July 7, 2009

AHIMA Comments in Response to the National Quality Forum (NQF) Health Information Technology Expert Panel (HITEP) Report: *Health IT Enablement of Quality Measurement – The Quality Data Set (QDS) and Data Flow*
(http://www.qualityforum.org/projects/ongoing/HITEP2/HITEP2_Report_Draft_06092009.pdf)

General Comments on the Report
AHIMA endorses the HITEP recommendations and commends the panel for clearly describing the quality data set (QDS) framework, dataflow attributes and their relationship to existing (and future) technical standards.

Environmental Scan (pg. 12-16 and Appendix E)
Appendix E, page 8: The Environmental Scan contained within the HITEP Report does not describe the current quality measurement landscape for all healthcare settings. For example, the scan does not completely address CMS quality measurement initiatives that are currently using electronic clinical data in nursing facilities and home health agencies. CMS requires these institutions to complete and electronically transmit the Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS). CMS uses standardized data elements from patient assessments to calculate and publicly report quality measurement results for these providers. Although the environmental scan addresses the CMS pilot demonstration to standardize the assessment of quality and efficiency of post-acute care (PAC) settings (e.g., Continuity Assessment Record and Evaluation (CARE)), it should not exclude discussion about the other federally required nursing facility and home health agency patient assessments used to calculate quality measures, such as the required use and electronic transmission of the MDS Version 3 and OASIS-C beginning in 2010.

Expert Panel Analysis: Standard Element (pg. 25-26)
Page 26, line 634: The report states "…the quality data element diabetes family history may search for the same diabetes codes…". We recommend revising this sentence to state "…the quality data element diabetes family history may use the same diabetes codes…" It's a subtle distinction, but key for precisely and unambiguously defining data elements rather than specifying a search criteria.

Quality Dataflow Attributes and Associated Choices (pg. 37-39)
Page 37, line 802 - Dataflow Sources table: The footnote at the bottom of the table states "*=also listed as a Source." We suggest you verify this footnote and perhaps change it to read "*=also listed as a Recorder".

Page 38, line 804 – Dataflow Recorders: We recommend you consider adding "Clinical Medical Assistant" as an option under Dataflow Recorder.

Preferred Future State (pg. 48-49)

Page 49, lines 981-985: There's tremendous value to the HITEP report through its clarification of dataflow attributes and values. However, this paragraph seems to suggest that the described framework is sufficient (e.g., "the QDS provides the framework to represent the current information required for quality measurement"). There are other types of criteria needed to fully encode measures that are not specifically called out in the report. For example, interdependencies between data elements (that the inpatient setting of one data element is referring to the same inpatient setting of another data element), timing (that the comfort measure only order was placed within the first 24 hours of admission), etc. We recommend that NQF consider enhancing this paragraph to clarify that the suggested framework is an important step towards providing precise and unambiguous definitions.

Expert Panel Recommendations (pg. 49-50)

Page 50, lines 1003-1005: AHIMA supports Recommendation 4 to host the QDS on a publically available site and to incorporate the QDS as part of the measure endorsement process.

Page 50, lines 1007-1008: AHIMA supports Recommendation 5 to establish a timeline for QDS implementation, including essential activities and stakeholders. However, AHIMA suggests that the panel include more emphasis on the urgency associated with this particular recommendation to provide adequate time for all stakeholders (including providers, vendors and measure developers) to understand and prepare for QDS implementation, especially as it relates to ARRA Meaningful Use requirements and the potential overlap with ICD-10-CM/PCS planning and implementation.

Future Work (pg. 53-56)

Page 56, lines 1170-1172: AHIMA commends the panel for taking initial steps to map QDS definitions to those established in existing health information technology standards, such as the HL7 EHR System Functional Model (EHR-S FM). AHIMA recommends continued efforts to evaluate and align data element definitions contained in the existing data sets and Functional Profiles (i.e., Long-Term Care Nursing Home, Child Health, Clinical Research, Emergency Department, and Records Management-Evidentiary Support Functional Profiles) in support of the collect once, repurpose paradigm.

In addition, AHIMA supports the recommendation to enhance concepts in the EHR-S FM, and develop an HL7 Functional Profile for Quality to further inform developers, purchasers, and other stakeholders of the functional requirements necessary for utilizing EHRs as a direct data source to support clinical best practices, effective quality measurement, and automated data collection and reporting.