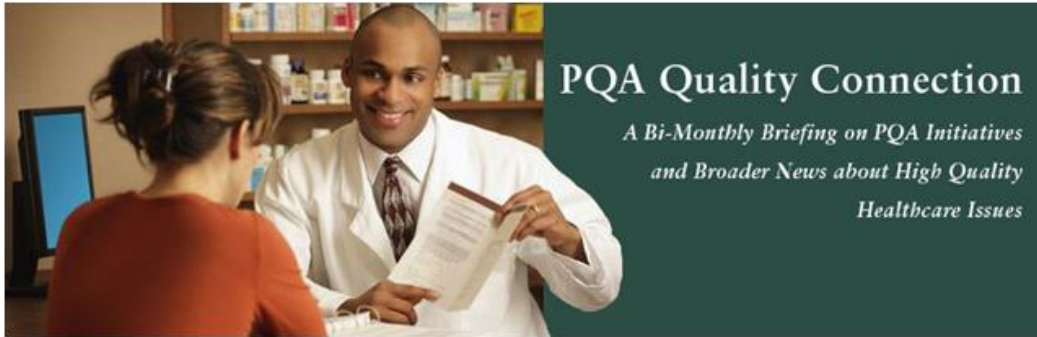




Hot off the Press: Connections to Key Quality Publications

Hot off the Press seeks to connect the reader to the most relevant and recent trials, reviews and commentaries related to health care quality within a focus on medication- and pharmacy-related topics.

Topic: Cost of Quality Reporting

- **Citation:** Casalino LP, Gans D, Weber R, et al. US physician practices spend more than \$15.4 billion annually to report quality measures. *Health Affairs*. 2016 Mar;35(3):401-406.
- **Description:** A national survey of different physician practices, including cardiology, orthopedics, primary care, and multispecialty practices, attempted to quantify the cost of reporting on quality measures. Of the 1,000 practices initially targeted, 394 responded to the survey with an adjusted response rate of 54.3 percent. The results of the study showed that, on average, physicians and their staff spend 15.1 hours per physician per week representing \$40,069 per physician per year. This equates to more than \$15.4 billion spent annually on physician quality reporting. In addition, only 27 percent of the survey respondents perceived that the measures they are reporting are moderately or very representative of quality care. The authors identified many limitations of their study, noting responder bias from those with negative opinions about quality reporting, as well the fact that it was difficult quantify the time devoted to reporting.

Notwithstanding the study's limitations, it calls attention to some of the burden involved with reporting on quality measures. The fact that only a quarter of respondents think that the measures they are reporting on are indicative of quality

patient care is concerning, thereby, strengthening the case for selection and development of measures that are meaningful. This study further highlights the need to consider workflow integration and other ways to minimize the burden of reporting as new measures are developed. Previous articles and reports published this past year have put a spotlight on the need for measure harmonization and alignment in an effort to reduce some of the reporting burden. As the movement to use core measure sets gains momentum, the healthcare system may see cost savings. However, one must ask if providing safe and quality care is worth the \$15.4 billion price tag in the meantime.

Topic: Improving Exchange of Electronic Health Information

- **Citation:** HHS Announces major commitments from healthcare industry to make electronic health records work better for patients and providers. Department of Health and Human Services. Available from <http://www.hhs.gov/news>
- **Description:** The Department of Health and Human Services announced recently that a variety of stakeholders, including PQA member organizations, have agreed to uphold three commitments in order to increase consumer and provider access to and exchange of electronic health information. The first of the three commitments is to help consumers access their electronic health information in an easy and secure manner, learn how their health information can be used and shared, and send it to any location they desire. This includes assuring patients their health information will be used safely and effectively their health benefit and the benefit of the community. The second commitment intends to help providers share information with each other and their patients without knowingly and unreasonably interfering with information sharing, known as information blocking. Lastly, these organizations have committed to implementing federally recognized, national interoperability standards, policies, guidance and practices for health information and adopting best practices, including those related to security and privacy.

The full list of organizations who have pledged to make these commitments represent health information technology vendors, hospitals, integrated healthcare organizations, medical groups and physician offices, academic facilities, long-term and behavioral healthcare settings, professional and advocacy organizations and patients and can be found at www.healthit.gov/commitment. These organizations

provide 90 percent of electronic health information and impact patient care in 46 states. PQA is encouraged that many of our members have agreed to the three commitments. Increased sharing of electronic health information in a safe and secure fashion can only strengthen PQA's measure development process and ensure that quality patient care can be measured more appropriately.