

Health IT Policy Committee

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



Quality Measures Workgroup: Recommendations to HITPC

May 1, 2014



The C/A Workgroup requested that HITPC Quality Measures WG discuss clinical quality measures further and provide recommendations to C/A WG on potential LTPAC/BH CQM opportunities for voluntary EHR certification.



- The QMWG held two calls, one for each setting. Setting experts and federal agency representatives were invited to participate and give us specific feedback.

LTPAC Experts	BH Experts
<ul style="list-style-type: none">• Craig Behm - Medchi (ACO)• Ellen Berry - CMS Center for Clinical Quality and Standards (CCSQ)• John Derr – C/A WG Member• Barb Gage – Brookings Institute• Jennie Harvell – C/A WG Member• Crystal Kallem – Lantana Consulting Group• Stella (Stace) Mandl – CMS CCSQ	<ul style="list-style-type: none">Harold Pincus - Columbia UniversityMike Lardieri - Nat'l Council BHChris Millet – NQFShaun Alfreds – HealthInfoNet, MaineMaureen Boyle - SAMHSALisa Patton - SAMHSAAlex Ross - HRSAEdwin Lomotan - HRSADenise Grenier - IHSJeffrey Buck - CMSElizabeth Ricksecker - CMS



1. Identify the infrastructure needed to support quality measurement in LTPAC/BH settings. What are the foundational capabilities/minimum functions that EHR systems in these settings need to be able to perform quality measurement in both the current environment and in a transformed service delivery environment (e.g., as part of ACOs, bundled payment initiatives, etc.)?
2. Whether certification of minimal data elements or assessment tools is needed. Are there standards for the data elements? If not, is there any ongoing work in these areas?
3. What gaps need to be addressed and/or barriers need to be removed in order to support electronic quality measure construction and reporting?
4. Certification vs. incentives – what drives uptake?

Future Vision for Quality Measurement



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

Voluntary EHR certification
can help drive step-wise
progress toward achieving
the vision

Begin aligning key
data elements,
assessment tools
using common
standards

Expand to larger
set of data
elements and
assessment tools

Interoperable
exchange of
information across
care settings

- Common meaning
- Burden reduction
- Care coordination
- Longitudinal view of the patient



- CMS, states, and other payors have a certification platform that provides a helpful foundation for quality measurement
- Start with the data elements and assessments that are of most value and for where standards-related efforts are already underway
- Start with sub-settings that are well-poised to begin alignment work, and expand over time



- In general, for both LTPAC and BH settings, experts agreed that certification to transitions of care is an important building block for moving toward sharing information between settings
- Any efforts toward quality measurement should consider the importance of using platforms that support the ability to share information



- LTPAC is largely influenced by the standardized assessment data sent to CMS
 - CMS calculates measures for LTPAC providers based on the data they submit
 - Thus, the focus is more on standardized data elements and assessments
- BH settings have not traditionally reported quality measurements to external bodies
 - Except for reporting to Medicaid in some ambulatory settings
 - Except for inpatient psych hospitals reporting to CMS



LTPAC FINDINGS

EHR Adoption Rates for LTPAC Providers



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

Long-Term & Post-Acute Care

EHR Adoption Rates for LTPAC Providers

LTPAC Provider Type	Use an EHR?	Adoption Rates of Uncertified EHRs (functionality covered by these systems varies widely)
Home Health Agencies (HHAs)	Yes	43% ^a
Hospice	Yes	43% ^a
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)		Unknown
Long-Term Care Hospitals (LTCHs)	Yes	6% ^b
Nursing Homes (SNFs/NFs)	Yes	43% ^c
Inpatient Rehabilitation Facilities/Units	Yes	4% ^b

Source: EHR Payment Incentives for Providers Ineligible for EHR Payment Incentives and Other Funding: Study



