

**HIT Policy Committee  
Accountable Care Workgroup  
Clinical Quality Measures Subgroup  
Transcript  
November 21, 2013**

**Presentation**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee Quality Measure Subgroup, which is the Quality Measure Accountable Care Clinical Quality Measures Subgroup – I said that wrong. This is a public call and there will be time for comment at the end of the call. As a reminder, this meeting is being transcribed and recorded so please state your name before speaking. Also as a reminder, please mute your line if you are not the person speaking. I'll now take roll. Theresa Cullen? Joe Kimura?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Present.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Helen Burstin? David Kendrick? Marc Overhage? Eva Powell?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**  
Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul Tang?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sam VanNorman? Are there any ONC staff members on the line?

**Lauren Wu – Policy Analyst – Office of the National Coordinator**

Here.

**Kim Wilson – Health Communications Specialist – Centers for Disease Control and Prevention**

Kim Wilson.

**Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant**

Heidi Bossley.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No Kevin yet?

**W**

He was in transit, so he was going to be off and on.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay, well, we'll just turn it back to you Joe. Thank you.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Thank you Michelle. So, can we go to the next slide? So, I think our objective today, first was to do a quick summarization of the previous November 6 meeting and recognizing to the committee that we've shifted a little bit in terms of what our objectives are for this workgroup, or what our near-term, I should say, objectives were. And I believe our goal was to try to get a series of domains and a framework around quality measures for accountable care organizations, along with some feedback around the operational infrastructure needs, in some shape or form, ready to have that for discussion on the December 4 HIT meeting. And I think at this point, before we dive into the next steps of first talking about the domains that were covered last week or a couple of weeks ago, and then kind of merging it back with some of our framework work that we had done a couple of months ago. If it's okay for either Michelle or Lauren, someone to do a quick summarization of the previous November 6 meeting, to catch everybody up real quick.

**Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator**

Sure, this is Lauren. The last call of this ACQM working group was on November 8 and as Joe stated, we did a quick summary of what happened at the Health IT Policy Committee meeting on November 6, I believe it was. At that meeting, the Quality Measures working group presented its recommendations or initial thoughts on deeming clinical quality measures for MU objectives, and that included some of the discussion that this sub-working group has had on deeming around the ACO perspective. And after that discussion, the Health IT Policy Committee charged the Quality Measures Workgroup to go back and develop some more exemplars for the deeming discussion. And then it charged the ACQM subgroup, this workgroup, to continue on its original charge, which was to really think about measure concepts and domains around the ACO perspective, the framework that we had put together and also the infrastructure needs, as Joe stated. We have Paul Tang and Michelle on the line, I don't know if you wanted to provide a little bit of an update on this morning's MU Workgroup discussion around deeming.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul, do you want to speak to it? Or I'm happy to.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Sure. This is Paul. So deeming continues to be an exciting concept, an intriguing idea, but very challenging in the details. As this group worked along with the Quality Measures Workgroup on criteria, you find that there are a lot of aspirational criteria and very few measures can step up to the challenge. So that continues to plague us and the consequence of having to develop de novo measures means that you don't have a benchmark and you don't have track record, and those are two key aspects of the deeming program, that is, you're a high performer or you're a high improver. So while the goals of that – of shifting to measuring outcomes and measuring improvement, rather than process functional objectives is still a desire that we have. The Stage 3 timeline might not get us there, I mean, we may not be able to make the timeline for Stage 3. So, while the idea still lives on, we may be asking for more public feedback about the concepts, thinking that there could be other ideas – thrown out there that we could incorporate. So we haven't given up hope, but we are looking for other ideas to work out these details and logistics.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Very good. Thank you Paul.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Can also thank the group, the combination of this group plus the Quality Measures Workgroup on the criteria that was used to think about deeming, because it turns out we used both exemplar and a criteria, and as usual, it was part of the details that were eye-opening and really helps us think about the issues. And we actually are thinking about presenting what we've learned so far back to HHS, so to help them continue thinking about it, but also to start getting feedback as we move forward. So thank you very much to this subgroup.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Question from the phone, this is Lisa Lentz from CMS. The National Quality Strategy domains, I'm just wondering, is that what's being referred to when we're talking about the domains for quality measurement? I do apologize for missing the last call where the domains were discussed.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Um –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So I think we're – oh, go ahead.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Lisa, this is Kevin Larsen talking from HHS as well. The domains were domains that the group worked on through time based on an ACO framework. They certainly discussed the National Quality Strategy domains, but these were really about domain criteria that would help determine what kind of measures ideally would really show that someone was meaningful using health IT. So related, but not the same.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Okay, great. Thank you.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

All right. Well this is Joe, so Kevin you're here. I know we've had a couple of slides here, Michelle did a great job and Paul just filled in the bit around deeming. Is there any further stuff that you guys wanted to talk about in terms of the previous meetings or shall we just dive back into a quick summary of what was proposed last time with domains and then the framework discussions? We have four or five slides after this here that were reference slides. So –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

This is Kevin; I'll leave that Paul and Michelle. As far as I'm concerned, I think we can go ahead, unless the group has more questions.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I'd agree, thank you.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Can we advance a couple of slides, so this one, we agreed upon. Next slide, back to the original charge, I think we were talking about construct, framework, not specific measures around deeming necessarily yet, but trying to figure out how do we capture concepts around the ACO and whether or not they were using IT appropriately, to drive the values. Next slide. And this was actually, again, a similar framework where we said, as we surveyed the current measures out there that while many of us want to get to the right side of the diagram with health measures being the most important. Fully recognizing that today, many measurements – much measurement that's happening is actually around the healthcare delivery side and process measures and intermediate outcome measures. But that our future goal was to try to shift it, and that was most consistent with ACO thinking. Next slide.

