NCVHS Hearing on Meaningful Use
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Current measure development, endorsement, and adoption process

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Outline

1. PCPI Model – integrating quality measures into EHRs
2. Proposal to track progress/readiness
3. Areas of focus/gaps

Toward: Timely Data that Make a Difference

PCPI Model

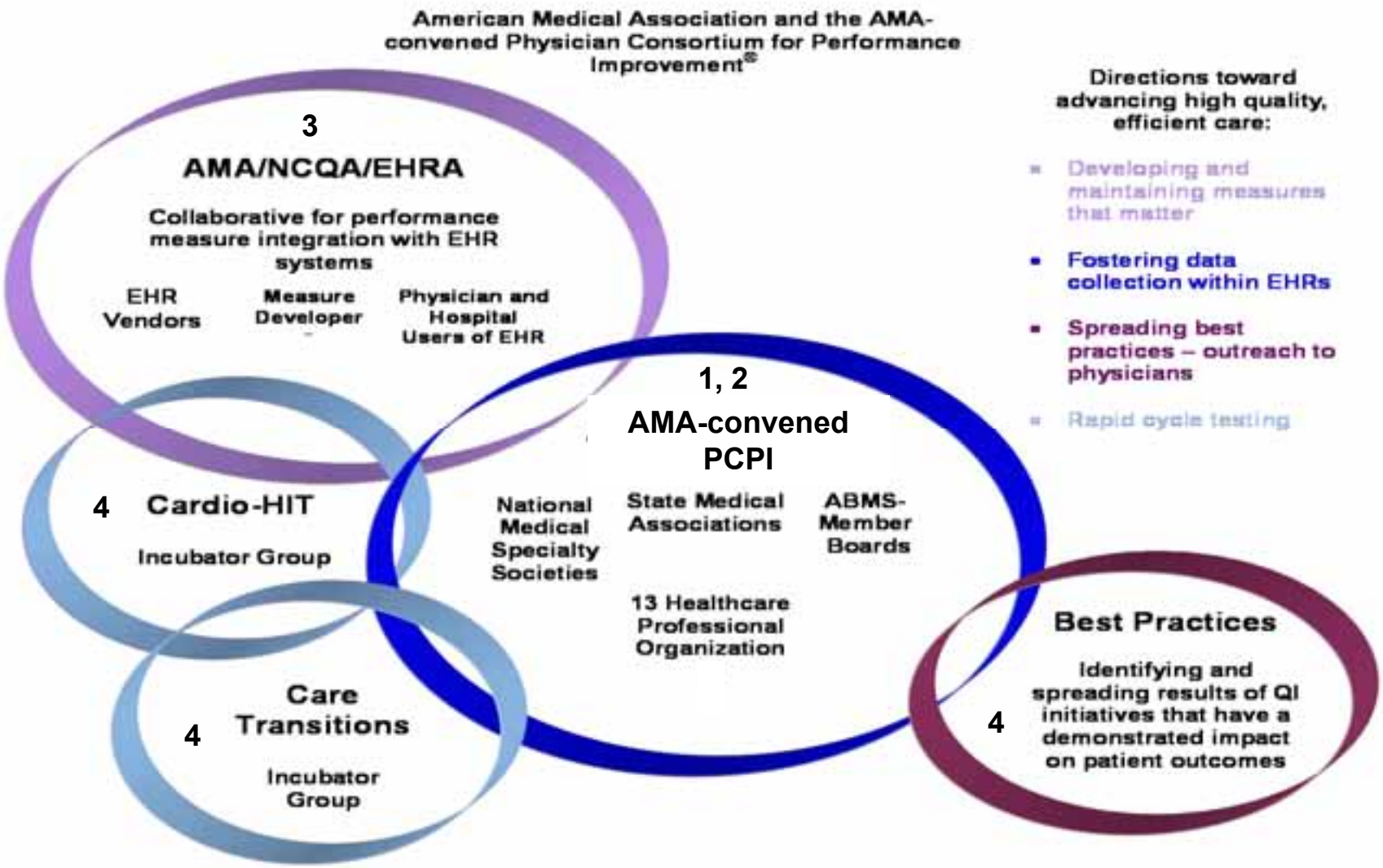
1. **Develop and Maintain Clinically-relevant Quality Measures**
   - AMA-convened Physician Consortium for Performance Improvement® (PCPI)
   - Growing portfolio of measures across specialties and subspecialties

2. **Develop and Maintain EHR Specifications for Measures**
   - Level 1 EHR specifications – all available code sets, algorithms, rules
   - Level 2 EHR specifications – in SDO-approved format

3. **Evaluate EHR Specifications with Vendors and Physician Users**
   - AMA/NCQA/HIMSS-EHRA Collaborative
   - Actionable at the point of care – physicians
   - Unambiguous specifications – vendors

