





Health Quality Innovation Network

HQIC Office Hours

February 8, 2024

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.

Health Quality Innovation Network

Today's Presenter

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Medicare Promoting Interoperability Program for Hospitals

Agenda

1

Program Overview

2

Outline Data Reporting for CY 2023

3

Identify Quality Reporting Requirements

4

**Recognize Objectives & Measures for
CY 2024**

Background

- Established in 2011 as the Electronic Health Record (EHR) Incentive Program
- Designed to encourage providers to adopt, implement, upgrade, and demonstrate *meaningful use* of certified EHR technology
- Renamed to Promoting Interoperability Programs in April 2018
- Medicaid Promoting Interoperability program ended in calendar year (CY) 2022

2023 Program Requirements

- Reporting period – minimum of any continuous 90
- 2015 Edition Cures Update functionality must be used
 - EHR must be upgraded by the last day of the reporting period
 - To check whether a product has been upgraded:
<https://chpl.healthit.gov/>
- Scoring methodology – a minimum of 60 points is required
 - Eligible Hospitals or CAHs that do not meet the 60-point threshold will be subject to payment adjustments

Objectives & Measures

Protect Patient Health Information objectives require a (yes/no) attestation. These include:

1. **Security Risk Analysis**
2. **Safety Assurance Factors for EHR Resilience (SAFER) Guides**

These objectives are not scored, but attestation is required to receive a score for the program.

Risk Analysis should be in accordance with requirements under the HIPAA Security Rule – 45 CFR 164.308(a)(1)

SAFER Guides

Consist of nine (9) guide across three (3) groups. Hospitals must attest yes/no to completing all the SAFER guides.

SAFER Guides by Group	
Foundational Guides	High Priority Practices
	Organizational Responsibilities
Infrastructure Guides	Contingency Planning
	System Configuration
	System Interfaces
Clinical Process Guides	Patient Identification
	Computerized Provider Order Entry with Decision Support
	Test Results Reporting and Follow-Up
	Clinician Communication

SAFER Guides

Online tool that can be downloaded as an interactive pdf version

SAFER Self Assessment High Priority Practices Checklist						
>Table of Contents >About the Checklist >Team Worksheet >About the Practice Worksheets >Practice Worksheets						
Recommended Practices for Domain 1 — Safe Health IT						
	Implementation Status					
	Fully in all areas	Partially in some areas	Not implemented			
1.1	Data and application configurations are backed up and hardware systems are redundant.	Worksheet 1.1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.2	EHR downtime and reactivation policies and procedures are complete, available, and reviewed regularly.	Worksheet 1.2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Help
1.3	Allergies, problem list entries, and diagnostic test results, including interpretations of those results, such as "normal" and "high," are entered/stored using standard, coded data elements in the EHR.	Worksheet 1.3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.4	Evidence-based order sets and charting templates are available for common clinical conditions, procedures, and services.	Worksheet 1.4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.5	Interactive clinical decision support (CDS) features and functions (e.g., interruptive warnings, passive suggestions, info buttons) are available and functioning.	Worksheet 1.5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.6	Hardware and software modifications and system-system interfaces are tested (pre- and post-go-live) to ensure that data are not lost or incorrectly entered, displayed, or transmitted within or between EHR system components.	Worksheet 1.6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.7	Clinical knowledge, rules, and logic embedded in the EHR are reviewed and addressed regularly and whenever changes are made in related systems.	Worksheet 1.7	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help
1.8	Policies and procedures ensure accurate patient identification at each step in the clinical workflow.	Worksheet 1.8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Help

Objectives & Measures

Additionally, there are four scored objectives and their measures:

- 1. Electronic Prescribing**
- 2. Health Information Exchange**
- 3. Provider to Patient Exchange**
- 4. Public Health and Clinical Data Exchange**

A total of 105 points are possible (100 total points + 5 bonus points)

Hospitals must have at least 60 points to avoid penalty.

- You must report at least a 1 in the numerator on each measure to receive a score for the program*

Electronic Prescribing (eRx)

There are two (2) measures under this objective:

E-Prescribing

- Numerator/Denominator reporting
- 10 points

Query of the Prescription Drug Monitoring Program (PDMP)

- Yes/No attestation
- 10 points

Exclusion: Hospital does not have an internal pharmacy or one within 10 miles that accepts eRx

Health Information Exchange

This objective has various reporting options for measures.

Option 1:

Submit two Numerator/Denominator objectives:

- Support Electronic Referral Loops by **Sending Health Info**
- Support Electronic Referral Loops by **Receiving and Reconciling Health Information**

Each measure is worth 15 points (30 points total for the objective.)

Or you can choose from one of the following options...

Health Information Exchange

Option 2:

Health Information Exchange (HIE) Bi-Directional Exchange

- Must include data on all unique patients (not just a subset)
- Must exchange data across a broad network of unaffiliated partners
- Yes/No attestation
- 30 points

Option 3:

Enabling Exchange Under **TEFCA**

- Participating as a signatory to a Framework Agreement
- Yes/No attestation
- 30 points

Provider to Patient Exchange

One (1) measure under this objective:

- Patient (or authorized representative) is provided timely access to view online, download, and transmit health information
- **“Patient Portal”**
- Numerator/Denominator reporting
- Up to 25 points



Public Health & Clinical Data Exchange

Hospital must report on the following measures:

- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting**
- **Electronic Case Reporting**
- **Electronic Reportable Laboratory (ELR) Result Reporting**

Up to 25 points available across all four measures.

