The Changing Landscape of Quality Measurement

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Rural Quality Improvement Technical Assistance

Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program

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Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP).

- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
    - Flex/MBQIP
    - Small Health Care Provider Quality Improvement Grantees

- Focus on quality reporting and improvement

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Overview

Discuss trends in quality reporting and implications for CAHs and small rural hospitals including:

- Overall Quality Hospital Star Ratings, including changes to the methodology finalized in 2021

- Understand federal Electronic Clinical Quality Measures (eCQMs) and anticipated changes to eCQM reporting and use in coming years

- Alignment and impact on the Medicare Beneficiary Quality Improvement Program (MBQIP) program

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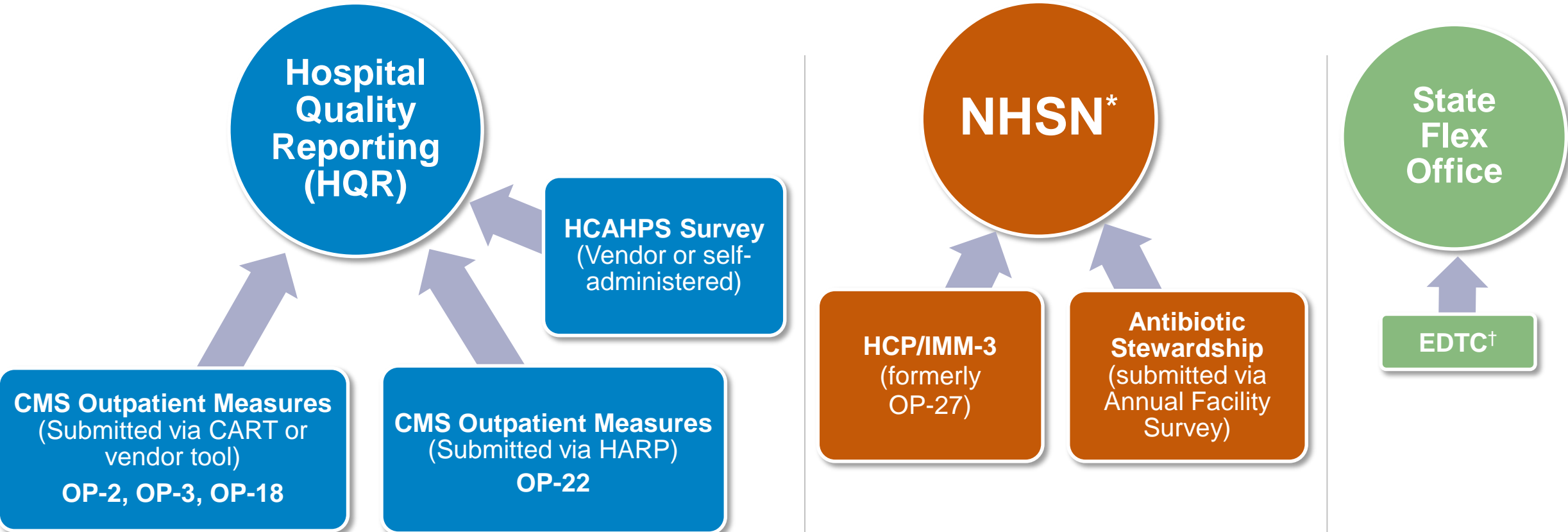
MBQIP Overview and Updates

MBQIP Overview

- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal Office of Rural Health Policy (FORHP)

- Improve the quality of care in CAHs by increasing quality data reporting and driving improvement activities based on the data

- Common set of rural-relevant hospital metrics, technical assistance, encouragement, and support

- Ability for FORHP to demonstrate impact of hospital and state-based efforts on a national scale

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Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement

Quality Measurement + Quality Improvement = Improved patient outcomes

Reporting Channels for Core MBQIP Measures

Hospital Quality Reporting (HQR)

HCAHPS Survey (Vendor or self-administered)

CMS Outpatient Measures (Submitted via CART or vendor tool)
OP-2, OP-3, OP-18

CMS Outpatient Measures (Submitted via HARP)
OP-22

NHSN*

HCP/IMM-3 (formerly OP-27)

