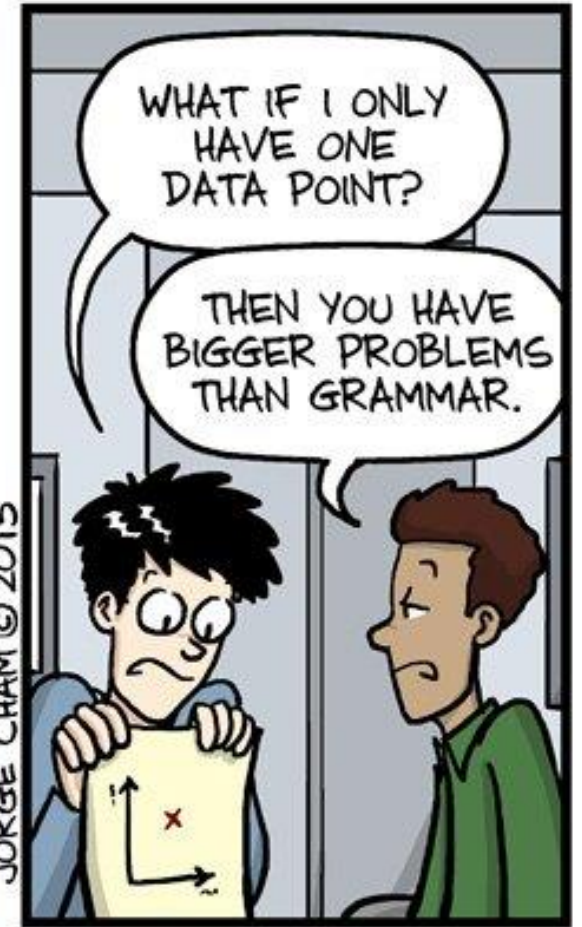
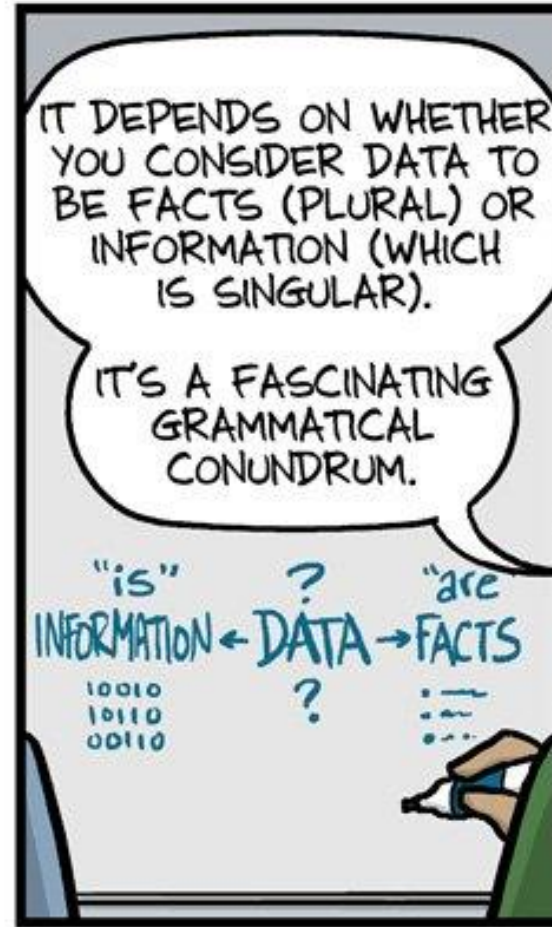
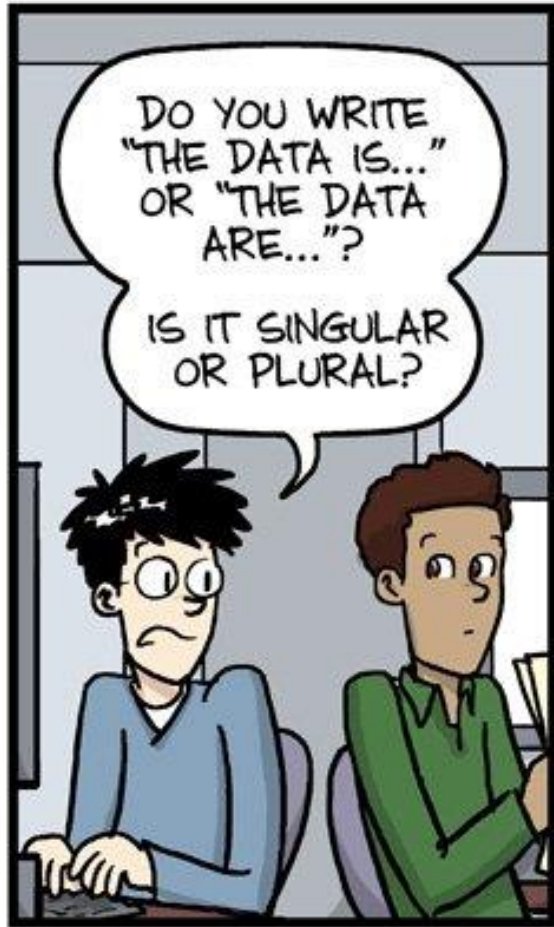


