



33 West Monroe St, Suite 1700
Chicago, IL 60603-5616
Tel 312 664 4467
Fax 312 664 6143
www.himss.org

January 10, 2012

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

On behalf of the Board of Directors and members of HIMSS, we request your support for a set of recommendations for electronic Clinical Quality Measure (CQM), or “eMeasures,” specification refinement. If these recommendations are adopted, HIMSS anticipates improved accuracy, better alignment with clinical workflows, and shortened implementation timeframes for reporting clinical performance and quality.

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. HIMSS represents more than 42,000 individual members, of which two-thirds work in healthcare provider, governmental and not-for-profit organizations. HIMSS also includes over 550 corporate members and more than 125 not-for-profit organizations that share our mission of transforming healthcare through the effective use of information technology and management systems. 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.

Timely and accurate Clinical Quality Measurement requires a continual process of effectiveness review, logic testing and data validation. The current standards and procedures involves upwards of several years from start-to-finish, thus delaying the tracking of critical healthcare indicators and outcomes.

The Meaningful Use Stage 1 program called for the rapid development of standards and processes to meet regulatory timelines. Cross-domain experts were assembled to develop, review and recommend guidelines used by measure developers to create detailed measure technical specifications known as “eMeasures” to be used for programming electronic health record systems. As with many new initiatives, these first guidelines and processes contained features that caused inadvertent inefficiencies and inaccuracies. As we move through Stage 1, we are learning that time pressures can lead to substantial challenges and data integrity issues for eMeasure specifications.

In August, 2011, through its [Quality, Safety, and Cost Committee](#), HIMSS launched an eMeasures review for the purpose of optimizing the timeframe and process for development and

[Type text]

implementation of Measures. As a result of that effort, HIMSS developed a set of recommendations to improve each step of the process. Process areas of review include:

- Measure Specification Standards and Development
- CQM Endorsement Process
- EHR Software Development and Release
- EHR Certification and Testing
- Provider Implementation

RECOMMENDATIONS

In order to improve the eMeasure development and implementation process, we recommend the adoption and support of the following:

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

- Today, each measure developer creates custom lists of clinical vocabulary codes to identify clinical concepts, conditions and data for applicable measures. For example, the condition “asthma” can be described or inferred by a variety of ICD-9, ICD-10, and SNOMED CT codes, which compose the “value set” for that condition. This set of codes describing the condition “asthma” may not be consistent among all quality measures utilizing asthma as a condition.
 - The resulting inconsistency among measures results in inaccuracies and the inability to compare similar measure reports, along with increasing the implementation burden for vendors, and the data collection burden for the clinician users.
- 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:

- The quality measure specifications on many CMS web sites are difficult to find and use, and lack good versioning or change logs to clearly indicate when changes were made.
- Some of the eMeasures posted on the CMS website for Meaningful Use Stage 1 contain errors, and the need for corrections is known by the measure developers. A process for timely corrections and updating the eMeasures specifications is required to assure accuracy of measure calculations. This process should include:
 - Clear delineation of eMeasure changes, such as distinctive highlighting of corrections, additions and deletions
 - Clarification regarding the regulatory obligations of EHR vendors to implement posted updates to measures defined in the rule

- Well defined, standard, timely process for reporting, correcting and publishing updates to eMeasures with CMS accountability
 - A posted schedule of anticipated updates, perhaps annually, to assure a cadence for development of required software updates
 - As highlighted in a [cross sector letter](#) sent to Secretary Sebelius in June, 2011, HIMSS supports the creation of a central location for Meaningful Use Incentive Program sub-regulatory guidance. Accordingly, HIMSS recommends development of a central portal for distribution of eMeasure specification to easily identify, download, and monitor for changes, along with a process to alert stakeholders to the posting of new measure specifications and any subsequent changes.
 - The time required for vendors and providers to implement any single eMeasure can be highly variable, depending on the complexity of the measure, the extent to which new eMeasure authoring tools and representation approaches have been used, and the extent to which the measure draws in data elements already collected in EHRs. 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 Policy Principle 3.7](#) recommends a publication date of measure specifications 18 months prior to the start of each new stage of Meaningful Use. Such a timeline allows for coordinated updates as needed to EHR data models, programming and testing of measure calculations, customer software implementation and provider workflow adjustment and associated training activities.
- 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.**
- As established in [HIMSS Policy Principle 2.3](#), HHS should 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](#)). This National Measurement Enterprise should be connected and linked to clinical decision support (CDS) and to a set of improvement activities in a balanced way. This organization requires transparency in all aspects of the organization and its processes to improve communication and collaboration, enables providers and other stakeholders to help with early planning and implementing new quality measures, and achieving the expected outcomes in the desired timeframe.
 - In stage 1, the Eligible Hospital CQM reporting requirements did not include clinical quality measures that were NQF endorsed. For its national programs, HIMSS urges CMS 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 retained specifically for this purpose.

- NQF and CMS should encourage stewards of existing endorsed measures without CQM eMeasure specifications to leverage the Quality Data Model (QDM) and Measures Authoring Tool (MAT) for retooling purposes and where applicable, streamline a measure's data source/logic to conform to an eMeasurement framework without loss of the measure intent.

