Oregon | Clinical *Quality* Metrics Registry
Sponsored by the Oregon Health Authority

CQMR Service Suspension: FAQs

The Oregon Health Authority implemented the Clinical Quality Metrics Registry (CQMR) in 2019 for use in the CCO quality incentive metrics program and the Medicaid EHR Incentive Program. The CQMR has been a core component of OHA's efforts to ensure quality in the Medicaid program while supporting value-based payment and addressing provider burden. Specifically, the CQMR was intended to provide a streamlined solution for reporting, delivering efficiencies in data collection and reducing reporting burdens by leveraging national standards. **After careful consideration, in light of changing national standards, we have decided to suspend the CQMR service.**

OHA remains committed to the goals of collecting robust clinical data on outcomes measures to support health system transformation while reducing provider burden. Until the new national standards for quality measures are ready for implementation, however, the CQMR can't advance those goals, because we lack a reliable way to collect the necessary data from providers. The current climate makes suspending the CQMR service the best option for both the Agency and the stakeholders who report clinical quality metrics.

Does the CQMR service suspension change which measures I need to report?

No, this doesn't affect which measures you report. It affects only how you report your measures, returning to the same process used before the CQMR went live. For 2020 reporting, we will revert to our previous approaches to reporting.

- Medicaid EHR Incentive Program eligible providers will report their eCQMs in the MAPIR system, as in prior years; further information will be added to the Program Year 2020 page.
- For CCO quality incentive metrics, the EHR-sourced measures will be reported in Excel templates that will be posted on the CCO Metrics page, along with the updated 2020 guidance documentation.

What does suspension mean?

The CQMR service will be unavailable to users, but our vendor will maintain all of the configuration needed to support the service. In the future, the CQMR service could be restored and updated to new standards without having to repeat all of the work that has gone into implementation to date.

When will the CQMR service be suspended?

Authorized users of the CQMR service can continue logging in to the CQMR until the end of 2020. After that time, access to the CQMR will be unavailable until further notice.

What led to the CQMR service suspension?

The CQMR service was suspended to make good use of resources during a period of transition in national standards for quality reporting:

- Federal standards for EHR certification and electronic clinical quality measure (eCQM) reporting have changed. Because of changing federal regulations, our anticipated path to patient-level data for CCO incentive metrics and other quality programs is no longer viable. Previously, going back to regulations published in 2012, the Office of the National Coordinator for Health IT (ONC) required certified EHR vendors to support individual-level reporting of eCQMs using the Quality Reporting Document Architecture (QRDA) 1 standard and to support aggregated reporting of eCQMs using the QRDA 3 standard.
- Under new ONC rules, ambulatory EHR vendors are no longer required to support QRDA 1 reporting. Only aggregated reporting in the QRDA 3 standard is required for the EHR vendors used by clinics that report CCO incentive metrics.
- CMS and ONC envision that in the future, eCQM reporting will occur using the Fast Healthcare Interoperability Resources (FHIR) standard. Currently, CMS is pilot testing FHIR-based eCQMs. Detailed measure specifications and implementation guides for FHIR-based eCQMs are not yet posted for general use, however. Once these are developed, EHR vendors will need to implement the changes and providers may need to update their EHRs.
- During this period of change, proceeding with the CQMR would mean spending state funds and stakeholder time without being sure we're adding value. As long as we can't collect patient-level data for measure calculation and analysis, there is no advantage to using the CQMR rather than reverting to our previous methods of reporting.
- Simply put, we want to ensure any program we provide or requirements we make are both efficient and effective—and we can't confidently do that right now.

Where can I find more information?

- For the Medicaid EHR Incentive Program, please visit the Program Year 2020 page. We will post more detailed information there. You can contact the program team at Medicaid.EHRIncentives@dhsoha.state.or.us
- For CCO quality incentive metrics, please visit the CCO Metrics page. The updated 2020 guidance documentation will be posted there. You can contact the metrics team at metrics.questions@dhsoha.state.or.us.