The Changing Landscape of Quality Measurement and Reporting

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MI CAH Quality Network
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- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program

We Make Lives Better

Objectives

At the end of this session, attendees will be able to:

- Describe the rationale for why an individual critical access hospital (CAH) may (or may not) have an Overall Hospital Star Rating available on Care Compare.
- Identify if next steps are needed to ensure your CAH is prepared to meet increasing eCQM reporting requirements.
- Prepare for potential changes to current quality measures and be aware of anticipated new measures relevant for CAHs.

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MBQIP Overview

- The Medicare Beneficiary Quality Improvement Program (MBQIP) is the primary quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal Office of Rural Health Policy (FORHP)
  - Improve the quality of care in CAHs by increasing quality data reporting and driving improvement activities based on the data
  - Common set of rural-relevant hospital metrics, technical assistance, encouragement, and support
- Updates have been made to the MBQIP Core Measure set to reflect some of the newly available measures from the Centers for Medicare & Medicaid Services (CMS)

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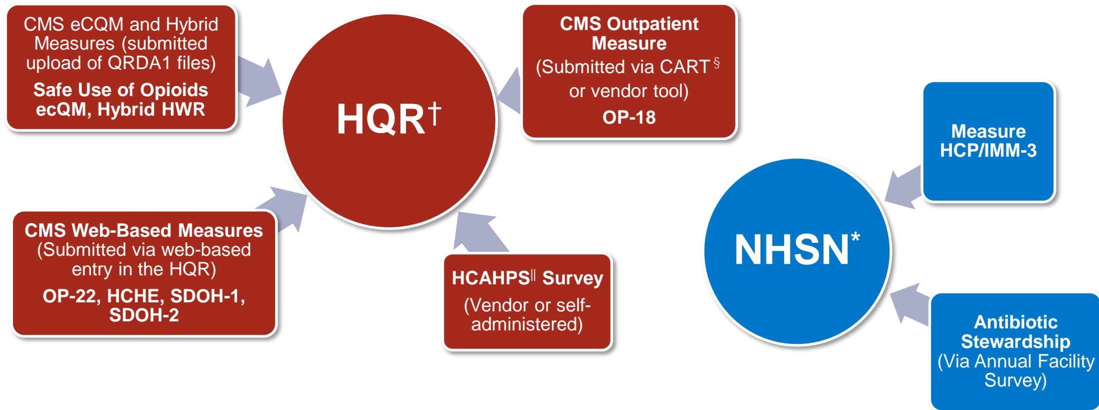
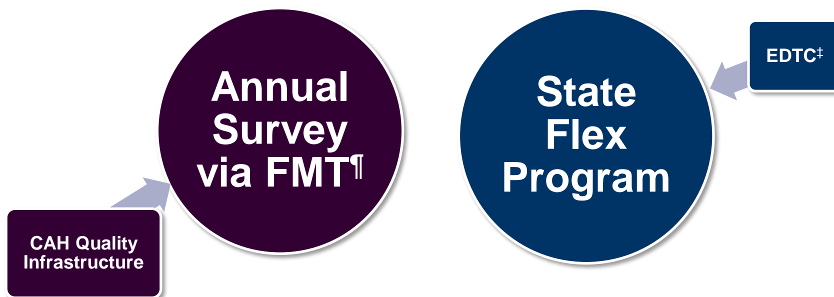
Reporting Channels for MBQIP 2025 Core Measures – Part 1



†Hospital Quality Reporting Portal §CMS Abstraction and Reporting Tool
‖Hospital Consumer Assessment of Healthcare Providers and Systems *National Healthcare Safety Network

Reporting Channels for MBQIP 2025 Core Measures – Part 2



¶Flex Monitoring Team ‡Emergency Department Transfer Communication

Process for CMS Quality Measures

- CMS quality programs and measures are identified and updated through the annual rule-making process:
  - Inpatient Prospective Payment System (IPPS) Rule defines the Inpatient Quality Reporting Program (**IQR**) and the **Medicare Promoting Interoperability Program**
  - Outpatient Prospective Payment System (OPPS) Rule defines the Outpatient Quality Reporting Program (**OQR**)
- Before inclusion in CMS programs, measures are vetted through a public pre-rulemaking process. Preference is for measures that have been through endorsement by a consensus-based entity*
- CMS measures are regularly added, "topped-out" and retired, or removed

