



Health IT-Enabled Quality Measurement: Perspectives, Pathways, and Practical Guidance

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Moderator and Presenter Disclosures

Moderator:

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

Agency for Healthcare Research and Quality

Presenters:

Kristine Martin Anderson, M.B.A.

Anjanette Flemming, M.P.H.

Christina Marsh, MMHS, M.A.

Booz Allen Hamilton

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



Project Background

- Improving health care quality is a national priority.
- Quality measurement and health IT factor strongly into a reformed health care delivery and financing system.
- Advancements in health IT offer new possibilities to advance quality measurement and quality improvement.
- Many agencies are engaged in conversations and activities related to health IT-enabled quality measurement.
- AHRQ is focused on expanding the research base, including collecting stakeholder perspectives on important building blocks to advance health IT-enabled quality measurement.



Project Background, continued

- In July 2012, AHRQ published *An Environmental Snapshot—Health IT-Enabled Quality Measurement: Resources, Resolutions, and Research Gaps*.
- This was followed by a 15-question request for information and public comment (RFI) published in the *Federal Register* to which there were 63 unique respondents.
- To obtain further insights on topics highlighted by RFI responses, a series of stakeholder focus groups were held.
- This report—*Health IT-Enabled Quality Measurement: Perspectives, Pathways, and Practical Guidance*—contains the results, including stakeholder recommendations for near term activities, feasibilities, and priorities.



Summary of Diverse Stakeholder Participation

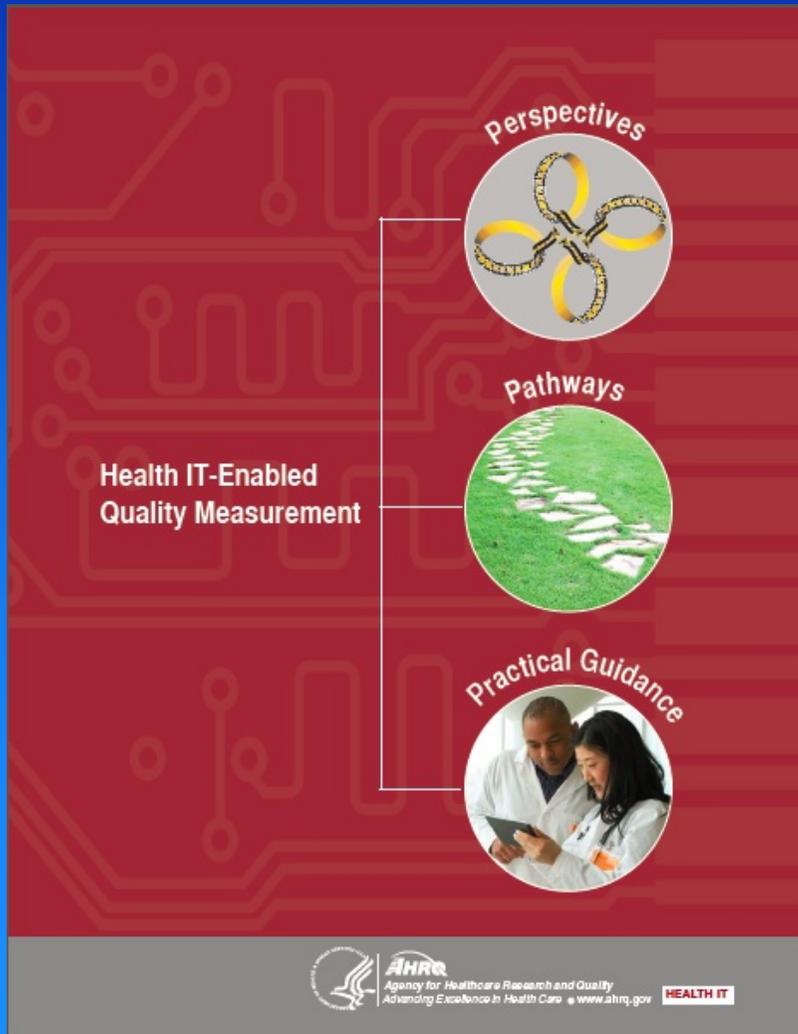
This report reflects insights collected from 127 stakeholders who either responded to the RFI and/or participated in focus groups.

