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ISSUE BRIEF

Clinical Quality Measures

The Centers for Medicare and Medicaid Services (CMS) does not anticipate that the Department of Health and Human Services (HHS) will complete the necessary steps for the agency to have the capacity to electronically accept data on clinical quality measures from electronic health records (EHRs) for the 2011 payment year. It is unlikely that by 2011 there will be adequate testing and demonstration of the ability to receive the required transmitted information on a widespread basis.

For 2011, CMS proposes that Eligible Professionals (EP) use an attestation methodology to submit summary information to CMS on clinical quality measures as a condition of demonstrating meaningful use of certified EHR technology. Beginning in 2012, EPs must submit information on clinical quality measures electronically in addition to submitting other measures, provided HHS has the capacity to electronically accept data. Clinical quality measures for Medicare will apply to Medicaid, however alternative Medicaid specific measures also will be included. In addition, reporting clinical quality measures under Medicaid is delayed until 2012.

CMS defines clinical quality measures to consist of measures of processes, experience, and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care. CMS proposes that as a condition of demonstrating meaningful use of certified EHR, physicians must use certified EHR technology to capture the data elements and calculate the results for the applicable clinical quality measures.

EPs must attest to the accuracy and completeness of the numerators and denominators for each measure. CMS will give preference to measures endorsed by the National Quality Forum (NQF), including those selected for the Physician Quality Reporting Initiative (PQRI). CMS also will consider measures not selected by NQF, PQRI, etc. CMS proposes 90 clinical measures for 2011 and 2012. CMS wants comments on the measures. CMS intends that a detailed specifications document for all 2012 payment year Medicare EHR incentive program clinical quality measures for EPs be posted on the agency website on or before April 1, 2011.

EPs are required to submit information on two measure groups. These are the core measures group and a subset most appropriate to the given specialty. EPs treating Medicare and Medicaid patients in the ambulatory setting must report on all the core measures as applicable to their patients (preventive care and screening, blood pressure, drugs to be avoided in the elderly.)

Each EP also will be required to submit information on at least one of the specialty group sets. The specialty groups are Cardiology, Pulmonology, Endocrinology, Oncology, Proceduralist/Surgery, Primary Care Physicians, Pediatrics, Obstetrics and Gynecology, Neurology, Psychiatry, Ophthalmology, Podiatry, Radiology, Gastroenterology, and Nephrology.

CMS proposes to require for 2011 and 2012 that EPs will select a specialty measures group, on which to report on all applicable cases for each of the measures in the specialty group. The same specialty measures group selected for the first payment year would be required for reporting for the second payment year. CMS invites comment on whether there are EPs who believe no specialty group will be applicable to them.

CMS wants to know if it would be more appropriate to defer some or all of the quality measures until 2012. CMS also wants comments on potential topics/quality measures for 2013 and beyond.

For 2013 payment year, CMS is considering expanding the Medicaid EHR incentive programs clinical quality measure set for physicians to include quality measures that address the following clinical areas, to address quality of care for additional patient populations, and facilitate alignment with Medicaid and the Children's Health Insurance Program (CHIP): additional pediatric measures, long term care measures, additional obstetric measures, dental care, and additional mental health and substance abuse measures.

Attestation will use the same system for other attestation for meaningful use, and CMS proposes to require for Medicare EPs that they attest to the following:

- The information submitted with respect to clinical quality measures was generated as output of an identified certified electronic health record.
- The information submitted is accurate to the best of the knowledge and belief of the EP.
- The information submitted includes information on all patients to whom the clinical quality measure applies.
- The National Provider Identifier (NPI) and tax ID number (TIN) of the EP submitting the information, and the specialty group of clinical quality measures that are being submitted.
- For an EP who is exempt from reporting each of the core measures, an attestation that one or more of the core measures do not apply to the scope of practice of the EP.
- For an EP who is exempt from reporting on a specialty group, an attestation that none of the specialty groups applies to the scope of practice of the EP.
- For an EP who does report on a specialty group, but is exempt from reporting on each of the clinical quality measures in the group, an attestation that the clinical quality measures not reported do not apply to any patients treated by the EP.
- The numerators, denominators, and exclusions for each clinical quality measure result reported, providing separate information for each clinical quality measure including the numerators, denominators, and exclusions for all patients irrespective third party payer or lack thereof; for Medicare fee-for-service (FFS) patients; for Medicare Advantage patients; and for Medicaid patients.
- The beginning and end dates for which the numerators, denominators, and exclusions apply.

For 2012, EPs will be required to electronically submit summary information for a selected clinical quality measure using certified EHR technology. For Medicaid, EPs must report quality measure data to the State.

According to CMS, statutory language does not limit the agency to collecting information pertaining to Medicare and Medicaid patients. The agency believes it has the authority to collect summarized information on all patients to whom the clinical quality measures apply, treated by EP or hospital. CMS solicits comments on the impact of requiring the submission of clinical quality measures data on all patients, not just Medicare and Medicaid.

When a clinical quality measure is included in more than one quality reporting incentive program, the EP would only need to report the measure under the EHR program, and reporting the quality measures with certified EHR technology would be considered having satisfied the parallel reporting requirement under all other applicable Medicare programs. CMS also notes that there is no statutory authority at this time to make PQRI payments for services furnished in 2011 and subsequent years.

Medicare EPs would be required to report quality measure information electronically using certified EHR technology via one of three ways: 1) The primary method would require the EP to log into a CMS-designated portal and submit, through an upload process, data payload based on specified structures, such as Clinical Data Architecture (CDA), and accompanying templates produced as output from their certified EHR technology. 2) As an alternative to this data submission method, CMS would permit Medicare EPs to submit the required clinical quality measures data using certified EHR technology through Health Information Exchange (HIE)/Health Information Organization (HIO). This alternative data submission method would depend on the Secretary's ability to collect data through a HIE/HIO network and would require the EP or eligible hospital who chooses to submit data via an HIE/HIO network to be a

participating member of the HIE/HIO network. As another potential alternative, CMS proposes to accept submission through registries dependent upon the development of the necessary capacity and infrastructure to do so using certified EHRs.

CMS intends to post the technical requirements for portal submission and the alternative HIE/HIO submission, the HIE/HIO participating member definition, and other specifications for submission on its web site for Medicare EPs on or before July 1, 2011. CMS invites comments on our three proposed clinical quality measures data submission methodologies as they pertain to CMS for Medicare and to States for Medicaid.