



CMS 2025

Quality Conference

Make America Healthy: Improving Health
Outcomes Through Prevention, Quality, and Safety

Charting a Path Forward

Transition to Digital Quality Measurement



Charting a Path Forward Panel



Liz Palena Hall

MIS, MBA, RN

Centers for Medicare
& Medicaid Services
(CMS)

Acting Director,
Division of Digital
Quality Measurement



Alex Baker

MPP, BA

Assistant Secretary
for Technology
Policy (ASTP)

Deputy Director,
Alignment &
Engagement
Division,
Office of Policy



Abigail Viall

ScD, MA

Centers for Disease
Control and
Prevention (CDC)

Acting Lead,
Technology
Implementation
Office



John Bulger

DO, MBA

Geisinger Health Plan
Chief Medical
Officer,
Insurance Operations
and Strategic
Partnerships



Jim Brennan

Rhode Island
Executive Office of
Health and Human
Services

Managed Care
Quality Director



CMS 2025

Quality Conference

Make America Healthy: Improving Health
Outcomes Through Prevention, Quality, and Safety

Advancing Digital Quality Measurement in CMS Quality Reporting Programs

Liz Palena Hall, CMS



Advancing Digital Quality Measurement



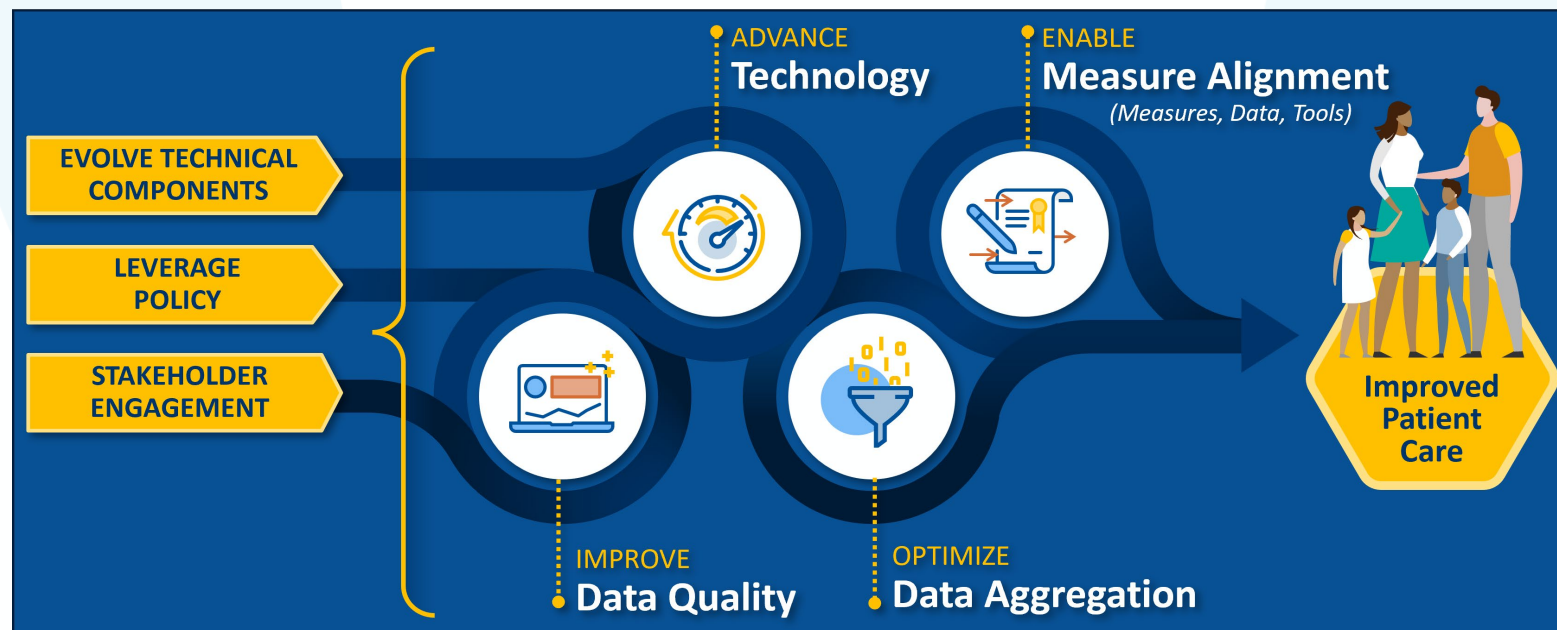
Enables a future in which **care quality is entirely measured digitally**, using standardized, interoperable data



Provides **usable, timely, detailed data** from multiple sources to support delivery of high-quality care, quality improvement and patient use



Produces **reliable and valid measurement results** common across multiple programs and payers



Maximizes value of electronic health record (EHR) data mapping and reporting workflows by leveraging Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability

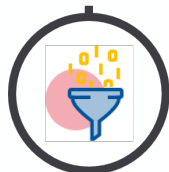
Digital Quality Measurement in CMS Quality Reporting Programs: Request for Information (RFIs)

