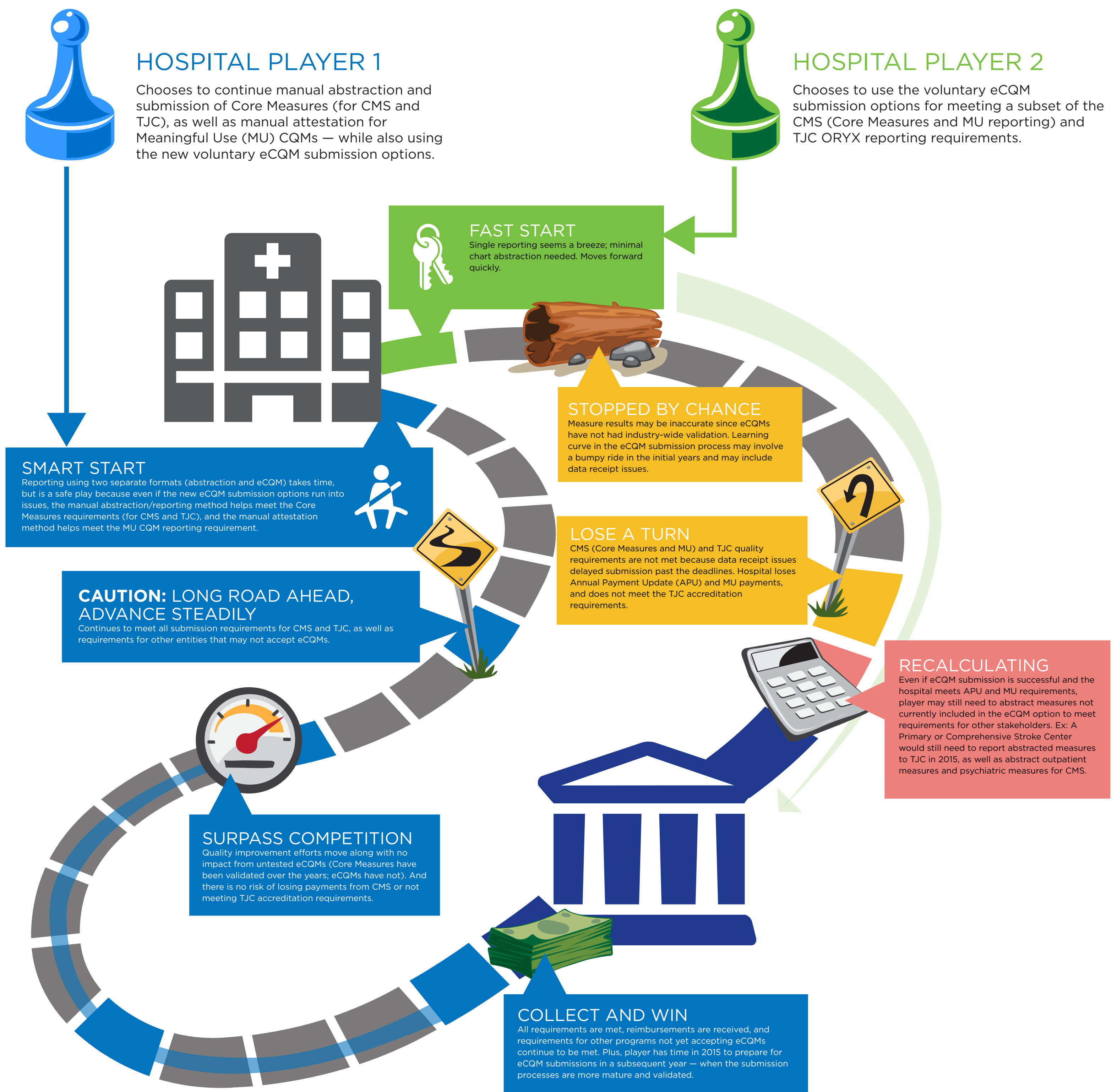


Core Measures and Meaningful Use Quality Reporting Alignment

Two Ways to Play the Game – But Only One Winning Strategy, for Now

In a worthwhile attempt to align Core Measures reporting with eCQM reporting, the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) have outlined alternative, electronic voluntary submission options (eCQM submissions). These options are for a limited number of measures needed to meet a subset of the Inpatient Prospective Payment Systems (IPPS) and Electronic Health Record (EHR) Incentive Program reporting requirements — as well as to meet the ORYX® performance measurement requirements.

The eCQM submissions must use clinical data from an Office of the National Coordinator (ONC)-certified EHR system. The end goal is to reduce the burden and manual effort of quality measures reporting over time. Hospitals can now choose, if they wish, to use eCQM submissions-only for a limited set of measures, without continuing the conventional Core Measures abstraction and reporting. But while the voluntary eCQM submissions-only option may seem like a viable strategy, it doesn't have a monopoly on getting it right.



Game Recap

Don't Leave Quality Reporting to a Roll of the Dice

The movement toward accurate, complete, and aligned quality reporting will likely be a slow process, taking several years. In the meantime, hospitals will benefit from continued use of manually abstracted Core Measures, even if they participate in the new voluntary eCQM submission options.

A Trusted Partner Can Help You Make the Right Move

Truven Health Analytics™ can help your organization navigate the changing reporting rules with strategy comparisons, expert advice, eCQM submissions, and even a new analytic dashboard that combines, compares, and analyzes Core Measures and MU eCQMs results in one location.

This certified product version requires no additional costs to clients beyond the annual license fee, which is valid for the term of the contract and includes the use of the solution and ongoing support services. Changes made following implementation, including changes in the number of measures being reported (beyond the agreed upon number), the number of users (beyond the agreed upon number), or changes in the client's EMR may incur additional fees. The solution has no other known contractual, technical, or practical limitations related to a particular certified capability.

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