4. **Implement Real-world "Incubator Groups" to Test Feasibility and Validity**
   - **Cardio-HIT**
     - 2 national measurement sets, different specialties, different EHR products
   - **Alliance of Chicago Community Health Services**
     - 5 national measurement sets, 1,000 clinical users, single EHR product

PCPI Model


American Medical Association and the AMA-convened Physician Consortium for Performance Improvement®
3
AMA/NCQA/EHRA
Collaborative for performance measure integration with EHR systems
EHR Vendors
Measure Developer
Physician and Hospital Users of EHR
1, 2
AMA-convened PCPI
National Medical Specialty Societies
State Medical Associations
ABMS-Member Boards
13 Healthcare Professional Organization
4
Cardio-HIT
Incubator Group
4
Care Transitions
Incubator Group
4
Best Practices
Identifying and spreading results of QI initiatives that have a demonstrated impact on patient outcomes
Directions toward advancing high quality, efficient care:
Developing and maintaining measures that matter
Fostering data collection within EHRs
Spreading best practices – outreach to physicians
Rapid cycle testing

1. Develop and Maintain Clinically-relevant Quality Measures

Example:

Complete measurement set for Heart Failure

- Co-developed by the PCPI, American College of Cardiology Foundation and the American Heart Association

- New measures to take advantage of rich data source, e.g., Persell 2009

1 measure in the set:

ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction (LVSD)

2. Develop and Maintain EHR Specifications for Measures

Example: *ACE Inhibitor or ARB Therapy for LVSD*

Level 1 EHR Specifications: all available code sets, algorithms for calculations, and "rules"

Denominator

- ***ICD-9: Diagnosis Codes***
- ***SNOMED-CT Codes: Diagnosis codes***
- ***SNOMED-CT Codes: LVSD***
- ***CPT: Encounter codes – ambulatory and in-patient***

Numerator

- ***Rx Norm*** and ***NDC Codes*** for ACE Inhibitor and ARBs to be determined
- **CPT-II Codes**

Exceptions

- ***SNOMED-CT Codes***
- ***CPT-II Codes***

Level 2 EHR Specifications: unambiguous in SDO-approved format

3. Evaluate EHR Specifications with Vendors and Physician Users

AMA/NCQA/HIMSS-EHRA Collaborative

Vendors

- Prototype for Level I and Level II specifications
  Unambiguous?

Physicians

- Clinically meaningful? Timely?

4. Implement Real-world "Incubator Groups" to Test Feasibility and Validity

Cardio-HIT: Different specialties, practice sizes and EHR products in use

Site Name	Location	EHRS product
Fox Prairie Medical Group Primary Care	St. Charles, IL	NextGen
Midwest Heart Specialists Cardiology	Lombard, IL	Hybrid EHRS
North Ohio Heart Center Cardiology/Primary Care	Lorain, OH	Allscripts Touchworks™
Northwestern Medical Faculty Foundation ***(Phase I only)***	Chicago, IL	Epic
Physicians Health Alliance (PHA) Primary Care	Scranton, PA	GE Centricity
University of Pittsburgh Medical Center (UPMC) Primary Care	Pittsburgh, PA	Epic

Implement "Incubator Group" to Test Feasibility and Validity – Cardio-HIT*

Example: ACE Inhibitor or ARB Therapy for LVSD

- ***Finding:*** Discrepancies between NDC codes in measure specifications and NDC code updates in practice (RxNorm not widely used)

- ***Data Warehouse***
  - **Performance Rate:** 80.38%
    - 2007 PQRI Measure #5: 49.26%
  - **Applied Exception Rate:** 6.17%

- ***Sample Data Abstraction***
  - **Applied Exception Reporting Agreement:** 100%
  - **Measure Met Agreement:** 90.48%
  - **Apparent Quality Failures Agreement:** 19.53%

Note: **Preliminary data - please do not cite**

Track Progress for each Specialty

Example: ACE Inhibitor or ARB Therapy for LVSD

	PCPI Clinically Relevant Measure/ NQF-endorsed or in Process	Level 1 and 2 Specs Available	EHR Vendor/ Physician User Review	Incubator Group Testing	Queriable Fields and Data Coded
Process	√	√	√	√	Outstanding: Rx Norm, NDC Automatic population of ejection fraction
Intermediate Outcome					
Outcome					
Cost/ utilization					

Areas of Focus to Fill Gaps

- Work with specialties to “round out” measurement sets to include process, intermediate outcomes, outcomes, and cost/utilization – good foundation exists
- New areas:
  - Ambulatory care transitions
  - Pediatrics
  - Sub-specialties

Summary

Using PCPI Model,

Continue to:

- Work with each specialty and subspecialty to assure set of meaningful measures for meaningful EHR use

  (each set to include process, outcomes, appropriateness)
- Continue to develop Level I and Level II specifications
- Continue to “vet” with EHR vendors and physicians
- Expand “incubator groups” to test
- Track progress to determine “readiness”

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