	Use of FHIR for Electronic Clinical Quality Measures (eQMs)	Use of FHIR for Patient Assessments
Purpose	Seeking feedback on CMS's anticipated FHIR-based eQM reporting approach for clinicians, facilities, providers, and organizations reporting quality performance.	Seeking feedback on CMS's potential use of FHIR-based patient assessment reporting for participating facilities.
Topic Areas	eQM conversion, data standardization, timelines under consideration, measure development and reporting tools.	Health IT adoption and use, existing benefits and challenges, technical assistance and support needs.
RFIs	FY 2026 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital (LTCH) PPS	<ul style="list-style-type: none"> • FY 2026 Inpatient Psychiatric Facility (IPF) PPS • FY 2026 Inpatient Rehabilitation Facility (IRF) PPS • FY 2026 Skilled Nursing Facility (SNF) PPS • FY 2026 Hospice Wage Index and Payment Rate Update

Changes Under Consideration for Digital Quality Measurement

Exploring FHIR-based electronic clinical quality measure (eCQM) reporting for eligible hospitals, critical access hospitals, and eligible clinicians

Convert eCQMs from Quality Data Model (QDM)-based to FHIR-based

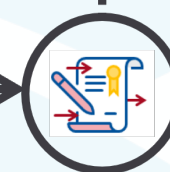


2025

Reporting options period for FHIR-based eCQMs



Mandatory reporting for FHIR-based eCQMs



Reporting options period: Permits reporting of either QDM-based or FHIR-based eCQMs

Exploring FHIR-based Patient Assessment Reporting

The Inpatient Psychiatric Facility Patient Assessment Instrument (IPF-PAI) is a new tool being developed by CMS for inpatient psychiatric facilities (IPFs) to report patient assessment data.*

Opportunity to test FHIR-based patient assessment reporting with IPFs at different levels of technology adoption.



Policy

- Maximize statutory and regulatory authorities to propose methods to adopt and use FHIR standards.
- Advance interoperability by assessing needs and providing targeted resources and guidance to support providers with or without an electronic health record.



Technology

- Update and leverage the CMS Data Element Library to optimize efficiency.
- Build upon USCDI, USCDI+, and FHIR standards to enhance standardized health information exchange.



Public Engagement

- Encourage the IPF community to share insights through public comments, participation in conferences and listening sessions.
- Offer opportunities for the IPF community to test and provide feedback on a FHIR-based web application for patient assessment reporting.

What Can You Do?

eCQMs

- Learn more about eCQMs and dQMs at the eCQI Resource Center:
<https://ecqi.healthit.gov/dqm>
- Join us at the CMS HL7 FHIR Connectathon
 - Date: July 15-17, 2025
 - Time: 9:00am-4:30pm
 - Track: FHIR Quality Reporting with DEQM

IPF-PAI

- Learn more about IPF-PAI at:
<https://qualitynet.cms.gov/ipf/PAI>
- Sign up for IPFQR Program listserv:
<https://qualitynet.cms.gov/listserv-signup>
- Participate in listening sessions and trade association meetings on IPF-PAI FHIR-based patient assessment reporting or web application testing: IPFPAIFHIR@mitre.org



CMS 2025

Quality Conference

Make America Healthy: Improving Health
Outcomes Through Prevention, Quality, and Safety

