

Secretary's Advisory Committee on Heritable Disorders in Newborns and Children

NBS Quality Measures for Meaningful Use of EHR

Presentation by HIT Workgroup co-chairs

Alan E Zuckerman

IPA NLM/LHNCBC and HRSA/GSB

Sharon Terry

Genetic Alliance and HIT Standards Committee

September 16, 2010

ARRA/HITECH: An overview

Incentives Create an Opportunity

- ❑ The Health Information Technology for Economic and Clinical Health (HITECH) Act authorizes HHS to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT)
- ❑ Under HITECH, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives.
- ❑ Incentives to use EHR to improve quality of care have captured the attention of providers. SACHDNC can play a role in making NBS part of the program

ARRA/HITECH: An overview

Two regulations have been released:

- ❑ Incentive Program for Electronic Health Records: Issued by the Centers for Medicare & Medicaid Services (CMS), this final rule defines the minimum requirements (**AKA: “meaningful use” objectives**) that providers must meet through their use of certified EHR technology in order to qualify for the bonus payments
- ❑ Standards and Certification Criteria for Electronic Health Records: Issued by the Office of the National Coordinator for Health Information Technology, this rule identifies the technical capabilities required for certified EHR technology.

ARRA/HITECH: An overview


- ❑ The CMS [Incentive Program for Electronic Health Records](#) will be organized in 3 phases starting in 2011, 2013, and 2015
 - ❑ Report data, measure quality, improve quality
- ❑ During Phase 1, Population Health will be represented by three activities:
 - ❑ Sending immunization data to an Immunization Information System (AKA Immunization Registries)
 - ❑ Reporting disease surveillance
 - ❑ Sending lab data from hospitals to public health to monitor disease patterns such as influenza
- ❑ Newborn Screening could be added to Phase 2 if specific quality measures are available and tested

SACHDNC Comments on Meaningful Use-Phase 1

- ❑ SACHDNC Comments on the Meaningful Use Notice of Proposed Rulemaking (NPRM) were submitted in May and were well received by CMS
- ❑ There is a commitment from CMS to attempt to add Pediatric measures and include newborn screening in Phase 2
- ❑ Adding newborn screening to future regulations will require availability of specific endorsed and tested quality measures

ARRA/HITECH Meaningful Use has Three Key Components

- Final regulations have been issued for the first of three phases, but the details will continue to evolve.
- Definition of Certified EHR is based on **Certification Criteria** that include specification of standards and coding that will be expected in a vendor's product and that can be tested.
- **Measures** of meaningful use are data that an end user of a system must collect and report to receive incentives. They depend on properly coded data stored in the EHR
- **State Medicaid Programs** can receive funds for HIT to implement the EHR incentive programs



It is Impossible for Newborn Screening to be Completely Left Out of Meaningful Use

Several Meaningful Use Functions will have the potential to benefit newborn screening if providers choose to use them for that purpose

Meaningful Use Objectives Relevant to Newborn Screening

- Maintain up-to-date **problem list** of current and active diagnoses
- Incorporate clinical **laboratory test results** into EHRs as structured data
- Report clinical **quality measures** to CMS or states
- **Generate lists** of patients by specific conditions to use for quality improvement
- Send **reminders** to patients for preventive and follow-up care
- **Provide patients with timely electronic access** to their health information



Quality Measures are a Strategy for Improving Compliance with Newborn Screening

Legislative Mandates Create
Opportunities for SACHDNC to Play
New Roles by Endorsing Quality
Measures

Organizations involved in Developing Quality Measures

- ❑ Some organizations or expert panels set guidelines for a standard of care
 - ❑ Joint Committee on Infant Hearing (JCIH)
- ❑ Some organizations develop quality measures based on the standard of care, including the methods to collect the quality measures and to run quality improvement programs
 - ❑ SACHDNC Follow up and Treatment subcommittee work with the National Committee on Quality Assurance (NCQA)
- ❑ Some organizations review and endorse quality measures developed by others
 - ❑ National Quality Forum (NQF)
- ❑ Some organizations select endorsed quality measures for use in incentive programs and regulations
 - ❑ ONC, CMS, AHRQ, HIT Policy Committee, HIT Standards Committee

Organizations involved in Utilizing Quality Measures

- ❑ Some organizations measure quality on their own patients
 - ❑ State Newborn Screening Programs
 - ❑ Hospitals, Ambulatory Practices, Specialty Clinics
- ❑ Some organizations receive quality measures that others report to them
 - ❑ EHDI Program receives reports from states
- ❑ Some organizations require quality measures for licensure or accreditation
 - ❑ JCAHO, AAP Maintenance of Certification
- ❑ Some organizations require quality measures for incentives
 - ❑ State Medicaid Programs, Pay for Performance
- ❑ Some organizations collect pilot data to validate measures
 - ❑ Centers of Excellence for Pediatric Quality Measures

Summary of Steps in Launching New Quality Measures

Steps in the process	Examples
Set standards of care	JCIH
Develop quality measures	NCQA
Test quality measures	CMS/AHRQ Pilots
Evaluate/Endorse quality measures	NQF
Select measures for incentive programs	ONC, CMS
Collect patient data	Hospitals, practices
Receive quality reports	EHDI Programs, State Medicaid Programs