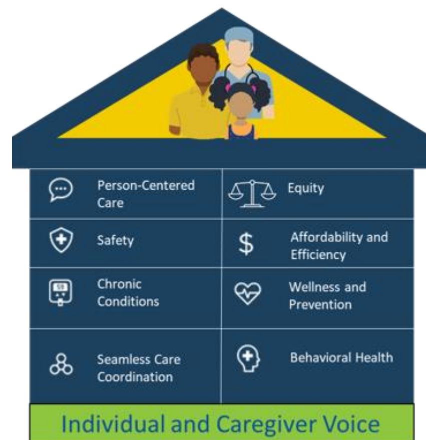
*The Battelle Partnership for Quality Measurement replaced National Quality Forum (NQF) as the CMS consensus-based entity in 2023. They now manage the Pre-Rulemaking Measure Review (PRMR) and the Endorsement and Maintenance (E&M) process

Changing Landscape: Moving to Measure Modernization

CMS Meaningful Measures 2.0

Address measurement gaps, reduce burden, and increase efficiency by:

- Utilize only quality measures of highest value and impact focused on key quality domains.
- Prioritize outcome and patient reported measures.
- Align measures across value-based programs and across partners, including CMS, federal, and private entities.
- Transform measures to fully digital by 2030 and incorporate all-payer data.
- Develop and implement measures that reflect social and economic determinants.



Source: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization

CMS Universal Foundation

- Aligning Quality Measures Across CMS - the Universal Foundation
- Adult and Pediatric measures for use across all CMS Programs
- “Add-ons” for specific populations and settings:
  - Hospital
  - Post-acute Care
  - Maternity care
  - Behavioral Health (anticipated in 2024)

Preliminary Adult and Pediatric Universal Foundation Measures.*

Domain	Identification Number and Name
Adult	
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures
Equity	Identification number undetermined: Screening for social drivers of health
Pediatric	
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit–hyperactivity disorder medication
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures

* Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

More information: March 2023 NEJM article

CMS Universal Foundation: Hospital Add-on

Domain	Measures (MBQIP measures in bold)
Chronic Conditions & Equity	• Hybrid Hospital-Wide Risk-Standardized Mortality Measure • **Screening for Social Drivers of Health**
Person-Centered Care	• **Hospital (H) CAHPS*** • Outpatient and Ambulatory Surgery (OAS) CAHPS
Safety	• NHSN Hospital-Acquired Infections: CLABSI, CAUTI, MRSA, SSI, CDI • Patient Safety Indicators (PSI) 90 • Severe Sepsis and Septic Shock Management Bundle • Severe Obstetric Complications
Seamless Care Coordination	• **Hybrid Hospital-Wide All-Cause Readmission** • **Median Time from ED Arrival to ED Departure for Discharged ED Patients**

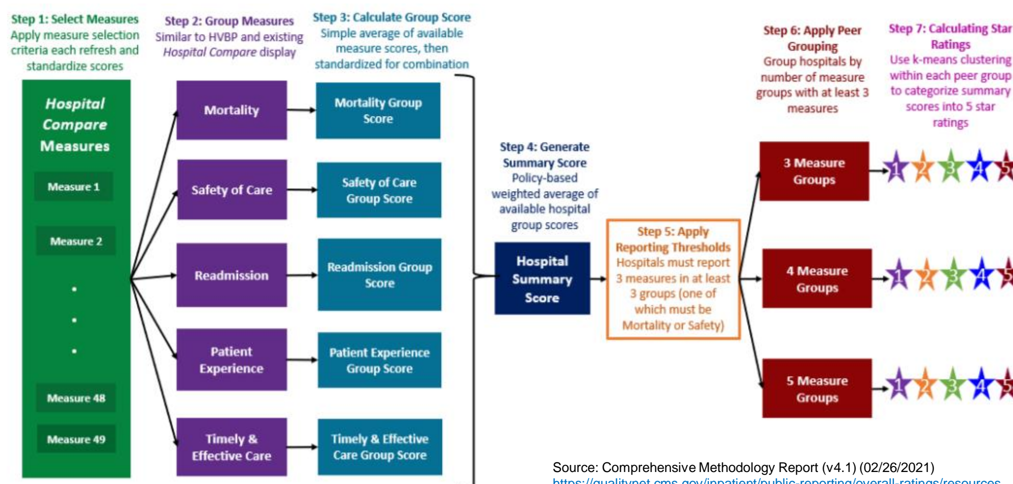
*Consumer Assessment of Healthcare Providers and Systems
Source; Aligning Quality Measures Across CMS - the Universal Foundation | CMS

Overall Hospital Star Rating

Why Star Ratings for Hospitals?

