

## **EHR-Based Quality Measurement & Reporting: Critical for Meaningful Use and Health Care Improvement**

**Summary of Position Paper Approved by the ACP Board of Regents, February 2010**

### **What is EHR-Based Quality Measurement and Reporting?**

The goal of performance measurement is to enable physicians, other health care providers, and health care organizations to evaluate the care that they deliver using quality measures that have been thoroughly validated in practice settings. Quality measures are typically derived from evidence-based clinical guidelines derived from clinical research and expert opinion.

A new approach to quality measurement and reporting uses clinical data that are entered in “real time” through an electronic health record (EHR) configured to rapidly report measures of value-added care processes (high quality, low cost). This approach addresses some of the limitations of current health care information systems, which apply quality measures retrospectively, often through labor-intensive manual processes. However, moving from current reporting systems to EHR-based reporting will require several fundamental changes in infrastructure.

### **Why is EHR-Based Reporting Critical for Improving Health Care?**

Current methods of quality measurement typically rely upon claims-based administrative data, which can be inappropriate for use in quality measurement because they are often an incomplete reflection of care processes and patient outcomes. Quality measures should provide timely, understandable, comprehensive, clinically valid, and meaningful feedback to physicians and their practice teams.

Movement toward EHR-based quality measurement and reporting will take significant health care system resources but if done correctly, the result should be a process that is clinically relevant, accurate, and trusted by the full range of stakeholders, particularly patients and their physicians. EHR-based reporting will enable new measurement capabilities, including incorporation of patient-supplied data (e.g., vaccination status, medication adherence), that along with traditional medical record-based data now generated by the clinical team, could have a dramatic impact on the quality of care and assessment of that care. Further, a shift to EHR-based quality measures and reporting will also help health care providers respond to other important issues, such as addressing the call to structure payment systems so that physicians and other health care providers can be compensated based on the quality and economic value of care they provide and not just the volume of services rendered.

### **Key Findings and Recommendations from the Paper**

ACP recommends the following:

- The primary purpose of EHR-based quality measurement and reporting should be to facilitate higher-quality, cost-effective health care.
  - Quality measures to assess physician performance should be:

- Evidence-based or, in the absence of sound scientific evidence, based on expert consensus;
  - Relevant to the physician's clinical responsibilities;
  - Valid and reliable;
  - Practical;
  - Clearly defined;
  - Have actionable measurement goals;
  - Stable over time, unless there is compelling evidence or a justifiable reason to modify them;
  - Related to clinical conditions prioritized to have the greatest positive impact; and
  - Uniform across all reporting programs (public and private) with respect to the definition, data required, and methodology of reporting accepted.
- In order for an EHR-based quality measurement and reporting program to engage all health care stakeholders, it must use clinically relevant measures and be accurate and trusted by the full range of stakeholders, particularly patients, physicians, and other health care providers.
  - EHR-based quality measurement and reporting should rely upon information routinely collected during the course of providing clinical care, including relevant data supplied by patients.
  - EHR-based quality measurement should begin with the goal of facilitating the real-time collection of data that support the effective use of point-of-care clinical decision support algorithms.
  - EHR-based quality measurement and reporting must not increase administrative work and/or impose uncompensated financial costs upon physicians and other health care providers, health care organizations, or patients.
  - Data elements that comprise quality measure data sets should be defined in a standard way to enable health IT developers to implement them effectively.
  - ACP supports the commitment of the HIT Standards Committee, the National Quality Forum (NQF), the NQF Health Information Technology Expert Panel, and others to develop unified standards for structured, codified data elements, calculation logic, measure structure, and reporting structure for quality measures. The development of these standards requires concerted and consistent input from all health care stakeholders.

## **For More Information**

This issue brief is a summary of *EHR-Based Quality Measurement and Reporting: Critical for Meaningful Use and Health Care Improvement*. The full paper is available at [http://www.acponline.org/advocacy/where\\_we\\_stand/health\\_information\\_technology/ehrs.pdf](http://www.acponline.org/advocacy/where_we_stand/health_information_technology/ehrs.pdf).