Getting real with Clinical Quality Language (CQL)

CQL-based measures will be required by CMS-based quality programs for reporting year 2019. That’s just a half-year away, but there’s still widespread confusion about the how, what and why of this new era in Quality Measure development. By jumping in early with the development of these measures, Dynamic Health IT plans to alleviate some of this concern in the industry.

Dynamic Health IT has just completed a batch of nearly 100 CQL-based measures for ambulatory (MIPS). While the process of incorporating a new CQM logic model took some adjustment, our development team has hit its stride.

CQL is a language unto itself in which developers can easily write extensible quality measures from scratch. With its query-based structure, CQL allows developers to source quality measure data using both FHIR resources and the Quality Data Model (QDM) criteria. The measure logic is more readable and does away with some of the thornier aspects of the current Implementation of eCQMs used by CMS, which are based on both QDM logic and data criteria.

While end-users will not see a major difference in the short term, developers are feeling the heat in the spring toward 2019. We look forward to working with our clients on a seamless roll out.

FHIR Dev Days and the Future of Interoperability

Over the next few years, the involvement of heavy hitters like Amazon, Apple, Google and Microsoft is sure to spur innovation in our industry’s efforts around interoperability, but so too will smaller, startup-oriented companies who are able to bring fresh ideas to areas with relatively low barriers of entry.
We foresee marked growth in patient-centered health applications. This will involve FHIR integrations through API hooks already existing in 2015 Edition-certified Health IT. At first, this likely to happen one health system and EMR at a time.

Health Lock-it: the API-based PHR application DHIT debuted at our FHIR Dev Days presentation in June 2018. While the application is still in alpha release, we demoed the delivery of CCDAs through file drops for event attendees and followed CCDA-based FHIR resources into an Android app interface displaying Labs, Allergies and Medications.

As patients and health systems take a measured interest in personal health trackers, providers are finding ways to manage population health remotely and health insurers are mandating feedback from medical devices (such as CPAP machines). We hope to expand the reach of our application in the months and quarters to come.

NOLA Beat: Health IT Expo '18

DHIT had a featured speaking slot at the Health IT Expo help May 30 – June 1 here in New Orleans. DHIT President Jeff Robbins and Vice President Raychelle Fernandez provided the audience with background on clinical quality measures with a focus on EMR-derived eCQMs.

The presentation gave concrete examples based on 2018 EH submission and data recently released by the Joint Commission, taking attendees through several real-world scenarios.

To view and download the presentation, visit the DHIT website.

MIPS/QPP Submission API: Advantages for Providers

In January of this year, CMS approved our Dynamic Registry as a Qualified Registry for the 2018 reporting year. Given the ever-changing complexities of data submission, many providers are turning to Qualified Registries (QR) and Qualified Clinical Data Registries (QCDR) to help alleviate the burden.

The automated data exchange is only available to QRs & QCDRs for 2018 reporting. The API provides real time data validation and on-screen score previews. The API dashboard also contains a function that allows providers to edit existing data without requiring re-submission. Our team has integrated the API with CQMsolution to offer our providers a complete automated process resulting in an email from CMS confirming submission and providing scores.

Read more about 2018 MIPS Program here.
Promoting Interoperability

CMS is again overhauling the Medicare and Medicaid Electronic Health Record Incentive Programs for Inpatient and LTC providers, moving from the name "Meaningful Use" to "Promoting Interoperability."

Beyond the name change, CMS has eased some of the restrictions for meeting the program. One restriction they have not eased is the mandate that providers use the 2015 Edition of certified electronic health record technology come 2019 in order to qualify for incentive payments and avoid reductions to Medicare reimbursement. Keep watching this space for program updates and their implications for EHR certification.

From the DHIT Blog

2015 Certification: 6 Things to Know

Drawing on our experience with 2015 certification testing and that of our clients, we address some of the most pressing concerns in this post. This latest edition of ONC Health IT Certification is in many ways more complex has become increasingly compulsory, but there's no reason to panic.
Drop us a line.

Get in touch to learn more about our how our software solutions can help you achieve your interoperability, quality measure and Certification goals.

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