Building on the USCDI Foundation: USCDI+ Quality

Alex Baker, ASTP



USCDI Core Principles

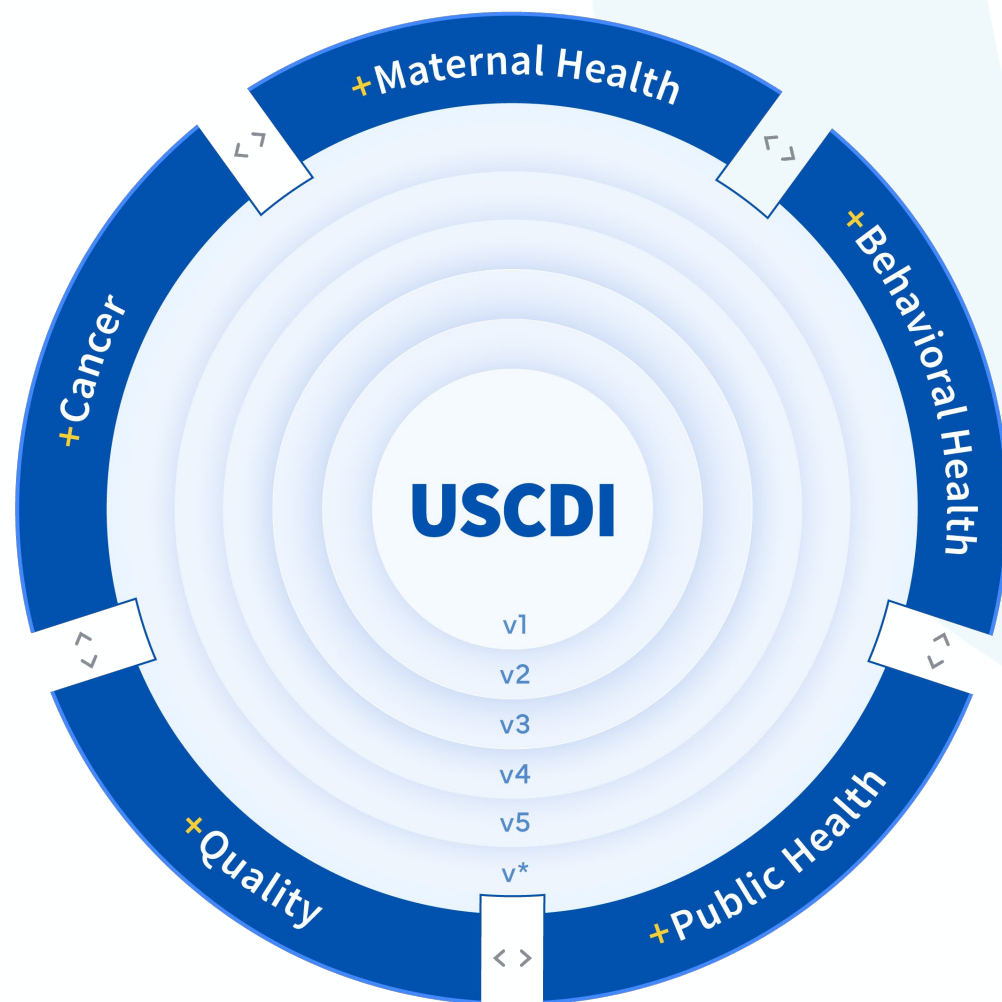


Comprises a core set of data needed to support patient care and facilitate patient access using health IT

Establishes a consistent baseline of data for other use cases

Expands over time via a predictable, transparent, and collaborative public process

