

Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



July 21, 2014

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

The Health IT (HIT) Policy Committee (HITPC) gave the following broad charge to the Quality Measures Working Group (QMWG):

Charge for the Quality Measures Working Group:

The QMWG is charged with developing recommendations for the next generation of e-measure constructs, including those that are patient and population centered, longitudinal, across settings of care where appropriate, and address efficiency of care delivery. The QMWG should focus on the domains, concepts, and infrastructure for these e-measure constructs.

This set of recommendations updates and complements the recommendations for meaningful use (MU) Stage 3 that the HITPC previously approved on February 3, 2014.

Background and Previous Recommendations

The QMWG formed in 2010 to begin developing recommendations regarding a clinical quality measure (CQM) framework for MU Stage 2. Clinical quality measures are critical in the evaluation of our delivery system and can assist providers and systems in the improvement of care. The growing adoption of electronic health record (EHR) systems and emerging capabilities for health information exchange will allow our health system to measure clinical performance in clinical areas previously considered infeasible.

The QMWG issued its first set of recommendations¹ for Stages 2 and 3 after the HITPC approved them on August 3, 2011. The recommendations include 1) a reporting framework that builds upon the Stage 1 core plus menu option for eligible providers; 2) a list of menu domains and measures to be developed, and 3) a list of methodological challenges/issues related to implementation of novel measures in the future.

¹ http://www.healthit.gov/FACAS/sites/faca/files/HITPC_transmitLQMWG_8_5_2011.pdf

Subsequently, the QMWG issued a second set of recommendations for MU Stage 3.² The recommendations include 1) a list of key measure domains for measure development; 2) identification of key areas for health IT infrastructure development to support quality measurement; 3) a list of evaluation criteria to use for development of new measures; 4) a recommendation for an “innovation pathway” to promote development and sharing of innovative or locally-developed measures; and 5) a recommendation for inclusion of patient-reported outcomes measures as MU objective measures. These recommendations were approved by the HITPC on February 3, 2014.

Following the approval of the second set of recommendations, the HITPC requested the QMWG look specifically at a few additional areas and present a “package” of MU3 recommendations incorporating the previous MU3 recommendations. These additional areas are:

- Key measure concepts or specific measures for MU3;
- The next stage of measures;
- Required or recommended measures policy for MU3;
- Certification to measures policy for MU3.

This transmittal letter reflects the “package” of updated MU3 recommendations, which were presented to and approved by the HITPC on July 8, 2014.

QMWG Deliberations

The QMWG evaluated current quality measures under development using the measure criteria it had previously recommended. These measure criteria are:

1. Preference for electronic CQMs (eCQMs) or measures that leverage data from HIT systems (e.g., clinical decision support)
2. Enables patient-focused and patient-centered view of longitudinal care
3. Supports health risk status assessment and outcomes
4. Preference for reporting once across programs that aggregate data reporting
5. Measurement is beneficial and meaningful to multiple stakeholders
6. Promotes shared responsibility
7. Promotes efficiency
8. Measures can be used for population health reporting

