July 26, 2013

Honorable Max Baucus
Honorable Orrin G. Hatch
Senate Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Baucus and Ranking Member Hatch:

In response to the full Senate Finance Committee hearing titled, “Health Care Quality: The Path Forward,” June 26, 2013, the Board of Directors and members of HIMSS would like to offer the following comments and recommendations for utilizing EHR-enabled electronic Clinical Quality Measures (CQM), or “eMeasures,” to improve the quality of care delivery and patient outcomes in the United States. HIMSS believes adopting these recommendations would result in improved accuracy, better alignment with clinical workflows, and shortened implementation timeframes for reporting clinical performance and quality.

HIMSS is a cause-based, not-for-profit organization focused on better health through information technology (IT). HIMSS leads global efforts to optimize health engagements and care outcomes using information technology. HIMSS is part of HIMSS WorldWide, a cause-based, global enterprise producing health IT thought leadership, education, events, market research and media services around the world. Founded in 1961, HIMSS WorldWide encompasses more than 52,000 individuals, of which more than two-thirds work in healthcare provider, governmental and not-for-profit organizations across the globe, plus over 600 corporations and 250 not-for-profit partner organizations, that share this cause. HIMSS WorldWide, headquartered in Chicago, serves the global health IT community with additional offices in the United States, Europe, and Asia.

Through our Quality, Cost, and Safety Initiative and the Nicholas E. Davies Award of Excellence in Health Information Technology, HIMSS works diligently to showcase examples of how effective clinical quality measurement can result in significant improvements in patient outcomes. HIMSS believes that federal policy can drive true quality improvement through two mechanisms:

1. Alignment of Clinical Quality Reporting Programs
2. Improving the Electronic Clinical Quality Measurement Development Process
Alignment of Clinical Quality Measurement across Federal Incentive Programs

HIMSS strongly believes IT can make it possible to measure quality and performance, and achieve reporting which will lead to improved clinical outcomes and lower costs. We also strongly believe that all federal healthcare quality measurement programs should feature quality criteria that enhance clinical workflow and usability, reflect the healthcare actually delivered, reduce the reporting burden on providers, and are defined in a way that will not interfere with provider and practice efficiency and clinical workflow. Further, we believe that measures and reporting of care should be captured and reported automatically by technology as outcomes of care delivery and should not require human intervention which may raise costs and introduce errors into the data. Finally, we note that patient-centered clinical decision support (CDS) should be delivered to providers in a manner that consistently optimizes provider workflow during the process of care delivery across all practice areas and specialties.

Over the past year, the Centers for Medicare and Medicaid Services (CMS) published several proposed rules focused on aligning quality measurement and reporting requirements for the EHR Incentive Program (Meaningful Use) with the Hospital Inpatient Quality Reporting Program (IQR), the Physician Quality Reporting Program (PQRS) and the Medicare Shared Savings Program. We appreciate the continued efforts CMS makes to align quality reporting across its programs; however, several challenges continue as barriers.

HIMSS is concerned that the original, chart-abstracted measures used in the IQR and PQRS programs are not equivalent with the retooled electronic clinical quality measures (eCQMs) used in Meaningful Use and do not produce comparable, consistent results since the IQR and PQRS programs cannot be correlated with the eCQMs. This means a hospital or ambulatory practice could submit quality metrics via chart abstracted CQMs in one submission, and submit the same data using eCQMs but resulting in completely different scores. HIMSS members have noted actual examples demonstrating this problem. CMS plans to post the quality scores of hospitals and providers on the Hospital Compare and Physician Compare websites in 2014, and the inconsistency with the retooled eCQMs due to the lack of correlation means the scores that CMS will post are not truly indicative of the quality of care delivered by some hospitals and provider organizations. As result, HIMSS has recommended to CMS that public reporting of the electronic quality measures remain optional at least through CY 2015.

HIMSS also suggest that the standards for electronic quality reporting (QRDA I and III) are still in draft format and are not yet widely used. There is little, if any, experience with, or with testing of either standard. The QRDA standards must be fully tested, and the accuracy of the results validated, in order to ensure that broad-based use of CMS programs are expected to reliably measure hospital performance.

Electronic Clinical Quality Measure Development

Timely and accurate Clinical Quality Measurement requires a continual process of effectiveness review, logic testing, and data validation. The current CQM standards and
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procedures involve several years or more of development, thus delaying the tracking of critical healthcare indicators and outcomes.

The HITECH Act, authorizing the Meaningful Use program, called for the rapid development of standards and processes to meet regulatory timelines. As we move through Stage 1, we are learning that time pressures can lead to substantial challenges and data integrity issues for eMeasure specifications.

In January 2012, HIMSS sent a letter to HHS with recommendations to improve each step of the process. HHS has taken action on several of the recommendations, including those listed below, while other are yet to be resolved.

