



Quality Measurement Enabled through Health IT: Environmental Snapshot and Request for Information

National Webinar
July 31, 2012



Moderator and Presenters Disclosures

Moderator:

Rebecca Roper, M.S., M.P.H.

Agency for Healthcare Research and Quality

Presenters:

Kristine Martin Anderson, M.B.A.

Joe Francis, M.D., M.P.H.

There are no financial, personal, or professional conflicts of interest to disclose for the speakers or myself.

Agenda

- Agency for Healthcare Research and Quality—Who are we?

- Presenter: Rebecca Roper, M.S., M.P.H.



- Report

- Environmental Snapshot—Quality Measurement Enabled by Health IT: Overview, Possibilities, and Challenges
- <http://healthit.ahrq.gov/HealthITEnabledQualityMeasurement/Snapshot.pdf>
- Presenter: Kristine Martin-Anderson, M.B.A



- Practical Considerations

- Veterans Healthcare Administration—anecdotal experiences
- Presenter: Joe Francis, M.D., M.P.H.



- Request for Information

- <http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/html/2012-17530.htm>
- Current due date: August 20, 2012; anticipate extension to Sept 21, 2012
- Presenter: Rebecca Roper, M.S., M.P.H.



What's in a Name?

- Agency for Healthcare Research and Quality
 - A part of the federal Department of Health and Human Services
 - **A scientific research agency**
 - Only federal agency with a focus on **health services research**
 - With an expanding **focus on implementation and system change**

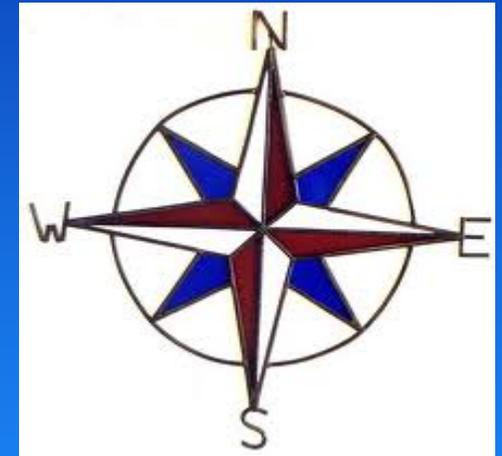


What's **not** in AHRQ's Name?

- Agency for Healthcare Research and Quality
 - A part of the federal Department of Health and Human Services
 - A scientific research agency
 - The leading federal agency on health care quality and safety
 - **Not a policy-making or regulatory agency**

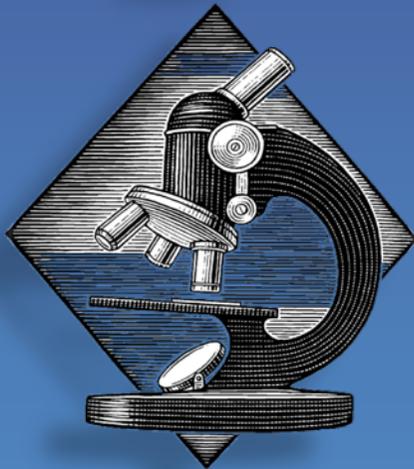
AHRQ's Focus and Strategic Goals

- **Quality**: Deliver the right care at the right time to the right patient
- **Safety**: Reduce the risk of harm by promoting delivery of the best possible health care
- **Efficiency**: Enhance access to effective health care services and reduce unnecessary costs
- **Effectiveness**: Improve health care outcomes by encouraging the use of evidence to make more informed health care decisions



HHS Organizational Focus

NIH



Biomedical research to prevent, diagnose, and treat disease

CDC



Population health and the role of community-based interventions to improve health

AHRQ



Long-term and system-wide improvement of health care quality and effectiveness



AHRQ Annual Conference

- September 9-11, 2012
 - Moving Ahead: Leveraging Knowledge and Action to Improve Health Care Quality
 - Registration
 - <http://meetings.capconcorp.com/ahrq/>



Environmental Snapshot Quality Measurement Enabled by Health IT: Overview, Possibilities, and Challenges

