NCVHS Hearing on Meaningful Use
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Panel 4: Meaningful Use Capacity/Functionality in Quality Reports

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My Perspectives

- **Quality Measure Developer**
  - AMA-convened Physician Consortium for Performance Improvement® (PCPI)
  - EHRS specifications for all measures (in collaboration with guideline developers)

- **Collaborator with Measure Developers, EHRS Vendors and Physician Users**
  - AMA/NCQA/HIMSS-EHRA Collaborative
  - Facilitate integration of measures into EHRS and physician practice

- **Participant in 2 Real-world Incubator Groups**
  - Alliance of Chicago Community Health Services
    - 5 national measurement sets, 1,000 clinical users, single EHRS product
  - Cardio-HIT
    - 2 national measurement sets, different specialties, different EHRS products

Tremendous Opportunity

- Make maximum use of data available within EHRS (move beyond limitations of claims-based measures)
  - If not, why not (underuse)
  - If so, why so (appropriateness)
  - Put measurement data quickly into hands of physicians
  - Measurement data for 100% patient population, not a sample

- Align quality reporting goals with e-prescribing and exchange of information goals

- Establish the game plan (trajectory)
  - End goal
  - Interim milestones
  - Enablers

Cardio-HIT (2006-Present)

6 physician practices; Coronary Artery Disease (CAD) and Heart Failure (HF) measures

- **Midwest Heart Specialists**   **– Homegrown EHRS**
  - **Lombard, IL**

- **North Ohio Heart Center**   **– Allscripts Touchworks™**
  - **Lorain, OH**

- **Univ. of Pittsburgh Medical Center**   **– Epic**
  - **Pittsburgh, PA**

- **Fox Prairie Medical Group**   **– NextGen**
  - **St. Charles, IL**

- **Physicians Health Alliance**   **– GE Centricity**
  - **Scranton, PA**

- **Northwestern Medical Center**   **– Epic**
  - **Chicago, IL**
  - **(Phase I only)**

Game Plan (Cardio-HIT)

1
- A set of national performance measures for CAD and HF
- All required data elements with dates in discrete fields that can be queried

2
- Physician has information about adherence to measures when seeing patient
- Practice can review report on all measures, for all patients (QI efforts can begin)

3
- Practice can export data on measures for all patients, review benchmarking reports
  - Data can be validated
  - Data inform AHRQ, CMS national reports; medical profession

4
- Practices use data to:
  - Close gaps in care
  - Increase efficiencies
  - Enhance patient-specific care

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A set of national measures

1 ACC/AHA/PCPI Ambulatory Cardiovascular Measures (Cardio-HIT)

	EHRS specs/xml	NQF-endorse	Test results available	CMS PQRI	CMS PGP	CMS MCMP	CMS EHRS	AHRQ	HRSA	CCHIT
CAD										
Antiplatelet	x/x	x	x	x	x	x	x			
Rx LDL	x	x	x		x	x	x			
B-blocker/MI	x/x	x	x	x	x	x	x			
ACEI/ARB	x/x	x	x	x	x	x	x			
HF								composite		
LVEF	x	x	x		x	x	x			
B-blocker	x	x	x	x	x	x	x			
ACEI/ARB	x/x	x	x	x	x	x	x			
Warfarin	x	x	x		x	x	x			
Post-discharge visit										
Titration of dosages										

Enablers: multiple stakeholders supporting common set of measures for EHR implementation

All required data elements with dates in discrete fields that can be queried

1

- Ejection fraction - each site worked with IT expert to add discrete field; manually entered
- Lipid levels – from manual data entry of all values/all patients, to 80% electronic interface
- Allergies, contraindications, interactions, intolerance
  - "If not, why not"
  - Example, CAD/Beta-blocker Therapy; medical reasons for not prescribing
    - Remote MI
    - Lung/Pulmonary
    - Sick sinus syndrome
    - Adverse reaction
    - Bradycardia
    - Other documentation
    - Fatigue
    - History of 2/3rd AV block
    - Hypotension
    - End of life issues

Enablers: Measure developers; CCHIT and EHR vendors; practice team

2 ▪ **Measures at Point of Care (clinical decision support)**

  ▪ **Only achieved at sites with dedicated HIT expert**

▪ **Practice-wide Reports**

  ▪ **Only achieved at sites with dedicated HIT expert**

Enablers: Federal government; CCHIT, EHR vendors; practice teams

Practice can export data on measures for all patients, review benchmarking reports

3
- **Practice sites not using common exporting data file**

- **Leap from NDC codes in drug list to reporting out NDCs**

- **Sites are exporting to warehouse quarterly and accessing benchmarking reports**

- **Data could contribute to national reports**

Enablers: HITSP; CCHIT; EHR vendors; Measure developers; AHRQ, CMS; the medical profession

Exception Rate Comparisons: Cardio-HIT, CMS PQRI, UK

Exception Rates - CARDIO HIT***, 2007 PQRI*, U.K. Quality and Outcomes Framework Exception Rates**

Measure	CARDIO-HIT	2007 PQRI	UK
Antiplatelet Therapy	1.9%	4.2%	3.5%
Drug Therapy for Lowering LDL	3.9%		7.3%
Beta-blocker Therapy for Prior MI	6.1%	8.1%	25.3%
ACE/ARB Therapy	4.9%		10.1%

(Sources: * IFMC, "2007 Physician Quality Reporting Initiative, Preliminary Participation, as of November 2007", February 2008; **Tim Doran, Catherine Fullwood, David Reeves, Hugh Gravelle, and Martin Roland, "Exclusion of Patients from Pay-for-Performance Targets by English Physicians", *New England Journal of Medicine*, July 17, 2008; ***preliminary data Cardio-HIT)

Practices use data to improve

4
- **Quarterly reports for practice QI committee**

- **Further investigation of "if not, why not"**

- **Patients lost to follow-up**

- **Setting national targets**

Enablers: Once fully integrated measures and reporting functionality, practice team and the medical profession

Game Plan Status

1
- **Select a set of national performance measures**
- **All required data elements with dates in discrete fields that can be queried**
- Can select and define today for many clinical areas across many specialties

2
- **Physician has info about adherence to measures when seeing patient**
- **Practice can review report on all measures, for all patients (QI efforts can begin)**
- Need to prioritize these functionalities

3
- **Practice can export data on measures for all patients, review benchmarking reports**
- **Data can be validated, aggregated for targets, nat'l reports**
- Medical Profession, AHRQ, CMS can advance

4
- **Practices use data to:**
  - **Close gaps in care**
  - **Increase efficiencies**
  - **Enhance patient-specific care**
  - Medical Profession can help spread successful efforts

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Practice, practice, practice

- **Continued forum for EHR vendors, measure developers, clinician users and program implementers to identify and resolve issues**

- **Next meeting of AMA/NCQA/HIMSS-EHRA Collaborative is April 30 in DC**

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