1. HHS responded to HIMSS’ recommendation to develop a library of standardized, endorsed “value sets” to be used by measures developers when creating/retooling endorsed measures, by sponsoring the creation of the National Library of Medicine’s Value Set Authority Center to maintain the value sets for the Meaningful Use Program and the Measure Authoring Tool.¹

2. HHS responded to HIMSS’ recommendation to improve the process for publication, maintenance and updating of eMeasure specifications by supporting the Agency for Healthcare Research and Quality’s (AHRQ) use of United States Health Information Knowledgebase (USHIK) to centralize posting of links to the Meaningful Use measures and value sets. HIMSS recommends continued development and support of the efficient publication and maintenance of measure specifications.

3. HIMSS reiterated the continued need for HHS to develop an eMeasure endorsement process and require eMeasure endorsement for all future CQM specifications as part of the National Quality Forum (NQF) endorsement and maintenance process

4. HIMSS strongly emphasized the continued need for HHS require CMS and ONC to implement an aggressive, and thorough, quality measures testing program to ensure that measures have been adequately defined, tested, and validated before requiring them for federal quality measurement programs.

5. HIMSS recognized HHS efforts are underway to develop eMeasure Pilot/Field Testing of all eMeasure specifications for federal quality measurement initiatives.

6. HIMSS reiterated the continued need for HHS to incorporate implementation guidance documentation within eMeasure specifications.

¹ Value sets are lists of specific values—terms and their codes—derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. The primary purpose of the value sets is to define the patient populations that should be included in the denominators and in the numerators when computing a clinical quality measure. This is critical to achieving interoperability.
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HIMSS continues to support the development and the adoptions of standards, such as the work from the Standards and Interoperability Framework of the Office of the National Coordinator for Health IT. As providers and vendors embrace standards, a business case should be developed to encourage the interoperability of patient data in an effort to improve quality of care and reduce costs.

In order to fully address these recommendations, HIMSS continues to strongly endorse continuing the work currently being undertaken within the collaborative framework of the National Quality Forum, such as the eMeasures Learning Collaborative and the eMeasure Feasibility Work Group.

**Recognizing the Value of Health Information Technology**

On July 16, 2013, HIMSS introduced the Health IT Value Suite to help policymakers, providers, payers, and other stakeholders evaluate the success of their IT investments. As the health sector strives to improve health and healthcare through the optimal use of IT, measuring technology’s impact and value to patients and caregivers becomes critical. Recognizing the need for a consistent way to understand, evaluate, and communicate the real-world impact of health IT, HIMSS introduces the Health IT Value Suite — a comprehensive knowledge repository that classifies, quantifies, and articulates the clinical, financial and business impact of health IT investments.

HIMSS has collected hundreds of provider case studies, including our own Davies Award of Excellence in Health Information Technology, demonstrating the value of health IT, creating a “library” of case studies that now serves as the foremost collection of data/evidence of health IT value. Using this evidence, HIMSS has identified ways in which value can be realized, and has grouped them into five categories, called “Health IT Value STEPS™.”

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<thead>
<tr>
<th>Health IT Value STEPS™ and Subtypes</th>
<th>Documented Examples</th>
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<tbody>
<tr>
<td>S <strong>Satisfaction:</strong> Patient; Provider; Staff; Other</td>
<td>Improved communication with patients; improved patient satisfaction scores; improved internal communication</td>
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<tr>
<td>T <strong>Treatment / Clinical:</strong> Safety; Quality of Care; Efficiency</td>
<td>Improved patient safety; reduction in medical errors; reduced readmissions; improved scheduling</td>
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<tr>
<td>E <strong>Electronic information / Data:</strong> Evidence Based Medicine; Data Sharing and Reporting</td>
<td>Increased use of evidence-based guidelines; increased population health reporting; improved quality measures reporting</td>
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<tr>
<td>P <strong>Prevention and Patient Education:</strong> Prevention; Patient Education</td>
<td>Improved disease surveillance; increased immunizations; longitudinal patient analysis; improved patient compliance</td>
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<tr>
<td>S <strong>Savings:</strong> Financial / Business; Efficiency Savings; Operational Savings</td>
<td>Increased volume; reduction in days in accounts receivable; reduced patient wait times; reduced emergency dept. admissions; improved inventory control</td>
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The HIMSS Health IT Value Suite can be viewed at www.himss.org/ValueSuite. As a living library, it will be continually updated with additional data and increased functionality, with major enhancements scheduled over the next few months.

**Conclusion**

On behalf of our 52,000 HIMSS members, we appreciate the opportunity to share our perspective on some of the challenges around electronic quality measures. We urge the Committee to focus on solidifying the current infrastructure for health IT-enabled measurement before introducing new quality measures, while ensuring that any quality-related incentive program focuses on improved quality outcomes without being overly disruptive to provider and practice efficiency and workflow.

We look forward to continuing the dialogue between our members and the Committee to ensure the continued success of health information technology as a transformational force in the betterment of healthcare for all Americans. If you have any questions, please contact Richard M. Hodge, HIMSS Senior Director of Congressional Affairs, at 703-562-8847.

Sincerely,

Scott MacLean, CHCIO, CPHIMS, FHIMSS
Chair, HIMSS Board of Directors
Deputy CIO and Director of IS Operations at Partners HealthCare in Boston, MA

H. Stephen Lieber, CAE
President/CEO

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