**Data Intermediary Tiger Team Charge**

**Background:**

In preparation for the forthcoming recommendations on Stage 3 of the EHR Incentive Program, the Health IT Policy Committee (HITPC) and its Quality Measures Work Group (QMWG) will convene a subgroup, the Data Intermediary Tiger Team, to address challenges for management and assurance of data quality for health IT enabled clinical quality measurement and quality improvement. The HITPC and QMWG appreciate that the credibility of any clinical quality measure (CQM) is dependent upon the quality of the data used to compute that measure.

JM Juran classically described data as being of high quality if they are “*fit for intended uses*” in decision making, operations, and planning.[[1]](#footnote-1) Although the terminology ascribed to data quality varies, completeness, correctness, consistency, and currency are frequently cited attributes of high quality data.[[2]](#footnote-2),[[3]](#footnote-3),[[4]](#footnote-4)  For the purpose of this work, we will define high quality data as being fit for secondary use and “free of defect.”[[5]](#footnote-5) Where complete data are free of omissions, and correct data are valid and reliable. Consistent data agree with related data, and current data are up to date.

This Tiger Team will be staffed by representatives of practitioners, Quality Improvement Organizations, clinical registries, data warehouses, and health information exchanges that are responsible for the capture, storage, exchange, and analysis of electronic health record (EHR) generated data and will use the PQRS Qualified Registries and CMS Qualified Entities as models for the relationship between clinicians, payers, and intermediaries.

The role for data intermediaries in quality measurement and reporting is expanding. The American Taxpayer Relief Act of 2012, amends Section 1848(m)(3) of the Social Security Act stating: “For 2014 and subsequent years, the Secretary shall treat an eligible professional as satisfactorily submitting data on quality measures under subparagraph (A) if, in lieu of reporting measures . . . the eligible professional is satisfactorily participating, as determined by the Secretary, in a qualified clinical data registry” and requires the Secretary to define the attributes of a qualified clinical data registry. The Congressional Research Service considers this sufficient authorization for “eligible professionals to receive incentive payments under Medicare for reporting on quality measures by participating in a qualified clinical data registry."

**2013 Draft DITT Charge:**

The Tiger Team will be charged with addressing these questions:

What is a data intermediary? Define actors, roles, and needs along the supplier, intermediary, and receiver data stream. Define how data intermediary roles/needs change for different actors.

What aspects of data quality are most important for intermediaries to fulfill these roles? What policy levers are available to support intermediaries to this end?

**2013 Draft DITT Tasks**:

-Specify the role and functions of intermediaries (entities that are data conduits between providers, payers, and other stakeholders) in e-measure reporting and feedback, including their role in measurement calculation, submission, data transformation, data governance, and bi-directional communications with providers/end users.

-Explore the current and desired future state of intermediaries. Current state intermediaries include the PQRS Qualified Registries and the CMS  Qualified Entities Certification Program. Consider which attributes of an intermediary are required to satisfy future state needs (privacy and security, assurance of data completeness/accuracy, etc.). Create one or more strawman future state versions of actors and actions that include patients, providers, EHRs, data intermediaries and consumers of quality data (in addition to consumers and providers) such as payors and accreditation organizations.

1. Solicit public comment on the strawman versions as a way to try to ensure that we have captured all the appropriate actors and actions.
2. Obtain testimony on current state by asking representatives of existing data intermediaries to react to the strawman versions incuding how their current activities differ. An alternative approach, would be to somehow survey existing data intermediaries but these seemed too costly an approach

-Make recommendations to the US Department of Health and Human Services on how to evolve EHR certification and data governance to enable intermediaries to calculate and report valid measures to public and private payers on behalf of providers, as well as provide actionable feedback for quality improvement. Recommendations will also identify any federal policy levers necessary for scaling and sustaining intermediaries over time, taking into account the multiple needs these entities satisfy for a variety of end users. Develop recommendations on how to evolve EHRT certification and data governance to support intermediaries

-Identify current unaddressed needs and future state requirements relevant to the business case for data intermediaries. Considering the gaps between the current and future states, the team will recommend how standards, certification, testing, governance and other federal policy levers address may address them.

1. Juran JM and Godfrey AB. Juran's Quality Handbook. 5 ed. (1999) New York: McGraw-Hill. [↑](#footnote-ref-1)
2. Weiskopf NG and Weng C. J Am Med Inform Assoc (2012). [↑](#footnote-ref-2)
3. AHIMA's e-HIMWorkgroup on Health Information Management in Health Information Exchange. HIM Principles in Health Information Exchange.Journal of AHIMA 78, no.8 (2007): 69-74. [↑](#footnote-ref-3)
4. Klein, B. and D.F. Rossin, Data errors in neural network and linear regression models: An experimental comparison. Data Quality (1999) **5**(1). [↑](#footnote-ref-4)
5. Redman, TC Data Quality. The Field Guide. (2001) Boston: Digital Press. 241. [↑](#footnote-ref-5)