National Committee on Vital Health Statistics Testimony

Meaningful Use Capacity and Functionality in Quality Reporting

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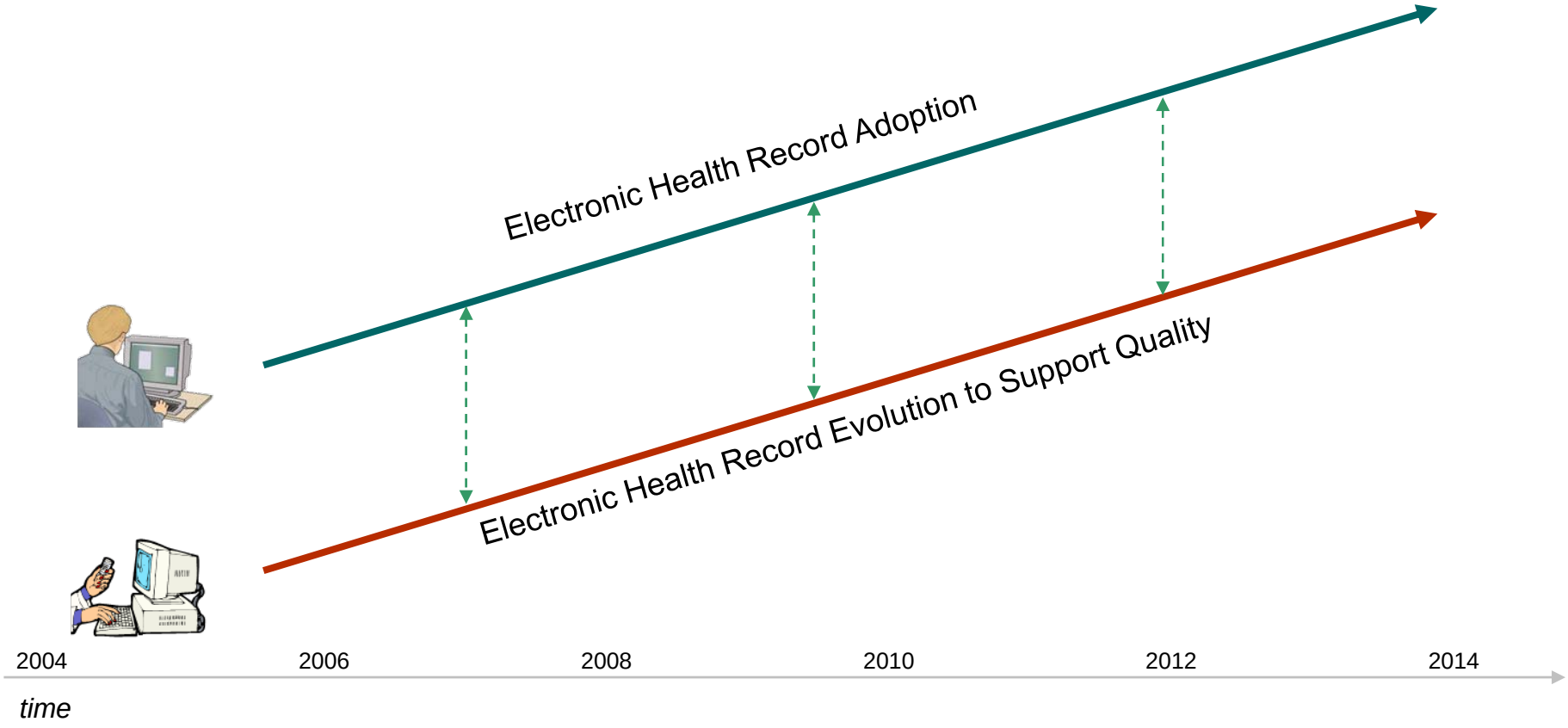
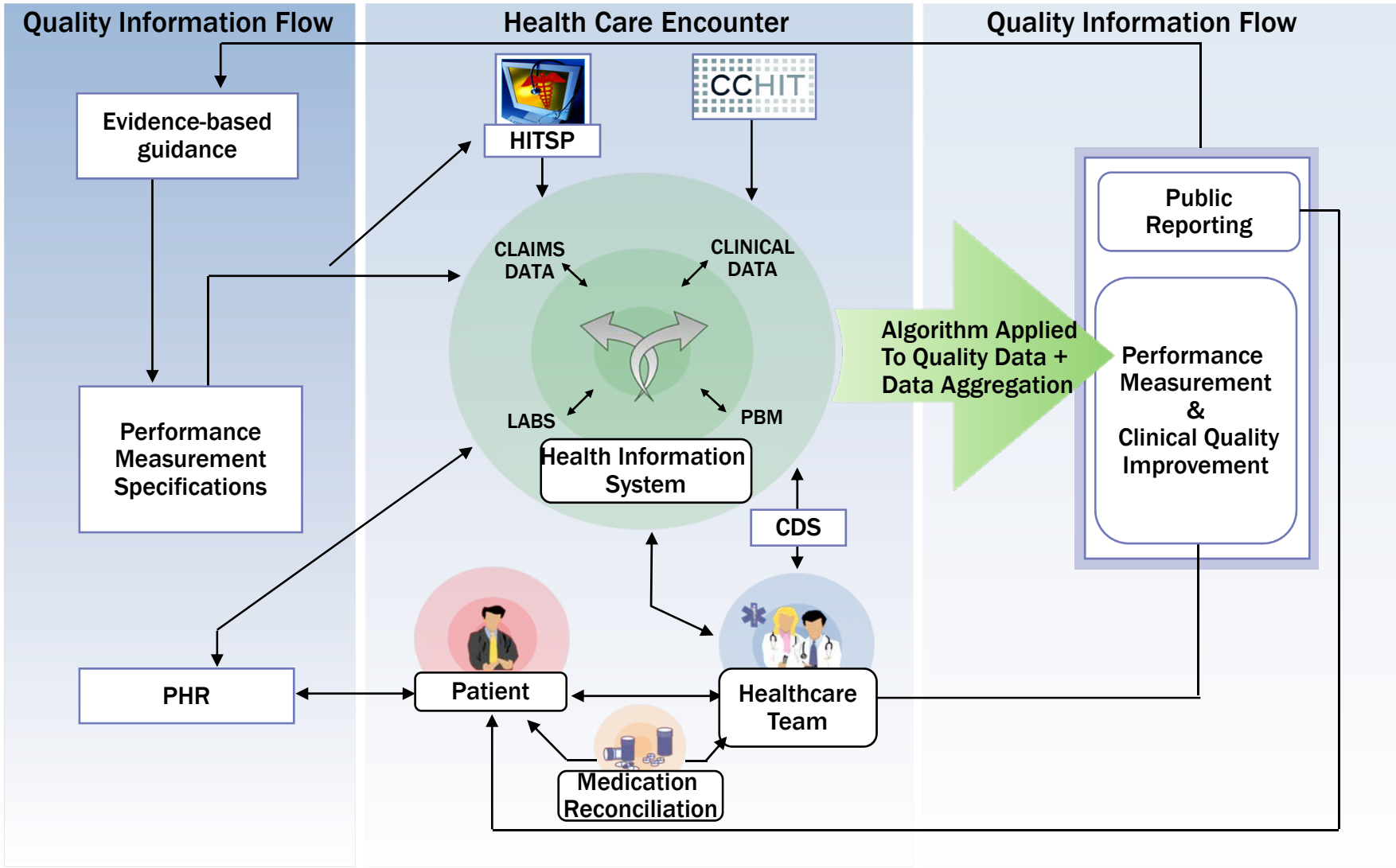
Supporting today's quality measures with HIT is currently a moving target

