

Introduction to Clinical Quality Measures

The intended, collective goal of CQMs is to improve overall patient treatment quality and satisfaction. Some advocate this information can help participating medical professionals and facilities to consistently deliver high quality services and care in both individual visits and long-term, institutionalized practices.¹ Others point out that they are really more “Process Indicators” than true Clinical Quality Measures - [Find more Details Here](#).

Clinical quality measures, or CQMs, are increasingly becoming an integral component to practically every aspect of medicine and healthcare. In simple terms, CQMs are sets of tools for measuring and tracking the overall performance on specific metrics such as blood pressure control or colon cancer screening rates. The evidence is that doing so will improve those metrics. Most successful enterprises in all industries have implemented quality improvement activities, and this will increasingly occur in healthcare. Because of the difficulty in actually measuring valid patient outcomes, the current generation of CQMs focuses on measuring percentages on performing various processes.

The challenge for health professionals is to actually improve the quality of care from a patient’s perspective. Even though there is little current evidence the currently available CQMs actually improves the overall quality of health-related care and services, they can’t be ignored. Performing well on them will be necessary for adequate payments and marketing of services going forward. They typically require some additional data capture and monitoring of that data by healthcare professionals, participating hospitals and critical access hospitals throughout the country.



Why CQM Reporting Matters

1 Improved Performance Profiles

By measuring and monitoring this type of clinical and patient data, participating medical professionals and hospitals create a more attractive profile for those seeking some means of measuring performance on such metrics. These profiles are increasingly being reviewed by patients and those purchasing health care services. Advocates also hope this data may eventually encourage safer and more patient-focused care that is both goal-oriented and efficiently administered.

2 Financial Incentives

According to the Centers for Medicare & Medicaid Services (CMS), participating medical professionals and health care systems are often eligible for a variety of financial incentives for actively participating in reporting data. Going forward, it is anticipated that by more efficiently and effectively bundling their EHR data into acceptable, electronic packages of eCQM information, they can more easily qualify for these financial benefits.²

Learn More

To learn more about the specific requirements to qualify for the government incentive payments, please visit the [CMS website](#) for the latest updates and information on the government programs. Depending on your medical facility’s mix of health plans, other mechanisms of reporting such as HEDIS-related analysis of claims data and chart reviews may come into the mix as well. Most quality improvement initiatives also involve some form of patient surveys as well.

Why CQM Reporting Matters (Continued)

3 Internal Improvements to Clinical Operations

Optimizing EHR data management for CQM reporting is necessary if it is to bring any financial or healthcare-related benefits. In some cases, the process can give an opportunity to redesign the workflows for data collection, quality control and patient care in order to meet the increasing data demands in general without having to turn the clinicians attention away from patients and toward computer screens. The risk to avoid is the current tendency to turn clinician's into data entry clerks who are more focused on clicking boxes than on their patients. This can thwart true quality improvement.

Medical professionals can utilize several mechanisms to report on CQM performance. In the past, this was mostly accomplished either by adding additional codes to billing claims or by participating in a reporting registry. Increasingly, this is being accomplished by direct reporting from the clinical systems such as electronic health records (EHRs).

But why should a facility or organization opt to report? In theory, understanding performance metrics can serve as tools for improvement. The challenge is to utilize this data to actually improve services from a patient-level perspective and not just succeed with administrative performance on metrics.

[Find More Details Here.](#)

The evidence base for CQMs and their construction is constantly evolving, so it will be necessary to track the changes over time and update systems accordingly. It is wise to not only carefully select the most appropriate CQMs for your setting, but understand the overall and real risks and limitations inherent within this industry movement.

For More Information:

www.bmj.com

www.healthaffairs.org

Identifying Appropriate CQMs for Your Practice

With the requirements and current business necessity of CQMs outlined, the next logical question a healthcare facility may ask is “Which CQMs should we use for our practice?” The CMS provides a list of recommended core measurements:

- Managing High Blood Pressure
- High Risk Medications and Use with Elderly Patients
- Preventive Screening Procedures
- Identifying and Intervention Methods for Smoking/Tobacco Use
- Lower Back Pain Image Studies
- Clinical Depression Screening and Care Planning
- Full Documentation of Medications (Past and Present) in Patient EHRs
- BMI Screening and Intervention Planning
- Connecting Care Among Specialists and Referrals
- Assessing and Improving Treatment for Complex Chronic Diseases and Conditions ³

Identifying Appropriate CQMs for Your Practice (Continued)

Beyond these core metrics, additional, applicable CQM choices will vary depending on any of the following factors:

The Particular Field or Focus of the Organization

Specific CQMs are available for particular areas within healthcare and medicine. Organizations must take a step back to understand the particular type of information they hope to yield through CQM reporting. That way, the end results are more likely to serve as a useful guide to assessing and potentially improving patient care.

Specialized facilities may benefit with more specific CQMs designed specifically around their practices. Including a Sufficient Number of Qualifying CQMs for Financial Incentives

In order to participate in current government programs for Meaningful Use and PQRS, medical professionals and organizations need to adopt a minimum amount of 9 government-approved CQMs for eligibility. These 9 choices come from a wide pool with 64 available choices. Additionally, these CQM choices must address at least 3 of the 6 priority 'domains' as defined by the U.S. Department of Health & Human Services.

