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ATTN: HIT-Enabled QM RFI Responses

HL7 is pleased to respond to AHRQ's Request for Information on Quality Measurement Enabled by Health IT.

HL7 (www.HL7.org) is a not-for profit ANSI-accredited standards developing organization (SDO) dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. It's 2300+ members represent approximately 500 organizations that represent more than 90% of the information systems vendors serving healthcare in the US.

HL7's responses to the specific RFI questions are provided on the following pages. We appreciate the opportunity to provide input on how quality measures can be enabled by IT, and stand ready to offer our assistance and expertise when and as needed.

Sincerely,

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Summary

Detailed Responses

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?

HL7 has created a number of standards that support the specification of clinical quality measures that can be automated in healthcare IT systems. These include:

1. ***Quality Reporting Document Architecture*** specifications that have been named in the Meaningful Use Standards final Rule, and
2. ***Health Quality Measure Format*** that is used to publish eMeasures required under that rule.

We believe there is synergy between these standards and AHRQ requirements and an appropriate home for further dialog within the HL7 community.

2. Whose **voices are not being heard** or effectively engaged at the crucial intersection of health IT and quality measurement? What **non-regulatory approache**s could facilitate enhanced engagement of these parties?

The major challenge for Quality Measurement is the lack of a clear, single point of coordination between stakeholders, including patients/consumers, guideline & measure developers, EHR vendors, standards developers, implementers, and federal and private organizations receiving, creating or managing quality improvement records.

At present, there are numerous organizations working in this space, and the stakeholders are often disconnected. We believe that HL7 will provide an opportunity to facilitate the many stakeholders through one mechanism (organization and/or process) to enable collaboration and coordination efforts.

HL7 is very interested in collaborating with AHRQ and ONC in developing a mechanism to coordinate, educate and foster greater communication and coordination with these stakeholders. In support of this, HL7 is currently in the process of establishing a dedicated Clinical Quality workgroup.

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.

We believe the discussion of an infrastructure is premature, given that industry experience with measures across care settings, consumer-focused measures, and value-based measures is still under development. There must be a clear understanding of the measures of interest, their sources, approaches towards privacy/security/ownership of that data before a meaningful discussion on the necessary infrastructure to support such measure collection and reporting can begin.

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That being said, we believe that there is a need for an organizational infrastructure to foster collaboration and communication between stakeholders that can enable progress towards these goals and we believe HL7 is the appropriate organization to host these conversations.

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?

We believe that community focused efforts through public health, or provider organizations might be one way in which consumers can be better engaged in the development and use of quality information. To enable consumer engagement in a trusted environment, we must demonstrate that consumer preferences about the use of personal health information are honored (e.g., via questionnaires, self-assessments, pilots and personal engagement of citizens). This is a key reason for HL7's commitment to developing semantically interoperable privacy and security standards intended to support jurisdictional and organizational privacy policies as well as patient consent directives that result from said policies.

5. How do we **motivate measure developers** to create new health IT-enabled quality measures (which 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?

Creating new measures means understanding how the quality measurement paradigm has shifted from a retrospective, claims-based approach, to a more concurrent, clinical data focused approach. We believe that stakeholders need more education on how this new approach is impacting quality measurement. Close collaboration between measure developers and HIT software developers would enable mutual insight into the possibilities and requirements as both measures and HIT evolve.

Measure developers will need to acquire new skills and knowledge to succeed in this changing environment. One of HL7's strengths is its education program; we believe this is one key one mechanism by which these skills and knowledge can be provided to stakeholders.

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.

HL7 is well aware of the link between clinical decision support and quality measurement. Our decision support workgroup has been very involved in the initial development of the HQMF specification. Clinical decision support, quality guidelines and quality measures are all part of a quality care process. When "quality measurement" becomes real-time, it better enables providers to understand the value and impact of quality processes on improving care and patient outcomes, as well as enable clinical decision support systems to incorporate these "current" measures into their logic.

However, this means that the focus needs to shift, from claims based processes using data available some time after care is provided, to clinically based workflows using data that is available and/or provided at the point of care.

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?

One point of focus should be on the creation of value sets that are used in quality measure development. We applaud recent efforts by ONC to ensure that there is a single source of value set content. We would encourage the use of a consensus-based process to develop and maintain these value sets, as well as a more readily available comment process on the creation of new value sets. We believe HL7 can assist in this area.

For eMeasure development, HL7 is currently developing a new release of the HQMF format, greatly informed by collaboration with the ONC S&I Framework Query Health project. We believe that this new standard greatly improves upon existing efforts, and will simplify the development of eMeasures.

We have also developed a QDM based quality reporting implementation guide, and are currently working to ensure that there is a closer relationship and collaboration between the Quality Data Model and the HQMF and QRDA standards.

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?**

One of the key initiatives to improve eMeasure quality will be to develop a health-IT focused collection of reusable value sets in context of clear QDM data element definitions that can be used within the context of eMeasure deployment in EHR and related HIT systems.

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?**

We have been encouraged by research on the application of natural language processing to quality measurement.

We would encourage continued experimentation, especially in the development of thesauri which could be applied to natural language text found in clinical reports, and also in the area of standards for application of these techniques, which could result in more consistent measures.

10. Much support has been voiced for the need of **longitudinal data i**n 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)?

The key challenge in use of longitudinal data is the ability to coordinate information across settings where there is no common patient identifier. We would encourage focus on regional efforts where common patient identifiers are available, as well as publically available research and guidance on patient matching techniques.

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11. What are the most effective means by which to **educate providers on the importance of health IT-enabled q**uality 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?

HL7 is very supportive of providing more education to providers. We are currently considering the development of a clinical quality workgroup, and would hope that workgroup to provide leadership in the development of education content that could be offered to all stakeholders involved in quality measurement efforts.

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? Communication between measure developers and EHR vendors?

As previously mentioned, HL7 is currently considering creating a clinical quality workgroup that would facilitate collaboration between all stakeholders who are involved in the development or implementation of quality measures. We would welcome collaboration with AHRQ and ONC in this initiative.

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?

While HL7 is not in a position to adopt payment models, a significant portion of our membership is. As previously mentioned, we consider it to be important that quality measures be informed by clinical, rather than administrative data. We are presently pursuing a strategy to ensure that there is more stakeholder engagement through the formation of a clinical quality workgroup.

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?

HL7 is not an aggregator of information, but many of our members are. We are currently developing eMeasure and reporting specifications (HQMF and QRDA) that would allow aggregators to generate and aggregate information across various EHRs and other health IT. The ONC S&I Framework Query Health Project is one such project that is planning on using these HL7 specifications to do just this sort of aggregation.

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

We refer you to the ONC S&I Framework Query Health Project that is working with HQMF and QRDA, CMS pilots on the use of QRDA Category I, and the NQF Measure Authoring Tool as being some demonstrations showing material progress. There is, of course, still a great deal of work remaining to make quality measurement readily implementable in Health IT systems. HL7 continues to develop and improve its specifications to further this goal.

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