

**HIT Policy Committee
Quality Measures Workgroup
Transcript
April 1, 2014**

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Quality Measures Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Helen Burstin?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hey, Helen. Terry Cullen, ah, Diane is in for Terry Cullen, correct.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

That's right, here, present.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Ahmed Calvo? Aldo Tinoco?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

I'm here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Alexander Turchin? Cheryl Damberg? Chris Boone? Daniel Green? David Kendrick? David Lansky? Eva Powell? Westley Clark? Heather Johnson-Skrivanek

Heather Johnson-Skrivanek, MS – Centers for Medicare and Medicaid Services

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Heather.

Heather Johnson-Skrivanek, MS – Centers for Medicare and Medicaid Services

Hi.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Marc Overhage?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Present.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hey, Marc. Jim Walker? Jon White?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, John. Kate Goodrich? Kathleen Blake? Letha Fisher? Mark Weiner? Michael Rapp? Norma Lang?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Norma. Olivier Bodenreider?

Olivier Bodenreider, MD, PhD – Senior Scientist – National Library of Medicine

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning. Paul Tang? Russ Branzell?

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – President and CEO – College of Healthcare Information Management Executives (CHIME)

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning, Russ. Sarah Scholle? Saul Kravitz? Steve Brown? Tripp Bradd? And Lauren Wu from ONC?

Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator for Health Information Technology

Here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And Kevin Larsen from ONC?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

I'm here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning. Are there any other staff members on the line?

Elise Anthony – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Hi Michelle, Elise Sweeney Anthony here.

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Elise. And with that, I'll turn it back to you, Helen.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Wonderful, thanks everybody for joining us today. In our meeting today we're going to be primarily be focusing on some recommendations on measures. So, I guess I'll start the slides. Next slide. So, as I mentioned, I think our primary goal for today is actually to make recommendations on specific measures for Meaningful Use Stage 3. In the past, we've talked more about domains, but not specifics. Next slide.

Again, this is what we've presented to the Policy Committee from your excellent input over the past of the key areas where we currently have a fair number of concepts and development and some areas where we have none, or very few. So for example, EHR safety, effective care planning, care trans – in particular are areas where we've not had a lot of concepts and development and so we'd really like to get some specificity today of what should be the next steps to push forward for Stage 3. Next, please.

So in that crosswalk we've got gap areas clearly in several domains, particularly as we noted in patient safety, and I would add, ambulatory patient safety in particular, patient and family engagement, population public health and particularly the areas of health equity. And when we've talked about this before, we've specifically talked through some specific subdomains and again, we'd want to make sure if there are any additional subdomains you think should be added. And then we also want to discuss, do you agree these are the right gap areas? And should any potentially be added or deleted? Next slide. I'm not sure what comes up next.

So, this actually starts listing out concepts by subdomain, and perhaps the ONC staff could just give us a little bit of insight into these – what's listed on these slides specifically.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Sure.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thanks, Kevin.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

This is Kevin. So what we did, and if you remember, we went through these same slides last fall; we've updated them now with newer information that we have this spring. So the – what we took were the measures under development, which are measures across HHS, that are being built in the style of MU – of Meaningful Use measures. So that means these are measures with – that have current federal contracts for e-Specifications into HQMF and with the timeline of completion that seems reasonably in line with the timeline for MU3. As you know, that doesn't mean that they'll all be in MU3, but we have to actually have developed measures in the Rule if we're going to be there.

So, this is work that Heidi Bossley did again for us, where she took the recommendations of the Quality Measures Workgroup and the Policy Committee, all the way back from Stage 1 in domains and areas of focus. And we've been keeping this analysis going throughout each stage of Meaningful Use to try to move to filling the gaps that the Quality Measures Workgroup identified. And the way that they are designated is that if there are three or more measures in a domain, we decided that that would be green, that we have the measures that we need to do that work. If there are less than 1 or 1 or less, then it's red and so 2 is a yellow zone. And so what other questions would be helpful or what other – what else would be helpful?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

No, that's actually helpful, I was just trying to understand specifically about the – this is actually a measure under development then –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

These are measures under development –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Gotcha.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– they're specific measure concepts under development. Some of these we have posted actually as draft specifications, so on AHRQs site called USHIK, there's a section called draft measures with a number of these measures posted there. CMS just posted another additional batch of measures on CMS.gov, so some of them actually are to the point of having draft specifications ready for comment. Others, and – speak to this, others are in the works, but they're not just a glimmer in the eye, there's actually considerable work down the path to being completed.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Got it, so as we go through each of these subdomains, we'll – we can see here what's under development, but do we also want to pause and ask people if there are other concepts they think should be developed or is that out of scope?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

We would really welcome that input. There is – the timeframes are such, as many of you know, that it takes typically more than a year to develop a measure, so we will certainly take advisement on additional concepts and see what we can do. But that there's no guarantee that we can get anything –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Got it.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– built in the timeframes we're talking about.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, so maybe what we'll do is we'll keep going – maybe I'll keep walking through these subdomains where you can see these examples and then we'll pause and we can go back to any of the subdomains and see if anybody has comments. Does that sound reasonable Kevin and Lauren?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

