Preparing for electronic reporting of Clinical Quality Measures (eCQM)

By Carla McCorkle, Product Manager, Midas Health Analytics Solutions, A Conduent Company
September, 2016
Preparing for electronic reporting of Clinical Quality Measures (eCQM)

Over the years, hospitals have been increasingly challenged to report clinical quality measures to numerous stakeholders, including accreditation entities, payers, state agencies, and specialty groups. Traditionally, many clinical quality measures have been labor intensive for clinical and quality professionals to collect and submit. The introduction of the Electronic Health Record Incentive Program (Meaningful Use) in 2011 promised to ease the burden of data collection through the use of electronic clinical quality measures (eCQMs), however many hospitals still struggle to meet these reporting challenges.

The burden seems to have shifted from the quality department to the health information technology (HIT) department. Significant clinical and technical resources are still required to assure proper clinical data integration has occurred between multiple source systems, including clinical documentation, medication administration, laboratory, and other hospital information systems.

Despite the numerous certification standards established by the EHR Incentive Program, which focused largely on technical submission capabilities, rather than data accuracy, the ability to produce "trusted" performance data is still a future-state capability for most hospitals in the US. Data integrity issues such as missing and incorrect data, which are often caused by documentation and workflow variation, must be overcome in order to produce highly reliable and valid clinical performance data.

Despite these challenges, CMS recently released the Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Final Rule policy and payment changes for fiscal year (FY) 2017, which expands the requirements for reporting electronic clinical quality measures (eCQMs) for Hospital Inpatient Quality Reporting and the EHR Incentive Programs.

Changes made under the final rule are significant:

- CMS has doubled the number of electronic clinical quality measures (eCQMs) that hospitals must submit to eight, requiring data for each covering the entire 2017 calendar year (CY). For CY 2016, eligible hospitals had to submit only four eCQMs covering just one quarter.
- The number of eCQMs from which hospitals can choose was reduced to 15 from 28, thereby narrowing available options.
- Hospitals must validate eCQM data starting in the spring of CY 2018 to determine their payments in FY 2020.

Some of these new reporting rules were pared back from the initial proposal in April in response to concerns raised by healthcare providers, many of whom said they would struggle to meet the much simpler electronic reporting requirements for the 2016 calendar year.
Indeed, a March 2016 survey of U.S. hospitals by The Joint Commission on barriers to reporting shows that 37.2 percent of the 319 respondents believe they “need to do a lot of work” to meet the February 28, 2017 deadline for eCQM reporting for CY 2016. Roughly one in six respondents (17.6 percent) said they were in relatively “good shape” to meet the deadline, with only 1.9 percent of respondents confident that they “could submit tomorrow.”

The Joint Commission concluded in its report that while “many hospitals feel the 2017 deadline is achievable,” some facilities “may not be as ready as they think they are.”

“Only 13 percent have successfully submitted patient level data to CMS,” the report noted. “The lack of time, education, and resources makes for a difficult timeline.” Many responders’ comments involved the need to change EHR vendors to be compliant.

The most common challenge CMS found to successful submission involved the ability to submit correct dates and times. In other words, when CMS went in to validate the accuracy of the data submission against the medical record, they found discrepancies in simple things like the date or time when patients arrived in the ER. Ironically, the more complex clinical variables were not as problematic. I think Carla may have some details from CMS around this point. This was in an email from her or perhaps Pat Van Egmond, who attended a CMS presentation about their findings.

Hospitals that aren’t yet prepared for the February 2017 reporting deadline for CY 2016 eCQMs are running out of time, but there are three specific steps they can take to increase the ability to meet these requirements, as well as the even more rigorous reporting rules for FY 2017 and beyond:

1. **Establish an eCQM task force**

   The complexity of eCQM reporting requires a team-based approach that leverages the expertise of relevant stakeholders throughout the organization. Hospitals should create an internal task force that includes members with experience in areas such as healthcare IT, quality reporting, clinical informatics, implementation, and clinical documentation. In addition, representation from each of the clinical care areas should be included so that work flow may be understood.

   A task force can help assess and coordinate the various and interconnected processes involved in eCQM, including data collection, mapping, calculation, and validation. Once performance data is generated, the task force can identify and eliminate problems anywhere in the clinical workflow or documentation processes, which might contribute to data integrity issues.

   This multi-discipline team needs regular interactions and milestone reporting to the executive management team to ensure not only that reporting is comprehensive but more importantly that reporting accurately reflects the level of quality executed within the hospital.
2. Partner with a CEHRT vendor experienced in eCQM reporting.

Hospitals need an IT System that successfully meets 2016 and 2017 eCQM reporting requirements. This system should support an extended list of clinical quality measures and meet ONC criteria for data capture and export, import and calculation, electronic submission, access control and authentication, and CQM data integrity.

While many electronic health record technology vendors are certified by CMS and the Office of the National Coordinator for Health Information Technology (ONC), it is critical that hospitals choose a certified electronic health record technology (CEHRT) vendor with experience in quality reporting and eCQM-specific requirements.

The data mapping and technology integration effort is only one part of a successful submission. Ideally, hospitals need partner with deep expertise in quality reporting. Look for a platform that is supported by a knowledgeable clinical staff that understands measurement definitions and can work with your task force to understand the discrepancies between abstracted CQMs and eCQMs and identify processes and preview submissions to ensure the level of quality reported accurately reflects the level of quality achieved within the hospital.

3. Establish a master data governance structure

As the world of electronic data capture continues to expand, healthcare organizations will want to leverage their new reporting capabilities not only to meet their regulatory reporting requirements, but also to sustain their own internal performance reporting requirements. Establishing structured change control processes across all HIT systems, along with a designated “data librarian” for your organization, who will inventory and steward how data fields are utilized for measurement and reporting purposes.

Even the simplest data element such as patient weight or arrival time to the hospital can exist in multiple different places within a single healthcare organization. A single “source of truth” should be designated for all field types that support reporting and measurement activity.

4. Perform a future state technical readiness assessment

In addition to forming a task force and partnering with a CEHRT vendor with eCQM experience, it is imperative that hospitals determine the readiness of their IT systems and processes to meet current and future eCQM reporting requirements.

Find a partner that has experienced advisors who can assist with the evaluation of data feeds, work flow processes, and clinical documentation. The output of an evaluation will not only result in reliable and valid performance data to meet today’s regulatory reporting requirements, but will position you to meet future reporting requirements head on in a more systematic way.

Finally, choose a partner with experience in clinical data warehouse design, data modeling and analytics to help you grow the firm foundation you need for tomorrow’s information management requirements.
About Conduent

Conduent is the world's largest provider of diversified business process services with leading capabilities in transaction processing, automation, analytics and constituent experience. We work with both government and commercial customers in assisting them to deliver quality services to the people they serve.

We manage interactions with patients and the insured for a significant portion of the U.S. healthcare industry. We're the customer interface for large segments of the technology industry. And, we're the operational and processing partner of choice for public transportation systems around the world.

Whether it's digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent manages and modernizes these interactions to create value for both our clients and their constituents. Learn more at www.conduent.com.

Contact us at hcpoeride@conduent.com.