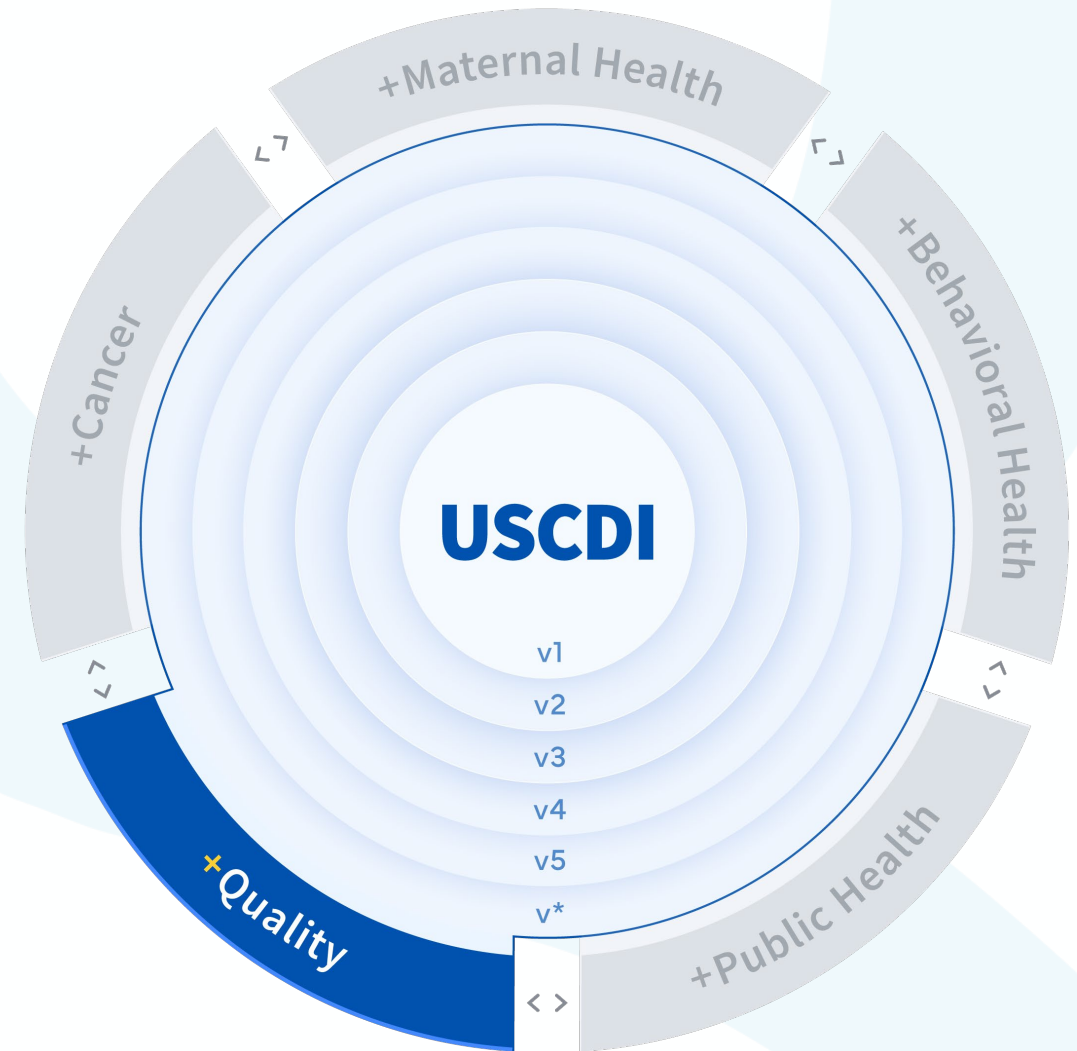
USCDI+: Extending Beyond the USCDI



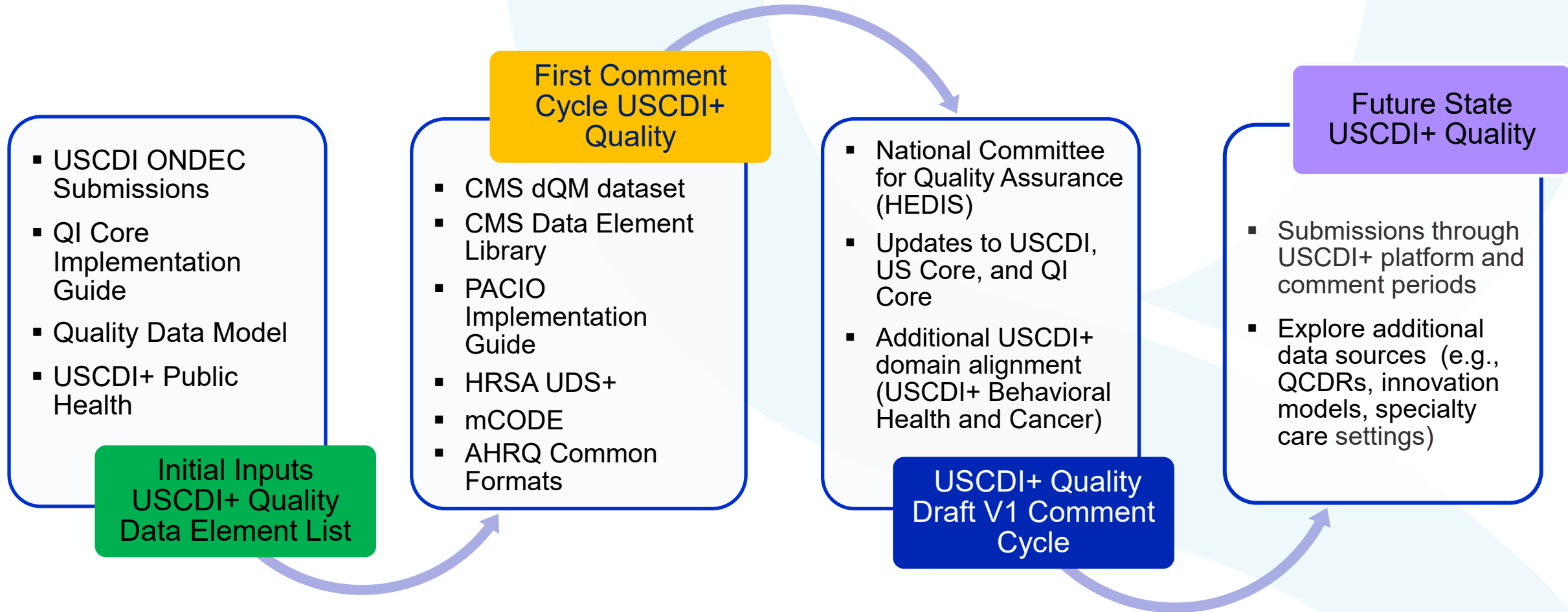
- Unique program and use case-specific data needs are sometimes not fully met by USCDI.
- ASTP's USCDI+ initiative helps government and industry partners build on USCDI to support specific program needs.
- Applies USCDI processes for submission and harmonization while focusing on programmatic priorities.
- Seeks to leverage programs and authorities across HHS to drive adoption.

USCDI+ Quality Domain Goals

- Capture the data needs for quality reporting that fall outside the scope of USCDI to support streamlined development and reporting of quality measures.
- Harmonize quality data elements into a common data element list for quality that addresses multiple partner needs.
- Support CMS's Digital Quality Measures (dQM) strategy and the development of harmonized data element lists for FHIR-based quality reporting.
- Support HRSA's Uniform Data System (UDS) Modernization Initiative.
- Identify further opportunities for policy alignment around quality reporting programs under existing authorities across HHS agencies.



