The Mystique of eCQMs for APP Reporting

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About Roji Health Intelligence

- We provide Value-Based Care technology and services to improve outcomes, cost performance, and equitable health care.
- Our powerful tools identify patients with persistently poor or high-risk outcomes and target health interventions.
- Roji Health Intelligence is a CMS-qualified registry for QPP reporting, and we report eCQMs and CQMs.

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This presentation is for:

- ACOs evaluating their paths to APP reporting – especially those with multiple EHR systems in use by participating providers
- Physician groups and other providers considering formation of an ACO
- IT and other staff teams responsible for transition to APP reporting

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What We'll Cover: What is the eCQM "Mystique?"

Are they faster, easier, cheaper than CQMs

and

Is there an advantage over CQMs?

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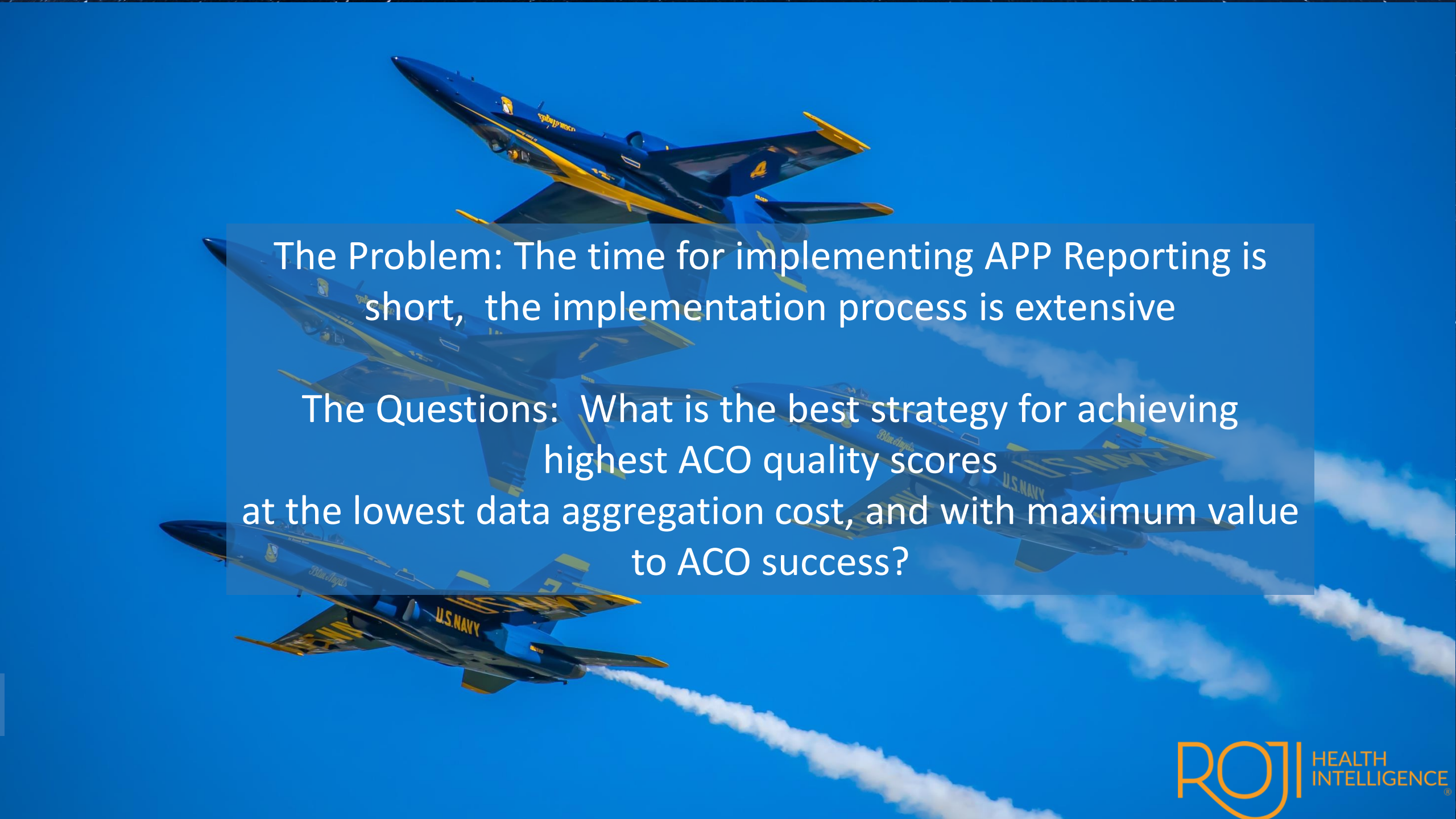
POLLING QUESTION

A: eCQM

B: CQM

Do you favor A or B for APP Reporting, and why?

