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Farzad Mostashari, MD, ScM
National Coordinator
Office of the National Coordinator for Health IT
Chairperson
Quality Measures Workgroup
Health IT Policy Committee
U.S. Department of Health & Human Services
Washington, DC 20201

Dear Dr. Mostashari:

My name is Dr. Ferdinand T. Velasco. I am the Vice President and Chief Medical Information Officer of Texas Health Resources (THR), located in Arlington, Texas. I am the physician champion for THR's medical informatics initiatives and provide clinical and executive leadership for our EHR initiative.

In addition to my role at THR, I am chairperson of the [HIMSS Quality Cost and Safety Committee](#). The Committee provides direction concerning all HIMSS projects, policies and other matters related to the application of health information technology toward improving the safety, quality and cost-effectiveness of health and healthcare. [HIMSS](#) is a cause-based; not-for-profit organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of healthcare. With over 42,000 members, HIMSS frames and leads healthcare practices and public policy through its content expertise, professional development, and research initiatives designed to promote information and management systems contributions to improving the quality, safety, access, and cost-effectiveness of patient care.

In August, 2011, the HIMSS Quality, Safety, and Cost Committee launched an eMeasures Work Group consisting of dedicated HIMSS volunteers including practicing physicians and other healthcare providers, EHR developers, healthcare information management professionals, and quality measure development experts. The Work Group's efforts informed the development of a January 2012 HIMSS Board of Directors-approved letter to Secretary of Health and Human Services, Kathleen Sebelius, which identified nine consensus recommendations to optimize the timeframe and process for development and implementation of electronic clinical quality measures.

The following is a summary of our recommendations to improve the eMeasure development and implementation process. I have attached the January 2012 letter to Secretary Sebelius, which provides additional details on the recommendations.

1. Development of a library of standardized, endorsed "value sets" to be used by measure developers when creating/retooling endorsed measures.

- HIMSS recommends development and funding of an industry-standard clinical value set library to be used for eMeasure development, and requiring the use of these value sets for eMeasures selected for the Meaningful Use and other Federal programs by all certified EHR systems.
- The CMS-sponsored National Quality Forum (NQF) Measure Authoring Tool (MAT) should contain standardized value sets for shared usage by all measure developers.

- 2. Improve the process for publication, maintenance and updating of eMeasure specifications.**
 - HIMSS supports the creation of a central location for Meaningful Use Incentive Program sub-regulatory guidance, including the development of a central portal for distribution of eMeasure specification to easily identify, download, and monitor for changes.
 - In aggregate, however, a new set of CQMs and associated eMeasures for programs such as the Meaningful Use Incentive program should be available on the same timeline as the proposed and final regulations for each stage of meaningful use. HIMSS recommends a publication date of measure specifications 18 months prior to the start of each new stage of Meaningful Use.
- 3. Develop an eMeasure endorsement process and require eMeasure endorsement for all future CQM specifications as part of the National Quality Forum (NQF) endorsement and maintenance process**
 - HIMSS recommends HHS establish and fund a National Measurement Enterprise that consists of open and transparent measure development, measure endorsement ([National Quality Forum](#)), and measure application ([NQF's Measure Applications Partnership](#)).
 - HIMSS urges HHS to select NQF-endorsed CQMs whenever possible to assure standardization and include the endorsement process in its planning for the adoption of measures.
 - For more urgent needs in important domains without existing NQF endorsed CQMs, NQF should explore the feasibility of establishing a fast track process for time limited “interim/temporary endorsement” based on explicit criteria to assess reliability and validity, perhaps using specialty expert panels selected from both the quality and HIT domains.
- 4. Require controlled testing of all eMeasure specifications.** HIMSS recommends HHS require CMS and ONC to implement an aggressive, and thorough, quality measures testing program to ensure that measures have been adequately specified and tested before requiring them for federal quality measurement programs.
- 5. Require eMeasure Pilot/Field Testing of all eMeasure specifications for federal quality measurement initiatives.**
 - HIMSS recommends that pilot/field testing of the eMeasure specification be part of the measure endorsement process to validate that eMeasures specifications are accurate with the correct clinical category defined and mapped to the correct vocabulary standards (taxonomy) and codes, along with the correct attributes and state(s).
 - The eMeasures should be tested for validity and reliability against each measure’s intent.
- 6. Consider modification of the Testing and Certification procedures to reflect the improved standards of the above recommendations**
 - Clinical Quality eMeasures required for federal programs should be adopted by all certified Electronic Health Record applications before reporting compliance is required for eligible hospitals and providers.
- 7. Incorporate implementation guidance documentation with eMeasure specifications.**
 - HIMSS recommends HHS incorporate implementation guidance documentation with eMeasure specifications.

8. Harmonize the use of clinical and financial code sets.

- HIMSS recommends HHS entrust a suitable National entity with the requirements for active development and timely updates of accurate, complete and endorsed mappings between the clinical and financial code sets. (e.g. ICD-9 to ICD-10, ICD9 to SNOMED CT, CPT to SNOMED CT, etc.).

9. In order to address these recommendations, we propose creation of an advisory group of stakeholders to collaborate on eMeasures development, maintenance and implementation processes.

- Long-term, HIMSS recommends the creation of a public-private partnership with support by a neutral convener to provide ongoing maintenance of these recommendations.

On behalf of the HIMSS, I appreciate the opportunity to share our perspective on some of the challenges around electronic quality measures. We urge the Department to focus on solidifying the current infrastructure for health IT-enabled measurement before introducing new quality measures. Building this foundation would incorporate time for establishing the necessary data standards, completing adequate field testing and developing implementation guidelines to ensure data quality and consistent, efficient clinical workflows. Without this preparation, the validity of quality measurement may be compromised, and will provide little information to improve care, and may actually threaten, rather than enhance, patient safety by introducing suboptimal workflows. These unintended consequences could become a barrier to the adoption of technology and innovative new models of payment and care delivery.

Sincerely,

Ferdinand T. Velasco, M.D.
Vice President and Chief Medical Information Officer
Texas Health Resources
Chairperson
HIMSS Quality Cost and Safety Committee

Attachment: January 2012 HIMSS eMeasures Letter to Secretary of Health and Human Services