- EHRs should be able to support:
 - Common definitions for data elements from assessment tools across care settings → moving toward the standardization of elements
 - Semantic interoperability
 - CMS already receives significant patient-level assessment data from its LTPAC quality reporting programs
 - There has been work to standardize some of these elements to standardized vocabularies
 - Data elements from assessment tools collected seamlessly through the EHR at the point of care
 - An electronic transition of care document capturing longitudinal view of care across care settings through “best in class” standard data elements



- Certify an “LTPAC Data Submission Module”:
 - The ability to collect and send interoperable, standardized data elements for a small number of measure domains
 - e.g., Pressure ulcers, influenza and pneumococcal immunizations, CAUTI
 - and a small set of common data elements to support transitions in care
 - e.g., functional status and cognitive status.
- The WG also recommends that CMS consider certifying the free CMS patient assessment submission tools to perform these functions.



- Need for a new e-CQM for the timely electronic exchange of interoperable ToC document
- In developing EHR certification for the LTPAC setting, ONC should consider the current specifications and requirements of the CMS LTPAC program
- Harmonize versioning of LTPAC data elements with CCDA and other standards already established for MU



BH FINDINGS

EHR Adoption Rates for Behavioral Health Providers



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

Behavioral Health

EHR Adoption Rates for BH Providers		
Behavioral Health Provider Type	Use an EHR?	Adoption Rates of Uncertified EHRs (functionality covered by these systems varies widely)
Clinical Social Workers	Yes	Unknown
Community Mental Health Centers	Yes	21% adopted some form of EHRs at all sites, 65% adopted some form of EHRs at some sites, 2% report adopting a base EHR that can meet Meaningful Used
Psychiatric Hospitals/Units	Yes	2% ^b
Clinical Psychologists	Yes	Unknown
Residential Treatment Centers (Mental Health and/or Substance Abuse)	Yes	Unknown

Source: EHR Payment Incentives for Providers Ineligible for EHR Payment Incentives and Other Funding: Study



- Some MU2 clinical quality measures are relevant for BH settings and can help providers evaluate the care provided to their patients
- There are opportunities to align data elements to standardized vocabularies



- Adults
 - 7 measures around depression
 - 4 measures around alcohol screening and other drug addiction treatment
 - 3 measures around medication management
 - 6 measures for other (e.g., domestic violence screening, tobacco screening, closing referral loop)
- Pediatrics
 - 2 measures around tobacco
 - 5 measures around medication management/antipsychotic use
 - 3 measures around ADHD
 - 5 measures for other (e.g., domestic violence screening, suicide risk adjustment, closing referral loop)

Findings: eMeasures for Adult Mental Health

Highlighted in MU2, others are developmental



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

	ID	Measure
<i>In MU2</i>	0002	<i>In MU2:</i> Preventive Care and Screening: Screening for Clinical Depression and follow up plan
<i>In MU2</i>	0160	Depression Utilization of the PHQ-9 Tool
<i>In MU2</i>	0159	Depression Remission at 12 months
<i>In MU2</i>	0128	Anti-depressant Medication Management
<i>In MU2</i>	0082	Maternal Depression Screening
<i>In MU2</i>	0161	Adult Major Depressive Disorder (MDD):Suicide Risk Assessment
<i>In MU2</i>	0169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
Develop.	3297	Mental Health: Alcohol Screening and Brief Intervention (ASBI) in the ER
<i>In MU2</i>	0137	Initiation and Engagement of Alcohol and other Drug Dependence Treatment
Develop.	3295	Mental Health: Counseling Regarding Pharmacological Treatment for Alcohol Dependence/Substance use disorders
<i>In MU2</i>	0068	Documentation of current Medications in the Medical Record
Develop.	3318	Antipsychotic Medication Management - polypharmacy
Develop.	3317	Antipsychotic Medication Management - Laboratory monitoring
<i>In MU2</i>	0156	Use of High Risk Patients in the Elderly
Develop.	3053	Functional Status Assessment and Goal Setting for Chronic Pain
Develop.	3296	Mental Health: Intimate Partner (Domestic) Violence Screening
<i>In MU2</i>	0138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<i>In MU2</i>	0050	Closing the referral loop: receipt of specialists report
Develop.	3283	DRAFT: Closing the Referral Loop - Critical Information Communicated with Request for Referral