USCDI+ Quality Data Priorities



Overview of Draft USCDI+ Quality Data Element List

32 Data Classes and **10 New Data Classes** (not included in USCDI V5)
228 Data Elements (67 more data elements than the initial 2023 version)

Advance Directives

Adverse Event

Allergies and Intolerances

Cancer Care

Care Experience and Outcomes

Care Team Members

Clinical Tests

Clinical Notes

Communications

Diagnostic Imaging

Encounter Information

Facility Information

Family Health History

Goals and Preferences

Health Insurance Information

Health Status Assessments

Immunizations

Laboratory

Medical Devices

Medications

Newborn's Delivery Info

Nutrition and Diet

Observations

Patient Demographics

Patient Summary and Plan

Pregnancy Information

Problems

Procedures

Provenance

Referrals

Substances

Vital Signs

Priorities for Next Version of USCDI+ Quality

- Review, analyze, and address comments from 2024 USCDI+ Quality Comment Period
- Alignment with USCDI and USCDI+ domains
 - Names, definitions, and examples
 - Content and vocabulary standards
- Develop and publish reference version (USCDI+ Quality v1) and support paired IG for CMS program measure reporting



CMS 2025

Quality Conference

Advancing Optimal Health for Individuals,
Families, Caregivers, Clinicians and Communities

Aligning Journeys for Improved Outcomes: Public Health Modernization

Abigail Viall, CDC



Public Health Data Strategy Goals

- 1 Strengthen the core of public health data.
- 2 Accelerate access to analytic and automated solutions to support public health investigations and advance opportunities for all people to attain their highest level of health.
- 3 Visualize and share actionable insights to inform public health action.
- 4 Advance more open and interoperable public health data.

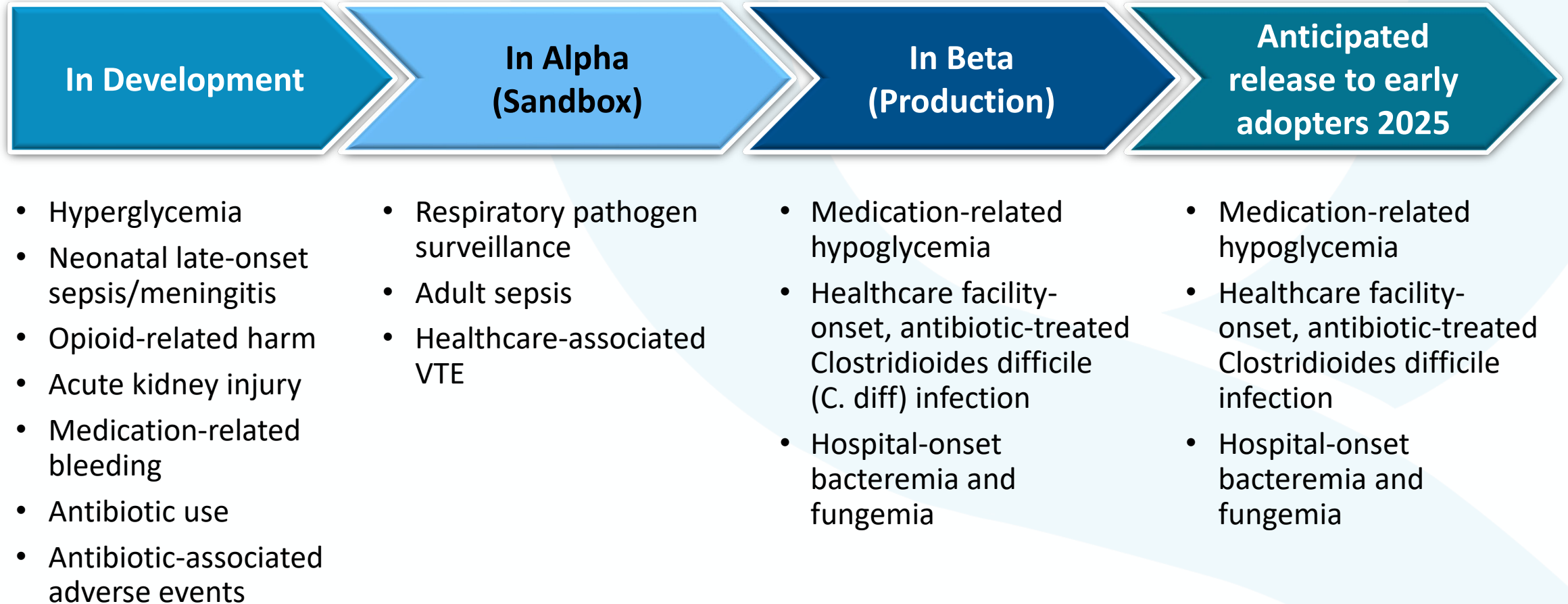
NHSN: The nation's healthcare surveillance system

