September 26, 2017

United States House of Representatives
Committee on Ways & Means
1102 Longworth House Office Building
Washington D.C. 20515
WMProviderFeedback@mail.house.gov

Dear Chairman Tiberi:

Thank you for the opportunity to offer our comments on the House Ways & Means Health Subcommittee's Provider Statutory & Regulatory Relief Initiative. The National Committee for Quality Assurance (NCQA) is striving to significantly reduce burden by developing a fully automated system for quality measure reporting. This will:

- Allow physicians and other health professionals to focus on patient care;
- Provide ready access to much richer clinical data in electronic systems – including outcomes – than in the claims used for most quality reporting today;
- Support use of that richer data for broader and faster quality improvement; and
- Substantially improve the accuracy of data used for value-based payments under the Medicare Access & CHIP Reauthorization Act (MACRA) and other pay-for-performance programs.

NCQA is working toward multiple solutions to achieve these important goals. The first of these is our eMeasure Certification program, which tests a system's ability to produce valid performance measure results.

eMeasure Certification & Data Intermediaries

By using industry standards to test target systems, NCQA's certification helps to ensure that when a clinician is correctly documenting care with their electronic health record (EHR), they can be assured the certified system will be interoperable with other EHR modules and accurately report performance. The burden of the clinician is minimized because the data needed to report quality measures should be automated as a result of the validated interoperability and reporting tests that NCQA conducts.
Here's how it works:

1. NCQA's eMeasure Certification evaluates a target system's ability to ingest continuity of care documents (CCDs) – the equivalent of the medical record.
2. The program expects the target system to parse through data provided to them by NCQA and accurately identify the correct records that meet a given measure specification.
3. The system must then be able to send NCQA the correct records in QRDA 1 and QRDA 3 formats. These are the formats used for the Healthcare Effectiveness Data & Information Set (HEDIS©), Medicare Stars, and other ambulatory quality reporting programs.

Relying on this certification will facilitate greater automation in quality reporting. For example, once a data intermediary such as a Qualified Clinical Data Registry (QCDR) achieves certification, it can automatically pull the correct data from a clinician's EHR to build a reliable and valid performance measure. This takes the work of measure reporting out of the clinician's hands and allows them to allocate time otherwise spent in front of a computer to more time spent in front of a patient.

Eventually NCQA wants to streamline this process even more. At present, as measure specifications evolve with clinical guidelines, vendors must update individual iterations of their quality reporting software. Often the same software has hundreds of iterations at different practices across the country, leading to significant administrative burden for both vendors and practice managers. NCQA is trying to change that.

Our goal is to intervene upstream of this problem by working directly with our certified data intermediaries, such as QCDRs, to update measure specifications within their software instead of the individual EHR installations. In this new world, the data intermediaries would continue to pull data from EHRs as they normally would. However, because we can work directly with the intermediaries to ensure their measure specifications are up-to-date, vendors and practices managers would no longer be responsible for burdensome updates to quality reporting software.

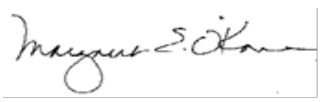
MACRA Reporting Burden

The other area we believe you could reduce burden on providers is related to participation in QPP – particularly on the Merit-Based Incentive Payment System (MIPS) track. Under MIPS, Patient-Centered Medical Homes (PCMHs) and Patient-Centered Specialty Practices (PCSPs) receive auto-credit for the Improvement Activities portion of the MIPS score. We believe you should also provide Advancing Care Information auto-credit to PCMHs and PCSPs because of the strong focus on use of HIT in standards for these programs.

ACI auto-credit would reduce unnecessary burden for clinicians who have already completed the rigorous PCMH or PCSP recognition process. Recognized clinicians have demonstrated to NCQA for a period of at least 90 days how they use HIT to improve patient care, and must update NCQA annually on performance in key areas to maintain recognition. Appendices A & B crosswalk the substantial overlap between HIT provisions in NCQA PCMH and PCSP standards and ACI requirements and measures.

Thank you for the opportunity to provide feedback. We look forward to collaborating with you to meaningfully reduce administrative burden while also improving the accuracy and efficiency of performance measurement. If you have any questions, please contact Paul Cotton, Director of Federal Affairs, at cotton@ncqa.org or (202) 955 5162.

