Joint Commission Accountability Measures and Expectations for Puerto Rico

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Learning Objectives

- Differentiate between accountability measures and non-accountability measures
- State the rules for number the number of measures each hospital must select
- Identify 2 new changes in measures in 2015-16
- Describe the relationship of CMS clinical quality measures and demonstration of EHR meaningful use.
Why The Need For Measures?

- Promote excellence in the delivery of care and maximize health outcomes
- Increase transparency
- Evidence-based links between process performance and patient outcomes
Hospital Performance Trends on National Quality Measures and the Association With Joint Commission Accreditation

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BACKGROUND: Evaluations of the impact of hospital accreditation have been previously hampered by the lack of nationally standardized data. One way to assess this impact is to compare accreditation status with other evidence-based measures of quality, such as the process measures now publicly reported by The Joint Commission and the Centers for Medicare and Medicaid Services (CMS).

OBJECTIVES: To examine the association between Joint Commission accreditation status and both absolute measures of, and trends in, hospital performance on publicly reported quality measures for common diseases.

DESIGN, SETTING, AND PATIENTS: Performance data for 2004 and 2008 from U.S. acute care and critical access hospitals were obtained using publicly available CMS Hospital Compare data augmented with Joint Commission performance data.

RESULTS: Hospitals accredited by The Joint Commission tended to have better baseline performance in 2004 than non-accredited hospitals. Accredited hospitals had larger gains over time, and were significantly more likely to have high performance in 2008 on 13 out of 16 standardized clinical performance measures and all summary scores.

CONCLUSIONS: While Joint Commission-accredited hospitals already outperformed non-accredited hospitals on publicly reported quality measures in the early days of public reporting, these differences became significantly more pronounced over 5 years of observation. Future research should examine whether accreditation actually promotes improved performance or is a marker for other hospital characteristics associated with such performance.
Accreditation Process
Use of Quality Measures

- 2000
  - Surveyors began using organization-specific ORYX® Pre-Survey Reports – commencing the use of performance measure data in the survey process.

- 2004
  - Survey process modified to be more data driven and patient-centered
  - Evaluate actual care processes as patients traced through the care, treatment/services received.
  - “System tracers” - analyze key operational systems that directly impact the quality and safety of patient care.
June 2010 TJC developed a new framework to categorize process core performance measures into two types:

- **Accountability measures**
  - Quality measures that meet four criteria that are designed to identify process measures that produce the greatest impact on patient outcomes

- **Non-accountability measures**
  - Are suitable for secondary uses, such as exploration or learning within individual health care organizations and are good advice in terms of appropriate patient care.
  - Provide insight into aspects of appropriate care but may not directly impact patient outcomes
Accountability Measures — Using Measurement to Promote Quality Improvement

Mark R. Chassin, M.D., M.P.P., M.P.H., Jerod M. Loeb, Ph.D., Stephen P. Schmaltz, Ph.D., and Robert M. Wachter, M.D.

Measuring the quality of health care and using those measurements to promote improvements in the delivery of care, to influence payment for services, and to increase transparency are now commonplace. These activities, which now involve virtually all U.S. hospitals, are migrating to ambulatory and other care settings and are increasingly evident in health care systems worldwide. Many constituencies are pressing for continued expansion of programs that rely on quality measurement and reporting. Markedly recent. In 1998, the Joint Commission launched its ORYX initiative, the first national program for the measurement of hospital quality, which initially required the reporting only of non-standardized data on performance measures. In 2002, accredited hospitals were required to collect and report data on performance for at least two of four core measure sets (acute myocardial infarction, heart failure, pneumonia, and pregnancy); these data were made publicly available by the Joint Commission in 2004.
Characteristics of Accountability Measures

1. **Research**: Large volume and strong foundation of research showing that the process addressed by the measure, when performed correctly, leads to improved clinical outcomes
   - More than one study - Not solely randomized clinical trials
   - One that exceeds the typical standard used for the development of practice guidelines

2. **Accuracy**: the measure accurately captures whether the evidence-based care process has been provided as sufficient effectiveness to make improved outcomes likely
   - Aspirin, Beta blockers and ACEI for acute MI
   - Compared to “checking a box” of discharge education
Characteristics of Accountability Measures

3. **Proximity**: Performing the care process is closely connected to the patient outcome; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs.
   - Measures of appropriately administered medications meets this test
   - Measure for assessment of LV function in HF does not- other clinical processes needed after the test has been performed to see improved outcomes.