I think this was a similar overlapping, as we tried to merge a lot of the diagrams and the frameworks that we studied a couple of months ago, as we tried to put together our idea of the domains and framework. And I think a little concept that the public health and the health versus healthcare was an important duality that we wanted to be sure we articulate and recognizing that they're interconnected. Next slide. And this was our attempt, a couple of months ago I think, to start thinking about in the ACO population if measurements could be housed in a framework that had this hierarchy of intermediate outcomes, general healthcare outcomes and then broader health outcomes from a population level. And how did that map towards either disease states or population? How was that going to work? And this was one of our first passes at trying to visualize something in a diagram, but I think we'll return to this in a bit.

So the next slide, I think gets us to the domains, right. So I think last time, on the 8<sup>th</sup> meeting, the priorities were articulated around trying to really focus areas around coordination of care, patient functional status or population overall functional status and wellbeing. Decision-making and shared decision making as an important construct that we needed to be sure was emphasized. Again, in that patient empowerment, engagement sections of accountable care, other element being obviously with the financial realities of today, the efficiency scores and efficiency metrics as something that was an important area. Three other bullets that were raised last time were equity and disparities reduction within healthcare, as well as the safety of the healthcare delivery system.

And then this concept of continuous self-improvement of the system, where again, an ACO would be thinking about how they are either using data or driving improvements through the use of data and measurements, and was there a way of actually emphasizing that domain as part of ACO measurement or use of IT in ACO improvement. So, I'm going to pause there. I actually was not present at the November 8 meeting, so I just wanted to be sure if folks who were there before, did I accurately summarize the discussion and what these five big points were about?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

This is Eva, it seems right to me.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Were we missing anything on these bullets, our group, our team that met before didn't feel like we did, we felt like those were the big bullets that were discussed. And we can open it up to see if there is more we want to add today, but just at least the – from last time, was there anything else that was discussed that isn't here?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

This is Eva and I – given that we've decided that we want to have at least some emphasis on moving toward health –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

– and away from the strict healthcare focus, it might be good to have a bucket for prevention. And I'm thinking likely measures that aren't yet developed, it would not be necessarily did you get your flu shot, not to diminish the importance of that, but from an ACO perspective, it seems like prevention in all of its various forms should be a bucket of emphasis as well. And part of what makes me say that, and I'll shoot this over to you, I just got off a call sponsored by the Patient-Centered Primary Care Collaborative. And it was the Medical Director of the YMCA Internati – or YMCA, the National YMCA, whatever their national organization is, and talking about some really interesting stuff, very sophisticated efforts that they are making, obviously in the community, with some really hardcore data behind costs and prevention.

I don't know – again, I don't know that necessarily the kind of measures we're talking about exist yet, but he was talking about how they've been able to show prevention of someone who is a pre-diabetic, they've been able to show good effectiveness and preventing them from becoming diabetic through their diabetes prevention program. And they do that – it's a program that's not specific to the "Y" necessarily, but they are able to implement that at a quarter of the cost of what it would cost to do in the clinical setting with equally good results. So I just feel like those kinds of things are really, what is necessary for an effective ACO, and to figure out how to measure that. So I'll shoot the PowerPoint or PDF of the presentation with some of the data in it, so thinking if there could be some sort of measure along the lines of, number of pre-diabetics who remained pre-diabetic or did not move into diabetes – full-blown diabetes in whatever period of time, something along those lines. So, I don't know if that seems right to you guys, but I think prevention is probably the one big bucket that we're missing here.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Eva, this is Kevin. What kind of time scale are you thinking makes sense for prevention?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

In terms of measurement time scale?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Umm, good question. Well, I don't know, I mean from a clinical standpoint, does it make sense at the population level, to measure on an annual basis? From year to year, what was the rate of your population that went from pre-diabetic to full-blown diabetes and can you show a reduction in that over time? Or, I don't know that we would know enough early on to have like a target percent. But, does that make sense from a clinical standpoint? And I think it would need to be the population – the fact that it would be at a population level may make it more feasible to do a shorter rather than a longer timeframe than looking at an individual.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, so this is Joe. It's interesting, I don't know if anyone on the committee has done sort of your trying to benchmark even an incidence rate from like metabolic syndrome all the way up to pre-diabetes to diabetes to complications of diabetes and seeing what your population is doing at what rate and can you stem that somehow or the other. I haven't seen a lot like that, has anyone on the committee looked at that? To me there's that portion of it, I don't know if it's prevention necessarily or you're trying to move more proximal in the chain of disease progression. And maybe that's what we mean more by prevention –

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

– because you can have prevention of secondary myocardial infarction complications and that could be prevention, but not really in the public healthy kind of concept of prevention. I feel like it could go either way. Have people looked at that before?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

