The Office of the National Coordinator for Health Information Technology

Data Intermediaries and Meaningful Use: Quality Measure Innovation, Calculation and Reporting

Recommendations from
Data Intermediary Tiger Team

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Preamble

- In advance of Stage 3 of the EHR Incentive Program, the Health IT Policy Committee (HITPC) and the Quality Measures Work Group (QMWG) convened a subgroup, the Data Intermediary Tiger Team

Charge DITT:

- “Specify the role and functions of intermediaries 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...Consider which attributes of an intermediary are required to satisfy future state needs (privacy and security, assurance of data completeness/accuracy, etc.)"

Preamble

- In responses to the QMWG portion of the Request For Comment for Stage 3 Meaningful Use
  - Support for an Innovation Track for eCQMs in MU3
  - Support for opening measure development to a more diverse set of entities
  - Support for using the standards in place to promote interoperability

eCQM Innovation Track
QMWG 18

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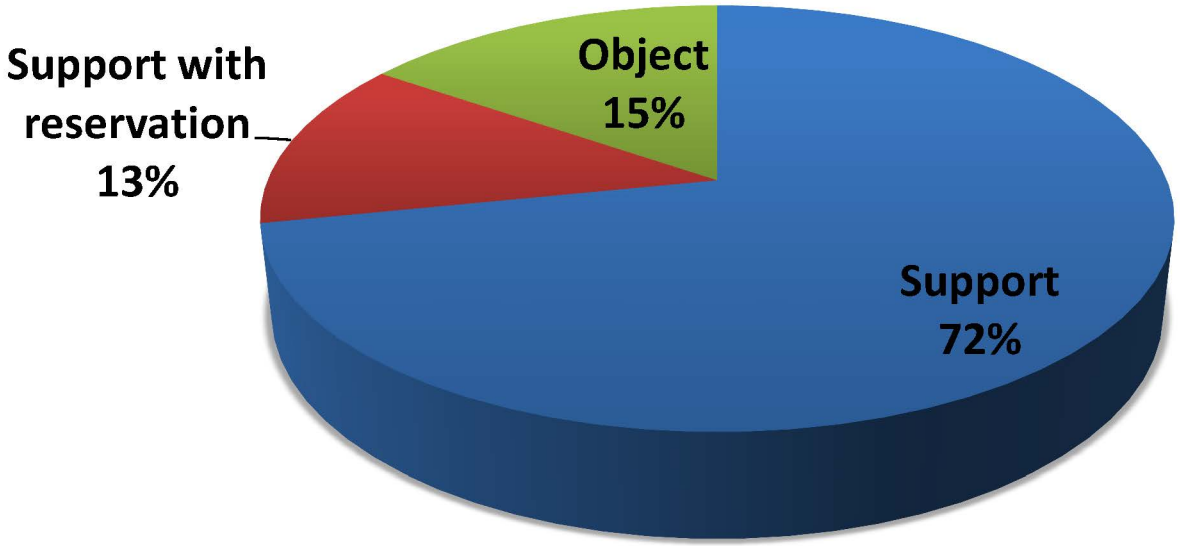
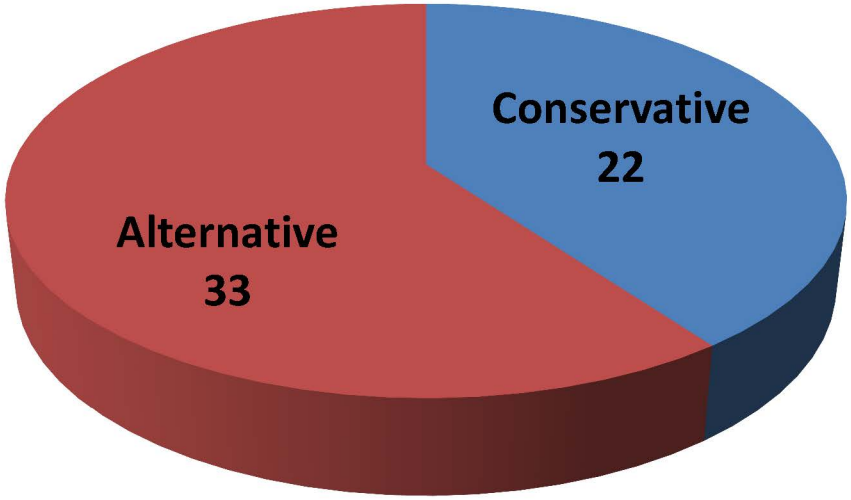
Please comment on the desirability and feasibility of such an innovation track as a voluntary, optional component of the MU CQM requirement.