Representing Stakeholder Type*

Type	Providers	Payers	Measure Developers	Consumers	Vendors	Government	Other	Total
RFI	26	4	2	2	13	2	14	63
Stakeholder-Specific Focus Groups	8	6	9	5	8	20	0	56
Multi-Stakeholder Focus Group	4	1	1	1	1	0	0	8
TOTAL	38	11	12	8	22	22	14	127

* Represents primary affiliation, though some stakeholders could be considered as representing multiple categories.

Where to Find the Report



The full report can be found on AHRQ's Web site at:
<http://healthit.ahrq.gov/ahrq-funded-projects/health-it-enabled-quality-measurement>



How to Use this Report

- Chapter 1: Introduction – project overview
- Chapter 2: Background – ideals for health IT-enabled quality measurement, challenges to achieving these ideals, and the evolution of health IT-enabled quality measurement to date toward these ideals
- Chapter 3: Reflections –
 - Section 3.1 Perspectives – observed stakeholder patterns for prioritizing and implementing incremental advancements
 - Section 3.2 Pathways – discussions on key topics considered building blocks of health IT-enabled quality measurement
 - Section 3.3 Practical Guidance – activities suggested by stakeholders for advancement
- Chapter 4: Pursuing Pathways to Achieve Improvements – other considerations toward advancement
- Appendix A – a more comprehensive review of the findings from the RFI and summaries of the focus group findings.
- Appendix B – the methodology and approach for each of the stakeholder engagement activities
- Appendix C – a Partial Catalog of Current Activities to Improve Quality Measurement Enabled by Health IT, which describes over 150 different public and private programs and initiatives
- Appendix D – a list of the RFI respondents and focus group participants who generously gave of their time and insights
- Appendix E – additional resources on health IT-enabled quality measurement



Key Ideals for Advancing Health IT-Enabled Quality Measurement

- Stakeholders stated that although there are challenges in implementing health IT-enabled quality measurement, progress continues and they are committed to further advancement.
- There is consensus on some key ideals to move forward:
 - Measurement should be patient-centered
 - Measurement should be supported by end users' education and collaboration
 - Measures should be aligned to national priorities
 - Measurement should be actionable and built to work within a system of quality improvement
 - Technology should be used to support measurement

Key Ideals for Advancing Health IT-Enabled Quality Measurement, cont.

- Stakeholders often articulated that quality measurement enabled by health IT should lead to a more comprehensive system of measurement and improvement—“eImprovement.”



eIMPROVEMENT

Perspectives on Health IT-Enabled Quality Measurement

Quality measurement accelerating systemic quality improvement as the highest priority



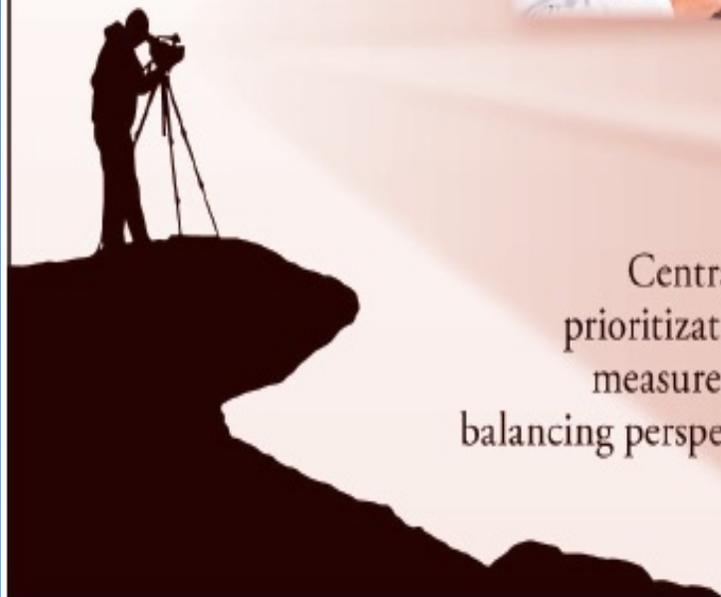
Quality measurement maximizing the current capabilities of health IT



Centralized prioritization of measurement, balancing perspectives



Quality measurement relying on the current capabilities of a given delivery system





Perspectives on Health IT-Enabled Quality Measurement, cont.

