December 1, 2009

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Meaningful Measurement of Quality Health Care using Electronic Health Records

Dear Madam Secretary:

The National Committee on Vital and Health Statistics (NCVHS) is the Department of Health and Human Service's (HHS) statutory public advisory body on health data, statistics, and national health information policy. A key focus is to monitor the nation's health data needs and current approaches to meeting those needs. A second focus is to identify strategies and opportunities for evolution from single purpose, narrowly focused health data collection strategies to more multi-purpose integrated shared data collection strategies to meet the nation's health data needs.

The National Committee recognizes that the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") is a major initiative intended to accelerate the adoption and meaningful use of electronic health record (EHR) systems to measure and improve health care processes and health outcomes. In order to effectively produce comparative quality data, EHRs must be designed with quality reporting requirements in mind. For example, EHRs must be designed to capture relevant clinical data using standardized data definitions and standardized quality measure definitions. To receive HITECH incentive payments, providers will need to collect specific clinical data to build quality of care reports.

To understand better the increasingly complex landscape of quality measurement development and use, NCVHS held a hearing on October 13 and 14, entitled "Meaningful Measurement." We heard experts in quality measurement from both public and private sectors (Appendix A). Their testimony focused on four areas:

- How do we approach building meaningful measures?
- What is the current process for developing measures and does it adequately address measure development for key national priorities and sub-populations?
- How do we introduce new data sources – clinical data from EHRs, user-generated data, etc. – into the measure development process? How do we exchange them for old measures based on administrative data?
- How do we maintain and update measures and what are the health IT system implications?

We heard testimony about a wide array of efforts to develop and use health quality measures. Each effort had focused objectives that are largely occurring independently of each other. As a consequence, providers are burdened by the need to respond to multiple non-aligned reporting requests. NCVHS believes that these reporting burdens can be reduced through standardization of quality measure reporting, while at the same time increasing the value and comparability of the reports. Incentives in HITECH represent an excellent opportunity to accelerate the development, standardization, and utilization of quality measures derived from clinical data in EHRs and from other clinical data sources. We believe the aggressive timeline for establishing meaningful use incentive payments requires that this strategy be developed quickly. To accomplish these goals in a timely way, we make three recommendations:

Observation 1:

Testimony demonstrated that, while there has been significant progress in the development and application of quality measures, the absence of a national strategy has undermined effectiveness. Testifiers highlighted an array of challenges and barriers to achieving robust and comprehensive quality measurement. In particular, the initiatives presented were independently designed and implemented, without a consistent connection to national goals for health care quality improvement. This situation not only impedes creation and adoption of valid, comparable measures, it also increases the burden on providers who must report different quality measures to different agencies and health plans.

Recommendation 1: National Quality and Performance Measurement Coordination

HHS should develop a national quality and performance measurement[1] strategy and designate or establish an oversight structure to coordinate and align existing initiatives in the national strategy. This recommendation is consistent with Institute of Medicine's 2006 *Performance Measurement: Accelerating Improvement* report (http://www.iom.edu/en/Reports/2005/Performance-

[1] [1]We consider performance measures as a subset of quality measures that are applied for specific uses. In this document, when we refer to quality measures, we intend that performance measures be included.

Measurement-Accelerating-Improvement.aspx), that recommended a national strategy for quality measurement development, maintenance, and effective use in performance reporting.

Observation 2:

In the testimony about the various reporting initiatives, panelists noted the lack of standard definitions for measures and their underlying data elements as a key barrier to their effective and efficient use. Because standardized data elements are the critical building blocks of current and future measures, a common data framework would help align the efforts and output of the quality and performance measurement field. An example of such a framework is the Quality Data Set (QDS) developed with AHRQ-funding by the National Quality Forum's (NQF's) Health Information Technology Expert Panel (HITEP). In this project, NQF deconstructed its current portfolio of more than 500 quality measures into data elements that have been standardized and are accessible to all the stakeholders in the quality measures supply chain (Appendix B).