eCQM Innovation Track
QMWG 19

Should we pursue a conservative approach that limits development to professional societies and IDNs ? Or an alternative that opens the process to any EP/EH within certain constraints?



eCQM Innovation Track
QMWG 21

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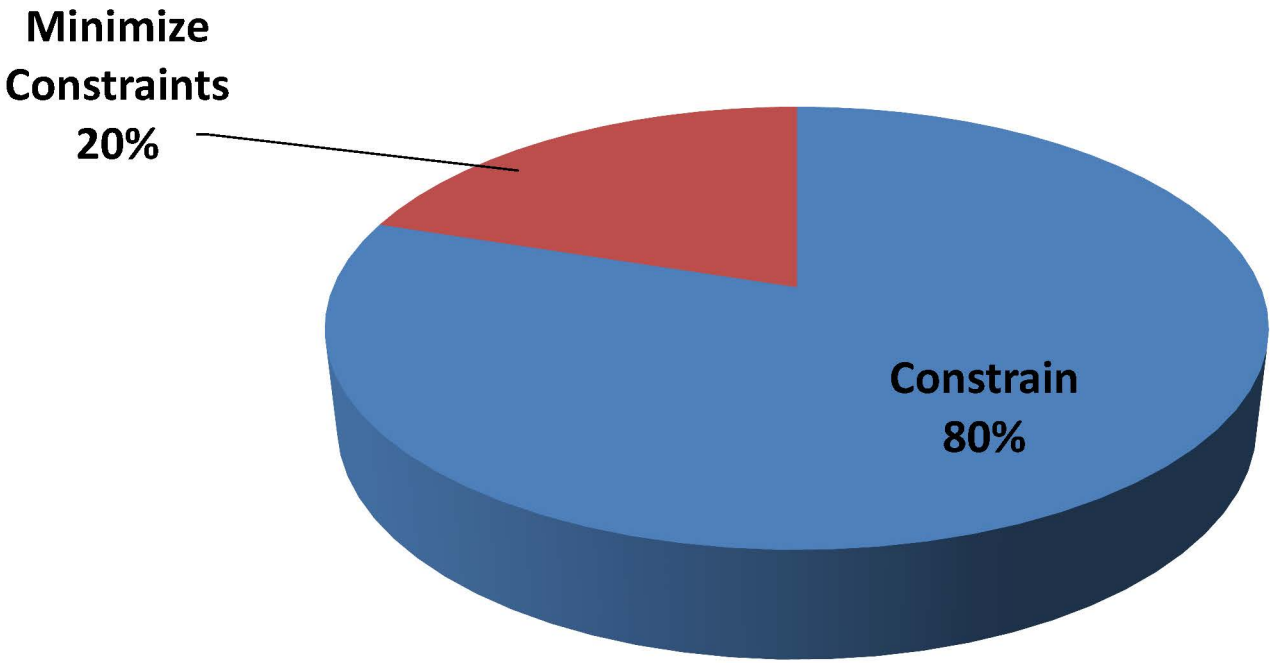
Should we constrain development in the innovation track with standards for e-measures that are already in place?



CMS RFI on Data Registries 2013

- Reporting entity requirements for qualified registry under the PQRS for 2014 and subsequent years or the EHR Incentive Program
  - What types of entities should be eligible to submit quality measures data on behalf of eligible professionals for PQRS and the EHR Incentive Program? Examples might include medical board registries, specialty society registries, regional quality collaboratives or other entities.
  - What qualification requirements should be applicable to such entities?

