

# CMS Quality Measure Development *Now and the Future*

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Division of Hospitals and Medication Measures

Quality Measures and Health Assessment Group

Centers for Medicare and Medicaid Services

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# Centers for Medicare & Medicaid Services (CMS)

- Provides health benefits for over 97 million Americans
  - Medicare – 43.9 million beneficiaries
  - Medicaid – 50.0 million beneficiaries
  - Children's Health Insurance Program (CHIP) - 4 million beneficiaries

# Centers for Medicare & Medicaid Services (CMS)

- Spends over \$804 billion annually for health care services in CMS programs
  - Medicare - \$477 billion
  - Medicaid - \$319 billion
  - CHIP - \$7.6 billion

# Quality Measures and Health Assessment Group

- QMHAG is responsible for the development of quality measures and instruments used in programs throughout CMS
- QMHAG is comprised of 3 divisions;
  - Division of Hospitals and Medication Measures
  - Division of Chronic and Post Acute Care
  - Division of Ambulatory Care and Measure Management

# Automatic Reporting out of EHR's

- Work began in Sept 2008 within QMHAG
- QMHAG initiated an Inter-agency Agreement between the CMS and the ONC
- Leveraged ONC's existing contract with HITSP to map data elements to existing EHR standards.
- Converted 3 measure sets, 16 measures total, into electronic specs:
  - Venous Thromboembolism (VTE)
  - Stroke
  - Emergency Department Throughput
- From manual chart abstracted to automatic reporting out of EHR's

# QM Development

Develop Measure Specifications for Automatic Reporting (not individually abstracted from charts) out of EHR's



Provider will use Measure Specifications to Produce QM Report in CDA/QRDA Format from their EHR

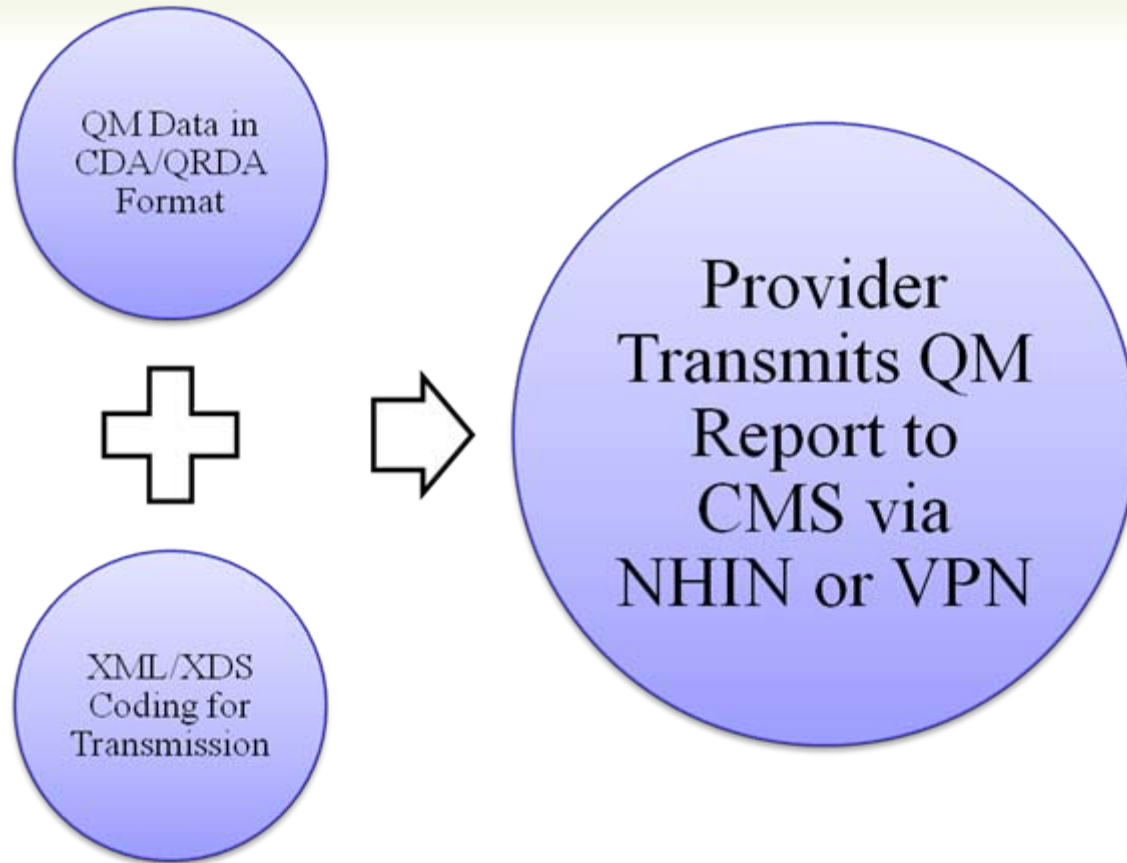


Provider will Code Report in XML/XDA Format for Transmission (E-specs)



Provider will Submit Report to CMS through a secure port (NHIN or VPN)

