



WEBINAR

Clinical Quality Measures (CQMs)

What are CQMs?

What are CQMs?

Clinical quality measures, or CQMs, are tools that help eligible providers (EPs) measure and track the quality of health care services provided by eligible professionals within our health care system.

What are CQMs?

CQMs measure many aspects of patient care, including:

- Health outcomes
- Clinical processes
- Patient safety
- Care coordination
- Patient engagements
- Population and public health
- Adherence to clinical guidelines
- Efficient use of health care resources

What are CQMs?

- There are 64 electronic health record (EHR) clinical quality measures:
 - http://cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html
- 2014 Total Measure Count varies by reporting method: 110 claims, 201 registry, 25 measure groups, 64 EHR, 22 GPRO web interface and 12 CAHPS for PQRS survey
- All reporting methods require a 12-month reporting period (Jan. 1-Dec. 31, 2014)

What are the National Quality Strategy (NQS) domains?

Domains represent the Department of Health and Human Services' NQS priorities for health care quality improvement. **THE SIX (6) NQS DOMAINS ARE:**

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination Population
4. Public Health
5. Clinical Process/Effectiveness
6. Efficient Use of Health Care Resources

The CQMs reported must cover at least three (3) of the six (6) available National Quality Strategy domains.

Why are CQMs important?

Value-Based Care: The Shifting Incentive

Commercial and government payers are moving away from a pay-for-volume system and toward pay-for-value. This will transfer the risk to the providers managing care. Providers must now monitor the total path of care – for both cost and quality.

The Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments (ending with 2014) and payment adjustments (beginning in 2015) to promote reporting of quality information by eligible professionals and group practices.

Why are CQMs important?

The Physician Quality Reporting System (PQRS)

Incentive payments are based on the successful reporting of clinical quality data for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad retirement board and Medicare Secondary Payer).

The Value-Based Payment Modifier Program (VM)

provides comparative performance information to physicians as part of Medicare's efforts to improve care quality and efficiency. VM assesses both quality of care furnished and the cost of that care under the Medicare PFS. VM is based on participation in PQRS.

(Groups 100+ 2013, Groups 10+ 2014, all eligible physicians 2015)

Selecting CQMs

- Organization Focus
- Organization Goals
- Federal Initiatives
- Patient Panel

Selecting CQMs

Example:

- **Patient Panel:** Large percentage with uncontrolled diabetes
- **Federal Initiatives:** PQRS has diabetes control measures
- **Organization Focus:** Improve care and quality of life for patients with diabetes
- **Organization Goals:** Decrease percentage of patients with uncontrolled diabetes

Selecting CQMs

CQM to select based on
information in previous slide:

NQF 0059: Diabetes: Hemoglobin A1C Poor Control

CMS-recommended CQMs (Adult)

- Controlling high blood pressure
- Use of high-risk medications in the elderly
- Preventive care and screening: Screening and cessation intervention for tobacco use
- Use of imaging studies for lower back pain
- Preventive care and screening: Screening for clinical depression and follow-up plan
- Documentation of current medications in medical record
- Preventive care and screening: Body mass index (BMI) screening and follow-up
- Closing the referral loop: Receipt of specialist report
- Functional status assessment for complex chronic conditions

CMS-recommended CQMs (Children)

- Appropriate testing for children with pharyngitis
- Weight assessment and counseling for nutrition and physical activity for children and adolescents
- Chlamydia screening for women
- Use of appropriate medications for asthma
- Childhood immunization status
- Appropriate treatment for children with upper respiratory infections (URIs)
- ADHD: Follow-up care for children prescribed attention deficit medications
- Screening for clinical depression and follow-up plan
- Children who have dental decay or cavities

Meet multiple requirements with one submission

- Earn EHR-based reporting PQRS incentive (+0.5%)
- Avoid 2016 PQRS payment adjustment (-2%)
- Satisfy CQM component of the Medicare EHR Incentive Program **Must still meet the other Meaningful Use (MU) objectives through the Medicare EHR Incentive Program Registration and Attestation System*
- Avoid Value-Based Payment Modifier Program downward adjustment (-2%) **For CY 2014, this impacts group practices of 10 or more eligible practitioners*

