Clinical Quality Measures

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Clinical Quality Measures (CQM) are not new, but they are rising to a new prominence due to their role as one of the key requirements of the Meaningful Use EHR Incentive programs, the advent of electronic health information exchange (HIE), Accountable Care Organizations (ACO) and payment reform. Lord Kelvin in the late 19th Century made the observation, “If you can’t measure it, you can’t improve it”. This indeed is the driving principle behind the growing effort around the development and implementation of new CQM.

Virtually all CQM in use to date were developed in a paper world and have for the most part been implemented in a paper world. Collection of most clinical data has been on clipboards, even if it was then entered into computers for analysis, and the coarse granularity of claims based data to supplement this has meant very significant limitations in the measurements and analysis of quality measures. But as we approach the tipping point for the adoption of electronic health records (EHR), all that is about to change.

Most CQM in use by Medicare, Medicaid, commercial health insurance, and large healthcare organizations today are drawn from those measures endorsed by The National Quality Forum, a non-profit, non-governmental organization with a rigorous process of evaluation and review of the CQM it endorses. Over the past few years, anticipating the electronic future, the NQF has converted existing measures to eMeasures that will allow the more efficient and more accurate collection of data necessary for CQM and to allow electronic submission and analysis of those measures.

Recognizing the great potential for more effective CQM and for moving from a predominance of process measures to more meaningful outcomes measures, the NQF has through its Health Information Technology Advisory Committee (HITAC) developed the Quality Data Model (QDM) which contains the specifications for clinical data that can be found in EHRs and describes the concepts for using these data elements in eMeasures. The publication of the QDM last year will allow measure developers; medical specialty organizations, health insurance plans, quality improvement organizations, and others; to develop the CQM needed to transform healthcare. It will also enable the measures to be collected efficiently from EHR systems, analyzed electronically and used to improve Clinical Decision Support (CDS) in the interest of patient safety, more efficient care, and improved outcomes for patients.

Though Lord Kelvin could not have envisioned the health information technology of the future, his observation is as profound in our clinical world today as it was when he made it over 100 years ago.