Public-Private Measure Automation Efforts
Updated as of January 5, 2007

I. Collaboration of Performance Measure Integration ("The Collaborative")

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Organizations ***Lead**	▸ *AMA_Physician's Consortium on Performance ▸ NCQA ▸ CMS ▸ EMR Vendors(EMRVA) ****Initiative kicked off October 2006*
Focus	▸ Ambulatory Care Measures ▸ Convene performance measure development and implementation experts to create a process to communicate the data necessary for EHR vendors to implement performance measure reporting functionality within their products and develop standards for performance measure reporting. It will also enable updates to that information on a regular basis in a way that is not disruptive to the core EHR product and its functionality and that will assist measure developers in learning the best ways to support vendors in integrating performance measures with their products. ▸ EHR vendors have expressed interest in incorporating NCQA and Physician Consortium for Performance Improvement (PCPI) performance measures into their products based on several factors: ▪ Anticipated requests from physician practices to incorporate measures such as these into their product for quality improvement initiatives ▪ Expectation that private health plans and the federal government will require reporting of performance measures
Project Overview	The Collaborative will limit its scope to addressing performance measure functionality and integration with EHRs – based on clinical and technical specifications provided by measure developers – in order to facilitate integration, calculation, and reporting of performance measures within vendor products for internal and external purposes. This objective will be addressed by two work groups made up of representatives of performance measure development organizations, EHR vendors, measure implementers, and clinical end users. The work groups will be presented a test set of two measures that have been endorsed by NQF and are currently being tested by CMS and AQA. The test set will serve as use cases for the work groups. Two performance measures of the NCQA and Physician Consortium for Performance Improvement (PCPI) have been selected as "test set ▸ NCQA Diabetes Mellitus: HbA1c Control measure ▸ PCPI Coronary Artery Disease: Antiplatelet Therapy measure

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Workgroup A Activities	**Performance Measures for Practice Improvement Work Group (Leads: Karen Kmetik / Sarah Corley)** **Goal:** Develop best practice recommendations to improve functionality of EHRs at the physician point of care **Objective #1:** Use the test set of two performance measures as use cases, for each critical concept that applies across all performance measures ▪ Identify and document current practices around work-flow and data collection within physician offices for using EHRs ▪ Identify current state of physician practice software ▪ Propose best practice model based on review of current practices that is feasible with available certified software ▪ Recommend to vendors functionality requirements; recommend user training on the software; recommend what prompts and settings are needed to optimize collecting of data; disseminate best practices to the public at large **First set of critical concepts to consider:** ▪ Identifying patients with the target condition ▪ Determine whether or not the encounter occurred in the patients "medical home" ▪ Determine how long patient has been receiving care at the "medical home" ▪ Determine who the responsible party or parties are for the care delivered ▪ Linking exclusions with the treatment decision **Objective #2:** Explore various technical models to assure consistent internal and external reporting ▪ Measure calculations should yield identical reports **Objective #3:** Make recommendations for possible "structural measures" (e.g., assuring an accurate and current problem list) that would be stepping stones toward the use of EHRs to assist physicians in quality improvement and reporting

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Workgroup B Activities	**Performance Measures and Integration and Reporting (Leads: Greg Pawlson / Floyd Eisenberg)** **Objectives For:** **Overall Project** ▸ Identify work group deliverables, timeline for production of those deliverables, and implementation schedule for EHR vendors **Performance Measure Delivery from Measure Developers to EHR Vendors** ▸ Determine a standard process for integrating clinical and technical specifications for performance measures into EHR applications that would minimize the effort necessary for a vendor to include and coordinate clinical logic on which the measures are based ▸ Establish a method and a schedule for providing updates to the underlying data that are not disruptive and minimizes coding changes on the part of the software vendor ▸ Provide implementation guides for the standard set of data elements required to accurately report performance measures for anticipated health plan reporting requirements **Performance Measure Data Export from EHR Products** ▸ Establish a standardized report of performance measures with a messaging standard for internal and external reporting ▸ Test the feasibility of a defined data extraction standard for data integrity, clinical accuracy and comparability
Project Status	Early to Mid-January 2007 Midcourse Evaluation (3 day meeting) to discuss status of: ▪ Objectives 1 and 2 of both workgroups End of Q1 Goals: ▪ Plan for development of standardized report for performance measure reporting ▪ Plan for adoption of standard report for performance measure reporting ▪ Draft the performance measure report ▪ Results of test data extraction for both measures (Diabetes and CAD) ▪ Set of recommendations for data extraction Q2 2007 ▪ Test the standard report
Project Trajectory	TBD