That sounds great.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Okay, so in this instance, curious how this is under efficient use of facilities, but it says here, improvement in symptoms among children with ADHD. Sounds like a great measure concept, I'm not sure why it's an efficient use of facilities, but I'm sure there's something in there that would be helpful to understand. Is it efficient use of medications as well, or is it just facilities, do you know?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Umm, I think that one got miscategorized. I apologize I was –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Got it. Okay, not a problem – you just threw me on the very first one, which is why I turned to your guys.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, we were hoping that would go into the care outcomes –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Excellent. Super, that sounds more appropriate. Wonderful. Okay, let's go to the next subdomain then, if you could. Next slide, please. Here are a couple of examples that do look like appropriateness of medication and treatment, there are a couple ones here about overuse of imaging, staging breast cancer at low risk and then overuse of diagnostic imaging for uncomplicated headaches and overuse of DXA scans in osteoporosis. Great.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So remember, some of these are actually already in the measure suite we have for Meaningful Use 2.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So some of these measures are ones that exist in our current program and part of the decision making will be which measures move forward from MU2 into MU3.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Got it. And is there any way to tell which of these are still – because they're all listed as concepts. So are some of these – are there ones we could tell that are fully developed versus ones that are more conceptual?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Umm, we didn't go through and do that, I can kind of off the –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– top of my head tell you if you need to know, but a number of them are already in the program.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, okay. I don't recognize these, so to me, these look new, but perhaps I'm –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I think those are new, I'm just sort of highlighting that as a general principle.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Perfect. Okay. Great, next one, please, next slide.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Just –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Go ahead, Marc.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc. I was just going to ask a question. It's interesting in the – and obviously this efficient use is a domain that we're learning about thinking about and I could understand why we ended up with three advanced imaging-related measures here. But I'm wondering, they're all advanced imaging-related measures, sort of struck me a bit, Kevin –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

– as we were thinking about the – and obviously we're not striving for complete domain coverage, but is there sort of a – are there aspe – so one way you could end up with this is you could have – we could have thought through and said, okay, this is the biggest bang for the buck sort of thing – well this is the best place that we can focus on efficiency. I'm not sure what the framework was for choosing those, I guess.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So, I can speak and Aldo may have additional comments, but what I'll say is that we had Cheryl Damberg present here about a year ago about the work that she did for RAND looking at efficiency measures more broadly for the purposes of the Meaningful Use Program.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Thank you for reminding me about that, yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

And so that work was terrific and gave us a number of options, including choosing wisely – for a long time the possibilities of the choosing wisely recommendation. For those of you who don't remember, those are recommendations by specialty societies for patients to be clear about when there might over-treatment. The challenge that we ran into trying to operationalize any of these as measures is that most of those recommendations required some clinical judgment in them that it's hard to –

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Yeah.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– instantiate into an electronic health record. So there are things like do this test only if all other tests have not been successful and phrases like that become very tricky to build an electronic measure around.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Yeah, yeah, thank you for reminding me about that. Once you gave me that cue, it was like, oh yeah, okay.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, but it does raise the broader issue, of course, that conceptually there are lots of other areas in efficiency and overuse that are not just about imaging, so we'd want to make sure we continue to get that, too.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

– problem with imaging, it's a good place to start.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, great.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah and we would certainly welcome any particular domains that would – to focus on next.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

This is Norma can I ask a question?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Please.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

Is there anything under consideration that deals with levels of care? Like in acute care, uses of ICU, general units, should they be there in the first place? And then, of course, following that is there anything about where people should go – where should they go for post-acute care, long-term care, and those kinds of connections? That's efficient use of resources, to me. I know those are harder to do, but is anything on the horizon for that?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

We do not currently have anything in the quality measure framework around that. I think that CMS handles a lot of that primarily through the way that they manage their payments, the DRG payments and their hospital billing programs. We certainly could look into it, again, it's a – at least under the current framework, it's much easier to do that in a condition-specific way because we can scope that saying for all patients, it becomes quite complicated quite quickly.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, although – this is Helen, I think that's a great suggestion, Norma, and there have been discussions over time, for example, about some levels of care kind of considerations, that also are not just about appropriateness of levels of care, but also inappropriate return to some of those. So for example, I know a lot of hospitals in the country have measures of unexpected return to the operating room or unexpected return to the ICU as quality measures. I've not seen them come forward as standardized measures yet, it might be a very nice area for MU3, because it is a really important issue of appropriateness, but it has a strong quality signal as well.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

If we could just keep it on our – somewhere invisible, it would be great.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah and so just as a thought, Kevin, it might be interesting to see if we can prospect for some of those measures in already some of the heavily advanced IT systems. I know, for example, Partners has that measure, unexpected return to the OR; that might be a nice example of something we can more rapidly, perhaps, bring into a standardized eMeasures without starting from scratch de novo.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, a terrific idea.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, great. All right. Well, we've already advanced – please – and please keep chiming in as we go through this. The next slide here is specifically the population and public health concepts by subdomain. Some of these I do recognize – oops, I think we just passed too quickly – thank you so much, list out some of the key concepts by subdomain. Some of these I do recognize as measures we've already got, some of which are new. And all the annual wellness assessment measures, what's the status of those, Kevin?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So those are some that CMS just released either yesterday or today for public comment on the CMS website.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Super, okay, great. And some of the alcohol related measures, intimate partner violence and then a whole series of measures around tobacco use, immunizations and some other areas, some of which look new, some of which are a blend. This is definitely a blend of old and new. If you have any specific thoughts about population level measures that are not included here, might be interesting to consider those as well. The one thing I would actually add here is it's got a couple of measures around HIV screening. Kevin, there are also some nice measures around HIV – maybe they're just in a different bucket but proportion of patients presenting late, for example, with HIV was a CDC population health measure we endorsed last year. That might be an interesting one to see if it's adaptable for this program.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I mean I think that's one of the challenges of any particular framework is we divide things that might seem grouped under another framework.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, that's all right, as long as they're there, we'll find them, I guess. But, it might be interesting to look towards some measures, particularly from some of our federal partners, and CDC has a very nice suite of measures around HIV at the population level that might be worth looking at as well. Okay – no, this was also the domain that was about equity, is that right as well, Kevin and Lauren?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yes, that is correct. So we did put health equity in there although as this group has discussed over time, there is tension between having measures specifically around health equity versus having that be a component of all the other measures. And I'll remind you that one of the proposed Meaningful Use 3 objective measures is the ability to do analysis of your quality measures by a race – racial or ethnic disparity of your choice.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. Very good. Just another set of measures that might be interesting to look at to see whether they could be adapted that are not just about stratification, there's a series of measures from Speaking Together around – access to language services that might be interesting ones to consider, again, things that are already developed that potentially could be thought about for EHR.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Oh Helen – you bring back more memories, I was on the group that built those measures way back in the day.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Well, do you think they could be adaptable? I would think if you have the information on language, it might be an interesting thing to have hospitals begin building out and other providers, what their time is to getting somebody interpreter services.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I certainly think they could be adaptable; they were very helpful to the organizations involved. For those that weren't – aren't familiar, that's a group of measures around access to medical interpreters and translation services.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, great. Okay. Any other thoughts on this domain from anybody on the call? Does this seem reasonable?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