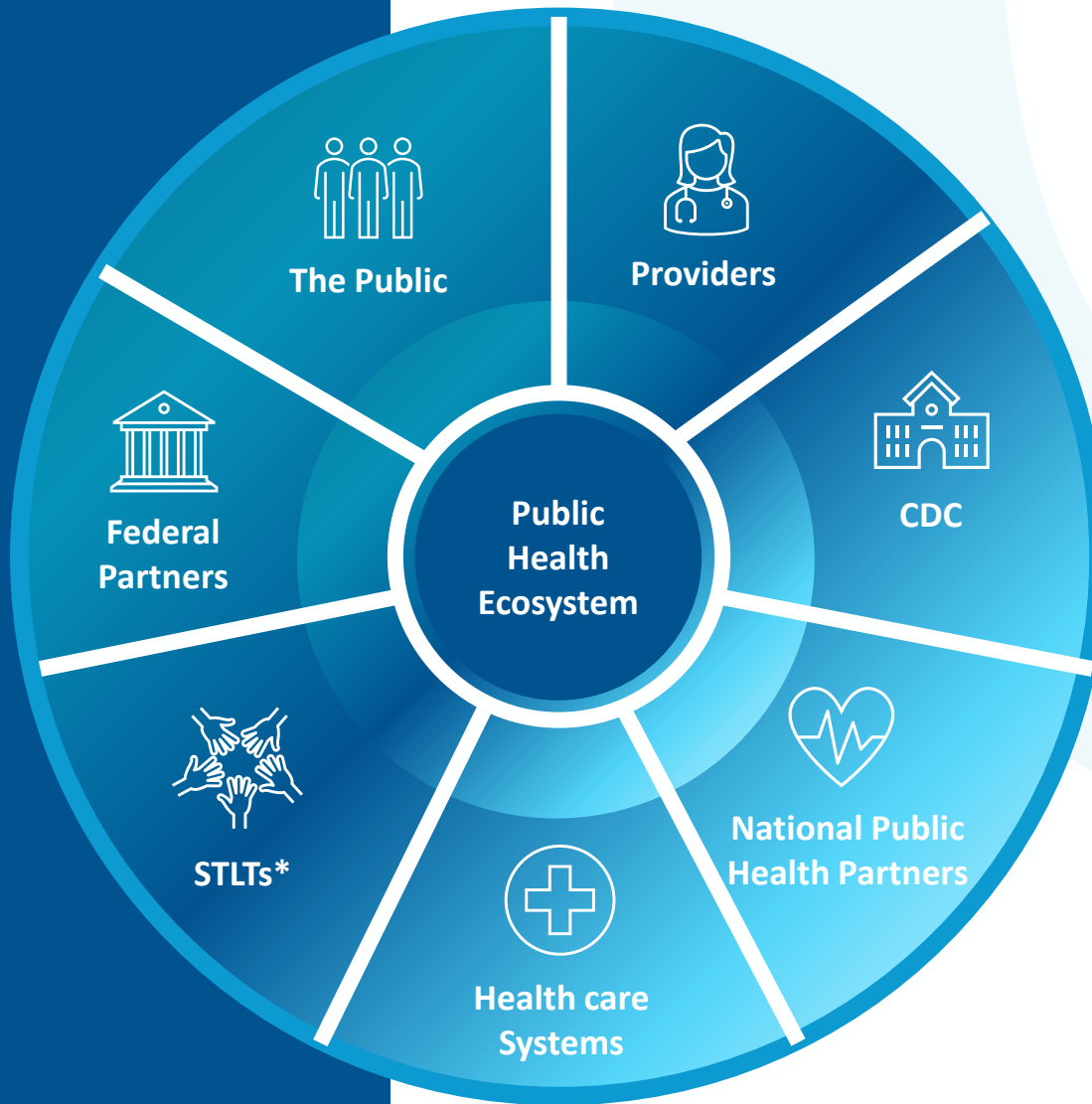
Standards-based, vendor-neutral surveillance program
Meaningful, rigorously collected data to support impactful interventions



~38,000 facilities across the nation send data to NHSN, which includes more than 5,500 hospitals currently reporting

NHSN FHIR dQMs in development and implementation





*Together, we will take a
'One Health System'
approach for advancing
data for action.*

*States, Tribes, Localities, and Territories

For more information contact CDC:

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





CMS 2025

Quality Conference

Make America Healthy: Improving Health Outcomes Through Prevention, Quality, and Safety

John Bulger

Geisinger Health Plan, Chief Medical Officer Insurance Operations and Strategic Partnerships





CMS 2025

Quality Conference

Make America Healthy: Improving Health
Outcomes Through Prevention, Quality, and Safety

Jim Brennan

Rhode Island Executive Office of Health and
Human Services, Managed Care Quality Director