eCQM Overview and 2020 Updates

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Objectives

- ▶ Electronic Clinical Quality Measures - Basics
- ▶ Locate relevant resources to aid in understanding and comprehension of electronic Clinical Quality Measures
- ▶ Review 2020 eCQM reporting requirements
- ▶ Highlight significant 2020 eCQM changes

Clinical Quality Measure- Basics

- ▶ Provide data-driven improvement to enhance practice transformation/quality improvement work
- ▶ Monitor process changes to ensure improvement efforts are sustained
- ▶ Assists in closing the gap between current performance and desired performance

“Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system.” (www.cms.gov)

Clinical Quality Measure- Basics

- ▶ Measure description
- ▶ Initial patient population- Denominator
- ▶ Numerator
- ▶ Denominator exclusions and exceptions
- ▶ Numerator exclusions
- ▶ Measure type- Process vs. Outcome
- ▶ Clinical Recommendation Statement
- ▶ Guidance
- ▶ Rationale

eCQM Supporting Data

- ▶ Value set
- ▶ eCQM Specifications
- ▶ Health Information Knowledge Base

eCQM Supporting Data

- ▶ Template for RAE benchmarks
- ▶ [MIPS 2019 Quality Benchmarks](#)

2020 CPC+ eCQM Reporting Requirements

- ▶ Practices no longer set targets - targets now align with RAE benchmarks
- ▶ Track 1 and 2 must report at least 6 eCQMs quarterly
- ▶ Track 1 - must meet or exceed RAE benchmark on 3 measures annually
- ▶ Track 2 - must meet or exceed RAE benchmark on 5 measures annually

2020 RAE eCQM Reporting Requirements

- ▶ **No change from 2019 (except benchmarks)**
- ▶ Tiers I-III must submit 6 eCQMs from RAE eCQM suite quarterly
- ▶ Tier IV - no eCQM reporting requirement
- ▶ Tier III - 2/6 eCQMs must meet or exceed the RAE benchmarks annually
- ▶ Tier II - 4/6 eCQMs must meet or exceed the RAE benchmarks annually
- ▶ Tier I - 6/6 eCQMs must meet or exceed the RAE benchmarks annually

2020 Rocky Program eCQM Reporting Requirements

- ▶ **No change from 2019**
- ▶ Practices must report as many eCQMs as possible quarterly
- ▶ Practices must choose 6 eCQMs to focus QI efforts on (complete PDSA cycle)
 - ▶ **Adult Practices:**
 - ▶ Required: CMS 002 (Depression), CMS 122 (HbA1c), CMS 137 (SUD)
 - ▶ 3 elective measures
 - ▶ **Pediatric Practices:**
 - ▶ Required: CMS 002 (Depression), CMS 137 (SUD), NQF 1799 (Asthma)
 - ▶ 3 elective measures

2020 (Y6) PRIME eCQM Reporting Requirements

- ▶ **No change from 2019 (except targets)**
- ▶ Quarterly reporting with annual evaluation in SPLIT:
 - ▶ CMS 002 (Depression) - adult and pediatric practices
 - ▶ CMS 137 (SUD) - adult and pediatric practices
 - ▶ CMS 122 (HbA1c) - adult practices only

