

2014 ELECTRONIC CLINICAL QUALITY MEASURES

Meaningful Use

PQRS

VBPM

2014 MU CQM

- ▣ 9 Measures that include 3 Domains
 - 64 total measures (link to follow)
 - 6 possible domains (link to follow)
 - Recommended pediatric and adult core measures (link to follow)
 - Do not have to be linked to Clinical Decision Support rules
- ▣ “Alignment” with PQRS and VBPM Programs

Changes from 2013 to 2014

The number of CQMs you report in 2014 differs from previous years. Beginning in 2014 you must select and report 9 from a list of 64 approved CQMs for the EHR Incentive Programs.

Below are the CQM reporting requirements from 2011 through 2013:

2011-2013

ELIGIBLE PROFESSIONALS

6 OF A POSSIBLE 44 MEASURES

- Three required core measures, or 3 alternate core, as necessary
- Three of 38 additional measures



2014 AND BEYOND

ELIGIBLE PROFESSIONALS

9 OF A POSSIBLE 64 MEASURES

- Choose from 3 different domains
- CMS has a recommended core set for adults and children

2014 MU CQM

- Eligible Professionals must report on 9 measures
- Choice set is 64 measures in 6 domains
- Reported measures must come from at least 3 domains

**Patient and
Family
Engagement (4)**

Patient Safety (6)

**Care
Coordination (1)**

**Efficient Use of
Health Resources
(4)**

**Clinical Process/
Effectiveness (40)**

**Population/
Public
Health (9)**



**American Hospital
Association**

CMS CQM

Program Comparisons

MU CQM	PQRS	VPBM
Required for attestation for MU	Pay for reporting	<ul style="list-style-type: none"> Affordable Care Act (ACA) Pay for performance
	2014 Incentive for reporting	2016 Incentive for 2014 quality
	2016 penalty for not reporting in 2014	2016 penalty for not reporting in 2014 if group (TIN) > 10
		2016 penalty for low quality score in 2014 if group (TIN) > 100

Numerator/Denominator

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS165v3	0018	Controlling High Blood Pressure Domain: Clinical Process/ Effectiveness	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period	National Committee for Quality Assurance	236 GPRO HTN-2

Issues:

- Highly specific numerator and denominator definitions
- Highly specific EHR measurement methods
- Changing clinical goals/parameters

Numerator/Denominator

	MU CQM	PQRS	VBPM
Zero denominator	Only if all other measures have zeros	No	No
Zero numerator	Yes	Yes	No

Penalty and Incentive

	MU CQM	PQRS	VBPM
Penalty	<9 Measures, 3 Domains + Core/Menu	< 1 Measure	< 1 Measure
Penalty	Fail to meet MU; 1-5% Medicare Allowable Charges (MAC)	2% MAC (2016)	2% MAC (2016)
Incentive/ Adjustment	MU: 9 Measures, 3 Domains + Core/Menu	>=1 measure	Based on PQRS quality and cost
Incentive \$	Depends on reporting Stage	0.5 % MAC	0-2% MAC groups >10; -1 to +2% groups >100

Quality and Cost Scoring

	MU CQM	PQRS	VBPM
Quality dependent	No (0%-100%)	No (1%-100%)	Yes
Cost Scoring	No	No	Yes

Quality

Controlling High Blood Pressure: 99% Good, 10% Bad
A1C > 9.0: 1% Good, 99% Bad

Vendor Specific Information

- ▣ MU measures certified for 2014
 - Demo of finding out what is certified
(<http://oncchpl.force.com/ehrcert?q=chpl>)
- ▣ PQRS measures certified for 2014
- ▣ Reporting options available for 2014

CMS, NQF, PQRS Numbers

Certified Health IT Product List - Windows Internet Explorer

http://onccmpl.force.com/ehrcert/ehrproductdetail?allClassification=BothEHR&attestationYear=None&brow

Convert Select

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Certified Health IT Product List

- ✓ [\(q\)\(2\) Automated Measure Calculation](#)
- ✓ [\(q\)\(3\) Safety-Enhanced Design](#)
- ✓ [\(q\)\(4\) Quality Management System](#)

