



November 25, 2013

Julia Skapik
Clinical Quality Measure (CQM) Issue Tracker
The Office of the National Coordinator for Health Information Technology
Patriots Plaza III
355 E Street S.W.
Washington, DC 20201

Re: The Office of the National Coordinator for Health Information Technology (ONC)'s Request for Comments on Clinical Quality Measures (CQMs) for Potential Inclusion in Stage 3

Dear Ms. Skapik:

CHE Trinity Health is pleased to submit comments on several CQMs that have been proposed for potential inclusion in Stage 3 Meaningful Use. In this letter, we offer our reactions and recommendations.

CHE Trinity Health is the second-largest Catholic health care delivery system in the nation, serving people and communities in 20 states from coast to coast with 82 hospitals, 88 continuing care facilities and home health and hospice programs that provide more than 2.3 million visits annually. It was formed in May 2013, when Trinity Health and Catholic Health East completed their consolidation to strengthen their shared mission, increase excellence in care and advance transformative efforts with their unified voice. With annual operating revenues of about \$13.3 billion and assets over \$19 billion, the new organization returns more than \$800 million to its communities annually in the form of charity care and other community benefit programs. CHE Trinity Health employs nearly 86,000 people, including nearly 4,000 employed physicians.

As one of the largest hospital systems to attest to Stage 1, CHE Trinity Health is in a unique position to provide feedback on the ONC's request for comments on CQMs for potential inclusion in Stage 3. CHE Trinity Health is already preparing to meet Stage 2 of Meaningful Use, and has made strategic investments to connect 36 community hospitals (including 10 critical access hospitals) with an integrated HIT platform, including a common EHR, and clinical support tools.

We appreciate the ONC's ongoing efforts to improve the relevance, usability, and appropriateness of CQMs used in the Medicare and Medicaid EHR Incentive Programs. CHE Trinity Health firmly supports these programs and believes that they have motivated thousands of hospitals and providers to adopt EHR platforms, engaged patients in their healthcare, and provided patients with better care and smoother transitions. We hope that our comments will help to expand and enhance EHR use, improve patient care, and reduce costs. If you have any questions, please feel free to contact Tonya Wells at wellstk@trinity-health.org or 734-343-0824.

Sincerely,

A handwritten signature in cursive script that reads "Tonya K. Wells".

Tonya K. Wells
Vice President, Public Policy & Federal Advocacy

Eligible Professional (EP) Measures: Overuse of Diagnostic Imaging for Uncomplicated Headache and Appropriate Use of Dual-energy X-ray Absorptiometry (DXA) Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile

CHE Trinity supports the ONC's proposal to increase the number of measure options in future years as long as certified EHR technology will have the ability to capture and automatically calculate the numerator and denominator of the proposed measures. Recognizing that providers and staff already face high administrative burdens, we recommend that documentation of data required for current and new measures be included in the normal workflow of clinicians and be flexible enough to ensure that providers are only required to document those measures that are applicable to their practice.

Given that most of the providers participating in Meaningful Use at CHE Trinity currently are primary care providers, most of the measures that CMS has provided on their menu of CQMs in prior years have been appropriate. However, as we expand the program to include more specialists in the upcoming years, we are increasingly struggling to identify specialty-specific measures that are appropriate. The potential CQMs that have been identified so far make progress toward ensuring that more measures are applicable to specialists, but more work to ensure measure applicability to specialists needs to be done. Our specialists want to submit data that's meaningful and relevant to their patient populations and that work to improve quality of care, but not all of them have the ability to do so under the current and 2014 menu of CQMs. The time spent having to submit measures that are not relevant to some specialties and that have zeros in the numerator for attestation takes time away from direct patient care without adding any value to data collection, reporting, or quality. Thus, we support CMS and ONC as they increase the number of measure options for Meaningful Use in future years, but recommend that such flexibility be made at a more rapid pace to improve relevance and applicability of the EHR Incentive Programs to specialists.

Eligible Hospital Measure: Influenza Measure Posting (NQF 1659, Influenza Immunization)

CHE Trinity supports the inclusion of this CQM in Stage 3 and believes that, based on feedback from the organization's various EHR vendors, that the capabilities to report on this measure will be in place and will be implemented before the Stage 3 timeline begins. Many of the Trinity Health legacy hospitals had considered reporting on this measure under Stage 2, when the NPRM required hospitals to report on at least one measure within each of the six domains. Because of this early preparation, we feel that our vendors and hospitals would be prepared to report on this measure. However, we strongly recommend that CMS ensure that the Stage 3 proposed and final rules are released within a reasonable timeframe so as to allow providers and vendors sufficient time to test, certify, implement, and adopt the upgraded systems and ensure that they are able to successfully report on these CQMs. Moreover, we recommend that certification requirements ensure that this information is usable at the point of care, alerting physicians of pending immunizations, so that the data captured has value beyond simply CQM reporting.