

August 26, 2009

**AHIMA Comments in Response to the National Quality Forum (NQF) National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Performance Measures**

([http://www.qualityforum.org/projects/ambulatory\\_clinically\\_enriched\\_data/comment.aspx](http://www.qualityforum.org/projects/ambulatory_clinically_enriched_data/comment.aspx))

**General Comments on the Report**

Level 3 Quality Measures

As quality measures begin utilizing clinical data from a variety of complex data sources described under the Level 3 data hierarchy (e.g., personal health record (PHR) systems, registries, etc.), issues associated with data completeness and accuracy will become more prevalent. For instance, consumer reported PHR data may not be as accurate and complete as clinician reported data from an electronic health record (EHR). As such, it is critical that the NQF Health Information Technology Expert Panel (HITEP) Quality Data Set framework be implemented for Level 3 quality measures to provide for the clear differentiation of data sources used to compute quality measures and any corresponding data limitations or caveats. AHIMA recommends that endorsement of Level 3 quality measures be provisional with the understanding that upon implementation of the HITEP QDS framework, Level 3 measures will immediately undertake a required retooling and re-endorsement process.

Recommendations to Accompany the Measures

AHIMA commends the steering committee for promoting the responsible use of measures by recommending that organizations understand and acknowledge the limitations of administrative data and convey these limitations as part of public reporting programs. However, AHIMA encourages the steering committee to consider placing additional emphasis on the need for organizations to offer providers opportunities to review and validate data before it is published for the public. Both level 2 and level 3 measures require complex data linkages from multiple sources. The increased complexity will be more difficult for small practices to validate. AHIMA recommends that the steering committee further enhance these recommendations to address the need for increased provider support with regard to data investigation and validation activities.

Transition to ICD-10

AHIMA commends the steering committee for acknowledging the transition from ICD-9-CM to ICD-10-CM/PCS. This transition, going forward, will require a clearly defined and coordinated process. The steering committee should consider acknowledging the need for an overall framework for effective coordination and education during this transitional period, not only for measure developers, but for healthcare providers and organizations implementing, managing and interpreting quality measures.