Findings: eMeasures for pediatric mental health

Highlighted in MU2, others are developmental



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

	ID	Measure
Develop.	3474	DRAFT: Tobacco Use and Help with Quitting Among Adolescents
Develop.	3301	Tobacco cessation help for adolescents
<i>In MU2</i>	0068	Documentation of current Medications in the Medical Record
Develop.	3317	Antipsychotic Medication Management - Laboratory monitoring
Develop.	3318	Antipsychotic Medication Management - polypharmacy
Develop.	3185	DRAFT: Use of Antipsychotics in Very Young Children
Develop.	3280	DRAFT: Pediatric ADHD Outcome Measure
Develop.	3282	DRAFT: Use of Multiple Concurrent Antipsychotics in Children
<i>In MU2</i>	0163	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactively Disorder Medication
Develop.	3316	Improvement in symptoms among children with ADHD
<i>In MU2</i>	0177	Child and Adolescent Major Depressive Disorder (MDD):Suicide Risk Assessment
Develop.	3296	Mental Health: Intimate Partner (Domestic) Violence Screening
Develop.	3283	DRAFT: Closing the Referral Loop - Critical Information Communicated with Request for Referral
<i>In MU2</i>	0050	Closing the referral loop: receipt of specialists report
<i>In MU2</i>	0082	Maternal Depression Screening



- Options
 1. Certify that BH health IT systems have the functionality to collect and send a small set of common data elements relevant to behavioral health
 2. Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
 3. Certify that BH health IT systems have the functionality to capture a small set of key patient assessments
 4. Combination of 1, 2, or 3



- The QMWG recommends option 2 in the short-term
 - Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
- In parallel, the QMWG recommends beginning work to standardize common data elements relevant to BH that could be used build new clinical quality measures



- Data sharing and coordination of care is critical, but concerns remain around data privacy
 - 42 CFR Part 2, the federal regulation for sharing substance use records can prevent the sharing of patient level quality data.
 - Unlike HIPAA which allows for sharing data for Treatment, Payment or Operations, Part 2 requires that the client indicate the purpose for sharing records.
 - Not all clients may allow sharing the data for quality measurement and currently EHRs and HIEs do not have a mechanism to segment the data to manage these requests.
- Experts suggested that without incentives, voluntary certification may have low uptake
- Need for central organization or stewardship of BH measure development
- Specialized clinical registries should be a capability inherent within health IT
- Non-traditional determinants of health should be available and incorporated into the HIT system with endorsed standards (e.g., psychosocial factors, housing status)



- The LTPAC and BH-specific discussions can inform a broader framework for certification around quality measurement for other settings
- There are certain commonalities that could be applied across any setting
- The current state and role of HIT adoption , availability of nationally endorsed pertinent data standards and the site of domain specific quality measures should guide the HIT pathway for these particular settings



RECOMMENDATIONS



- Certify an “LTPAC Data Submission Module”:
 - The ability to collect and send interoperable, standardized data elements for a small number of measure domains
 - e.g., Pressure ulcers, influenza and pneumococcal immunizations, CAUTI
 - and a small set of common data elements to support transitions in care
 - e.g., functional status and cognitive status.
- The WG also recommends that CMS consider certifying the free CMS patient assessment submission tools to perform these functions.



- Options
 1. Certify that BH health IT systems have the functionality to collect and send a small set of common data elements relevant to behavioral health
 2. Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
 3. Certify that BH health IT systems have the functionality to capture a small set of key patient assessments
 4. Combination of 1, 2, or 3



- The QMWG recommends option 2 in the short-term
 - Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
- In parallel, the QMWG recommends beginning work to standardize common data elements relevant to BH that could be used build new clinical quality measures