Sincerely,



Margaret O'Kane,
President

Appendix A
Advancing Care Information & NCQA PCMH

Advancing Care Information Measure	NCQA PCMH Standard
Security Risk Analysis	***Team-Based Care & Practice Organization*** - Standard 5: The practice uses an EHR system (or modules) that has been certified and issued an ONC Certification ID, conducts a security risk analysis, and implements security updates as necessary correcting identified security deficiencies.
e-Prescribing	***Knowing and Managing Your Patients*** - Standard 19: Systematically obtains prescription claims data in order to assess and address medication adherence.
Provide Patient Access	***Patient-Centered Access and Continuity*** - Standard 5: Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record. - Standard 7: Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.
Send a Summary of Care	***Care Coordination and Care Transitions*** - Standard 4 (A-C): The practice systematically manages referrals by: A. Giving the consultant or specialist the clinical question, the required timing and the type of referral; B. Giving the consultant or specialist pertinent demographic and clinical data, including test results and the current care plan; C. Tracking referrals until the consultant or specialist's report is available, flagging and following up on overdue reports. - Standard 15: Shares clinical information with admitting hospitals and emergency departments. - Standard 18: Exchanges patient information with the hospital during a patient's hospitalization. - Standard 21 (C): Demonstrates electronic exchange of information with external entities, agencies and registries: C. Summary of care record to another provider or care facility for care transitions.

Appendix A
Advancing Care Information & NCQA PCMH

Advancing Care Information Measure	NCQA PCMH Standard
Request/Accept Summary of Care	***Care Coordination and Care Transitions*** - Standard 18: Exchanges patient information with the hospital during a patient's hospitalization. - Standard 19: Implements a process to consistently obtain patient discharge summaries from the hospital and other facilities. - Standard 21 (C): Demonstrates electronic exchange of information with external entities, agencies and registries: C. Summary of care record to another provider or care facility for care transitions.
Patient-Specific Education	***Knowing and Managing Your Patients*** - Standard 8: Evaluates patient population demographics/communication preferences/health literacy to tailor development and distribution of patient materials. - Standard 16: Assesses understanding and provides education, as needed, on new prescriptions for more than 50 percent of patients/families/caregiver. - Standard 21: Uses information on the population served by the practice to prioritize needed community resources. - Standard 22: Provides access to educational resources, such as materials, peer-support sessions, group classes, online self-management tools or programs.
View, Download and Transmit (VDT)	***Patient-Centered Access and Continuity*** - Standard 5: Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record. - Standard 7: Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.
Secure Messaging	***Patient-Centered Access and Continuity*** - Standard 5: Documents clinical advice in patient records and confirms clinical advice and care provided after-hours does not conflict with patient medical record. - Standard 8: Has a secure electronic system for two-way communication to provide timely clinical advice.

Appendix A
Advancing Care Information & NCQA PCMH

Advancing Care Information Measure	NCQA PCMH Standard
Patient-Generated Health Data	***Care Management and Support*** - Standard 7: Identifies and discusses potential barriers to meeting goals in individual care plans. - Standard 8: Includes a self-management plan in individual care plans. - Standard 9: Care plan is integrated and accessible across settings of care.
Clinical Information Reconciliation	***Knowing and Managing Your Patients*** - Standard 14: Reviews and reconciles medications for more than 80 percent of patients received from care transitions. ***Care Coordination and Care Transitions*** - Standard 20: Collaborates with the patient/family/caregiver to develop/implement a written care plan for complex patients transitioning into/out of the practice (e.g., from pediatric care to adult care).
Immunization Registry Reporting	***Care Coordination and Care Transitions*** - Standard 21 (B): Demonstrates electronic exchange of information with external entities, agencies and registries: B. Immunization registries or immunization information systems.

Appendix B
Advancing Care Information & NCQA PCSP

Advancing Care Information Measure	NCQA PCSP Domain & Element
Security Risk Analysis	***Measure and Improve Performance*** - Element E: Use Certified EHR Technology. The practice uses a certified EHR system: o The practice attests to conducting a security risk analysis of its EHR system (or modules) and implementing security updates as necessary and correcting identified security deficiencies.
e-Prescribing	***Plan and Manage Care*** - Element C: Use Electronic Prescribing. The practice uses an electronic prescription system with the following capabilities: o At least 75 percent of eligible prescriptions are generated using the electronic prescription system. o More than 50 percent of eligible prescriptions written by the practice are compared to drug formularies and sent to pharmacies electronically. o More than 60 percent of medication orders are entered into the medical record.
Provide Patient Access	***Provide Access and Communication*** - Element B: Electronic Access. The practice provides the following information and services to patients/ families/caregivers through a secure electronic system: o More than 50 percent of patients have timely access to their health information. o The capability to view, download or transmit their health information to a third party.