I'll just say one more thing. You can also limit us; don't just tell us everything is okay.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc, since you opened that door, Kevin. One of the interesting things is, this is a pretty long laundry list and thinking about the providers – and that's bad in and of itself, but do we have a good linkage for most of these measures back to the value proposition? I guess I'm thinking about, for example, annual wellness assessment; you kind of go – inherently you think that ought to be good. But if pushed to the wall by some provider, can we draw a straight line to improvements in outcomes?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Uhh.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

And I'm not sure we can.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So that's the kind of place we're really looking for input from this group. One of the things the Policy Committee's been talking about is simplifying the Meaningful Use Program and one potential way to simplify is less measures. And so, part of the reason for us to have this measure – discussion is for you guys to help us decide what the right amount is, not just to look through what's there.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

And Kevin, this is Aldo. With regards – just specifically with regards to the annual wellness assessment and how that was conceptualized during development, it's not simply looking at was this AWW annual wellness visit performed or did the beneficiary actually receive this benefit, we actually cracked open what the visit entails. And we looked specifically at those elements of the visit that were supported by evidence to lead to improved outcomes is going to lead to higher quality of care. So obviously that level detail is not clear here on the slide, but we are trying to ensure that what is being measured actually has some evidence behind it, whether it's a guideline or there's systematic evidence review.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

So, this is Diane Montella from the VA standing in for Terry Cullen. So my question is what happens in the event that those wellness measures are addressed in individual visits and not at a wellness visit?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

That's a great question and baked into the specification of the measure, we're not just looking at events occurring during the specific visit. By the occurrence of this visit, even if it occurred by a different provider, so long as the data was captured in the EHR system, we'd be able to assess that it occurred at another visit.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

So my concern is, and I realize we're not talking about semantics, but one of the things that people in practice, particularly people in community-based practice struggle with is widespread misinterpretation by the folks that are helping them, right, with complying with regulations. And you only have to be a patient in any healthcare system, any healthcare system that's struggling with using EHRs for example, to know that they're not doing that well. And my concern with phrasing this as a wellness visit is that it will, in fact, just become another box that somebody seeks to check off. And not actually understanding or – I mean, I realize that in order to fulfill the requirement, you – the boxes you check off have to show that the measurable – the activities that are related to measurable outcomes actually happened. But I think – I worry that facilities and health systems are going to be seeking now to pull patients in for an annual wellness visit to try to get this box checked off. And I think that the burden in healthcare, it's not getting less because of the introduction of informatics tools, at all; it should be, but it's not. And so I would really lobby to however this is phrased, or however this requirement is proposed, that we really address how that translates – how that might translate into action in the healthcare setting. And I'm thinking passing it as a wellness visit may not do the trick. However, as always when I am participating in these calls, although I've been trying to participate very regularly because I – and I've met with Dr. Cullen several times to kind of get caught up to speed, I still am, in a lot of ways, jumping into the middle of a conversation.

M

(Indiscernible)

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Well, very much appreciate that.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

This is Norma, I agree with what is – what she's saying and that only gets us to the assessment part and I'm finding from practitioners, to talk with them, they assess and assess and assess and check boxes and then they're left with what in the world am I doing with all these assessments, what happens next? And to get – it's just looking at this list that's on there, just getting to any of the interventions, that's a fairly substantial workload. And so, assessment is just that beginning part and it just does really become a lot of boxes and then a lot of frustration for not having the next step and much less ever getting to the outcome. I don't know what the answer is, but that's – the more we – boxes we put in, and having been a patient and my family patient recently, even – this is, I know, public health, but if you're in an inpatient setting and they've got to ask you all these questions, and you're there for a particular purpose. And now somebody said, are you getting beat up at home and all these questions that just get fired at you in 15 seconds – not even 15 seconds, a couple of seconds, really does raise a lot of questions about what is it that we really want here. Just a comment, no solutions.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, those are very good comments.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

