

OHA-OHSU QRDA I Reporting Project

Vendor Guide

Epic

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Vendor Guide of Capacity to Report CQMs in QRDA I

Epic

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Introduction

The goal of this effort is to support the use of the Quality Reporting Document Architecture Category One (QRDA I) standard for organizations reporting clinical quality measures (CQMs) for the Oregon Health Authority (OHA) Coordinated Care Organization (CCO) incentive reporting program. As a patient-level, electronic health record (EHR) based standard, QRDA I format will facilitate accurate reporting and robust analysis of the standard of care across the state. Eventually, reporting in QRDA I could enable organizations to report once to the Clinical Quality Measure Registry (CQMR) to meet the requests of many quality monitoring programs. While producing CQMs in QRDA I will likely take some investment at the start, reporting in QRDA I format will allow more flexibility and lead to better understanding about the quality of care Oregonians receive.

Despite the near omnipresence of EHRs in healthcare and Office of the National Coordinator (ONC) requirements, quality reporting continues to be challenging for organizations. This vendor guide offers insight into how to produce CQMs in QRDA I format from the EHR. It is comprised of four sections: data collection, population definition, QRDA I generation, and QRDA I validation.

EHR vendor overview

Every version of Epic in use today meets the 2015 edition of ONC certification criteria, meaning generation of QRDA I formatted CQMs should be possible to users without the intervention of a developer. Epic, like many EHR vendors has extensive support documentation available to its customers. The following material provides tips and guidance to using Epic's documentation.

Data collection

Setup and data mapping CQMs

Before exporting CQMs in QRDA I format, it is important to make sure your organization has all CQM data mapping set up properly. Luckily, Epic has many resources available to customers on Galaxy (galaxy.epic.com), the Epic documentation repository. For guidance on CQM, QRDA I, and data mapping setup, refer to the following Epic resources:

[Epic's Regulatory and Quality Reporting Configuration Guide \(Blue book\)](#), (accessible by searching “blue book” in Galaxy, referenced here as Blue Book) is a comprehensive guide to all things related to regulatory reporting setup and contains several QRDA I relevant sections:

- Setup
 - [Shared Build for QRDA I and QRDA III Reporting](#)
 - This section gives detailed instructions and resources on QRDA I set up, including stylesheet build, queue build, and release of information set up.
 - Some of this section will be duplicative if you have already set up QRDA III reporting.
 - [Initial Setup for Reporting in QRDA I Format](#)
 - This subsection of the Blue Book's [Hospital Quality Measures Report Setup](#) covers the creation of several pieces of set up vital to QRDA I generation from stylesheets, to throttling.
 - This chapter also contains a useful [FAQ section](#)

[Epic's Outpatient Quality Measures Reporting for Promoting Interoperability \(MU\) and MIPS \(Green Book\)](#) has several sections relevant to data mapping CQMs, CQM specifications, details any recent updates to each specification, and Epic furnished CQM specific resources for each measure. The guide (henceforth referred to as the “Green Book”) can be found on Galaxy by searching for “green book”. Sections of particular interest to QRDA I set up and data mapping are summarized below:

- General information
 - [Reporting on Quality measures for Eligible Clinicians](#)
 - Includes great background information on the way Epic structures and conceptualizes Promoting Interoperability (PI) and Merit-based Incentive Payment System (MIPS) reporting, CQMs, MIPS scoring, and definitions of reporting period, eligible clinicians, and practices.
 - If you're looking to brush up on all things reporting and CQM, this section would be a great place to start.
 - This section does not contain any QRDA I specific information.
- Data Mapping build

- [Collecting Quality Measure Data](#)
 - This section is light on material but does contain two useful links—one to the [Tracking Quality Measure Build](#) section and the other to the [Electronic Clinical Quality Measure \(eCQM\) Terminology Mapping Guide](#) (or search “terminology mapping” on Galaxy).
- [Tracking Quality Measure Build](#)
 - This section builds on Collecting Quality Measure Data to encompass build validation tools and strategies.
 - Epic’s Quality Measures Management activity (search for Quality Measures Management in Hyperspace), which includes the Measure Catalog, and terminology mapping validation guidance.
 - Epic’s Quality Measure Details Report, and other reporting supportive reports such as the QM Attribution Report and the TIN Search Trace Report
- QRDA I set up
 - [Clinical System Setup for EC Quality Measures](#)
 - This section contains information on mnemonic configuration for QRDA I. Most helpfully, it includes a link to the [Plan Your Mnemonic Configuration for QRDA](#).
 - [Report Setup for EC Quality Measures](#)
 - This section contains the subsection [Verify That Build is Complete Before Running Quality Measures Processes](#). This subsection details a few avenues for setup validation you can run to review CQM and report build.
- The [Green Book](#) also includes a [guide to each CQM](#)
 - [Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan CMS 2](#)
 - [Diabetes: Hemoglobin A1c Poor Control CMS 122](#)
 - [Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents CMS 155](#)
 - [Controlling High Blood Pressure CMS 165](#)