DITT Tasks

Contribute recommendations on Data Intermediaries related to:

1. Privacy and Security
2. Data quality (completeness, timeliness, etc)
3. CEHRT Standards alignment (consume/produce CCDA or QRDA Category 1)
5. Organization type/characteristics (e.g. registries, ACO, qualified entities, etc)
4. Measure Innovation

Guiding Principles for eMeasure Development (from QMWG)

- Encourage participation
- Maximize Interoperability and Standards
- Ensure Data Quality
- Support innovation in e-Measurement

Roles and Recommendations for Data Intermediaries

Accept EHR Data for Clinical Quality Measure Calculation

Short Term: DI will be certified to 2014 CEHRT and function as Certified EHR Modules. Will accept a Quality Reporting Document Architecture Category I (patient level data) consistent with ONC Standards & Certification Criteria for MU2 and will not add innovative measures to MU.

Long term: For the sake of encouraging consistent implementation and calculation of MU CQMs, DI will accept quality data that conform to future standards (e.g. QRDA). To allow multi-source data capture, DI will also accept proprietary data reporting formats. Data intermediaries may have proprietary formats for transfer of multisource data for innovation path measures but those formats will not be required for EHR certification.

Roles and Recommendations for Data Intermediaries

Ensure Quality of Data Transferred and Stored

Short term: Require import and export testing for certification as in MU2.

Long Term: Intermediaries attest that the data they report to HHS truthfully describe clinical care and are faithful to data received from providers.

Long term: The attestations as above in addition to federal regulators or representatives will be responsible for random/periodic audits of intermediaries to prove compliance with entity data management plan and maintenance of data quality

Roles and Recommendations for Data Intermediaries

Execute Patient/Provider Attribution Logic

Short term: Intermediaries attribute patients to providers as specified in 2014 EHR Incentive Program CQM specification.

Long term: Intermediaries may develop proprietary attribution logic but must disclose the attribution method employed to providers and federal stakeholders and attribution logic will be transparent to public.

Roles and Recommendations for Data Intermediaries

Calculate Meaningful e-Clinical Quality Measures from EHR Data that Providers Use for MU Credit

Short Term: Providers will only receive credit for measures that are part of the EHR Incentive Program.

Long Term: There will be a minimal set of standardized quality measures that approximate the core measures for the EHR Incentive Program that all DIs will be certified to import data elements for, calculate and report to HHS via QRDA cat III (or appropriate data standard).

Long Term: Intermediaries will be encouraged to develop proprietary measures and providers will receive credit for reporting on intermediary-developed measures via standard reporting document (e.g. QRDA cat III).

Long Term: Require some review of proprietary/innovative measures that is less extensive than current requirements for national endorsement.

Roles and Recommendations for Data Intermediaries

Calculate Meaningful e-Clinical Quality Measures from EHR Data that Providers Use for MU Credit

Long Term: Limit innovative measures to those that conform to the criteria below:

a. Specification expressed in unambiguous logic that conforms to Quality Data Model or future standard for eCQM and uses standardized value sets/logic consistent with others measures in EHR Incentive Program

b. Measures are outcomes focused, or if a process measure is developed and tested, it must be submitted as part of a "suite" of measures which includes process measures that have close proximity to a desired outcome measure.

c. Address one or more NQS domains that are high priority or have gaps in EHR Incentive program (e.g. care coordination, patient engagement, etc).

d. Innovative measures should use multi-source data (claims, patient reported outcomes, financial, etc).

e. Providers that participate in MU and use core and innovative measures will receive credit for quality reporting across multiple programs as appropriate (PQRS, MU, VBM, etc).

Roles and Recommendations for Data Intermediaries

Report To Public

- Short Term: No reporting of MU eCQM scores to public.
- Long Term: Public report requirements will mimic the reporting required by HHS for MU. Innovative measure data should eventually be visible to public.

Report to HHS

- Short Term: Consistent with current certification criteria, intermediaries that are certified HIT modules will report on MU2 measures via QRDA category 3 aggregate report.
- Long Term: Requirement for reporting to HHS for innovative measures should mimic those for the legacy MU measures.

Report Data To Providers

- Short Term: Intermediaries will be expected to create reports on performance score to providers.
- Long Term: Intermediaries will be required to create reports on performance scores, benchmarking and data quality (e.g. rates of data errors) to providers.

Conservative Framework

QRDA Cat 1

QRDA Cat 3

CEHRT

Intermediaries

Payers

Alternative Framework

CEHRT + Multi-Source Data

Intermediaries

Payers