That's great. Again, the more specific input we get from the workgroup, the better shape we're in, so I'm hearing a fair bit of discussion around this annual wellness visit set of measures. Is there some recommendation about them? Or do you want to look at them more deeply trying figure out what the – what action we can take from this discussion.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Well, that's very helpful and I guess one of the questions I would also ask is, of this list, do we want to try to – because it is a pretty long list, particularly in this area. Is there some prioritization that the committee would like to reflect here? I'd also wonder, just personally, about some of the things that are listed here, at least among kids, is there a way to sort of group them or composite them in some way. So, of course, if it's the – if you're getting – and vision screening and all the rest of them, can we ultimately move towards getting all the right things incentivized rather than having them be one at a time.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, one –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Just one thought.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– one of the reasons – that's a great thought. So one of the reasons they exist the way they do is for individual practitioners like dentists or eye doctors, who want a specific measure for their practice, without having to have dentists measure vision screening.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

So here's a comment. If this is a –

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Guys, this is –

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Go ahead.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

This is David. I – for some reason, my – this is David Kendrick. My mic wasn't working a minute ago so I had to exit and come back, so I don't know how the conversation ended on the wellness visit. Where did we wind up?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

I don't think we ended – this is Aldo. I don't think we ended, I have one more comment about that, but go ahead.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Okay. Well my comment was just going to be that my perception of what we want to do in Stage 3 is more about outcomes and less about process. And "the annual visit or the wellness visit" feels to me like it's still part of the old way in healthcare and if we can get to an out – what the outcome from that wellness visit we were hoping to get. That would seem to be a better approach, rather than doing what I think others have voiced on the call, which is potentially creating an extra visit. That's thing one and then thing two, I was going to comment on was on the alcohol, on the dependency treatment, substance abuse kinds of measures, do we have any issues of 42 CFR Part 2 on that?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So this is Kevin, I can take the alcohol treatment. Some of these measures are developed by SAMHSA in part for use by people like alcohol treatment centers. My understanding of 42 CFR Part 2, I'm not an expert, but that's a specific rule that governs privacy around chemical health treatment, so a screening and referral to treatment that happens within regular care, a non-chemical care. So if you're a primary care doctor or a surgeon and you screen for chemical health use, alcohol abuse and then refer, that is not covered under 42 CFR Part 2. It is if you're in a facility that is doing primarily addiction treatment, that's when you're – that that rule applies.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great and I think to your first point, David, I think that's sort of what I was trying to get to as well. I think there is always this tension between measures that just assess risk as opposed to getting at the ultimate reduction of risks. And I guess perhaps a question for Aldo as well as Kevin is, is there some way that at the end of the day, what you're really looking at is the reduction of health risks with an assumption of assessment being kind of built in or somehow paired or linked. So that you don't just have people just choosing to do assessment of health risks in MU3 and getting credit since that wasn't sort of the vision for MU3.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

This is Aldo, thanks Helen, that's a – I think that's a great opening. If – so first, it's – I think it's helpful for me, personally, to remember that the – it's not the MU3 Program that's promoting the annual wellness visit to occur itself, it's actually obviously a Medicare benefit.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

The value of that benefit is this is an opportunity once a year to coordinate care and services across all those patient's providers and the EHR technology is an excellent platform to bring information together for a particular patient. So that the quarterback or the medical home can really think about, what really is going on in this patient's healthcare life or healthcare experience, so I believe there is some inherent value to this type of visit itself, regardless of whether it's in Meaningful Use or in a Health IT enabled care coordination? If you look at this quartet of measures, it tells a story of how we get from assessments to management to reduction of risk and then to achievement of goal.

We have learned through measure development that at times you really need this stepping stone approach, this stepwise approach to actual getting to the capture of outcome information and the ability to assess achieving their goals. And so this quartet, if you think about it, actually follows a nice, elegant, stepwise approach to number one, not only did you reduce risk, but secondly are you actually achieving a goal set by a patient and provider together.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, that's very helpful. Okay. Other comments on this slide? Obviously lots of discussion here –

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Just a quick clarification, the health equity row down there at the bottom, the poor lonely little row, we touched on briefly. And I think I heard that we are unlikely to be able to – I'm making a statement just to see if I'm interpreting this right. We're unlikely to be able to, at this point, create a measure for health equity that would be timely – be done in a timeframe to be incorporated. Is that kind of where we are or are there things in flight that we think we might be able to pull in there? Because it's obviously a tough topic.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

So, I didn't know if we had thoughts or is it sort of an orphan for now.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Well, it's been, I think, an ongoing debate in the measurement world whether we build specific measures around health equity or we treat health equity as crosscutting across all measure domains. What you have are seeing is, are the measures currently under development. It might be possible to develop another one within the timeframe for Meaningful Use 3, so if there are – if it's a priority, you should say it's a priority and if there's a particular item, you should tell us.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah. And it sounds like Kevin; you also mentioned that MU – that there will also be a requirement that you have the data to allow stratification. So I guess the question would be, is there also some way to begin looking at the stratified results or something beyond saying, they have the data to begin seeing whether results are being examined in that way.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

And this is Aldo; I typically am of the mind to think about Kevin's second option. I think the ability to assess gaps or disparities in care should be evaluated for all measures. And if we were to conceptualize a hypothetical composite measure that looked across all measures and checked whether or not there was a consistent pattern of disparity across all measures, then maybe that composite could be a signal to say that we're – we really are missing a particular subpopulation within our practice.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

So we need meta-measures.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Something like, yeah.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right. And just one other way to look at that is we had come up with some criteria several years ago, our expert panel around which measures should be classified as disparity-sensitive that should always be stratified because there are known disparities and quality gaps. And it might be interesting to actually cross-reference some of these measures, some of which I think are on that list against what was at least initially identified as being disparity-sensitive. But I guess I'd still be of the mind that there may be perhaps one or two crosscutting measures that don't look at clinical care or outcomes by disparities, but perhaps are more process kinds of measures. Like the example I gave of the time waiting to interpreter services that might incentivize systems to at least begin building out some of the infrastructure to begin looking at these issues.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