- Common reporting requirements include:
  - CMS RHQDAPU Measures
  - PQRI and AQA Measures
  - HEDIS Measures
- In addition, many healthcare institutions have instituted their own quality measurement programs targeted at specific healthcare interventions or disease conditions, adapting national measure sets or developing home-grown measures for use.
- While the National Quality Forum has worked to harmonize measures, the reality is that there is still great variability in measures as they are implemented.

We have been on a slow national journey to attach the evolution of EHRs to the evolution of quality measures



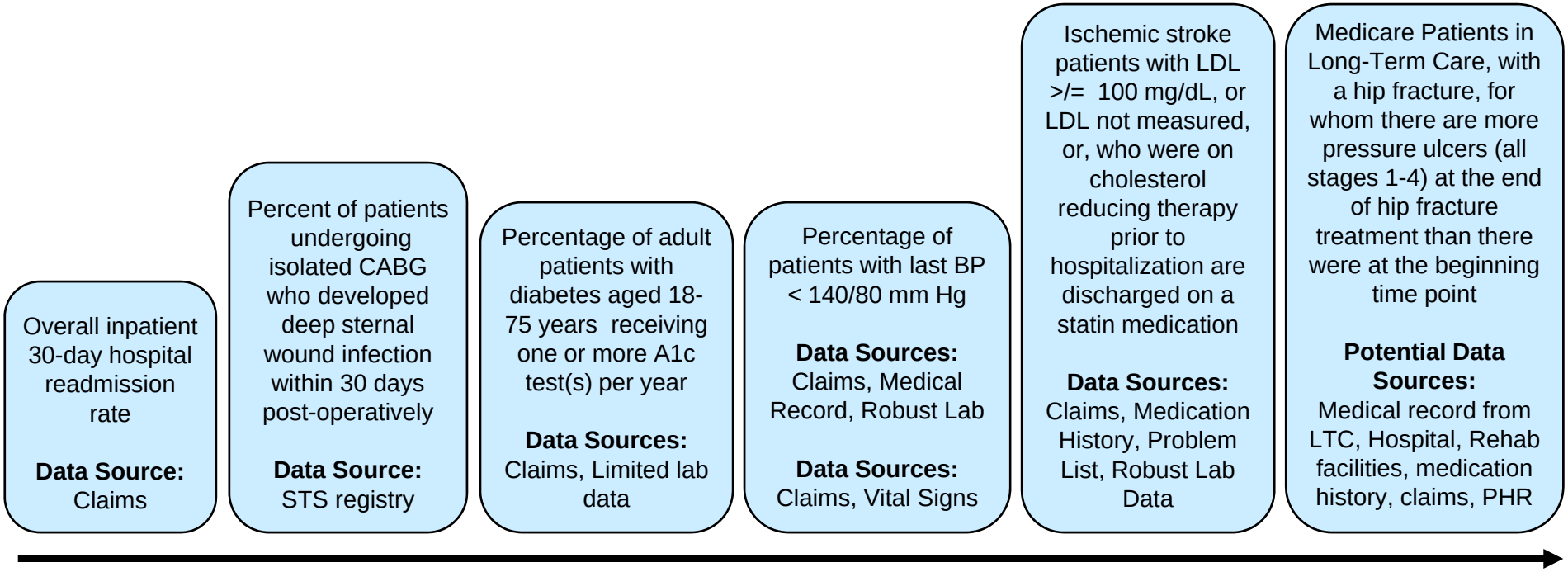
Automating quality reporting involves explicit collaboration across disparate processes supported by disparate stakeholders