Recommendation 2: Establish a Quality and Performance Reporting Specifications Library

HHS should fund creation of a library of specifications for quality and performance measures and their associated essential EHR data elements. These elements would be the building blocks for quality measures and risk adjustors. The standardized data elements need to use precise definitions and terminology and must be assigned codes (e.g. LOINC®, Rx Norm, SNOMED®, ICD10-CM, HCPCS, etc.) to ensure they can be unambiguously identified. The set of data elements also needs to be sufficiently robust to support the computation of current quality measures and to support research on future measures. The NQF's Quality Data Set may serve as the initial basis for this library of data elements. A strategy should also be developed to maintain, expand, and support this publically available specifications library and to educate stakeholders on its use.

Observation 3

Multiple testifiers commented that existing EHR systems, including those certified by CCHIT, are not designed to produce easily the quality reports required by various public and private reporting initiatives. Disparate data definitions and capture methods complicate data aggregation and reporting for providers and lead to a lack of clarity in requirements for EHR vendors.

Recommendation 3. Align EHR certification with quality reporting requirements.

The Office of the National Coordinator (ONC) should require as part of EHR system certification for meaningful use that EHR vendors use relevant standard data element definitions from the quality and performance data specification library when producing data in compliance with the meaningful use criteria. EHRs should employ data exchange methods to support the computation of

quality measures (whether computation is internal or external). To ensure patient trust, these exchange methods should be structured to protect data security, privacy, and confidentiality. Furthermore, as part of continued certification, EHRs should have the capability of incorporating new standardized data elements in a timely fashion as they are identified.

Sincerely,

/s/

Harry L. Reynolds, Jr.
Chairman
National Committee on Vital and Health Statistics

cc:
James Scanlon
David Blumenthal, M.D.

Appendices enclosed

Appendix A

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

SUBCOMMITTEE ON QUALITY MEETING

National Center for Health Statistics
3311 Toledo Road, Auditorium A
Hyattsville, MD 20782