That – this is Kevin. I would say we're very open if you have some specific things you'd like us to look into or consider.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Good. Okay, well I'll send you along the Speaking Together endorsed measures that we endorsed just a couple of years ago, might be an interesting one. And also whether there's a way to begin thinking, you said race and ethnicity, is there also a requirement, Kevin, to begin looking at language or is it just race and ethnicity?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

I think I slightly misspoke and my memory, maybe Elise or someone else can articulate this a little bit better. It's to look at – to do an analysis of a disparity or of a special population. So I think it's left fairly open and race and ethnicity, because they're routinely captured in MU1 and MU2 was an example –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Gotcha.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– but I think it could be any number of types of potential subpopulations that might have a health inequity.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. It just might be an interesting one to consider specifically whether there's something to be driven towards for the next phase around language and in particular, literacy as well, as being things people should increasingly be building into their systems so everyone can see it. So, those might be two areas I would at least highlight that are so important for outcomes to improve and if that's really the goal ultimately, hard to make much movement there if you can't do it in the right language or somebody doesn't have the literacy to understand the way you're describing it. So, just two thoughts there, perhaps.

I do have one question about the immunization measure, Kevin. Is it specifically built on the idea – has it been sort of re-examined that it is not immunization in every single setting or is it somehow reflecting immunization across – influenza immunization across whatever setting you're in?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So my memory of that one is that that is you're immunization status for influenza as a – as someone, I think it's for adults, but I would have to double-check that. But is across settings, so if you have access to an immunization registry and know –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– in the state that this person was immunized, that would count.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

I do want – I do think it might be worthwhile to have a little talk about the bottom one under the annual wellness visit, the goal setting to reduce identified risks.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

As we were preparing this, I remembered that we had – the workgroup had a section about building measures for establishment of goals and establishment of sort of shared decision making. And I think that one of the questions in my head is, what the workgroup's thoughts are about, would a measure like this start to fill that kind of a gap?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Any comments from people?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

So ask the question again, Kevin, I'm not sure I followed that. So, goal setting to reduce risks –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So you'll see later on in this kind of framework that was set up by the workgroup years ago, that shared decision making is a domain and that domain is currently pretty empty. Aldo or others could correct me, but my understanding is that this is a measure that is designed to work towards shared decision making and so I think one of the questions for this group is, do you feel that it is a shared decision making measure in the way that the group has framed it up. And if so, do you want to call it out in any special way?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

I mean it does seem to me to be an example of – could be – as an example of shared decision making. In terms of calling it out, I mean I guess one thought might be to essentially include it under both domains and just add an annotation saying, it appears two places because it fits well in both. I mean, there's no reason, I don't think, to have to – that this has to be a hierarchy.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

It's Aldo and I agree with that.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

In my mind, I mean it could fall under patient engagement or patient-centered care as well, but multiple classifications make sense.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Agree. Okay. Kevin, anything else on this slide?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

No just again permission to tell us if some of these you don't want here.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, anybody want to – I'm not sure I fully understand why the Osteoclast Inhibitors is on this particular list, Kevin, to me that feels like a more clinical measure, not really about prevention or population health.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I struggled with where to put that one, you can blame me for throwing it here. It just seems like a treatment – it's a prevention of fractures in women after breast cancer, but it's a really sort of secondary or tertiary prevention, so I didn't know clearly where it would go.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. Okay. It's also a pretty narrow measure, it doesn't – I mean, it – which one of these is not like the others, this one sort of jumps out as just being one that fits more in the box of more classically narrow population kind of measures. Again, very important for some clinicians obviously to have measures, but it doesn't feel like it rises to the same level as some of these more population health level measures. That would be my comment. I guess –

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

This is David again. I apologize; I'm in the doctor's office with my son, so I keep having to walk out to ask questions. I apologize. So I'm always –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thank you for dialing in at all.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

– .I'm always one question behind. But I'm getting to observe our measures in action, so that's good. So anyway, one of the things I was going to ask about these measures in general is, as we are to the point now where we've gotten a lot of the information electronic in practices and we're piling on some more measures on them now. Are we certain that all of these measures we're putting in place fit into a transport structure of some kind so that that can be moved from place to place and communicated? For example, the goal setting where does that go in a CDA, the goals and others, they will be communicated in some standard way from one place to another.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Aldo, do you want to take that or should I?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Well, let me start it off, number one, acknowledging that it is an actual challenge to date, if we are trying to – the measures today. And our work is cut out for us to continue to engage with the standards development organizations like HL7 and make sure that those blocks and – holes that we need for these measures to be implemented and be reported are available to us in future iterations of the measure specification standards.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

It feels – this is David again. It just feels like such a chicken and egg phenomena that we're inventing measures and but that without the transport folks being – and the standards folks being in the same conversation, we could be creating things that can't be moved from one place to another and therefore there's sort of like a tree falling in the forest.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Right, oh, absolutely. This is Aldo again –

