

# Quality Measure Workgroup Recommendations for Response to Stage 2 Notice of Proposed Rule Making on EHR Incentive Program

David Lansky, Chair

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# Work Group Members

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# Major areas of WG Comment

- Alignment of measures across programs
- Vendor platform design for QM
- Progress towards outcome measures and TT recommendations
- ... and other comments

# Comments - Alignment

- MU 1 was challenging for small practices; be sensitive to that in increasing requirements for MU2
- Alignment is worthy goal, but policy programs should not align to lowest common denominator – especially if it is based on pre-EHR technologies
  - For example, success with MU can satisfy PQRS, but not vice versa
- Just as federal programs are aligning to drive payment for value, measurement alignment should facilitate new payment and policy priorities

# Comments – Vendor platform

- If vendors can be motivated to improve QM “engine”, it will increase provider capability to report measures and use them for meaningful QI
- Vendors have hard-coded QM specifications; by moving to 125 EP measures (Option 1a), that may force them to design for more flexible calculation and reporting
- Link between CDSS and QM selections could be powerful tool for improvement and could be reflected in “QM Engine” design

# Comments – Progress towards outcomes

- WG supports the six reporting domains
- WG favors Option 1a for EPs to continue to focus attention on all six domains
- WG supports linkage between QMs and clinical decision support
- Mapping across reporting programs is desirable for alignment but must be clear and specific – need crosswalk
- Availability of measures to satisfy reporting domains remains weak and will need substantial attention for Stage 3
- Data elements and data types needed for Stage 3 should be captured by Stage 2 certification
- Persistence of ‘check-the-box’ measures

# The Measures Pipeline

	No. of Avail EP Measures in NPRM	No. of TT Proposed Measure Concepts	No. of Measure Concepts Available in Stage 2
Clinical appropriateness/efficiency	11	10	2
Population and public health	12	11	2
Patient and family engagement	13	10	3
Care coordination	7	7	1
Patient safety	16	8	2
<i>Clinical process/effectiveness</i>	64		

## Stage 2 Care Coordination Measures

- Osteoporosis - post fracture communication with PCP
- ADHD: documentation of DSM-IV criteria in medical record
- Peritoneal dialysis: % patients with adequate dialysis measured every 4 months
- Hemodialysis: # months per year adequate dialysis (Kt/V above target)
- Diabetic home health care plan o
- Melanoma: treatment plan in chart
- Closing referral loop: PCP gets re

## Missing TT Measure Concepts

- Self-management plan for patients with leading conditions
- Documented advance care plan
- Patient and family experience across a care transition
- Timeliness and appropriateness of response to clinical information

**Speaker's Notes for Slide 7, "The Measures Pipeline:**

- **Osteoporosis - post fracture communication with PCP**
- **325000 per year**
- **ADHD: documentation of DSM-IV criteria in medical record**
- **500000 per year**
- **Peritoneal dialysis: % patients with adequate dialysis measured every 4 months**
- **26000 per year**
- **Hemodialysis: # months per year adequate dialysis (Kt/V above target)**
- **350000 per year**
- **Diabetic home health care plan of care**
- **25MM with diabetes, only 164000 with home health and diabetes as primary dx**
- **Melanoma: treatment plan in chart**
- **76000 new cases /year**
- **Closing referral loop: PCP gets report from consultant**

# Other comments

- General endorsement for approach to hospital measures
- Debate between those who favor fewer measures likely to produce reliable, comparable results and those who favor large inventory of measures to address multiple specialties, induce platform improvements
- Extended discussion of criteria for reducing length of EP measures list – many diverse perspectives
- Need for tighter specifications, implementation guides to assure measures are robust enough to use and compare
- Cautious endorsement of group reporting option – for “meaningful groups”
  - Option 1b may be an approach to consider for Group Reporting only