Reporting requirements

- Minimum of nine (9) measures within three (3) domains
- If 9/3 are not available, must report all measures for which there is Medicare FFS patient data (at least one (1) Medicare patient in a face-to-face encounter)
- Report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period
- If not reporting as a group, must have at least 50 percent of the group's eligible professionals meet the criteria for satisfactory reporting of data on PQRS quality measures as individuals
- Reporting period: Jan. 1 through Dec. 31, 2014
- Ensure submission of files no later than Feb. 28, 2015

Reporting methods

Direct EHR product that is CEHRT

- Vendor certifies the EHR product for the practice to directly submit to CMS
- Practice must register for an IACS account to upload files
- Submission format: QRDA I or QRDA III

Reporting methods

EHR data submission vendor that is CEHRT

- Vendor collects clinical quality data directly from the EP/group via a CMS-specified format and reports on behalf of the practice
- Submission format: QRDA I or QRDA III

Reporting methods

GPRO option

- Must have registered no later than Sept. 30, 2014 for the 2014 reporting year
- Group categories: *2-24 eligible professionals, *25-99 eligible professionals, *100+ eligible professionals
- Must select reporting format: EHR direct, registry, web interface (**for web interface, practice will receive list of patients and data elements to be completed*)
- Groups 100+ must also submit CAHPS for PQRS in 2014

Reporting methods

Qualified Clinical Data Registry (QCDR)

- NEW for CY 2014 (CMS select vendors)
- Vendor will be responsible for file upload
- Reporting format: QRDA III

Tracking your progress

- If you participated in 2013 PQRS data, or are individual eligible professionals and group practices who submitted 2013 eRx data, you can retrieve 2013 Feedback Reports two ways:
 - (NPI)-level reports: Can be requested through CMS' Communication Support Page
 - (TIN)-level reports: To access on the portal, you must have an Individuals Authorized to Access CMS Computer Services (IACS) account

Tracking progress in value modifier

- On Sept. 30, 2014, CMS made available Quality and Resource Use Reports (QRURs) to groups and physician solo practitioners nationwide. Although you have not been required to participate in 2013, this will be an issue in 2014. Looking at this report will give you a proactive way to determine the impact of the value modifier.
- These reports contain performance on the quality and cost measures used to score the composites and additional information to help physicians coordinate care and improve the quality of care furnished.
- CMS intends to provide semi-annual reports with cost and utilization data.

Impact?

Physician/clinician payment to value-based programs	2014 performance (payment FY16)	2015 performance (payment FY17)	2016 performance (payment FY18) (*3)
Total % of fee-for-service payment at risk	6	9	9
Physician VBM (*1) (Value-Based Modifier)	2	4	4
MU (*2) (EHR Meaningful Use)	2	3	3
PQRS (Physician Quality Reporting System)	2	2	2

*1 Physician VBM for 2014 performance period (pp) is being phased in as follows: physicians in groups of 10+ EPs only for 2014 pp; all physicians, groups and EPs starting in 2015 pp. For the 2015 pp, 4 percent is proposed maximum downward VBM adjustment. For 2016 pp, amount at risk to be proposed in next year's rulemaking and will depend in part on the final value for 2015 pp.

*2 For 2018, if the secretary finds that the proportion of eligible professionals who are meaningful EHR users is less than 75 percent, the amount at risk would go up to 4 percent.

*3 The proposed rule for 2016 performance year will be written in 2015. No cap on percent at risk for physician VBM but unclear what the proposed rule will contain.

CY 2015 reporting for CY 2017 payment adjustment updates

- Beginning with the CY 2017 payment adjustment (CY 2015 reporting), the VM will apply to the physicians and non-physician eligible professionals in groups, as well as those who are solo practitioners, and those participating in the Shared Savings Program, Pioneer ACO Model the CPC Initiative or other similar Innovation Center models or CMS initiatives.

CY 2015 reporting updates

- Grouping of CQMs will become available for specialties in the future.
- CMS quality reporting programs, such as PQRS, will be moving to more outcomes-based measures and fewer process measures over time.

Web links

- Clinical quality measures (CQMs)

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasureCodes.html>

- Measure specifications for selected measures

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

- Implementation guides for 2014

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_QRDA_2014eCQM.pdf

Web links

- Value-Based Modifier

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

- QRUR information

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>

- Support

qnetsupport@hcqis.org

1-866-288-8912

Web links

- GPRO participation

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html

- Current listing of measures by specialty

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

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Questions?

