



Sept 21, 2012

Department of Health and Human Services
Agency for Healthcare Research and Quality
Attention: **HIT-Enabled QM RFI Responses**
540 Gaither Road, Room 6000
Rockville, MD 20850

Dear Ms. Roper:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Agency for Healthcare Research and Quality's request for information regarding Quality Measurement enabled by Health IT, as published in the July 20, 2012 *Federal Register*.

AHIMA is a professional association representing more than 64,000 health information management (HIM) professionals who are educated, trained, and certified to serve the healthcare industry and the public. HIM professionals work throughout the sectors of the healthcare industry and manage, analyze, protect, validate the integrity of, report, and release data vital for patient care, while making it accessible to patients, healthcare providers, authorized requestors, and appropriate researchers when it is needed most.

Our detailed comments and recommendations on the RFI are found on the following pages.

We thank you for the opportunity to provide these comments, and if AHIMA can provide additional information, or if there are any questions or concerns regarding this letter, please contact Lisa Taylor, Director HIM Solutions lisa.taylor@ahima.org (312) 233-1534 or AHIMA's Vice President of HIM Solutions, Deborah Green, at (312) 233-1966 or deborah.green@ahima.org. If we can assist you in these efforts, we would welcome the opportunity to provide support.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynne Gordon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Lynne Thomas-Gordon, MBA, RHIA, FACHE, CAE
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Question	Comment
<p>Question 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?</p>	<p>American Health Information Management Association (AHIMA) members are Health Information Management (HIM) professionals who are deeply involved in the development, planning, implementation and management of electronic health records. They work across the continuum of care supporting clinical documentation improvement, medical coding, collection, analysis, and reporting of healthcare data, including quality measurement results supporting quality initiatives. In addition to positions with provider organizations, AHIMA members work for EHR vendors, local, state, and federal government, quality improvement organizations, health information exchanges, payers, standards development organizations, consumer advocacy groups, and more recently quality measure developers. AHIMA is active in the consensus development activities of the healthcare industry. As managers and stewards of health information, our membership is prepared to contribute to quality improvement initiatives. Most importantly, AHIMA members are consumers of healthcare with a unique overarching vantage point into healthcare delivery.</p>
<p>Question 2. Whose voices are not being heard or effectively engaged at the crucial intersection of health IT and quality measurement? What non-regulatory approaches could facilitate enhanced engagement of these parties?</p>	<p>As stated previously, AHIMA is active in the consensus development activities of the industry and observes the appropriate profession and consumer group involvement. We note a lack in the appropriate “mix” of voices in these forums. AHIMA recommends assessment of existing forums and development of forums to ensure the appropriate stakeholders interface during critical junctures of EHR development, Health Information Exchange, and Quality Initiative Programs. Consensus development processes often depend upon volunteers with cutting edge knowledge and current practice experience who take time from their “day jobs.” Consensus work is detailed, complex and slow. AHIMA recommends thoughtful paced progression of HIT-enabled quality measurement based upon robustly developed and adopted EHR/HIE/secondary data use standards and eMeasures that are vigorously tested and endorsed. We recommend stronger collaboration between practicing clinicians, EHR developers/IT experts, and HIM experts to develop tools which effectively support and document workflow and high quality outcomes. We also recommend stronger collaboration between Measure Developers and Endorsement Organizations with practicing physicians, EHR vendors and HIM subject matter experts to understand the issues in using technology to structure data capture and measures effectively.</p>



<p>Question 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.</p>	<p>AHIMA commends AHRQ’s recognition of the need for quality measures of interest. The infrastructure for Quality Measurement and Reporting is dependent upon the robustness and maturity of PHR and EHR systems across the continuum of care to support: specialty domains, Health Information Exchange, accurate aggregation of longitudinal clinical and financial data, appropriate attribution of provider care, and meaningful feedback loops into PHRs and EHRs. The information flow through this infrastructure will be dependent upon comprehensive data models, rigorous standards development and adoption. Importantly, Quality Measurement is built upon Evidence-based Medicine which will be dependent upon the stability of funding for research and guideline dissemination. The HIT-enabled infrastructure will need to accommodate and adapt quickly to the introduction of new guidelines and modification of existing ones based upon new findings. AHIMA strongly recommends infrastructure development with consensus-developed standards be accompanied with requirements for Data Governance and Information Governance Plans.</p>
<p>Question 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?</p>	<p>AHIMA commends AHRQ’s recognition for quality measures of interest for consumers. Health literacy, technology adoption, as well as interest in participation in one’s health care, varies amongst consumers. AHIMA champions Personal Health Records and consumer involvement and recommends awareness campaigns teaching patients how they can access their information and contribute to their care, as well as represent their input into experience/satisfaction measures. Other industries have already pioneered the look and feel of consumer websites which use consumer driven content for limited measures, e.g. wait time, cost, satisfaction with experience, etc. AHIMA recommends the use of a limited set of basic consumer measures which can be collected and communicated closer to real time in consumer friendly websites. Use of the sites along with consumer campaigns will guide the need and pace for the adoption of more complex measures geared to inform consumers.</p> <p>Our membership also notes that consumers recognize the lag of IT adoption by providers. The wide adoption of mobile technology such as smart phones and tablet computers has prepared many consumers to use notepads to complete the ubiquitous patient and medical history forms required at the beginning of provider visits as well as participate in the validation of the medical history in the provider EHR.</p>
<p>Question 5. How do we motivate measure developers to create new health IT-enabled</p>	<p>AHIMA strongly urges measures which require manual chart abstraction that are retooled for EHR chart</p>



