Benchmark

Update on e-Measures
Joint Commission Launches Pioneers in Quality Program

Whenever the health care industry undergoes changes, The Joint Commission also adapts. It adapts, as necessary and appropriate, its programs and resources to reflect new challenges or requirements. Sometimes, these changes are caused by new perspectives and research. Other times, they occur in anticipation or reaction to health care legislation, or to changes made by other stakeholder organizations.

The last few years have seen significant shifts in health care measurement. In response, The Joint Commission has launched an innovative program called Pioneers in Quality.™ This program is designed to provide education and support for hospitals as they strive to meet the growing

PIONEERS IN QUALITY

requirements related to electronic health records (EHRs), and to guide them along the journey from manual to electronic data collection.

"The move to electronic data collection truly is a journey," says Sharon Sprenger, MPA, RHIA, CPHQ, director of Measurement Coordination and Outreach, The Joint Commission. "Not just for hospitals or The Joint Commission, but for the whole nation."

Brief History of e-Measures

The US Centers for Medicare & Medicaid Services (CMS) EHR Incentive Program provides financial incentives for "meaningful use" of certified EHR technology. CMS has established a number of objectives that must be met in order to receive an incentive payment. These objectives include reporting performance measure data derived from an EHR.

The paper-based measures system requires performance data to be extracted, collected, and reported manually. This is a time-consuming and cumbersome task. With e-Measures, also known as electronically specified clinical quality measures (eCQMs), data are captured electronically, directly from the EHR. Because of the nature of EHRs and the data entered into EHRs, paper measures must be converted into eCQMs.

In August 2013, as part of the CMS commitment to align quality reporting programs, the organization finalized its Inpatient Prospective Payment System (IPPS) rule to begin to align the Hospital Inpatient Quality Reporting (IQR) program and Medicare EHR Incentive Programs. Starting with 2014 discharges, hospitals may also voluntarily submit EHR–derived measure data for a subgroup of measures for the CMS Hospital IQR program.

During the last two years, CMS has made significant changes to the performance measures in its Hospital IQR program. These changes include retiring a number of chart-based measures. This year also marks the beginning of a new CMS requirement to capture EHR-based performance data electronically.

The Joint Commission and other health care stakeholders must adapt to a dynamic, evolving health care environment.

e-Measures and The Joint Commission

The Joint Commission is a leader in developing performance measures in the United States. In this role, it will be central to developing and implementing electronic performance measures to facilitate the capture of data from EHRs. The Joint Commission is presently developing plans to convert its chart-based measures to eCQMs.

The Joint Commission strives to maintain alignment with CMS. Therefore, as CMS changes its requirements, The Joint Commission changes its requirements, programs, and resources too. One of these changes was the flexible ORYX® performance measure reporting options, introduced by The Joint Commission in 2015 in response to customers' requests. These options allow hospitals the flexibility to choose which measure sets to report in which way (chart-based or eCQM). These options also allow hospitals to begin reporting eCQMs to The Joint Commission. (*See* Figure 1 on page 10 for more information on the flexible reporting options.)

"The Joint Commission is doing everything it can to maintain alignment with CMS requirements so as not to overburden its accredited hospitals," explains Mary Kay Bowie, MHSA, RN, CPHQ, associate director, Division of Healthcare Quality Evaluation, The Joint Commission.

While The Joint Commission allows eCQM reporting as an option, CMS will start requiring eCQM reporting in 2016. Its Hospital IQR program will require organizations to select four eCQMs and report those data to CMS for either the third or fourth quarter of 2016. This new requirement makes 2016 the optimal time to institute the Pioneers in Quality program.

Pioneers in Quality

The Pioneers in Quality program was launched on February 16, 2016, while the *Top Performer on Key Quality Measures*® recognition program is on hiatus. (*See* sidebar on page 11.) During that time, the *Top Performer* program will be revamped to reflect the evolving national performance measurement environment. This is necessary because data used to determine *Top Performer* hospitals are drawn from paper-based measures, while the industry is moving toward data that are collected electronically. These two types of data are not interchangeable—paper measures must be converted into eCQMs.