4. **Adverse Effects**: implementing the measure has little to no change of inducing unintended adverse consequences.
Hospital Performance on Accountability Core Measures

Percent Exceeding 95 percent

Non-Accountability Measures

- Heart Attack Care
  - Smoking cessation advice
- Heart Failure Care
  - Heart failure discharge instructions
  - Left Ventricular function assessment
  - Smoking cessation advice
- Pneumonia Care
  - First dose of antibiotic in 6 hours.
  - Oxygenation
Overview of Clinical Quality Measurement

- As the nation’s largest single health care payer, the Centers for Medicare and Medicaid Services, in conjunction with several other public and private entities (NQF, NCQA, AHRQ), has taken the lead in developing standards for clinical quality measurement.

- The EHR Incentive Program introduced the concept of clinical quality measurement while encouraging providers to incorporate the results of this data into QI within their practice.
  - Conditions that contribute to Morbidity and Mortality for most Medicare and Medicaid Beneficiaries
  - National Public Health Priorities
  - Conditions that disproportionally drive health care costs
  - Measures that include patient and/or care giver engagement.
Overview of Clinical Quality Measurement

- National Quality Strategy (NQS) domains:
  - Patient and Family Engagement
  - Patient Safety
  - Care Coordination
  - Population and Public Health
  - Efficient Use of Healthcare Resources
  - Clinical Processes/Effectiveness

<table>
<thead>
<tr>
<th>CMS eMeasure ID</th>
<th>NQF #</th>
<th>Measure Title and NQS Domain</th>
<th>Measure Description</th>
<th>Numerator Statement</th>
<th>Denominator Statement</th>
<th>Measure Steward</th>
<th>PQRS#</th>
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<td>CMS125v5</td>
<td>2372</td>
<td>Breast Cancer Screening</td>
<td>Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer</td>
<td>Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period</td>
<td>Women 51-74 years of age with a visit during the measurement period</td>
<td>National Committee for Quality Assurance</td>
<td>112 GPRO PREV-5</td>
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</table>
Why are CQM’s Important?

- **Value-Based Care:** The shifting incentive commercial and government payers are moving away from pay for volume system and toward pay for value. This will transfer the risk to the providers managing care. Providers must now monitor the total path of care – for both cost and quality.

- CQMs are the metrics by which the Quality Improvement programs developed by CMS can be assessed. Meaningful use objectives require adherence to selected CQM.
## The Joint Commission
### Evolution of Performance Measurement