Antibiotic Stewardship (submitted via Annual Facility Survey)

State Flex Office

EDTC†

*National Healthcare Safety Network †Emergency Department Transfer Communication

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Process for CMS Quality Measures

- CMS quality programs and measures are identified and updated through the annual rule-making process:

  - IPPS Rule (Inpatient Prospective Payment System) defines **IQR** (Inpatient Quality Reporting Program) and the **Promoting Interoperability Program**

  - OPPS Rule (Outpatient Prospective Payment System) defines **OQR** (Outpatient Quality Reporting Program)

- Measures typically endorsed by the National Quality Forum (NQF), and reviewed through a pre-rulemaking process by the NQF Measures Application Partnership (MAP)

- CMS measures are regularly added, "topped-out" and retired, or removed

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MBQIP Measure Changes 2014 - 2021

Inpatient/Patient Safety	Patient Engagement	Care Transitions	Outpatient
HF-1	HCAHPS	Emergency Department Transfer Communication	OP-1
HF-2			**OP-2**
HF-3			**OP-3**
PN-6			OP-4
PN-3b			OP-5
IMM-2			OP-6
OP-27 → **HCP/IMM-3**			OP-7
ED-1			**OP-18**
ED-2			OP-20
Antibiotic Stewardship (NHSN Annual Facility Survey)			OP-21
			OP-22

Changing Landscape:
Moving to Measure Modernization

CMS Meaningful Measures 2.0

Address measurement gaps, reduce burden, and increase efficiency by:

- Utilize only quality measures of highest value and impact focused on key quality domains.
- Align measures across value-based programs and across partners, including CMS, federal, and private entities.
- Transform measures to fully digital by 2025 and incorporate all-payer data.
- Prioritize outcome and patient reported measures.
- Develop and implement measures that reflect social and economic determinants.

Source: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization

Building Value-Based Care

Person-Centered Care	Equity
Safety	Affordability and Efficiency
Chronic Conditions	Wellness and Prevention
Seamless Care Coordination	Behavioral Health

Consumer and Caregiver Voice

Overall Hospital Star Rating

Why Star Ratings for Hospitals?

- CMS has stated that the objective of the Overall Hospital Quality Star Rating project is to summarize information from existing hospital measures on *Care Compare* in a way that is **useful and easy to interpret for patients and consumers**.

- Overall Hospital Quality Star ratings, initially released in July 2016, followed CMS release of Star Ratings across a variety of health care provider types, and release of the HCAHPS Star Ratings.

- Summarizes **current** Care Compare measures into a single star rating.

- More than 20% of hospitals (primarily small and rural) consistently don't meet the threshold to have a rating calculated.

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Recent Changes to Star Rating Methodology

- CMS held a wide variety of stakeholder meetings and 'listening sessions' about the Star Ratings in 2019

- Significant changes to the overall methodology for Star Rating calculation were proposed and then finalized as part of the 2021 OPPS rulemaking process.

- Updated Star Ratings, using the new methodology were posted on Care Compare in April 2021

