This draft strategy is useful, but misses some of the major obstacles that exist, especially in EHR reporting. Current eCQM’s developed using clinical quality language (CQL) are too complex and the QRDA reporting format is overly complex for no reason. Development of CQL initially seemed promising. However, after using it this year and comparing to prior years, it has made the situation worse. Instead of making a new, confusing, convoluted language, developers should have stuck with standardized query language that has been adopted by every database vendor. CQL is more difficult to read and still needs to be translated back to SQL. CQL is difficult to read and in many cases the eCQM’s are so poorly worded that they add to confusion. Take for example the eCQM for blood pressure reading: **Denominator Exclusions**

exists ( ["Diagnosis": "Diagnosis of hypertension"] Hypertension

 with "Qualifying Encounters During Measurement Period" QualifyingEncounter such that Hypertension.prevalencePeriod starts before start of QualifyingEncounter.relevantPeriod

)

Someone tell me exactly what this is supposed to mean!

We have to decipher this crazy language and re-write in SQL.

CQL was supposed to be able to better hand complex scenarios, however; those scenarios are so complex, that they cannot even be represented in the EHR data. So we must write logic, that is so complex as to never be seen in real life in the EHR.

The entire CQL project needs to be stopped and instead of making a new standard, eCQM’s should move to an already available and well understood SQL standard. If the logic is too complex to be expressed in SQL, then it is also too complex to be entered into the EHR! I have attended numerous cooking with CQL webinars and not a single webinar has demonstrated how to easily take CQL and generate results out of an EHR database.

Once the measures are calculated, the data must be submitted via QRDA format. This XML format is very poorly documented and takes way too much time to develop using trial and error as the best means. Developer time is wasted on QRDA when it could be used to help develop better measures and EHR workflows. CMS needs to be able to accept data in tabular format and forget about the overly burdensome XML in the current QRDA format.

Instead of creating new standards like CQL and QRDA, CMS needs to adopt already existing standards.