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<td><strong>Standardization of Metrics</strong></td>
<td><strong>Expansion of Measures and Data Use</strong></td>
<td><strong>Technical Infrastructure Evolution and Expansion of Measurement Requirements</strong></td>
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<tr>
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<td>• Principles - Performance Measurement</td>
<td>• Expanded Use of Data for Accreditation</td>
<td>• Standard measurement expectations</td>
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<td>• Request for Measurement Systems (RFMS)</td>
<td>• Development and Implementation of Core Measures</td>
<td>• Expansion of the TJC Complement of Measures</td>
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<td>• Attributes of Conformance</td>
<td>• National Specifications Manual</td>
<td>• Increasing Measurement Requirements</td>
<td>• Introduction / implementation of eMeasures</td>
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<td>• Request for Indicators (RFI)</td>
<td>• Increasing Measurement Requirements</td>
<td>• Patient-Level Data</td>
<td>• Introduction of Technology to Support eMeasure Data Transmissions</td>
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<td>• Standardization of Data Transmissions</td>
<td>• Initial Use of Data in the Accreditation Process</td>
<td>• Introduction of the Accountability Measures Framework</td>
<td>• Expansion of vendor infrastructure to include EHR vendors</td>
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<td>• Establishment of the Auto-Stat Process</td>
<td>• Public Reporting</td>
<td>• Standard re: measurement expectations</td>
<td>• Measurement Requirements for Non-Hospital Accreditation Programs</td>
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<td>• Design and Implementation of the Pre-Survey Report</td>
<td>• Data Quality</td>
<td>• Top Performers; Solution Exchange; R3</td>
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<tr>
<td>• Initial ORYX Performance Measurement Requirements</td>
<td>• National Collaborations</td>
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The Joint Commission Model for Core Performance Measurement Identification, Testing and Specification

- Conduct Literature/Evidence Review Months 1-2
- Establish Expert Advisory Panel Months 1-4
- Expert Advisory Panel In-Person Meeting Month 4
- Measure Identification Months 5-8
- Expert Advisory Panel In-Person Month 8
- Public/Stakeholder Comment Months 9 - 11
- Expert Advisory Panel Conf. Call Month 11
- Measure Specifications Development Months 12-16
- Conduct Pilot Test Months 18-24
- Expert Advisory Panel Conf. Call Finalize Measures Month 24
- Prepare for National Implementation Months 24-27
- 24 mo.
Development and Testing of Measures
Accreditation and Certification

- Convening a panel of experts in the subject matter and working with the experts to develop precise specifications for new standardized performance measure sets. Following development, measures are tested in the field to ensure they accurately and reliably measure what they are intended to measure.

- All new measures are evaluated against 4 accountability criteria (research, proximity, accuracy, adverse effects)

- Measure sets currently in development are:
  - Palliative Care
  - Total Hip & Total Knee Replacement
  - Patient Blood Management (eCQM)
  - Acute Stroke Ready
Development of Electronic Clinical Quality Measures

- Re-Engineering of Paper-based Measure Specifications to Electronic Specifications
  - Federal legislation addressing the meaningful use of electronic health records has necessitated the conversion of existing paper-based measure specifications to specifications retrievable by electronic health records.
  - Thirteen of 15 electronic measures called for in Stage 1 of meaningful use and 27 of 29 measures in Stage 2 are Joint Commission developed and/or in common with CMS.
Maintenance of ORYX Core Performance Measures

- **Maintenance includes** updating measure specifications to ensure clinical relevance
- **Submission of measure specifications to the National Quality Forum** to maintain continued endorsement, and coordination with the Centers for Medicare & Medicaid Services (CMS) and its contractors to ensure continued alignment of measure specifications which we have in common.
- **Customer support**, including response to questions regarding measure specifications from the field, as well as educating internal and external audiences regarding the measures.
Maintenance of Chart-Abstracted ORYX Core Performance Measures

- Emergency Department (ED) – 2 measures
- Perinatal Care (PC) – 5 measures
- Stroke (STK) – 1 measure
- Venous Thromboembolism (VFTE) 2 measures
- Immunization (IMM) – 1 measure
- Hospital Based Inpatient Psychiatric Services (HBIPS) – 4 measures
  - Substance Use (SUB) - 3 measures
  - Tobacco Treatment (TOB) – 3 measures
- Hospital Outpatient (OP) – 9 measures
Maintenance of Electronic ORYX Core Performance Measures (eCQMs)

- Acute Myocardial Infarction (eAMI) – 2 measures
- Children’s Asthma Care (eCAC) – 1 measure
- Emergency Department (eED) – 2 measures
- Perinatal Care (ePC) – 2 measures
- Stroke (eSTK) – 7 measures
- Surgical Care Improvement (eSCIP) – 2 measures
- Venous Thromboembolism (eVTE) – 6 measures
- Early Hearing Detection & Intervention (eEHDI) – 1 measure
Data collection & reporting on at least 6 performance measurement sets

