September 20, 2012

Carolyn M. Clancy, MD
Director
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Re: Request for Information on Quality Measurement Enabled by Health IT; 77 Federal Register 50692, August 22, 2012

Dear Dr. Clancy:

I am contacting you on behalf of the more than 17,000 members of the American Academy of Dermatology Association (AADA) to share our comments on the Request for Information on Quality Measurement Enabled by Health IT as published in the Federal Register on August 22, 2012. The AADA appreciates the opportunity to provide comments to AHRQ on the issue of health IT-enabled quality measurement. The AADA’s remarks address how providers can be better engaged in the health IT-enabled quality process (Question No. 11). The AADA has particular suggestions regarding impediments to physicians’ engagement in health IT-enabled quality measurement that we will address in our remarks below.

**Ensuring Reporting Accuracy**
The AADA urges that efforts be made to enhance the accurate electronic reporting of electronic of quality measures. We are concerned that while current EHR products may be able to generate quality measure reports, the data may be inaccurate or inconsistent. Moreover, the data may not be comparable across different providers.

Developing electronic specifications for reporting quality measures from an EHR is a complicated process. Those specifications must include data elements, logic and other information in a format that can be captured in the EHR and ultimately shared with other entities. The AADA believes that it is essential to thoroughly test the electronic specifications to ensure accurate quality measure reporting and meaningful quality improvement. Testing of these specifications should be completed in a test system environment using test data to assess the measure logic, as well as in a clinical environment using a live EHR system with actual patient clinical information. The AADA further recommends testing EHR specifications across varying practice sites using different Health IT software. Moreover, we believe it is important to develop standards that allow for the unambiguous exchange of information across settings.
Integration of Clinical Workflow
The AADA believes that it is critical that clinical workflow be integrated into the design and use of electronic health records and quality measurement methodologies. Quality measurement methodologies must be developed with an understanding of the role clinical workflow plays in successful implementation of and meaningful use of electronic health record technology. The AADA believes that widespread adoption and meaningful use of EHR technology will not be achieved unless health information technology is successfully integrated into clinical workflow. We recommend that AHRQ work to develop pragmatic workflow efficiencies within health IT-enabled quality measurement methodologies.

Harmonization
The AADA believes another major impediment to physician engagement in adoption of health IT-enabled quality measurement is the lack of harmonization across reporting programs. The AADA advocates for minimizing the burden on physicians, particularly those in solo or small practice groups, by aligning quality reporting requirements across all regulatory agencies and programs—not only the specific quality measure, but also the process or method of reporting. Harmonization must take place within the larger context of all regulatory, payor-initiated and other reporting burdens faced by physicians. Many physicians are engaged in adopting EHR, initiating quality reporting, as well as undertaking payment and delivery reforms.

Other Barriers to Participation
The AADA believes that health IT-enabled quality measures should be designed and used to advance meaningful physician-patient interaction. We acknowledge the role that well-developed EHRs can play in improving quality of care delivery, enhancing patient safety, and supporting practice efficiencies. The AADA urges that quality measurement methodologies be developed with flexibility to accommodate all specialists and their varying practice patterns and patient populations.

The AADA believes the physician should have some flexibility to choose the quality measures that he/she is being measured on. As EHRs develop the ability to integrate quality measures, the physician should be able to enable or disable what is captured for accountability measures that contribute to rating a physician or affect that physician’s reimbursement. While we understand that there will likely be the need for some mandatory measures, we believe that allowing physicians greater flexibility to choose what they are measured on would increase physician engagement in the health-IT-enabled quality measurement process.
Moreover, the AADA believes that physicians should not be graded on quality measures that require adherence from a party other than a physician (e.g., measures based on a patient’s use of technology, or those that require a provider to base referrals on whether another provider utilizes a different EHR vendor system). We cannot improve the quality of health care delivery with measures that require a physician to be responsible for the functionality of vendor programming and the subsequent inter-operability—factors that are not in the physician’s control. If the quality measurement methodology applied to physicians does not appear reasonable, it will serve as a barrier for physician engagement in health IT-enabled quality measurement.

Conclusion
The AADA appreciates the opportunity to provide our comments on these important issues. Please contact Richard Martin, JD, Assistant Director, Regulatory Policy, at (202) 842-3555 or RMartin@aad.org if you require clarification on any of the points or would like more information.

Sincerely,

Daniel M. Siegel, MD, FAAD
President, American Academy of Dermatology Association

CC:
Zoe D. Draelos, MD, FAAD, Vice President
Dirk M. Elston, MD, FAAD, President-Elect
Suzanne M. Olbricht, MD, FAAD, Secretary-Treasurer
Marta Jane VanBeek, MD, MPH, FAAD, Chair, Council on Government Affairs, Health Policy, and Practice
Eileen Murray, CAE, Acting Executive Director