a relationship with the patient;

Denominator

- Denominator- is a subset of the Initial patient population

Patients >= 18yrs of age with an active dx of hypertension who have been seen for at least 2 or more visits by their provider (same as initial patient population)

- **E-Measure:**

o AND: " All patients in the initial patient population';

Numerator

- Numerator is a subset of the denominator for whom a process or outcome of care occurs

Patients >= 18yrs of age with an active dx of hypertension who have been seen for at least 2 or more visits by their provider (same as initial patient population) and have a recorded blood pressure.

E-Measure:
Numerator =
o AND: "Physical exam finding: systolic blood pressure";
o AND: "Physical exam finding: diastolic blood pressure";

Exclusions

- Exclusions – refers to cases in which the action specified in the measure was not performed due to allowable reasons. The exclusions can be taken from a denominator or numerator depending on the measure.

No exclusions for this measure

E-Measure:

Exclusions =

o AND: None;

Clinical Quality Measure Notation

So for reporting purposes, this measure would look like this:

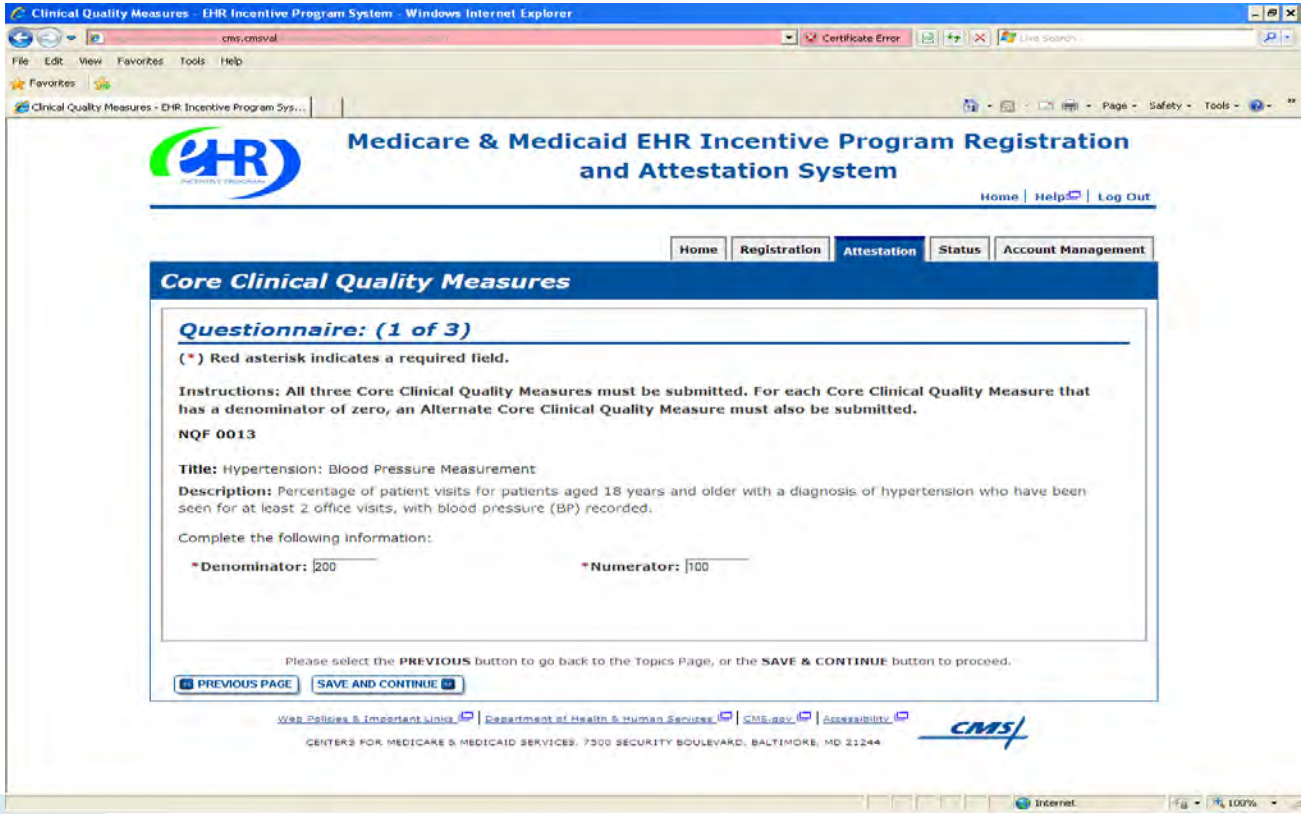
- Initial population = 200
- Denominator = 200
- Numerator = 100
- Exclusions = 0

The measure is typically expressed as a fraction:

$$\frac{100\ (N)}{200\ (D)}$$

Reporting for Attestation

- 2011 – EPs & eligible hospitals/CAHs seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.



Common Customer Questions

- No patients in the measure population
  - It is acceptable to report zero in the denominator, even for 1 or more measures, as long as that is the value displayed & calculated by the certified EHR.
- Reporting for other federal initiatives
  - Are there any crossovers? Reporting is separate at this point in time.
  - EPs and hospitals/CAHs must report for each initiative for which they qualify and choose to participate.

Common Customer Questions

- EHR Incentive Program Reporting Period

1st Payment Year: Any continuous 90 day period

Although the measure specifications assume a full calendar year, you should only calculate the denominator and numerator from the first day of the 90 day reporting period to the last day of the 90 day reporting period.

2nd Payment Year: Report for the entire year

- January 1-December 31 for EPs
- October 1-September 30 for EHs/CAHs

Resources to Get Help and Learn More

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:
  - www.cms.gov/EHRIncentivePrograms

- Electronic specifications information:
- http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage

- Learn about certification and identify certified EHRs:
  - http://healthit.hhs.gov