Health IT Policy Committee

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

Quality Measures Work Group Recommendations

Chairs: Helen Burstin and Theresa Cullen

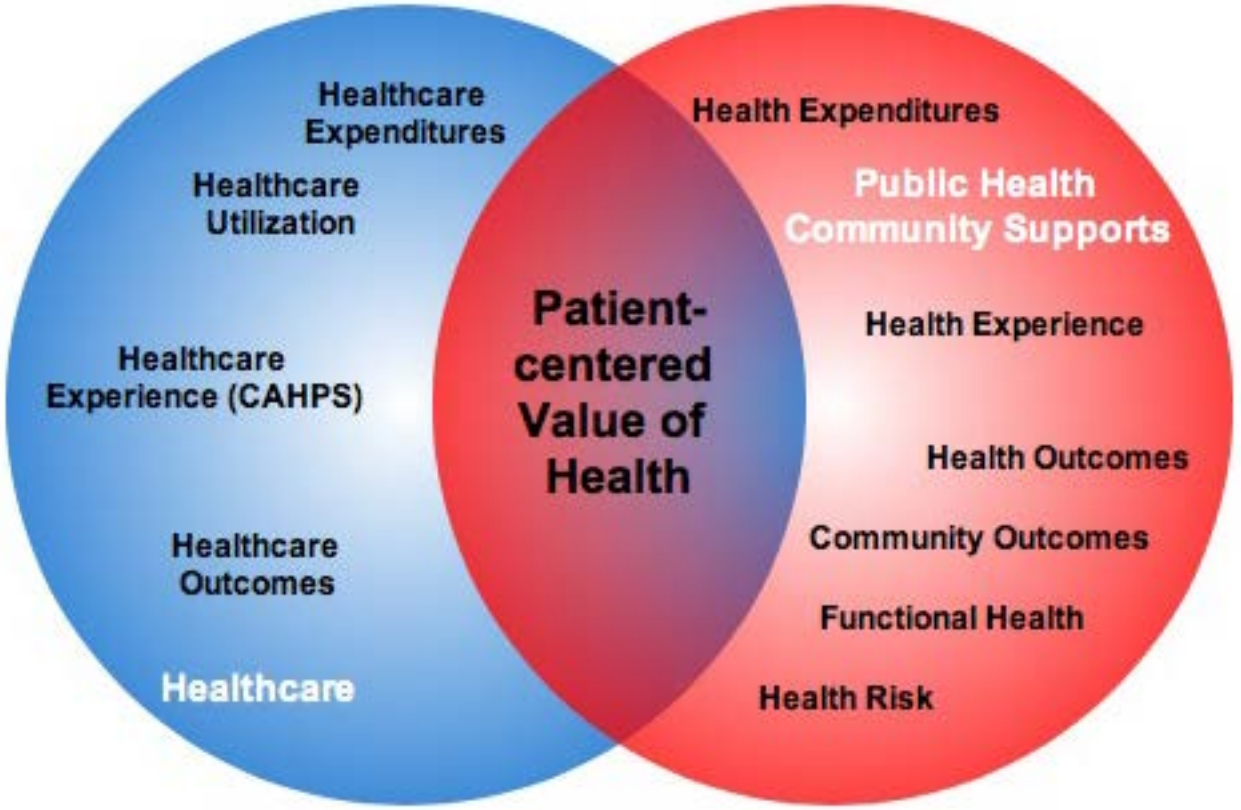
January 14, 2014

Quality Measures WG & Accountable Care CQM Subgroup Charges

- Develop recommendations for the next generation of e-measure constructs, including those that are patient and population centered, longitudinal, cross settings of care where appropriate and address efficiency of care delivery.
  - Focus will be on the domains, concepts, and infrastructure.