1. A, because I believe eCQMs are easier and automatic.
2. B, because CQMs are the best way to get higher quality scores.
3. B, because the work involved gives me more value.
4. A, because I prefer goofy goldens to bouncy beardies.
5. Uncertain about whether A or B is smarter. Ask me after the webinar.



The Problem: The time for implementing APP Reporting is short, the implementation process is extensive

The Questions: What is the best strategy for achieving highest ACO quality scores
at the lowest data aggregation cost, and with maximum value to ACO success?

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Your Balancing Act with APP Implementation

- Time / Speed
- Scores
- Value for Goals


The CMS Web Interface Will Sunset in 2025…
Your Transition to APPs
Requires Significant Advance Work
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What is the APP?

- APM Performance Pathway = APP
- The quality reporting method for APMs (Alternative Payment Models, including ACOs), required by CMS beginning PY 2025
- Includes quality measurement for all patients/all payers

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What's Different about APP vs CMS Interface?

- No more reporting on sample of 248 Medicare patients
- All patients included, regardless of payer – for most ACOs this is tens of thousands of patients
- Less measures, more patients

Measures in the APP

- Active reporting is required for 3 measures:
  - Diabetes Hemoglobin A1C Poor control Preventive Care (Quality ID 001)
  - Screening for Depression and Follow-up Plan (Quality ID 134)
  - Controlling High Blood Pressure (Quality ID 236)
- Additional Measures are Calculated by CMS and Survey Vendors
  - CAHPS, Hospital Unplanned Readmissions, Admissions for Chronic Conditions

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The Advance Work of APP Implementation

- Fact 1: APP measures require patient-centric results
- Fact 2: APP measures must include the entire population
- Fact 3: CMS claims files only include Medicare patients
- Fact 4: There is no unique patient ID number

- Conclusion: To track a patient across the continuum of care, your ACO must aggregate its data and match patients across the ACO.

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APP Also Is Basis for Measuring Equity

- Health Equity is part of CMS Strategic Plan
- Each APP measure is a marker for both outcomes and health equity
- APP data enables a true population overview for highlighting health equity gaps

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Decisions for ACOs:

1. What Measures do you report
2. How do you get the data for the APP
3. How do you optimize the APP effort to ACO goals

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The Measures: eCQM vs CQM
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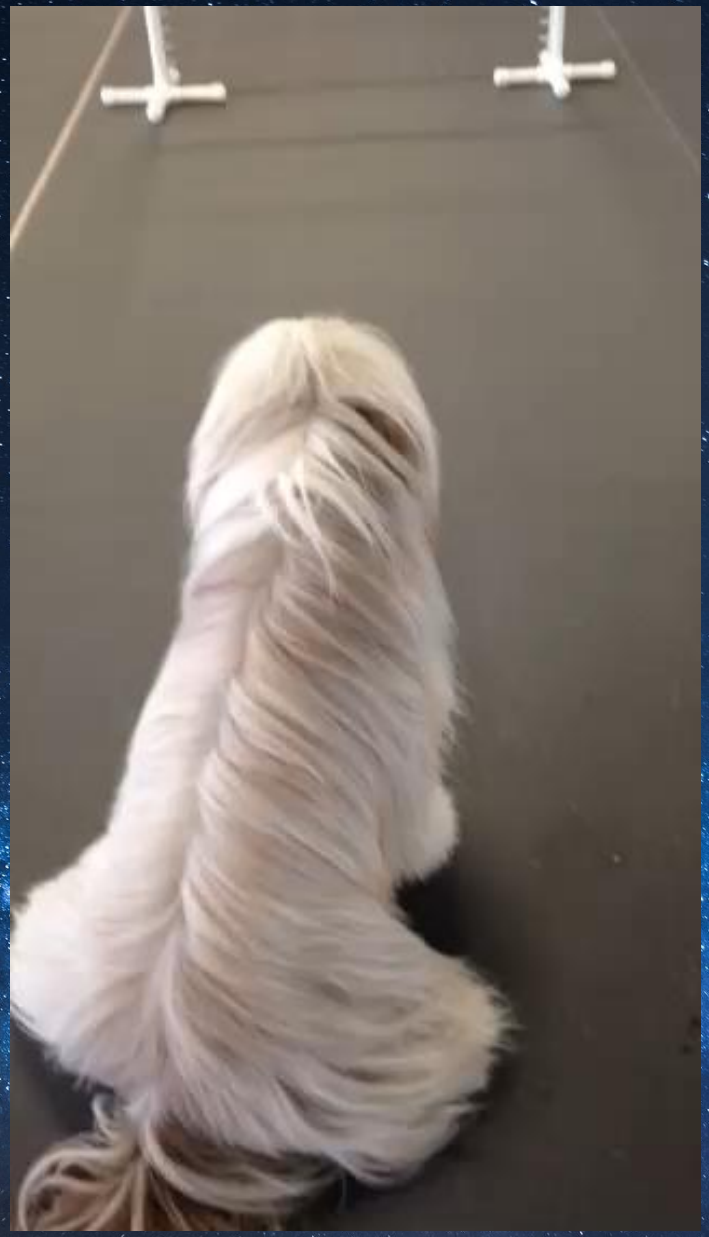
eCQMs: About the Flow of Data

