

FIVE TAKEAWAYS FROM THE WEBINAR

How did we get thousands of quality measures? Charting a simpler future

Providers are overburdened by the sheer number of quality measures. There are thousands of measures, many of which are duplicative and not clinically relevant.

During an Aug. 4 webinar, experts examined how the industry arrived at this current state with measurement and discussed what needs to happen to improve the role of digital quality measures and coordination among stakeholders.

1 Burden of measurement worsened with the adoption of EHRs, lack of standardization

When electronic health records were implemented at hospitals and other care centers across the country, there was hope that it would decrease the burden associated with quality measurement reporting through digitization, but it actually worsened the problem, according to Dr. Blackford Middleton, chief informatics and innovation officer at Apervita. Clinicians became the data-entry clerks for quality measurement, typing in health information into the EHR. Measures also have historically suffered from lack of standardization. This is improving, but asynchronous quality measures exacerbate the burden of measurement reporting and impair the validity of measures.

2 The ideal state of quality measurement centers on value

Focusing on the number of measures isn't the right answer when exploring how to improve quality measurement, said Dr. Helen Burstin, chief executive officer at the Council of Medical Specialty Societies. The ideal state of quality measurement may actually mean many measures, but they all should provide value to clinicians and patients. The challenge today is many measures aren't clinically relevant and are duplicative. Burstin said the industry must evaluate the measures today and remove those that are redundant and unhelpful to clinicians.

3 Digital quality measures could be the catalyst for interoperability

The emergence of EHRs and interoperability have opened the industry to the potential of digital quality measures, which are measures captured through clinical data from health records, rather than relying on insurance claims. There is great promise associated with digital quality measures because they provide easier access to rich data sources and can enable providers to respond to quality measurement results in near real-time. But there are hurdles to realizing digital quality measures, said Dr. Karen Dorsey Sheares, director of quality measurement programs at the Yale New Haven Hospital Center for Outcomes Research and Evaluation. EHRs were primarily designed for billing purposes and therefore clinical data isn't stored in a structured way, making it difficult to capture for quality measurement. Additionally, healthcare providers and insurers are incredibly siloed, making the sharing of vital clinical information challenging.

4 Collaboration is needed around measure development and strategy

Measurement design thus far has been uncoordinated across stakeholders, leading to fragmentation and dissatisfaction. In order to improve the state of measurement, a group of passionate stakeholders from across the industry needs to come together and

lead the transformation of measurement. Their work also shouldn't be about re-inventing the wheel but rather taking stock of what has worked so far and implementing it efficiently and on a national scale.

5 Inequities must be considered in measurement

Racial and economic disparities historically haven't been a consideration in the creation of quality measures. The COVID-19 pandemic highlighted the need for better measures on racial inequities as the industry struggled to understand vaccination rates by race and ethnicity. As the industry looks to the digitization of quality measures, there should be a concentrated effort to build a standardized set of quality measures related to inequity and social determinants of health to improve quality of care for all. Additionally, there should be a movement to incorporate these measures into payment programs to incentivize providers to focus on reducing disparities, Sheares said.

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