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

– to do it.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Yeah, it's an ongoing challenge. We absolutely need to continue to work with the technical folks that are developing these tech standards. It's kind of – it's a tough situation, we don't want innovation in healthcare or in EHR systems – sorry, I feel bombastic when I say this but, we definitely don't want innovation in quality measurement or quality improvement to be held back by the technical specification standards. However, being someone who's designing and trying to implement these measures as well, we know the reality is making sure that the measures can be implemented widely across the country. So it's – a chicken and egg phenomenon is a great representation of what we're facing and dealing with on a day-to-day basis. But it's that tension, right, we want to think ahead as opposed to looking in the rearview mirror.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah, and so I agree with you and we can't sit and wait on those specifications to come along with the – at the end users – the point at the end of day, we're going to have to figure out how – we're going to have to make a call whether the measure is usable or not. Based on – I would suggest in part, whether or not the data for it can be transported, because certainly in our community, we have Meaningful Use measures coming out that doctors can report from EHRs. But none of the payers, nobody who's actually – would be interested in those performance measures – results of them, is willing to take it from an EHR. They want it centralized – standard format. So that's where we kind of get stuck because anything that's not able to be transported just doesn't exist from a perspective of the decision makers. And I'm getting a lot of deep breathing from somebody.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

It's a very important discussion there – great, I think that's an important discussion and I do think this whole issue of ability to see where patient goals have been set in a way that can work across the healthcare system is equally important, as we just talked about influenza immunizations. It's always – I often times say when I give talks to people that it's just so important that we make sure that we do measurement where and when it's most appropriate. And the idea that sometimes this is done in an intensively acute inpatient setting, when that information should already be available, rather than asking the patients and family at just the wrong time. It's just I think that's why it's just really important to make sure wherever this information is assessed, we begin walking the talk of interoperability, and it should be available for all, to reduce the burden of measurement across settings. I would see that as a really important goal for MU3 as well. Okay –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Helen, its David Lansky. Can I ask you something?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Please.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I'm sorry, I came in late, and I missed part of the call because I'm also taking care of a family member in a hospital.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Oh, no.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

It must be our hobby. I was just wondering in terms of our agenda today, I'm sorry I was late, some of the items on here that in general we are not very supportive of, in terms of sort of check the box measures.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Is this – where do we want to take this discussion in terms of having an agreement about taking something forward and recommending it to CMS and to the process as a whole – the – let's get them in the right category kind of thing and not worry about whether we endorse them.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, we've been basically having the discussion, David, of people as we're looking at these lists say there are some of these that people think don't – that shouldn't be on here and there are some that people really want to prioritize and make sure they stay on there. So, for example, I had raised the issue of the Osteoclast Inhibitors as sort of feeling narrow –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Yeah.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

– and not sort of related to preventive services or population health, whereas I think some of these rise to that level. And we did have a discussion with Aldo of what was actually involved in the annual wellness assessment measures, to make sure they went beyond a check the box discussion. I wasn't sure if you were on for that part of the discussion. But, we'd welcome –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

No, I came in on half of that. I was thinking about tobacco cessation help for example, which tends to a check the box and doesn't have any effectiveness necessarily tied to the delivery of that service. But, I don't want to take us on a side track; I know we have a lot to cover.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

No, that – we actually haven't talked about the tobacco cessation measures and I do see there are two of them there, which is a little confusing as well, they both say tobacco cessation help for adolescents, I don't know if that's an error Kevin or if those are getting pulled together.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I'll have to check into it but part of this is we have multiple lists that we're working off of with measures that are moving from sort of high concept level to more specified and sometimes they – more than one format as we're moving them forward, so I'll double check. My guess is its one adolescent tobacco cessation measure rather than two.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. It does start to look like there's probably a nice composite there for adolescents that might be something to move forward with as well, between immunizations, HPV, tobacco, as a possibility. Other specific thoughts here, David L that we may have missed from you?

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I'm looking over my notes; I'll catch up when I can –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

In other words, just send them forward, we'll – we can certainly loop back to any other domains as we go forward.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Right. Sure.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. Great. Let's go to the next slide. Have we gone to the next slide, my screen hasn't moved.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

I see the next slide.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Yeah, I got it –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Its slide 7 Helen, we're on patient and family engagement concepts by subdomain.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, unfortunately I am not –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Do you want me to read them out loud?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, please, that would be great. For some reason I'm doing this on my iPad because my laptop had a little snafu this morning and I'm not moving, but I'll figure it out. All right Kevin, thanks.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Certainly, so the subdomain – the first subdomain is patient health outcomes and in that we have functional status assessments for total hip and total knee, improvement in pain among children and pediatric ADHD outcomes. We then have two, self-management activation as well as patient health outcomes, experience and self-management activation where we didn't really have any measures that we felt met those domains. And then we have one called honoring patient preferences and shared decision making and here we have again a number of functional status and status assessments, but these have functional status assessments plus goal setting. So essentially this is the patient reported outcomes section, most of which are functional status and we've put them into two categories, those with goal setting in a shared decision making bucket and those without goal setting in the patient health outcomes bucket. Questions? Thoughts? We certainly can give you more detail about a number of these if that would be helpful, but those are the categories.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I just want to make a comment about it its David. Kevin, I really like in the spread sheet the draft language, which emphasizes demonstration of improvement or change. And – because I think the previous version had been check the box, did you complete an assessment or not; those are the numbered versions that we have on our list and I think it's good for us to really emphasize. One of the challenges we had previously was MU2 didn't actually require the capture of the score, only whether or not a test had been administered, assessments had been administered. So I think it's good if we – I don't know if this links back to certification, but the ability of the EHR to capture the score and create a change score would be the ideal outcome of this. And I don't know whether the measure – can sort of drive back on certification, do you know what I mean?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, I mean that is certainly the kind of thing this group could also recommend to us, but currently in MU2, we do have certification around capturing the scores, even though you only need to report the score. And as many of you remember, David especially, the recommendation of the Quality Measures Workgroup from MU1 was a sort of staged build out of many of these measures and so we are continuing to build out those stages. So at the beginning was you captured the scores, in the middle was you capture the scores twice, at the beginning and the end and now it's the working as much as we can on building a delta, what's the level of improvement from the beginning to the end of the treatment period.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

think one of the challenges we have is that this will obviously tailor to a very small subspecialty and even within that, just a couple of procedures. And whether there's any – I don't know how we assure ourselves that this capability would also be available to other specialties who have a similar measurement need. Maybe we can't address that through this activity, maybe as you said, it's the certification.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Certainly, but if you have certification recommendations, that is also part of the Quality Measures Workgroup's charge.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

