

HIT for Performance Measurement and Improvement at the Dawning of P4P
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Clinical performance measurement and public reporting – intended to spur improvements in care – currently are based almost exclusively on insurance claims. This approach has several recognized limitations, including challenges in accurately assigning patient-physician links, poor identification of patient-specific exclusions for specific measures without detailed and costly records review, lack of granularity for some measures, and long intervals between performance and feedback. Further, performance relevant to the 47 million uninsured Americans is invisible in these claims-driven reports. Measurement and improvement that is based on health information technology (HIT), and in particular electronic medical records (EMR)-centered approaches, offer great promise for addressing many of these challenges. Whether EMR-centered data should replace insurance claims as the basis for “pay-for-performance” (P4P) schemes, or be combined in a hybrid approach, however, is unclear.

In this seminar, I first will describe features of an EMR-catalyzed approach to performance measurement and improvement, highlighting the design, decision support, feedback reports, and selected results from an ongoing cluster trial in diabetes (DIG-IT). In the second part of the presentation, I will identify likely gaps in our data and their implications for P4P, expecting participants to share their wisdom in finding solutions to our anticipated challenges.