2020 (Y6) PRIME Regional Targets

- ▶ CMS 002 Preventive Care and Screening: Screening for Depression and Follow-Up Plan- 70% (RAE 56.83%)
- ▶ CMS 122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) - 19.5% (RAE 25.87%)
- ▶ SUD ER Utilization - 17.5 per 1000 per year

2020 APM eCQM Reporting Requirements

- ▶ Practices have already selected the measures that they want to be evaluated on
- ▶ Health Data Colorado will collect eCQM data directly from each practice
- ▶ Each eCQM measure is assigned a point value
 - ▶ Practices get 50% of possible points just for submitting measure
 - ▶ Practices get 100% of possible points if they exceed the department goal
 - ▶ Otherwise practices are evaluated using the Close the Gap Calculation
- ▶ For more information: [Primary Care APM](#)

2020 APM eCQM Reporting Requirements

Measure Description	2020 Possible Points	2020 Department Goal	Measure Number
Preventive Care and Screening: Screening for Depression, Follow-Up Plan	30	93%	CMS 2
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	30	88%	CMS 69
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	40	10%	CMS 74
Maternal Depression Screening	40	90%	CMS 82
Childhood Immunization Status	50	51%	CMS 117
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	50	15%	CMS 122
Breast Cancer Screening	40	82%	CMS 125
Colorectal Cancer Screening	30	84%	CMS 130
Diabetes: Eye Exam	30	99%	CMS 131
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	20	99%	CMS 138
Chlamydia Screening for Women	30	64%	CMS 153
Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents	50	66%	CMS 155
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	40	97%	CMS 161
Controlling High Blood Pressure	50	82%	CMS 165
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	40	90%	CMS 177

CQM Updates

2020 Significant eCQM Updates

- ▶ CMS 002: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- ▶ CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- ▶ CMS 159: Depression Remission at Twelve Months
- ▶ CMS 165: Controlling High Blood Pressure
- ▶ Institutional/frailty exclusion added to multiple measures

CMS 002: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- ▶ 2019 RAE Benchmark: 42.31%
- ▶ 2020 RAE Benchmark: 56.83%
- ▶ Significant change: Screening can now take place on the day of the encounter or up to 14 days prior. Previously, screening had to take place on the day of the encounter.

CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- ▶ 2019 RAE Benchmark: 2.72%
- ▶ 2020 RAE Benchmark: 2.24%
- ▶ Significant changes:
 - ▶ The initiation visit can now be satisfied by an intervention or a medication. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention. Previously, this measure required treatment interventions only.
 - ▶ The 2 additional interventions now must occur within 34 days of the initiation visit. Previously it was 30 days.

CMS 159: Depression Remission at Twelve Months

- ▶ 2019 RAE Benchmark: N/A
- ▶ 2020 RAE Benchmark: 7.14%
- ▶ Significant change: Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit). Previously screening had to take place on the day of the visit.

CMS 165: Controlling High Blood Pressure

- ▶ 2019 RAE Benchmark: 70.94%
- ▶ 2020 RAE Benchmark: 72.01%
- ▶ Significant change:
 - ▶ The diagnosis of hypertension can now be made at any point during the measurement period to have patients included in the denominator. Previously, only diagnoses made during the first 6 months were included.
 - ▶ Readings from a remote monitoring device are now acceptable to satisfy this measure.

Institutional/Frailty Exclusion

- ▶ New Denominator Exclusion added to several measures
 - ▶ Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
 - ▶ Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.

Institutional Exclusion

▶ Added to:

- ▶ CMS 122: Diabetes Hemoglobin A1c (HbA1c) Poor Control (>9%)
- ▶ CMS 125: Breast Cancer Screening
- ▶ CMS 130: Colorectal Cancer Screening
- ▶ CMS 131: Diabetes: Eye Exam
- ▶ CMS 134: Diabetes Medical Attention for Nephropathy
- ▶ CMS 165: Controlling High Blood Pressure

Resources

- ▶ [2020 RAE Resource Guide](#)
- ▶ [1.21.20 VBC Office Hours Slide Deck](#)
 - ▶ Highlights CPC+ Program Requirements and Updates
- ▶ [HCPF APM Website](#)
- ▶ [eCQI Resource Center](#)
- ▶ [Health Information Knowledge Base](#)