- CMS has stated that the objective of the Overall Hospital Quality Star Rating project is to summarize information from existing hospital measures on Care Compare in a way that is useful and easy to interpret for patients and consumers.
- Overall Hospital Quality Star ratings, initially released in July 2016, followed CMS release of Star Ratings across a variety of health care provider types, and release of the HCAHPS Star Ratings.
  - Significant changes to the methodology were made in the 2021 rulemaking process.
- Summarizes current Care Compare measures into a single star rating.
- A significant number of small rural hospitals consistently don’t meet the threshold to have a rating calculated (60 - 80%).

The Seven Steps of the Overall Star Rating Methodology



Source: Comprehensive Methodology Report (v4.1) (02/26/2021)
https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/resources

What Measures are Included?

Current Care Compare measures in five groupings:

1. **Mortality** (death rate for a variety of patient groups)
2. **Safety of Care** (HAIs and complications)
3. Readmissions (readmission rates, hospital return days)
4. Patient Experience (HCAHPS, at least 100 returned surveys)
5. Timely and Effective Care (Consolidates process measures from Effectiveness of Care, Timeliness of Care, and Efficient Use of Medical Imaging Groups)

Notes:

- Mortality and Readmissions measures are calculated using Medicare FFS claims
- List of measures used in July 2024 release, including timeframe and data source

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What is the Threshold for Calculation?

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three (3) measures in at least three (3) groups, one (1) of which must be an **outcome** group:

- **Safety of Care**
- **Mortality**

Notes:

- In the previous methodology, Readmissions was included as an outcome group
- CAHs rarely meet the threshold to have safety of care measures reported on Care Compare
- Mortality measures are typically calculated using claims for a three-year period, and there is a significant time lag in the data (typically 2+ years).
- Due to the COVID-19 PHE, CMS truncated some of the time periods to avoid use of data from Q1 and Q2 2020 (e.g., The July 2024 release used data from July 1, 2019, to December 1, 2019 and July 1, 2020 – June 30, 2022 for the mortality measures.)

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How is the Score Calculated?

- Simple average of measure scores *within* each measure group
- Measure groups are weighted:

Group	Star Ratings Weight (W_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

Notes:

- Measure group weights are re-proportioned if no measures are available in a measure group.
  - For example, re-proportioned weights if a hospital had measures in three groups: Mortality (39%), Readmission (39%), and Timely and Effective Care (21%)
- If meet the threshold to have a rating calculated, all measures that are available are included

Source: Comprehensive Methodology Report (v4.1) (02/26/2021)

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How do the peer groups work?

- Intent is to address concerns about comparability of hospitals with fundamental differences such as size, volume, patient case mix, and service mix
- In the updated methodology a peer grouping approach is used for determining the Star Rating 'cut-points':

Peer Group	Number (%) of Hospitals in July 2024 Update
Five Measure Groups	2267 (80%)
Four Measure Groups	463 (16.3%)
Three Measure Groups	115 (4%)

Source: Hospital Quality Star Ratings on Hospital Compare

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Star Ratings – Annual Refresh

- Timing of Star Ratings release from CMS is not consistent but is generally once per year.
- Most recent Star Rating was posted on Care Compare in July 2024
  - July 2024 ratings calculated using data from the January 2024 Care Compare Refresh
  - 161 CAHs (12%) met the threshold to have a Star Rating calculated
- There is a 30-day preview period in advance of publication
  - Hospital-Specific Reports (HSR) are made available through HQR
  - CAHs can request that their Star Rating be suppressed from Care Compare, but must do so during the preview period
- Availability of rural-relevant measures is an ongoing concern
  - Important to be looking forward to measure changes on Care Compare that may have an impact down the road

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eCQMs

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What is an eCQM?

“Electronic clinical quality measures (eCQM) use data electronically extracted from electronic health records and/or health information technology systems to measure the quality of health care provided.”

- eCQI Resource Center

CMS Vision: eCQMs

“We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that hospitals will be able to switch primarily to EHR-based data reporting for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program.”

