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July 1, 2010

*Submitted electronically to the National Institute of Standards and Technology*

Thank you for the opportunity to comment on the draft test procedure for evaluating conformance of complete electronic health records (EHRs) or EHR modules with respect to the reporting of quality measures. The American Hospital Association (AHA) has serious concerns that the draft testing procedures for the reporting of quality measures are not sufficient to ensure that the EHR products passing the test can accurately calculate the hospital quality measures.

**To ensure accurate quality measurement, we believe the National Institute of Standards and Technology (NIST) should revise the draft test procedure to meet the following criteria:**

- 1. The test procedure should ascertain that the EHR can calculate ALL required quality measures.**
- 2. NIST or the Centers for Medicare & Medicaid Services (CMS) should develop a common testing dataset to be run through the algorithms of all EHRs.**
- 3. The results of the testing procedure using the common dataset should be submitted by each vendor back to NIST or CMS for review and confirmation that the algorithm can accurately calculate each quality measure.**

We believe the above criteria are necessary to ensure that the complete set of quality measures are calculated correctly. Without building a reliable data collection and measure calculation system, hospitals will not be able to use the quality measures collected and submitted through their EHRs for performance improvement purposes. As hospitals' overall goal in implementing HIT is to improve patient care, this would be a wasted opportunity to advance quality of care. Therefore, we urge NIST to strengthen the testing procedures so that the data captured are known to be valid, reliable and useful to hospitals. This includes making the test dataset available to vendors before the certification process so that they can pre-test their algorithms.

Our recommendation is based on the system currently used for the Medicare hospital pay-for-reporting program, known as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. Under the RHQDAPU program, which has been in place since 2004, Medicare-participating hospitals submit data to CMS on 46 quality measures which are publicly posted on the Hospital Compare Web site ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). Because the information is publicly reported and provide a comparison of virtually all hospitals in the country, ensuring the validity and reliability of the data has been of paramount importance since the inception of the program.



The RHQDAPU program has successfully established a robust testing procedure through which the validity and the reliability of the algorithms and calculations of the hospital quality measures can be assured. To submit their quality data for the RHQDAPU program, most hospitals contract with an independent data vendor that applies its own self-developed algorithm to the hospital's data to calculate each quality measure. There currently are 43 independent vendors serving hospitals, and each data vendor uses its own measurement system and algorithms to categorize patients into the denominator and numerator populations for each measure. However, the reliability of the measure calculations is tightly controlled through the following validation process, which is managed by The Joint Commission.

When a new measurement system, or a new set of quality measures, is implemented, data vendors must submit their measurement software tools to The Joint Commission for review. In addition, the vendors must process test cases, supplied by The Joint Commission, through their measurement systems. The vendors then submit the results of the test cases back to The Joint Commission for verification that they were categorized correctly. For all established quality measures, the data vendors perform an annual self-verification of their algorithms to ensure that they continue to process cases correctly. More information can be found on The Joint Commission's performance measurement Web site at <http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/>.

Finally we note that the draft testing procedures list reference standards that refer exclusively to physician quality measures. We are unaware of any similar standards for hospital quality measures, and question the applicability of the physician standards to the hospital quality measures.