So, any other comments?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Its Aldo, just a comment to support what David Lansky just promoted is in the specifications for these measures, we did number one, only provide – recognize status for lack of other term, if the score or the result was captured and represented using LOINC or an appropriate standard vocabulary. And that does tie well with the ONCs EHR technology certification criteria, so in terms of at an uber-policy level it's making sure that if you are thinking about measures that capture assessments or capture data collected from patients, that you're only recognizing within the measure, when the score was obtained. That's an important and valuable tenant to – but it definitely is more than a check box approach to it.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Anyone else on this specific question? So any thoughts about prioritization on this list or ones you don't think work or ones you think are particularly important? Just a –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Helen, are you moving down to the next group of these under the shared decision making or are you just taking –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I was just going to ask what you people's thoughts are about the ones that say functional status assessment and goal setting for specific conditions here. Go ahead, David.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Well, I'm just – it's interesting kind of what Kevin was saying about the latter over time staging. I like that the asthma proposal here moves toward a restricted list of functional status assessment instruments in the draft proposal as opposed to the early one. But I wonder whether we can ask for or go to a more specific proposal like the Minnesota asthma measurement that I know Kevin knows well, and basically how narrow – what's our role in specifying a fairly narrow set of measurement tools versus saying there's a capability in the platform to accommodate a – of different tools? I think maybe that's a policy or philosophical discussion about our role in the overall – ultimately CMS is going to designate specific instruments, I imagine. We're trying to create the capability to do that, but –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, Kevin, why don't you go first and I'll add my thoughts as well.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So again, I would...the more guidance that you guys can give us, the better off we are, so feel free to be specific. I would say that as we've worked on these measures for 2 or 3 years and some of us maybe longer, there is a tension between the need to be very science-based and the need to stretch to priorities. So at times when we look at a particular instrument, and I'll pick on the functional status of knee just to start, the research is really robust around a tool called the Oxford knee instrument, which is a tool used in England. However, many people feel like there are more modern tools that actually are better suited for that work and a lot of the experts and the patients like those other tools better. But the research is on this tool that's been around for many, many years.

So there's a tension between do we choose the modern tool that does have some research, but not – that's not as deep or do we choose the tool that has the deepest, most published research. And we have that luxury for the knee assessment that we have more than one tool with research. Other times, like in the ADHD outcome measure, there's only one tool for us to choose from that as far as we can tell that does have research around it. So it's a time when we're – the priorities are running up against some challenges in the way that we ask measures to behave. We ask the measures to be based on fairly large scale research and if the large scale research doesn't exist, then we're working hard to build some of that as part of measure development.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right. And Kevin, I just had a conversation with Kate Goodrich about this just last week, actually. So this question specifically of which kind of tools to use is obviously very, very important. I know there have been discussions with the folks at PROMIS, for example, at NIH, which are all publically available tools, which is especially important and nice that they're already sort of built in a computer-generated manner that limits the patients to the smallest number of questions per instrument. Have there been discussions in these specific areas with them and whether, in fact, there might be some opportunities rather than what feels like a little bit of sort of salami slicing here to say, use the overall physical status assessment from PROMIS and specifically for COPD add in their dyspnea score. Would just be curious about that because I think one of the issues we've run into certainly over the years is that some of those tools are actually proprietary so it also becomes a difficult issue and at times, there may be costs associated with the use of those tools. Would just be curious your thoughts there.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeas, so we are having those discussions at HHS about how could HHS endorse PROMIS as a standard tool or a suite of tools and that might be the kind of thing that the workgroup could weigh in on, especially around certification. I can speak for a number of these tools – these measures to say that we looked hard to put the PROMIS tools when we had a PROMIS tool and it was appropriate. Aldo may know more than I do about whether PROMIS, especially the PROMIS Global Score, which is a global functional assessment score, is included in all of the measures or not where there's an ask for a global assessment of function.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Kevin, its Aldo. I'm – it's not clear to me which ones specifically are involved, but some of these do, as you said, involve a combination of global and a condition-specific.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Okay. It would just be very helpful to see some sort of more consistent approach. And when at all possible, to work with them, because then you know you're getting a tool that is both publically available, but already has the science ensuring for the sake of patients and providers, that it's the smallest number of items to get a particular domain. Rather than some of the other tools that have been developed frankly for different research purposes that may not have that sort of computer-generated thought in mind. Also nice examples we heard from David Cella when he wrote one of our commission papers for the PRO work that HHS funded that we did where clearly they had already had the – built the capacity to bring in the patient-generated PROMIS scores into their EHR at Northwestern, as an example. So it just seemed like there was just a, not to overuse the term, but a lot of promise there that I want to make sure we're building on as part of these efforts going forward.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Going back to the certification discussion, if part of where this leads us – I don't know if we can easily make a taxonomy of these. But if there are let's say three classes of patient-reported measures in terms of their sophistication of development and there may be a class that is, let's say as Kevin is working on the WOMAC example for total knee. And let's say that there's a consensus and CMS agrees that that's a preferred instrument for public uses like payments and recognition programs, and that there's going to be some sort of scale or set of items from that which are going to be widely used across the industry, then that's sort of level 1. Level 2 might be something which is – there's still a plurality of instruments or lack of, like you say, evidence base to support a single instrument, then that's level 2 and then level 3 might be PROMIS requires almost a different technology platform or a different blending of generic and specific. But really the taxonomy is –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health – of the certification side –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

