September 1, 2015

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
330 C Street, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

The Health IT (HIT) Policy Committee (HITPC) gave the following charge to the Quality Measurement Task Force:

Charge for the Quality Measurement Task Force (QMTF)

To provide a set of recommendations to the HITPC regarding Clinical Quality Measurement (CQM) provisions in CMS payment rules, including the Physician Fee Schedule (PFS) NPRM. The recommendations that follow reflect the QMTF's review of the provisions in the 2016 PFS NPRM.

Background

The QMTF was formed in May 2015 to develop a set of recommendations in accordance with the charge above. The QMTF reviewed the CMS 2016 PFS NPRM to provide recommendations on Appropriate Use Criteria (AUC) for Radiology Clinical Decision Support (CDS), the revision of Certified EHR Technology (CEHRT) to require electronic clinical quality measures (eCQM) reporting using CMS' QRDA IG (for providers who choose to submit eCQMS), and Meaningful Use (MU) measure for Accountable Care Organizations (ACO).

Final Recommendations

The QMTF recommendations are organized across 3 focus areas:
  I.   Appropriate Use Criteria (AUC) for Radiology CDS
 II.   Revision of Certified EHR Technology (CEHRT) to require electronic clinical quality measures (eCQM) reporting using CMS' QRDA IG (for providers who choose to submit eCQMs)
III.   Meaningful Use (MU) measure for Accountable Care Organizations (ACO)

  I.   **Appropriate Use Criteria for Radiology CDS**

Background

Section 218(b) of the PAMA amended Title XVIII of the Act to add section 1834(q) directs CMS to establish a program to promote the use of appropriate use criteria (AUC) for advanced diagnostic imaging services. Within the 2016 PFS NPRM, CMS outlines the initial component of the new Medicare AUC program and their plan for implementing the remaining components. The second major component of the Medicare AUC program is the identification of qualified CDS mechanisms that could be used by ordering professionals for consultation with applicable AUC under section 1834(q)(3) of the

Act. CMS is not including proposals to implement section 1834(q)(3) of the Act in this proposed rule, instead CMS is focusing on establishing the process for specifying approved AUC. However, given possible future action around the use of EHRs as qualified clinical decision support mechanisms, ONC is seeking to understand the key strategic considerations that may inform future policy actions.

Recommendations
The QMTF describes a future vision for certified health IT that includes clinical decision support functionality incorporating appropriate use criteria (AUC) for advanced imaging. We recommend that future certified health IT support the following design principles:
- Ordering professionals should be able to use certified health IT to access approved AUC for advanced diagnostic imaging seamlessly at the point of care, following demonstrated usability principles.
- Certified health IT should support access to approved AUC that are updated regularly, in keeping with guideline updates, and delivered through certified health IT tools.
- Certified health IT should enable users to easily switch between approved AUC content providers.
- Certified health IT should allow capture of additional information within established workflows, about why AUC were not followed, to support continuous quality improvement and provide meaningful performance feedback that promotes learning, improves clinical decision-making and enables further refinement of decision support tools over time.
- Certified health IT should display seamless actionable recommendations to clinicians based on third party data derived from AUCs.
- AUC should be available in standardized formats that can be consumed by any certified health IT application.

The QMTF also recommends these major strategic considerations as key decision points around standards development and prioritization that ONC and CMS will need to focus on:
- In preparation for future certified health IT being able to apply standardized AUC for advanced imaging as part of its clinical decision support, we recommend that national AUC guidelines be written in a standard format, using standard data elements.
- Currently available clinical decision support standards may not be ready to serve these needs today. The task force recommends supporting an approach in which AUC content is standardized in a manner that can be automatically delivered to CDS users.   This approach should be pursued in order to meet CMS' April 2017 timeframe requirement.
- An API should be required at minimum. A link to a hosted service embedded in the EHR may serve as a robust complement to a decision support standard.
- The task force recommends that ONC anticipate the challenges of addressing potential differences between AUC guidelines developed by multiple organizations.

II.   **Revision of Certified EHR Technology (CEHRT) to require electronic clinical quality measures (eCQM) reporting using CMS' QRDA IG (for providers who choose to submit eCQMs)**

Background
To allow providers to upgrade to the 2015 Edition CEHRT before 2018, CMS proposes to revise the CEHRT definition for 2015-2017 to require providers to possess technology that can report CQMs using

industry standards (QRDA Cat I and Cat III) <u>and</u> in the form and manner of CMS submission (according to the CMS QRDA IG). This would be optional for 2015-2017 and required for 2018 and beyond.

Recommendations
- The Task Force agrees with the proposed rule to revise the CEHRT definition to require providers to possess technology that can report eCQMs using industry standards (QRDA Cat I and Cat III) <u>and</u> in the form and manner of CMS submission (according to the CMS QRDA IG).

III. **Meaningful Use (MU) measure for Accountable Care Organizations (ACO)**

Background
Within the PFS NPRM, CMS seeks early comment for the 2017 performance year on how the current measure "Percent of PCPs who Successfully Meet Meaningful Use Requirements" (ACO-11) might evolve in the future to ensure CMS is incentivizing and rewarding providers for continuing to adopt and use more advanced health IT functionality and broaden the set of providers across the care continuum that have adopted these tools. CMS asked the following questions:
1. Although the current measure focuses only on primary care physicians, should this measure be expanded in the future to include all eligible professionals, including specialists?
2. How could the current measure be updated to reward providers who have achieved higher levels of health IT adoption?
3. Should we substitute or add another measure that would focus specifically on the use of health information technology, rather than meeting overall Meaningful Use requirements, for instance, the transitions of care measure required for the EHR Incentives Program?
4. What other measures of IT-enabled processes would be most relevant to participants within ACOs? How could we seek to minimize the administrative burden on providers in collecting these measures?

Recommendations
- The Task Force supports the direction of future expansion of the measure, to include more eligible providers when platforms are useable and have achieved the necessary level of interoperability, as a strategy for ensuring that more providers are being incentivized and rewarded to use more advanced functionality.
- The current measure does not provide incentives to innovate. The Task Force supports updating the current measure to motivate and reward providers who have achieved more robust levels of HIT adoption.
- The Task Force recommends additional measures focusing on the use of health IT to align with improving patient outcomes. Recommendations include measuring:
  - Avoidance of preventable harms
  - Unplanned re-admission rates
  - Timely and reliable closing of the referral loop as one category of a care transition between providers
  - Medication reconciliation during transitions of care
- The Task Force notes that this is an area of great need for innovation and recommends supporting APIs during the early stages of development.
- The Task Force recommends including a technical requirement to demonstrate accurate and automatic collection of data during care processes.