This is Kevin. I just saw a presentation last week out of Akron where they have what they call an accountable community, where they're accountable to all of the population of Akron in an ACO-like way, and they've been doing that kind of measurement around diabetes prevention.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. So they're trying to either stabilize an increasing incidence rate of diabetes detection and diagnosis within their fixed population.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah, and if you look at the PowerPoint I just sent or the PDF I just sent, and I'm not suggesting that this is what we adopt, but just the concepts I think were really helpful. But on the fourth slide in, they've got this grid, healthy living at the "Y." impacting individuals, families, organizations, community, society at the top. And then down the left side is promoting wellness, reducing risk, which would be secondary prevention, and then reclaiming health or tertiary prevention. And I think those map well, or at least align well, conceptually, to what we've already laid out in terms of not just focusing on healthcare. And there's a – the interesting connection here of reclaiming health, that's definitely a connection to healthcare. This would be a more, maybe a community based organization view of this, but is there something similar with some similar concepts that would be more appropriate or related more closely to the kind of work that healthcare providers do, but still reflects this notion of primary, secondary, tertiary prevention and then impacting various entities. I don't know about organizations, although I think it's entirely feasible to include something of that sort, because at least on the hospital level, they are among the biggest, if not the biggest employers in a community. And I don't know if it's standard practice today for providers to partner with employers without a health plan in between, but yeah, that one might come out early on. But conceptually it just felt like this was really helpful.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. Well – this is Joe. I think the concept, I think, fits so I'm trying to figure out what we would call it. Prevention is a term that to me, in my mind, is attached to a lot of other things, and I think what I'm hearing you say Eva is this aspect of sort of trying to go more proximal. As you were talking, the example that came into my mind is, the HEDIS measure now of post-fracture care for osteoporosis. As opposed to the prevention measure, maybe doing again, as the Pioneer is emphasizing, the fall risk element of it, so you're not just trying to optimize care after someone has broken their hip, you're trying to do stuff before that risk actually manifests itself. And I think that concept is something that again, from an accountable care framework it makes sense and I think many of the organizations I've talked to, too, are trying to look at that and trying to find different ways to move that discussion a little bit more proximally. Is prevention the right term? What do we think?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

I think you're right, I think it brings up – there's a range of what prevention might bring to mind for folks.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

And we're thinking something a little more specific than the broad range of prevention. So –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Well, another way to look at it is – this is Paul, is I think it should be the right word. We should not limit ourselves to prevention of old style; we need to prevent ourselves from declining health in a sense.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

That's true.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So I think we need to work on broadening our perspective what prevention is, it's not just a PAP smear or Fluvax, it really is looking how to preserve, we could call it preserving, preserve health and wellbeing.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

That's true. That's a good point Paul. Well shall we put a bullet of prevention, at least it seems that its – at least on this call at the moment, that we're all in agreement with that general concept of what we mean when we say prevention. And so that becomes a sixth bullet here. Other – I think if we go to the next slide, I think we have a summary bullet of everything, I believe, a table. Ah, next one. Yeah, so at this point in time we would have coordination of care, functional status, wellbeing, shared decision-making, efficiency, safety and then prevention as our sixth domain, as what we were trying to talk about. So that covers sort of the experience, the cost and traditional quality around safety and I guess I get wellbeing being the top hierarchy level for general quality, feels like it covers sort of the classic domains. This seemed like a pretty good framework that a lot of things could fit into. When I reviewed it this past week, it's interesting in the sense of the traditional measures of quality are a little bit more challenging to fit in here, right, like your standard diabetes quality measures and all that. But perhaps the committee was trying to move away from those types of measures, given that those were the lowest in our hierarchy.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

I think that's true – this is Eva. But maybe one way to go about this, kind of starting with where we are today, I did some tinkering with the glide path concept, since that was my idea from last time. And happy to share what I did, it's certainly not in any sort of magical status or completed status, but I started thinking that groups of measures, when taken together, can approximate coordination of care – or I should say, groups of existing measures. They, in my mind don't constitute coordination of care, but we have to start somewhere.

And if we pick just a very small set of measures, which – I think the caveat would be, you would have to have all or none. you can't – so it would – it's basically – and that's the way I started thinking about this relative to ACOs and particularly specific to meaningful use and the use of technology is, maybe a first step would be identifying existing measures which when taken together as individual measures can approximate the domain. And then the next step would be having a composite measure using those same measures, which in many cases may require different data sources. So that's where the technological advancement would come, as being able to use data elements from various data sources in the context of a composite measure. And then I don't know I kind of envisioned this in three stages. The third stage is, I don't know, I haven't really formulated that yet. But I don't know if that makes sense, or if even that is ahead of where we are.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I see – this is Joe. So I see where you're trying to go Eva, I guess there's an intermediate step that I'm still struggling with of when I think about this framework and then I think about current existing measures, how they're developed and how they're trying to go through, applying to many of these concepts that have – many of us actually – many – lots of the country and working through these concepts here and how do they fit together. Can we hit the next slide, maybe this will help sort of the element of this, where do we think about these five? And I guess if now we put prevention in here, as these levels of talking about health outcomes, healthcare outcomes and intermediate outcomes.

And then knowing that we do it at a total population level or these sub-populations around elderly or even disease states around depression, do we think that these five domains or now six domains are generic and should apply to any popula – any member of an accountable care population? Or does it really matter that it needs to be consistent through a disease state or through a specific population. You could have one measure that measures 20% of an accountable care population and then the safety measure measures 30%, but it's not an overlapping set of the same people, it's all within the same population. How do we feel like these domains map to sort of an accountable care population?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

This is Paul. I almost think they map very well. In other words –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– in a very disease independent individual – you can measure and you can have goals in all of these six domains.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And that's a good thing.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And then we leave as the nex – so, I don't think healthcare organizations themselves have much difficulty trying to say, oh, I'd like to improve diabetes or oh, I'd like to improve heart failure –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

They sort of get those concepts. I think what makes an ACO versus just another healthcare provider is the ability to coordinate care.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– and the ability to have a systematic way of preventing either the disease itself, like diabetes, or the complications, rather than just dealing with disease. Do you see what I'm saying?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I do. So Paul, would you say that a measure should be written in a way that you could almost plug and play whatever sub-disease is in there?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. And in a sense –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– in a sense. And the other aspect of this, we'll say, well my patients are sicker. Well to the other domain is, and we've talked about this in quality measure and in meaningful use before is the delta measure.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So if you – it's sort of self-normalizing. So okay, if I have a sicker or I don't have a sicker, I can still improve and that's what I'd be holding you accountable for –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– doing with what you are presented, not having a population with a specific mean. Do you know what I mean?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. So you would say in these six domains, an accountable care organization is looking to increase from baseline to where they're getting to the delta of –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

