

HITSC

Clinical Quality Workgroup

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NPRM Comments reviewed *

- Clinical Decision Support
- Clinical Information Reconciliation
- Quality measures
- Problem List

* We selected these as they are most relevant to the scope of our workgroup

- Feedback: Standards & Certification Criteria NPRM
- Tiger Team Kickoff this week

- **Quality Measure Essential Components Tiger Team**

This Tiger Team will focus on identifying essential components of high quality clinical quality measures. This includes (but is not limited to) discussion of value sets, standard terminologies, and the technical & custodial requirements for creation, sharing and maintenance of these components.

- **Characteristics of Optimal Clinical Quality Measures for Health IT Tiger Team.**

This Tiger Team will focus on identifying the attributes of optimal clinical quality measures that are created or “re-tooled” for use in Health IT. This includes (but not limited to) discussion of the scope of quality measure data element expectations, the Quality Data Model, EHR workflow considerations, and links to care quality improvement processes.

Clinical Quality Measures

Proposed 2014 Edition EHR Certification Criteria: Item 40	Standards	WG Comments
<p>§170.314(c)(1)-(3)</p> <p>1. <u>Clinical quality measures – capture and export.</u> (i) Capture. Electronically record all of the data elements that are represented in the standard specified in § 170.204(c). (ii) Export. Electronically export a data file that includes all of the data elements that are represented in the standard specified in § 170.204(c).</p> <p>2. <u>Clinical quality measures – incorporate and calculate.</u> (i) Incorporate. Electronically incorporate all of the data elements necessary to calculate each of the clinical quality measures included in the EHR technology. (ii) Calculate. Electronically calculate each clinical quality measure that is included in the EHR technology.</p> <p>3. <u>Clinical quality measures – reporting.</u> Enable a user to electronically create for transmission clinical quality measurement results in a data file defined by CMS.</p>	<p>§ 170.204(c) (NQF Quality Data Model)</p>	<ul style="list-style-type: none"> • Standards: Recommend use of a <u>constrained</u> NQF QDM that only includes reference to data that should be included in EHRs. • C1i – Quality measures should have the ability to use patient-submitted data, which is not typically captured in EHRs. • C1ii – Use existing PQRS XML format since QRDA format is not yet an available standard. • C1ii – Want to verify that data can be exported to another module outside the EHR for 3rd party analysis, & then submitted from that module to CMS. • C3 – Unable to comment on TBD items, e.g. “in a data file defined by CMS” – as no standard is referenced. • C3 – Needs clarification. Does this mean report of patient level data, or aggregate data? • Question: What is the difference between 1ii “export” and 3 “report”?

Clinical Decision Support Interventions

Proposed 2014 Edition EHR Certification Criteria: Item 6	Standards	WG Comments
<p>§170.314(a)(8) / §170.314(a)(2) <u>Clinical decision support.</u> <u>(i)Evidence-based decision support interventions.</u> Enable a user to select (or activate) one or more electronic clinical decision support interventions (in addition to drug-drug and drug-allergy contraindication checking) based on the data elements included in each one or any combination of the following:</p> <ul style="list-style-type: none"> • Problem list; • Medication list; • Medication allergy list; • Demographics; • Laboratory tests and values/results; and • Vital signs. 	<p>§ 170.204(b)(1) (HL7 Context-Aware Knowledge Retrieval (“Infobutton”) Standard, International Normative Edition 2010</p>	<ul style="list-style-type: none"> • Clarify “in each one or any combination of the following.” Because vaccinations are not typically included in the medication list, and because they are not called out, one could interpret this to mean that CDS for vaccinations is excluded. Suggest “one or any combination of..” and suggest calling out vaccinations as a separate item. • Is this a broad list of things that <u>can</u> be included CDS, or that <u>must</u> ? In other words, is there a minimum “bar”? • Medication allergies are specified, but there are other allergies such as latex and peanut allergies that would change planned clinical treatment. Suggest including “medication and other allergies”

Referential Clinical Decision Support

Proposed 2014 Edition EHR Certification Criteria: Item 6, cont.	Standards	WG Comments
<p><u>Clinical decision support.</u> <u>(ii) Linked referential clinical decision support.</u> (A) Enable a user to retrieve diagnostic or therapeutic reference information in accordance with the standard specified at § 170.204(b)(1). (B) Enable a user to access the reference information specified in paragraph (ii)(A) relevant to patient context based on the data elements included in each one or any combination of the following:</p> <ul style="list-style-type: none"> • Problem list; • Medication list; • Medication allergy list; • Demographics; • Laboratory tests and values/results; and • Vital signs. 	<p>§ 170.204(b)(1) (HL7 Context-Aware Knowledge Retrieval (“Infobutton”) Standard, International Normative Edition 2010</p>	<ul style="list-style-type: none"> • B - Clarify “in each one or any combination of the following” • If the intent is for inclusion of one or more, suggest limiting the list to things of highest value. For example, demographics and vital signs may be used as filtering criteria, but are likely not a starting point for referential CDS. • Question: Suggest being more specific about the types of things that are included. Are things like smoking, suicide risk, and falls in the elderly included? • The Infobutton Implementation Guide should be included in the standard reference – not just the normative standard: URL-based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain; Infobutton Request, Release 3 (Jan 2010)