Perinatal Care (PC) set mandatory for hospitals with 300+ annual births

Submission at hospitals’ discretion (flexible reporting for 2016 data)

- Option 1: All chart abstracted measures
- Option 2: All electronic clinical quality measures (eCQMs)
- Option 3: Combination of chart abstracted measures & eCQMs
### Joint Commission Measure Sets

**Effective January 1, 2016**

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Retired/Temporarily Inactivated Chart Abstracted Measure</th>
<th>Retained Chart Abstracted Measures</th>
<th>Electronic Clinical Quality Measures (eCOM)</th>
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<tr>
<td>AMI</td>
<td>Retired AMI-7a</td>
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<td>eAMI-7a, eAMI-8a</td>
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<tr>
<td>SCIP</td>
<td>Retired SCIP INF-4</td>
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<td>eSCIP-INF-1, eSCIP-INF-9</td>
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<td>CAC</td>
<td>Retired CAC-3</td>
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<td>eCAC-3</td>
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<td>HBIPS*</td>
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<td>TOB</td>
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The Joint Commission needs to support both chart-based measures and eCQMs.

Accreditation: Over time, the number of eCQMs will increase, while the number of chart-based measures will decrease.

Certification: Starting with chart-based measures and with a trajectory towards using eCQMs.
Changes in 2015 / Early 2016

- Retirement of measures
- Increase in eCQMs
- HCO direct submission to CMS
- Expansion in interest in publicly reported data
The new TJC measurement reality – 2016/2017

- Maintenance of chart abstracted measures
- eCQMs:
  - Implementation of reporting to TJC
  - Enhancement of technical infrastructure to support data receipt
  - Implementation of data quality
  - Development of data use
The new e-measurement

- 2015 data: 34 HCOs transmitted eCQMs for ORYX
  - Most popular measure categories for submission were ED, VTE, STK, PC
  - Currently analyzing the eCQM data received
    • Including (when possible) a 1 to 1 comparison of chart based to eCQM

- 2016 data: 460 HCOs electing to transmit eCQMs for ORYX
The new TJC measurement reality

- New/Reengineered eCQMs:
  - 5 Patient Blood Management (New)
    - Will be submitting to NQF for “Approval for Trial Use”
  - Tobacco Treatment (Reengineered)
    - Pilot testing begins soon
Measure Rates for Selected Accountability Measures for Hospitals in Puerto Rico:
Transition from the Top Performer on Key Quality Measures® Program to Pioneers in Quality

- In August 2015, The Joint Commission announced to accredited hospitals and other key stakeholders that the Top Performer on Key Quality Measures® program was going on “hiatus” for at least one year (e.g., 2016).
Transition from the Top Performer on Key Quality Measures® Program to Pioneers in Quality

- The “hiatus” period provides an opportunity for The Joint Commission to reevaluate the Top Performer program in terms of how the national performance measurement environment is evolving
- Accelerated movement toward the use of electronic clinical quality measures (eCQMs) from data in the electronic health record (EHR)
- Pioneers in Quality™ is a new program that launched on **February 16, 2016** to assist hospitals on their journey toward the use of electronic clinical quality measures (or eCQMs)
Pioneers in Quality Resource Portal

http://www.jointcommission.org/topics/pioneers_in_quality.aspx
Program Includes:

- Bi Monthly Educational Webinars
- Comprehensive Resource Portal
- Technical Advisory Panel
- Modified Annual Report
- Expert to Expert eCQM Series
- Updated Core Measure Solution Exchange®
- Recognition for eCQM Pioneers
- Outreach through the Joint Commission’s Speaker’s Bureau
- Focus on Partnering with Hospitals on the eCQM Journey
Pioneers in Quality – “Expert to Expert” Series