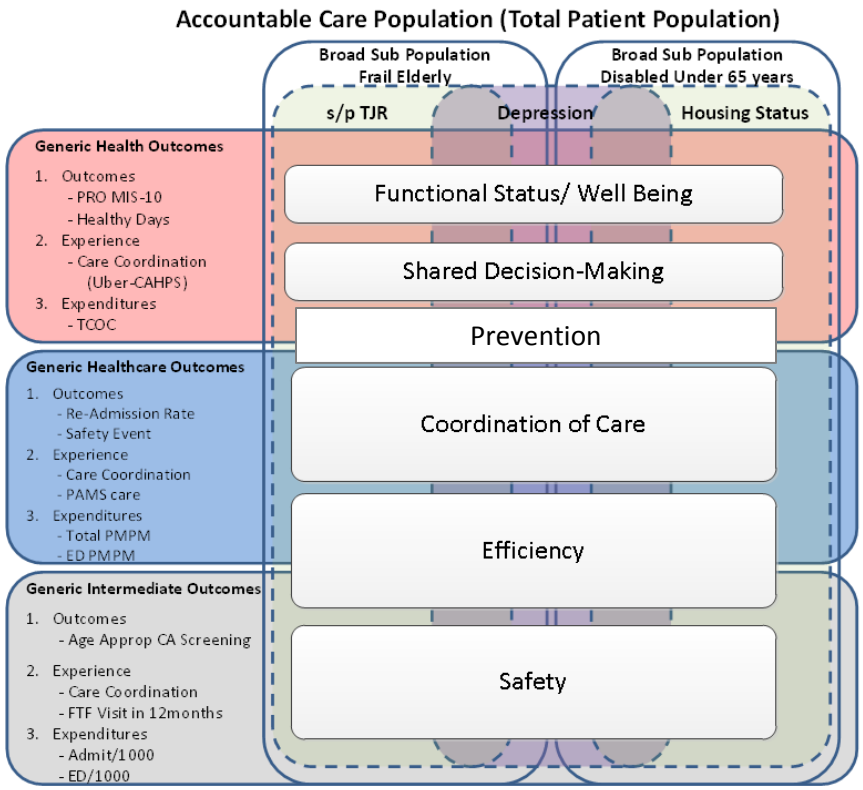
Measurement Framework

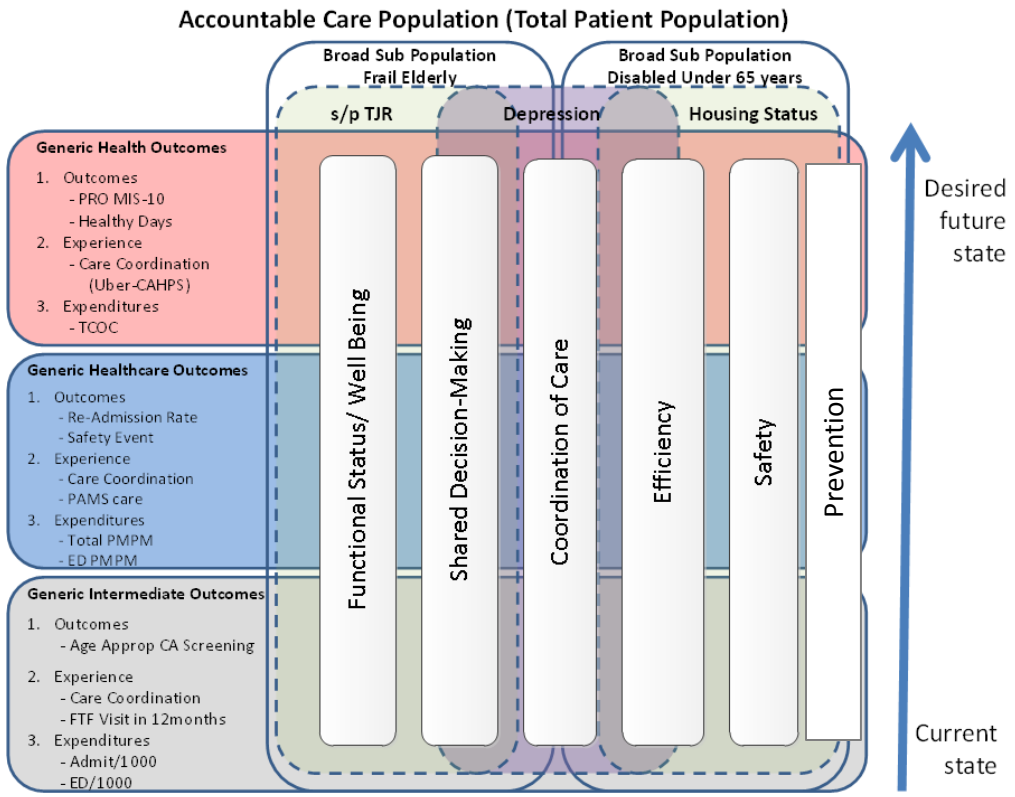
OVERALL MEASURES



	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

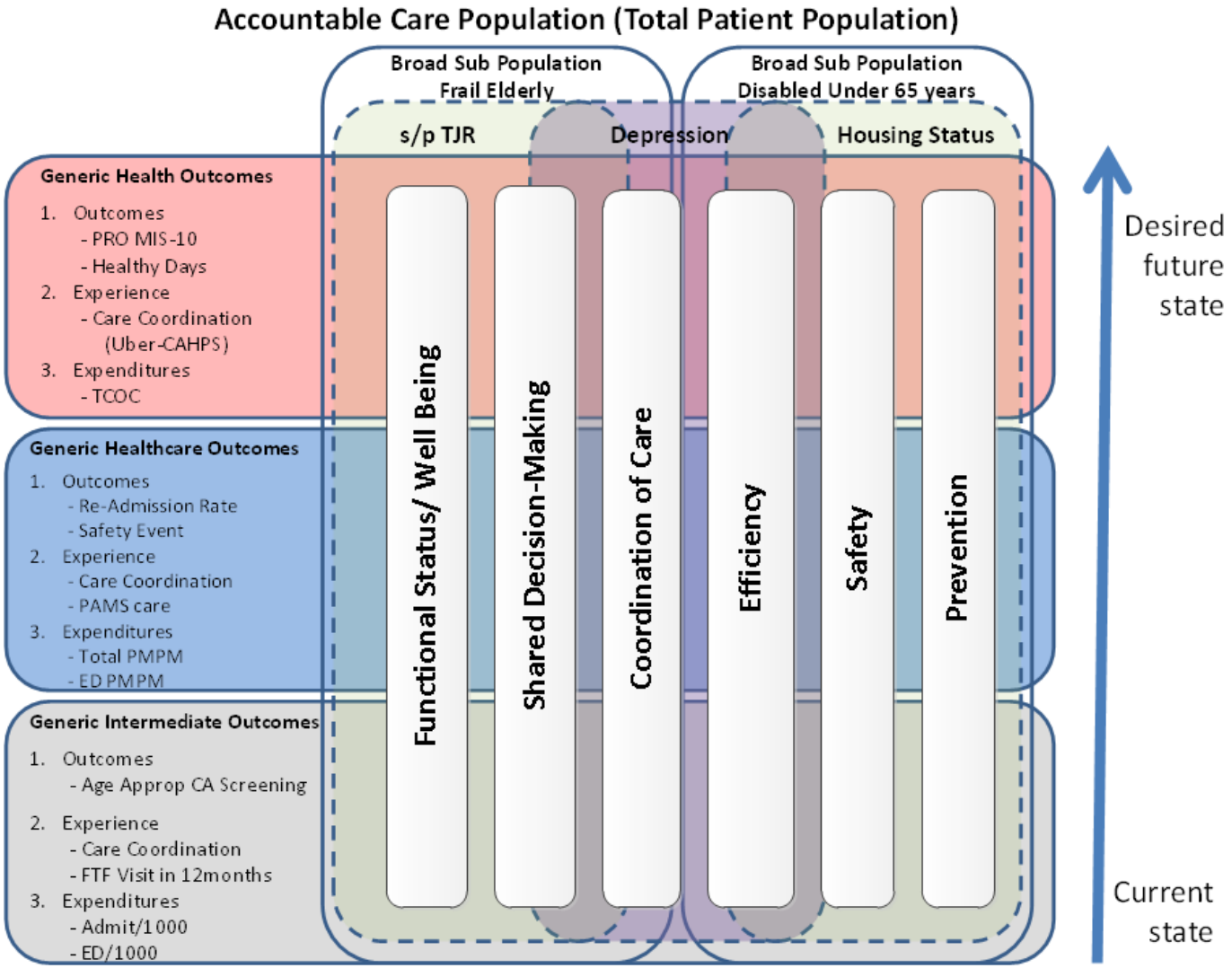
Domain Framework





- Certain Domains Fit in Certain Levels of the Hierarchy
- All Domains Should have metrics that span across all levels of the hierarchy

Domain Framework



Development of Recommendations

- The Quality Measures WG and ACQM Subgroup each identified measure domains/gap areas where further work is needed.
- These areas were then cross-walked because members felt that ACO measurement needs were applicable broadly for quality measurement.

Key Measurement Dependencies

- Interoperable systems
  - Start with a subset of key data before working on making all data interoperable
- Data sharing across providers
- Tools for population health as well as for patient encounters
- Measures built using multiple data sources (e.g., hybrid measures)
- Measures accessible by all providers
- Consistently capture variables required for stratification

Safety
Population & Public Health
Efficiency
Patient Engagement
Functional Status/Well-Being
Care Coordination

MEASURE DOMAIN RECOMMENDATIONS

Recommendation 1A: Safety

- Recommendation 1A: Develop measures that address falls prevention, health care associated infections, and EHR safety.
