



Medisolv's 2021 eCQM Requirements

**For The Inpatient Quality
Reporting Program**

January 14, 2021

.....
medisolv.

The 7 Habits of Highly Successful Electronic Clinical Quality Measurement

1. Identify _____
2. Utilize _____
3. Timely _____
4. Identify & Convene _____
5. Develop _____
6. Preparation & _____
7. Monitor, _____ & _____

3 eCQM Goals

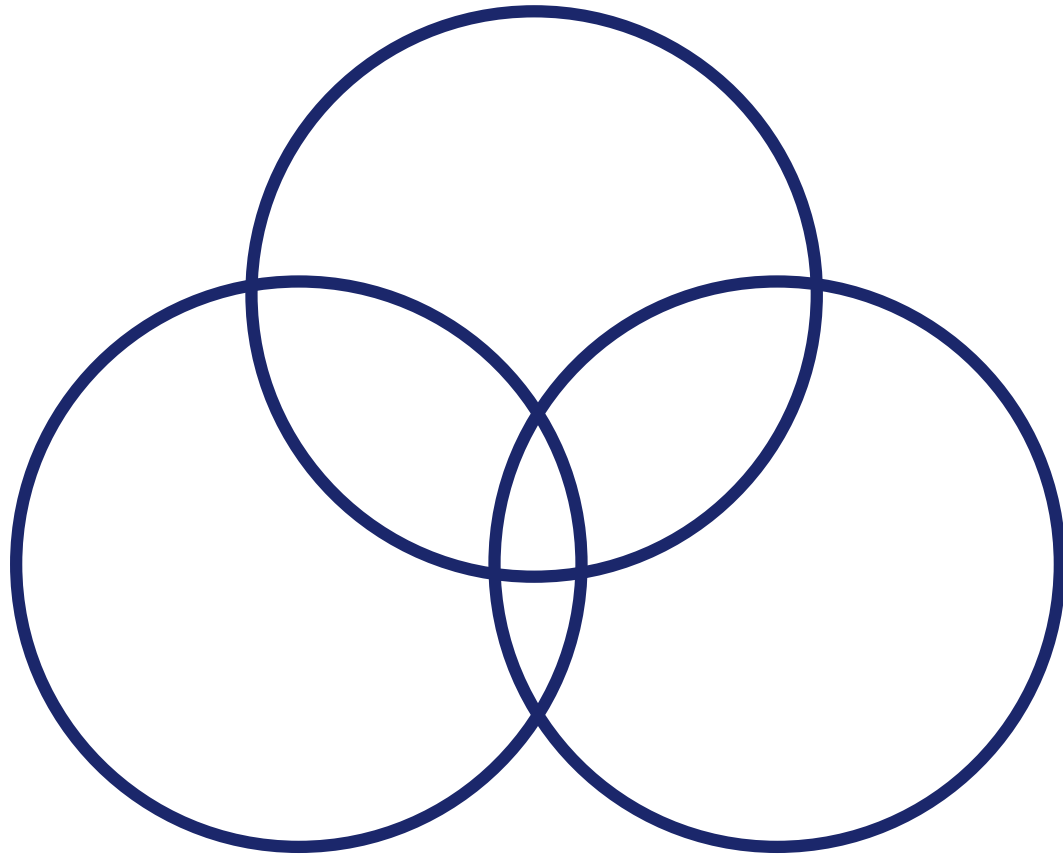
1. _____
2. _____
3. _____

The Hospital IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients.

-QualityNet

Notes

Who Makes Up Your eCQM Team?



Notes

Understanding the difference between CQMs and eCQMs

Manual Abstraction Process

eCQM Process

Notes

2021 eCQM Requirements

Hospitals must submit _____ quarters of data
and at least _____ eCQMs of the _____ available eCQMs.

Submission Deadline _____

CMS has added a new eCQM which is the _____

Hospital's eCQM data will be _____
on Care Compare (Hospital Compare)

Notes

2021 eCQM Requirements

VTE-1 (371)	VTE-2 (372)	STK-6 (439)
STK-5 (438)	PC-05 (480)	STK-3 (436)
ED-2 (497)	STK-2 (435)	Safe Use of Opioids (CMS 506; 3316e)

