

OHA-OHSU QRDA I Reporting Project

Vendor Guide

NextGen

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Vendor Guide of Capacity to Report CQMs in QRDA I

NextGen

Contents

- Introduction 4
- EHR vendor overview..... 4
- Data collection 5
 - Mapping the CQMs..... 5
 - Data collection validation..... 5
 - Resources 5
- Population definition 5
 - Identifying a subset..... 5
 - Resources 5
- QRDA I generation 5
 - Defining the report..... 5
 - Trouble shooting 6

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

NextGen is an EHR vendor that offers a collection of products, the newest of which meet the 2015 ONC certification criteria. This means that users should be able to produce CQM reports in QRDA I format without developer intervention. Specifically, NextGen Ambulatory EHR version 5.9, NextGen Enterprise EHR versions 5.9.1 and 5.9.2, and NextGen Population Health Solution version 2.5 all meet 2015 certification criteria. NextGen's QRDA I functionality is hosted in NextGen's Health Quality Measures (HQM) module. In earlier versions of NextGen, QRDA I functionality existed in the NextGen tool, Rosetta holding tank, but in more recent versions NextGen has made the choice to move all QRDA I functionality to HQM.

One important point: for all of NextGen's documentation, and any communication you have with NextGen employees, NextGen refers to QRDA I as QRDA CATI or CATI.

Data collection

Mapping the CQMs

For every CQM, NextGen provides white papers that cover everything needed to appropriately capture and report on the CQM. These white papers contain the following sections: measure details, general guidance, specification mapping tables, lists of CPT, ICD, LOINC, and SNOMED values, recommended documentation workflows, data assumptions, and references

Data collection validation

The white papers do not include explicit data collection guidance, but build could be validated by following the recommended workflows documented.

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](#).

Population definition

Identifying a subset

Chapter three of NextGen's QRDA CATI User Guide, Export a Category 1 File, details the process of submitting a request for QRDA I documents. This process includes specifying the report population in something called a "population set". This population set should include all the patients you want to report on, in this case all CCO members. The process of population set generation is not included in the QRDA CATI User Guide.

QRDA I generation in NextGen must be conducted once for each provider, meaning if your practice has five providers you will need to request QRDA I documents for each of them separately.

Resources

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

QRDA I generation

Defining the report

QRDA I generation from NextGen's HQM has three states: submission, queuing, and exportation. All three of these states are described in chapter three of NextGen's QRDA CATI User Guide. Information on QRDA I submission can be found in the first part of the chapter, "Export a Category 1 File". It is during submission that practice, provider, population set, and CQMs are specified, as well as the password for file encryption. There are two options when selecting CQMs during QRDA I submission, a single CQM, or all CQMs. The OHA's CQMR will be able to accept QRDA I files generated for more CQMs

than just the CCO incentive CQMs. Monitoring a QRDA I submission in the queue and accessing exported QRDA I files are described in the chapter's section, "View QRDA Category 1 File Export Results".

NextGen's QRDA I submission process necessitates the generation of documents one provider at a time. This could lead to the production of multiple files for one patient, as one file will be generated for each provider with whom the patient had an encounter. NextGen's QRDA I production was designed to support Merit-based Incentive Payment System (MIPS) reporting. For the purpose of MIPS, any eligible provider who saw the patient during the reporting period is equally responsible 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.

Trouble shooting

It is important to note that NextGen's QRDA I generation process does not support partial export, meaning that if any error is incurred during export, the entire QRDA submission will fail.