Quality Measurement (QM) Accelerating Systemic Quality Indicators (QI) as the Highest Priority

- Focused on improving quality
- Measures are developed for various stakeholders and purposes
- Accelerates innovation in information systems and practices of care
- Consideration given to harmonization and alignment when possible
- Consideration given to feasibility of implementation and burden but measures are not limited to the current capabilities of health IT or a given delivery system

Quality Measurement Maximizing Current Capabilities of Health IT

- Measurement leverages all currently available health IT necessary but constrains measure specifications to information that could reasonably be assumed to be generally available and widely accessible to minimize implementation burden
- Measures can evolve as new data becomes available
- Measures for public health and public reporting should be limited to measures that can be populated from data readily available in current information systems

Quality Measurement Relying on the Current Capabilities of a Given Delivery System

- Measurement should be a byproduct of care and seek to minimize impact on clinician workflow
- Measure specifications should be constrained to information that would reasonably be needed to support care
- Measures for public health and public reporting should be limited to measures that can use data collected in the course of providing care
- Overtime and across specialties, incorporation of QM and QI into clinical training may broaden what becomes available as a byproduct of care

Centralized Prioritization of Measurement, Balancing Perspectives

- New measure development priorities are driven by a single authoritative entity through declarative means
- Tradeoffs in the above perspectives are explicitly managed
- Quality measurement programs should be aligned and harmonized uniformly through a centralized multi-stakeholder process

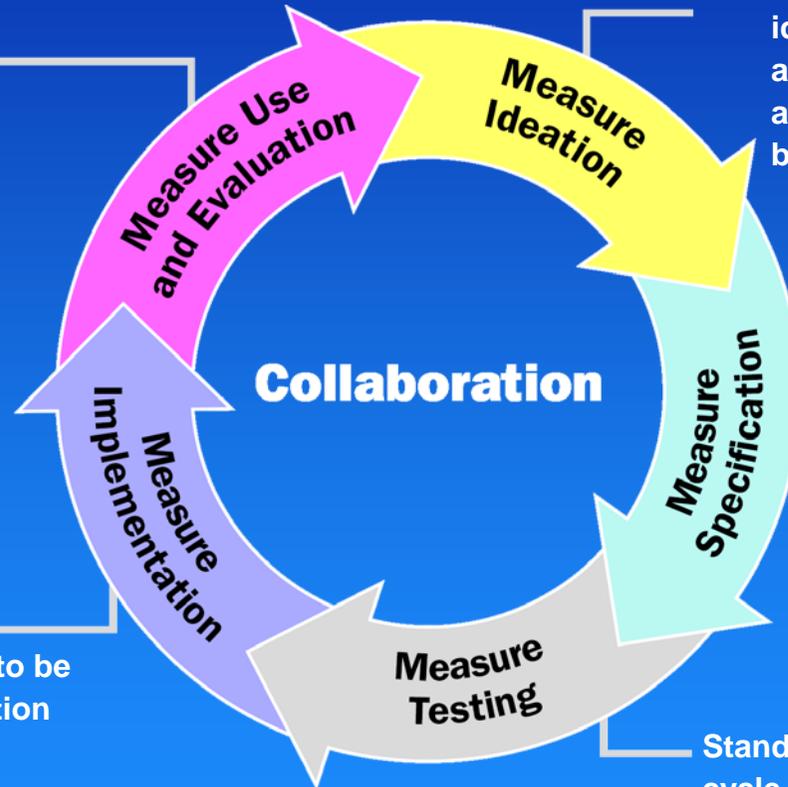


Reflections on Recurring Topics

- Measure Development, Implementation, and Testing (“eMeasure Development Lifecycle”)
- Data Elements, Data Capture, and Tools to Process Unstructured Data (e.g., Natural Language Processing)
- Data Access, Sharing, Aggregation, and Integration
- Patient Engagement
- Collaboration and Education

Measure Development, Implementation, and Testing

Measures should be re-evaluated regularly to assess if they are fulfilling their intended purpose



Increasing need for measure users to help set the measure ideation agenda; better alignment with other programs and certifications would be beneficial

Improved specification is needed; consideration must be made to a wide variety of data elements

Standard approaches and faster cycle time is desired

Variability in implementation needs to be reduced; more automation is needed



Data Elements and Data Capture/ Tools to Process Unstructured Data

- Standardization in measure specifications, data elements, and the processes for capturing and storing data elements is important.
- Consistency in measurement of similar topics (e.g., smoking, tobacco use) is also needed.
- Natural language processing was suggested as having potential; however, more research and testing is needed.
- Perspectives on prioritization varied based on whether data is currently available in existing systems and the ease of data collection.