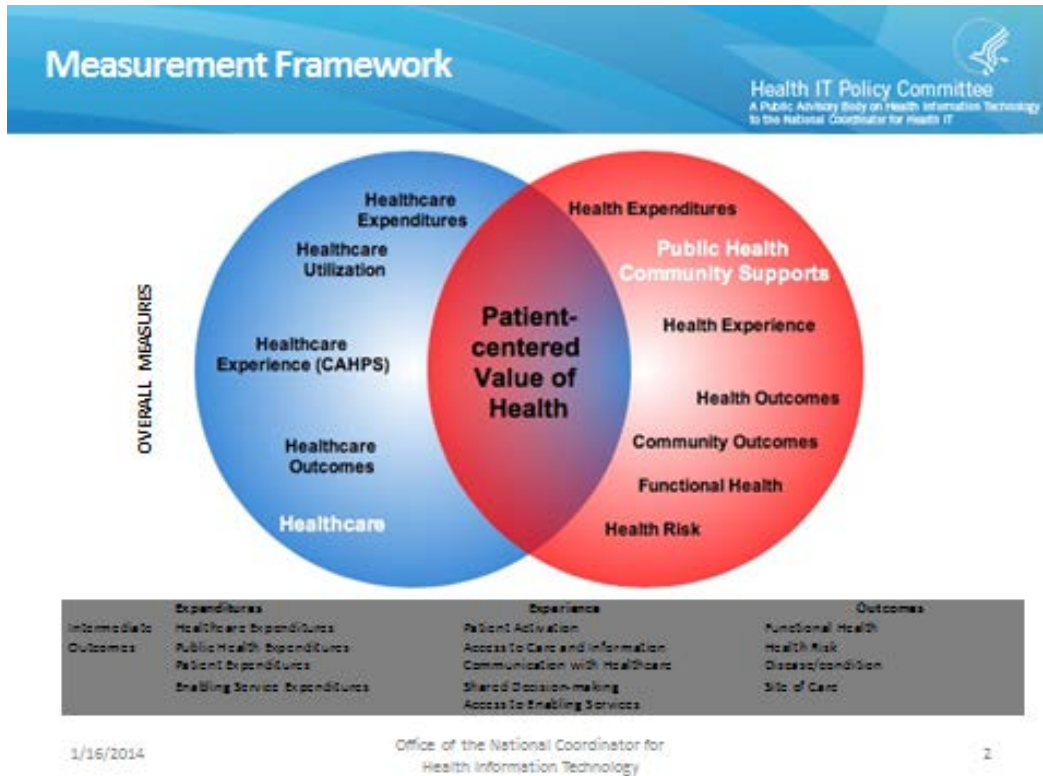
The QMWG used the measures under development that were highly rated using these criteria to inform a discussion about key measure concepts for MU3. These results also informed a discussion about features for the next stage of measures.

The QMWG also reviewed the framework that the Accountable Care Clinical Quality Measure Subgroup (ACQM Subgroup) developed with members from the QMWG and Accountable Care Working Group to discuss specific e-measure constructs, domains, and HIT infrastructure for accountable care organization settings. The QMWG adapted this framework for quality measurement in all settings more broadly. The framework is described in more detail below.

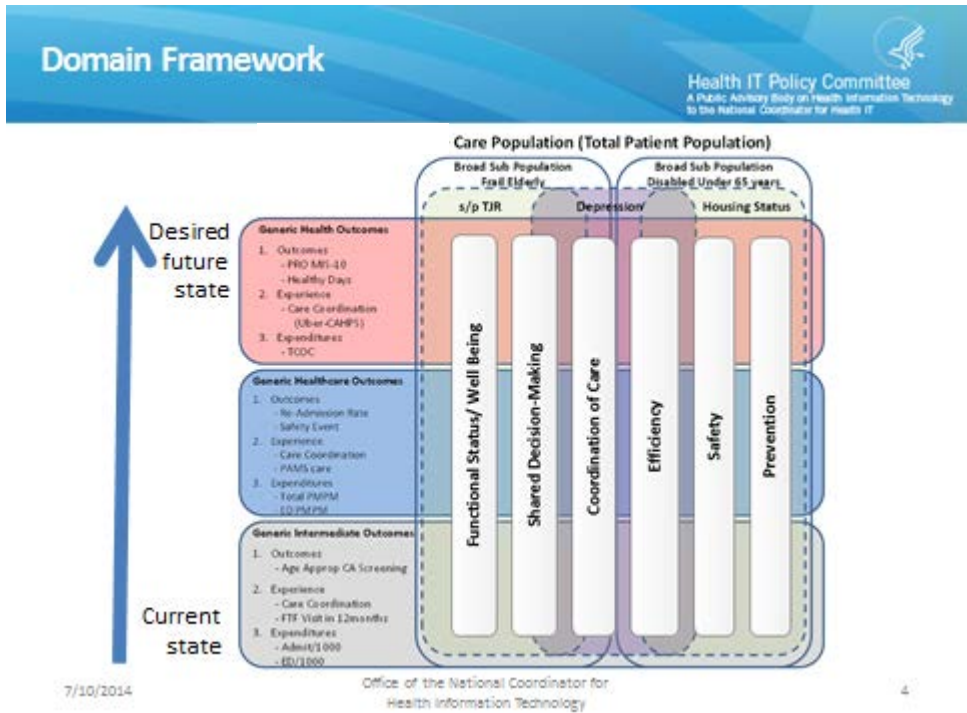
² http://www.healthit.gov/FACAS/sites/faca/files/QMWG_MU3_Transmittal_14_Feb_24.pdf

Measurement Domain Framework

The QMWG developed the below framework that displays a desired move toward health care and public health community support measures that support patient and population -centered health.