The Pioneers in Quality program does not replace the *Top Performer* program. Rather, it will support current and future *Top Performer* hospitals as they adapt to this new electronic-based environment and make the changes necessary to meet both Joint Commission reporting

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requirements and those required by CMS's Hospital IQR program.

"Many accredited hospitals are really challenged by the transition to this new form of measurement," says Bowie. "The Joint Commission feels it is important to our hospitals' success to guide them along the journey from Point A to Point Z."

At its core, the Pioneers in Quality program provides education, resources, and recognition for health care organizations on their journey toward e-Measures.

Educational webinars are the primary resource developed by The Joint Commission to help hospitals on their eCQM journey. A new webinar will be presented approximately every other month. The first several offer a broad overview of eCQMs, including explanations of CMS requirements and relevant terminology. As the program progresses, the webinar topics will reflect the needs of hospitals and the challenges that arise, as identified through surveys and questions asked.

A **comprehensive resource portal** will gather eCQM–related resources together in one place. There will be resources from The Joint Commission in addition to information and links to resources available from other stakeholders, such as CMS. The eCQM webinars will be archived here as well. Content is expected to change and expand frequently as new resources are developed and hospitals' needs are identified.

"We encourage hospitals to sign up for eCQM e-alerts through the resource portal," says Sprenger. "That can help them keep up with new material as it is added."

The **eCQM Advisory Panel** is comprised of 12 from-the-field experts. These individuals represent stakeholder organizations such as CMS and the Office of the National Coordinator for Health Information Technology (ONC), vendors that provide EHRs and ORYX systems to Joint

Figure 1. 2016 Flexible ORYX® Performance Measure Reporting Options

Hospitals have three ORYX reporting choices in 2016. They may choose from the following options:

OPTION 1	OPTION 2	OPTION 3
Select and Report Data on:	**Select and Report Data on:**	**Select and Report Data on:**
Modified Sets of Chart-Abstracted Measures	**eCQM Sets Only**	**Combination of Chart-Abstracted and eCQM Sets**
• Select and report on six of nine sets of chart-abstracted measures for calendar year 2016 applicable to the services provided and patient populations served by the hospital • Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year	• Select six of the eight eCQM sets applicable to the services provided and patient populations served by the hospital. Report on either or both 3rd and 4th quarters for calendar year 2016. • Data MUST be reported on AT LEAST ONE eCQM in the eCQM SET(s) selected. • Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year	• Select and report on six sets of measures applicable to the services provided and patient populations served by the hospital • Perinatal Care will remain required as one of the six sets if applicable, i.e., at least 300 live births per year • Measure sets will be selected from among the available complement of core measure sets (See Options 1 chart-abstracted and 2 eCQM Sets) • Hospitals wishing to select this option and that may be interested in reporting on the same set(s) of chart-abstracted and CQMs should contact Frank Zibrat at 630-792-5992 or via e-mail at fzibrat@jointcommission.org • See notes under Option 2

Joint Commission Chart Abstraction Measure Sets

ED-1a, ED-2a
PC-01, PC-02, PC-03, PC-04, PC-05
STK-4
VTE-5, VTE-6
IMM-2
HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5
SUB-1, SUB-2, SUB-3
TOB-1, TOB-2, TOB-3
OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-23

Joint Commission eCQM Measure Sets

eAMI-7a, eAMI-8a
eCAC-3
eED-1a, eED-2a
ePC-01, ePC-05/5a
eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-6, eSTK-8, eSTK-10
eSCIP-INF-1, eSCIP-INF-9
eVTE-1, eVTE-2, eVTE-3, eVTE-4, eVTE-5, eVTE-6
eEHDI-1a

