



Moving to Digital Quality Measurement

What is Quality Measurement?

- Quality measurement is the application of standardized quality measures to evaluate the health outcomes and experiences of care provided to individuals and populations, as well as the structures and processes used by organizations and clinicians to deliver care. The results of quality measurement guide quality improvement and can be used in accountability and value-based purchasing programs.
- Alternative payment models (APMs) and other value models bring together hospitals, clinicians, and other health care providers to better coordinate patient care. APMs assess a number of different quality measure sets to evaluate quality performance and any money saved through the program can only be shared with value model participants if they exceed certain quality targets.
- Quality improvement has been required across every care setting, targeting specific populations. Despite this, we have not developed a holistic framework of measurement for population health and value models like ACOs or other APMs. Instead, health care has relied on setting-specific measures that do not look across the full care continuum.

What Does Quality Measurement Cost Today?

- Quality measurement and reporting requires significant staff effort and expense because of the manual processes involved in the collection, exchange, management, and analysis of health care data.
- Health care organizations—from individual family physicians to university health systems and health plans—all shoulder the costs of quality measure reporting. A large health system spent over \$5.6 million on quality reporting in 2018, with over \$600,000 paid to vendors to report and share quality data, and more than 100,000 hours of health care staff time.
- There can also be additional costs for ACOs and other value model participants to aggregate disparate data across different health information technology and electronic health record (EHR) systems.
- Electronic measures such as digital quality measures (dQMs) are nearly 95% less expensive to report than traditional measures (\$37,500 per measure vs. \$1,900 per measure). Extrapolated to the national health care landscape, this could result in roughly \$14 billion in national health care savings. These savings are even greater when applied across an ACO or value model participant due to scale.

Why Should Quality Measures be Digital?

- Most quality measures are based on claims and administrative data that are used for billing, limiting the ability to measure many aspects of health care quality. Replacing the current manual approach to quality measurement with dQMs can increase the precision of measurement and the relevance of reports for clinicians seeking to improve care. They can also increase the validity of reported results and reduce the burden and costs associated with manual data collection and management.
- Digital measures are a better approach to measuring population health goals. CMS has recognized this and has signaled their plans to move to all digital quality measures in its programs in the near future.

How can Congress Support a Smooth and Efficient Transition to Digital Quality Measurement?

- Clinicians and APMs should not be required to make investments in new reporting approaches until the data and infrastructure required to report dQMs is widely adopted.
- CMS should first pilot test electronic clinical quality measures (eCQMs) and dQMs for a subset of APMs and ACOs to identify key challenges and unintended consequences that need to be resolved before moving forward on a program-wide basis.
- Congress should provide incentives to participate in pilot tests, such as exemptions from existing reporting requirements.
- CMS and the Office of the National Coordinator on Health IT (ONC) must also ensure the EHR certification criteria support APMs, dQMs, and electronic clinical quality data. Certified EHR Technology (CEHRT) requirements should standardize the capture and reporting of individual eCQM data elements across vendor systems, streamlining providers' workflows.