

Collaborative for Performance Measure Integration with EHR Systems

Co-sponsored by the American Medical Association (AMA), the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS)

The Collaborative for Performance Measure Integration with EHR Systems (Collaborative) met in Crystal City, Virginia, Friday, November 17, 2006, from 9 AM – 3 PM.

Co-sponsors' representatives – Karen Kmetik, PhD (AMA), Gregory Pawlson, MD, MPH (NCQA), and Trent Haywood, MD, JD (CMS) – welcomed the Collaborative to its second full meeting. The Collaborative's overall goal is “to bring together experts in the field of performance measure development and implementation in order to remove the obstacles to measuring performance in the ambulatory care setting and facilitate wide-spread use of performance measure functionality in EHRs by the physician community.”

The Collaborative reviewed objectives of two recently-established work groups – the Performance Measures for Practice Improvement Work Group and the Performance Measures for Integration and Reporting Work Group – that first met October 31, 2006, in Chicago. At this meeting, each Work Group's objectives were reviewed and revised. Discussions of strategies for completing each Work Group's work plan were started.

The Collaborative reached consensus that the work outlined by each of the work groups is vital to the advancement of performance improvement in ambulatory settings and that gaps exist in the current environment that prohibit performance measures from being efficiently used for clinical improvement. Agreement was also reached about the proposed action plan, including the use of test measures, division of work, and participation of key players.

Collaborative Work Groups

Scheduling of Work Group meetings was discussed. Collaborative members agreed that Work Groups will need to hold several 2-hour conference calls and at least one in-person meeting. Staff agreed to quickly canvass Work Group members to secure meeting dates to support the Collaborative's goals.

The Collaborative will leverage existing work that other organizations have released, including widely accepted nomenclatures and standards, that are applicable to this effort. The Collaborative intends to mirror the successful processes that have been used in other settings or contexts and apply those to performance measurement.

Two performance measures of the NCQA and the PCPI have been selected for the Collaboration's integration “test set” – NCQA's Diabetes Mellitus: HbA1c Control measure and PCPI's Coronary Artery Disease: Antiplatelet Therapy measure. In order to assure that performance measures are aligned with efforts of performance measure endorsers and selectors, the two selected measures are both NQF-endorsed™ and have been selected for implementation by the Ambulatory Care Quality Alliance (AQA).

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. Collaborative members affirmed that each Work Group will need to be kept aware of the others' efforts and progress in order to better coordinate similar and related task components.

Recognizing that simply submitting data and reporting calculated measures require different processes, Collaborative members suggested that the needs of two types of vendors must be addressed in relation to the project's scope. Developing a process map could assist in addressing these variable needs.

Coordinating Collaborative efforts with other national entities

As NQF and AQA endorse or select measures, respectively, from multiple measure developers, the posting and updating of measures specifications will be managed by the owners of measures. Widely recognized and shared "rules" for maintaining and updating measure specifications will assist developers, endorsers, selectors, and vendors as they support various performance measure implementations. Coordination with the Agency for Healthcare Research and Quality (AHRQ), America's Health Information Community (AHIC), the Certification Commission for Health Information Technology (CCHIT), the Health Information Technology Standards Panel (HITSP), and other standards development organizations (SDOs) will also be necessary to achieve appropriate coordination. Members of the Collaborative with roles in other interested organizations will be expected to communicate the efforts and progress of the Collaborative to those organizations, as appropriate.

The Collaborative's overall goal is, foremost, a "proof of concept" activity that can be scaled to address multiple measures, based on the concept-proving work that will be completed by the two Work Groups on the two "test set" measures. While additional issues will still need to be addressed – ie, the integration of immunization, lab and radiology data – successfully integrating the two test measures will serve as a model for how best to address the integration of these and additional measures. A method for generating consistent internal and external reports will also need to be identified and developed.

Work Group Objectives

The two Work Group's objectives will form the core of the Collaborative's work:

Work Group A Objectives – Performance Measures for Practice Improvement:

1. Using the test set of two performance measures (Diabetes: HbA1c Control and Coronary Artery Disease: Antiplatelet Therapy) as use cases, for each critical concept that applies across all performance measures:
 - Identify and document current practices across EHRs and practice sites
 - Propose a best practice model

First set of critical concepts:

- Identifying patients with the target condition
- Determining whether or not the encounter occurred in the patient's "medical home"
- Determining how long patient has been receiving care at that "medical home"

- Determining who the responsible party is (parties are) for the care delivered
 - Linking exclusions with the treatment decision
2. 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

Work Group B Objectives – Performance Measures Integration and Reporting:

1. 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

2. Determine a standard process for presenting clinical and technical specifications for performance measures to EHR vendors that would minimize the effort necessary for a vendor to include and coordinate clinical logic on which the measures are based
3. 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

Performance Measure Data Export from EHR Products

4. Establish a standardized report of performance measures
5. Provide implementation guides for the standard set of data elements required to accurately report performance measures to CMS and for anticipated health plan and others’ reporting requirements
6. Test the feasibility of a defined data extraction standard for data integrity, clinical accuracy and comparability

Work Group chairs will contact respective work group members about upcoming meeting dates. Anyone wishing to take part in this important effort or who has questions should contact Tom Murray (Thomas.Murray@ama-assn.org or 312-464-4929) or Amanda Ervin (Amanda.Ervin@ama-assn.org or 312-464-5607). For more information about the Collaborative, visit ((Web address)).

The Collaborative adjourned at 3 PM. Presenters’ PowerPoint presentations will be distributed with the meeting summary.