– general functional status, better shared decision-making, increased coordination of care –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

– etcetera on a more global, holistic manner.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, for every specialty and every geographic region.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I mean, that's the assertion.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right, that's the perfect world.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Hmm.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah and – this is Eva. To go along with that, as I was thinking about this, I couldn't figure out a reason why in any of these buckets you wouldn't necessarily want to combine, at least early on while we're still dealing with what we've got, which is basically a bunch of disease specific measures. Why would you not combine say for coordination of care, if we've got a good measure on diabetes and HbA1c management, and then another good measure for COPD and another good measure for something else, why would you not, at the population level, hold people accountable for coordination of care using some sort of complimentary. I don't know that we would want to just randomly put stuff in there but with multiple disease states, because again we're looking at a population, not at an individual patient or provider.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

There may be methodological issues that come with that that we'll have to figure out, but I think there are going to be those regardless, so –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I agree. So this is Joe, so as we think about sort of that taking to your next step Eva, thinking about glide paths that sort of figuring out how to encourage maturation of measurement and work and research in these areas. If we're conceptualizing that in these six domains, we should be having measures that are generically applicable to an ACO population, and therefore what the next steps would be? What's the gap in terms of developing that knowing, as Paul says, there's a lot of disease specific stuff, can you create a composite measure or what's the best methodological way of doing that.

I always think about sort of the SF scores as sort of the most generic elements that are out there. Which again, at least it breaks us from this concept of tying the top level accountable care organizational population level measurement with taking that same measure and breaking it down into concrete actionable things that a provider him or herself could do. I think we had talked about that earlier, but I think at the level we're talking now; we're really talking about global organizational measurement and the delta score, saying that you as a system or an accountable care organization are moving the ball forward in these big domains. Not trying to take on the fact that then you should be able to telescope these down to microsystems of care and help them drive forward.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Right. And I would say that if we don't try to telescope things down, then that creates, I think, an impetus for some of the current work in the disease states to continue moving forward.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

I mean, we're always going to need new measures focused on one thing or another, but perhaps that then puts more onus on the professional societies or whoever is representing the various specialties or the various folks who have a role in these higher level measures that we're talking about. They – in the world we're moving to, they're going to have to be relevant or they won't be and so that then maybe creates an impetus for better measurement across the board, for measures that actually matter to the care of a patient, regardless of how specific you are as a provider, in terms of your expertise.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. So that makes sense and I guess I would then say that I start to see the paths of development, if this is a framework and these six domains are the areas that are being encouraged. I think there is a chunk of work that needs to get done to create those kinds of generically applicable type measurements as a – one vector of research. The other area of research is how do you then tie that with more the microsystem level stuff, whether it's disease state or again, however that gets done to try to make it "actionable" is another key term, in terms of measurement. That's another vector of research and integration that needs to get done, if this is to be successful going forward. Kevin, what do you think? What are you hearing?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Yeah, so I think this is great. The – from the standpoint of measure development, there isn't necessarily an owner of who builds measures across these broad categories, the measure development world has been not focused at the large groups like ACOs, it's been focused at typically more program oriented, program specific –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So, I'm with you that we – that CMS, ONC, others have articulated this desire for much more broadly cross-cutting measures and I think giving clarity about priority and examples of where to start would really be helpful.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And this is Paul, I would agree with that. I think that's exactly what we should be doing, that's why this is a separate group.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– I'll note, although I don't have the NQS domains in front of me, nor the previous Quality Measures Workgroup's six concept domains, I think we sort of recreated them, with this – .

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– I mean, we now know our own rationale, which is probably the same rationale everybody else did, and we confirmed it.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Yeah – this is Kevin. It's similar to the six domains of the National Quality Strategy that is correct, although I think that the restatements here maybe reflect two years later of thinking in the industry about how to name things. So, shared decision making is similar but not the same as patient-centered care, for example.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health'**

Right. Right. Okay. So at this point in the agenda what we were going to try to do is now that we have sort of six domains. And we have a general idea amongst everyone on the call of what sorts of measures would be included in some of these buckets, to think through a little bit of what the operational infrastructure would be required to capture measures in this – in these six areas. And if we flip two slides, because I think the next slide is, yeah, just a question slide, yeah, and then the one – so skip this one, the next one.

Yeah, so as we're talking about those six domains, what sorts of infrastructure are required? And what I heard before was a lot of ideas around thinking about, so what does the EHR need to do? What sorts of backend data infrastructure need to be present? What sorts of methodological things need to be in place, etcetera? But how, when we think about the type of recommendation or input that this subcommittee could give up to HIT Policy, I'm wondering if either Paul or Kevin can talk a little bit about just – is it just generic things that we think are required for these types of measures or – I'll pause there.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Kevin, this is Lisa Lentz. Can I make a comment on this?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Absolutely Lisa.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Okay, sure. And I think somebody made this point earlier. This is Lisa Lentz from CMS. But, the ACOs are really looking at these large populations of patients, right, and the ACOs themselves are not necessarily providers of care, but rather combinations of very diverse providers of care, could be group practices, could include a hospital, could include a rural health clinic, could include any number of types of providers. So I think it's very important to bear a couple of things in mind, one is that sort of at the top level we are looking to sort of see how the ACO as a whole is improving population health and driving quality improvement. And to someone's earlier point, that does need to be actionable at the individual provider level, who's actually furnishing the care. So, when we translate that to reporting of this type of data, I think we need to consider who is going to actually be the reporter of the data for ACO quality, is it going to be those individual providers and then somewhere that rolls up to a population level? Or are we looking for the ACO as a whole, as an umbrella sort of at the top, reporting this quality data over electronically? So those are just a couple of points I think are just important to be mindful of, as we're working and talking through this. Thanks.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And this is Paul and I'll piggyback on that in a couple of areas. One, Joe asked about was it the data – did infrastructure refer to the data or something else and I think it referred to what's needed – what H – in a sense, what – go back to the HIT, what's needed? What data would you have to capture?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So what infrastructure would you need to have in place in order to have measures of the kind you're describing?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Care coordination has to have health information exchange, etcetera. And the other, and I was going to piggyback on something Lisa said, but I forget, sorry. I'll think of it later.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it, so it's –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Oh, oh, that was it – the oth – which is I think a third bullet of the charge was this whole group thing, the attribution, how do we deal with that?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

