Create a Lasting Digital Health Infrastructure to Support Health Care Innovation

VISION: A fully supported, digitally enabled health care system where researchers generate real-world evidence that informs practice guidelines and standards. Patient care is based on this knowledge, captured in clinical encounter and patient-generated data that can be used for measurement, analytics and reporting and that drives continuous improvement.

NCQA
Measuring quality.
Improving health care.

NCQA RECOMMENDATIONS
FOR THE TRUMP ADMINISTRATION

PROBLEM.

Private and government investments have increased the availability of electronic health data, but the use and exchange of these data to support health care innovation—and reap the benefits of investments—is hindered by misaligned policy incentives and payment programs. Quality measurement programs, which could offer insights to purchasers, payers, providers and the public, rely on labor-intensive, fragmented, inconsistent systems with incomplete data.

Policy groundwork was established through the CMS interoperability rules (CMS-0057), the United States Core Data for Interoperability (USCDI) Plus for Quality and the efforts of standard-setting communities, but stronger support from the administration, through government payment programs, can drive industry implementation, accelerate exchange of health data and spur health care innovation.

CHALLENGES.

NCQA was encouraged by and supported the first Trump administration's commitment to transition all CMS quality reporting and value-based care programs to FHIR®-based digital quality measures (dQM) by 2025. However, this goal was deprioritized, slowing FHIR adoption in American health care. A recent ASTP/ONC survey found that only a fifth of health care organizations routinely make data available through HL7 FHIR APIs.

Quality programs have historically relied on cumbersome data collection and exchange methods, creating a reporting environment that allows dominant EHR vendors to lock electronic health data into formats that cannot be easily exchanged. Although the federal government should continue to capitalize on taxpayer dollars invested in EHR adoption, EHRs should not be the exclusive source of patient encounter data in national and value-based care programs. That would stifle potentially innovative solutions that leverage various data sources and could better serve the needs of patients, practitioners and payers. It would also hamper investment in the health data exchange infrastructure and agreements necessary to realize the full potential of interoperable health care data.

The industry is encouraged by federal interoperability policies and the opportunity for health data liquidity, but there are barriers to successful implementation and realization of benefits. These can be overcome, but the administration must prioritize their resolution to achieve the promise of digital health and electronic health data. We believe vendors charging fees for exporting electronic health information contradicts the Cures Act's explicit goal of promoting information exchange.

Our Experience.

NCQA is driving advancements in standards, interoperability and technology to pave the way for dQMs, including launching the Digital Quality Hub and our Digital Content Services. By digitizing HEDIS®, a cornerstone of value-based care, we aim to enhance transparency and accountability for outcomes while reducing administrative costs and provider burden. HEDIS measures are now machine-readable, using FHIR and USCDI standards. We are focused on creating a roadmap for population- and condition-specific measure bundles that will be organization and site agnostic.

NCQA also leads the Digital Quality Implementer Community and Bulk FHIR Quality Coalition, which convene industry and government officials to develop and promote standards for Clinical Quality Language (CQL) specifications, and to help test and evolve the Cures Act's mandated APIs. With national interoperability frameworks now leveraging HEDIS exchange, we look forward to collaborating with the administration to ensure the integrity and trustworthiness of data used across the nation's health care system.

THE PATH FORWARD.

HHS should create a clearer framework for a national digital health data ecosystem, within which all participants in health care can innovate and benefit, building on existing mandates for FHIR APIs, USCDI and industry innovation in patient-generated data. This is a critical opportunity to reduce care fragmentation and lower costs—and to improve health care for all Americans.

To enhance the quality measure reporting process, **we urge HHS to expedite adoption of a dQM reporting architecture**. Continued investment in non-FHIR based quality measures could impede progress toward utilizing aggregated clinical and non-clinical data, and slow health care innovation. HHS should prioritize dQMs, which are designed to adapt to different accountability structures, including providers, ACOs and health plans. This shift will facilitate more accurate, comprehensive and flexible reporting across diverse health care organizations.

Given the decline in confidence in national health data following recent cyberattacks, efforts must focus on restoring stakeholder trust and ensuring data reliability. Trust in health care data is crucial to the success of federal initiatives. Without confidence in the consistency and accuracy of data standards and implementation, national efforts—like the CMS Digital Quality Measurement Roadmap and the CMS Interoperability and Prior Authorization Rule—will not succeed. **We encourage HHS to develop a comprehensive health care data quality framework that fosters confidence, transparency and collaboration, and supports a fully digital health data exchange ecosystem.**

The administration should also continue to leverage the CMS Universal Foundation to reduce provider friction with quality measurement and align the industry on costly chronic conditions. The Foundation will streamline quality measure reporting across programs and accelerate dQMs to include hypertension, diabetes, depression, and other conditions. Although its release was celebrated as an opportunity to reduce burden and simplify organization efforts, implementation has been modest. **We recommend that HHS accelerate alignment with the CMS Universal Foundation across HHS quality reporting and value-based payment programs.**

The USCDI is critical to aligning the health care industry with a standardized set of data elements for widespread use in health data exchange. Ongoing work to expand and mandate that ASTP/ONC Certified Vendors, including EHRs, support standardized, interoperable data elements, is essential for building a fully integrated digital health ecosystem. However, current efforts do not address the needs of chronic condition management, such as quality measures (like HEDIS) and value-based care, which are not completely represented in the USCDI. Standalone modules for key areas (such as quality) have been added to bridge this gap. NCQA recommends that **ASTP and other federal agencies clarify how the USCDI+ Quality dataset will interact with regulations. Establishing a clear pathway for integrating USCDI+ datasets into regulatory frameworks will be vital to achieving true interoperability of quality data.**

The administration should update the CMS Digital Quality Roadmap. Industry alignment, investments and real-world testing have advanced since its introduction in 2022—and it's obvious that advancements in AI have revolutionized our health care landscape and real-world testing has advanced since its introduction in 2022. NCQA is only one of many organizations **looking to the Trump administration to implement and evolve the digital health ecosystem through industry-sponsored, consensus-based, public-private partnerships.**