

# Quality measure creation in EHRs: OHSU experience

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OHSU

# Overview

- A clear process for measure implementation and maintenance must be created locally (currently).
- Rate limiting steps:
  - Validation
  - Lack of CONCEPTS
  - Creating a closed loop system
  - Dissemination
- Improvement ideas

# Process

Selection / Prioritization of Measures

Measure  
Definition  
Review

Denominator  
creation

Numerator  
definition and  
creation

Initial  
validation of  
data

Report  
definition  
and creation

Report Validation

Dissemination

Maintenance

# Example

Patients with diabetes/CAD on an ACE/ARB

Patients with **both** DM and CAD on either ACE/ARB *at last visit*

Visit + Diagnosis codes

Pharmaceutical class (**CONCEPT**)

Clinical champion compare to 25 patients

1. Revise for scale / optimize
2. Clarify audience
3. Define additional variables
4. **Exclusion**

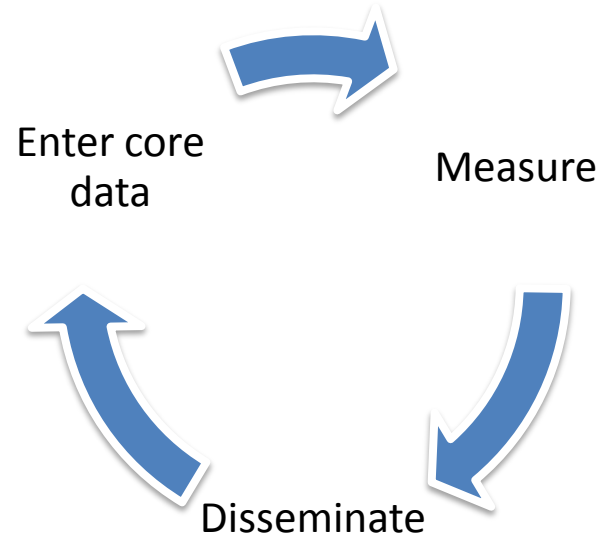
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Identify strategy for long term dissemination (Global design, etc)

Maintenance

# Issues

- Validation : clinical champions with expertise (and time!)
- Concepts : CLASSES of lab tests, studies, medications, interventions
- Closing the loop (offering workflow-sensitive opportunities to enter core data)
  - Tobacco cessation; any non-structured components
  - Allowing exclusions
- Dissemination
  - Reporting tools?
  - Just-in-time **and**
  - Population based interventions
- Improvement
  - Tracking + population registry
  - Data warehouse(s)



# Improvement ideas : questions

- What are your ideas to create tools and frameworks to more easily allow implementation and dissemination of EHR-based measures?
- What do you recommend to your clients about decision support and data for quality?
- How do you support measure denominator and numerator tracking in your system and what are your plans?