Using this framework, the QMWG discussed that in the current system, the majority of quality measures focus on intermediate health care outcomes, and the system needs to move toward inclusion of health outcomes. The domain framework below demonstrates the patient-centered value of health view with the intersection of social, behavioral, and clinical health services across patient subpopulations.



Further, the QMWG discussed the relationship between domains, measures, and HIT infrastructure needs. The below table illustrates a sample discussion tool for understanding and identifying these interrelationships and the essential HIT infrastructure to support the domains.

Domain	National Quality Strategy Priority(ies)	Specific Improvement Concept	Concept Metric (Num/Den) Examples	Data Elements Required for Metric	Data Source(s) for Concept Metrics	Potential HIT Infrastructure to Operationalize
Care Coordination	Promoting effective communication and coordination of care	Improve care transitions after acute hospital discharge	% Patients with contact with outpatient services within 7 days of discharge	Hospital discharge event	EHR Claims ADT	Capability for cohort identification and aggregation to support static and on the fly cohort identification (e.g. case management registry for all discharged patients to include discharge diagnosis as well as disposition)
				Contact with outpatient services	EHR Claims	
				Hospital discharge event	EHR Claims ADT	
				Medical reconciliation documentation	EHR	

Full page versions of these diagrams are appended.

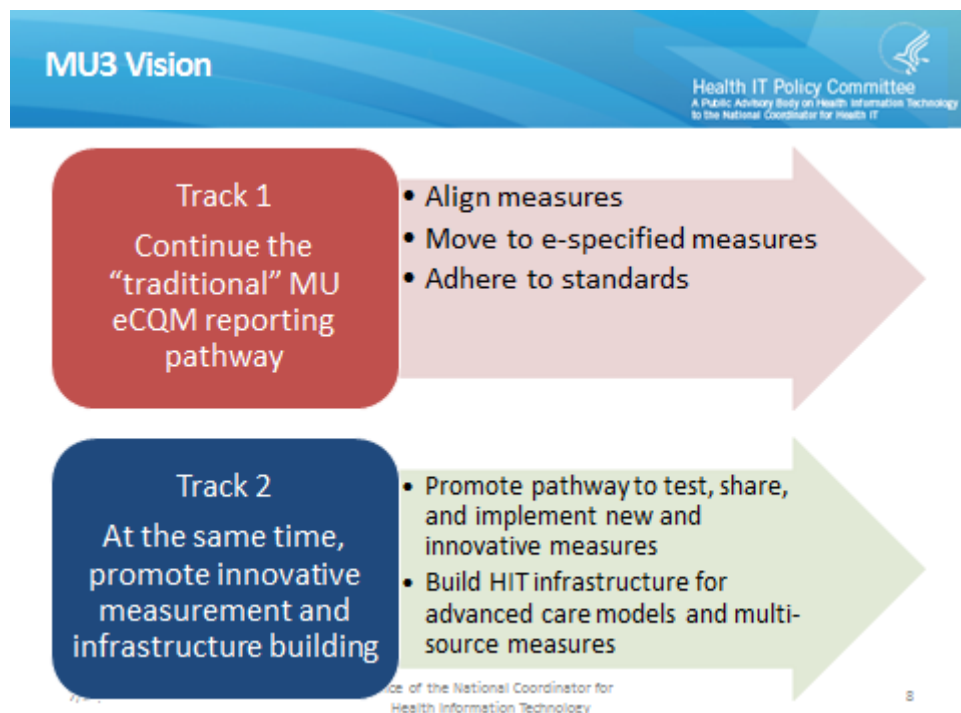
Recommendations (approved by the HITPC on July 8, 2014)

Guiding Principles

- Quality measures have evolved over the Stages of MU with many new measures under development built on previous versions. These measures have evolved in a step-wise fashion from process toward outcomes measures.³
- The ACQM Subgroup’s framework can be more broadly applied as a vision for measurement in the near-future.
- We assume that providers have implemented the baseline infrastructure for MU1 and MU2 measurement, and want to promote more outcomes-based options in Stage 3.
- The HITPC has considered the opportunities to develop HIT infrastructure to support outcomes measurement.
- The development of this enhanced HIT infrastructure to support outcomes measurement for advanced care models and a more interconnected health system is an essential component for future work.

