



Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

February 27, 2012

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Mostashari:

Based initially on feedback from public testimony and refined through discussions among members of the Health IT Policy Committee (HITPC), we have developed a series of requests for the HIT Standards Committee (HITSC) with respect to standards-related issues associated with the calculation and reporting of clinical quality measures (CQMs). We would greatly appreciate your forwarding this letter to the HITSC for consideration of the issues we've identified.

We have presented each draft recommendation with a statement of the elements of the problem followed by a proposed solution, which in most cases involves multiple components. We would appreciate HITSC feedback on the readiness of standards to implement the draft recommendations and their opinion on the feasibility of the recommendations.

Please note that the first draft recommendation relates to Stage 2 and therefore requires immediate attention. Recommendations 2 through 4 are related to Stage 3 and therefore have a longer time horizon for implementation. We would appreciate HITSC response on recommendation 1 by March 9, 2012 in time for us to incorporate into our response to the stage 2 NPRM. We would appreciate HITSC responses on recommendations 2-4 by June 1, 2012 to feed into our development to Stage 3 recommendations. Thank you in advance for facilitating this input from HITSC.

Sincerely,

/s/

Paul Tang, MD
Vice Chair, HIT Policy Committee

Draft Recommendations on Clinical Quality Measures for HITSC Feedback

Recommendation 1: Certification of CQM Reports

Problem:

- Many healthcare organizations use reporting systems (vs. EHRs) to generate quality reports for public reporting and quality improvement
- MU certification rules state that the healthcare organizations must use the certified EHR to report the CQM measures to CMS
- EHR vendors hardwire CQM calculations without knowing local clinical workflows, causing workflow work-arounds
- Not all CQMs are relevant to all certified HIT systems

Proposed Solution:

- HIT vendor products should be certified for all CQMs relevant to the scope of the product.
- Providers should be permitted to use non-certified systems to generate CQM reports, as long as all the data used in the calculation of the measure are available through a certified EHR.
- All submitted CQMs are subject to audit.
- CQM reporting systems should be tested based on a standardized test data set.

Recommendation 2: “CQM Platform”

Problem:

- Clinical Quality Measures (CQMs) are being “hard wired” into EHRs, which require upgrades in order to implement or revise
- EHR vendors are pre-defining data elements used in calculating CQMs, which impact clinical workflows of clinicians
- Healthcare organizations do not have an easy way to report on quality-improvement measures (vs. just CQMs)

Proposed Solution:

- By stage 3, EHR vendors should develop flexible reporting capabilities so that new and evolving CQMs can be added to an EHR without requiring an upgrade to the EHR system.

- Longer term, such flexible reporting capabilities should be able to accept standard CQM definitions (e.g., “plug-ins”) that can be shared, and that allow organizations to localize data fields that fit local work flow.
- We recommend that HITSC develop certification criteria to encourage/require this “CQM platform” concept as part of MU.

Recommendation 3: Patient-Reported Data and CQMs

Problem:

- Most CQMs are written for clinicians, pertinent to diseases
- Most CQMs do not incorporate information meaningful for consumers

Proposed Solution:

- Some CQMs should incorporate patient-reported data and outcomes.
- HIT vendors should develop secure, patient-friendly systems that allow direct entry of patient-reported data that can be incorporated into CQM reports.
- Patients should be able to access CQM reports.

Recommendation 4: Delta Measures

Problem:

- Most CQMs report risk-adjusted population means
- Patients seek measures that would apply to “people like me”

Proposed Solution:

- Some CQMs should report on percent of patients improving (“delta measures”) vs. only reporting risk-adjusted population means.
- EHR vendors should be able to calculate delta measures.