Appendix B
Advancing Care Information & NCQA PCSP

Advancing Care Information Measure	NCQA PCSP Domain & Element
Send a Summary of Care	***Working with Primary Care and Other Referring Clinicians*** - Element D: Assessing Initial Referral Response. The practice has a written process and monitors against it to ensure a timely response to PCPs and referring clinicians that includes: o Electronic transmission of a summary of care record to another provider, for more than 10 percent of referrals. - Element F: Connecting Patients With Primary Care. The practice implements a documented process for connecting self-referred patients with primary care clinicians that includes: o For self-referred patients with a primary care clinician, providing a summary of care report to the primary care clinician. ***Track and Coordinate Care*** - Element B: Referral Tracking and Follow-Up. The practice coordinates referrals to other (secondary) specialists by: o Demonstrating its capability to provide an electronic summary-of-care record to another provider following a referral. o Electronically transmitting a summary-of-care record to another care provider, for more than 10 percent of care referrals. - Element C: Coordinate Care Transitions. The practice supports patients who have an ongoing relationship with a specialist during acute care transitions. For these patients, the practice systematically: o Demonstrates its capability to provide an electronic summary of care record to another facility following a transition of care. o Electronically transmits a summary of care record to another care setting for more than 10 percent of care transitions.

Appendix B
Advancing Care Information & NCQA PCSP

Advancing Care Information Measure	NCQA PCSP Domain & Element
Request/Accept Summary of Care	***Track and Coordinate Care*** - Element B: Referral Tracking and Follow-Up. The practice coordinates referrals to other (secondary) specialists by: o Following up to obtain the specialist's report. o Asking patients/families/caregivers about self-referrals and requesting reports from clinicians. - Element C: Coordinate Care Transitions. The practice supports patients who have an ongoing relationship with a specialist during acute care transitions. For these patients, the practice systematically: o Demonstrates its process for consistently obtaining patient discharge summaries from the hospital and other facilities.
Patient-Specific Education	***Plan and Manage Care*** - Element A: Care Planning and Support Self-Care. The practice provides the following care management and self-care support for practice-specific conditions: o Uses an EHR to identify and provide patient-specific education resources to more than 10 percent of patients.
View, Download and Transmit (VDT)	***Provide Access and Communication*** - Element B: Electronic Access. The practice provides the following information and services to patients/ families/caregivers through a secure electronic system: o More than 50 percent of patients have timely access to their health information. o The capability to view, download or transmit their health information to a third party.
Secure Messaging	***Provide Access and Communication*** - Element B: Electronic Access. The practice provides the following information and services to patients/ families/caregivers through a secure electronic system: o The capability to send a secure message. o Two-way communication between patients/families/caregivers and the practice. o Requests for appointments, prescription refills, referrals and test results.

Appendix B
Advancing Care Information & NCQA PCSP

Advancing Care Information Measure	NCQA PCSP Domain & Element
Patient-Generated Health Data	***No analogous standard at this time.*** - With approval from CMS, we can develop this as a part of an ACI deeming module for PCSP.
Clinical Information Reconciliation	***Plan and Manage Care*** - Element B: Medication Management. The practice has a process and demonstrates that it systematically manages medications prescribed by the practice in the following ways: o Reconciles medications for more than 50 percent of patients received from another care setting or at a relevant visit. ***Working With Primary Care and Other Referring Clinicians*** - Element C: Assessing Initial Referral Content. The practice sets expectations and monitors against those expectations to confirm receipt of information needed in referrals from clinicians: o Clinical questions to be answered by the referral. o Type of referral. o Urgency of referral. o Patient demographics. o Clinical information. o Current primary practice care plan, treatment, test results and procedures. o Which clinician is responsible for communicating with patient/family/ caregiver.
Immunization Registry Reporting	***Measure and Improve Performance*** - Element E: Use Certified EHR Technology. The practice uses a certified EHR system: o The practice demonstrates the capability to submit electronic data to immunization registries or immunization information systems.