MU3 Vision

The HITPC envisions a two track pathway for quality measurement in MU3 and beyond:



³ For example, the “functional status assessments for total knee replacement” measure has evolved from involving a provider measuring functional status once post-procedure, to a provider measuring functional status twice post-procedure, and to the current measure under development which would include measuring improvement for patients with a total knee replacement (not solely measuring functional status).

Track 1 Recommendations

The HITPC recommends six prioritized domains for quality measurement, along with a seventh cross-cutting domain of health equity and disparities reduction. The six prioritized domains are:

1. Functional status and well-being
2. Shared decision-making
3. Coordination of care
4. Efficiency
5. Safety
6. Prevention and population health.

Key Measurement Concepts for MU 3

The HITPC recommends the following key measurement concepts be included in MU3 measures:

Domain or Subdomain	Measurement Concept
Patient and Family Engagement	Functional status assessment and patient goal setting for patients with specific health conditions (e.g., congestive heart failure, chronic pain, rheumatoid arthritis, chronic obstructive pulmonary disease, asthma, total knee replacement)
	Improvement in symptoms among specific conditions (e.g., children with ADHD, rheumatoid arthritis)
	Condition-specific overall outcome measure (e.g., pediatric ADHD)
Prevention and Population Health	Annual wellness assessment – Assessment, management, and reduction of health risks (focused on specific domain (e.g., cancer) and/ or specific population group (e.g., based on age/gender/disease, etc.))
Coordination of Care	Closing the Referral Loop – Critical information communicated with request for referral; integration of critical information in decision making process
Safety	Specific settings/conditions (e.g., rate of readmission to the ICU within 48 hours)

Next Stages of Measures

For the next stage of measures, the HITPC recommends development of:

- Functional status measures (delta over time for patient)
 - Functional status assessment and patient goal setting with next step of individual goal achievement.
- Measures that allow evaluation of delta over time for providers
 - e.g., percentage of patients with improved hypertension control.
- Focus on more generic functionality that can be applied to multiple conditions
 - As opposed to developing additional condition-specific measures.

Key Measure Policy for MU3

The HITPC recommends that there should be a subset of key measures identified in MU3 (e.g., address priority health conditions). However, the HITPC recommends not designating these as “core” as this term could confuse EP/EHs on whether “core” measures are required or recommended.

Given the types of measures that are developed or in development today, there are only a few measures that could be applicable to all providers. If there is a subset of required measures, there should be a small number applicable to all or most providers. Some WG members did not feel any measures should be required, only recommended.

Certification Policy for MU3

The HITPC recommends that providers be able to report on as many measures as applicable, and therefore vendors should be required to certify the measures applicable to those providers.

However, the HITPC remains concerned about the development costs and burden to EHR developers. Measure specifications and certification and development tools should assist EHR developers in creating high-quality e-measures efficiently and avoid rework.

Track 2 Recommendations

Revised Innovation Pathway Recommendation

The HITPC recommends that ONC and CMS consider an optional “innovation pathway” whereby MU participants would be able to waive one or more objectives by demonstrating that they are collecting data for innovative or locally-developed eQMs.

For implementing the “innovation pathway” approach, the HITPC recommends that any EP/EH be allowed to develop eQMs, but the measures must be expressed in national data, expression, and e-processing standards.

Health care organizations and providers should be required to provide evidence that the measure can help improve care in their organization.