Including a Sufficient Number of Qualifying CQMs for Financial Incentives

In order to participate in current government programs for Meaningful Use and PQRS, medical professionals and organizations need to adopt a minimum amount of 9 government-approved CQMs for eligibility. These 9 choices come from a wide pool with 64 available choices.⁴ Additionally, these CQM choices must address at least 3 of the 6 priority 'domains' as defined by the U.S. Department of Health & Human Services.⁵

- Overall Health & Wellness Outcomes
- Patient Care & Safety
- Level of Engagement with Individual Patients
- Quality of Coordinated Care
- Processes Used for Clinical Services
- Maximizing Healthcare-Related Resources
- Following Proper Clinical Guidelines

CQMs are increasingly serving as a necessary business case for many healthcare facilities. With financial incentives for voluntary reporting, organizations can take advantage of these incentives as a way to offset other ongoing facility-related costs.

Integrating Electronic Health Records with CQMs

One of the primary challenges healthcare facilities face is understanding how to effectively compile patient data for use with CQM reporting.

The best CQMs come from data that is manageable within an organization's overall structure. The following points and examples showcase how to effectively integrate EHR data into meaningful CQM selections. Identifying these points can also alert medical professionals when their EHRs require adjustment for improved reporting potential.

Choose Data that Represents a Practice

EHR data should serve as a representation of the health care offered. For instance, a primary care office could choose CQMs that trace widely occurring health issues within their patient population such as high blood pressure or overweight/obese patients.⁶

Healthcare objectives within CQM choices need to align with quality improvement goals and initiatives specific to medical offices, hospitals or other practices. Organizational managers must take the time to understand what they want to measure and report as well as plan how this can actually be used to meet the goal of improving patient care.

It is important to choose measures that will not be detrimental to the overall care process. Sometimes careful planning and selection is necessary to avoid having the bureaucracies of audit interfere with the quality of care delivery.

[For More Information](#)

Identify CQMs Appropriate for a Facility's EHR

EHR data is particularly useful when it can automate the CQM reporting. EHR data applicability to certain measures tends to vary between the EHR systems chosen by large systems vs. smaller practices. Choose measures that are best supported by your EHR system that is minimally disruptive to the delivery of quality care from your patient's perspective.

More specialized facilities are more likely to choose CQMs that better reflect their specific EHR functions. For instance, an optometrist could choose options like the link between diabetes and eye health or the complication rate after eye surgery for issues such as cataracts.⁷

Adjust EHR Record Keeping for Improved CQM Results

In many cases, a medical professional may identify weaknesses in data collection within the EHR during CQM reporting. These situations may involve a reassessment of what and when data is collected within patient records. Accordingly, these circumstances may also require significant overhauls of data collection for better CQM reports. Particularly, if the EHR system forces clinicians to go out into separate quality improvement reporting sections, consider delegating this sort of data capture to assistants. Better designed EHR systems tend to collect the data within the process of normal documentation, so it is probably wise to follow those workflows when available.

Achieving CQM requirements While Not Compromising Actual Quality of Care

While the CQM reporting process frequently creates obstacles and challenges to healthcare professionals, the end goal of the process is what matters the most. Despite the logistics of data compilation and reporting, avoid having this interfere with addressing the primary concerns that patients wish to have addressed. Patients most value having their issues addressed within trusted relationships. Compassion, concern, dignity, and empathy should not have to take a back seat to box-clicking on performance measures. Increasingly, the primary complain on patient surveys is that the clinicians had to pay more attention to the computer than to them. By streamlining EHRs to manage the performance metric data capture and reporting, medical professionals can hopefully glean value from their clinical quality measures without compromising true quality. Improvement in the process of managing required information while improving quality of life can be good news for everyone – both medical professionals and patients alike.

Clinical Quality Measures Summary

In summary, attention to CQMs is now necessary. Work with your medical professionals and I.T. vendors to carefully plan how to minimize quality measure adherence interfering with the delivery of quality care.



“To have striven, to have made the effort, to have been true to certain ideals - this alone is worth the struggle.” - Sir William Osler, MD



SOAPware®

Exceptional Software.
Empowering Healthcare.

Notes

- [1] **Clinical Quality Measures Basics** | [cms.gov](http://www.cms.gov)
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- [2] **Getting Started** | [cms.gov](http://www.cms.gov)
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html
- [3] **Recommended Core Measures** | [cms.gov](http://www.cms.gov)
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Recommended_Core_Set.html
- [4] **Regulations and Guidance** | [cms.gov](http://www.cms.gov)
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MesuresTable_Posting_CQMs.pdf
- [5] **Must-know tips for clinical quality measure reporting** | [aoa.org](http://www.aoa.org)
<http://www.aoa.org/news/practice-management/must-know-tips-for-clinical-quality-measure-reporting?sso=y>
- [6] **How to Choose the Right Clinical Quality Measures for Your Primary Care Practice** | [greenwayhealth.com](http://www.greenwayhealth.com)
<http://www.greenwayhealth.com/blog/choose-right-clinical-quality-measures-primary-care-practice/>
- [7] **Must-know tips for clinical quality measure reporting** | [aoa.org](http://www.aoa.org)
<http://www.aoa.org/news/practice-management/must-know-tips-for-clinical-quality-measure-reporting?sso=y>