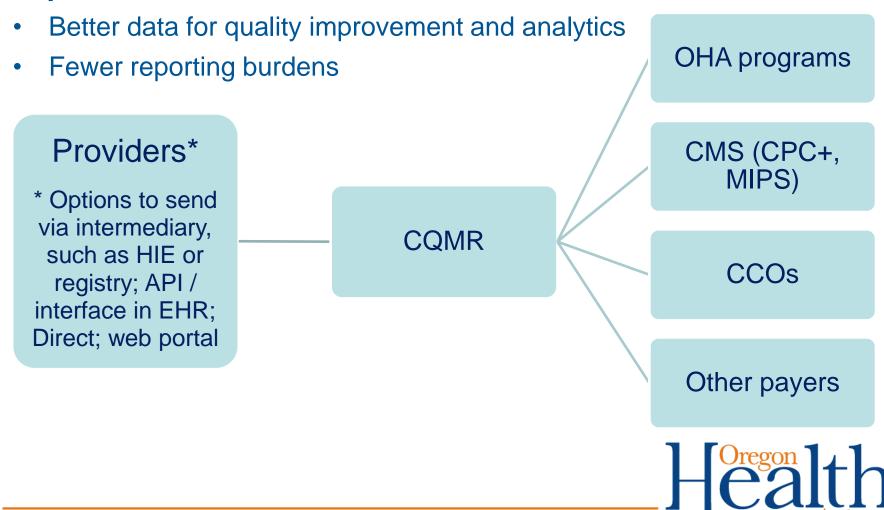
Clinical Quality Metrics Registry (CQMR)

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What's the Big Idea with CQMR?

Improve EHR-sourced measure collection



How Could the CQMR Help the Collaborative?

- Vision for CQMR includes supporting multi-payer initiatives and value-based payment models
 - Enable clinics to more easily report on payment model measures

- Work together on
 - Aligning measures and reporting parameters
 - Supporting clinics, e.g., technical assistance



Context: eCQMs

- Electronic Clinical Quality Measures (eCQMs)
 - Data source: Providers' electronic health records (EHRs)
 - Specs: Published in eCQI <u>Resource Center</u>, with humanreadable and machine-readable specs
- All <u>certified</u> EHRs must include some eCQMs

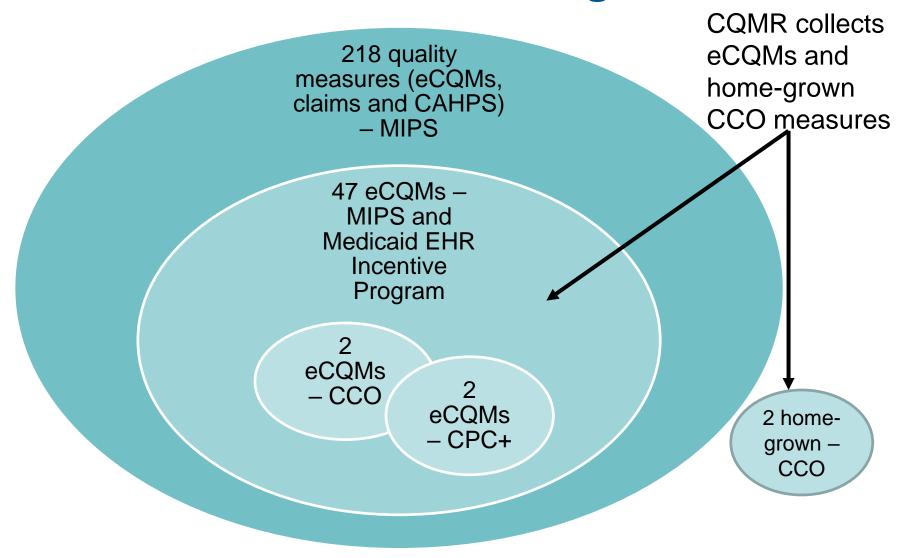
eCQM availability

Providers: CMS regs require use of <u>certified</u> EHRs to participate in MIPS, CPC+, etc.

EHR vendors: ONC regs set criteria for certification and testing



2020 eCQM Measure Set Alignment



Scope of the CQMR

- Initial focus on Medicaid programs already collecting eCQMs
 - Not trying to displace existing analytics tools
 - Not a repository of all clinical data; data collected is dependent on measure specs
 - Improving processes and usability of the data
 - Offering <u>technical assistance</u> to help clinics with patient-level data reporting
- Assessing options to support providers in other reporting
- Building the alignment to support "report once" will take time



How is the CQMR being used?

- Today, eCQM reporting for multiple programs
 - Medicaid EHR Incentive Program
 - CCO incentive measures
 - Comprehensive Primary Care Plus (CPC+) (supported)
 - Merit-based Incentive Payment System (MIPS) (supported)
- Approximately 120 organizations onboarded so far
- Intention to support additional programs over time



Enhancement: Filtering eCQMs by Payer

- CMS eCQMs are specified for all-payer reporting no continuous enrollment criteria
- Adding functionality (Active Care Relationship Service ACRS) to support filtering
 - ACRS includes patient matching, payer enrollment data
- Initial use is MMIS enrollment data to support attributing patients to CCOs for eCQMs
 - Over time, there could be additional uses for ACRS
 - Current focus is continuous enrollment use case



CQMR – Go Lives and Next Steps

January 2019

Live for Medicaid EHR Incentive Program

February 2019

Live for MIPS and CPC+ support

January 2020

Live for CCO incentive measure reporting

Late spring 2020: Implementation begins

Enhancements to ingest enrollment data and filter patient-level eCQM data by payer



Roadmap

Today and desired future state

Aggregation level

Mostly aggregated

Move toward patient-level

Frequency of reporting

Annual

Move toward quarterly and then monthly

Participation

Medicaid

Expand to support more programs

Related areas of work:

- Metrics alignment measures and reporting parameters
- Pilots to combine clinical and claims data



Working Together

- CQMR is intended for multi-payer use and value-based payment models
- Groundwork
 - Align measures
 - Align reporting parameters
 - Work with clinics on data capture and data quality
- Additional considerations for use of CQMR
 - CQMR supports CMS eCQM set and CCO incentive measure set; OHA covers CQMR cost for those measures
 - Other measures could involve cost that OHA would not cover
 - For home-grown measures, not feasible to collect patient-level data





Discussion/Q&A



Resources

- CQMR 101: https://www.oregon.gov/oha/HPA/OHIT/Documents/CQMR101_final.pdf
- CQMR onboarding: <u>https://www.oregon.gov/oha/HPA/OHIT/Pages/CQMR-Onboarding.aspx</u>
- 2020 quality reporting comparisons:
 https://www.oregon.gov/oha/HPA/OHIT/Documents/2020_quality_reporting_comparisons.pdf
- QRDA I Technical Assistance: <u>https://www.oregon.gov/oha/HPA/OHIT/Pages/CQMR-QRDA-I-Technical-Assistance-.aspx</u>
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