Source: Slide Developed for AHIC Quality Workgroup

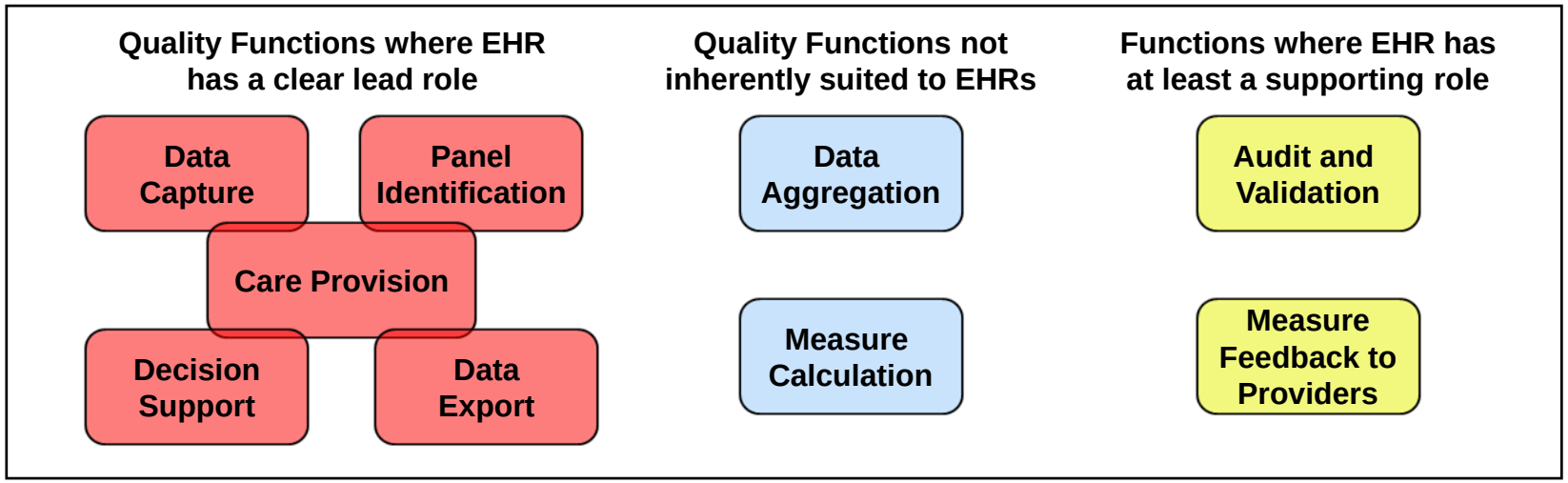
The measures themselves are expected to evolve to be patient-centric and longitudinal, with progress directly tied to the adoption of electronic health records

Availability of Standardized Clinical Data/EHR Adoption



We lack clarity as to what EHRs should aspire to become as it relates to Quality Reporting… is “soup to nuts” appropriate or realistic?

- When considering the quality measurement and reporting life cycle, key activities emerge that EHRs could support.
  - Some functions surrounding data capture, export, and feedback loops are critically important to include at the electronic health record level to ensure high quality provision of care, measurement/evaluation of care, and continuous improvement.
  - While other functions such as data aggregation and measure calculation could, and possibly should, be handled outside of the practice or organization centered EHR, where person-centric data is aggregated across multiple data sources.



It is possible to specify EHR requirements around quality, with knowledge that many of them are not supported by EHRs today

Sample Requirements	Current EHR Capability?	Adoption Risk?
Access to measure specifications within the EHR	High	Low
Identification and management of panels of patients meeting quality measure numerator criteria	Medium	Medium
Capture of standardized data in discrete fields	High	High
Decision support to provide patient-specific options for care to meet quality of care requirements	Medium	High
Export of patient-level data to support quality measurement, in required formats	High	Low
Analytics to support measure calculations, using standard measurement specifications	Low	High
Import of quality measures to show performance in context of treatment	Low	Low

Describing the ultimate role of electronic health records in quality improvement and reporting will require forecasting.

- What is the measure forecast for the next 5 years? How fast do w expect quality measures to evolution towards patient centric measurement?
- How fast can we specify data standards and interoperability specifications to support electronic quality measurement and reporting?
- How fast can we adapt specifications so that can be translated easily into EHR requirements?
- How much will vendors invest to develop required functionality to support quality reporting and improvement?
- How can we optimize aggregation, measure calculation and feedback loops so that the investments in quality reporting have real returns?