One of the documents referenced in Epic’s [Green Book](#) is Epic’s [Electronic Clinical Quality Measure \(eCQM\) Terminology Mapping Guide](#) (also accessible by searching “terminology mapping” on Galaxy). The [eCQM Terminology Mapping Guide](#) is a thorough overview of the importance and implications of terminology mapping, as well as an overview of mapping techniques and tools. Terminology mapping is important for many functions of your organization such as interfacing with other vendors, and PI and MIPS reporting, in addition to producing CQM reports in QRDA I format. It is possible your organization chose to map a subset of its data elements rather than terminology map all elements, so it will be worthwhile to review your mapped terms to confirm your system

is ready for QRDA I generation. Here are some sections of the [eCQM Terminology Mapping Guide](#) that might be useful to your organization:

- [Plan Your Mnemonic Configuration for QRDA](#)
 - This section details the mnemonics you will need to map for successful QRDA I generation.
 - One Mnemonic that is of particular importance to QRDA I generation is QRDA_COUNTRY_MAP. Details on configuration exist in a later section: [Map ISO Codes to Country Abbreviations](#)
- [Map Flowsheet Rows](#)
 - While not all of the content in this section is relevant to QRDA I setup, it does detail some set up and functionality this is relevant to the use of flowsheet rows with custom formulas and QRDA generation.
- [Appendix B: FAQs](#)
 - Appendix B is comprised of several common issues for terminology mapping and CQM generation. Some of the solutions are specific to QRDA I, while others are export format agnostic.
 - A link to Epic's build tracker for outpatient measures, [Outpatient Quality Measures Build Tracker](#), can be found in Appendix B

Data collection validation

Documentation on how to validate your documentation workflows and reports can be found in the [Validate Workflows and Reports](#) section of the [Regulatory Quality Reporting Project Management Guide](#).

Additional resources

CMS has references for each eCQM at the [eCQI Resource Center](#), and the NIH lists detailed information of the code sets for each CQM in its [Value Set Authority Center](#). Much of the information in the eCQI Resource Center and Value Set Authority Center is duplicative of the CQM guides in the [Green Book](#).

Population definition

Identifying a subset

One challenging part of participating in CCO incentive reporting is the difficulty of reporting for CCO members only. One way to facilitate reporting only CCO member patients is to create a subset based on payor. Please follow OHA guidelines, available in section four of the OHA's [CCO Incentive Metrics: Requirements for Reporting on EHR Based Measures in 2018](#) guide to determine patient eligibility for inclusion in CCO incentive measure calculations. Instructions for creating patient and provider subsets can be found in the [Administrator's Guide to Chronicles](#) in the [Create a Subset of Records](#) section.

Another consideration for your organization might be how to report for only a subset of all providers, for example a subset that only includes your organizations eligible providers and excludes other clinicians (RNs) or providers from outside organizations. Instructions for creating patient and provider subsets can be found in the [Administrator's Guide to Chronicles](#) in the [Create a Subset of Records](#) section.

Additional resources

Refer to the OHA resource, [CCO Incentive Metrics: Requirements for Reporting on EHR Based Measures in 2018](#) guide, to guide population definition.

QRDA I generation

Defining the report

Epic's [Green Book](#) offers step-by-step instructions on how to generate, access, and decrypt QRDA I files in the section titled [Optionally Generate XML Files in QRDA I Format](#), a subsection of [Report Setup for EC Quality Measures](#). These instructions include references to using subsets to specify both patient groups and provider groups.

Epic's [Blue Book](#) details some interesting information on the technical underpinnings of QRDA I generation in [Hospital Quality Measures Report Set up](#).

Trouble shooting

QRDA I is a format that was created for use in MIPS reporting. As such, QRDA I generation will create a patient file for each provider with whom the patient had an encounter. This is because, for the purpose of MIPS, any eligible provider who saw the patient during the reporting period is equally culpable for the patient's CQM success or failure. If a patient sees multiple providers, the QRDA I CQM generation process may result in multiple files for that patient, each located within a different provider folder.