Notes

CMS Hybrid Measure in 2021

Hybrid Hospital-Wide Readmission Measure

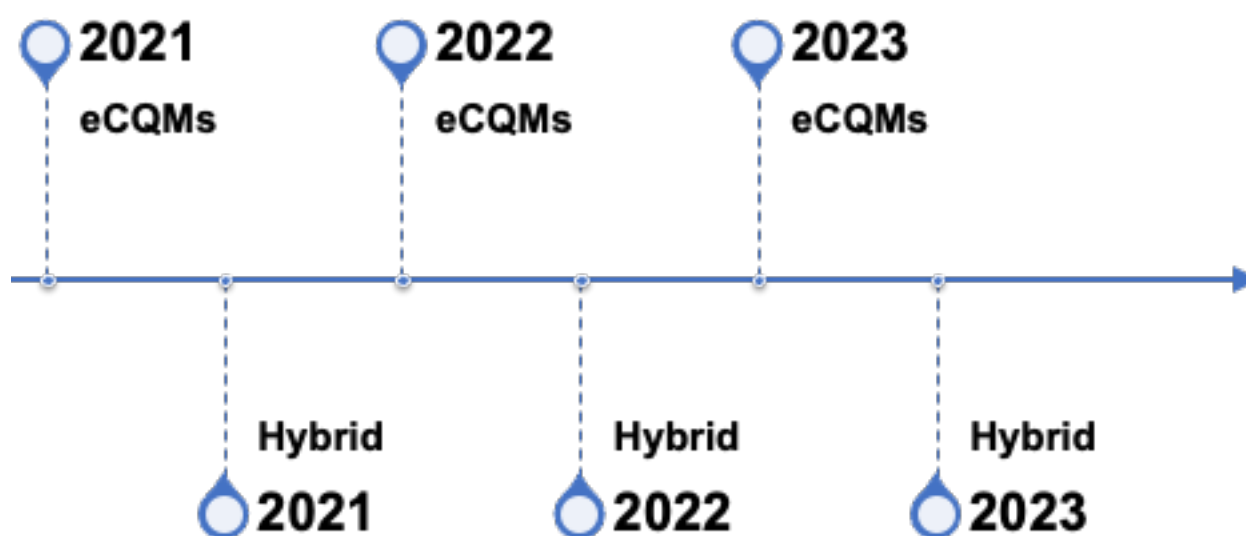
- _____ and _____ Health Record Data
- 2 years of _____ reporting:
July 1, 2021-June 30, 2022; July 1, 2022 -June 30, 2023

Beginning with the FY 2026 payment determination

- Remove Claims-Based Hospital-Wide All-Cause Readmission measure
- Replace with _____ Hybrid HWR Reporting for the Period:
July 1, 2023-June 30, 2024
- _____ on Care Compare (Hospital Compare)

Notes

Electronic Measurement Timeline



Notes

CMS 506: Safe Use of Opioids – Concurrent Prescribing

Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.

OPIOID MEASURE

CMS 506:

Safe Use of Opioids – Concurrent Prescribing



Inverse Measure

■ **Denominator**

- Inpatient Encounter including observation
- > 18 years of age
- Length of stay < 120 days
- Opioid or Benzodiazepine at discharge

■ **Denominator Exclusions**

- Hospice or Palliative Care
- Primary or Secondary Cancer Diagnosis

■ **Numerator**

- Two or More Concurrent Opioids at Discharge
- or
- Concurrent Opioid and Benzodiazepine at Discharge