Pioneers in Quality: eCQM “Expert to Expert” Series View Series
FY 2017 Inpatient Prospective Payment System (IPPS) Proposed Rule

Changes Proposed for Hospital Inpatient Quality Reporting (HIQR) Program
HIQR Program FY 2019 payment

- Remove 15 measures
  - 13 in electronic form & 2 measures chart-abstracted form
  - 2 structural measures

- Add 4 new claims-based measures
  - 3 clinical episode-based payment
  - 1 outcome
Measures in Common Proposed for Removal

- AMI-2-Aspirin Prescribed at Discharge
- AMI-7a Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival
- AMI-10 Statin Prescribed at Discharge
- HTN: Healthy Term Newborn
- PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patients
- SCIP-INF-1a Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision
- SCIP-INF-2a Prophylactic Antibiotic Selection
- SCIP-INF-9 Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero
- STK-4 Thrombolytic Therapy & chart-abstracted form
- VTE-3 VTE Patients with Anticoagulation Overlap Therapy
- VTE-4 VTE Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)
- VTE-5 VTE Discharge Instructions & chart-abstracted form
- VTE-6 Incidence of Potentially Preventable VTE
Summary Proposal for eCQMs
CY 2017 reporting/FY 2019 payment determination & subsequent years

- Remove 13 of 28 eCQMs
- Requirement for submission of all available eCQMs (15 eCQMs if proposal to remove 13 finalized)
- Annual submission one full CY of data
- Submission of eCQM data 2 months following close CY
  - CY 2017 deadline February 28, 2018
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Plans to Finalize 2017 ORYX Measure Reporting

**August** - Performance Measurement Committee to discuss release of IPPS final rule and 2017 ORYX Performance Measure Reporting Options

**September** – Field Communication
Maximizing Improvement In Health Outcomes

- Define the characteristics of measures that best facilitate improvement (i.e., accountability measures)
- Incorporate expectations of levels of performance on accountability measures into Joint Commission accreditation requirements
- Eliminate non-accountability measures from accreditation/certifications
- Assist hospitals in finding relevant solutions to improve performance
- Recognize consistent excellence.
Questions You May Have Wanted To Ask?
Question #1

“How is the data entered in the system for TJC reports and translated? I thought that sometimes more cases are entered that are ultimately used for the calculations?”

- All data submitted to TJC passes through a data quality validation check
- Review with TJC, ORYX vendors, and HCO on a quarterly basis to ensure very high data quality standards
- “Population and Sampling” methodology on TJC website
- Cases that do not meet the data quality criteria for a specific measure (i.e., missing data) is excluded from the measures.
Question #2

“Core measures suffered big changes this year. For example in Stroke, 5 measures were collected and now left only the use of TPA. What are the approaches to these new changes?“

- TJC continues to maintain alignment with CMS, and recognize that many measures have been “topped out” and retired.
- “Topped Out” means the measures consistently achieved rates of 98% or greater.
Question #3

“Core measures are very limited, there are not many options to choose from, and there are hospitals that have a low volume in patients with these conditions, what strategy the hospital use? Are you planning to expand the number of core measures to facilitate low-volume hospitals? “

- No expansion is planned at this time
- The HCO with low volumes for certain conditions should focus on those areas where measures are available.
Question #4

“*What are the important things to consider that hospitals should see in change for electronically collected data?*”

- *With the electronic records many of the data will be submitted electronically*
- *CMS requirements includes selection of 8 eCQMs (from the list of 15 eCQMs) for 2017*
- *TJC will be communicating ORYX requirements to the field in September*
Question #5

“Changes in the near future to the Core Measures and any new standards? “

- As noted in this presentations, over the past few years, the changes in core measures has been the shift from chart based to eCQMs
- The ORYX measures are evaluated each year following the release of the IPPS Final Rule.
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