* Required 2014 Edition EHR certification criteria to meet Base EHR definition

Ambulatory Clinical Quality Measures

Measure	Version	Domain	NQF #
✓ † CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	v2, v3	Population/Public Health	NQF 0418
✓ CMS22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	v2	Population/Public Health	N/A
✓ † CMS50 Closing the referral loop: receipt of specialist report	v1	Care Coordination	N/A
✓ CMS52 HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	v2	Clinical Process/Effectiveness	NQF 0405
✓ CMS56 Functional status assessment for hip replacement	v2	Patient & Family Engagement	N/A
✓ CMS61 Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	v3	Clinical Process/Effectiveness	N/A
✓ CMS62 HIV/AIDS: Medical Visit	v2	Clinical Process/Effectiveness	NQF 0403
✓ CMS64 Preventive Care and Screening: Risk- Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	v3	Clinical Process/Effectiveness	N/A
✓ CMS65 Hypertension: Improvement in blood pressure	v3	Clinical Process/Effectiveness	N/A
✓ CMS66 Functional status assessment for knee replacement	v2	Patient & Family Engagement	N/A
✓ † CMS68 Documentation of Current Medications in the Medical Record	v2	Patient Safety	NQF 0419
✓ † CMS69 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	v1	Population/Public Health	NQF 0421
✓ CMS74 Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	v3	Clinical Process/Effectiveness	N/A
✓ † CMS75 Children who have dental decay or cavities	v2	Clinical Process/Effectiveness	N/A
✓ CMS77 HIV/AIDS: RNA control for Patients with HIV	v2	Clinical Process/Effectiveness	N/A
✓ CMS82 Maternal depression screening	v1	Population/Public Health	NQF 1401
✓ † CMS90 Functional status assessment for complex chronic conditions	v2	Patient & Family Engagement	N/A

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NextGen

NextGen[®] HQM 2014 Supported Measures White Paper

www.nextgen.com

Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs – Meaningful Use

Clinical Quality Measures NextGen Healthcare supports all CMS Clinical Quality Measures (CQMs) used Stage 1 and Stage 2 reporting for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs. This is a regulatory program and there is no fee associated.

CMS	Description
117	Childhood Immunization Status
122	Diabetes: Hemoglobin A1c Poor Control
123	Diabetes: Foot Exam
124	Cervical Cancer Screening
125	Breast Cancer Screening
126	Use of Appropriate Medications for Asthma
127	Pneumonia Vaccination Status for Older Adults

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APPENDIX A: CLINICAL QUALITY MEASURES

NQF Measure Number and PQRI Implementation Number	Clinical Quality Measure Title
NQF 0421 PQRI 128	Adult Weight Screening and Follow up
NQF 0028	Preventive Care and Screening Measure Pair: 1. Tobacco Use Assessment, 2. Tobacco Cessation Intervention
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF0041	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older

NQF: National Quality Foundation, PQRS: Physician Quality Reporting System

Reporting CQM's

CHAPTER 4: SUBMITTING CQM DATA FOR THE 2014 REPORTING YEAR

What do I need to know about reporting 2014 CQMs electronically?

You have several options for submitting your 2014 eCQM data.

Reporting once: Depending on your eligibility to participate in other CMS programs, you may be able to report quality measures one time during the 2014 program year in order to satisfy the CQM component of the Medicare EHR Incentive Program and satisfactorily participate in other programs, such as the Physician Quality Reporting System (PQRS) program.

EHR incentive payment: Attestations for the Medicare EHR Incentive Program are not complete until CQM data is submitted, so EHR incentive payments will be held until the electronic submission is processed. If you are a Medicaid eligible professional, you must submit your CQM data to your State Medicaid Agency.

If you are in your second year and beyond of Medicare EHR Incentive Program participation and choose to submit your CQMs electronically to receive credit for other CMS programs that require 12 months of CQM data, you will not receive EHR payment prior to 2015.

Resources: For more information about electronic submission of CQM data, visit the [CMS website](#).

Reporting Options

EHR Reporting Options for Eligible Professionals in 2014

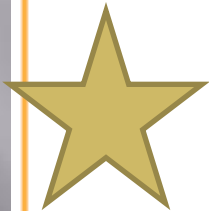
Options that only apply for the EHR Incentive Programs

Option 1: Attest through the EHR Registration & Attestation System

- Report 9 CQMs in at least 3 different domains
 - Though not required, CMS suggests a core set of CQMs for both adults and children
- For this reporting option, CQMs will be submitted on an aggregate basis reflective of all patients without regard to payer
- Submit 90 days (first year of participation) or at least one quarter of data (second year and beyond)
- Reporting occurs through the EHR Registration & Attestation System

Option 2: eReporting of Data

- Report 9 eCQMs in at least 3 different domains, using the most recent version of the 2014 eCQMs (June 2013) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
 - Though not required, CMS suggests a core set of eCQMs for both adults and children
- Submit 90 days (first year of participation) or at least one quarter of data (second year and beyond)
- Reporting occurs through the PQRS Portal using the QRDA III format