Federal Register / Vol. 81, No. 81 / Wednesday, April 27, 2016 / IPPS Proposed Rules/page **25174**

Inpatient eCQM Reporting Requirements

eCQM submission is required for CAHs as part of the Medicare Promoting Interoperability Program (FKA the EHR Incentive Program)

- Calendar Year (CY) 2024 Submission Deadline will be February 28, 2025
- ***New!*** Starting in CY 2024, increase to six measures, three self-selected, three required

Reporting Period (CY)	Number of Calendar Quarters to Report	Number of Measures to Report on Each Quarter
2023	Four quarters	Four: 3 self-selected + Safe Use of Opioids
2024	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

- Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals
- **Safe Use of Opioids is a new measure in the MBQIP 2025 Core Measure Set**

Sources: Quality Reporting Center - eCQM Resources and Tools, Promoting Interoperability Program Requirements | CMS, Medicare Beneficiary Quality Improvement Project (MBQIP) Data Submission Deadlines (ruralcenter.org)

Available Inpatient eCQM Measures

Short Name	Available Measures by Reporting Year	CY 2024	CY 2025
GMCS	Global Malnutrition Composite Score*	X	X
VTE-1	Venous Thromboembolism Prophylaxis	X	X
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	X	X
STK-2	Discharged on Antithrombotic Therapy	X	X
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	X	X
STK-5	Antithrombotic Therapy By End of Hospital Day 2	X	X
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults*		X
HH-01	Hospital Harm—Severe Hypoglycemia	X	X
HH02	Hospital Harm—Severe Hyperglycemia	X	X
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X
HH-PI	Hospital Harm – Pressure Injury		X
HH-AKI	Hospital Harm – Acute Kidney Injury		X
ePC-02	Cesarean Birth*	**Required**	**Required**
ePC-07	Severe Obstetric Complications**	**Required**	**Required**
Safe Use of Opioids	**Safe Use of Opioids – Concurrent Prescribing**	**Required**	**Required**

* All hospitals are required to report ePC-02 and ePC-07 starting with the CY 2024 reporting period, those that do not provide OB services should submit a zero-denominator declaration for those two measures. **Population expanded to 18+ starting with CY 2025 reporting

What does ‘reporting’ mean?

Submit the required eCQMs through any combination of the following:

- Accepted (Quality Reporting Data Architecture) QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations*
- Case threshold exemptions (≤ 5 cases in the reporting quarter)*

*Submitted via Hospital Quality Reporting (HQR) system through a HARP account, EHR must have capability to report the measures.

Source: https://www.qualityreportingcenter.com/globalassets/iqr2021events/ecqm030921/ecqm-webinar_qa-session-cy-2020_030921_slides_vfinal508.pdf

Hardship Exception – Promoting Interoperability Program

“A CAH may, on a case-by-case basis, be granted an exception from this adjustment if CMS or its Medicare contractor determines, on an annual basis, that a significant hardship exists.”

For more information:

- Calendar Year 2024 PI Program Requirements
- Medicare Promoting Interoperability Program Hardship Exception Fact Sheet

Note: PPS hospitals would also need to submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program.

Outpatient eCQMs

- CMS Added the first eCQM to the Outpatient Quality Reporting Program (OQR) in CY 2023
  - OP-40: ST-Segment Elevation Myocardial Infarction (STEMI)
    - Clinically similar to chart-abstracted OP-2 and OP-3 which were retired after Q1 2023
    - CY 2024 submission required for OQR (one self-selected quarter)
    - CY 2025 submission for required for OQR (two self-selected quarters, etc.)
    - Technical details for OP-40 can be found here: Outpatient Quality Reporting eCQMs
  - ***New!*** OP-ExRad: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (parallel to inpatient IP-ExRad)
    - Voluntary for CY 2025, required for OQR in CY 2026
- Reporting of outpatient eCQMs is **not** currently aligned with Promoting Interoperability requirements.

Source: The Hospital OQR Times Newsletter: Spring 2023 (qualityreportingcenter.com), page 2

eCQMs and Public Reporting

- eCQM data is *not* currently reported on CMS Care Compare
- CMS has indicated they will start public reporting of inpatient eCQM measures:
  - eCQM measures have been included in Care Compare Preview reports since January 2023
  - Safe Use of Opioids will be reported on Care Compare starting with the October 2024 Refresh (as a '*Timely and Effective Care* measure').
  - For the time being, other facility level eCQM data is currently only being released in the Provider Data Catalog *(not on Care Compare)*
  - It is likely that future releases will be included on Care Compare (*timeline TBD*)
- As CMS starts to include eCQMs on Care Compare, how eCQMs will be incorporated into the methodology for the Overall Hospital Star Rating is unclear.

