

# CMS/ONC Children's Electronic Measures Development Project

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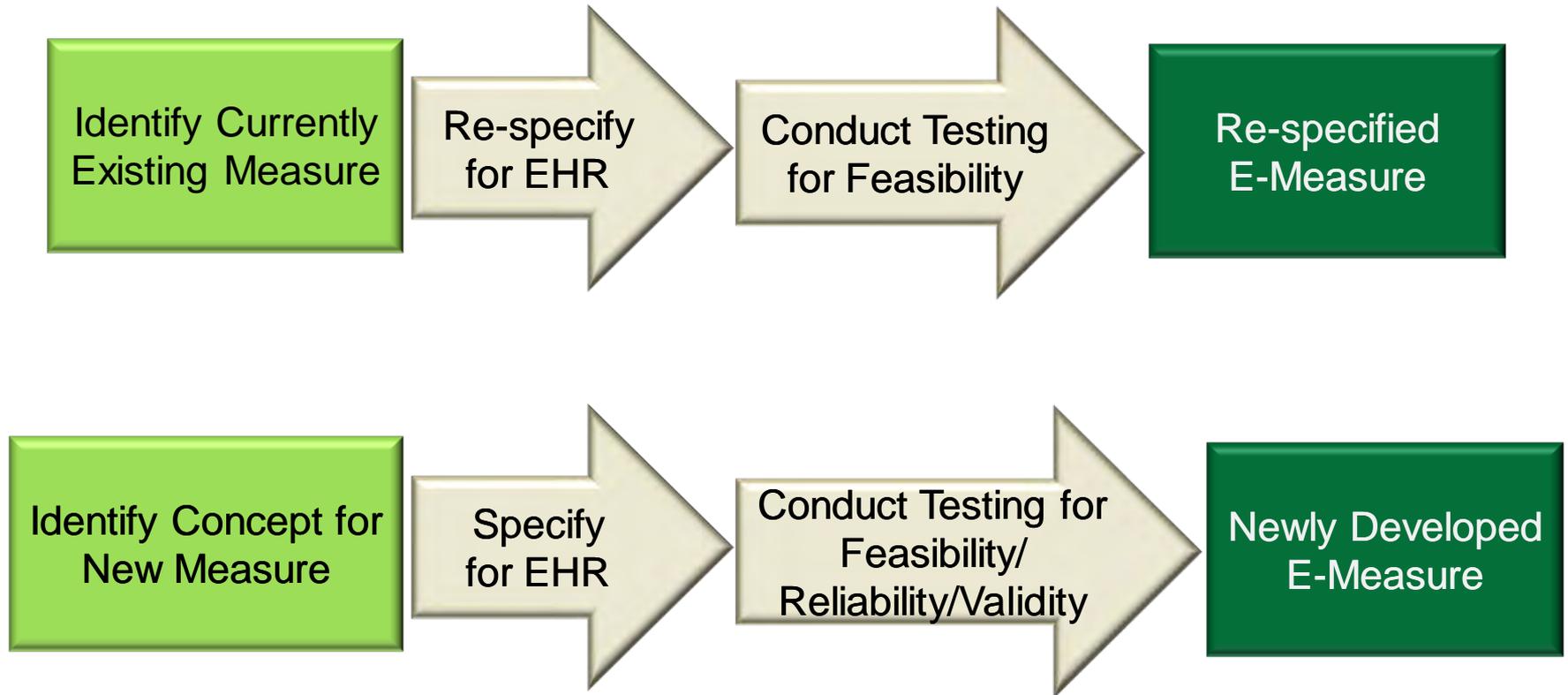
# Overview of the Project

- Several initiatives are currently in place through CMS and the Office of National Coordinator (ONC) to encourage the meaningful use of electronic health records (EHRs)
- This project is part of these initiatives, and its goal is to electronically specify as many measures as possible from the Initial Core Set of Children's Health Care Quality Measures, and to develop new measures that can be considered for future stages of Meaningful Use (MU)
- This project is being managed by Booz Allen Hamilton (under contract to ONC) partnering with the National Committee for Quality Assurance (NCQA) and Mathematica Policy Research (MPR)
- These measures are proposed for use in Medicaid and CHIP programs, as well as for inclusion in the Improved Initial Core Set of Measures; they may also be implemented as part of MU-Stage 3
- The project began in September 2011, and is scheduled to continue through September 2015

