

FAQ Brochure

Updated December 2019

What is the Clinical Quality Metrics Registry (CQMR)?

The CQMR is a tool to collect, aggregate, and provide clinical quality metrics data to meet program requirements and achieve efficiencies for provider reporting. The CQMR aligns with standards used in quality reporting programs under the Centers for Medicare & Medicaid Services (CMS) and related electronic health record (EHR) certification standards set by the Office of the National Coordinator for Health IT (ONC). The CQMR collects [electronic clinical quality measures](#) (eCQMs) and state-specific Coordinated Care Organization (CCO) incentive measures, such as smoking prevalence and SBIRT.

The CQMR supports reporting from end users with various technical systems and reporting capacity levels. Quality measures can be submitted through the CQMR web portal, Direct secure messaging, secure file upload (SFTP), or API interface.

The CQMR can accept patient-level data and aggregated data, in keeping with programmatic reporting requirements. For Coordinated Care Organization (CCO) incentive measures, for example, OHA intends to move along a gradual glide path to reporting patient-level data in standard formats. Different quality reporting programs may have other expectations, however, and use of the CQMR does not require submission of patient-level data.

What quality reporting programs are supported by the CQMR?

For 2019 reporting (data reported in early 2020), the CQMR supports reporting for the Medicaid EHR Incentive Program and CCO incentive measures. The CQMR also is available for participants in Comprehensive Primary Care Plus (CPC+) and for CQMR users to send quality measures to CMS to meet Merit-based Incentive Payment System (MIPS) reporting requirements. A comparison of reporting requirements for those programs is available on the [CQMR Resources](#) webpage.

Over time, OHA intends that additional quality reporting programs may use the CQMR, with the goal of streamlining and aligning quality metric reporting requirements and thus reducing provider burden.

Why is the CQMR needed?

Electronic clinical quality measures (eCQMs) are a way to assess the care that patients receive by using data from systems such as EHRs, as opposed to claims or survey data. With the increasing adoption of EHRs, Oregon has new opportunities to measure and improve the quality of care. Using EHR data supports measuring outcomes—for example, measuring whether a diabetic patient's blood sugar levels are controlled rather than simply measuring whether the patient's blood sugar levels were tested. The CQMR enables more efficient collection and use of this important quality data.

To date, Oregon has had no standard, automated capacity for the collection, storage, or aggregation of eCQMs. The CQMR is intended to fill this gap. It aligns with national standards for the collection and calculation of quality measures and will offer expanded functionality over time to enable more robust data collection and analysis. To support providers with different levels of technical capacity, the CQMR offers several secure options for data submission. For details on how to use the CQMR, please review the [onboarding](#) and [training materials](#).

What does the CQMR do?

The CQMR is used for collecting and validating data, calculating measure results for comparison to established benchmarks, and supplying data for analytics. It complies with privacy and security standards and best practices.

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The CQMR is designed to

- Allow health care providers to submit their eCQM data in one place to meet multiple programs' reporting requirements;
- Enable health care organizations to review local, regional, and state data to help inform decision-making and measure how they and others are doing to help improve patient care and reduce system costs;
- Provide information that can be used to evaluate systems and processes to determine if changes can be made to help meet goals; and
- Be expandable to support additional quality reporting programs over time.

The CQMR is not intended to displace other analytics tools but instead to provide efficiencies in data collection and reporting.

Are there fees to use the CQMR?

No, there are no fees to use the CQMR for participants in CCO incentive measures, Oregon's Medicaid EHR Incentive Program, or Comprehensive Primary Care Plus (CPC+). CQMR users also will be able to send their quality measures to CMS to meet MIPS reporting requirements, with no fees.

If additional programs' use of the CQMR causes a change in the CQMR's scope, there could be fees associated with supporting those programs.

What has been done so far?

In implementation, OHA worked with Oregon's CCOs, Medicaid providers, and other stakeholders to identify key requirements and set the scope for the CQMR. The CQMR went live in January 2019 for Medicaid EHR Incentive Program/Promoting Interoperability users to submit electronic clinical quality measures (eCQMs). In February 2019, it went live with the option to report eCQMs to CMS for the Merit-based Incentive Payment System (MIPS) and Comprehensive Primary Care Plus (CPC+) for 2018. CCO incentive measure reporting in the CQMR will begin in January 2020. [Technical assistance](#) is available to help clinics prepare for patient-level eCQM reporting.

What are the next steps?

Further system enhancements are being added to the CQMR. Dashboards for reviewing patient-level data will be available in early 2020. The next enhancement will be functionality to incorporate payer enrollment data so that patient-level data can be filtered by payer.

A CQMR user group will launch in March 2020. Meetings will be scheduled quarterly to share information about system enhancements, collect user feedback, and share best practices.

Get involved with Oregon Health IT

Office of Health Information Technology: HealthIT.Oregon.gov

Clinical Quality Metrics Registry: OregonCQMR.org

Questions about the CQMR? Oregon.CQMR@dhsosha.state.or.us