

Health IT Policy Committee

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



Quality Measures Work Group: Initial MU Stage 3 Recommendations

December 4, 2013

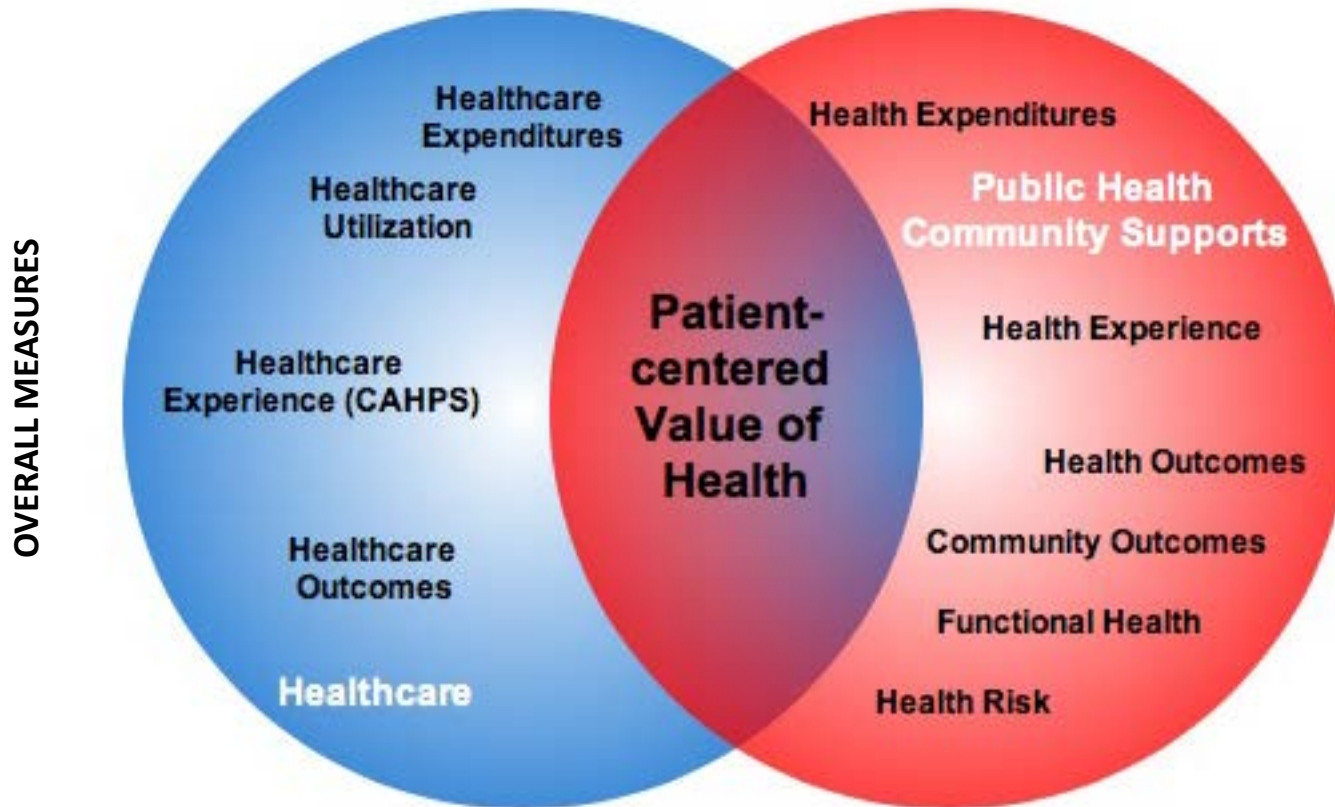


- HITPC was generally supportive of deeming proposal
- Unclear how to operationalize and ensure top performance correlates with deeming.
- Subsequently, MU WG suggested that the deeming work not be pursued further by QMWG at this time.

