

Calling HIM Quality Experts: NQF Seeking HIM Input on Quality Measures

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By Chris Dimick

Step up, or step out of the way-that could be a motivating motto for HIM professionals when it comes to developing, critiquing, and using quality measures.

While HIM professionals have traditionally worked with nurses and other clinicians on quality measures, the move to the digital age has seen an increasing number of health IT professionals stepping into the role-sometimes taking the place of the HIM professional.

Quality measures have never been more important in healthcare, with measures increasingly tied to reimbursement and public reporting. Therefore, it has never been more important for HIM professionals to step up and take part in quality measure work, according to Ann Watt, MBA, RHIA, associate director of the department of quality measurement, division of healthcare quality evaluation, at the Joint Commission and frequent volunteer evaluating quality measures for the National Quality Forum (NQF).

AHIMA joined NQF in 2008 to ensure that HIM professionals had a say in the quality measures being approved for the industry, according to Crystal Kallem, RHIA, CPHQ, senior business analyst with Lantana Consulting Group and former AHIMA delegate to NQF. It is a valuable partnership that allows AHIMA and its members to have a stake and literal vote in NQF's work, specifically its endorsement of widely used quality measures.

"NQF is the consensus body in the United States for endorsement and prioritization of standardized performance improvement measures," Watt says. "And because performance improvement is part of the responsibility of HIM professionals, I think that we want to have a voice in how these prioritizations are done, in which standards are endorsed, and that is what membership in NQF enables us to do."

NQF Endorsements Nationally Respected

NQF is a nonprofit organization that works to build consensus on national priorities and goals for healthcare performance improvement. Its work includes endorsing national standards for measuring, publicly reporting performance, and sponsoring education and outreach programs to promote quality goals.

NQF does not develop quality measures. It uses committees and a voting process to vet measure details and offer endorsements of measures before their implementation.

NQF is one of the most important organizations for determining quality measurement and reporting, as well as for defining the data used for quality measurement, Kallem says. The latter has a direct impact on HIM professionals, who usually collect and report data for healthcare quality measures.

AHIMA members have the background and expertise needed to participate in many NQF initiatives. Current projects that need HIM input include the use of quality measurement standards and standard practices for EHR and eMeasure implementation, the availability of data to support quality improvement, implementation of longitudinal standards across different healthcare organizations, and the role of quality measures in health information exchange.

For example, Kallem served on NQF's eMeasure Review Panel, which was responsible for analyzing the 113 NQF-endorsed quality measures that had recently been retooled into an electronic format. The panel reviewed each measure to ensure it was not modified when it moved from paper reporting processes to the eMeasure format.

Benefits of Membership

As a member of NQF, AHIMA ensures HIM industry interests are considered during the development of national quality improvement priorities. AHIMA has a staff member appointed as the official NQF delegate, who reports back important NQF information and serves on the members-only Health Professionals Member Council, which helps guide the measure endorsement process and national quality priorities. Membership also grants AHIMA the ability to comment and vote on candidate consensus standards for healthcare quality measures, which impact all healthcare organizations.

AHIMA and other NQF members have the opportunity to nominate experts for critical quality task forces and committees. Participation in NQF also allows AHIMA to interact with policy makers and other influential players in healthcare quality during NQF's annual meeting, educational events, and other activities, according to Rosemary Kennedy, vice president of health information technology at NQF.

AHIMA's membership is mutually beneficial for both organizations, according to Kennedy.

"AHIMA brings valuable experience and expertise into many of these [quality] areas and can help shape and advance project goals," she says. "NQF is committed to obtaining diverse and needed perspectives on critical issues related to quality and data and believes AHIMA's members can contribute and provide valuable input into a variety of its projects and activities."

For example, AHIMA has been active in supporting NQF in its expansion of the Quality Data Model as a standard for capturing the right quality information from an EHR. Kennedy says AHIMA has helped NQF ensure the model is able to be implemented at the point of care to contribute to quality measurement and improvement. The association's work also ensured the model was successfully implemented in the EHR and other coding systems and helped define what information, standards, practices, and coding were necessary to support performance measurement and quality improvement, Kennedy says.

Other committees AHIMA members have served on include the Hospital Outcomes and Efficiency Group and the Health IT Utilization Measures Group.

HIM Pros Excel on Code Maintenance Committee

A recent NQF committee that greatly benefited from HIM professionals was the Code Maintenance Committee, which included several AHIMA-nominated members. This group was responsible for developing a plan to transition clinical quality measures from ICD-9 to ICD-10. Many quality measures use ICD codes, and because the healthcare industry will transition to ICD-10 in 2013 every quality measure using codes needed to be evaluated.

The committee also decided when new performance measures should be submitted with both ICD-9 and ICD-10 codes and determined the official process for NQF's evaluation of the new codes. The decision was made that all measures submitted to NQF after October 1, 2011, needed to contain both ICD-9 and ICD-10 codes in order to be evaluated and endorsed. Measures submitted after October 1, 2013, the implementation deadline for ICD-10, must be submitted with only ICD-10 codes.

AHIMA member Ann Watt served on the Code Maintenance Committee while it was convened from 2009 to 2011. The committee's work is a reminder to the healthcare industry that the transition to ICD-10 does not just impact reimbursement, but also affects things like accreditation status and quality reporting, she says.

Watt, who has served on several NQF committees and technical expert panels, has a professional and personal interest in the use of ICD codes in quality measures and was happy to lend her expertise to the committee.

"Serving on this kind of committee gives one an opportunity to be on the leading edge, if you will, in terms of knowing what is going on and helping to set national policy," she says.

Get Involved Now

Since joining NQF, AHIMA members have provided much-needed input and education on the HIM issues quality measures need to consider and address.

"We've done a lot of education for NQF about what health information management is and the value that HIM brings to the NQF and to healthcare quality measurement," Kallem says. "We have the expertise with regard to coded value sets and the use of coded data, and we bring a lot of expertise with regard to the feasibility of collecting data and managing data that would support quality measurement."

Specifically, HIM professionals have been key in transitioning clinical quality measures to the electronic environment, where key issues exist with regard to the management of health record data. HIM can speak to whether data are of high enough quality to be extracted for quality data measurement, Kallem says.

"With the advent of the national implementation of the electronic health record, it is so important that HIM people become involved and knowledgeable of the way that various performance measures are being translated or retooled into EHR language," Watt says.

Volunteering with NQF involves AHIMA members at the cutting edge of quality measurement—an ever growing piece of the healthcare industry due to new public reporting and pay-for-performance initiatives.

"By engaging in the review of NQF materials and initiatives you get a picture of where the industry is heading in this space," Kallem says. "You learn about the new and emerging issues."

HIM professionals need to get involved with quality measure work to ensure the HIM voice is heard.

HIM professionals interested in working with NQF should start by visiting its Web site, www.qualityforum.org, Kallem says. There they can register to receive NQF information notifications and personalize a dashboard to keep informed of NQF activities. The Web site also publicizes calls for nominations for NQF steering committees and technical expert panels.

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