And Joe, this is Kevin; I'll – what I'll mention is that remember the tools that we have are the Meaningful Use EHR Incentive program and the certification program. And so kind of framing this in what are recommendations to those two policies –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– would help move this forward.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. So, in that sense, I guess, when I tried to think through this over the week and said, okay, it's – to Paul's point, there's the capture. If you have these six domains out there, and we are hoping that an ACO, however they're physically structured, hospitals, group practices, bunches of small practices, coming together that as a population and as an organization, they're trying to drive improvement in these six domains, to be able to measure that they're actually making improvement. First step obviously is to be able to capture it. To Lisa's point, who then integrates it all together, analyzes it. But to the point of is part of the infrastructure to say, we know that even if we report back to Atrius Health or Partners Healthcare that they're doing better on a delta score on these six big domains, that doesn't mean that you guys have the infrastructure to drive it down to the microsystem level. Do we want to go down that deep or literally to just stick up and say, first step is all about can you even measure the six domains, because you're not capturing all the information yet. Is that sufficient and can we focus on those – that top level right now?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So this is Kevin, that's up to you, the committee. We really want to be sure that we're providing the right tools, not just for measurement, but for improvement.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

And so thinking about this, I think with at least an eye towards what is needed for improvement, may inform what you think about for measurement.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. So Kevin, so when I think about that, then I think as we talked about those glide paths of those six big domains and then the work that needs to get done to link those big measures down to measures that are appropriate and actionable at microsystem levels, particularly if we're going down to individual doc levels. It's that linkage and that work, definitely in my organization, would be what I would be looking at, to talk about what's the technical requirements for me to be able to do "X," "Y" and "Z." I think the stuff that we're doing at the top level is important, and at a different sort of infrastructure discussion than the stuff that drives down to physician levels.

So right now I think if we say that we've got the six top buckets, I can think that we can have a discussion together about the general types of measures that are there. And think about all the different data sets and what needs to be able to capture patient reported outcomes and "X," "Y" and "Z" capabilities and start putting that together. I'm a little bit hesitant to think that we can meaningfully contribute without some of that additional work getting done on how do you actually translate this down into meaningful measures at the lower levels of the organization? Maybe I'm too pessimistic here.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So again, I un – hear that this is an integrated system with a lot of interdependent moving parts, which is, I totally understand that. I think the question is, with the timeframes we have and the policy tools we have, what are the priorities? What are the kind of big wins – ?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– that move the industry towards the direction that you guys think is most important?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. So my first thought would be, let's articulate what Paul said, data capture, because it really starts there. If we can capture it well and we start measuring it, it will open up our eyes to everything else that we need to be able to do. So if we agree that the six domains are the important domains, and we think about what sorts of IT infrastructure need to be in place for us to capture those six domains, we've got a running start. So, shall we focus there as a committee?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

That makes sense to me.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

It does to me, too.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Sorry to ask kind of a silly – yeah. So then the task, if we're focusing on data capture would be to identify potential data sources –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

– and what else?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So, yeah, data sou – I guess – I mean sources is broad in my mind, too, so I would say yes because how do you get the information required to make these calculations of these measures in these places and current existing administrative claims or even straight, discrete EHR data doesn't quite cover all of it. So, I think we do need to think broader and start laying out what is required, or what we think is required. And again, we're probably going to hit places where there isn't a good data source yet and that we're going to have to say, we need to capture data in this particular way. Paul, you were going to –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Paul and I think for multiple of these domains we're going to find that it's a new data source called the patient –

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Um hmm.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– love that, but I think that's where the money is.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Um hmm.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So when you push on that one Paul and you say, so the patient is the source. So when we're talking about infrastructure requirements, one could say there's got to be something in your EHR that allows you to input patient reported stuff. Or we could push even further and say, there is some sort of generic third-party platform that allows people to capture stuff through a PHR or something like that, that brings information back. What's – again, how specific do we need to get outside of saying, well, this is clearly information we need to get from the patient directly?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think it's mostly the latter. This is – we need to tap into the patient and it's for these kinds of data, and you could enumerate like functional status or pain or these kinds –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– and then the Policy Committee make it so. Now, actually it turns out we're already work – we have been working on that, even from Stage 1 –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And we're really pushing, we even have two workgroups dedicated to consumer engagement and looking specifically at patient-generated health data. In fact, we're going to have a report on that in our next call. So that's in-line, all you're – what you're doing is you're reinforcing it and trying to point us in the right direction of, okay, fine, we want to hear from the patient. But what do you real – what's the high leverage information or data you want to get from patients and how frequently?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**  
Um hmm. Well, and this is Eva. I'm wondering also if there's another piece of this where there are more than one potential data source, to name what is the preferred data source, or is that out of scope for us?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I don't know that this is the subgroup that would figure that out, it's something you want to know, yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. So if we listed through and said, so probably there is a patient source for clearly functional status, well-being on the side of shared decision making, even the experience of coordinated care or safety events or efficiency of going through and getting healthcare. So writing out descriptors of where patient input will feed into these six domains, including prevention I would guess, if relevant obviously, is the type of things that you would say. And then say from the EHR one would expect – well, I don't know if EHR is the right way of putting it.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