OPTION 1	OPTION 2	OPTION 3
Select and Report Data on:	**Select and Report Data on:**	**Select and Report Data on:**
Modified Sets of Chart-Abstracted Measures	**eCQM Sets Only**	**Combination of Chart-Abstracted and eCQM Sets**
NOTE: 1. For CY 2016, Joint Commission will remove the following chart-abstracted measure sets: • AMI • SCIP • CAC 2. For CY 2016, Joint Commission will remove the following chart-abstracted measures: • VTE-1, VTE-2, and VTE-3 • IMM-1 • STK-1, STK-2, STK-3, STK-5, STK-6, STK-8 and STK-10 • HBIPS-4, HBIPS-6 and HBIPS-7	**NOTE:** 1. For CY 2016, the Joint Commission will add the following eCQMs: • AMI-8a • EHDI-1a 2. For submission of 2016 discharge data, The Joint Commission will only accept data consistent with the June 2015 annual update eCQM specifications posted on the CMS website[1] for the 2016 Reporting Year. 3. A listed ORYX eMeasure Vendor's technology must be certified by an Office of the National Coordinator for Health Information Technology Authorized Certification Body (ONC-ACB) as meeting either the 2014 or 2015 Edition certification criteria for calculating and submitting inpatient electronic clinical quality measures (eCQMs).	

1. June 2015 annual update eCQM specifications posted on the CMS website for the 2016 Reporting Year: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html).

Commission–accredited hospitals, and also hospitals that are currently undergoing the journey to eCQMs. This panel is designed to guide The Joint Commission in development of the Pioneers in Quality program.

The Joint Commission's **Speaker's Bureau will be expanded** to include both internal eCQM experts and possibly representatives from the advisory panel.

The **Core Measure Solution Exchange® is increasing its scope** to include eCQMs. This database of peer-to-peer success stories is seeking input from hospitals regarding their own journeys to eCQMs.

Recognition of individuals or organizations that contribute to successful eCQM journeys is one of the goals of the Pioneers in Quality program. The specific categories of and criteria for recognition are still being defined but could potentially include accredited hospitals, ORYX and/or EHR vendors, advisory panel members, and others who contribute to eCQM success. The goal is to post recognitions on the resource portal and include them in The Joint Commission's annual report.

The Joint Commission's **annual report will be modified** to focus on the journey to eCQMs. It may also include those hospitals and others recognized under the Pioneers in Quality program.

A **strong focus on partnering** with hospitals and other stakeholder organizations will see this new type of performance measurement as a pathway to providing the highest level of quality care for patients and their families.

A Dynamic Program

The Pioneers in Quality program is, at its core, an educational and support network for hospitals. As such, it must be able to identify and respond to the changing needs of those hospitals. For example, the resource portal is expected to change frequently as The Joint Commission receives feedback from its accredited hospitals.

Partnerships with accredited hospitals are particularly vital to the program's success. These interactions allow The Joint Commission to determine what is working, what needs improvement, and how resources can be added or altered to be most effective. This results in a dynamic program that provides the best support possible, helping hospitals provide the best quality care to patients and their families

About the *Top Performer Program*

The Joint Commission's *Top Performer on Key Quality Measures®* program is on hiatus during the year 2016; that is, ORYX® data for 2015 will not be used to announce *Top Performers* hospitals in 2016.. The hiatus provides an opportunity for The Joint Commission to reevaluate the Top Performer program in terms of how the national performance measurement environment has evolved over the past two years. In particular, the US Centers for Medicare & Medicaid Services (CMS) made significant changes to performance measures in the Hospital Inpatient Quality Reporting program (including retiring a number of chart-based measures), and The Joint Commission made many of the same changes to maintain alignment with CMS.

While the program was in effect, to be named a *Top Performer* a hospital had to meet three criteria. First, it must achieve at least a 95% composite rate, which is an aggregation of all reported accountability measures, including those with fewer than 30 reported cases. Second, it must achieve at least a 95% rate for each individual accountability measure that has a sample size of 30 or more cases. Finally, it must have at least one core measure set that has both a composite rate of 95% or above and a performance rate of 95% or above for each applicable accountability measure within that set. Visit http://www.jointcommission.org /accreditation/top_performers.aspx for more information.

throughout their eCQM journey.

"As we are getting preliminary feedback, we are optimistic that the Pioneers in Quality program will be a lifeline for hospitals as they face these challenging tasks," says Bowie. **TS**