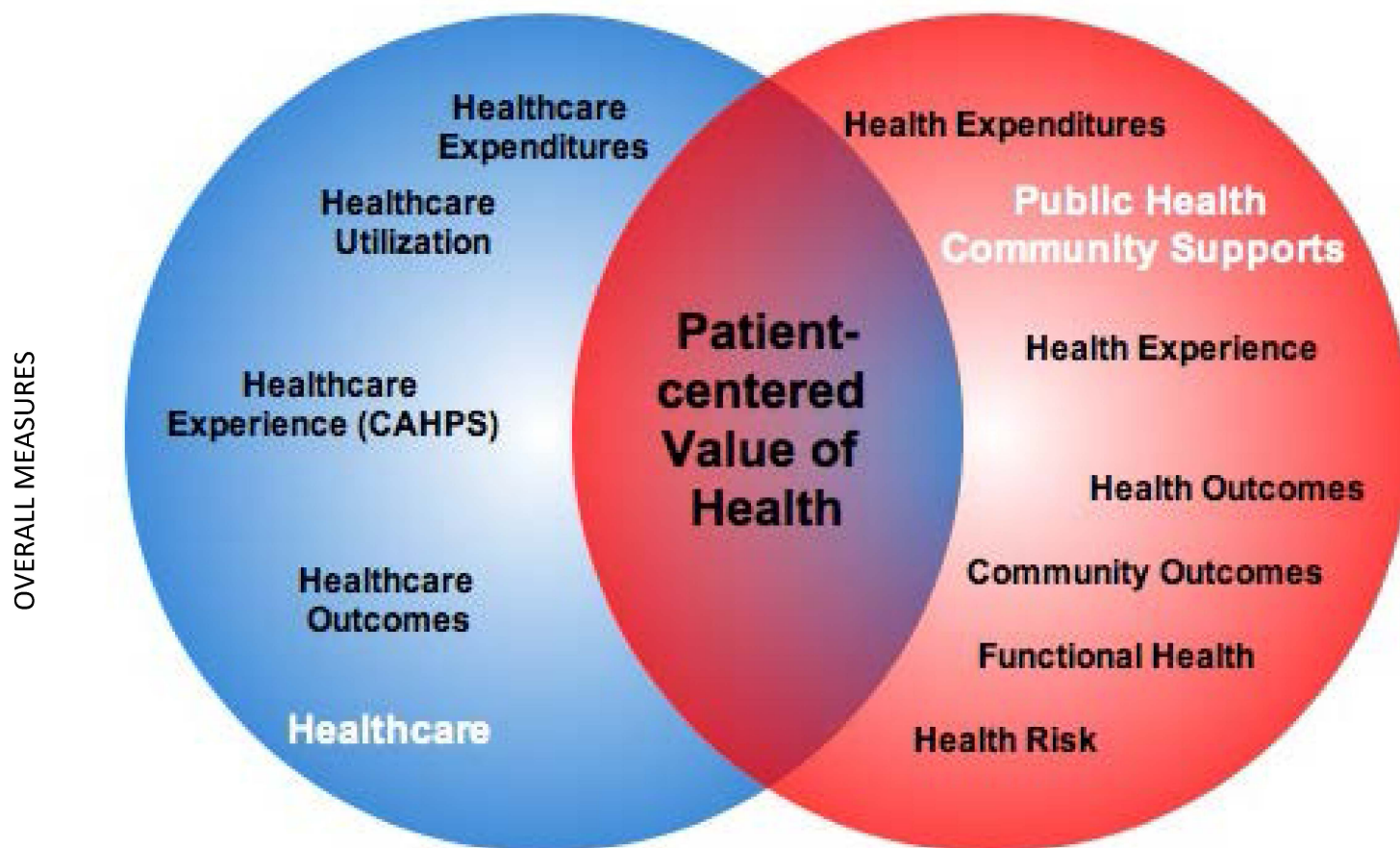
We appreciate the opportunity to provide these recommendations and look forward to discussing next steps.

