

FAQ Brochure

Updated September 2018

What is the Clinical Quality Metrics Registry (CQMR)?

The CQMR is a technical system that will be used 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 is currently in the implementation phase.

The CQMR will support reporting from end users with various technical systems and reporting capacity levels. Quality measures can be submitted through entry in webforms, Direct secure messaging, secure file upload, or API interface.

The CQMR will 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?

Initially, the CQMR will support reporting for the Medicaid EHR Incentive Program and the Coordinated Care Organization (CCO) incentive measures. The CQMR also will be 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 2018 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 will enable 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 will fill this gap. It will align with national standards for the collection and calculation of quality measures. To support providers with different levels of technical capacity, the CQMR will offer several secure options for data submission.

What will the CQMR do?

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

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The CQMR will

- 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?

OHA's Office of Health Information Technology worked with Oregon's CCOs, Medicaid providers, and other stakeholders to identify key requirements and set the scope for the CQMR. Following a competitive procurement process, MiHIN was selected as the CQMR vendor. OneHealthPort will provide a single sign-on service for CQMR end users.

Implementation of the CQMR began in December 2017 and has proceeded through architecture, enhancements, and component testing. System testing is currently underway. A CQMR Subject Matter Expert [Workgroup](#) is providing expertise and input to inform decisions on program and technical considerations.

What are the next steps?

OHA will continue to work with vendors and stakeholders on the implementation of the CQMR. User acceptance testing is planned for October 2018. The CQMR is expected to go live in December 2018. This allows time to meet the 2018 quality reporting deadlines that fall in the first quarter of 2019.

Get involved with Oregon Health IT

Office of Health Information Technology: HealthIT.Oregon.gov

Clinical Quality Metrics Registry: OregonCQMR.org

Questions about the CQMR? metrics.questions@state.or.us