Streamlining Quality Measures Reporting: NQF Health IT Division Aims to Simplify Quality Measures Reporting from EHRs

By Chris Dimick

In 2008 The National Quality Forum (NQF) created a health IT division that, in part, hopes to simplify what it takes to abstract quality measurement data from electronic health records. HIM professionals are among those serving on the workgroups.

The division was developed in response to the growing importance *being placed* on IT in healthcare. Quality measures standards are increasingly abstracted from health IT systems such as EHRs. The change has affected both the possibilities and challenges associated with collecting quality measurement data and turning that data into information physicians can use to improve care.

While health IT could vastly improve the measurement of quality care, there are glitches. There are few solid health IT quality standards, leading providers to underuse their new tools. Quality measures are not typically structured for use with EHRs or other new data-holding products like PHRs and health registries. And even when great quality standards are developed, it can still be a mystery on how to implement those standards effectively across the electronic environment.

NQF's health IT division has taken on several of these challenges. The projects are detailed, technical, and demanding, but the timing is good, says Floyd Eisenberg, MD, MPH, SACT, NQF's senior vice president of health information technology.

Recent laws like HITECH's "meaningful use" requirements and other factors like healthcare reform make this the ideal time to begin sorting out the details of electronic quality measurement and reporting, he says.

Created for Collaboration

NQF is a nonprofit organization created in 1999 to develop and implement a national strategy for healthcare quality measurement and reporting. It conducts a variety of projects that aim to improve US healthcare through the endorsement of consensus-based standards, such as performance measures, best practices, frameworks, and reporting guidelines.

AHIMA joined NQF in 2008 in order to help align quality measure data requirements with other data uses and advance automated quality measurement and reporting from electronic data sources like EHRs. HIM professionals serve on NQF projects, including many overseen by the health IT division.

Crystal Kallem, RHIA, director of practice leadership at AHIMA, serves as the association's liaison to NQF. The creation of the health IT division is a big step forward in synching quality standards with technology, Kallem says.

In the past, quality measurement groups like the Joint Commission developed their data collection and reporting requirements in a vacuum. "They gave these measures to healthcare organizations and said, 'Get us this data,'" Kallem says. "And then the IT enterprise developed EHR systems and standards for those systems, but they were not working together with quality measurement groups."

Since quality standards were not being developed with health IT in mind, it made abstracting quality measurement data from electronic systems difficult.

"Now NQF's HIT division is bringing those two enterprises together to coordinate efforts and help support the future of automation of quality measurement reporting requirements," Kallem says.

Establishing a Quality Data Set

A major goal of the division is to facilitate the way clinical and claims data are electronically pulled from devices such as EHRs and personal health records in order to produce quality outcome measures, Eisenberg says.

Currently, two organizations collecting data on the same condition such as diabetes, often request varying data elements.

A "Rosetta Stone" needed to be created so different quality measurements could be synchronized and measured with one another, Eisenberg says.

NQF convened the multistakeholder Health Information Technology Expert Panel (HITEP) to develop this Rosetta Stone-a set of data standards for commonly used quality measurements. Directed by the health IT division, HITEP identified 84 high-priority measures and created a framework to evaluate the type of electronic information required for performance measures.

In 2009 HITEP created the Quality Data Set, a common framework for defining clinical data necessary to measure clinical performance.

"The QDS helps create a standard model for representing all this clinical information," Eisenberg says.

It functions like a quality measurement dictionary. It defines the data elements required for quality measurement and dictates exactly where those elements should be pulled from an EHR system.

"Quality measurement developers can pull their data elements from this quality data set and reuse elements instead of creating their own unique ones," Kallem says.

Not all quality measures will use the QDS, since different research can call for different data requirements. "We do see the data set as evolutionary. It is not like there is a standard dictionary and here it is, and it stops," Eisenberg says.

But many quality measures can be aligned with the QDS, which allows better comparison between quality measures and simplifies the process of abstracting quality data for HIM professionals.

Though it may change, the QDS is a great start toward standardized, electronic quality measurement.

"This helps standardize where you would pull the data out of an EHR," Kallem says. "If you don't standardize, it becomes complicated-'Well, this organization wants data from the problem list, and this organization wants it from the progress note.' It becomes very unwieldy to be able to collect data for all of these different organizations when they want it from different locations."

NQF and HIM

HIM professionals serve on several NQF panels and committees, and more volunteers are needed. Below is a list of NQF groups with HIM members:

- Health IT Utilization Expert Panel
- Coding Maintenance Expert Panel
- HIT Structural Measures Steering Committee
- Ambulatory Care Measures Using Clinically Enriched Administrative Data project
- Hospital Care: Outcomes and Efficiency Measures project
- Composite Evaluation Framework and Composite Measures project
- Common Formats for Patient Safety Data

For updates on AHIMA's work with the National Quality Forum's Health IT division, visit AHIMA's Advocacy and Policy Center Web page at www.ahima.org.

Measuring Retooling in 2010

Throughout 2010 the division will work on several projects that improve health IT use in quality measurement.

Measures are not currently structured to work well with health IT. Many were developed before these electronic systems became popular. Therefore, a major project is under way to review all NQF-endorsed quality measures and ensure they are compatible with current health IT.

This "measure retooling" will initially focus on 100 quality measures to ensure compliance with HITECH's "meaningful use" requirements. It will also incorporate the standardized set of data elements indentified by the QDS. Part of the meaningful use criteria require that providers be able to electronically transmit data to monitor the quality and safety of consumers.

Once retooled the updated measures allow abstractors to pull quality measurement data directly from the EHR where the information lives, Eisenberg says.

Electronically Improving Quality

The division's work will ultimately make it easier for HIM professionals to abstract quality measurement data from health IT systems, Kallem says. This work will help guide HIM professionals in the management of quality data by making the process "computable."

The QDS, the retooling of measures, and other future work of the division will lead to better quality measurement, and in turn, better care, Eisenberg says.

The key lies in electronically and automatically abstracting clinical data for quality measurement.

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