II. AQA Data Aggregation Workgroup / Subcommittee on HIT

AQA Data Aggregation Workgroup / Subcommittee on HIT	
Organizations Involved	▸ AQA Members of the Subcommittee on HIT ▸ Thomson Medstat
Focus	Compare data being collected in the AQA pilots(Physician Performance Data Aggregation and Measurement Projects) There was a series of questions that the AQA is hoping will be answered by the pilot project. One of these questions in the collection and linking of data from sources (admin., medical records, lab reports, etc.) To answer this question among others, the subcommittee was asked to: 1. Define Administrative Data 2. Create a framework for Accessing and Using Clinical Data
Project Overview	**Administrative Data:** Support payment, includes limited clinical detail *Approach* ▪ Describe and define (include if codable) the various data elements ▪ Describe the data flow from collection at the point of care to storage; include manual or electronically handled ▪ Map these two dimensions **Clinical Data:** All information about the patient to include diagnosis/treatment and process/outcome *Approach to Creating a Framework for Accessing and Using Clinical Data:* ▸ Directly access "clinical data: ▪ Extract from EMR/HER ▪ Embed measurement specifications into EMR/HER ▪ Collect from "clinical" data silos and merge ▪ Use data collection tools – stand alone or integrated into workflow ▸ Identify key data elements with a systematic approach ▸ Link claims to other existing patient-level data systems: Chemistry labs, pharmacy records; hospital charge masters ▸ Continue exploratory research on uses of the emerging electronic medical record, so that key data elements can be extracted uniformly and efficiently

AQA Data Aggregation Workgroup / Subcommittee on HIT	
Project Status	▸ Administrative data has been defined but not at the data element level ▸ Clinical Data Uses Have been Defined ▸ Criteria for Obtaining Clinical Data Identified (high-level) ▸ Clinical data measure have been mapped to 11 Diseases/Conditions to Support Disease Management and clinical predictive modeling ▸ Short-term Approaches to Identifying and Obtaining Clinical Data ▪ Identify key data elements with a systematic approach for documentation and accuracy ▪ Link claims to other existing patient-level data systems ▪ Continue exploratory research on uses of the emerging electronic medical record so that data elements are extracted uniformly and efficiently

III. Consolidated Healthcare Informatics Adaptation for Hospital Data Collection (HDC) Measures

Consolidated Healthcare Informatics Adaptation for Hospital Data Collection (HDC) Measures	
Organizations Involved	▸ *CMS ▸ Iowa Foundation for Medical Care ▸ Consolidated Health Informatics (20 department/agencies)
Focus	▸ Inpatient Measures ▸ Transform the current HDC Measure Specifications listed in the Specification Manual for National Hospital Quality Measures to align with the CHI health information interoperability standards.
Project Overview	▸ T**he CHI Initiative** is a collaborative effort to adopt health information interoperability standards, particularly health vocabulary and messaging standards, for implementation in federal government system. It identified 27 health domains and adopted 20 uniform standards for electronic exchange of clinical information to be used across the federal health enterprise. The next phase is to implement adopted standards, maintain standards, identify and adopt new standards ▸ **Hospital Data Collection** Effort includes Quality Measures Related to Hospital Compare and RHQDAPU (AMI, HF, CAP, and SIP module) ▸ IFMC was asked to create specifications by including: ▪ Comprehensive Analytic Narrative, including Data Element Specifications ▪ Comprehensive Downloadable Resource tables containing applicable standardized codes ▪ HL7 Technical Specification – details the HL7 messaging standards that permit structured, encoded clinical measures ▪ Measure Information Form – description of each clinical measures ▪ Identify Gap Codes – identifies terms not specified because they are unavailable in the CHI sources (by Measure Spec and Tech Spec) ▪ Medication Tables
Project Status	▸ IFMC completed the deliverable. The results were as follows: ▪ The creation of measure specifications for electronic transfer of the data simplifies the data elements considerably. As a result, the project revealed that many of the current HDC data elements are not required for the CHI adaptation specifications ▪ Current infrastructure supports the manual data abstraction, which is not the CHI goal ▪ The CART data requirements should be aligned with the CHI data elements to make the measure information consistent with the CHI standards ▪ Certain HDC data elements were not identified in HL7 and the CHI coding systems, such as “transfer to hospice” and admission to nursing facility. These missing data elements will need to be added to the HL7 and CHI standards
Project Trajectory	IFMC project is complete