Health Level Seven Healthcare Quality Reporting Initiative Gains Momentum

ANN ARBOR, Mich., U.S. – February 26, 2008 – Health Level Seven (HL7), a preeminent developer of global healthcare standards, today announced strong support for the Quality Reporting Document Architecture (QRDA) initiative and a broad coalition to advance the quality reporting standard.

Representatives of the American College of Physicians, American Health Information Management Association (AHIMA), Iowa Foundation for Medical Care, MedAllies for the Hudson Valley Health Information Exchange, among others, have agreed to work together on the QRDA initiative. The group intends to submit QRDA as an HL7 Draft Standard for Trial Use (DSTU), develop a QRDA Implementation Guide and gain consensus to formalize and publish the standard. The coalition also hopes to expand the number of participating organizations and will continue collaborating with other groups developing related standards.

“The QRDA initiative is driven by a cadre of industry leaders and has gained significant momentum,” said Crystal Kallem, AHIMA practice leadership director. “By bringing together experts in healthcare quality and health IT, we believe the QRDA standard will benefit healthcare providers, requesters and analyzers of quality measurement data and EMR [electronic medical record] system vendors.”

Quality reporting can be a fragmented and challenging process. Healthcare providers are tasked with mining quality data from various sources – such as handwritten medical charts and EMRs – to satisfy a growing number of requests from local agencies, healthcare payers, Centers for Medicare & Medicaid Services (CMS) and
accrediting organizations, among others. Accordingly, these requesters collect, reconcile and analyze data that is often incongruous and incomplete. Across the board, these efforts are costly, time-consuming and technically complex. The industry needs technology specifications that standardize and facilitate the reporting of healthcare quality data, which must be pulled from diverse provider systems and sent to multiple requesters.

“We believe the QRDA initiative is the first to undertake electronic standardization of quality measure reporting. It’s an important step that should make it easier for healthcare providers to use their EMR systems to participate in performance improvement work,” said Feliciano Yu, MD, a medical informaticist at the Children’s Hospital of Alabama. “As a clinician, I am eager to see the QRDA work progress through the HL7 standardization process and am hopeful about its benefits.”

**Phase I complete**

Healthcare institutions routinely collect and report performance measure data to improve the quality of care provided to patients. This data conforms to the requirements of defined “quality measures,” which are written and maintained by institutions concerned about healthcare quality. Current data collection and reporting activities rely on a variety of mechanisms that range from structured paper to electronic data entry formats – usually derived from claims-based data sets or manual data abstraction.

To make it easier for providers to report quality data, the HL7 Pediatric Data Standards Work Data Standards Special Interest Group (PeDSSIG) pioneered the QRDA initiative with funding for Phase I from the Alliance for Pediatric Quality. The initiative is aimed at developing an EMR-compatible standard for distributing data related to patient-level quality measures across disparate healthcare IT systems. Participating organizations are dedicated to the belief that such a standard will make it easier to support the analysis and tracking of healthcare quality, decrease the reporting burden for providers and improve the quality of data used for measurement.

In the first phase of the QRDA initiative, participating organizations confirmed the feasibility of using the HL7 Clinical Document Architecture (CDA) as the foundation
for the QRDA specification. It was concluded that CDA, a document markup standard that defines the structure and semantics of clinically-relevant documents for healthcare information exchange across EMRs, can provide the technical underpinnings for communicating pediatric and adult quality measures for both inpatient and ambulatory care settings. The project team developed sample QRDA instances from an adult use case developed for the CMS Doctor Office Quality–Information Technology (DOQ-IT) initiative (defined as an HL7 Version 2.4 messaging specification), and a sample pediatric quality measure from the Joint Commission Pediatric Asthma Measures.

The coalition is now focused on developing a QRDA Implementation Guide and other materials needed for the September 2008 HL7 ballot that could make QRDA a DSTU.

The QRDA initiative is compatible with parallel industry efforts and organizations that are addressing the quality landscape, including the American Health Information Community (AHIC), Healthcare Information Technology Standards Panel (HITSP) and Integrating the Healthcare Enterprise (IHE).

**For More Information**

To participate in the QRDA initiative, please contact Joy Kuhl, HL7 Pediatric Data Standards Work Group Administrative Co-Chair, joy.kuhl@chca.com, or Crystal Kallem, Clinical Interoperability Council Co-Chair, crystal.kallem@ahima.org.


**About HL7**

Founded in 1987, Health Level Seven, Inc. (www.HL7.org) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7’s more than 2,400 members represent approximately 500 corporate members, including 90 percent of the information systems vendors serving healthcare.
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Numerous HL7 Affiliates have been established around the globe including Argentina, Australia, Brazil, Canada, China, Colombia, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, India, Ireland, Italy, Japan, Korea, Mexico, The Netherlands, New Zealand, Spain, Sweden, Switzerland, Taiwan, Turkey, United Kingdom and Uruguay.

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