January 31, 2013

Marilyn B. Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

[Submitted electronically]

Request for Information on Hospital & Vendor Readiness for Electronic Health Records Hospital Inpatient Quality Data Reporting [CMS-3278-NC]

Dear Ms. Tavenner:

On behalf of our 126 member hospitals, the Kansas Hospital Association (KHA) appreciates the opportunity to respond to the Request for Information on Hospital and Vendor Readiness for Electronic Health Records Hospital Inpatient Quality Data Reporting published on January 3 (Federal Register, Vol. 78, No. 2, p. 308).

CMS posed a variety of questions specifically aimed at hospitals, EHR vendors, and other interested parties. In our response outlined below, the Kansas Hospital Association offers the following observations on targeted questions, as well as general comments.

How do hospitals and vendors perceive the alignment of EHR-based reporting and hospital quality reporting programs? What are the foreseen benefits and challenges?

- The Kansas Hospital Association applauds the efforts to align quality initiatives in various programs, to reduce the manual process currently required, and to allow for consistent data generated from the programs. Currently, however, our hospitals are still on the journey toward the electronic collection of quality data and have much more to do to reach this goal.
- Measures endorsed for manual abstraction have not been reviewed and specifically endorsed for EHR automated reporting. This step is needed to provide assurance that the data is valid, reliable and feasible to collect.
- It is important to note that though the measures look similar for both Meaningful Use and IQR (the measures have the same title, etc.), the measure specifications and calculation are actually quite different. The IQR measures are all manually collected and have different specifications.

Do hospitals and vendors envision being able to meet the criteria for reporting clinical quality measures electronically for the EHR Incentive Program as set forth in the EHR Incentive Program—Stage 2 final rule (77 FR 53968) and any related guidance issued? If not, what are the issues in meeting the requirements and what additional information is needed?
Certification for EHRs should include testing the accuracy of the embedded measure calculations. Some systems were implemented prior to the unveiling of the complexity of data exchange that CMS is requesting. As a result vendors attempt to modify existing systems or create new products that hospitals feel pressured to purchase.

The federal process for managing updates to e-specifications needs improvement before additional measures are reported via EHRs.

Does the hospital plan to report data leveraging any state health information exchange (HIE) initiative?

- The Kansas Health Information Network, KHIN, a collaboration of KHA, the Kansas Medical Society, and the Wichita Health Information Exchange (WHIE) and The Louis and Clark Information Exchange (LACIE), a multi-state initiative, are available for our hospitals to participate in health information exchange. However, the technical difficulties of collecting the IQR through EHRs will need to be overcome before the uses of any HIE can be leveraged.
- We advocate a requirement for vendors to be certified on all of the quality measures. The certification promotes standardization of data management, facilitating greater interoperability between systems. One of the greatest challenges for our hospitals is the interface/exchange of data between systems created by various vendors.

Are there operational challenges to electronically reporting quality data? If so, does the hospital have mitigation plans to overcome these challenges?

- The technical challenges of electronically reporting quality data far outweigh any operational challenges.
- Process improvements are needed before EHRs can successfully be used to support IQR. Our hospitals express that some of the components of their EHRs are immature in relation to electronic reporting of quality measure data. Because of the expense involved in implementation of EHRs, hospitals must sometimes introduce individual modules in phases and progress toward a complete system in the future. This progression is slower for some hospitals compared to others. Smaller hospitals do not usually have the resources needed to move quickly into implementation.

What barriers and opportunities would be created by including sampling criteria for electronically reported measures under the EHR Incentive Program?

- This question is, at the very least, premature since our hospitals have had little or no success in electronically reporting any valid quality data at the current time.
- In order for EHRs to produce accurate results of necessary data elements, we believe CMS should consider an extension to their proposal to electronically report IQR data until there is evidence that EHRs are ready to accurately produce the data requested.

Thank you for the opportunity to share our concerns and comments. Kansas hospitals seek to move toward an e-enabled health care system where all hospitals meaningfully use EHRs to improve patient care and safety and achieve national goals for improved health. We encourage CMS to consider stakeholder participation to make the automated quality measure reporting successful. The value of quality measurement and reporting requirements should be balanced with recognition of the significant burden of reporting.

Sincerely,

Tom Bell
President and CEO