  - ACO sub-recommendation: Develop measures combining claims, EHR, and ADT (admission, discharge, transfer) data that focus on reducing medical errors.
- Example measures: Avoidable hospital readmission rate, drug/drug interaction rates, falls rates
- HIT infrastructure needs: EHR decision support tools to prevent errors (e.g., drug-drug interactions), reports to proactively notify clinicians of high risk patients (e.g., re-admission risk, risk of falls, etc.), interoperable systems across settings of care, data across electronic and claims-based systems

Recommendation 1B: Population Health and Equity

- Recommendation 1B: Develop measures that address population health and health equity.
  - ACO sub-recommendation: Develop measures combining EHR and patient-reported data that focus on improving the health of communities and populations.
- Example measures: Prevention of pre-diabetic progressing to diabetes, mammograms, colorectal cancer screening, influenza vaccination, reduction of disparities
- HIT infrastructure needs: Access to race, ethnicity, and language data for stratification

Recommendation 1C: Effective Use of Resources

- Recommendation 1C: Develop measures that address appropriateness of care and efficient use of facilities.
- Data sources: claims, EHR, and pharmacy data
- Example measures: total cost of care (PMPM), duplicate tests, avoidable ED visits per 1000
- HIT infrastructure needs: Comprehensive and complete medical expense data for aligned accountable population, interoperable systems across settings of care, data across electronic and claims-based systems

Recommendation 1D: Patient and Family Engagement

- Recommendation 1D: Develop measures that address patient health outcomes, experiences, and self-management/activation; honor patient preferences; and include shared-decision making.
  - ACO sub-recommendation: Develop measures combining EHR and patient-reported data that focus on 1) improving the quality of medical decision-making, 2) improving patient involvement in his/her health care, and 3) improving health care provider awareness of the importance of shared decision-making.
- Example measures: Included in/collaborated decision making, patients with personal goals aligned with clinical goals for care, patients with longitudinal care plan, patient experience
- HIT infrastructure needs: Electronic shared care plan, patient portals, mobile devices, and other ways of capturing patient-generated health data

Recommendation 1E: Functional Status/Well-Being

- Recommendation 1E: Develop measures that address post-procedure functional status and recovery times.
  - ACO sub-recommendation: Develop measures combining EHR and patient-reported data that focus on optimizing wellness and functional status of patients and communities.
- Example measures: Healthy days, PROMIS 10
- HIT infrastructure needs: Patient portals, mobile devices, and other ways of capturing patient-generated health data

