

Interoperability Scenarios

Care Theme: Quality Measure Deployment

Act 20 - Ambulatory Quality BMI eMeasure Utilization

Scenario Primary Goal: To demonstrate communication of quality eMeasure specifications and communication of quality data for measurement between physicians and between physicians and reporting bodies

Key Points:

- The demonstration will use HITSP constructs to demonstrate quality measurement reporting and how government performance targets are communicated with ambulatory settings and how provider information can be reported to payers, government agencies and other quality measurement organizations
- Exchange of performance measurements between providers and payers for quality reporting

Meaningful Use Relevance

MU Objective 1: Improving Quality, Safety, Efficiency and Reducing Health Disparities

MU Objective 4: Improving Population and Public Health

Measure Number Identifier	Meaningful Use Measure Title	Description	Measure Developer
NQF 0024	Body Mass Index (BMI) 2 through 18 years of age	Percentage children, 2 – 18, whose weight is classified based on BMI percentile for age and gender	National Initiative for Children's Healthcare Quality

Clinical Workflow:

Quality measures for pediatric Body Mass Index (BMI) have been specified by NCQA and re-tooled to support electronic measurement from the EHR. These electronic measures are made available to clinicians and others involved quality reporting measures as a Quality eMeasure.

A pediatric patient comes in for a “well child visit”. The clinician records body weight, height, calculate BMI, and BMI percentile. The provider may use an EHR that assembles and submits Patient Level Quality Data for measurement using the HITSP Patient Level Quality Data Document Using HL7

Quality Reporting Document Architecture (QRDA) directly, or the provider may rely upon a third party to assemble the data on behalf of the organization such as an HIE or a Quality Report Processing Entity. The HIE has established an NHIN Gateway to support communications with Federal Agencies and other Quality Measure and Reporting Systems in support of its HIE members. On a defined periodic basis, Patient Level Quality Data is made available through the NHIN Gateway to Quality Measure and Reporting Systems.

The Quality Measure and Reporting System retrieves quality data made available through the NHIN Gateway. Data are analyzed in accordance with the eMeasure specification. Comparative quality reports are prepared and made available for required reporting to payers and comparative feedback is made available to the organizations submitting the quality measure data on their performance for the quality measures.

Care Scenario Steps	Care Setting From	Care Setting To	IHE Profiles*	Title	HITSP Capability / Construct	Title
20-1 Performance Measure Information Resource develops and publishes eMeasures	Performance Measure Information Resource	PCP/EHRS, Quality Report Processing Entity	PEQD (QRPH) QRPH (white paper)	Patient-level Export of Quality Data Performance Measurement Data Element Structured for EHR Extraction	HITSP/CAP130 HITSP/C106 HITSP/T66	Communicate Quality Measure Measurement Criteria Document Retrieve Value Sets
20-2 Patient Level Quality Data of the Pediatric patient well-child visit is submitted to the HIE for Data Assembly Assistant processing. Alternatively, Operational Data Extract of Patient Level Quality Data (QRDA) is prepared and submitted to the HIE.	PCP/EHRS	HIE Data Assembly Assistant	QRD (QRPH New Directions) PEQD (QRPH) XDS-MS (ITI) RFD (QRPH)	QRPH New Directions: Quality Report Sharing - Quality Report Document Patient-level Export of Quality Data Cross-Enterprise Sharing of Medical Summaries Retrieve Form for Data Capture	HITSP/CAP129 HITSP/C105 HITSP/T66 HITSP/CAP119 HITSP/C48 HITSP/CAP135 HITSP/TP50	Communicate Quality Measure Data HITSP Patient Level Quality Data HL7 Quality Reporting Document Architecture (QRDA) Retrieve Value Sets Communicate Structured Document HITSP Encounter Document Using IHE Medical Summary (XDS-MS) Retrieve and Populate Form Retrieve Form for Data Capture

<p>20-3 Retrieve clinical information from HIE using multi-patient queries. Data processed using Electronic Measure. Routine quality reports sent to payors and other subscribing Quality Measure and Reporting Systems over the NHIN Gateway.</p>	<p>Quality Report Processing Entity</p>	<p>NHIN Connect Gateway</p>	<p>MPQ (ITI) DSUB (ITI) QRD (QRPH New Directions) PEQD (QRPH) QRPH (white paper)</p>	<p>Multi-Patient Query Document Subscription QRPH New Directions: Quality Report Sharing - Quality Report Document Patient-level Export of Quality Data Performance Measurement Data Element Structured for EHR Extraction</p>	<p>HITSP/CAP129 HITSP/C105 HITSP/T66 HITSP/CAP130 HITSP/C106 HITSP/T66 NHIN/HIEM</p>	<p>Communicate Quality Measure Data Patient Level Quality Data HL7 Quality Reporting Document Architecture (QRDA) Retrieve Value Sets Communicate Quality Measure Measurement Criteria Document Retrieve Value Sets Health Information Event Messaging</p>
<p>20-4 The Quality Measure and Reporting System subscribes to Patient Level Quality Data. The measure is processed for reports using Electronic Measure</p>	<p>NHIN Connect Gateway</p>	<p>Quality Measure and Reporting System</p>	<p>DSUB (ITI) QRD (QRPH New Directions)</p>	<p>Document Subscription IHE New Directions: Quality Report Sharing - Quality Report Document</p>	<p>NHIN/HIEM HITSP/CAP129 HITSP/C105 HITSP/T66</p>	<p>Health Information Event Messaging Communicate Quality Measure Data Patient Level Quality Data HL7 Quality Reporting Document Architecture (QRDA) Retrieve Value Sets</p>

<p align="center">Health Information Exchange (HIE) Core Services</p>			
<p align="center">IHE Profiles</p>		<p align="center">HITSP Service Collaborations / Constructs</p>	
<p align="center">XCA XDS/XDR/XDM</p>	<p align="center">Cross-community and Cross-enterprise Document Sharing</p>	<p align="center">SC112 / TP13, T31, T33</p>	<p align="center">Healthcare Document Management Manage Transfer of Documents, Document Reliable Interchange, Transfer of Documents on Media</p>
<p align="center">PIX</p>	<p align="center">Patient Identity Cross-reference</p>	<p align="center">SC112 / TP22</p>	<p align="center">Patient ID Cross-Referencing</p>
<p align="center">PDQ</p>	<p align="center">Patient Demographics Query</p>	<p align="center">SC112 / T23</p>	<p align="center">Patient Demographics Query</p>
<p align="center">ATNA</p>	<p align="center">Audit Trail and Node Authentication</p>	<p align="center">SC112 / T15, T17</p>	<p align="center">Collect and Communicate Security Audit Trail, Secured Communication Channel</p>
<p align="center">CT</p>	<p align="center">Consistent Time</p>	<p align="center">SC112 / T16</p>	<p align="center">Consistent Time</p>
		<p align="center">NHIN HIEM</p>	<p align="center">Health Information Event Messaging</p>