Department of Health and Human Services
Centers for Medicare & Medicaid Services
CMS-3276-NC

Use of Clinical Quality Measures (CQMs) Reported under the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program, and Other Reporting Programs

Response to Request for Information

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Introduction

Founded by Johns Hopkins Medicine and leading professional medical societies, MedBiquitous is a not-for-profit, international group of professional associations, universities, commercial, and governmental organizations seeking to develop and promote technology standards for the health professions that advance lifelong learning, continuous improvement, and better patient outcomes. MedBiquitous is accredited by the American National Standards Institute (ANSI) to develop information technology standards supporting the health professions.

Our members are creating a technology blueprint for the health professions. Based on XML and Web services standards, this blueprint will seamlessly support the learner in ways that will improve patient care and simplify the administrative work associated with education and quality improvement. MedBiquitous also provides a neutral forum for educators and industry alike to exchange ideas about innovative uses of Web technologies for health professions education and quality improvement.

Many certifying boards and specialty societies are already using MedBiquitous standards to communicate completion of practice performance assessment activities that count towards Maintenance of Certification (MoC) requirements. Certifying boards also use MedBiquitous standards to report certification data to the American Board of Medical Specialties and other types of credentialing organizations. Since these organizations are already using MedBiquitous standards for the reporting of MoC activity data and certification data, we propose the use of these standards for reporting of quality measurement activities for the Physician Quality Reporting System (PQRS). In addition, there may be opportunities to build on MedBiquitous standards, integrate MedBiquitous standards with standards from other organizations, or develop new standards that support documentation of participation in clinical registries.

MedBiquitous is responding to the following questions.

- How should our quality reporting programs change/evolve to reduce reporting burden on eligible professionals, while still receiving robust data on clinical quality?
- If CMS provided a reporting option for PQRS and/or the EHR Incentive Program through such entities, what specification should CMS use to receive the quality data information (for example, Quality Reporting Document Architecture [QRDA] 1 or 3, XML, other)?

Reducing the Burden

Question: How should our quality reporting programs change/evolve to reduce reporting burden on eligible professionals, while still receiving robust data on clinical quality?

Response:

Healthcare professionals are inundated with efforts to measure and improve the quality of care. A single provider may be involved in quality measurement and improvement efforts within their hospital,
multiple clinical registries, their certifying board, multiple payer organizations, and other national quality reporting organizations. Several of these quality reporting efforts are tailored to the specialty they serve, providing high quality, actionable data seen as relevant by providers.

CMS should allow participation in robust quality reporting programs to count towards PQRS incentive payments and, where applicable, EHR incentive programs. Counting participation in such programs as opposed to collecting data on a limited set of measures would further drive quality improvement in ways that are applicable to specialists while reducing the reporting burden and allowing providers more time for clinical care. Focusing on participation would provide flexibility in meeting incentive program requirements and would allow for quality programs to evolve based on current evidence, measures, and specialty specific data.

Specifications for Registry Reporting

Question: If CMS provided a reporting option for PQRS and/or the EHR Incentive Program through such entities, what specification should CMS use to receive the quality data information (for example, Quality Reporting Document Architecture [QRDA] 1 or 3, XML, other)?

Response:

Currently CMS uses a government-unique standard for the exchange of data regarding MoC part 4 completion. We propose using the ANSI/MEDBIQ PP 20.1-201x, Healthcare Professional Profile 2.0 and the ANSI/MEDBIQ AR.10.1-2009, Activity Report for the exchange of data related to the following:

- Certification status of providers
- Completion of practice performance assessment activities that count towards MoC and PQRS requirements

We also propose investigating the use of ANSI/MEDBIQ AR.10.1-2009, Activity Report for reporting participation in qualified clinical data registry.

OMB Circular A-119 directs agencies to use voluntary consensus standards in lieu of government-unique standards except where inconsistent with law or otherwise impractical. As an ANSI-accredited standards developer, MedBiquitous produces voluntary consensus standards as defined by OMB Circular A-119. In addition, MedBiquitous standards are available under very open terms and at no cost through the MedBiquitous XML Public License and Terms of Use (see http://www.medbiq.org/license).

Certification status

ANSI/MEDBIQ PP 20.1-201x, Healthcare Professional Profile 2.0 provides a standard XML format for profile data on healthcare professionals, making it easier to exchange and compile profile data across organizations. Healthcare Professional Profile 2.0 is currently in development within the MedBiquitous Professional Profile Working Group. The group includes representatives from the following organizations:
The working group is modifying ANSI/MEDBIQ PP.10.1-2008, Healthcare Professional Profile to include the capability to exchange data related to the evolving maintenance of certification system. The following elements and attributes are included in the most recent version of the specification.