You can say HIT and then so we can extrapolate.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, HIT, but then – so would you distinguish between the sort of revenue cycle administrative claims data versus things that all of our organizations are building up on their own, the custom coding stuff to capture things, both sides under HIT? And just say that's –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

(Indiscernible)

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

– this delivery system is capturing things.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, that gets into one of the questions you were struggling with. So the law – the law provides incentives and penalty for things originating from a certified system, and it's typically an EHR. So in theory, unless the external systems are certified, they actually aren't part of the qualification for the Meaningful Use Program. That's a bit of a –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Paul, the slight nuance to that – this is Kevin. So, we have a frequently asked question that's been posted that if the source data does not have to have initiated within certified electronic health record data, so think, for example, of lab data. That starts outside of EHR, as long as it's come through certified electronic health record technology, then it falls under the programmatic requirements.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right. So – I mean, of course right. But – so it does somehow – it has to be – the bottom line, and correct me again Kevin, it has to be reported out of the EHR. So, however it gets in there, it just has to – when you want to calculate your numerator and denominator, the EHR has to know about it, or some certified technology, right?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Exactly, certified technology. So EHR broadly, if you think about how certification works for Meaningful Use Stage 2, there's the – it's modular certification and you have to have a suite of certified products that together can catch or calculate in a report your quality score.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. So one of the constraints of the law, i.e. the Incentive Penalty Program, is it has to be certified, that's sort of one of the – I guess that's the easiest way to look at it.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So then though, even if we talk about sort of patient captured information, it has to be through that system anyway, right, similarly?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Well it flows to –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

The data has to flow to a certified system, yeah?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Yeah, exactly. Think about the lab data as your kind of analogy –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– lab data that goes straight to the data warehouse wouldn't count, unless the data warehouse is certified. But lab data that goes through the EHR and then to be calculated, that does count.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. Okay. So then when we're talking about infrastructure related to these six domains, is it – I mean, it seems like everything then has to flow through a certified EHR at the end. So just using that doesn't seem as helpful, it feels like we have to go one step back to uncertified sources that we assume will drive through a certified EHR source ultimately to get calculated. But we're talking about what are these other areas that one – and organization, an ACO needs to consider pulling data from into their certified EHR? Is that right?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct. And remember the registry can be certified EHR technology, so there are the – this isn't just limited to the one provider at a time, computer on the desktop and whatever systems that screen – the suite of related certified products.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. But so for example, safety, if I was thinking we should tap into a malpractice database somehow as a look to something around those – pretty sure that's not going to be certified. But bringing that in as some kind of data source or numerator or denominator element into a metric, that's the type of things that we're trying to expand it. Say, if you're going to do this domain, you should be pulling these other sorts of data in.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct. And so maybe claims are a straightforward one to think about. If the claims system goes to the payer and the payer calculate, and it never passed through a certified electronic health record technology that wouldn't count.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

But if the claims data passes through somehow, either as a measure or as data through the – a certified technology, so either the front end system or some kind of a quality reporting dashboard system potentially, that's certified, and then it works.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. So at least for then, our work in this committee – it doesn't seem like we need to be obsessing too much about we should only name source systems that are compatible with certification at this point. Because that's the purpose of saying in the future, if you want to do these measures, these are the other areas that one needs to begin considering, should we certify them? Or at least at a minimum, make sure they're flowing into a certified system. So, we should not be limiting the discussion of data sources by certification ability.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. So in that sense, if we're thinking through these six domains and we think so claims, clearly for efficiency, for events, potentially for coordination of care, we can give examples of claims, obviously examples of very specific things coming in from the EHR, etcetera. Other areas, so patients, EHR, claims, shall we expand it out as we look through, I'm thinking shared decision making, is it just from the patient and from EHR around interactions? What other data sources do we see in some of these buckets? Malpractice was one the popped in my mind around safety, but I don't know if that's a top level type measure, number of malpractice events or patient safety reportable events.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Are there things that would come out of registries that are not part of the EHR itself?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I think so, if I would think through and think probably under either coordination or care, even denominators for efficiency or even, I guess, for prevention –

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Um hmm.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

– seems like having that a registry function will allow you to calculate those measures a little bit more quickly. So, I would say yes. I mean, do we think of things like external HIE information? Around coordination of care, one of the big things we talk about is obviously in the future state, can you get good information around how your patients free-flowing throughout a community are able to get information around what other places they're touching. That doesn't have to do necessarily with claims data.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Yeah, so you're talking about ADT data – pooled ADT data, discharge and transfer data from an HIE.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. So at the facility level, for sure, but obviously I'm thinking in the future, too right? So, if patients are going and starting seeing outside specialists in different spots and/or getting home care or even hospice care that's happening after patients leave facilities, and getting that kind of information together. Because coordination of care, the construct that seems important in that box to me is the timeliness of coordination of care. And so I guess if we were talking retrospective claims data, one can begin to calculate measures in that spot, but it feels like you might need a little bit more real-time information to get more meaningful measures in that bucket. So, HIE data or at least – I don't know, I'm actually scratching my head here thinking what is the data source there that helps me build a better measure of coordination of care.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Well, so I wouldn't get so focused on what the source is, get focused on what your need is and the kind of data that you'll want.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Which I think you've articulated, you said, knowing admissions and discharges from the hospital, knowing patients moving in and out of other care partners, organizations, home care, hospice care, other kinds of groups.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. Yup. Okay. So regardless of data source, we just need to know that information in order for us to build a better measure of how well care is coordinated for our patients and communities. Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Correct and then I think articul – go ahead, is that you Paul?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

