Outpatient Quality Program Systems and Stakeholder Support Team

Appropriate Treatment for STEMI Patients in the Emergency Department (ED)

Presentation Transcript

Speaker

Amanda Audette, MPH
Research Associate IV, Yale/YNHH Center for Outcomes Research and Evaluation (CORE)

Moderator

Karen VanBourgondien, RN, BSN
Outpatient Quality Program Systems and Stakeholder Support Team

Karen VanBourgondien: Hello everyone. My name is Karen VanBourgondien. I am with the Outpatient Quality Program Systems and Stakeholder Support team. Thank you for joining us today for our discussion on the new eCQM for this program. As you know, OP-40 is the first eCQM for the Hospital OQR Program and we are excited to bring you information and we have the measure writers from Yale CORE here with us today to discuss this measure. We are also going to be addressing your questions. We do have quite a large audience today so if we do not get to your question in the chat box, please put your question in the QualityNet Q&A tool and we will put that direct link to that in the chat box.

Our speaker today is Amanda Audette, she is with Yale/CORE. So, without any further delay let me turn things over to Amanda.

Amanda Audette: Thank you, Karen. To orient you to today's webinar, we list the agenda here. Today, we will review objectives, background, measure specifications, the reporting timeline – from voluntary to mandatory reporting, resources, including measure-specific resources, educational resources, and the JIRA Q&A submission process.

Here, we overview objectives for this webinar. By the end of the presentation, participants will be able to state the 2024 mandatory reporting of the appropriate treatment for STEMI Patients in the ED eCQM, identify calendar year 2024 eCQM reporting requirements for the Hospital Outpatient Quality Reporting Program, or OQR, and locate resources to ensure successful submission of STEMI eCQM measure data, including measure methodology and educational support.

A brief overview of the history of this measure. Hospitals have been reporting eCQMs in the Inpatient Quality Reporting and Promoting Interoperability programs since calendar year 2016. The STEMI eCQM was finalized in the calendar year 2022 Hospital Outpatient Prospective Payment System, or OPPS, Final Rule as the first eCQM in the program. The measure ID is OP-40; and the eCQM measure ID is CMS996e.

The STEMI eCQM measure replaces two chart-abstracted measures: OP-2: *Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department (or ED) Arrival*, and OP-3: *Median Time to Transfer to Another Facility for Acute Coronary Intervention*. These two measures were finalized for removal from the OQR Program beginning with calendar year 2023 reporting period or calendar year 2025 payment determination.

The STEMI eCQM is a process measure, calculated via Electronic Health Record, or EHR, data. The measure score is the percentage of ED encounters for patients with a diagnosis of STEMI, who received appropriate treatment. Improvement is noted as an increase in rate, measured at the facility level.

The denominator of this measure includes all ED encounters for patients 18 years of age and older with a diagnosis of STEMI, who should have received appropriate treatment for STEMI. The numerator includes ED encounters for STEMI patients, who received appropriate treatment via one of three scenarios. The first is whose time from ED arrival to fibrinolytic therapy is 30 minutes or less; the second is for non-transfer ED STEMI patients who received percutaneous coronary intervention, or PCI, within 90 minutes of ED arrival; and the third is for ED STEMI patients who were transferred to a PCI-capable hospital within 45 minutes of ED arrival at a non-PCI-capable hospital.

There are several denominator exclusions to this measure, for which we will overview by time frame. Within 24 hours before the start of ED encounter or during the ED encounter, patients are excluded from the denominator with: aortic dissection or ruptured aortic aneurysm; severe neurologic impairment; mechanical circulatory assist device placement, including aortic balloon pump, biventricular assist device, intra-aortic balloon, intra-aortic balloon counterpulsation, intra-aortic counterpulsation balloon pump, left ventricular device, percutaneous ventricular assist device, or ventricular assist device. Additionally, intubation, including

endotracheal intubation, mechanical ventilation, nasotracheal intubation, or orotracheal intubation; and cardiopulmonary arrest (including cardiac arrest), CPR, defibrillation, respiratory arrest, or ventricular fibrillation (or V-fib), ventricular tachycardia (or VT), pulseless electrical activity (or PEA); or, traumatic or prolonged CPR lasting greater than 10 minutes.

Other denominator exclusion include: during the ED encounter, patients who had an allergic reaction to alteplase, streptokinase, anistreplase, tenecteplase, or reteplase; patients who expired in the ED: within 90 days before start of ED encounter, patients who underwent intracranial or intraspinal surgery; and within 90 days before start of or at the start of ED encounter, patients who had ischemic stroke, significant facial and/or closed head trauma, or peptic ulcer.