Sincerely yours,

/s/

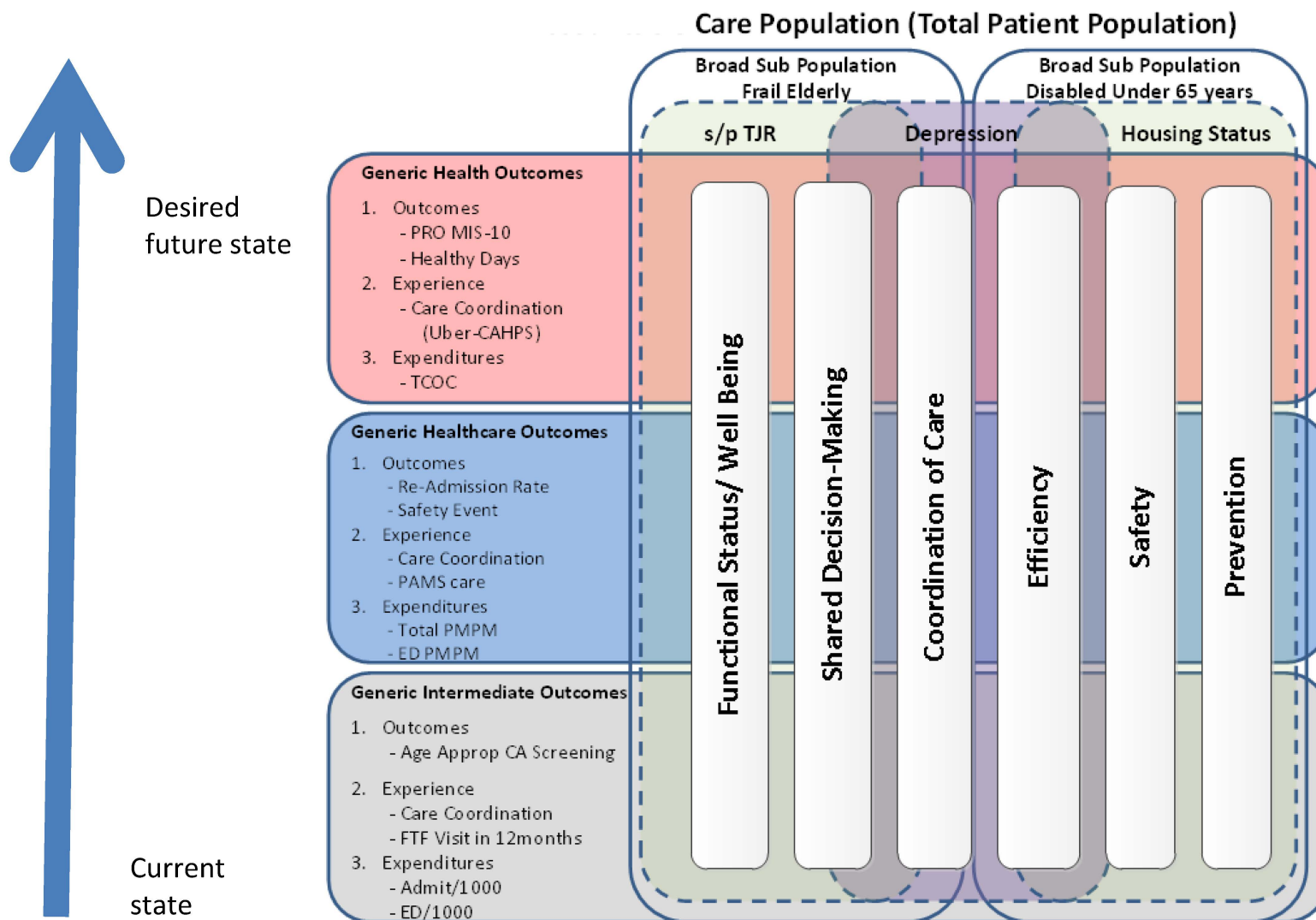
Paul Tang
Vice Chair, HIT Policy Committee

Appendix: Measurement Framework



	Expenditures	Experience	Outcomes
Intermediate Outcomes	Healthcare Expenditures Public Health Expenditures Patient Expenditures Enabling Service Expenditures	Patient Activation Access to Care and Information Communication with Healthcare Shared Decision-making Access to Enabling Services	Functional Health Health Risk Disease/condition Site of Care

Appendix: Domain Framework



Appendix: Sample Table to Discuss the Relationship Between Domains, Measures and HIT Infrastructure Needs

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				Contact with outpatient services		
			% Patients with medication reconciliation within 7 days of discharge	Hospital discharge event	EHR Claims ADT	
				Medical reconciliation documentation	EHR	