

Health IT Policy Committee

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



June 16, 2015

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

The Health IT (HIT) Policy Committee (HITPC) gave the following charge to the Quality Measurement Task Force:

Charge for the Quality Measurement Task Force (QMTF)

To provide a set of recommendations to the HITPC regarding Clinical Quality Measurement (CQM) provisions in CMS payment rules, including the Medicare Hospital inpatient Prospective Payment Systems (IPPS) NPRM. The recommendations that follow reflect the QMTF's review of the CQM provisions in the 2016 IPPS NPRM.

Background

The QMTF was formed in May 2015 to develop a set of recommendations in accordance with the charge above. The QMTF reviewed the CMS 2016 IPPS NPRM to provide recommendations on CQM standard versions, and a new type of measure utilizing core clinical data elements.

Final Recommendations

The QMTF recommendations are organized across 2 focus areas:

- I. CQM version standards
- II. Measures utilizing core clinical data elements

I. CQM Version Standards

Background

Within the 2016 IPPS NPRM, ONC is proposing a 2015 Edition certification criterion for "CQMs – report" that would require a certified Health IT Module to enable a user to electronically create a data file for transmission of clinical quality measurement data using the HL7 Quality Reporting Data Architecture (QRDA) Category I and Category III standards, at a minimum.

ONC is also proposing to allow optional certification for certified Health IT Modules according to the CMS "form and manner" requirements defined in CMS' QRDA Implementation Guide (IG) as part of this proposed criterion. This proposed certification criterion would apply to eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs).

Recommendations

1. The QMTF felt that many stakeholders are still working to support QRDA reporting, and that ONC and CMS should support incremental changes to the QRDA standards rather than shifting too quickly to an immature standard.
 - a. Recommendation: The QMTF supports Release 3 of the QRDA Category I standard for individual level quality reports, and the November 2012 version of the QRDA Category III standard with the September 2014 Errata for aggregate level quality reports.
 - i. The QMTF supports these versions because they are incremental fixes to the versions already being used in the 2014 Edition and for Stage 2 of the EHR Incentive Programs.
 - ii. The QMTF also believes that developers and providers will have adequate time for implementation of these standards if they are not required for use until 2018 (the industry standard for development and implementation is 18 months from the publication of a standard and subsequent adoption by a program to its required use).
2. The QMTF strongly supports the direction of the Standard and Interoperability Framework Clinical Quality Framework initiative to harmonize clinical decision support (CDS) and clinical quality measurement (CQM) standards, but the QMTF did not feel these new standards were ready or mature for adoption.
 - a. Recommendation: ONC and CMS should continue supporting development and pilots of the harmonized CDS and CQM standards – namely the Quality Improvement and Clinical Knowledge (QUICK) Fast Health Interoperability Resources (FHIR)-based standards – and drive stakeholders and vendors to move promptly in this direction when the standards become more stable and mature.
3. The QMTF recognizes that adoption of the QUICK FHIR – based standards will also require a commitment on the part of CMS to update its systems and tools.
 - a. Recommendation: The QMTF recommends CMS indicate its commitment to implementation milestones that will align with the industry and provider implementation of these harmonized standards. This alignment will allow the industry, providers and CMS to adopt the QUICK FHIR-based standards in a coordinated and timely fashion.

II. Measure Utilizing Core Clinical Data Elements in the Hospital Inpatient Quality Reporting (IQR) Program

Background

In the future, CMS is considering requiring hospitals to electronically submit core clinical data elements in several contexts: to risk-adjust claims-based hybrid quality measures, and use core clinical data elements for quality measures that apply more generally to an all-payer population (that is, a population greater than or equal to 18 years of age).

CMS is seeking public comment specifically regarding the use of the core clinical data elements derived from electronic health records (EHRs) for use in risk adjustment of outcome measures as well as other types of measures, and the collection of additional administrative linkage variables to link a patient's episode of care from EHR data with his/her administrative claim data.

In addition, CMS and ONC are specifically considering the use of QRDA Category I as the transmission standard for core clinical data elements to CMS. CMS invites comments on whether EHR technology should be required to be certified under the ONC Health IT Certification Program for the submission of the core clinical data elements for participation in the Hospital IQR Program using the most appropriate content exchange standard.

Recommendations

1. The QMTF supports efforts to capture and use clinical enriched data from EHRs to enable risk adjustment of outcome measures, but is concerned with the issue of how best to collect this information.
 - a. Recommendation: Data elements known to be required for risk-adjusted measurement should be included the core data set.
 - b. Recommendation: CMS should identify innovation/measurement centers that have the following capabilities and leverage them to quickly advance measurement of outcomes:
 - i. Access to large sample claims and clinical data;
 - ii. Possess the framework for data extraction, analytics and reporting to enable testing, measurement refinements, and collection; and
 - iii. Use of risk related variables for adjustment and stratification.
2. There was also concern that the data elements CMS eventually requires could grow to a large list that may be burdensome.
 - a. Recommendation: CMS and ONC should prioritize alignment of the data elements across programs. For example, certain data (e.g., date of birth, age) are required to be collected in one way in the EHR Incentive Programs but are proposed to be collected differently in this CMS proposal. There should be standardization of the data elements across both programs.
 - b. Recommendation: Rather than specifying a list of data elements, the QMTF suggests better integration of the reporting requirements with existing EHR standards for reporting CQM data, such as QRDA.
3. The requirements should balance data collection necessary to measure outcomes without negatively affecting data validity and submission burden.
 - a. There is a need to balance promotion of flexibility with rigorous data collection.
 - b. Recommendation: Data collection requirements should be very specified and suited for a specific application (pre-defined) rather than broad to reduce burden.
4. In relation to the comments made above about the data being pre-specified for a particular need, the QMTF felt that it was too early to definitely determine if QRDA Category I is the most appropriate standard without knowing what the required data elements will be.
 - a. Recommendation: The QMTF recommends that CMS accelerate its work to identify the data elements, and the definitions of those data elements, that they intend to require so that an appropriate standard can be determined.
 - b. For example, if the data elements were defined as supplemental data to the QRDA Category I standard for a given measure, QRDA Category I may be the best option for requiring electronic submission. CDA is potentially problematic because it may contain more information than is needed to calculate the measure, and the QMTF felt that it may lead to problems including delays if CMS and health systems need to redact data prior to using it for quality purposes.
 - c. However, the QMTF did not want to definitely recommend QRDA I without knowing the entire set of data that would be required for collection.

5. Recommendation: The QMTF also recommends CMS use pilot projects and other approaches to test an expanded set of data elements for potential use in quality measurement by a wider set of entities (e.g., health care payers). The QMTF suggests CMS undertake such pilots after first defining the core set of clinical data elements.

We appreciate the opportunity to provide these comments and look forward to engaging the Committee in future discussions.

Sincerely yours,

/s/

Paul Tang

Vice Chair, Health IT Policy Committee