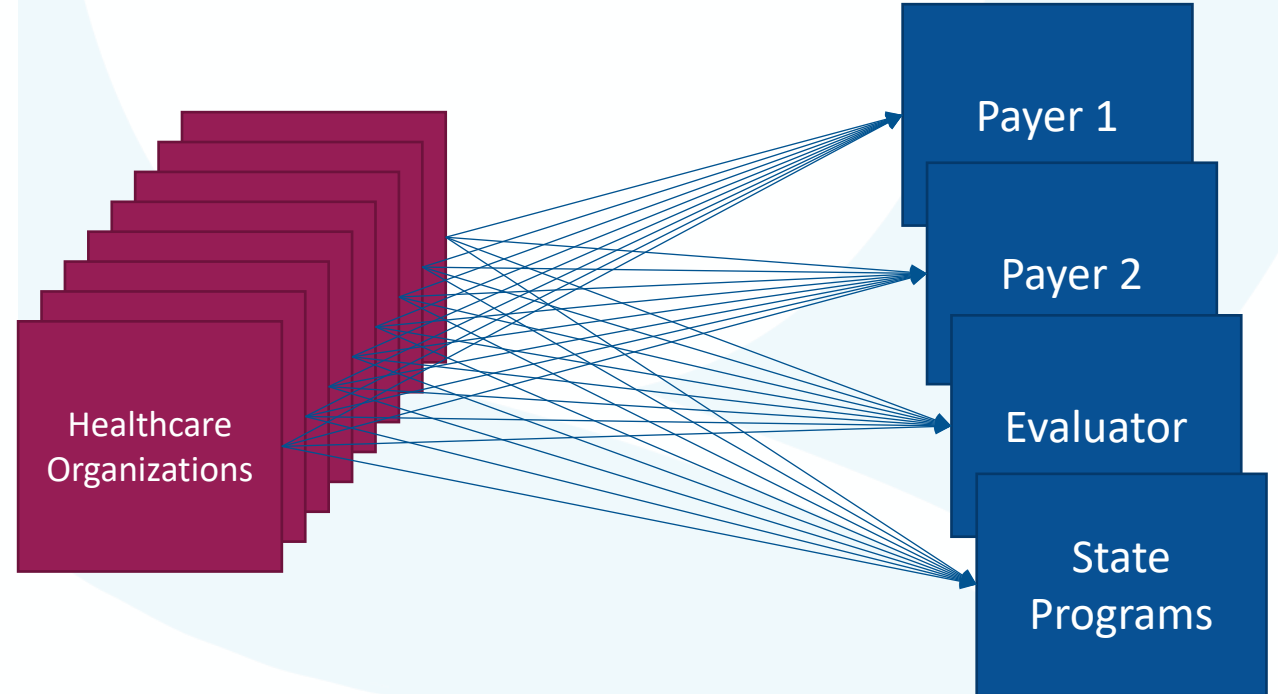


Rhode Island Medicaid Landscape

- 90% of Rhode Island's Medicaid beneficiaries are in a Managed Care plan.
 - Managed Care Organizations (MCOs) contract with Medicaid Accountable Care Organizations, called **Accountable Entities (AEs)**.
- AE program implemented in 2017.
 - Provider organizations accountable for quality health care, outcomes, and the total cost of care of their populations.
 - Primary care, multi-specialty, community health centers.
 - 75% of RI Medicaid beneficiaries are treated by AE providers.
- Value-Based Payment (VBP) model
 - AE Quality Measures
 - Total Cost of Care (TCOC)

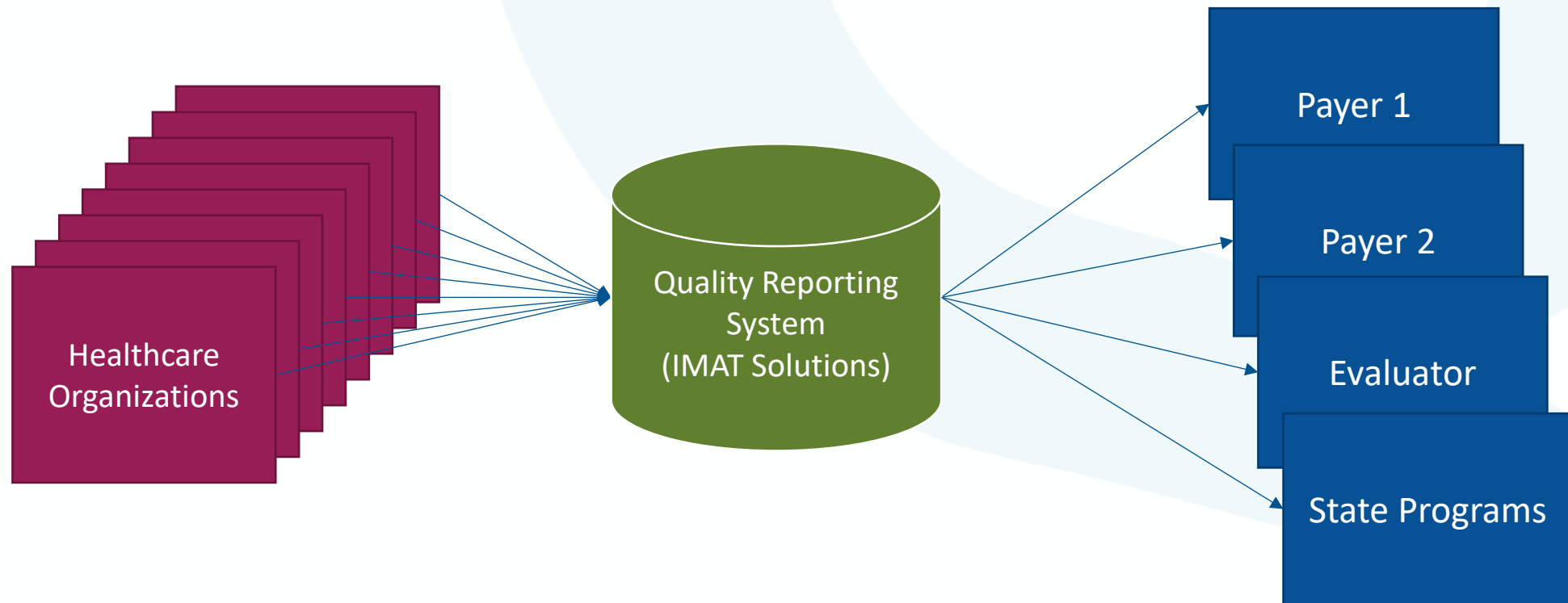
Reporting Demands

- Providers must report to different reporting stakeholders using many different methods and formats.
- Providers want to maintain control over what information is shared and ensure privacy.
- Health plans anticipate that electronic clinical reporting will be required for HEDIS within just a few years.
- A lack of collaboration will add to provider burden and administrative expenditures setting up many interfaces.