- Automatically captures EHR system data to fulfill measure denominator and numerators for each patient (QRDA 1); and
- Produce aggregated measure report (QRDA 3) for electronically submitting to CMS.
- ONC-Certified systems can report eCQMs



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CQMs: About the Flexibility of Data

- Data can flow into technology in multiple ways – QRDA 1s, flat files, direct entry, interfaces, other reports
- Registries integrate multiple sources of data to achieve best scores for client
- ONC-Certified systems can report eCQMs

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But eCQMS and CQMs act differently, and several factors will influence results in APP Reporting.
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Differences in How Measures are Calculated

- Timeframe for the diagnosis or When measure is triggered
  - eCQM: Dx within PY
  - CQM: Dx can before PY

- Example:

Patient with well-controlled diabetes sees MD 1x/year. But diabetes was not coded at that encounter, therefore generating no response to measure. eCQM delivers no response, but CQM would have benefited your results

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Differences in Data Aggregation that Affects Results

eCQMs are automated, but

- Special templates to customize workflow inhibit data flow
- Data flows only from pre-defined EHR fields
- Free-text notes, scanned lab files, (possibly) customized front-end templates etc., will all be fails in eCQMs

- CQMs permit alternative methods of entry and file structures (e.g.flat files that pull from other tables)

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Differences in Measure Completion Requirements

- CQMs have data completion threshold of 70%, and completed measures evaluated for performance
- ECQMs do not have this option: missing data is a performance failure, but benchmarks are adjusted to account partially for this

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Differences in CMS Benchmarks

- Benchmarks appear to favor eCQMs, but the reality is different
  - Because data to fulfill eCQMs is sometimes missing/ stored elsewhere and so calculated measure result will be actually lower
  - Because the effect of the Completion factor for CQMs is to lift the performance %
- Example: blood pressure data can be stored under different specialty templates, e.g. cardiology, gastroenterology etc. The values are stored into a different table in the database and do not flow into QRDA generation.

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Summary of Measure Pros and Cons

- CQMs - sometimes more work, but more control and greater likelihood of success if multiple practices, EHRs, performance variation

- eCQMs – sometimes better if data flows in perfect way to EHR.

- It is not always clear which version will earn most points
- While you could test which works better, that is expensive