- Up to five (5) bonus points available for submitting to an additional Public Health or Clinical Data Registry.

*Exclusions are available if a registry is not available in your jurisdiction.

Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQMs)

- Data electronically extracted from Certified EHR Technology systems to measure the quality of health care services provided

Use clinical data to assess the outcomes of treatment

Reduce the burden of manual abstraction and reporting

Foster the goal of access to real-time data for point of care quality improvement and clinical decision support

eCQM Reporting

For CY 2023, eligible hospitals and CAHs are required to report on at least three (3) eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure

- Total of four (4) eCQMs*

Beginning with CY 2023 eCQM reporting, hospitals are required to submit a full year worth of data.

The eCQM reporting deadline is **Thursday, February 29, 2024, 11:59PM Pacific Time**

CY 2023 Available eCQMs

Mandatory	
Safe Use of Opioids – Concurrent Prescribing^{***} (CMS506v5)	
ePC-02^{***} (CMS334v4) Cesarean Birth	ePC-07^{***} (CMS1028v11) Severe Obstetric Complications
HH-01 (CMS816v2) Hospital Harm -Severe Hypoglycemia	HH-02 (CMS871v2) Hospital Harm – Severe Hyperglycemia
ED-2^{****} (CMS111v11) Admit Decision Time to ED Departure Time for Admitted Patients	PC-05^{****} (CMS9v11) Exclusive Breast Milk Feeding
STK-02 (CMS104v11) Discharged on Antithrombotic Therapy	STK-03 (CMS71v12) Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05 (CMS72v11) Antithrombotic Therapy By the End of Hospital Day 2	STK-06^{****} (CMS105v11) Discharged on Statin Medication
VTE-1 (CMS108v11) Venous Thromboembolism Prophylaxis	VTE-2 (CMS190v11) Intensive Care Unit Venous Thromboembolism Prophylaxis

*The submission of CY 2023 eCQM data will affect the FY 2025 payment determination.

**The submission of CY 2023 eCQM data will affect the FY 2025 payment determination for eligible hospitals and the FY 2023 payment determination for CAHs.

***This eCQM is mandatory for CY 2024 reporting.

****This eCQM will not be part of the measure set for CY 2024 reporting.

HH = Hospital Harm ED = Emergency Department PC = Perinatal Care STK = Stroke VTE = Venous Thromboembolism

eCQI Resource Center

List of Eligible Hospital / Critical Access Hospital eCQMs

- [Measures by year](#)

Compare changes to measures:

Compare Versions of: "Safe Use of Opioids - Concurrent Prescribing"

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

Strikethrough text highlighted in red indicates information changed from the previous version. Text highlighted in green indicates information updated in the new eCQM version.

COMPARE **2024** VERSION TO

2023 [Compare >](#) [Reset](#)

FILTER MEASURE BY

All Information

DOWNLOAD

Download

Measure Information	2023 Reporting Period	2024 Reporting Period
Title	Safe Use of Opioids - Concurrent Prescribing	Safe Use of Opioids - Concurrent Prescribing
CMS eCQM ID	CMS506v5	CMS506v5 CMS506v6
Short Name	N/A	N/A
NQF Number	3316e	3316e
Description	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	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

Data Submissions

Data for the PI and IQR program are reported through the Hospital Quality Reporting (HQR) System

- <https://hqr.cms.gov/hqrng/login>

Once logged in, the toolbar on the left will contain an option for **“Data Submissions”**

From here, click **“Web-based Measures”** at the top and you can complete the data forms for IQR, OQR, and PI; you can also upload QDRA files

Important Deadlines

Promoting Interoperability and eCQM Attestation

- Thursday, February 29th

Promoting Interoperability Hardships

- Eligible Hospitals – July 31st
- Critical Access Hospitals – September 30th



Changes for CY 2024

Objectives & Measures

- Public Health & Clinical Data Exchange Objective – Antimicrobial Use & Resistance (AUR) Surveillance measure is a new, required measure
- SAFER Guides – required to attest “Yes” to completing all nine guides

Reporting

- The EHR reporting period is now any continuous **180-day** period

Electronic Clinical Quality Measures (eCQMs)

- The Severe Obstetric Complications and Cesarean Birth eCQMs are now required.



Resources

Promoting Interoperability Resource Library

- <https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs/resource-library>

eCQM Overview

- <https://qualitynet.cms.gov/inpatient/measure/ecqm>

SAFER Guides

- <https://www.healthit.gov/topic/safety/safer-guides>
- <https://www.cms.gov/files/document/cms-safer-guides-infographic-2023.pdf>

HQR User Guide for Promoting Interoperability

- <https://www.cms.gov/files/document/hqr-user-guide.pdf>

March Office Hours

Hospice and Palliative Care

March 14, 2024
12:00 PM EST

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