The NQF is Evaluating Child Health Quality Measures

- ❑ The National Quality Forum is conducting a special project for child health quality measures this year
- ❑ Measures were submitted by August 31, 2010
- ❑ Evaluation will begin October 1, 2010 and will include public comment
- ❑ NQF has clear Measure Evaluation Criteria to guide the process
- ❑ Newborn screening measures from CDC, HRSA, and NCQA will be among the measures that will be reviewed for endorsement

National Quality Forum (NQF) Conditions for Consideration

- The measure is in the **public domain**
- The measure owner/steward verified there is a process to **maintain and update** the measure
- The intended use of the measure includes both public reporting and **quality improvement**
- The measure submission information is complete – the measure is fully developed and has been **tested** or testing will be completed within 12-24 months of endorsement

NQF Criteria on Importance to Measure and Report

- Focus on a national health goal/priority
- Demonstration of quality problems or opportunity for improvement
- Measure focus is an
 - **Outcome** – mortality, morbidity, function, quality of life
 - **Intermediate outcome** that leads to improved health or avoidance of harm
 - **Process** evidence that clinical or administrative process leads to improved health or avoidance of harm
 - **Structure** evidence that measured structure leads to consistent delivery of process that improve health (medical foods program)
 - **Patient Experience**, Access, or Efficiency measures also possible

NQF Scientific Acceptability of Measure Properties

- Well defined and precisely specified
- Reliability testing demonstrates that the measure results are repeatable
- Validity testing demonstrates that the measure reflects the quality of care provided
- Clinically necessary measure exclusions are identified and supported by evidence
- Outcome measures have an evidence based risk adjustment strategy or a rationale and data support for no risk adjustment
- Data analysis demonstrates statistically significant and practically/clinically meaningful differences in performance
- Disparities can be identified by stratification

NQF Usability and Feasibility

□ Usability

- Information produced by the measure is meaningful, understandable, and useful to the intended audience
- Measure specifications are harmonized with other measures and work in multiple settings
- Provides a more complete picture of quality for a condition

□ Feasibility

- Data elements are routinely generated as a byproduct of care
- Data elements are available in electronic sources
- Exclusions should not require additional data sources
- Ability to audit the data to detect problems
- The data collection strategy can be implemented

CDC/EHDI Has Proposed 8 Quality Measures for Hearing Screening

- Hearing screening prior to hospital discharge
- Hearing screening refer rate at hospital discharge
- Outpatient hearing screening of infants who did not complete screening before hospital discharge
- Infants identified with risk factors in the medical home
- Infants identified with risk factors and have an audiological diagnosis
- Intervention no later than 6 months
- Audiological evaluation no later than 3 months of age
- Referral to intervention within 48 hours

HRSA and NCQA Have Proposed Measures For Completing the Screening Process

- ❑ The HRSA measure examines the percentage of children born in a state who have a valid newborn screening testing within two weeks of birth that complies with all state mandates
 - ❑ The data will come from the state newborn screening programs and work to link birth records/ certificates in order to assure 100% penetrance
- ❑ The NCQA measures focus on presence in the medical chart of both results and documentation of any needed follow-up of hearing and blood spot screenings by six months of age
 - ❑ The data will come from medical records in pediatric physician practices and focus on whether pediatricians reviewed results and took the necessary follow-up actions
 - ❑ NCQA expects screening to have happened in the hospital or soon thereafter within the appropriate time period; these measures focus on care coordination after screening, hence the 6-month timeframe



What is the Appropriate Role for SACHDNC in the Process of Setting Quality Measures?

The role of the HIT Workgroup is to identify opportunities and methods to create and use electronic records, but not to develop or recommend specific quality measures

SACHDNC Could Recommend Use of Specific Measures for NBS

- ❑ SACHDNC could recommend that NQF endorse specific NBS measures
 - ❑ EHDI measures currently under review
 - ❑ HRSA and NCQA measures for completing the screening process currently under review
- ❑ SACHDNC could recommend that Meaningful Use incentive programs include specific newborn screening measures as requirements or options in the future
 - ❑ Send recommendations to the HIT Policy Committee on including newborn screening as part of Population Health Meaningful Use Measures in 2013

SACHDNC Could Encourage Development of New Quality Measures for NBS

- ❑ The Follow-up and Treatment Subcommittee is already involved in quality measures as part of long term follow-up
- ❑ Other organizations could be encouraged to make newborn screening part of their quality improvement agenda
- ❑ JCAHO has great potential to influence the role of hospitals in short term follow-up

SACHDNC Could Encourage Filling Data Gaps About Newborn Screening Quality

- ❑ What is the evidence that there are variations in the quality of newborn screening and room for improvement?
- ❑ What is the evidence that there are health disparities in newborn screening?
- ❑ What is the evidence that risk adjustments and clinical exclusions are needed to measure quality of newborn screening?
- ❑ How soon can we add outcome measures to current process and structure measures?

SACHDNC Could Facilitate Implementation of Quality Measures by Addressing Barriers

- ❑ The ONC HIT Policy Committee is evaluating barriers to using HIT in Population Health raised by State Health Departments
- ❑ Pooling funds from different federal agencies and different categorical disease programs may speed adoption of HIT
- ❑ Privacy regulations have been identified as a problem for EHDI data collection and sharing
- ❑ Integration of child health programs such as immunization registries, lead screening, and newborn screening may facilitate quality improvement

Action Items

- ❑ Should SACHDNC take on new roles of recommending specific quality measures?
- ❑ Should SACHDNC make specific recommendations to NQF at this time?
- ❑ Should SACHDNC encourage the Follow-up and Treatment Sub-Committee to continue developing quality measures and filling data gaps?