Health IT Policy Committee

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

Quality Measurement Task Force

2016 Physician Fee Schedule (PFS)

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Health IT Policy Committee
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Radiology SMEs

First Name	Last name	Organization
Charles	Truwit	MD, Chief Innovation Officer and Chief of Radiology, Hennepin Health System
Michael	Mirro	MD, Chief Academic/Research Officer, Parkview Mirro Center for Research and Innovation

Quality Measurement Task Force Charge

To provide a set of recommendations regarding Clinical Quality Measurement (CQM) provisions in CMS payment rules, including the 2016 Physician Fee Schedule (PFS) NPRM.

QMTF recommendations are organized across 3 focus areas:

1. Appropriate Use Criteria (AUC) for Radiology CDS
2. Revision of Certified EHR Technology (CEHRT) to require clinical quality measures (eCQM) reporting using CMS' QRDA IG (for providers who choose to submit eCQMs)
3. Meaningful Use (MU) measure for Accountable Care Organizations (ACO)

Appropriate Use Criteria (AUC) for Radiology CDS

1. **The QMTF expressed these key attributes/principles for how certified health IT (as a qualified clinical decision support mechanism) should support the processes described in the PAMA Sec 218 in the future. As part of the vision of how HIT supports this ecosystem, principles include:**
   - Ordering professionals should be able to use certified health IT demonstrating applied usability principles to access approved AUC for advanced diagnostic imaging seamlessly at the point of care.
   - Certified health IT should support APIs as a means of gaining access to approved AUC that are updated regularly, in keeping with guideline updates, and delivered through certified health IT tools.
   - Certified health IT should enable users to easily switch between approved AUC content providers.
   - Certified health IT should allow capture of additional information within established workflows, about why AUC were not followed, to support continuous quality improvement and provide meaningful performance feedback that promotes learning, improves clinical decision-making and enables further refinement of decision support tools over time.
   - Certified health IT should display seamless actionable recommendations to clinicians based on third party data derived from AUCs.
   - AUC should be available in standardized formats that can be consumed by any certified health IT application.

Appropriate Use Criteria (AUC) for Radiology CDS (cont.)

2. **The QMTF recommends these major strategic considerations as key decision points around standards development and prioritization that ONC and CMS will need to focus on:**
   - Currently available clinical decision support standards may not be ready to serve these needs today. The task force recommends ONC to continue supporting pilot testing to assure standards will be more mature when needed.
   - An API should be required at minimum. A link to a hosted service embedded in the EHR may serve as a robust complement to a decision support standard.
   - The task force recommends ONC to anticipate the challenges of addressing potential differences between AUC guidelines developed by multiple organizations.

Revision of CEHRT to require eCQM reporting using CMS' QRDA IG (for providers who choose to submit eCQMs)

1. The Task Force agrees with the proposed rule to revise the CEHRT definition to require providers to possess technology that can report eCQMs using industry standards (QRDA Cat I and Cat III) and in the form and manner of CMS submission (according to the CMS QRDA IG).

Meaningful Use Measure for Accountable Care Organizations (ACOs)

1. The Task Force supports the direction of future expansion of the measure, to include more eligible providers when platforms are useable and have achieved the necessary level of interoperability, as a strategy for ensuring that more providers are being incentivized and rewarded to use more advanced functionality.
2. The current measure does not provide incentives to innovate. The Task Force supports updating the current measure to motivate and reward providers who have achieved higher levels of Meaningful Use.
3. The Task Force recommends additional measures focusing on the use of health IT to align with improving patient outcomes. Recommendations include measuring:
    i. Preventable harms
    ii. Re-admission rates
    iii. Timely and reliable closing of the referral loop as one category of care transition between providers
    iv. Medication reconciliation during Transitions of Care
4. The Task Force notes that this is an area of great need for innovation and recommends supporting APIs during early stages of development.
5. The Task Force recommends including a technical requirement to demonstrate accurate and automatic collection of data during process of care.

Questions?