Reporting Options

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 3: Satisfy requirements of the PQRS Reporting Options for Individual eligible professionals using Certified EHR Technology

- Submit and satisfactorily report PQRS eCOMs under the [PQRS EHR reporting options](#) or satisfactorily participate in a [Qualified Clinical Data Registry \(QCDR\)](#) using Certified EHR Technology
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
 - Must be the most recent version of the 2014 eCOMs ([June 2013](#)) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
- Reporting occurs through the [PQRS Portal](#) using either the QRDA I or QRDA III formats for the PQRS EHR reporting method or the QRDA III format for the QCDR method
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Reporting Options – Group Reporting

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 4: Group Reporting

Option A:

- Groups in an Accountable Care Organization satisfy requirements of the [Medicare Shared Savings Program](#) using Certified EHR Technology
- ACO primary TIN reports a full year (January through December) of data using [PQRS GPRO Web Interface](#) reporting method to receive credit for the Medicare EHR Incentive Program, PQRS, and ACO
- Reporting occurs through the [PQRS Portal](#)
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Option B:

- Groups that register to participate in the [PQRS Group Practice Reporting Option](#) (GPRO) and satisfy requirements of PQRS GPRO [EHR-based reporting options](#) using Certified EHR Technology
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
 - Must be the most recent version of the eCOMs ([June 2013](#)) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure)
- Reporting occurs through the [PQRS Portal](#)
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Reporting Options – Group Reporting

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option C:

- Groups that register to participate in the [PQRS Group Practice Reporting Option \(GPRO\)](#) and satisfy requirements of PQRS [GPRO Web Interface](#) reporting method
- Submit a full year (January through December) of data electronically to receive credit for the Medicare EHR Incentive Program and PQRS
 - Must report all measures included in Web Interface for pre-populated beneficiary sample; depending on size of group may also be required to report all 12 Clinician & Group Consumer Assessment of Healthcare Providers and Systems ([CG-CAHPS](#)) summary survey modules
- Reporting occurs through the [PQRS Portal](#)

Option 5: Group Reporting through [Pioneer ACO](#)

- ACO primary TIN reports on all measures included in the quality measures assessment tool (QMAT)
- Submit a full year (January through December) of data to receive credit for the Medicare EHR Incentive Program, PQRS, and ACO
- Reporting occurs through the QMAT
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Reporting Options – Group Reporting

EHR Reporting Options for Eligible Professionals in 2014

Options that Align with Other Quality Programs

Option 6: Group Reporting through the Comprehensive Primary Care Initiative

- Eligible professionals in a Comprehensive Primary Care Initiative (CPCI) practice site that successfully report at least 9 eCOMs covering at least 3 domains in accordance with CPCI requirements
- Submit a full year (January through December) of data to receive credit for the Medicare EHR Incentive Program, PQRS, and CPCI
- Only available for eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program

Note: Individual eligible professionals within the group must also attest to their individual meaningful use core and menu objectives in order to demonstrate meaningful use and receive an incentive payment.

Primary Care Strategy

1. List of Measures EHR provides
2. Identify 9 Measures, 3 Domains
 - Measure and Improve Quality
 - Identify 9 measures for MU
 - Identify 9 measures for PQRS
3. Determine reporting method for MU
4. Determine reporting method for PQRS

Primary Care Example

Domain	CMS MU	PQRS	Measure
Safety	68	130	Documentation of Medications
Clinical Processes	165	236	Controlling Hypertension
	147	110	Influenza vaccination
	134	119	Diabetes: ACR screening
	125	112	Breast Cancer Screening
	124		Cervical Cancer Screening
	130	113	Colon Cancer Screening
	127	111	Pneumovacc > age 65
	Population Management	138	226
	69	128	BMI and follow-up adults
Care Coordination	50		Closing the Referral loop

Sub-Specialty Strategy

1. List of measures EHR provides
2. Identify any measures of clinical importance
 - Measure and improve quality
3. Additional measures with any data for MU
 - If total <9 w 3 Domains run reports for all available measures
 - ? Zero option
4. Additional measures for PQRS/VBPM
 - If EHR produces data
5. Determine reporting method for MU
6. Determine reporting method for PQRS

2014 MU Links

- **64 total measures:** http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_EP_MeasuresTable_June2013.pdf)
- **Recommended pediatric core measures:**
(http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_CQM_PediatricRecommended_CoreSetTable.pdf)
- **Recommended adult core measures:**
(http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_CQM_AdultRecommend_CoreSetTable.pdf)
- **CQM Basic:** <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>