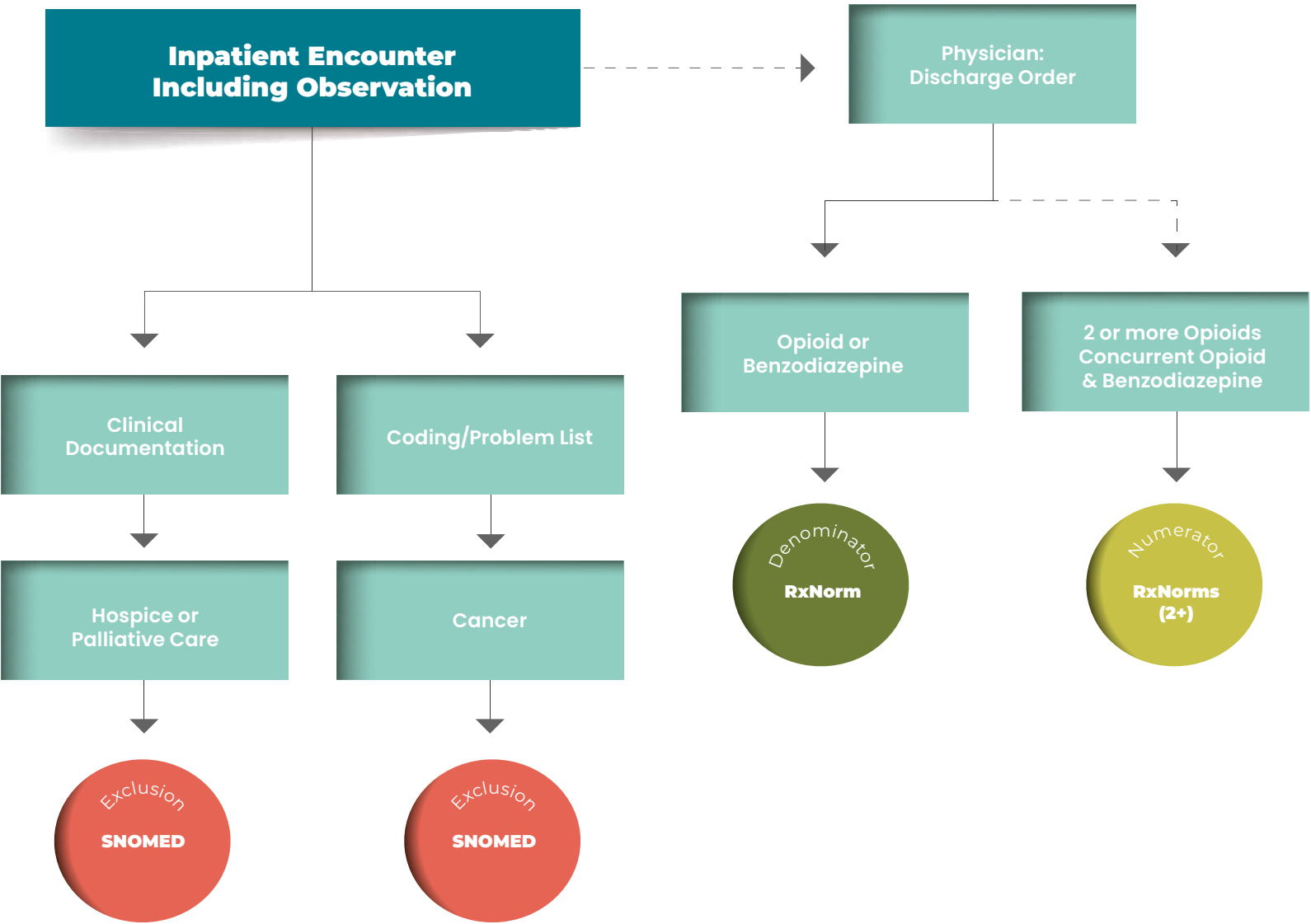
■ **Denominator Exceptions**

- None

Measure Logic

CMS 506:

Safe Use of Opioids – Concurrent Prescribing



Workflow

CMS 529: Hybrid Hospital-Wide 30-Day Readmission Measure (HHWR) Core Clinical Data Elements