Sources: www.qualityreportingcenter.com and 2021 Final IPPS Rule

Hybrid Measures

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized rates
- Currently two Hybrid CMS Inpatient Measures:
  - **Hybrid Hospital-Wide All-Cause Risk Standardized Readmissions Measure**
  - Hybrid Hospital-Wide All-Cause Risk Standardized *Mortality* Measure
- ***New!*** Patient cohort for Hybrid Hospital Wide Readmissions and Mortality measures is expanding to include Medicare Advantage patients

Hybrid Hospital-Wide All-Cause Readmissions

- Timeline for implementation:
  - Required for **IQR** as of the following reporting period:
    - July 1, 2023 – June 30, 2024 (Deadline: September 30, 2024)
    - CAH submission encouraged
    - Optional reporting for IQR has been available for the prior two years
  - **New measure in the MBQIP 2025 Core Measure Set**
    - July 1, 2024 – June 30, 2025 (Data Due September 30, 2025)
    - Include Medicare FFS and Medicare Advantage patients
- Hybrid HWR measure data to be publicly reported starting with the July 2025 refresh of *Care Compare* (replacing the claims-based only HWR measure)

Key dates and resources: https://qualitynet.cms.gov/files/645d68773da56f001c0fc68a?filename=2025_Hybrid_HWR_HWM_KeyDatesRsrcs.pdf

Hybrid Hospital-Wide All-Cause Readmissions cont.

- Clinical variables (first captured):
  - ✓ Heart Rate
  - ✓ Systolic Blood Pressure
  - ✓ Respiratory Rate
  - ✓ Temperature
  - ✓ Oxygen Saturation
  - ✓ Weight
  - ✓ Hematocrit
  - ✓ White Blood Cell Count
  - ✓ Potassium
  - ✓ Sodium
  - ✓ Bicarbonate
  - ✓ Creatinine
  - ✓ Glucose
- Linking data elements:
  - ✓ CMS Certification Number
  - ✓ Health Insurance Claims Number or Medicare Beneficiary Identifier
  - ✓ Date of birth
  - ✓ Sex
  - ✓ Admission date
  - ✓ Discharge date.
- Format: QRDA 1 (Quality Reporting Data Architecture)

Additional Information: Hybrid Measure Resources (cms.gov)

Maternal Morbidity and Birthing-Friendly

- Maternal Morbidity Structural Measure*
  - Participation in perinatal quality improvement program *and* implementation of safety bundles if provide inpatient labor/delivery care
  - Submitted annually reflecting the prior CY, next deadline May 15, 2025
- CMS Birthing-Friendly Hospital Designation
  - Currently, the designation is based on a hospital's attestation to the Maternal Morbidity Structural Measure. First reported on Care Compare starting in Fall 2023.
    - Birthing-Friendly Hospitals and Health Systems | Provider Data Catalog (cms.gov)
  - In the future rulemaking, CMS intends to propose a more robust set of metrics for the designation, potentially including:
    - Two maternal health electronic clinical quality measures (eCQMs) the Cesarean Birth eCQM and Severe Obstetric Complications eCQM
    - Additional future measures that are equity-focused, and/or measures that capture patient-reported outcomes or experiences of care

*Reporting Information: Hospital Inpatient Quality Reporting (IQR) Program Measures (cms.gov) (Scroll down to Structural Measures)

Patient Reported Outcome Measures

- Elective Total Hip/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-based Performance Measure (PRO-PM)
  - Pre-Post survey to capture the patient's self-assessment of their pain and function and measure their improvement following their THA/TKA
  - Measure implementation for procedures in all settings (Inpatient, Outpatient and Ambulatory Surgery Centers)
    - Timing is staggered and based on eligible procedure date
    - Voluntary reporting option available prior to required submission
      - Mandatory for IQR starting with procedures in Q3 2025
      - Mandatory for OQR/ASCQR starting with procedures in CY 2028
- OP-31: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Cataracts Visual Function) measure
  - Pre-Post Survey using a standardized tool (multiple options)
  - Voluntary reporting for OQR and ASCQR

*For more information: THA/TKA PRO-PM Overview (cms.gov) , OP-31: Hospital Outpatient Specifications Manual

Hospital Commitment to Health Equity (HCHE)