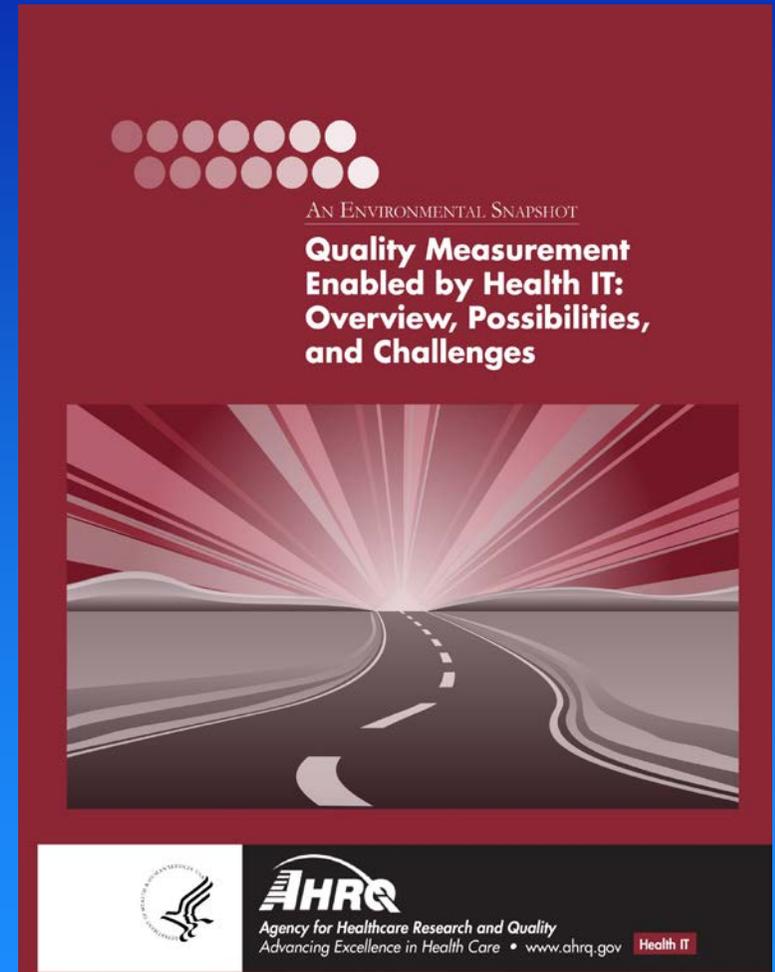


Kristine Martin Anderson, M.B.A.
Booz Allen Hamilton

July 31, 2012

Environmental Snapshot

- Overview of health IT-enabled quality measurement
- Possibilities for the next generation of quality measurement
- Illustrates challenges facing advancement
- Contains a partial catalog of over 70 activities seeking to address these challenges



Environmental Snapshot



1. Overview
2. Current Activities
3. Possibilities
4. Challenges
5. Next Steps

Shift in Measurement Focus



- Current quality measurement relies primarily on electronic claims data, manual chart abstraction, and patient surveys.
- Given these available sources of data, measurement has focused on examining the extent to which providers adhere to treatment guidelines and best practices.
- Demand is growing for patient-centered, outcome measures.

Evolution in Health IT Toward Interoperability



- Rapid adoption of health IT holds great promise for improving quality measurement.
 - Hospitals
 - Primary care providers
 - Specialists
- EHR vendors continue to integrate interoperability standards into their products.
- The hope is that providers will exchange information across institutions and communities to further care coordination, patient-centered care, and cost savings.

Stakeholders



Stakeholder	Role(s)
Consumers	<ul style="list-style-type: none"> • Provide quality information through patient experience surveys and use publicly reported quality information
Providers	<ul style="list-style-type: none"> • Participate in numerous measurement activities for a variety of purposes (e.g., accreditation and licensure, public reporting, quality improvement, P4P)
Commercial Payers	<ul style="list-style-type: none"> • Measure the quality of providers within their networks and also provide quality information for NCQA accreditation
IT Vendors	<ul style="list-style-type: none"> • Provide assurance that EHR products will support the meaningful use of technology through certification process
Federal Government	<ul style="list-style-type: none"> • Supports national quality initiatives, measure development, quality measurement, and IT adoption
State / Regional and Local Organizations	<ul style="list-style-type: none"> • Support quality measurement, quality reporting, and health information exchange
Measure Developer	<ul style="list-style-type: none"> • Identify, develop, test, and implement measures
Measure Endorser (NQF)	<ul style="list-style-type: none"> • Endorses national consensus standards for measuring health care quality
Research Community	<ul style="list-style-type: none"> • Many roles in the enterprise which overlap with the previously mentioned stakeholders

Activities to Improve Health IT-Enabled Quality Measurement



Numerous organizations are currently engaged in activities to realize potential of health IT-enabled quality measurement.

Appendix A catalogs more than 70 these activities.