AHRQ Encourages Nominations for Future EHP Reports

- AHRQ welcomes end users' nominations for potential systematic reviews to be conducted on such topics of interest as Natural Language Processing or other topics related to health-IT enabled quality measurement.
- Priority will be given to nominated research questions that are informed by diverse end users who are committed to disseminating information to partner organizations.
- For selected topics, research questions will be refined with further input from stakeholder groups (e.g., guideline developers, policymakers, clinicians, and patients).
- Nomination forms and instructions are available on AHRQ's [Effective Health Care Program Web site](http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/) (<http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/>).



Data Access, Sharing, Aggregation, and Integration

- Information exchange is critical for many quality measures of interest, making it essential that barriers be removed.
- Stakeholders would like to access a wide variety of data beyond EHRs, such as claims systems, registries, pharmacy systems, and lab systems.
- Lack of adoption in some care settings remains an issue as well as concerns around data quality.
- However, stakeholders felt more challenged by policy issues, than technology issues.
 - Data ownership and governance
 - Strategies to address sensitive information
 - Ability to map patients across systems



Data Access, Sharing, Aggregation, and Integration, cont.

Stakeholders made the following recommendations:

- Standardize data definitions and data elements
- Develop new tools for data aggregation and integration
- Develop methods for shared accountability
- Create and test model policies and constructs that others can use and implement
- Expand use of patient identifiers

The CommonWell Health Alliance

To achieve data liquidity between systems and vendors the CommonWell Health Alliance, representing 41% of the hospital EHR market and 23% of the ambulatory care EHR market, will define, promote, and certify a national infrastructure with common platforms and policies. Initial participants include Cerner, McKesson, Allscripts, athenahealth, Greenway, and RelayHealth.

Health Information Exchange

The Indiana Health Information Exchange (IHIE) is the nation's largest health information exchange, connecting more than 90 hospitals and 110 clinics and surgery centers across Indiana and more than 25,000 across 17 states. IHIE uses a statewide network called the Indiana Network for Patient Care (INPC) to provide a virtual longitudinal patient record. The INPC handles more than 1 million secure transactions a day, including 3 billion pieces of clinical data, 80 million radiology images, 50 million text reports, and 750,000 EKG readings.



Patient Engagement

“Patient engagement is the blockbuster drug of the century.”

- Measures must matter to patients.
 - Selecting a provider (e.g., location, value, and success)
 - Selecting a treatment (e.g., preferences and success)
 - Measuring progress against clinical and personal goals
- Measures must be actionable for decision making.
 - Available at the right time and place
 - Well organized and easy to understand
- Tools for obtaining measure information or for contributing to measurement should be common and easy to use.
 - PHRs, portals, and other Web-based technologies
 - Tablets, kiosks, and mobile technologies

Patient Engagement, continued

- More research is needed.
 - Measures that matter
 - How to present information
 - Best tools to use
- Consumers should be better engaged in the measure development and implementation process.

The Blue Button Initiative

Blue Button, which enables patients to download their personal health information from online accounts, is currently available to veterans, uniformed service members, and Medicare beneficiaries. Almost 1 million people have downloaded their own health information via Blue Button. Many private sector companies, such as UnitedHealthCare, Aetna, and the Cleveland Clinic, are also providing ways for members/patients to Blue Button [download] personal health data.

“The challenge is that you cannot design [public reporting of quality information] for a patient...you have to design it with them.”



Collaboration and Education

- RFI respondents and focus group participants stated that collaboration among all stakeholders must be early, often, and ongoing.
- It may take various forms (e.g., workshops, collaboratives, webinars, focus groups).
- Education was also emphasized as crucial throughout the measure development lifecycle.
- The Federal government or other third party may be best suited to bring together diverse groups.



