

DRAFT RECOMMENDATIONS TO HIT POLICY COMMITTEE ON METHODOLOGIC ISSUES
Quality Measures Workgroup of the HIT Policy Committee
(6/3/11)

1. A vehicle to capture patient reported data is needed
 - a. Standard is needed to designate self-reported data with source tagged
 - b. CDA type standard and transport standard for self-reported data to address
 - i. race, ethnicity, language, and equity
 - ii. reported perception of experience
 - iii. structured data for m-health/home devices
2. Need policies to guide reasonable measures of quality for comparison of data points over time (delta measures)
 - a. Data may not be computed locally, and may consist of data points collected at various time frames as well as from multiple sources
 - b. maintaining threshold over time
 - c. selecting best/worst/average when there are multiple results in given time period; analysis is needed to determine method(s) of communicating data
3. Need guidance policy to promote capacity and scalability of EHRs to be in step with increasing complexity of quality measures
 - a. Establish if computation should be a core function of EHR product
 - b. Advise if/how architecture should support data management and analytic platforms
 - c. Identify what requirements should be specified in certification requirements
4. Standards are needed for coding of problem lists, which address:
 - a. A patient centered problem list (broad range of problems not limited to traditional medical diagnoses with billing codes)
 - b. Conventions
 - c. value sets that align to standard terminology
 - d. reconciliation of problems—resolved; stable/maintenance
5. Standards are needed to assign attribution of each member of a panel for measurement—provider, team/team member, payer-- unique identifier is needed for who is participating in care associated with particular problem