2021 OPPS Final Rule: https://www.govinfo.gov/content/pkg/FR-2020-12-29/pdf/2020-26819.pdf

The Seven Steps of the Overall Star Rating Methodology
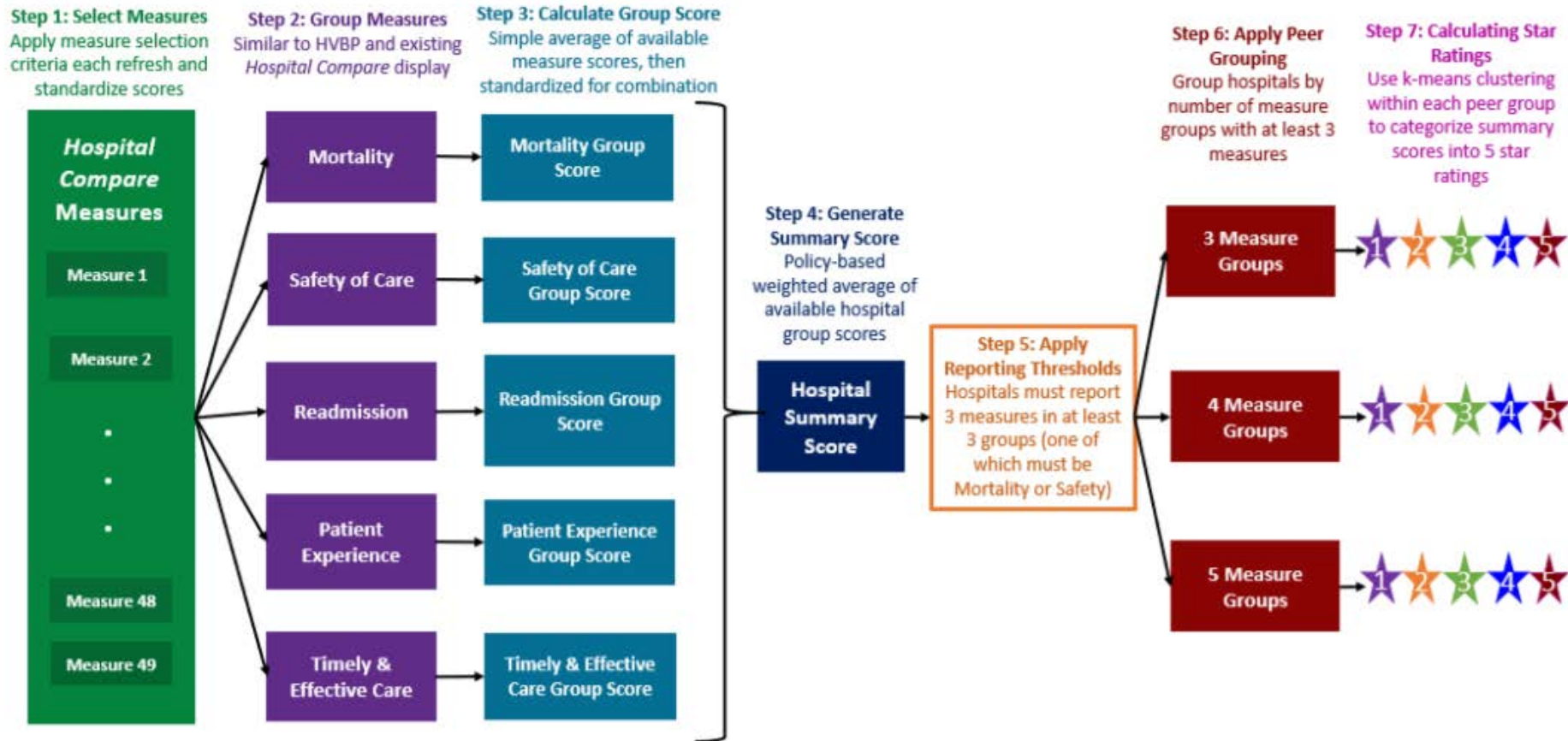
Methodology Changes (1)

Shift from seven measure groups to five:

1. **Mortality** (death rate for a variety of patient groups)
2. **Safety of Care** (HAIs and complications)
3. Readmissions (readmission rates, hospital return days)
4. Patient Experience (HCAHPS, at least 100 returned surveys)
5. Timely and Effective Care (Consolidates process measures from Effectiveness of Care, Timeliness of Care, and Efficient Use of Medical Imaging Groups)

Notes:
- Mortality and Readmissions measures are calculated using Medicare FFS claims
- List of measures used in April 2021 release, including timeframe and data source can be found here

Methodology Changes (2)

Threshold for rating calculation:

- To have an overall hospital quality star rating calculated, must have a minimum of 3 measures in at least 3 groups, 1 of which must be an **outcome** group

- Change in what is considered an outcome group to only include the **Safety of Care** and **Mortality** measure groups (Readmissions was previously included as an outcome group)