4. Require controlled testing of all eMeasure specifications

- [HIMSS Policy Principle 2.8](#) calls on HHS to 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 Meaningful Use.
- De novo CQMs are tested for feasibility, reliability and validity as part of the measure development and endorsement process. However, there is no standard for eMeasure specification testing to ensure the feasibility, validity and accuracy of each eMeasure when implemented in an EHR.
- The eMeasure testing process should also include a testing site with a set of sample data, testing examples and an Implementation Guide that can be used by vendors during their implementation and testing.

5. Require eMeasure Pilot/Field Testing of all eMeasure specifications

- As noted in [HIMSS Policy Principle 2.8](#), we recommend that piloting/field testing of the eMeasure specification be part of the measure endorsement process to validate at least the following:
 - The 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 are tested for validity and reliability against the measures intent.
 - Required data elements can be efficiently and accurately gathered in the healthcare provider workflow, if at all possible using data elements that are already collected as a byproduct of the care process and stored in the EHR.
 - CQM reports based on eMeasures accurately reflect the care given by the applicable healthcare provider(s).

6. Consider modification of the testing and Certification procedures to reflect the improved standards of the above recommendations.

- The current certification process requires individual certification of each measure, but does not actually test the accuracy of each measure output.
- The accuracy of each measure output is dependent upon two distinct processes:
 - Each provider's implementation of the data required to feed the measure calculations, along with workflow considerations and adequate provider training to ensure the accuracy of documentation and data collected.
 - The vendor implementation of the actual measure calculation, to ensure the ease and accuracy of the measure reporting results.
- If accurate, clear and consistent implementable measure specifications are produced, along with a solid and efficient testing infrastructure, vendors will be able to verify

- that the measure calculations and data fields that the measures depend on will produce accurate measure outputs when used in a testing environment.
- Providers and vendors must work together to ensure that the needed data collection is appropriately captured
 - As multiple CMS programs move towards the use of electronic quality metrics as a dependency for payment share, ONC and CMS will need to consider the most effective method of assuring the accuracy of each measure output while taking into account the time delay and cost burden of repeated certification.
 - 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

- As highlighted above and in the [2011 Cross-Sector letter](#) calling for Clarification on the need for a central repository of sub-regulatory guidance, HIMSS recommends HHS incorporate implementation guidance documentation with eMeasure specifications.
- EHR vendors require detailed information regarding any new clinical and other data elements outside the QDM required to support specific eMeasures.
- Healthcare providers require guidance regarding the incorporation of eMeasures into their workflow; this will be an iterative process resulting from field testing and lessons learned in actual implementation.
 - To illustrate, an (EH) example is NQF 0435 (Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge)—a challenge implementing this measure is accurately capturing *elective* carotid endarterectomy as an exclusion for the denominator. Providers are able to capture that a patient underwent a carotid endarterectomy, but not that it was performed as an elective procedure. Implementation guidance can help reduce the ambiguity in how this information should be captured to accurately report the eMeasure.

8. Harmonize the use of clinical and financial code sets

- While HIMSS lauds HIT Standards Committee efforts to simplify CQM eMeasure vocabularies to a single code set for each data element for clinical quality reporting, healthcare providers must continue to engage across clinical and financial system lexicons. Continual efforts to streamline the use of billing and diagnostic codes, where appropriate, are essential to lighten the provider documentation burden.
- There is some concern from health IT stakeholders about too rapid a push to single vocabularies for each type of data element and the potential for quality measures to be developed that do not correlate to the actual vocabularies used by providers now and for the foreseeable future, as some of these vocabularies are just starting to be widely deployed in an EHR.
 - There is no single source for 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.). Active development and timely updates of such mapping should be entrusted to a suitable National entity.

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.

- This group should be made up of government, public and private stakeholders including measure developers, vendors and providers.
 - This collaboration would provide the expertise and guidance to ensure that the details discussed in these recommendations are implemented and maintained for all Federal programs utilizing eMeasures.
 - Long-term, we recommend the creation of a public-private partnership with support by a neutral convener to provide ongoing maintenance of these recommendations.
 - Short-term, renewing and enhancing a FACA-supported Quality Committee could provide immediate support and visibility

Conclusion

On behalf of the HIMSS, we appreciate the opportunity to share our perspective on some of the challenges around electronic quality measures. We urge the Secretary to focus on solidifying the current infrastructure for health IT-enabled measurement before introducing new quality measures. These recommendations result from the work of dedicated HIMSS volunteers including practicing physicians and other healthcare providers, electronic health record (EHR) developers, healthcare information management professionals, and quality measure development experts, who have joined together to address this critical need. These volunteers welcome the opportunity to address any questions or concerns that the Secretary, ONC, and CMS staff may have.

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,



Charlene S. Underwood, MBA, FHIMSS
Chair, HIMSS Board of Directors
Senior Director, Government and Industry Affairs
Siemens Healthcare



H. Stephen Lieber, CAE
President/CEO
HIMSS