- New CMS IQR measure in CY 2023 **(MBQIP 2025 Core Measure)**
- Structural measure to assess hospital commitment to health equity across five domains:
  - Domain 1 – Equity is a Strategic Priority
  - Domain 2 – Data Collection
  - Domain 3 – Data Analysis
  - Domain 4 – Quality Improvement
  - Domain 5 – Leadership Engagement
- Reporting Process: Annual attestation via HQR secure portal
- Additional information:
  - Hospital score can be a total of zero to five points (one point for each domain, must attest "yes" to all sub-questions in each domain, no partial-credit)
  - First available reporting deadline was May 15, 2024 (reflecting CY 2023 activity)
  - Measure Specifications and Attestation Guidance

Source: Hospital Inpatient Quality Reporting (IQR) Program Measures

Screening for Social Drivers of Health (SDOH)

- New CMS IQR measure for CY 2023 **(MBQIP 2025 Core Measure)**
- Percent of patients18 and older admitted for an inpatient stay that are screened for all the following health-related social needs (HRSNs):
  - Food insecurity
  - Housing instability
  - Transportation needs
  - Utility difficulties
  - Interpersonal safety
- Reporting Process: Annual numerator and denominator submission through HQR
- Additional Information:
  - CMS does not specify a screening tool be used, but all five areas of HRSN must be included. A list of suggested tools is available.
  - First available reporting deadline was May 15, 2024 (for patients admitted in CY 2023)
  - Measure Specifications and Frequently Asked Questions

Source: Hospital Inpatient Quality Reporting (IQR) Program Measures

Screen Positive to Social Drivers of Health (SDOH)

- New CMS IQR measure for CY 2023 **(MBQIP 2025 Core Measure)**
- Screen positive rate for social drivers of health calculated as five separate rates:
  - Numerators: Number that screen positive for each of the five HRSNs (see previous slide)
  - Denominator: Total number of patients 18 or older screened for an HRSN
- Reporting Process: Annual numerator and denominator submission through HQR
- Additional Information:
  - Screen positive rate is not a measure of performance
  - Timeline, specifications and FAQ align with the SDOH Screening measure

On the Horizon: CMS contracted with Yale CORE to redesign the measure(s) as an inpatient hospital eCQM, with technical expert panel (TEP) activities anticipated to be completed in spring 2024

HCAHPs – Changes Finalized in 2024 IPPS Rule

HCAHPS Survey Administration changes starting January 2025

- Incorporate web-based options to modes of survey administration (web-based option is via email distribution)
- Allow patient proxy to complete the survey
- Extend data collection period to 49 days (from 42 days)
- Limit supplemental items to no more than 12
- Require collection of information about language that the patient speaks while in the hospital, and require official Spanish translation be administered to all patients who prefer Spanish

Source: 2024 IPPS Final Rule;

Additional information: Survey Protocols, Response Rates, and Representation of Underserved Patients: A Randomized Clinical Trial | JAMA Network

IPPS 2025 Final Rule: Updated HCAHPS Survey (HCAHPs 2.0):

Survey questions:

- Adding, removing, and changing multiple questions
- Revised survey will have 32 questions (currently 29)
- Updates the 'about you' questions
- Sub-Measures: (Currently 10, will be 11)
  - Removes existing Care Transitions sub-measure
- Adds two new measures:
  - Care Coordination
  - Information about Symptoms
- Modifies existing Restfulness of Hospital Environment sub-measure

Details: Updated HCAHPS Survey

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Survey Questions: Finalized for Removal

Survey Questions Being Removed	Current Sub-measure
During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	Responsiveness of Hospital Staff (revised)
During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	Care Transitions (removed)
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	Care Transitions (removed)
When I left the hospital, I clearly understood the purpose for taking each of my medications.	Care Transitions (removed)
During this hospital stay, were you admitted to this hospital through the Emergency Room?	n/a - Descriptive

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Survey Questions: Final Additions

Survey Questions Being Added	Sub-measure
During this hospital stay, how often were you able to get the rest you needed?	Restfulness of Hospital Environment (revised)
During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?	Restfulness of Hospital Environment (revised)
During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?	Responsiveness of Hospital Staff (revised)
During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?	Care Coordination (new)
During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?	Care Coordination (new)
Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?	Care Coordination (new)
Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?	Information about Symptoms (new)
Was this hospital stay planned in advance?	N/A - Descriptive

HCAHPS Changes – Care Compare

Public Reporting:

- During transition period, only the unchanged sub-measures will be publicly reported.
- Starting with CY 2025 data, all sub-measures based on the revised survey will be publicly reported
  - Updated HCAHPS sub-measures anticipated to be released during the October 2026 Care Compare Refresh

2025 IPPS Final Rule: New Measures (1)

Patient Safety Structural Measure - Attestation to specific evidence-based best practices in 5 domains:

1. Leadership commitment to eliminating preventable harm
2. Strategic planning and organizational policy
3. Culture of safety and learning health system
4. Accountability and transparency
5. Patient and family engagement

Scoring: Five attestations in each domain. Must meet all statements in each domain to get a point - total of 5 points available.
Timing: CY 2025 first required reporting. On Care Compare starting Fall 2026.
Reporting Channel: CDC NHSN
More information: Measure Specifications & Attestation Guide

Sample Attestation Statements

(Leadership): Our hospital senior governing board prioritizes safety as a core value, holds hospital leadership accountable for patient safety and includes patient safety metrics to inform annual leadership performance reviews and compensation.

(Culture): Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every two years with pulse surveys on target units during non-survey years. Results are shared with the governing board and hospital staff and used to inform unit-based interventions to reduce harm.

Source: 2025 IPPS Final Rule

2025 IPPS Final Rule: New Measures (2)

Age Friendly Hospital Measure – Structural measure with five domains for hospital attestation:

1. Eliciting Patient Healthcare Goals
2. Responsible Medication Management
3. Frailty Screening and Intervention
4. Social Vulnerability
5. Age-Friendly Care Leadership

Scoring: 10 attestation questions across 5 domains. Must meet all statements in each domain to get a point - total of 5 points available
Timing: CY 2025 first required reporting - on Care Compare starting Fall 2026.
Reporting Channel: Web-based Entry into HQR
More information: Measure Specifications

Sample Attestation Statements

(Frailty Screening and Intervention): Our hospital collects data on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. These data are stratified by sex/gender, race, age, and ethnicity.

(Eliciting Patient Healthcare Goals): Our hospital has protocols in place to ensure patient goals related to healthcare (i.e., health goals, treatment goals, living wills, identification of health care proxies, advance care planning) are obtained/ reviewed and documented in the medical record. These goals are updated before major procedures and upon significant changes in clinical status.

Source: 2025 IPPS Final Rule

2025 IPPS Final Rule: New Measures (3)

- Two new eCQMs:
  - Hospital Harm - Falls with Injury
  - Hospital Harm - Postoperative Respiratory Failure
    - Available for reporting CY 2026
    - Measure Specifications | eCQI Resource Center
- Revision to current Global Malnutrition Composite Score eCQM
  - Update specifications for 18+, currently measure focuses on 65+ (starting with CY 2026)
- HAI Measures:
  - Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for *Oncology Locations*
  - Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for *Oncology Locations*
- Expanded/Respecified Measure
  - Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue) Claims-based but will include Medicare Advantage.

Source: 2025 IPPS Final Rule

2025 IPPS Final Rule: Updates to Promoting Interoperability (1)

- Progressive increase in then number of **mandatory** eCQMs*:
  - CY 2026: Reporting all four quarters for 8 eCQMs (five specified, three self- selected)
  - CY 2027: Report all four quarters for 9 eCQMs (six specified, three self-selected)
  - CY 2028: Report all four quarters for 11 eCQMs (eight specified, three self-selected)

Short Name	Full Name	CY 2025	CY 2026	CY 2027	CY 2028
HH-01	Hospital Harm—Severe Hypoglycemia	X	Required	Required	Required
HH-02	Hospital Harm—Severe Hyperglycemia	X	Required	Required	Required
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	X	X	Required	Required
HH-PI	Hospital Harm – Pressure Injury	X	X	X	Required
HH-AKI	Hospital Harm – Acute Kidney Injury	X	X	X	Required
ePC-02	Cesarean Birth	Required	Required	Required	Required
ePC-07	Severe Obstetric Complications	Required	Required	Required	Required
Safe Use of Opioids	**Safe Use of Opioids – Concurrent Prescribing**	Required	Required	Required	Required

* Hospital Harm measures can be self-selected prior to when they are required. Zero-denominator declaration can be used if a hospital doesn't have any patients that meet denominator criteria. In addition to the required measures, hospitals would still self-select three available measures