# Project Details

- During the first year, the project has been focused on the following activities:
  - Electronically re-specifying quality measures from the Initial Core Set, to the extent possible, i.e., taking paper-based technical specifications of currently existing measures and developing electronic re-specifications that make these measures reportable from EHRs
- Methodology followed for the electronic re-specification of measures:
  - Conducting an environmental scan to identify suitable measures that are deemed feasible to be reported from EHRs
  - Developing electronic re-specifications of selected measures
  - Testing measures at test sites for the feasibility of extracting data and implementing these measures
  - Obtaining feedback from subject matter experts
  - Adjusting re-specifications accordingly
- Six measures related to preventive care are being re-specified this year under the following areas:
  - Developmental screening
  - Immunizations
  - Blood pressure screening
- For the upcoming year, the project is working toward identifying potential measure concepts for new measure development and other existing measures for re-specification

# Development Methodology for Re-specified Vs. New Measures



# Upcoming Measure Development

- Based on CMS and ONC guidance, the team has taken the following steps to identify potential measure concepts/measures:
  - Reviewed multiple data sources to identify existing measures for re-specification
  - Conducted discussions with several CHIPRA Quality Demonstration grantees to explore potential concepts
  - Obtained information from the AHRQ-CMS Centers of Excellence (part of the Pediatric Quality Measures Program) on their efforts in the upcoming year, for possible re-specification efforts
- One of our objectives of tapping into multiple sources was to avoid measure duplication efforts in the arena of children's measures
- The team is currently exploring various concepts and options for new measure development and re-specification
- Once concepts are vetted, specific measures for development will be defined, developed and tested over the next two years

# Lessons Learned This Year

- Based on our work on measure re-specification this past year, important lessons learned are:
  - Electronic measure specification takes time, effort, and ongoing communication and coordination across multiple stakeholders
  - Straight re-specification from an existing paper-based measure to an e-measure is usually not simple and takes considerable effort in defining electronic data elements
  - Code sets are not always available for electronic measures and have to be created and approved by standards organizations such as LOINC, SNOMED, etc., adding time to the specification process
  - If standard assessment tools are used in the parent measure, permissions from tool owners have to be obtained, which also adds time to the process
  - Selecting and engaging appropriate practice sites to test measures takes time and ongoing effort

# Applying Lessons Learned

- Potential tips and strategies toward solutions and ongoing improvements, as we constantly learn and evolve:
  - Allowing sufficient time during the concept development/definition phase to fully vet ideas for measure development
  - Obtaining initial input and feedback from a variety of sources, such as other measure developers, subject matter experts in the field, and clinicians who are impacted by these measures, to prevent potential barriers or challenges along the way
  - Starting the process of specification well ahead of time and making this an iterative process, as specifications required continuous updates
  - Allowing sufficient time for testing, obtaining feedback from subject matter experts, and making final adjustments to specifications toward the end of the development process
  - Collaborating, Collaborating, Collaborating!

# The Wave of the Future

- Recent EHR adoption rates are as follows:
  - A study conducted in 2010\* on the adoption of EHRs in U.S. hospitals showed that out of 108 hospital respondents, about 18% had a basic EHR system, and only about 3% had a comprehensive EHR system
  - A 2007-2008 study\*\* on the adoption of EHRs in ambulatory care settings indicated that out of approximately 2,760 physician respondents, about 17% had implemented EHRs, with only 4% having a fully functional system
- Incentives such as those offered through the CMS EHR Incentive Program are providing an impetus to the adoption of EHRs in the U.S.
- With this movement toward the increased use of EHRs, electronic performance measures are only expected to increase in upcoming years
- The new field of electronic measure development is a rapidly evolving one, with lessons learned being applied to make continuous improvements to methodology as we move ahead in this exciting new phase of measurement

\* Electronic Health Record Adoption by Children's Hospitals in the United States; Arch Pediatr Adolesc Med. 2010;164(12):1145-1151

\*\* Electronic Health Records in Ambulatory Care - A National Survey of Physicians; New England Journal of Medicine, 359: 50-60, July 2008.

# Questions?

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