



January 11, 2008

National Quality Forum
HITEP Report Comments
Attention: Paul C. Tang, MD, MS (Chair)
601 Thirteenth Street, NW, Suite 500 North
Washington, DC 20005

Dear Dr. Tang:

The American Health Information Management Association (AHIMA) appreciates the opportunity to provide comments on the National Quality Forum (NQF) Health Information Technology Expert Panel (HITEP) draft report "Recommended Common Data Types and Prioritized Performance Measures for Electronic Healthcare Information Systems."

AHIMA is a not-for-profit professional association representing more than 51,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

AHIMA and its members participate in a variety of projects with other industry groups and Federal agencies related to the use of healthcare data for a variety of purposes including direct care, quality measurement, reimbursement, public health, patient safety, biosurveillance, and research.

We recognize the industry's need for timely and accurate data depicting the quality and safety of America's healthcare system, but extracting data electronically from interfaced systems remains a challenging process because there are few broadly agreed-upon standards for data content. This climate of variation and confusion may well have a negative impact on the abilities of providers to report and use accurate and timely data about their performance.

Our comments focus on those areas of particular interest to our members. We believe this report provides a good foundation and have outlined some recommendations for consideration as the HITEP finalizes the document.



233 N. Michigan Ave., 21st Floor, Chicago, IL 60601-5800
phone (312) 233-1100 · *fax* (312) 233-1090 · www.ahima.org

General Feedback

- True interoperability will not occur until data definitions and codes are standardized and incorporated into technical standards. AHIMA recommends including additional text describing how the common data types defined in the report should be aligned with similar data elements in other data sets. This exercise will support the movement toward collecting data once so it can be repurposed multiple times for quality, population health reporting, research, and administration.
- AHIMA suggests specifically calling out the role of standard development organizations (SDOs) and the need align the HITEP common data types with new and existing technical standards. Active engagement of SDOs will aid in bridging the gap between the quality and information technology enterprises.

Section III. – Expert Panel Analysis

- Page 15, line 299 – “...The Expert Panel constructed an organizational chart (Figure 4)...” The figure notation is incorrect. The correct notation should be “Figure 3”.
- Page 15, line 305 – The report discusses "the need to influence 'upstream' processes so that measures being submitted for NQF endorsement meet criteria set to increase the comparative value of quality scores and minimize the effort required to acquire and report out the quality scores in an EHR." Following this statement, Figure 3 is displayed representing the "Organizational Relationships in Quality measurement, Health IT and NQF Influence." Does this figure represent current quality measurement, health IT and NQF relationships? If so, how will the organizational relationships change after the 'upstream' processes have been influenced? It may be useful to include an additional figure depicting the envisioned "future state."
- Page 16, Figure 3 – AHIMA recommends incorporating corresponding descriptions for each element of the diagram (similar to the format used in the AHIC Use Cases, with numbers and corresponding detailed descriptions of the entities and processes depicted).

Section IV. – Expert Panel Recommendations

- Page 18, Recommendations 5 and 6 – AHIMA supports recommendations for developing key EHR system functionality that will support automated collection and reporting of quality measurement information, but functionality should be defined and vetted in a coordinated and transparent manner, such as through the development of a Quality Measurement Functional Profile standard based on the HL7 EHR System Functional Model (EHR-S FM). Development of a Quality Measurement Functional Profile will facilitate a collaborative approach toward defining quality related EHR functionality, further demonstrate the business needs for system vendors, and guide the development of CCHIT certification criteria to support quality.

AHIMA suggests that the HITEP enhance recommendations 5 and 6, stating "Quality and information technology stakeholders are encouraged to define EHR functional requirements that support quality measurement through the development of a Quality Measurement Functional Profile. This profile should include functionality to automatically capture the issuance of discharge instructions regarding specific conditions and methods of using data from dispensing pharmacies to automatically determine the duration of medication usage." This type of project will further bridge the gap between the quality and information technology enterprises.

- Page 18, Recommendation 7 – Quality measure specifications were are not designed to leverage clinical data from EHR systems, but with the emerging capability of EHRs to capture clinically-relevant information and support quality measurement reporting, AHIMA supports the HITEP’s recommendation for NQF to “encourage the use of high quality data elements for newly submitted measures and gradually retire endorsed measures that rely on poor quality data elements...”. However; measure developers must provide explicit logic and algorithms when defining quality measure parameters to allow vendors the ability to easily incorporate measure logic into EHR systems. AHIMA recommends that NQF work with both measure developers and SDOs to define technical standards and validated processes for translating quality measure specifications into standardized computable logic.

AHIMA agrees that capture and integration of data in electronic health records (EHRs) is necessary to support quality measurement and reporting. As an active developer and promoter of EHR standards, we look forward to a day when all uses of data, whether produced for patient care, quality measurement, or reimbursement, accurately portray the diagnoses, severity, and services provided. AHIMA welcomes the opportunity to work with NQF and other key stakeholders to see that all these goals are met.

We thank you for this opportunity to submit our findings on this very critical phase of quality measure development, automation, and improvement. If AHIMA can provide any further information, or if there are any questions or concerns in regard to this letter and its recommendations, please contact me at (312) 233-1537 or crystal.kallem@ahima.org.

Sincerely,



Crystal Kallem
Director, Practice Leadership

cc: Linda Kloss, CEO, AHIMA
Donald T. Mon, PhD Vice President of Practice Leadership, AHIMA