

September 5, 2013

Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention:
CMS-1601-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Ms. Tavenner:

Below are comments from Health Level Seven International (HL7) on file CMS-1601-P which is the CMS proposed rule entitled "Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals" for CY 2014 published in the July 19, 2013 *Federal Register*.

Health Level Seven International (HL7) 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. HL7's 2,300+ members represent approximately 500 organizations that represent more than 90% of the information systems vendors serving healthcare in the U.S. As the global authority on standards for interoperability of health information technology, HL7 appreciates the opportunity to offer feedback to CMS on this proposed rule and would be happy to answer questions or provide further information on our comments.

Sincerely,

Charles Jaffe, MD, PhD
Chief Executive Officer
Health Level Seven International

Donald T. Mon, PhD
Board of Directors, Chair
Health Level Seven International

XIII. Hospital Outpatient Quality Reporting Program Updates [From 78 FR 43643 (HOQR)]

“In implementing the Hospital OQR Program and other quality reporting programs, we have focused on measures that have high impact and support national priorities for improved quality and efficiency of care for Medicare beneficiaries as reflected in the National Quality Strategy, as well as conditions for which wide cost and treatment variations have been reported, despite established clinical guidelines. To the extent possible under various authorizing statutes, our ultimate goal is to align the clinical quality measure requirements of the Hospital OQR Program and various other programs, such as the Hospital IQR Program, the ASCQR Program, and the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, authorized by the Health Information Technology for Economic and Clinical Health Act, so that the burden for reporting will be reduced. As appropriate, we will consider the adoption of measures with electronic specifications, to enable the collection of this information as part of care delivery. Establishing such an alignment will require interoperability between EHRs, and CMS data collection systems, with data being calculated and submitted via certified EHR technology; additional infrastructural development on the part of hospitals and CMS; and the adoption of standards for capturing, formatting, and transmitting the data elements that make up the measures. Once these activities are accomplished, the adoption of many measures that rely on data obtained directly from EHRs will enable us to expand the Hospital OQR Program measure set with less cost and burden to hospitals.”

F. Possible Hospital OQR Program Measure Topics for Future Consideration [From 78 FR 43651 (HOQR)]

“The current measure set for the Hospital OQR Program includes measures that assess process of care, imaging efficiency patterns, care transitions, ED throughput efficiency, the use of HIT care coordination, patient safety, and volume. We anticipate that as EHR technology evolves and more infrastructure is put into place, we will have the capacity to accept electronic reporting of many clinical chart-abstracted measures that are currently part of the Hospital OQR Program using certified EHR technology. We are working diligently toward this goal. We believe that this progress, at a near future date, would significantly reduce the administrative burden on hospitals under the Hospital OQR Program to report chart-abstracted measures. We recognize that considerable work needs to be done by measure owners and developers to make this possible with respect to the clinical quality measures targeted for e-specifications. This includes completing electronic specifications for measures, pilot testing, reliability and validity testing, and implementing such specifications into certified EHR technology to capture and calculate the results, and implementing the systems.”

HL7's Comment

HL7 commends CMS for working towards alignment in their quality reporting programs in an effort to reduce provider burden. Sufficient testing of HOQR program electronic measures should be

undertaken to avoid unintended consequences that might adversely affect patient safety and health care quality.

Not only should the measures be tested by the measure steward to ensure validity, but provider organizations should test their implementation of each measure to assure they have correct and effective information flows that support safe, quality care.