Notes:
- CAHs rarely meet the threshold to have safety of care measures reported on Care Compare
- Mortality measures are calculated using claims for a three-year period (April 2021 release used 2016 – 2019 data)

Methodology Changes (3)

Simplification of statistical method to calculate measure group scores:

- Had been complex calculation using latent variable modeling and Winsorization
- Revised methodology shifts to simple average of measure scores within each measure group

Updated weighting by measure group:

Table 3. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

- Measure group weights are re-proportioned if no measures are available in a measure group
- If meet the threshold to have a rating calculated, all measures that are available are included

Source: Comprehensive Methodology Report (v4.1) (02/26/2021)

Methodology Changes (4)

- Shift to a peer grouping approach to developing Star Rating 'cut-points'
  - Hospitals with three measure groups
  - Hospitals with four measure groups
  - Hospitals with five measure groups

- Intent is to address concerns about comparability of hospitals with fundamental differences such as size, volume, patient case mix, and service mix

Comparisons

CAH Star Rating	Previous method (January 2020)	Previous Method (October 2020)	Revised Method (October 2020)
★	1	0	26
★★	35	15	94
★★★	330	108	166
★★★★	225	217	157
★★★★★	55	42	45
Not rated	**704 (52%)**	**940 (70%)**	**834 (61%)**

Notes:
- Star Ratings had not been updated on Care Compare since January 2020.
- October 2020 Star Ratings were not published (Source: 2021 OPPS Final Rule)
- January 2020 rating included 54 measures, April 2021 includes 48 measures

Star Rating Take-aways

- The methodology changes have addressed many, but not all, of the broader concerns about the ratings

- Availability of rural-relevant measures is a significant concern
  – Important to be looking forward to measure changes on Care Compare that may have an impact down the road

Star Ratings – What's Next

- CMS anticipates publicly reporting updated Overall Star Ratings results in Summer 2022
    - Hospital specific preview reports available in Spring 2022
    - CAHs can request suppression of Overall Hospital Star Rating from public reporting, but must do so during the preview period (data still included in public use files)
    - Anticipate that data periods available for the updated rating will be truncated due to the COVID-19 PHE

eCQMs

What is an eCQM?

"Electronic clinical quality measures (eCQM) use data electronically extracted from electronic health records and/or health information technology systems to measure the quality of health care provided."

- eCQI Resource Center

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CMS Vision: eCQMs

"We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that hospitals will be able to switch primarily to EHR-based data reporting for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program."

Federal Register / Vol. 81, No. 81 / Wednesday, April 27, 2016 / IPPS Proposed Rules/page **25174**

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eCQM Reporting Requirements

- **Required for CAHs as part of the Medicare Promoting Interoperability Program***
  (fka. EHR Incentive Program)
- CY 2022 Submission Deadline will be February 28, 2023
- Progressive increase for reporting of eCQMs by quarters
- Starting in CY 2022, Safe Use of Opioids measure is required, other measures are self-selected

CY Reporting Period	Number of Calendar Quarters to Report	Number of Measures to Report on Each Quarter
2020	One self-selected quarter	Four self-selected eCQMs
2021	Two self-selected quarters	Four self-selected eCQMs
2022	**Three self-selected quarters**	**3 self-selected eCQMs + Safe Use of Opioids eCQM^**
2023 and beyond	Four quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM^

*Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals

Sources: www.qualityreportingcenter.com,
2021 Final IPPS Rule, 2022 Final OPPS Rule

CY 2022 eCQM Measures

Short Name	CY 2022 Available Measures
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients^
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
PC-05	Exclusive Breast Milk Feeding^
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy By End of Hospital Day 2
STK-6	Discharged on Statin Medication^
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing*

*All hospitals are required to report Safe Use of Opioids beginning with the CY 2022 reporting period – RFI included in 2022 OPPS Proposed Rule asking for feedback on this requirement

^ Measure finalized for removal beginning with CY 2024 reporting year per 2022 IPPS Final Rule

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What does 'reporting' mean?

Submit the required eCQMs through any combination of the following:

- Accepted (Quality Reporting Data Architecture) QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations*
- Case threshold exemptions ($\leq$ 5 cases in the reporting quarter)*

*Submitted via Hospital Quality Reporting (HQR) system through a HARP account, EHR must have capability to report the measures.