The measure also excludes from the denominator: within 21 days before the start of, or starts during ED encounter, patients who underwent major surgery; and, at the start of ED encounter, patients who have bleeding or bleeding diathesis (excluding menses), known malignant intracranial neoplasm (primary or metastatic), known structural cerebral vascular lesion, or AVM, advanced dementia, pregnancy, or are on active oral anticoagulant therapy.

Here, we present the reporting timeline for the STEMI eCQM. For the calendar year 2023 reporting period, hospitals may submit any quarter or quarters of data by the May 15, 2024, submission period deadline. Please note this period if for voluntary reporting, and thus, does not impact payment determination. For the calendar year 2024 reporting period, hospitals must submit one quarter of data that they may self-select, by the May 15, 2025, submission period deadline. This will impact calendar year 2026 payment determination. For the calendar year 2025 reporting period, hospitals must submit two quarters of self-selected data, by the May 15, 2026, submission period deadline, which will impact calendar year 2027 payment determination. For the calendar year 2026 reporting period, hospitals must submit three quarters of self-selected data, by the May 17 2027, submission period deadline, which will impact calendar year 2028

payment determination. And lastly, for calendar year 2027 reporting, hospitals must submit four quarters, or one full calendar year of data, by the May 15, 2028, submission period deadline, which will impact calendar year 2029 payment determination.

Here, we provide a reporting timeline example. While voluntary reporting begins with calendar year 2023, we use the calendar year 2024 reporting period, the first round of mandatory reporting, for calendar year 2026 payment determination, as this example. So, in this scenario, calendar year 2026 payment determination is calculated based on admissions from January 1st to December 31st, 2024, in which data must be submitted by hospitals for the May 15, 2025, submission deadline. Confidential reports will be distributed to hospitals in the summer of 2025. Please note that while a measured entity with no qualifying denominator population in the measurement period will be able to submit a zero-denominator declaration for the measure to meet reporting requirements for that period. Please also note that hospitals must use Health Information Technology certified by the Office of the National Coordinator for Health IT, or ONC to the 2015 Edition Cures Update criteria.

For additional resources, hospitals may access I eCQI Resource Center at ecqi.healthit.gov. There, you will find measure specifications, definitions, value sets, and flowsheets; the ONC Project Tracking System, which is available at oncprojectracking.healthit.gov. From there, you can create an account, search for an issue, create an issue, and submit technical and implementation questions in the ONC Project Tracking System, otherwise known as JIRA. For hospital outpatient reporting guidance, you may visit *QualityNet* and the Quality Reporting Center for specific program reporting education. And all the links I just mentioned are available on this slide.

Now, we will overview the eCQI Resource Center.

Here, you can see the eCQI Resource Center homepage.

From the homepage, hover your cursor over eCQMs. From the drop-down box, select Outpatient Quality Reporting eCQMs.

This will take you to the measure information page. From there, you can filter by period from the *Select Period* drop-down box. Select the "STEMI eCQM" option.

On the STEMI eCQM measure-specific page, you can find Measure Information Specifications and Data Elements, as well as Technical Release Notes for the corresponding update cycle.

On the eCQI Resource Center, you will also find resources related to the QRDA (Quality Reporting Document Architecture). From the homepage, hover your cursor over "Resources." Then select "QRDA" (Quality Reporting Document Architecture) from the drop-down box.

On the QRDA page, you can select "Education" from the available Resources tabs.

Some features of the QRDA education page include informational slides and videos, available in each category. Please note, a detailed reporting webinar on the QRDA will be upcoming.

Here we will overview the ONC Project Tracking System. In other words, how to submit a JIRA inquiry.

To create a ticket, first, go to oncprojectracking.healthit.gov. From the homepage, select "Create an Issue Ticket." If you do not have an account, select the "Create an Account" option, where you will create a username and password.

Enter your username and password, and select "Log In."

Once you are logged in, select "eCQM Issue Tracker" from the *Project* drop-down menu, select "OQR eCQMs" from the *Issue Type* drop-down

menu and click “Next.” From there you can draft and submit your inquiry for a response. That includes the end of the informational part of this.

Karen VanBourgondien: Thank you, Amanda. We appreciate you sharing that with us.

So, as always, we do have some important resources here on the slide. If you have any issues with data submission, what have you, please give us a call. Our support team phone number is right there at the top and as I mentioned earlier if we did not get to your question today in the chat box, we do apologize. We have many team members on, and we try to get to as many as possible. But we do have a large crowd here today, so if we didn’t get to you today, please put your question in the QualityNet Q&A tool. Again, we will put that link in the chat box and the direct link is on the slide, as well. We do thank you for joining us today. We hope it was helpful and we will see you next time.