No, go ahead Kevin.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

I was just going to say, articulating some priorities around that. And there are lots of other committees that can help figure out some of the nuts and bolts of standards and ways that it could work. But, we're looking to you to help us with some – what are the key things you need and what are the priorities, not necessarily the how.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Hmmm. Okay. One of the things that's always challenging in some of these domains, at least for us as even a Pioneer ACO or a commercial APC is, in that concept of benchmarking, is pretty important. Because it's – I'm not necessarily clear how you actually understand good in some of these things. I don't know if that's necessarily a data source, though. I mean we think about, is there another external data source we could tap in to calculate benchmarks, but that's – I don't know if that's the right thinking here. Eva, any thoughts?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

No, I mean I think that sounds right, I'm just having trouble coming up with what might be the –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So Eva, what do you need? If you could snap your fingers and tomorrow have just what you need to help build these ACOs out, what do you need?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Well I'm trying to think about, I'm just looking now on the elements of – when I think about shared decision making particularly I think that's going to be an especially difficult one. So I was looking at the things – the elements that go into the decision quality metrics being developed already and what might be a source for that. So obviously the patient, which we've already got.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Well, we can go back to shared goals, it would be nice if a patient felt their team was all working on shared goals, even if they had different perspectives on it.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah. Well and then actually that's good Paul. I think the care plan itself comes in here and maybe we'd capture that by just saying, EHR. But then if we're talking about a global care plan that crosses the wall – the boundaries of an individual provider, maybe we're talking about something different enough to call it out specifically. But, and again this is a kind of measure that doesn't exist yet –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

– but it seems like as we get more into patient-centered care and decision quality and delta measures, longitudinal perspective, a lot of that comes back to the care plan itself, both the quality of the care plan to begin with and what you put in the care plan, did you actually do it? And you being plural, across the continuum.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right so if we said – this is Joe – this is more of a question to Paul and Kevin, I guess. So obviously the need for a care plan is – patient-centered care plan and not a disease or specialty specific care plan, is something that's come up a ton there, but that's a pretty complex thing that I think many people are struggling with to try to do right. But can we start with the assumption that a care plan exists, somehow or the other, and then obviously for measurement of shared decision making, you are trying to make sure does the patient have access to the care plan? Is there an ability to measure the gap between what's actually happening and what's documented in the care plan? Sort of, can we begin at that sort of level and say, care plan – assuming that a care plan technology will become available at some point, given a lot of people are working on it, and the measures themselves are going to have to be able to use this to calculate a whole bunch of things. Is that too big of a stretch of – assumption?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

This is Kevin. I think those are exactly the kind of recommendations that we need from this group which are; stretch us and what are specifics? So, I don't want to limit you to saying only pick things that are kind of small steps.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. Well I mean, I think it would be a big step if this group just made an assumption that said to do accountable care well; you have to have the ability to have a patient-centered care plan. And that's a grounding, because lots of the other measures that we think are important from a broader perspective in these six domains that we're articulating, bank on the fact that you're starting with technology that allows you to have that kind of care plan. That definitely sent the ball forward quite a bit and then heads us in the domains of measurement that isn't done yet because that initial technology isn't ready yet. That's exciting to me that sounds okay? Paul?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, I think so.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. So Eva, would you think that that's – I mean, I think I fully agree and I think it's come up in our committee meetings before in the past too about the importance of doing it, getting a good patient-centered care plan.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I don't think there's much of a doubt of how that is a core technical capability that may still be like the Yeti out there, but once we get there, it will help a lot in terms of measuring these things that make more sense and will be more salient to understanding value to the population.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So putting that out there as something that's probably one of the infrastructure needs makes sense to me.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

How do you measure this Joe?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

What's that?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

How do you measure this?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Measure whether or not a care plan works?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Whether – I thought your measure was like does it exist or is it being shared, and then people are going to ask, well how do you define it?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, so I mean, one of the things is, for even here, right, we're at multiple stages of trying to build our own care plans to be able to do longitudinal care coordination that everyone can look at the same thing. But when I think about measures around shared decision making or patient activation or anything along those lines, to me it feels like if we could start to envision measures that again start with shared information and right now we display the problem list, the – and other things out of the EHR forward, but not a real coordinated care plan.

And so I would start to think even the basic measures around shared decision-making may just be around transparency of information and is that actually something that's happening on a regular basis, within an ACO. Ultimately assuming if you have that then you do have a little bit more parity and then patients are making decisions with at least as much up-to-date information about their clinical care as the provider or the care team is, and therefore the quality of the decision-making tends to go up a little bit more. Those are just thoughts that enter in my mind of how this could get sequenced or built on top of one another.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah, and this is Eva. I think it's a great question and I think that's part of what we've all been struggling with since these are really different. We've measured what we've been able to measure and –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