Hardship Exception –
Promoting Interoperability Program

"A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual
basis, that a significant hardship exists."

For more information: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Note: PPS hospitals would also need to submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program,

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eCQMs and Public Reporting

- eCQM data is *not* currently reported on *CMS Care Compare*

- CMS will start public reporting of eCQM data with CY 2021 data, available to the public as early as Fall 2022

- Hospitals can review their data before being made public during a 30-day preview period

- Data will be published on *CMS Care Compare* and/or the *Provider Data Catalog* (formerly data.medicare.gov)

- CMS will combine the validation processes for eCQMs with the process for IQR chart-abstracted measure data (*CAHs are not subject to CMS data validation requirements*)

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MBQIP and eCQMs

- None of the available eCQMs align with current chart-abstracted MBQIP measures
- FORHP exploring options for using eCQMs as part of MBQIP

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On the Horizon

Hybrid Hospital-Wide All-Cause Readmissions

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized readmission rate
- Timeline for implementation as part of **IQR**:
  - Voluntary pilot in CY 2018
  - Full implementation:
    - Two voluntary reporting periods:
      - July 1, 2021 through June 30, 2022 (Data Due September 30, 2022)
      - July 1, 2022 through June 30, 2023 (Data Due October 2, 2023)
    - First required **IQR** reporting period:
      - July 1, 2023 – June 30, 2024 (Data Due October 1, 2024)
- Hybrid HWR measure data to be publicly reported starting with the July 2025 refresh of *Care Compare* (replacing the claims-based only HWR measure)

Reporting information: Reporting the Hybrid Hospital-Wide Readmission Measure to the Hospital IQR Program (qualityreportingcenter.com)

Hybrid Hospital-Wide All-Cause Readmissions (2)

- Clinical variables (first captured):
  - Heart Rate
  - Systolic Blood Pressure
  - Respiratory Rate
  - Temperature
  - Oxygen Saturation
  - Weight
  - Hematocrit
  - White Blood Cell Count
  - Potassium
  - Sodium
  - Bicarbonate
  - Creatinine
  - Glucose

- Linking data elements:
  - CMS Certification Number
  - Health Insurance Claims Number or Medicare Beneficiary Identifier
  - Date of birth
  - Sex
  - Admission date
  - Discharge date.

- Format: QRDA 1 (Quality Reporting Data Architecture)

2022 IPPS Final Rule: New Quality Measures

- Maternal Mortality Structural Measure*
  - Participation in perinatal quality improvement program if provide inpatient labor/delivery care (note: initial reporting includes Q4 2021, data due May 15, 2022)

- COVID-19 Vaccination Coverage among Health Care Professionals*
  - Reported via CDC NHSN, initial reporting period of 10/1/21 – 12/31/21 (data due May 16, 2022)

- Hybrid Hospital-Wide All-Cause Risk Standardized *Mortality* Measure (initial voluntary reporting period of 7/1/2022 – 6/30/2023)

- Two new eCQMs: (available for CY 2023 reporting)
  - Hospital Harm—Severe *Hypo*glycemia
  - Hospital Harm—Severe *Hyper*glycemia

*Reporting Information: HCP COVID-19 Vaccination Measure and Maternal Morbidity Structural Measure (qualityreportingcenter.com)

Source: www.qualityreportingcenter.com
and 2022 IPPS Final Rule

2022 OPPS Final Rule: Quality Measures

- Removal of two chart-abstracted measures starting in CY 2023:
  - OP-2: Fibrinolytic Therapy Received Within 30 Minutes
  - OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- Addition of ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40) starting in CY 2023
  - Clinically similar to current OP-2 and OP-3
  - First eCQM under the Outpatient Quality Reporting Program (OQR)
- COVID-19 Vaccination Coverage among Health Care Professionals
  - Reported via CDC NHSN, reporting period 10/1/21 – 12/31/21 (data due May 16, 2022)