Pursuing Pathways to Achieve Improvements

- The long-term vision is consistent: health-IT enabled quality measurement is integral to improvement.
- Over time there will be incremental advancements made; collaboration will be essential to this.
- Issues presented in this report will need to be revisited periodically as advancements are made.
- The discussed perspectives will need to continue to be considered as priorities are refined; new perspectives may also emerge.

“...measure concepts must be prioritized based on the potential population-wide effect of achieving improvements in that measure.”



Conclusion

With continued collaboration, the paths forward may be different but the destination will be the same—the successful next generation of quality measurement. Evolving quality measurement enabled by health IT can facilitate improvement and provide a foundation for advancing the “Triple Aim” of better health and better care at a lower cost.



Your Feedback is Requested

- In a few moments you will have an opportunity to complete a survey to provide feedback on this presentation.
- Please take the time to complete it; your feedback will be used to inform and improve this presentation for future uses.
- Thank you!



APPENDIX

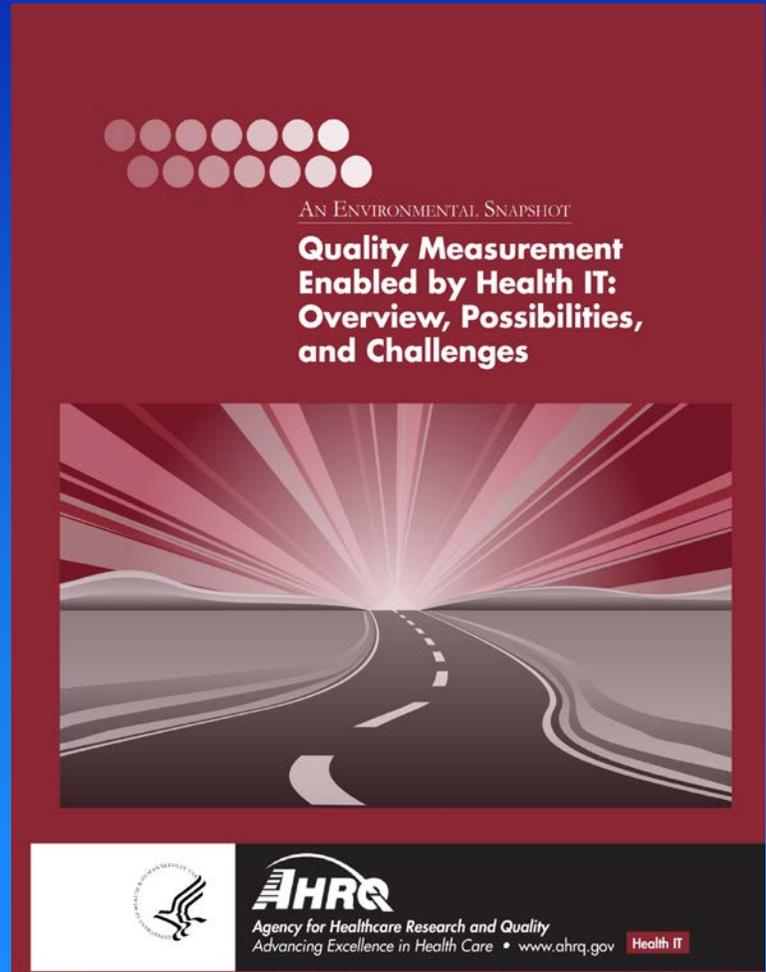
Environmental Snapshot

In July of 2012, AHRQ published an Environmental Snapshot. It provided...