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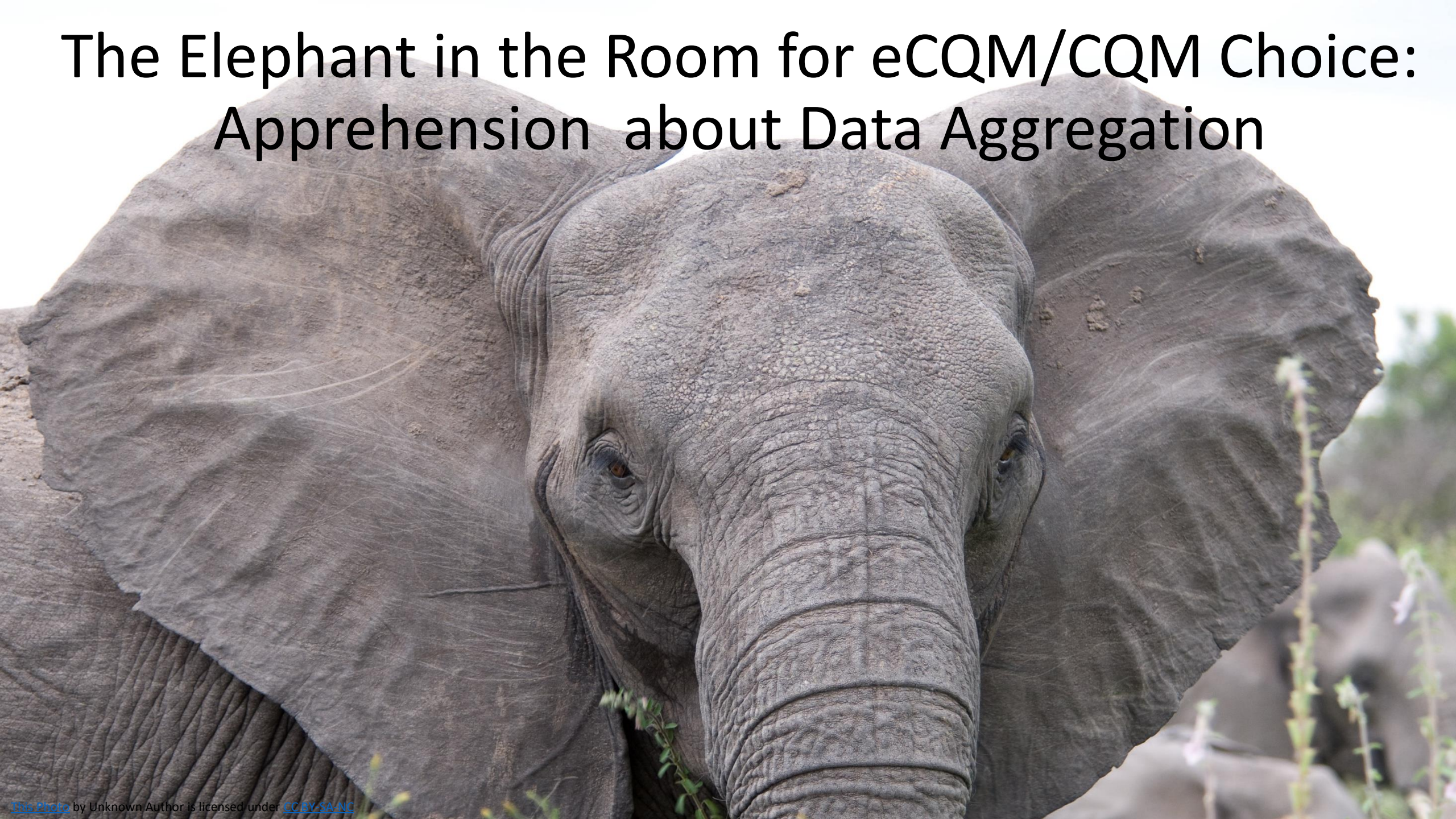
The Elephant in the Room for eCQM/CQM Choice: Apprehension about Data Aggregation



Data and Aggregation is New to ACOs

- Misunderstanding of Data in EHR
- Lack of knowledge of participating provider systems
- Belief that every system can provide QRDA 1
- Underestimation of patient matching / latest value requirement
- Looking at Quality Reporting as a data exercise vs a way to excel

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eCQMs are tied to Data Aggregation

- The ”automatic” flow of data from practice to reporting rests on QRDA 1s.
- QRDA modules in EHRs are built to collect data from pre-determined fields

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Problem #1

- QRDA-1s not available to ACOs for many EHRs
- If one EHR cannot provide QRDA-1, the whole data aggregation process fails

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Problem #2

- QRDA-1s are more expensive to process than other methods of data aggregation, AND
- They provide the most limited data to an ACO – and only for the measures