Solution: Quality Reporting System (QRS)

Leverage statewide infrastructure to **reduce provider burden**, create efficiencies, save money, and support many use cases.



Electronic Health Records (EHR) Data Sharing and Export Capabilities – Background

- Prior to 2015
 - Most EHRs had rudimentary capabilities to share data. Specifically, EHR vendors:
 - ▲ Concentrated on sharing data within their EHR networks.
 - ▲ Often used unique, proprietary codes.
 - ▲ Had custom interfaces normally used for data transfer.
- 2015-2017 Meaningful Use (Stage 2 Modified, Stage 3)
 - Required the exchange of Summary of Care Record between different EHRs.
 - Required EHRs to be certified to export a Clinical Summary Document and a Transition of Care Document using HL7, Consolidated Clinical Document Architecture (C-CDA).
 - Resulted in increased number of patients provided with summary data between 2017–2020.
- 2020 Cures Act – Final Rule
 - Major objectives included preventing information blocking and improving interoperability.
 - By the end of 2023, all stakeholders (e.g., patients, providers, payers) should be able to share all Electronic Health Information (EHI).

Why Is This Important for the QRS?

- Standards and certification requirements continue to evolve.
 - Electronic Health Records (EHR) vendors have complied with the Cures Act Final Rule by:
 - ▲ Meeting revised EHR certification requirements - including USCDI v1*
 - ▲ Implementing HL7 FHIR API** capability
 - Electronic Clinical Quality Measures (eCQM) have become more complex and highly specified.
 - Stakeholders are requiring submission of patient-level information that meet defined specifications and certification requirements.
- Office of the National Coordinator for Health IT (ONC) upgraded EHR certification requirements in 2024:
 - Require alignment with USCDI v3 standards.
 - Expand use of Decision Support Interventions.
 - Expand patient capability to manage Protected Health Information (PHI).

* USCDI - United States Core Data for Interoperability

** FHIR API - Fast Healthcare Interoperability Resources Application Programming Interface

Advancing Medicaid Value-Based Payments

- RI EOHHS is phasing out AE self-report for measures that require clinical data.
 - AE performance measures will only be calculated using data that can be transmitted electronically.
 - Straightforward for some measures
 - Developmental Screening in the First Three Years of Life
 - More complicated for other measures
 - Screening for Depression and Follow-up Plan, and Social Determinants of Health (SDOH) Screening

Advancing Medicaid Value-Based Payments (Continued)

- RI EOHHS is migrating to electronic clinical quality measurement
 - Identified a need to support centralized technical infrastructure to create efficiencies and reduce provider burden
 - National Committee for Quality Assurance (NCQA) Data Aggregator Validation (DAV) for 16+ clusters - establishes a standard supplemental data source

Lessons Learned

- Can't reduce provider burden if system doesn't meet health plan requirements.
- Building trust in the system is paramount for adoption.
 - Data submitters retain full ownership and control of their data.
 - State (RI EOHHS) takes the lead in provider outreach.
 - Ongoing public working groups with open, iterative feedback process.
- Be wary of scope creep.
 - Retain a narrow focus on quality reporting.
- Providers need support in working with their EHR vendors to establish interfaces.
 - Many are unaware of ONC requirements or how to utilize them.
- Establish quality assurance processes to monitor ongoing data gaps and create reports.

Future Strategy

- RI's statewide Health Information Exchange (HIE) has changed from an opt-in to an opt-out consent model (as of May 2025).
 - Data from those who have opted out can still be used for quality reporting.
- RI EOHHS will be shifting to utilizing HIE data feeds as the source for clinical quality data and undergoing Data Aggregator Validation (DAV) with our HIE vendor (January 2026).
- RI EOHHS will be re-procuring the Quality Reporting System contract through competitive bid later this year with a modified scope around digital quality measurement calculation.



CMS 2025

Quality Conference

Advancing Optimal Health for Individuals,
Families, Caregivers, Clinicians and Communities

Questions?



Contact Information

Speaker	Organization	Email
Elizabeth Palena Hall	CMS	elizabeth.palenahall@cms.hhs.gov
Abigail Viall	CDC	bzv3@cdc.gov
Alexander Baker	ASTP	alexander.baker@hhs.gov
John Bulger	Geisinger Health Plan	jbulger@geisinger.edu
James Brennan	Rhode Island Executive Office of Health and Human Services	James.Brennan@ohhs.ri.gov