# QM Development



# What Changed in EHR Measures

- Where do you find the data in the EHR
- Who/What is the reliable source
- Problem list instead of ICD/CPT codes
- Standardized code sets used:
  - ✓ SnoMED, LOINC, RxNorm

# EHR Quality Measure Collection

## Immediate Goals

- The goal of this work is to:
  - Reduce the data collection burden
  - Utilize standards to facilitate automated collection of quality measure data from EHR's.
  - Stimulate the acceptance and use of EHR's

# Physicians Quality Reporting Initiative (PQRI)

# Physicians Quality Reporting Initiative (PQRI)

- PQRI is a voluntary individual reporting program that provides an incentive payment to identified eligible professionals (EPs) who satisfactorily report data on quality measures.
  - for covered Physician Fee Schedule services furnished to Medicare Part B beneficiaries

# Physicians Quality Reporting Initiative (PQRI) EHR Testing

- The EHR 2009 Testing phase ended 12/31/2009.
- Currently we have 5 out of 7 EHR Vendors "Qualified".
- There were three phases in 2009 for the testing process.
- The CD, QA Beta and Public Beta.

# Physicians Quality Reporting Initiative (PQRI) EHR Testing

- CD Submission
  - PQRI- QM sent to CMS via CD – Visual surface check
- QA Beta-
  - CD submission checked against code
- Public Beta
  - QM sent via CMS portal

# Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)

# Hospital Quality Measure EHR Testing

- CMS plans to test the electronic submission of clinical quality data of hospital measures for the following topics
  - Emergency Department Throughput
  - Stroke
  - Venous Thromboembolism
- Testing from electronic health records (EHRs) and its technical ability to send EHR data to CMS.
- Similar process as PQRI EHR testing

# Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)

- The RHQDAPU program is an incentive program for hospitals to submit quality measure data in order to receive a 2% payment update.
- Quality Measures include:
  - Process of care
  - Patient Care Outcomes
  - Patient Experience (Survey data)

# Hospital Quality Measure EHR Testing

- **"RHQDAPU Program EHR Testing Nomination"**  
Centers for Medicare and Medicaid Services,  
Office of Clinical Standards and Quality, Quality  
Measurement and Health Assessment Group, 7500  
Security Boulevard, Mail Stop S3-02-01,  
Baltimore, MD 21244-8532. The letter must be  
received by CMS by 6 p.m., E.S.T. on **Feb 1, 2010**  
**(tentative)**
- Additional information can be found at
- [http://www.cms.hhs.gov/HospitalQualityInits/15\\_HospitalInpatientEHRTesting.asp#TopOfPage](http://www.cms.hhs.gov/HospitalQualityInits/15_HospitalInpatientEHRTesting.asp#TopOfPage)

# Current QMHAG Efforts

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- Retooling Process Work-
  - re-tooling 107 hospital measures to *e*-specifications
- Physicians
  - 90 broadly applicable proposed clinical quality measures
  - 84 PQRI and other NQF endorsed clinical quality measures
- Hospitals:
  - 35 total proposed clinical quality measures for
  - hospitals
  - 31 of the proposed clinical quality measures are NQF endorsed

# Current QMHAG Efforts

- 5 new FTE's have been hired that will be focused on HIT and e-measure development
- Leveraging HIT for future QM development work
- Understanding how QMs' can work together to provide a "picture" of the patient
- Look beyond static QMs' that actually interact and build a greater understanding of the patient and their healthcare outcomes

# Work in Development

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- Measure processes and outcomes across healthcare providers that are *not* setting specific
- Weekly “Connect” Meetings at CMS to leverage the NHIN gateway
- Continuity Assessment Record and Evaluation (CARE) data set Project

# Continuity Assessment Record and Evaluation (CARE)

- Congress, 2005 Deficit Reduction Act, § 5008
- Develop standardized assessment instrument
- Uniformly measure and compare the health and functional status of Medicare beneficiaries
  - Collect data across care settings, over time
- Test in payment demonstration 2008-2010
- Report to Congress 2011

# C.A.R.E. Data Set

- **Common Set of Data Elements**
  - Uniform
  - Standardized
- **Major Domains**
  - Administrative
  - Medical, Health Status
  - Cognitive, Mood, Pain
  - Impairment
  - Functional Status
  - Plan of Care
  - Discharge, Caregiver Needs
- **Incorporate into Electronic Health Records**

# CARE Health Information Exchange Project (C-HIEP)

C-HIEP is a CMS Project to that will give us a better understanding of the exchange of patient care data

- C-HIEP Business & Technical Objectives

- National standards for data interoperability
- Progress towards *uniform, harmonized* data set that is *not* provider specific
- Understanding & knowledge of provider experience
- Standards & specifications for secure data exchange
  - NHIN
  - NHIN CONNECT Gateway

# Work in Development

- CMS is in the Enterprise Architecture phase of developing an Information Technology infrastructure that will support the intake of electronically specified QM's
- Encourage the adoption of HIT and interoperability through the use of industry standards

# CMS Goals for Participation in 2010 Connectathon

- Test our ED, VTE, and Stroke measures
  - Learn from the testing so we can improve future work
  - Understand Concerns
- Work within the larger Health IT Industry
  - Receive industry feedback
  - Encourage dialogue

# Contact Information

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