

Prioritization and Identification of Health IT Patient Safety Measures

Post Comment Call

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*January 26, 2016
3:00-5:00pm ET*



NATIONAL
QUALITY FORUM

Call Objectives

- Provide a summary of comments received on the draft report,
- Highlight cross-cutting themes, and
- Discuss issues that would benefit from further committee input.

HIT Safety Committee

- Elisabeth Belmont, JD (Co-chair)
- Hardeep Singh, MD, MPH (Co-chair)
- Jason Adelman, MD, MS
- Gregory Alexander, PhD, RN, FAAN
- Gerard Castro, PhD, MPH
- David Classen, MD, MS
- Linda Dimitropoulos, PhD
- Lisa Freeman
- Tejal Gandhi, MD, MPH, CPPS
- Andrea Gelzer, MD, MS, FACP
- Kevin Haynes, PharmD, MSCE
- Laura Heermann-Langford, PhD, RN
- George Hripcsak, MD, MS
- Jason Jones, PhD
- Adjhaporn Khunlertkit, PhD
- William Marella, MBA
- Dena Mendelsohn, JD, MPH
- James Russell, RPh
- Eric Schneider, MD, MSc
- Mark Segal, PhD
- Karen Paul Zimmer, MD, MPH, FAAP

Comment themes

■ Clinical Decision Support

- A number of commenters suggested that the measures in this section are too narrowly-focused on alerts
- Some concern around defining and measuring the appropriateness or effectiveness of alerts
- It was noted that training, education, and measurement of user competency can play an important role in ensuring that clinicians are using CDS as it is intended

■ System Interoperability

- Some concern that measure concepts are not sufficiently specific and may not provide actionable information
- Some commenters suggested that measurement of interoperability and data exchange will require greater consistency in terminologies and a shared understanding of what data can be, should be, and is being exchanged

Comment themes (cont.)

■ Patient Engagement

- Some commenters noted that there is variability in patient portals across systems and settings, and that some standardization may be needed to get comparable data on the effectiveness of portals in facilitating patient engagement
- It was also noted that some portals are limited in terms of content and navigability, and that greater transparency is needed for true patient engagement

■ Data Entry Burden

- Some commenters noted that data entry requirements are affected by factors other than system usability, including regulatory and certification requirements, etc.
- It was noted that any measurement of HIT safety should not add to data entry burdens without sufficient justification or added value

Comment themes (cont.)

■ User-Centered Design

- Some commenters noted that usability is not only a property of HIT systems themselves, but is affected by factors like clinical workflow, organizational requirements, regulatory requirements, etc.
- Some commenters suggested that testing of system usability should extend across the HIT lifecycle (“cradle-to-grave”), including when upgrades or fixes are implemented

■ Information Sharing

- Commenters agreed that organizations should have access to lessons learned related to patient safety risks
- Some commenters noted that differences in configuration and interfaces across organizations may limit the ability to learn from publicly-reported safety issues

Comment themes (cont.)

■ Other

- Commenters noted that many of these areas will be difficult to measure
- Challenge going forward will be to take these concepts or areas of focus and provide granular enough detail in the measures to allow organizations to apply them in their practice settings with some level of standardization
- Some commenters suggested that in general, there may be too much of a focus on system components and single actors, rather than on the broader cultural aspects of safety

General Committee Discussion

- Comments or questions from the Committee?

Specific Issues for Discussion

- Clarify language used in describing the conceptual framework
- Reconsideration of a measure concept for medication reconciliation which is duplicative with measurement specified in Meaningful Use
- Reconsideration of measure concepts not identified as high priority by the Committee
- Consideration of additional measure concepts or framework categories

Clarify language used in describing the conceptual framework

Commenter suggests changing the term “level” to “category”, to recognize that the items in each category are not necessarily dependent on achievement of previous categories.

Question for the Committee: Are Committee members comfortable with the term “levels,” or should the framework use the term “categories” instead?

Reconsideration of a measure concept for medication reconciliation which is duplicative with measurement specified in Meaningful Use

- *Is there really a need for an additional medication reconciliation measure, as medication reconciliation is already part of the clinical information requirement in meaningful use?*

Question for the Committee: NQF staff recommends noting this issue in a section on public comments in the final report, but retaining the recommendations as currently presented. Are you satisfied with this approach, or do you think the referenced measure concept should be modified as suggested?

Reconsideration of measure concepts not included in the final prioritized list

Suggested high priority concepts for CDS and HIT Documentation include:

- *Advanced decision support for geriatric and/or renal dosing*
- *The presence of order sets for the most common admission diagnoses*
- *The use of bar codes in medication preparation*

Question for the Committee: NQF staff recommends noting these issues in a section on public comments in the final report, but retaining the recommendations as currently presented. Are you satisfied with this approach, or do you think the referenced measure concepts should be modified as suggested?

Consideration of proposed additions to the conceptual framework or prioritized measurement areas

Proposed additions include:

- ***Measurement around data provenance*** – commenter suggests a measure concept requiring accessibility of metadata describing the provenance of all data, particularly that obtained through external systems
- ***Additional framework category*** – commenter suggests adding System Interoperability as a separate category within Level 2 of the framework

Question for the Committee: NQF staff proposes responding that the Committee believes these issues are already represented in the current framework and prioritized measurement areas, while summarizing the commenter's input in a section on public comments in the final report. Are you satisfied with this approach, or do you think the framework or other aspects of the report should be modified in response?

Next Steps

- NQF Staff to revise report
- Final report posted: February 12, 2016