Federal

State

Private

Name	Organization	Description	For More Information
Federal Programs			
National Quality Strategy ⁶³	HHS/AHRQ	The National Quality Strategy promotes quality health care for patients, families, and communities and guides the actions of all those	http://www.healthcare.gov/center/reports/quality03212011a.html
State/Regional Programs			
Colorado Associated Community Health Information Exchange: Ambulatory Safety and Quality Program: Enabling	Colorado Community Managed Care Network (CCMCN): Non-Profit	CACHIE's mission is to support Federally Qualified Health Centers in improving quality of care and health outcomes through data driven improvement processes. CACHIE's supports CHCs achieving meaningful use of EHR technology. The CACHIE project designed,	http://www.cachie.org/
Meaningful Quality Measure (EHRM) ¹⁰⁹			
Private Programs			
National Roundtable ¹²⁵	AMA PCPI ⁴²	AMA	AMA-convened Physician Consortium for Performance Improvement® (PCPI™) which is a physician-led program dedicated to enhancing quality and patient safety. The ongoing mission of the PCPI is to align patient-centered care, performance measurement and quality improvement. PCPI is one of leading measure developers in the United States. It identifies, develops, tests and implements measures with the goal of improving care and accountability. It also is a leading force in enabling the use of measures in EHRs, which often need to be re-specified from the paper measure definition.
	AMA		http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement.page
	Central India Community ¹¹⁰		
	Oryx ¹¹⁸	Joint Commission	The Joint Commission's ORYX initiative integrates outcomes and other performance measure data into the accreditation process. ORYX measurement requirements are intended to support Joint Commission accredited organizations in their quality improvement efforts. Performance measures are essential to the credibility of any modern evaluation activity for health care organizations.
			http://www.jointcommission.org/facts_about_oryx_for_hospitals/

Possible Next Generation of Quality Measurement



Areas of Consensus

Elements of Future State

Putting patient needs at the center of measurement

- ▶ Consumer access to transparent measurement information
- ▶ Further measure development to support the consumer

Determining the measure set

- ▶ A core measure set aligned to national priorities and harmonized to reduce burden
- ▶ Measures for new payment models (e.g., accountable care organizations, value-based payment, episode-based payment)

Defining tools for measurement

- ▶ Measurement as a byproduct of care
- ▶ Longitudinal, patient-centered, and outcome measurement will need much broader health IT support

Examples of Challenges to Address



- The environmental snapshot highlights some examples of remaining challenges identified in the field of quality measurement enabled by health IT for the purpose of facilitating discussion.
- These challenges can be categorized as:
 - Infrastructure challenges
 - Measurement challenges
 - Technology challenges

Examples of Challenges



- Examples of infrastructure challenges:
 - Address the various purposes of measurement
 - Identify how to move towards a more patient-centric delivery system
 - Increase information exchange
- Examples of measurement challenges:
 - Identify measures that matter to consumers
 - Identify measures that measure value
- Examples of technology challenges:
 - Expand eMeasure development
 - Make necessary advancements in EHR or other measure capture technologies



Any Questions?