Measure Set Identifier: Hybrid HWR

Voluntary Data Submission: July 1, 2021 – June 30, 2022

4 Quarters of data

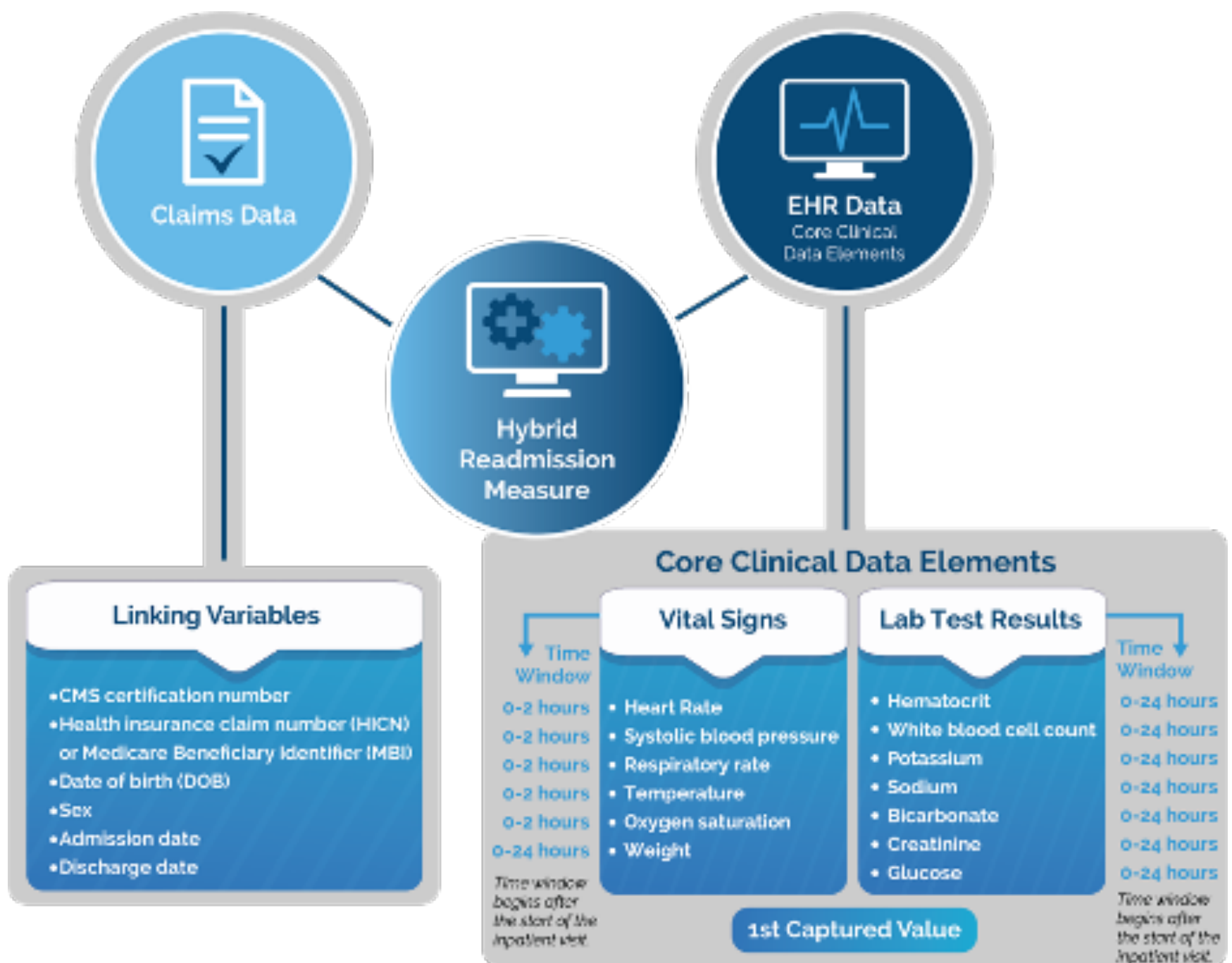
This logic is intended to extract electronic clinical data. It is designed to extract the first captured set of vital signs and basic laboratory results obtained on adult Medicare fee-for-service patients admitted to acute care short stay hospitals. These data will be linked with administrative claims data to risk-adjust hospital-level hybrid outcome measures. This is not an electronic clinical quality measure and this logic will not produce measure results. Instead it will produce a file containing the data that CMS will use to risk adjust the hybrid HWR measure.

HYBRID MEASURE

CMS 529



Hybrid Hospital Wide Readmission



CMS 529:

Hybrid Hospital Wide Readmission



■ IPP

- Age $\geq$ 65 years
- Acute care hospital Inpatient Encounter
 - Length of stay $<$ 365 days
 - Discharge during Measurement Period
- Medicare patient (primary, secondary...)
 - Insurance Effective Date must overlap (start on or before)
Inpatient Encounter

- ### ■ Core Clinical Data Elements:
- The first documented value of any/all of the following will be evaluated and included in the QRDA file. Documentation must occur in timeframe below to be evaluated and included.

• Vital Signs

- Report the FIRST value within 24 hours of inpatient admission (in ER, OR, etc.) **OR**
- Report FIRST value resulted within 2 hours after start of inpatient admission

• Lab Results

- Report FIRST value within 24 hours of inpatient admission (in ER, OR, etc.) **OR**
- Report FIRST value resulted within 24 hours after the start of inpatient admission