Clinical Decision Support Configuration

Proposed 2014 Edition EHR Certification Criteria: Item 6, cont.	Standards	WG Comments
<p><u>Clinical decision support.</u> <u>(iii) Configure clinical decision support.</u> (A) Enable interventions and reference resources specified in paragraphs (a)(8)(i) and (ii) to be configured by an identified set of users (e.g., system administrator) based on each one of the following:</p> <ol style="list-style-type: none"> (1) A user’s role; (2) Clinical setting; and (3) Identified points in the clinical workflow. <p>(B) Enable interventions to be triggered, based on the data elements specified in paragraph (a)(8)(i), when a summary care record is incorporated pursuant to § 170.314(b)(1). (vi) Automatically and electronically interact. Interventions selected and configured in accordance with paragraphs (a)(8)(i)-(iii) must automatically and electronically occur when a user is interacting with EHR technology.</p>	<p>§ 170.204(b)(1) (HL7 Context-Aware Knowledge Retrieval (“Infobutton”) Standard, International Normative Edition 2010</p>	<ul style="list-style-type: none"> • iiiA3 – Suggest defining clinical work flow, or broadening to “care process”. There are many actors who all have a part to play in clinical workflow. • iiiB – Suggest clarifying “data elements” • Typographical comment: vi should be iv (4) in this list • Use of the word “electronic” in iv seems superfluous

Clinical Decision Support Configuration (cont'd)

Proposed 2014 Edition EHR Certification Criteria: Item 6, cont.	Standards	WG Comments
<p><u>Clinical decision support.</u> <u>(iii) Configure clinical decision support.</u> (A) Enable interventions and reference resources specified in paragraphs (a)(8)(i) and (ii) to be configured by an identified set of users (e.g., system administrator) based on each one of the following:</p> <ol style="list-style-type: none"> (1) A user's role; (2) Clinical setting; and (3) Identified points in the clinical workflow. <p>(B) Enable interventions to be triggered, based on the data elements specified in paragraph (a)(8)(i), when a summary care record is incorporated pursuant to § 170.314(b)(1). (vi) Automatically and electronically interact. Interventions selected and configured in accordance with paragraphs (a)(8)(i)-(iii) must automatically and electronically occur when a user is interacting with EHR technology.</p>	<p>§ 170.204(b)(1) (HL7 Context-Aware Knowledge Retrieval ("Infobutton") Standard, International Normative Edition 2010</p>	<ul style="list-style-type: none"> • iiiA3 – Suggest defining clinical work flow, or broadening to "care process". There are many actors who all have a part to play in clinical workflow. • iiiB – Suggest clarifying "data elements"

Clinical Decision Support Metadata

Proposed 2014 Edition EHR Certification Criteria: Item 6, cont.	Standards	WG Comments
<p><u>Clinical decision support.</u> (v) Source attributes. Enable a user to review the attributes for each intervention or reference source for all clinical decision support resources including: (A) Bibliographic citation (clinical research/guideline) including publication; (B) Developer of the intervention (translation from clinical research/guideline); (C) Funding source of the intervention development technical implementation; and (D) Release and, if applicable, revision date of the intervention.</p> <p>Drug-drug, drug-allergy interaction checks (i) Interventions. Before a medication order is placed during computerized provider order entry (CPOE), interventions must automatically and electronically indicate to a user at the point of care of drug-drug and drug-allergy contraindications based on medication list and medication allergy list.</p>	<p>§ 170.204(b)(1) (HL7 Context-Aware Knowledge Retrieval (“Infobutton”) Standard, International Normative Edition 2010</p>	<p>No comments</p>

Clinical Information Reconciliation

Proposed 2014 Edition EHR Certification Criteria: Item 15	Standards	WG Comments
<p>§170.314(b)(4) <u>Clinical information reconciliation.</u> Enable a user to electronically reconcile the data elements that represent a patient’s active medication, problem, and medication allergy list as follows. For each list type:</p> <p>(i) Electronically display the data elements from two or more sources in a manner that allows a user to view the data elements and their attributes, which must include, at a minimum, the source and last modification date.</p> <p>(ii) Enable a user to merge and remove individual data elements.</p> <p>(iii) Enable a user to review and validate the accuracy of a final set of data elements and, upon a user’s confirmation, automatically update the list.</p>		<ul style="list-style-type: none">• Ability to perform actions should be based on role, as in “configure CDS” in Item 6.• Suggest including “other allergies” in addition to medication allergies.

Problem List

Proposed 2014 Edition EHR Certification Criteria: Item 43	Standards	WG Comments
<p>§170.314(a)(5) <u>Problem list</u>. Enable a user to electronically record, change, and access a patient’s problem list for longitudinal care in accordance with, at a minimum, the version of the standard specified in § 170.207(a)(3).</p>	<p>§ 170.207(a)(3) (SNOMED CT® International Release January 2012)</p>	<ul style="list-style-type: none">• Suggest clarifying the phrase “in accordance with, at a minimum, the version of the standard...”• Suggest defining the term longitudinal, as this term can be interpreted in different ways, e.g. longitudinal over all care in a life span, longitudinal over care from a single provider, etc.• Regarding SNOMED CT – Need clarification regarding whether this means all data must be recorded in SNOMED CT (suggest this is too prescriptive), stored as SNOMED CT or represented as SNOMED CT.• Also need to clarify whether the end user must see the SNOMED CT representation of data collected, as this is invisible to the user in many cases.