- Thank you



Practical Considerations: Veterans Healthcare Administration Examples

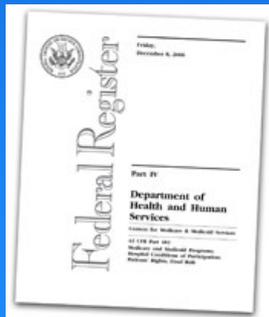


Joe Francis, M.D., M.P.H.
Veterans Healthcare Administration

July 31, 2012



Request for Information on Quality Measurement Enabled by Health IT

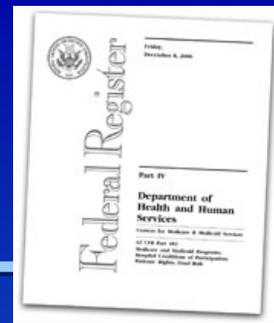


Rebecca Roper, M.S., M.P.H.
Agency for Healthcare Research and Quality

July 31, 2012

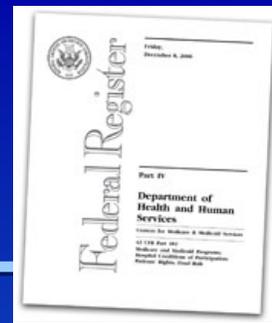


Health IT-Enabled Quality Measurement and Reporting

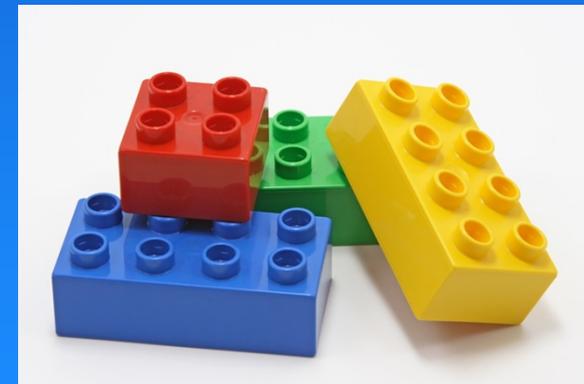


- Published on July 20, 2012 in the *Federal Register* see: <http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/html/2012-17530.htm>
- Quality measurement and reporting:
 - New, “de novo,” quality measures that uniquely leverage health IT-enabled information, e.g.,
 - Information from across health care settings
 - Electronic health care records that include clinical decision support functionality
 - Health IT used to generate “retooled” versions of existing quality measures

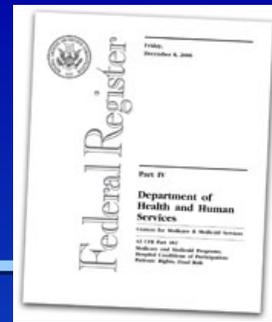
Request for Information (continued)



- Insight about **building blocks** of health IT-enabled quality **measurement** and **reporting**:
 - Perspectives
 - Adequate engagement of diversified stakeholders
 - Practicalities
 - Infrastructure challenges
 - Successful strategies
 - Priorities
 - Near-term
 - Mid-term

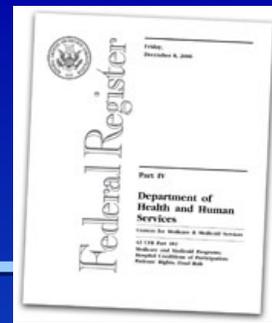


Request for Information



1. Briefly describe what motivates your interest in clinically-informed quality measures through health information technology. To what extent is your interest informed by a particular role (e.g., provider, payer, government, vendor, quality measure developer, quality improvement organization, standards organization, consumer advocate) in this area?
2. Whose voices are not being heard or effectively engaged at the crucial intersection of health IT and quality measurement? What non-regulatory approaches could facilitate enhanced engagement of these parties?

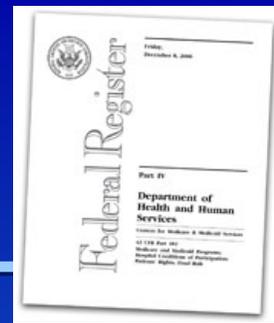
Request for Information (continued)



3. Some quality measures of interest have been more difficult to generate, such as measures of greater interest to consumers, measures to assess value, specialty-specific measures, measures across care settings (i.e., measures enabled by health information exchange), and measures that take into account variations in risk. Describe the infrastructure that would be needed to ensure development of such measures.
4. What health IT-enabled quality measures, communication channels, and/or technologies are needed to better engage consumers either as contributors of quality information or as users of quality information?



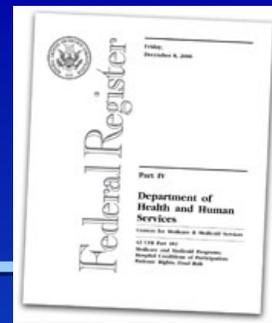
Request for Information (continued)



5. How do we motivate measure developers to create new health IT-enabled quality measures (that are distinct from existing measures which were retooled into electronically-produced quality measures) that leverage the unique data available through health IT? Please provide examples of where this has been successfully. What new measures are in the pipeline to leverage data available through health IT?
6. Describe how quality measurement and real-time reporting could inform clinical activity, and the extent to which it could be considered synonymous with clinical decision support.



Request for Information (continued)

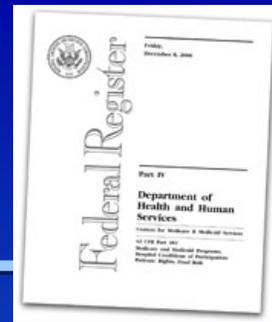


7. Among health IT-enabled quality measures you are seeking to generate in a reliable fashion, including the currently proposed Meaningful Use Stage 2 measure set, what types of advances and/or strategies for e-measure generation if pursued, would support more efficient generation of quality measures?