**Weight is the only exception –reference the lab results timing for weight documentation.*

Vital Signs

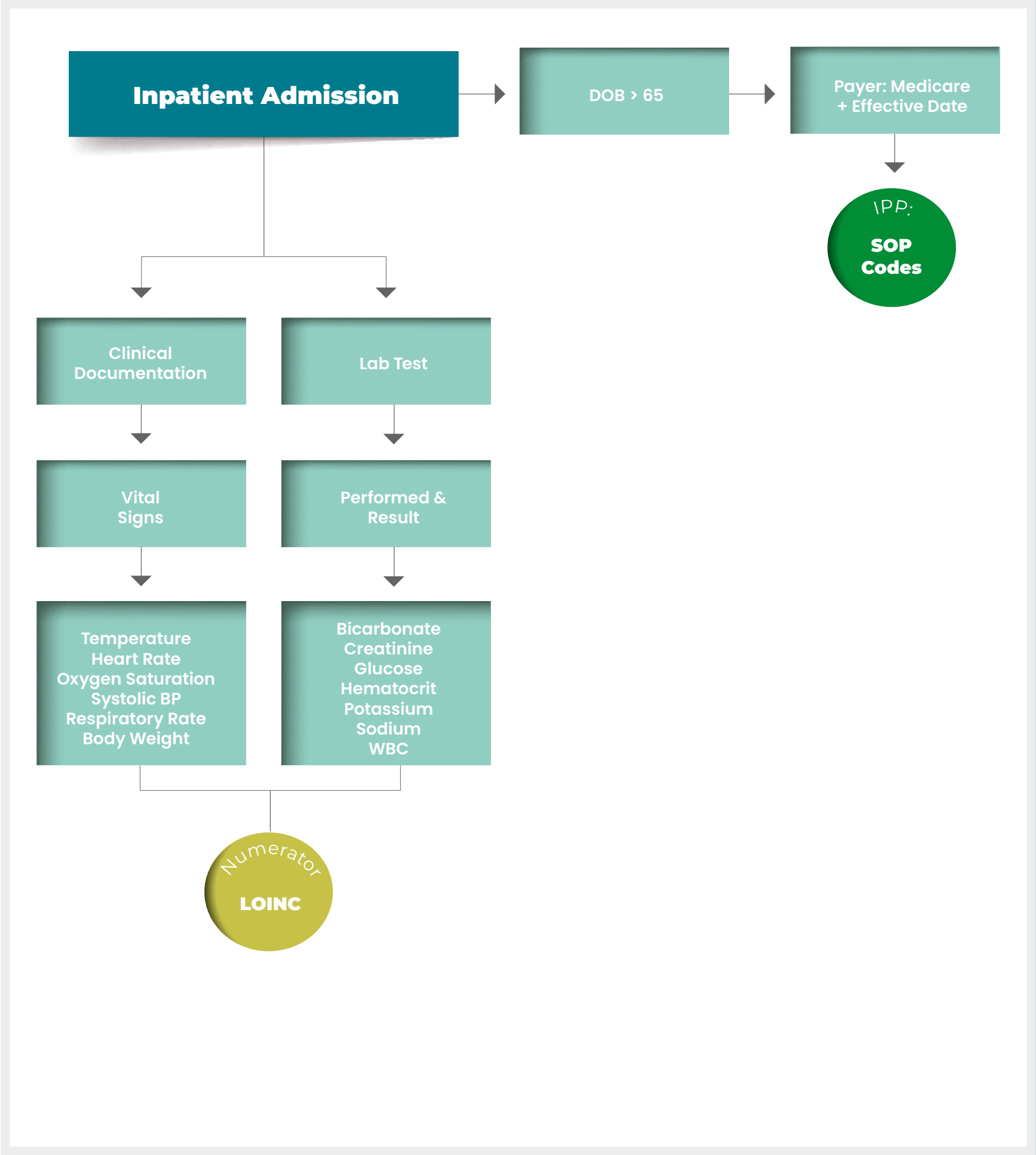
- Heart Rate
- Systolic BP
- Respiratory Rate
- Temp
- O2 Sat
- Weight

Labs

- HCT
- WBC
- Potassium
- Sodium
- Bicarb/CO2
- Creatinine
- Glucose

Measure Logic

CMS 529:
Hybrid Hospital Wide Readmission



Workflow

eCQM Roadmap

Plan for
detours,
alternative
routes and
roadblocks

_____ Changes

EHR _____, _____

_____ & _____ Changes

_____ Maintenance

_____ Hurdles

Notes

Notes (Monitor Analyze Improve & Submission)

[illegible]

Communication & Feedback

1. Regular Team Meetings

2. Include stakeholders in decision making

3. Educate on changes to requirements, measures, workflow

4. Weekly status updates

5. Provide access to eCQM reports and/or dashboards

Notes

GET IN TOUCH WITH US

Phone : (844) 633-4765 | Website : www.medisolv.com | Email : info@medisolv.com
Address : 10960 Grantchester Way | Suite 520 | Columbia, MD 21044