– but I was just looking up the elements of measures of decision quality include decision specific knowledge, values for the salient outcomes and then obviously whatever the specific treatment that was chosen was, and that information probably is better to get from the EHR, potentially from claims, but that probably is not the preferred source. But that might get, to Joe's point, might get a little bit at helping us define a care plan. So a care plan must include some reference or indication of the person's knowledge, because if the person has a lot of knowledge about their disease, then certain elements of the care plan would look very different than if they were just diagnosed and really didn't have much knowledge. And then preferences is another way to say values. So I don't know if that helps or if that's still squishy.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So this is Kevin. One thing I could imagine is that as a group you would articulate a few of these larger buckets and we could even have individual meetings kind of fleshing them out more specifically. So, it's – if you settled on patient-centered care plan as important, we could think about how we would more – bring back some information about where the standards are and –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– what kind of other information there is and have a focused conversation in some of these domains with a little bit more background – that would be helpful.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, Kevin, this is Joe. So I agree with that, I think I feel comfortable with what we have now, to Paul's point, we kind of validated previously existing structures with potentially a little bit of rebranding that's there. But with that and then understanding what our next steps are, I do feel like we may need to either bring some more people in that have background and/or do our own reviews on content here to understand this better, to have a – to be more confident actually in recommendations we create around infrastructure needs. So –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

And so the way I'm thinking of this Joe, that you guys, are you doing the business requirements and we can hand them off to the technical team that can do technical –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– so you guys sort of say what is it that we need to make these programs work –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– and don't worry too hard about the technology and standards part, we have committees and people to help with that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. Well then so Kevin, at this point, I mean we could probably consolidate, summarize where we are, sort of suggest a couple of the areas. So we have our six domains, we understand some of the basic things that we've addressed now around patient information, potentially a care plan as a technology capability. Obviously discreet EHR or other types of EHR data, claims data as examples of things that will be required to support measures, feels like we do need to flesh out the types of examples of measures maybe to be sure the entire committee is clear on what we mean when we have these six domains. Such that the suggestions we have of technology are mapped directly to some concrete ideas, even if those measures don't exist right now, what we are envisioning those measures to potentially be, such that it's a grounded connection between the technology and the types of measures we need. So, is that a summary document? Again, I think we moved our goalpost away from the December 4 meeting into the January meeting, is that correct or do we need to rapidly do some turn around before December 4 time period?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

We do not need to rapidly do some turn around before December 4.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator**

And Joe, this is Lauren. Just as a matter of technicality, any recommendations that this subgroup makes has to funnel up through the Quality Measures working group before it can officially go to the Policy Committee.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. So right now it feels like we're still – this would be kind of a partial document that would go up. Is it – would you recommend that we funnel up this partial before we go to the next steps to dive in more?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

We can certainly do a summary of kind of where we're headed and just keep the Quality Measures Workgroup informed. I think that – we don't need them to focus a lot of energy, that's what you guys are for, in doing this –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– so I think that keeping them informed on your direction and they can help sort of guide and direct if they see some other things they'd like you to flesh out more.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And I think – this is Paul. So the Quality Measures Workgroup I believe is going to give a report out, sort of an update, at the December Policy Committee meeting. Your six domains, I think would be interesting to include in that, and potentially how it reconfirms the quality strategy and it's implication in terms of re-vetting of the quality concepts that were produced by quality measure group, I don't know, about a year ago or so. See what I'm saying?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think the fact that you came up with these domains, they – the qual – Helen and Terry can use that information as part of how it looks at the – revisits the quality measure concepts that were produced by an earlier group.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Another question for you, I've written this summary that priority areas are patient information, patient-centered care plan that provides for longitudinal care, claims data and then something that I articulated as care activity from other providers. Did I summarize those in the way that you guys would have? Did I miss any of the key kind of data infrastructure needs that you have?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Not – we haven't – that we discussed today Kevin, this is Joe?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Yeah, that's what we discussed today. I'm trying to cut across the –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. I think that's correct. I think it would be great to let's get that on to a table or something like that, distribute that to the committee members and start getting that fleshed out. I think that sounds right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Can you state those again, Kevin?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Sure, so patient information, so patient-generated information, longitudinal patient-centered care plan, claims data and care activity from other providers in real time.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Michelle, I just want to go back to – originally, I'm not su – we need to touch base on what the Quality Measure Workgroup will be presenting to the Committee on December 4. Because at this point I think that the thought was that much of what was coming out of this group is what they would bring forth and it doesn't look like there's any more Quality Measures Workgroup meetings on the calendar before then, and so this would have to be done offline. So I just – I think Kevin and Lauren, we need to touch base with the chairs to – and accept.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Okay.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. So at this point I feel pretty good about at least next steps and direction and where the discussion is going to go. I realize we have nine minutes left so I don't know if it's – if there are any additional closing thoughts or comments on where we are now before we open up the phone lines? Okay.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Hearing none, are you ready to open it up, Joe?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I think so, barring any other comments from the committee members. I think we've got what our next step is, and our next meeting actually is in – do we have another meeting ourselves?

**Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator**

Yes. Yeah, we have a meeting scheduled on December 13.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. So we'd like to get some things summarized, out to the committee, we can have some offline conversation and then we'll come back next time, in a couple of weeks, with again summarization of these six domains fleshed out with what sorts of data are required. And again, have some examples underneath of the types of measures we envision in these six buckets, that's something that will come together and then summarize that and then react to that as a committee on December 13. Does that sound right?

**Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator**

That sounds good.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. All right, I'm good to open the lines.

**Public Comment**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay operator, can you please open the lines?

**Ashley Griffin – Management Assistant – Altarum Institute**

If you are on the phone and would like to make a public comment, please press \*1 at this time. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. We have no public comments at this time.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. Well thank you everyone for sticking with us in this committee and your input. I had a fun time talking through it and I guess I'll go ahead and update Terry, she just sent me an email here, too. So I'll update her on our discussion and then we'll look to summarization from ONC again in a little bit, just to sort of make sure we've captured what was discussed today. And then we'll go from there.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Certainly.

**Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator**

Yes.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Sounds good.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Very good.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Thank you much.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

All right, thanks everyone.