8. Many EHR, HIE, and other health IT vendors are developing software code to support measures. Tools such as the Measure Authoring Tool (MAT) were created to improve efficiencies in the process of creating and implementing eMeasures. What additional approaches might be used to enable consistent, accurate, and efficient quality measurement when using health IT?

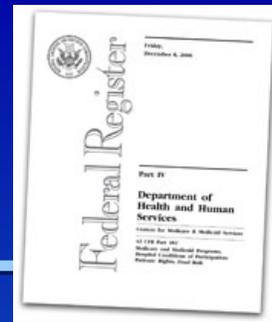


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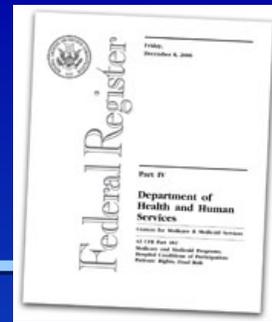
9. How do you see the establishment and adoption of data standards impacting the future of health IT-enabled quality measurement? For what types of quality measures should a combination of natural language processing and structured data be considered?

Request for Information (continued)



10. Much support has been voiced for the need of longitudinal data in quality measurement. What are the strengths and weaknesses of different information architectures and technologies to support health IT-enabled quality measurement across time and care settings? How can data reuse (capture once, use many times) be supported in different models? What examples might you provide of successful longitudinal health IT-enabled quality measurement (across time and/or across multiples care settings)?

Request for Information (continued)

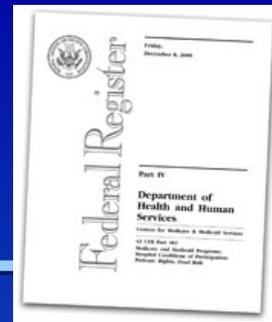


11. What are the most effective means by which to educate providers on the importance of health IT-enabled quality measurement and how clinical information is used to support health IT-enabled quality measurement and reporting? How can providers be better engaged in the health IT-enabled quality measurement process?

12. What is the best way to facilitate bi-directional communication between vendors and measure developers to facilitate collaboration in health IT-enabled measure development?



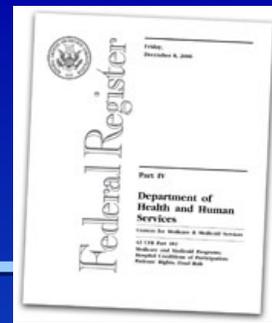
Request for Information (continued)



13. To what extent do you anticipate adopting payment models that use quality measurement informed by electronic clinical records (as opposed to exclusively using claims data)? What strategies are you pursuing to gain access to clinical data and test the reliability of health IT-enabled clinical outcome measures? How do you anticipate sharing quality measure results with consumers and other stakeholders?



Request for Information (continued)

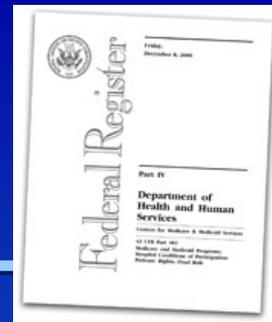


14. What tools, systems, and/or strategies has your organization been using to aggregate information from various EHRs and other health IT for use in quality measurement? What strategies is your organization pursuing to move toward greater automation in quality measurement?

15. Please describe scalable programs, demonstrations, or solutions (domestic or internationally) that show material progress toward quality measurement enabled by health IT.



Request for Information (continued)



- Anticipate extension of due date until September 21, 2012
- Voluntary responses
 - Identify the issues (1 – 15) to which you are responding
 - **Electronic responses are preferred**
 - **Send to: HIT-PTQ@ahrq.hhs.gov**
- Questions? Contact:
 - Angela Nunley at Angela.Nunley@ahrq.hhs.gov, or
 - Rebecca Roper at Rebecca.Roper@ahrq.hhs.gov



Any Questions?



More information Health IT-enabled Quality Measures

- AHRQ Annual Conference, Monday, September 10, 8:00 am
 - Session 91, Lessons learned from recent Quality Measurement and Health IT grants in the Ambulatory Setting
 - Suite of products, including summary report, video and narrative highlights which feature innovative approaches pursued to use health IT to generate quality measures.



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To obtain CME or CNE credits:

Participants will earn 1.5 contact credit hours for their participation if they attended the entire Web conference.

Participants must complete an online evaluation in order to obtain a CE certificate.

A link to the online evaluation system will be sent to participants who attend the Web Conference within 48 hours after the event.