Recommendation 1F: Care Coordination

- Recommendation 1F: Develop measures that improve longitudinal care coordination and care transitions after acute hospital discharge.
  - Data sources: EHR, claims, ADT
  - Example measures: % patients with contact with outpatient services within 7 days of discharge, % patients with medication reconciliation within 7 days of discharge, effective partnering with community resources, degree to which care plan is shared across providers
  - HIT infrastructure needs: Case management registry for all discharged patients including discharge diagnosis and disposition

MEASURE CRITERIA RECOMMENDATIONS

Recommendation 2: Measure Criteria

Recommendation 2: Develop measures using the following set of evaluation criteria:

1. **Preference for eCQMs or measures that leverage data from HIT systems** (e.g., clinical decision support)
   - Includes "HIT sensitivity" – EHR systems that help improve quality of care (e.g., CDS, CPOE for accuracy and content of order, structured referral documentation)
2. **Enables patient-focused and patient-centered view of longitudinal care**
   - Across EPs or EHs
   - Across groups of providers
   - With non-eligible providers (e.g., behavioral health)
   - Broadest possible experience of the patient/population is reflected in measurement (e.g., require interoperable systems) – longitudinal view, continuum of care
3. **Supports health risk status assessment and outcomes**
   - Supports assessment of patient health risks that can be used for risk adjusting other measures and assessing change in outcomes to drive improvement
4. **Preference for reporting once across programs that aggregate data reporting**
   - (e.g., PCMH, MSSP, HRRP, CAHPS)

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Recommendation 2 (continued): Measure Criteria

Recommendation 2 (continued): Develop measures using the following set of evaluation criteria:

5. **Benefit outweighs burden**
   - Benefits of measuring & improving population health outweighs the burden of organizational data collection and implementation
6. **Promotes shared responsibility**
   - Measure as designed requires collaboration and/or interoperability across settings and providers
   - Interoperability – systems need to be able to communicate to receive longitudinal care
7. **Promotes efficiency**
   - Reduces high cost and overuse, and promotes proper utilization
8. **Measures can be used for population health reporting**
   - Use existing measures or build measures where the denominator can be adjusted for population health reporting
   - Supports group reporting options (e.g., in CMS reporting programs)

INNOVATION PATHWAY RECOMMENDATIONS

Recommendation 3: Innovation Pathway

- ONC and CMS should 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 measures used for internal quality improvement or by integrating with a clinical data registry.
- ONC and CMS should specify the gaps that an innovation pathway should help close, including identifying measure gaps for specialty providers. For example, these gaps can include the measure domains identified in Recommendation 1, which are also appropriate for specialty providers.

Recommendation 3: Innovation Pathway (cont.)

- Two possible approaches for implementing an innovation pathway include:
  1. A conservative approach might allow "Certified Development Organizations" to develop, release and report proprietary CQMs for MU.
  2. An alternate approach might open the process to any EP/EH but constrain allowable eCQMs via measure design software (e.g., Measure Authoring Tool).
- The Vendor Tiger Team commented that an innovation pathway would be costly to create, maintain, and build into systems. Validating data would also be costly. They recommended that this approach should not be required for certification.

PATIENT-REPORTED OUTCOME RECOMMENDATIONS

Recommendation 4: Patient-Reported Outcomes

- ONC and CMS should continue to include patient-reported outcomes (PROs) as MU objectives.
- As discussed by other WGs and the HITPC, there is a need to develop HIT infrastructure and guidance for supporting PROs and data generated by external providers.
- The QM WG supports the recommendations on patient-generated health data (PGHD) from the Consumer Empowerment WG and also supports the ongoing work of the Consumer Technology WG of the HITSC on standards for PGHD. The QM WG endorses the extension of standards into additional domains that include the non-traditional determinants of health.

Discussion