CRISP

Connecting Providers with Technology to Improve Patient Care

Use Case Description: eCQM Reporting Tool

Updated 03/10/2022

Overview

Eligible Clinicians (ECs) and hospitals (EHs), collectively referred to as "providers," are expected to calculate and report electronic clinical quality measures (eCQMs) to satisfy requirements for various state and federal regulators and Total Cost of Care Model initiatives. Measuring and reporting eCQMs helps ensure that health care providers are delivering effective, safe, and timely care. CRISP will streamline data collection and presentation, use patient information in applicable HIE services, and transmit eCQM results to state and/or federal regulators as appropriate for reporting purposes.

Permitted Purpose Category

For quality assessment and improvement activities, including care coordination; defined in HIPAA as a subset of health care operations activities (permitted purpose #3)

Technical Design

CRISP, using certified technology, will work with providers to collect eCQMs to satisfy either state regulatory or grant requirements. Based on regulatory requests from the Health Services Cost Review Commission (HSCRC), hospitals will upload eCQMs as Quality Reporting Document Architecture (QRDA) category 1 files via a secure portal. The clinical data provided in these documents will be used by a certified system to calculate EH eCQMs. Required outputs will be transmitted electronically on the relevant basis to the HSCRC for reporting and data analysis.

CRISP may work with non-hospital providers to extract clinical data necessary for eCQMs for use in state reporting requirements such as the Maryland Primary Care Program (MDPCP) and CMS federal reporting requirements such as the Quality Payment Program. Clinical data will be used to calculate eCQMs and transmitted electronically as appropriate to the respective program.

CRISP may extract specific clinical data from quality-related files for other permitted purposes and use in HIE tools. Data extracted for this purpose will be stratified by race and ethnicity for the purpose of evaluating health disparities.

Use Case Descriptions

The use case hinges primarily on four events:

1) Building/configuring and maintaining an interface with the provider;
2) Submitting clinical quality data to CRISP;
3) Calculating eCQMs; and
4) Generating and sending output files to appropriate stakeholders.

CRISP will work with a vendor with demonstrated expertise with quality data submission and calculation using certified technology. The interface(s) will be through CRISP in order to streamline data collection workflows. Hospitals will upload their QRDA 1 files sent electronically from their electronic health records

(EHRs). Ambulatory providers will have a direct connection from their EHRs for data extraction. Clinical data relevant across other CRISP service lines will be available to view via the CRISP Portal.

Opt-Out Applicability

Patient data submitted for eCQM purposes will be aggregated without applying opt-out. Patient-level information for regulatory purposes will be sent without applying opt-outs. Patient-level reports provided back to a provider that include only the provider's own data, with quality measure calculations, will be presented to the provider from which it came without applying opt-out. Opt-out will apply for all non-eCQM uses; patients who have opted out of CRISP will not have any data collected in this use case presented in other HIE services.

Eligible Participants

The eCQM Reporting tool will be available for use by all Maryland EHs who transmit clinical data in the specified format to CRISP. All users must be verified as the identified point of contact with appropriate credentials for the tools. Non-hospital eCQM reporting will be offered based on funding availability.

Patient Impact Statement

The potential impact on patients is low. No patient-level data will be available for clinical purposes for patients who choose to opt-out of CRISP, and data used by regulators will be de-identified. The tools covered in this use case are intended to improve quality and reduce health care disparities, which will hopefully have a positive effect for patients.

Approval

This Use Case Policy was originally approved by the Clinical Advisory Board on XX. The updated version was approved by the Clinical Advisory Board on March 10, 2022.

DocuSigned by:
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Chairperson

3/22/2022

Dated