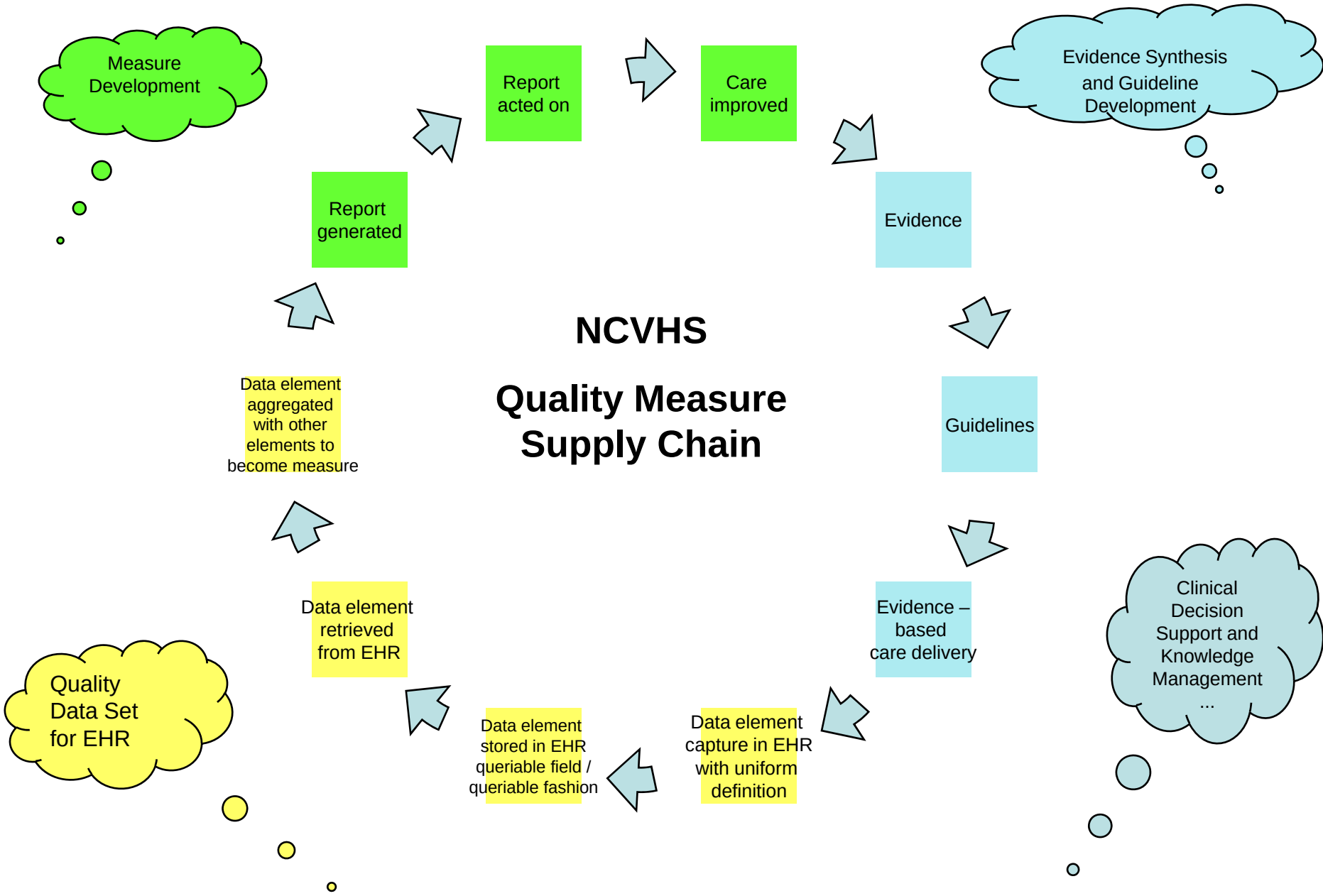
October 13 - 14, 2009

The Meaningful Measure Supply Chain Tuesday, October 13	
Introductions • Overview • Goals • Role of NCVHS and the hearing	Justine Carr, *Co-chair Subcommittee on Quality, NCVHS*
• **Setting priorities for measurement** NQF National Priorities Partnership and NQF work towards meaningful use measures	Helen Burstin, *NQF*
What makes a measure meaningful? • Development process • Adoptability • Right measures • Outcomes vs. process measures • Structural vs. behavioral measures • Subject Areas	Helen Burstin, *NQF* David Reuben, *ABIM*
Current measure development, endorsement, and adoption process • Participants and roles • Data sources • Strengths • Shortcomings	Karen Kmetic, *AMA* Sarah Scholle, *NCQA* Bernie Rosof, *QHC* Frank Opelka, *Louisiana*

• Linkage with EHRs • What aspects of the current process support development of meaningful measures? • Which don't? • Addressing sub-populations • Use of new data sources (e.g. EHRs and user-generated)	*State University and American College of Surgeons*
Building Meaningful Measures - Adoptability • Specifications • Linkage with Health IT • New data sources • Data collection • Update/keeping measures current	Floyd Eisenberg, *NQF* Blackford Middleton, *Subcommittee on Quality, NCVHS*
Meaningful measures for care coordination • Current measures • Strengths • Weaknesses • What makes a measure meaningful? • Recommendations	Sarah Hudson Scholle, *NCQA* Kathy McDonald, *Stanford University (By Phone)*
Re-cap and Discussion	
Day 2, October 14	
• Agenda • Recap of Oct 13 testimony • Discussion of national priority measure sets	Paul Tang, *Co-chair Subcommittee on Quality, NCVHS* Carolyn Clancy, *AHRQ*
Meaningful measures of disparities • Current measures • Strengths • Weaknesses • What makes a measure meaningful? • Recommendations	Ernie Moy, *AHRQ* Kalahn Taylor-Clark, *Brookings Institution*

Meaningful measures of value (including efficiency) • Current measures • Strengths • Weaknesses • What makes a measure meaningful? • Recommendations	Michael Rapp, *DHHS/CMS* Joachim Roski, *Brookings Institution*
Meaningful measures of integration, population health and health status • Current measures • Strengths • Weaknesses • What makes a measure meaningful? • Recommendations	Linda Harris, *DHHS/OS/OPHS* Floyd Eisenberg, *NQF (By Phone)*
Summary, Discussion and Next Steps	

Appendix B



11/20/09