

To: Health Information Technology Policy Committee

From: Quality Measures Workgroup

Re: Recommendations of the Vendor Tiger Team of the Health IT Policy Committee 4/23/2012

The Quality Measures Workgroup convened a Vendor Tiger Team to communicate to the Health IT Policy Committee comments on the Notice of Proposed Rule Making (NPRM) for the Electronic Health Record (EHR) Incentive Program. David Lanksy- chair of the Workgroup, asked the vendors for input on:

Currently it takes a long time to bring new measures into use- how do we bring more complex measures into use in a shorter time frame? Also, the HITPC has a concern that measures from MU were "hard coded" by vendors into their products. How can we create more flexible, rapidly deployable quality measures?

The Tiger Team recommendations:

1. Value sets should be consistent across measures wherever possible
 - a. Newly created measures should use the same value sets
 - b. Previously created measures should have a reconciliation process align the value sets to a standard group
 - c. Develop and publish these earlier in the process so they can be ready for the measures
2. Billing codes should be included into the value sets for measures so that the measures can maintain consistency with other measures required using claims data
3. Measures should be developed *de novo* for use in EHRs
 - a. Measures should utilize standard components- such as value sets, data types and terminologies
 - b. There should be fewer exceptions in measures- as these need to be captured at the point of care which requires considerable workflow and user interface development and training to capture
4. Measure representations should be simplified to be more efficiently and consistently incorporated into EHRs- this includes simplifying the XML
5. Measures should include a suggested workflow. This may encourage more standard tools around the measures.
6. HHS should have a test system for testing measures against real production data
7. In addition to feasibility, reliability and validity testing, measures should undergo
 - a. Testing of usability with the suggested workflow
 - b. "implementability" – what is the expected amount of work to implement this measure by providers (not can it be done- feasible, but what is the cost of measurement both in the cost of change and the ongoing cost of data capture.)
8. There should be a mechanism for testing measures in the field prior to inclusion in a required program.
9. Measures that rely on survey information from patient need to leverage data that is already collected in the EHR rather than re-asking the patient.