<p>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?</p>	<p>abstraction undergo rigorous testing by the developers in collaboration with EHR vendors and re-endorsement by NQF. AHIMA members who support provider organizations have reported significant challenges implementing eMeasures that generate valid results.</p> <p>AHIMA members have noted success in quality measurement and outcomes improvement amongst collaborative groups of providers willing to share data such as the Premier Quest Collaborative and the American College of Surgeons National Surgical Quality Improvement Program.</p> <p>In recent years, HIM professionals have joined the ranks of measure developers in small numbers. Our members note many Evidence-based Medicine (EBM) guidelines do not support the development of quality measures which are used to analyze clinically enriched administrative data. The appropriate data elements are found within the health record, but not the claims data. Appropriate HIT infrastructure will allow access to this data and will open the door for quality measure development and rapid implementation of large numbers of measures.</p>
<p>Question 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.</p>	<p>While Quality Measurement provides a retrospective baseline of clinical activity and outcomes, EBM guidelines can inform clinical activity through clinical decision support tools in real-time. AHIMA members note providers and facility administrators are requesting relevant dashboard metrics to inform and monitor clinical activity in real-time. AHIMA recommends adoption of EHR criteria to incorporate EBM guidelines to inform clinical decision support tools and real-time dashboard metrics. We urge this precedes federal Value-based Purchasing programs adoption of additional Quality Measures based on EBM guidelines</p>
<p>Question 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?</p>	<p>AHIMA recommends the use of the NQF Quality Data Model, HL7 standards, along with collaboration between Measure developers and EHR vendors as strategies to advance quality measurement and support further eMeasure generation. Members have noted difficulty with the implementation of current eMeasures, especially regarding the standardization of value sets for data elements to be extracted from the EHR and required by the measure. The expectation is manual abstraction and automated abstraction of data elements should result in comparable measure results. If this is not achieved, the credibility and comparability of the results are in question. As we move towards value-based purchasing, these issues will have to be reconciled.</p>
<p>Question 9. How do you see the establishment</p>	<p>AHIMA recommends the continued use of Standards</p>



<p>and adoption of data standards impacting the future of health IT-enabled quality measurement? For what quality measures should a combination of natural language processing and structured data be considered?</p>	<p>Development Organizations and the consensus-development process. It is critical forums and adequate involvement of stakeholders continues. The development and adoption of data standards and data governance is foundational to the development of credible and accurate quality measurement. AHIMA notes the abundance of existing standards but it is the requirement of standards for EHR certification which advances the HIT-enabled quality measurement. While it is optimal for eMeasures to utilize structured data from EHRs, members note clinician workflow issues arise when requiring structured data entry. Providers stand by the expressiveness of unstructured documents and the need to retain this component of the record. This implies the need for metadata standards for effective tagging and data extraction from unstructured documents. AHIMA urges further research and demonstration projects utilizing Natural Language Processing as a technology to support Quality Measurement.</p>
<p>Question 10. Much support has been voiced for the need of longitudinal data in 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)?</p>	<p>AHIMA notes that health information technology is not adopted across all sectors of the health care continuum and currently longitudinal measures use data elements from aggregated claims data. There are many lessons to be learned from this work including exchange of standardized data elements with validation, accurate patient identification, and accurate physician attribution. The architecture, data models, standards and technologies must support accurate aggregation of longitudinal data across the continuum. This will require data governance and information governance plans to ensure the maintenance of the integrity of the data. Patient Care as well as Longitudinal Quality Measures will require health information exchange to support provider dashboards with longitudinal data sensitive to the level of service and acuity of illness. AHIMA encourages the use of the “capture once, use many” principle. See references : Kallem, Crystal; Richesson, Rachel; DuLong, Donna; Sison, Luigi; Van Dyke, Patricia; Mon, Donald T. "Advancing Secondary Data Uses through Data Standards: HL7 Project Advances the “Collect Once, Use Many Times” Paradigm." <i>Journal of AHIMA</i> 82, no.4 (April 2011): 38-39.</p> <p>Cimino, James J. "Collect Once, Use Many: Enabling the Reuse of Clinical Data through Controlled Terminologies." <i>Journal of AHIMA</i> 78, no.2 (February 2007): 24-29.</p>
<p>Question 11. What are the most effective means by which to educate providers on the importance</p>	<p>The health care industry is changing rapidly with convergence of many initiatives straining the availability</p>



<p>of health IT-enabled quality 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?</p>	<p>of qualified individuals within the industry. AHIMA urges ongoing assessment of the workforce preparedness and thoughtful roll-out of Quality Initiatives. In addition, AHIMA urges the incorporation of the science of healthcare delivery and quality measurement into provider education. AHIMA commends provider specialties which require quality reporting and improvement activities in the board recertification process. Our members note provider to provider education is most effective when utilizing practicing physicians who discuss best practices/repeatable models and quality measure results. AHIMA urges quality measurement conferences and webinars for physician to physician education. AHIMA members work in the EHR and IT vendor sector and report that vendors offer training which leads to collaboration. As mentioned previously, Providers need data feedback to understand how their care is measuring up to quality performance benchmarks.</p>
<p>Question 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?</p>	<p>AHIMA urges support for forums with stakeholders to include Standards developers, EHR vendor/developers, Measure developers, clinicians and HIM professionals. Our members note that clinical workflow and documentation practices should be considered in the development Quality Measures. AHIMA recommends inclusion of EHR vendors in the testing process of Quality Measures for endorsement.</p>