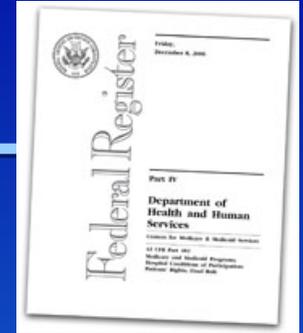
- An overview of health IT-enabled quality measurement
- Possibilities for the next generation of quality measurement
- Challenges facing advancement
- A partial catalog of over 70+ activities (Federal, State, and private) seeking to address these challenges



Name	Organization	Description	For More Information
State/Regional Programs			
Colorado Associated Community Health Information Exchange (COACH)	Colorado Community Managed Care Network (COMC) Non-Profit	COACH's mission is to support Federally Qualified Health Centers in improving quality of care and health outcomes through data driven improvement processes. COACH's support OHC achieving meaningful use of HIE technology. The COACH system designed, developed, and implemented an interoperable quality information system for a collaborative network of seven community health centers (CHCs).	http://www.coach.org/
Health Connector [®]	eHealth Connector Non-Profit	Facilitate the statewide adoption of electronic health records, health information exchange, and quality reporting to dramatically improve the quality, safety, and efficiency of health care in Connecticut.	http://www.healthconnector.org
Central Indiana Health Information Exchange [®]	Indiana Health Information Exchange Non-profit organization	HIE provides information in a secure, standardized and electronic format, enabling information to follow the patient, rather than being locked in one physician office or a single hospital system. The organization also assembles this health data in a meaningful way for providers to help them achieve improved health outcomes for their patients, with a specific focus on cancer screenings, diabetes care, heart health, asthma care, well child visits and other care interventions.	http://www.hic.org/



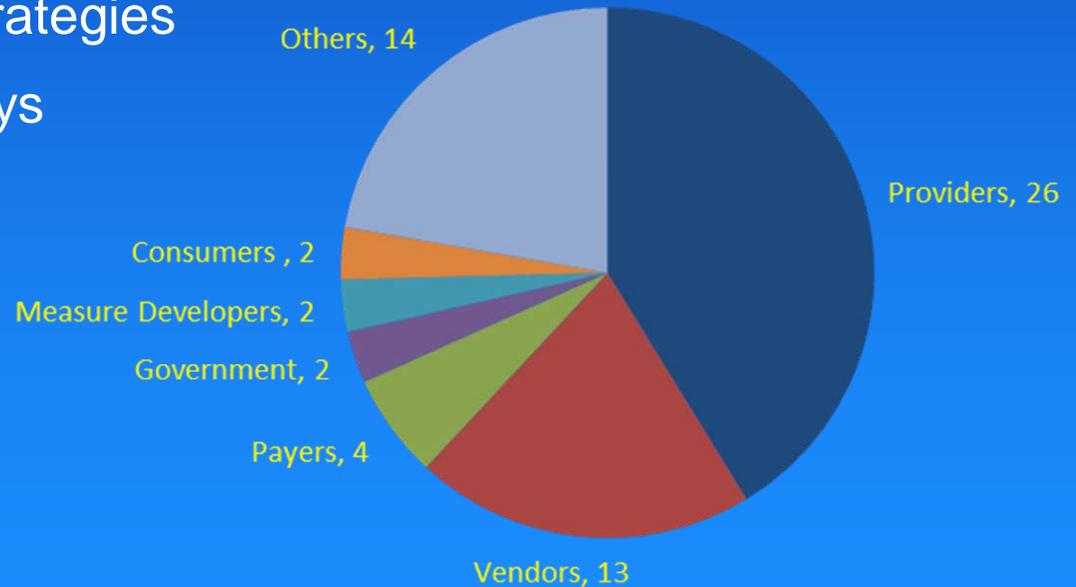
Request for Information



On July 20, 2012, AHRQ requested a request for information and public comment (RFI). The RFI...

- Solicited insights on 15 topics considered building blocks for health IT-enabled quality measurement and reporting
- Asked for practicalities, such as infrastructure challenges and successful strategies
- Was open for a total of 60 days
- Had 63 unique respondents

RFI responses were analyzed question by question and across questions to identify themes. Results were used to develop questions for focus groups.



Focus Groups

- Government stakeholders were briefed and insights sought in December 2012.
- In January 2013, five nongovernment stakeholder-specific focus groups were held: providers, payers, measure developers, consumers, and vendors.
 - Over 200 people were nominated; over 70 were invited; 48 participated
 - Similar topics were discussed but different questions were asked each group to obtain broad and unique perspectives
- In April 2013 a multistakeholder group was conducted.
 - 8 individuals participated, representing providers, payers, measure developers, consumers, vendors, and government
 - Discussed topics from RFI and stakeholder-specific focus groups, focusing on areas requiring further information



CME/CNE Credits

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.