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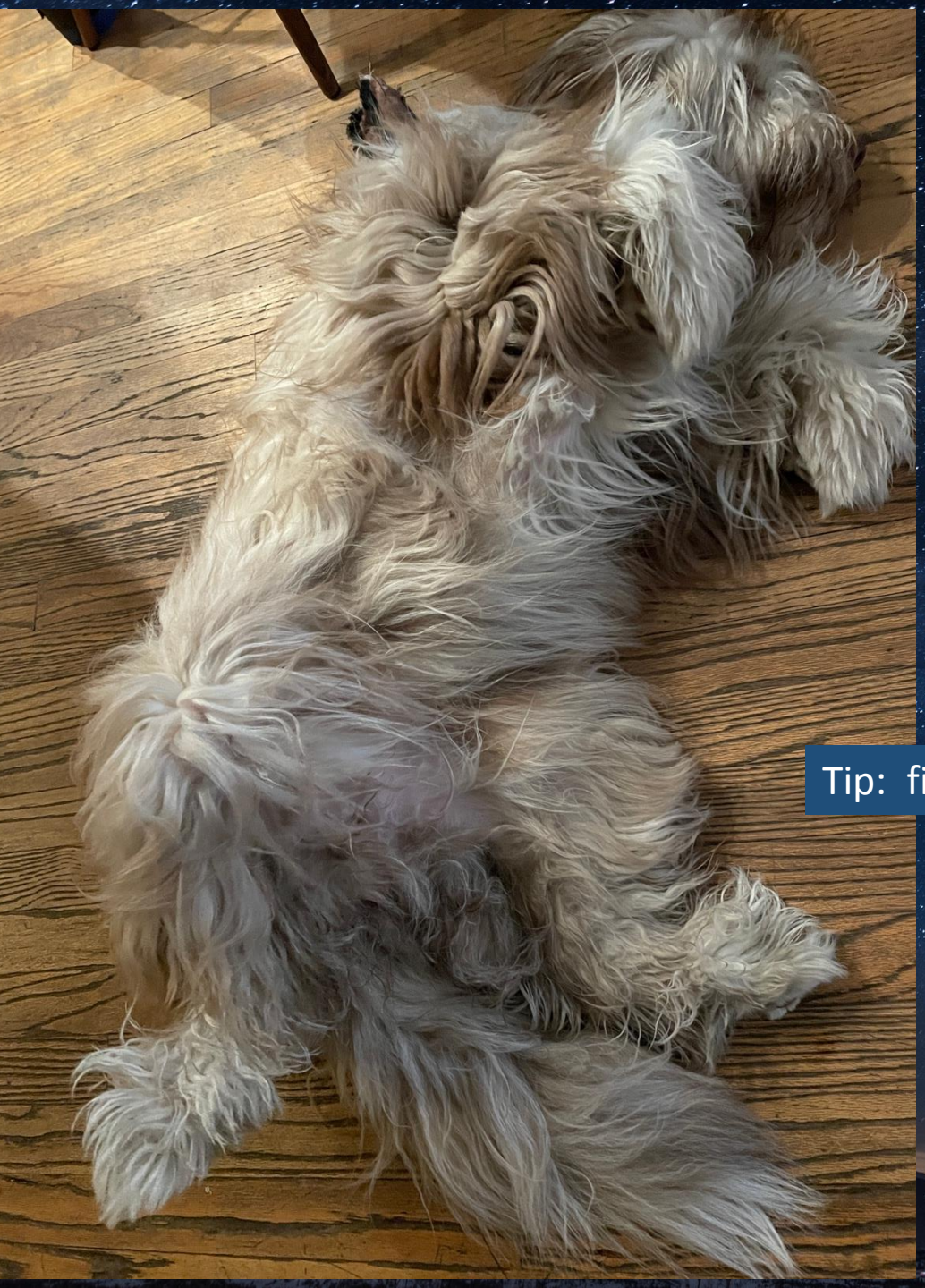

So…where do you begin?

Tip: find the head of the beardie

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Test Your Assumptions about QRDA Capabilities

- Before adopting eCQMs that require QRDA 1s, ensure that each system can actually produce them. Then model results for at least a sample of practices.
- Use flat files to aggregate data for CQMs, and compare measure results with the sample.
- But understand that getting QRDA 1 data is just the beginning – you need patient matching and a measures engine to complete reporting.

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Ensure that Your ACO *and* APP will be successful

- Examine your performance results to reveal inequities
- Consider your data aggregation method first, prior to type of measure reporting. Data is your most expensive resource to retrieve, and most valuable to use in all your ACO initiatives.
- Whether you decide to report eCQM or CQM, provide support to practices by closing data leakage and improving data sufficiency.

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Peak Performance for ACOs is about Value

- Don’t adopt strategies only because they seem easy OR that they can achieve APP.
- Data aggregation is too expensive for using it for APP only.
- Determine your approach based on maximum value of the data for all your data-driven initiatives

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Conclusions

- Your best strategy for measure types is to first understand your data sources and data aggregation method. Why? It's your biggest cost.

- Choice of eCQM and CQM will first rest on feasibility of your data aggregation process to support the measure type, and then on whether you can produce best result from your provider systems.

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Questions and Answers
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Thank You

Contact us to make your APP Reporting a successful venture!

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