<table>
<thead>
<tr>
<th>Elements and Attributes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CertificationOrganization</td>
<td>The organization certifying the certification board. For example, American Board of Medical Specialties.</td>
</tr>
<tr>
<td>CertificationBoard</td>
<td>The board certifying the medical professional. For example, American Board of Internal Medicine.</td>
</tr>
<tr>
<td>CertificateStatus</td>
<td>The current status of the individual’s specialty certification. Valid values are: Active, Inactive, Expired, Revoked, Suspended, and Surrendered.</td>
</tr>
<tr>
<td>CertificateName</td>
<td>The name of the certificate. For example, General Surgery.</td>
</tr>
<tr>
<td>CertificateID</td>
<td>The identifier for a type of certificate issued by a specific specialty board.</td>
</tr>
<tr>
<td>CertificateType</td>
<td>The type of certificate. Valid values are: General Certificate, Subcertificate.</td>
</tr>
<tr>
<td>CertificationID</td>
<td>A unique identifier for a specific issuance of a certificate.</td>
</tr>
<tr>
<td>CertificationFocus</td>
<td>Any focus area associated with this certificate. For example, Hospital Medicine.</td>
</tr>
<tr>
<td>CertificationDuration</td>
<td>The duration of the certificate. Valid values include: Lifetime, Time-limited, Continuous.</td>
</tr>
<tr>
<td>CertificationMaintenance</td>
<td>Defines whether or not the certificate is maintained. Valid values are: Maintained, Not maintained, Not required.</td>
</tr>
<tr>
<td>CertificationOccurrence</td>
<td>Whether the certificate is an initial certificate or one issued through a recertification process. Valid values are: Initial and Recertification.</td>
</tr>
<tr>
<td>CertificationIssueDate</td>
<td>The date the certificate was issued.</td>
</tr>
<tr>
<td>CertificationExpireDate</td>
<td>The date the certificate will expire.</td>
</tr>
<tr>
<td>ScheduledUpdate</td>
<td>A date that the certifying board will update data for this certificate.</td>
</tr>
<tr>
<td>CertificationStatus</td>
<td>Defines whether or not a certification is active. Valid values are Active, Inactive, Expired, Revoked, Suspended, and Surrendered.</td>
</tr>
</tbody>
</table>

Completion of practice performance assessment activities

ANSI/MEDBIQ AR.10.1-2009, Activity Report allows organizations to electronically compile CE and Maintenance of Certification certificate data across providers, making it easier to track lifelong learning
and improvement. Activity Report is an American National Standard developed by the MedBiquitous Activity Report Working Group and represent contributions from the following organizations.

- American Academy of Dermatology
- American Academy of Pediatrics
- American Association of Critical-Care Nurses
- American Board of Medical Specialties
- American Board of Pediatrics
- American Board of Surgery
- Accreditation Council for Continuing Medical Education
- American Gastroenterological Association
- American Heart Association
- American Medical Association
- American Osteopathic Association
- American Society for Clinical Oncology
- American Thoracic Society
- Blackwell
- California Academy of Family Physicians
- CECity
- CTSNet
- EEDS
- Genova Technologies
- Healthstream
- HighWire Press
- LearnSomething
- Med-IQ
- MedPage Today
- Medscape
- METI
- Moberg Research
- National Institute for Quality Improvement and Education
- Radiological Society of North America
- RSI Focal Search
- Silverchair
- Thomson
- University of Pennsylvania
- University of Pittsburgh
- Wolters Kluwer

The American Boards of Family Medicine, Internal Medicine, Pediatrics, and Surgery are using the MedBiquitous Activity Report for the collection of data related to MoC activities. The American Board of
Pediatrics uses the Activity Report to compile data on practice performance assessment activities completed or started by its diplomates.

The Activity Report Working Group is currently revising ANSI/MEDBIQ AR.10.1-2009 to allow activities to be better connected to Competency Frameworks and other types of external frameworks. Suggestions for revisions based on CMS needs would be welcome.

The Activity Report may include the following data.

- Unique identifiers for the document and report
- Timestamps for the report
- The reporting organization
- Details about the provider, including name and unique identifiers
- Name of the organization providing the activity
- Activity name
- Data specific to point of care learning activities
- Module name
- Metadata about the module
- The individual’s status in relation to the module
- Start date and time
- End date and time
- Due date and time
- Registered date and time
- Completed date and time
- Expired date and time
- Time engaged in the activity
- Results (pass/fail)
- Details about any CE credit received for completing the activity.

All MedBiquitous standards are extensible, allowing for the inclusion of data defined by other standards or schema. It would be possible to include QRDA XML or other XML format in an Activity Report using existing methods of extension.

**Summary**

We recommend that CMS allow participation in robust quality reporting programs to count towards PQRS incentive payments and, where applicable, EHR incentive programs. Counting participation in such programs as opposed to collecting data on a limited set of measures would further drive quality improvement in ways that are applicable to specialists while reducing the reporting burden and allowing providers more time for clinical care. Focusing on participation would provide flexibility in meeting incentive program requirements and would allow for quality programs to evolve based on current evidence, measures, and specialty specific data.

We propose using the ANSI/MEDBIQ PP 20.1-201x, Healthcare Professional Profile 2.0 and the ANSI/MEDBIQ AR.10.1-2009, Activity Report for the exchange of data related to the following:

- Certification status of providers
- Completion of practice performance assessment activities that count towards MoC and PQRS requirements

We also propose investigating the use of ANSI/MEDBIQ AR.10.1-2009, Activity Report for reporting participation in qualified clinical data registry.

Thank you for providing the opportunity to respond to this RFI. We applaud the work of CMS to drive quality improvement in healthcare while reducing the administrative burden on providers.