Source: 2022 OPPS Final Rule
Released 11/16/2021

2022 OPPS Final Rule: Quality Measures (2)

- Breast Screening Recall Rate (OP-39)
  - Claims based measure (Medicare FFS)
  - Performance score within the target recall range
  - Initial measure calculation data period: July 1, 2020 to June 30, 2021
- For OQR eligible hospitals - shift to mandatory reporting:
  - Outpatient and Ambulatory Surgery (OAS) CAHPS (OP-37a-e, CY 2024)
  - Improvement in Patient's Visual Function within 90 Days Following Cataract Survey (OP-31, CY2025)
- Proposed rule included a request for information regarding Rural Emergency Hospital (REH) – including a section on potential quality measurement requirements

Hot off the press (1): 2023 IPPS Proposed Rule (Released 4/18)

Requests for information (RFI): Climate Change, Principles for Measuring Disparities, Advancing Digital Quality Measurement (using FHIR), Interoperability Exchange Framework, and "Birthing Friendly" Hospital Designation

Proposed New Measures:

- Hospital Commitment to Health Equity (Structural Measure, CY 2023)
- Health-Related Social Needs (HRSN) - % screened AND % positive (CY 2023 voluntary, 2024 mandatory for IQR)
- Patient Reported Outcome Measure (PROM): Elective Total Hip/Total Knee Arthroplasty (pre/post)
- Revised Hospital-Level Risk Standardized Complication Rate-THA/TKA

Hot off the press (2): 2023 IPPS Proposed Rule (Released 4/18)

Proposed New Measures:

- Additional eCQM requirements: 6 measures (3 self-selected, 3 required)
- New eCQMs Available:
  - Hospital Harm – Opioid-Related Adverse Events
  - Severe Obstetric Complications (required in 2024)
  - Cesarean Birth (required in 2024)
  - Global Malnutrition Composite Score
- Revised NHSN HAI measures - using EHR derived data for CDI and Hospital Onset Bacteremia/Fungemia (inclusive of CLABSI and MRSA)
- Revised Medicare Spend per Beneficiary (MSBP)

Source: 2022-08268.pdf (federalregister.gov)

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MBQIP Going Forward

- Ongoing focus on measures that align with other Federal programs and priorities
  - While advocating for increased availability of rural-relevant measures

- Anticipate increased attention and focus on improvement (not just reporting)
  - Flex programs currently supporting focused QI projects

- Continued changes and updates to measures
  - eCQMs?
  - Readmissions or other claims-based or Hybrid measures?
  - Exploration regarding measures related to other areas of interest (ED experience, HAI, swing bed care, etc.)

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Provide Input!

Your input is needed to improve quality measurement and reporting:

- Provide comments on proposed recommendations, rules, and regulations
  - [2023 IPPS Proposed Rule](#), Comments Due June 17, 2022
- Participate in discussions at a state and national level
- [National Quality Forum MAP Rural Health Advisory Group](#)
  - Rural recommendations as framework and guidance (ex. Core Rural Measure Set)
  - Provide feedback on NQF Rural MAP Workgroup Drafts
  - Consider participation in a TEP or Workgroup
- Share what works (or doesn't) for your hospital

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Resources: Overall Star Ratings

- [Overall Hospital Quality Star Ratings on Hospital Compare: Overview for Flex Programs and Rural Stakeholders](#)

- Technical Information: https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings

- Articles:
  - Modern Healthcare: [Acute-care hospitals see higher star ratings on new CMS methodology](#) April 28, 2021 (subscription may be required)
  - JAMA Network Viewpoint: [An Evolving Hospital Quality Star Rating System From CMS Aligning the Stars](#) May 17, 2021

Resources: eCQMs and Hybrid Measure(s)

- **Quality Reporting Center:** eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)

- **eCQI Resource Center:** Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)

- **QualityNet eCQM Reporting:** Submission portal, tools, information, resources

> For questions on the **Promoting Interoperability Program**
> and **eCQM data submission process**
> contact the *QualityNet* Service Center at
> (866) 288-8912 or qnetsupport@hcqis.org

Questions?

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