

**Clinical Quality Hearing**  
Health Information Technology Policy and Standards Committee  
Panel 1: High Performing Healthcare Improvement Organizations  
and Analytics Systems to Support Them

**Healthcare Quality Catalyst - Responses to Questions**

1. What factors limit Health IT's ability to support quality measurement/improvement?
  - a. Data quality
  - b. Ready access to integrated data (clinical, financial and administrative)
  - c. Data-driven prioritization process
  - d. Minimal or total lack of integration of IT with clinical leadership and subject matter experts
  - e. No standards for loading knowledge assets into EMRs; i.e., interoperability between clinical content and EMR
  - f. Many analytic systems were developed outside healthcare; i.e., for other, less complex industries
  
2. How can Health IT better support quality measurement/improvement?
  - a. Health IT needs to insist upon and support Improvement initiatives being driven by a business sponsor (e.g., clinical leadership, financial leadership) - IT should be the enabler, not the sponsor
  - b. Healthcare systems need to provide for integrated teams, which include subject matter experts, data capture experts, data provisioning experts and analytics experts to support improvement initiatives
  - c. Healthcare systems need to provide systems for deployment of improvement initiatives, which include as part of the development of the initiatives, those clinicians who will be expected to lead implementation
  - d. Healthcare system budgets need to allocate more significant funds to knowledge asset development infrastructure, analytics infrastructure and clinical deployment infrastructure (personnel and technology)

3. How can the quality life cycle be accelerated?
  - a. Encourage the development of commercial-grade clinical content in a format that integrates seamlessly with EMRs (e.g., standards need to be developed for EMR APIs which integrate with clinical content)
  - b. Base analytic cohort definitions and metric specifications on commercial-grade clinical content (single source of truth for knowledge assets and analytics)
  - c. Standardize cohort definitions and metric specifications for key indicators for clinical effectiveness (e.g., a la HEDIS) and cost effectiveness
  - d. Facilitate robust key process analyses of population data sets (e.g., claims data) and episodic data sets (e.g., case mix data) so improvement initiatives are focused on the largest processes with the highest degree of variation (i.e., the largest opportunity to wring out quality waste)
  - e. Elevate the deployment of improvement initiatives to a repeatable “system of production”
4. What is the role of Clinical Decision Support (CDS) in the quality life cycle? How does CDS relate to quality measurement?
  - a. Commercial-grade clinical content, which informs a robust system of analytic feedback defines clinical- and cost-effectiveness guidelines
  - b. Clinical- and cost-effectiveness guidelines define the optimal points for application of CDS (e.g., prompts, alerts, actionable protocols, including standing orders sets, and executable protocols, such as glucose management)
5. What is the Health IT vendor role in quality improvement programs?
  - a. Provide support for EMR optimization such that the EMR can consume commercial-grade clinical content as seamlessly as possible
  - b. Provide robust analytic infrastructure, which allows healthcare systems ready access to integrated data (clinical, financial and administrative); e.g., through an Enterprise Data Warehouse
  - c. Provide pre-built knowledge asset and analytic (visualization) starter sets for the Pareto (80/20) acute and chronic care processes (e.g., heart failure), operational work flows (e.g., value stream map for hospital-based surgery) and patient safety protocols (e.g., ADE prevention)

6. Are there viable business models in which vendors can/should share risk/reward with providers?
  - a. Short answer: Yes.
  - b. Longer answer: Much work needs to be done for vendors and healthcare systems to be able to quantify the ROI of investing in commercial-grade clinical content knowledge assets, key process analyses, data warehousing that integrates disparate transactional data systems into a single source of truth, visualizations that turn data into meaningful information useful to clinicians and enterprise-wide deployment infrastructure that gets the water to the end of the row

Respectfully Submitted

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