2025 IPPS Final Rule: Updates to Promoting Interoperability (2)

- **Update the Public Health and Clinical Data Exchange Objective**: Separate the Antibiotic Use and Resistance (AUR) Surveillance measure into two measures:
  1. Antibiotic Use
  2. Antibiotic Resistance
  - Adds a new exclusion for eligible hospitals or critical access hospitals (CAHs) that do not have a data source containing the minimal discrete data elements that are required for AU or AR Surveillance reporting
- **Overall Scoring**: Increase performance-based scoring threshold from 60 points for CY 2024, to 70 points for CY 2025, to 80 points for CY 2026
- **Safer Guides:** Now must attest 'yes' to having conducted annual self-assessment using all nine SAFER Guides (previously could attest yes or no). Anticipate updated versions of SAFER Guides will be available in early CY 2025.

2025 OPPS *Proposed* Rule: New measures

- Screening for Social Drivers of Health
- Screen Positive Rate for Social Drivers of Health
- Hospital Commitment to Health Equity
- Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery - Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)

Measure Specifications: Hospital Outpatient Proposed Measures (cms.gov)
Source: 2025 OPPS Proposed Rule

2025 OPPS *Proposed* Rule: Quality Related

- Proposed removal of two claims-based measures for CY 2025
  - MRI Lumbar Spine for Low Back Pain Measure
  - Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery
- Public Reporting Change:
  - Median Time From Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients — Psychiatric/Mental Health Patients reported on Care Compare

– Significant new Conditions of Participation requirements proposed related to Labor and Delivery Services, and Emergency Services Readiness related to emergency OB care

Requests for Information:

- CMS typically includes "Requests for Information" as part of the rulemaking process
- Often an indicator of potential additions or changes in the coming year(s)
- Recent RFIs:
  - Excess Days In Acute Care (EDAC) measures or Hospital Visits after Outpatient Surgery measures as potential targets for incentives
  - Potential modification of Hospital Quality Star Rating to in relation to increased focus on patient safety

Provide Input!

Your input is needed to improve quality measurement and reporting:

- Provide comments on proposed recommendations, rules, and regulations:
- Participate in discussions at a state and national level – share what works (or doesn't) for your hospital
- Partnership for Quality Measurement (p4qm.org)
  - Sign-up for a membership (free) and receive updates on measure review activities and opportunities for public comment
  - Consider joining a committee or providing input into the pre-rule making review process (PRMR)

Resources: MBQIP 2025 Core Set

- MBQIP Measures
- MBQIP 2025 Submission Deadlines
- MBQIP 2025 Measure Core Set Information Guide
- The Future of MBQIP: Are You Ready?

Resources: Overall Star Ratings

- Understanding CMS Changes to Hospital Overall Star Ratings: American Hospital Association Issue Brief
- Technical Information: https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings
- Articles:
  - Modern Healthcare: Acute-care hospitals see higher star ratings on new CMS methodology April 28, 2021 (subscription may be required)
  - JAMA Network Viewpoint: An Evolving Hospital Quality Star Rating System From CMS Aligning the Stars May 17, 2021

eCQM Related Resources

- Critical Access Hospital Electronic Clinical Quality Measure (eCQM) Resource List (stratishealth.org) Links to a variety of resources and information
- QualityNet eCQM Overview eCQM requirements for IQR and PI
- Quality Reporting Center eCQM Events on Demand Reporting and submission information
- Eligible Hospital / Critical Access Hospital eCQMs | eCQI Resource Center (healthit.gov). Measure specifications, value sets, technical guidance
- Joint Commission Expert to Expert Recorded Webinars Focus on technical updates and descriptions on the eCQM measures
- CMS Promoting Interoperability Program Requirements All program requirements (eCQMs are just one component)

Resources: eCQMs and Hybrid Measure(s)

- Quality Reporting Center: eCQM related webinars and tools, predominantly focused on CMS reporting requirements (IQR/OQR/Promoting Interoperability Program)
- eCQI Resource Center: Supported by CMS and ONC (Office of the National Coordinator), the eCQI (electronic Clinical Quality Improvement) Resource Center is a centralized location for news, information, tools, and standards related to eCQI and eCQMs (*primarily technical information*)
- QualityNet eCQM Reporting: Submission portal, tools, information, resources

For questions on the **Promoting Interoperability Program** and **eCQM data submission process** contact the *QualityNet* Service Center at (866) 288-8912 or qnetsupport@hcqis.org

Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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