Applicability of Recommended Framework



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	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



Applies across EP, EH, and Populations

- Preference for eCQMs or measures that leverage data from HIT systems (e.g., clinical decision support)
- Enables patient-focused view of longitudinal care
- Supports health risk status assessment and outcomes

More applicable at the population or group reporting

- Preference for reporting once across programs that aggregate data reporting
- Applicable to populations
- Benefit outweighs burden
- Promotes shared responsibility



- QMWG members were asked to provide input on measure concepts and potential objectives for MU Stage 3.
- The following slides represent a compilation of workgroup members' recommendations
- QMWG will continue these discussions at their December and January meetings.

Domains with Measure Concepts Under Development



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	>3 Concepts
	1-3 Concepts
	0 Concepts

Population & Public Health	
Healthy Lifestyle Behaviors	
Effective Preventative Services	
Health Equity	

Effective Use of Resources	
Assessment of Appropriate Medication & Treatment	
Efficient Use of Diagnostic Tests	

Patient Safety	
Adverse Drug Event (ADE) Monitoring & Prevention	
Falls Prevention	
Hospital Associated Conditions	
EHR Safety	

Care Coordination	
Effective Care Planning	
Care Transitions	
Appropriate and Timely Follow Up	

Patient & Family Engagement	
Patient Health Outcomes	
Self-Management/Activation	
Patient Health Outcomes, Experience & Self-Management/Activation	
Honoring Patient Preferences & Shared Decision Making	

Clinical Effectiveness	
Efficient Use of Facilities	
Other	

Are there any subdomains that should be added to any of the domains?



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Domain	Subdomains to be Added
Population & Public Health	<ul style="list-style-type: none">• Community health measures
Effective Use of Resources	No additional subdomains
Patient Safety	No additional subdomains
Care Coordination	<ul style="list-style-type: none">• Management to a shared care plan• Multi-provider care planning and execution.
Patient & Family Engagement	<ul style="list-style-type: none">• Shared decision-making and patient understanding• Experience of care• Patient and family governance.
Clinical Effectiveness	No additional subdomains

Gap Areas



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- Consistently capture variables required for stratification
- Population metrics meaningful at the point of care
- Optimal management
- Appropriateness of care
- Patient safety defect rates
- Measures across patient-centered episodes of care
- Patient reported outcomes (e.g., care coordination)
- Cardiovascular risk, including patient activation and treatment goals
- Post-procedure functional status and recovery times
- Delta measures (improvement from baseline or prior year)



- For MU Stage 3, broad support for inclusion of patient-reported outcomes as an objective
 - Recommended as either core or menu objective
 - Many would not be prescriptive on specific tools or measures
- Concerns:
 - Focus primarily on the development of the data infrastructure
 - Focus on functional and data management issues that could enable adoption of PROs in MU3

Risk Adjustment and Social Determinants of Health



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- Clinical and SES variables should be collected to support risk adjustment.
- Standardize the definitions of variables prior to requiring data collection.
- Leverage existing tools (e.g., patient portal, automated Blue Button objectives) to identify data from patient reports and health risk assessments



- Leveraging both claims and EHR data together would provide insight into:
 - attribution for cross-cutting measures
 - a means by which to hold teams of providers accountable for specific outcomes.
- Need to map which elements from claims and which from clinical data are of most importance to the outcomes desired.
- To support QI, claims data would need to be validated and available in a timely fashion to providers.
- Lack of maturity of melded data sets.
- Need variables to be linked across claims and EHR to merge data
- Need time/date markers.



- As discussed previously by this workgroup, MU participants would be able to waive one or more objectives by demonstrating that they are collecting data for measures used for internal quality improvement or by integrating with a clinical data registry.
- We have considered two approaches to provider-initiated eCQMs:
 - A conservative approach might allow “Certified Development Organizations”, to develop, release and report proprietary CQMs for MU.
 - An alternate approach might open the process to any EP/EH but constrain allowable eCQMs via measure design software (e.g., Measure Authoring Tool).



- General support for use of the innovation pathway for Stage 3
- Workgroup will develop recommendations to further define innovation pathway –
 - Preliminary suggestions:
 - Specify gaps that the measures for innovation pathway should help close
 - Map out the development of measures for specialties with the biggest gaps in meaningful and useful measures (collaborative effort with professional societies)