– so that the platforms are capable of absorbing PROMS data at each different stage of evolution, then we'd know that the platforms will be – will service all – and then if CMS makes decisions about which things to require, we know that the technology platform is capable of supporting it.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

That's a very helpful suggestion. I'd be happy to have Lauren send around the paper that David Cella had drafted – had written for us specifically on tools, reliability, validity and understanding what's out there and how it might be used. I think it might be a useful input to thinking this issue further because I think the other issue that's going to come up inevitably will be if people are using different tools, is there some equivalency there. Not as much of an issue if what the measure is about assessment and goal setting, but it will be very important when you begin looking at the ones we have there for total knee and hip around functional status assessment and improvement. If the scales are different, the degree of improvement – the baseline and the post – we'll have to think through whether in fact you can get similar percent improvement for example, using different tools. So I think that's a really important area that we could continue to weigh in on, perhaps.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah and Helen, you can imagine that a patient that has rheumatoid arthritis could also have chronic pain and get the total knee surgery –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Oh of course, yeah.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– so they could potentially be asked three different global assessments of function, unless we have work to align, to say there is a standard global assessment of function that we – is part of all of those measures.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. All right, well let's make sure we return to this question and see if there's anything else we should be doing here specifically from the perspective about as certification or measurement.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc. One other, since Kevin asked for specific feedback about things to maybe think about including or excluding, 3053, the functional status and chronic pain. I guess one of the things that's going through my head is that the chronic pain population, certainly in primary care, is extremely large, it's a substantial fraction of the patients walking in the door, you could classify as meeting the chronic pain criteria. And so I worry a little bit again about the line-up site to benefit and the burden that we would – the amount of – I guess it's sort of a value question, is it worth the amount of time it would take to do those assessments on all these people, given what it might lead to in terms of benefit. So that's one that I would wonder about.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Other thoughts? All right, let's move on, we can always come back if we want to, but I want to make sure we have enough time to get through the remaining domains as well. So the next one there is care coordination. Any specific – oh actually, interesting, this is where you have rate of readmission to ICU, where I was talking about that earlier. Okay, so readmission to the ICU, the CARE tool, maybe you could talk a little bit more about that. Closing referral loop, perhaps Aldo could talk about where that is in development. And I don't know anything about the coordinating care with EDs, but maybe a little more information on these Kevin or Aldo, would be very helpful.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

So this is Aldo, I can jump in with the closing referral loop themed measures for MU3. At this time we are specifying 3283 for MU3. An interesting – it's a good segue back to the conversation with regards to where the specification standards allow us to do all that we hope to do with the measure and we're actively working with the folks at HL7 ensuring that this measure can be specified.

There is a companion measure to this one under closing referral loop where – it's actually a variant of the MU2 version of did the recipient of a referral send the consult note back to the referring provider. It's looking at – instead of a referring provider-centric assessment, it's looking at on the specialty side or the receiving side, of all the requests you received, how often did you actually send the report back. And that's in response to some feedback I believe we received from the public and from specialty societies asking for a measure that would look into their processes. So these are both under development and we're trying to align what we want for the measure as well as what is technically possible.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

And is there a thought, Aldo, of ultimately those measures come together as truly the full closing the referral loop measure?

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

You know, that's a great question. I think that a suite of care coordination measures from MU2, MU3 and even a handful under the functional objectives together would help providers and others to see the continuum of the referral loop itself. So no one measure's going to be able to paint the entire picture, but together, we hope to develop a suite of measures that will help you look at the natural course of each referral that goes out.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm. Okay. Any –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Helen, its David, I have a couple of questions about that.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Sure

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

One is, I really like the idea of actually tracking the closure of the whole loop and know that having two cross-sectional measures, having one that tracks sort of the one is the outcome for the seek the referral, but I realize that may be difficult – into that – I was wondering about the 3388 continuity assessment evaluation. Is that, I mean, I'm wondering generally about – seems like the way the spreadsheet is laid out, the asking the patient strategy is not complete here and using maybe like the old Eric Coleman Care Transitions Measure.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

I know we discussed that about what's the status of using a patient-based report as a means of assessing quality for these transitions.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So again Aldo and I can kind of play tag team here. We've been working on a measure rather like that for the purposes of the referral. And so the measure we looked at was, is there an adequate continuity referral message sent with the right kind of information as described by an HL7 standard care referral CCD? And the – this is again a place where we're running into some challenges that the standards don't actually support looking for that kind of a document yet. And so we have a hard time e-specifying that type of measure fully. We're continuing to explore it and continuing to be sort of developmental about it, but at this point, NCQA has done a considerable amount of work to figure out how it could be expressed in the current set of standards and it hasn't found a solution.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Yes thanks Kevin, its Aldo. It's interesting, we want our standards for defining these templates, these document templates like the CARE or a referral request. We need them to be selectable in order to meet the local need of the providers that are using those templates; however, the trade-off is, when you have selectable templates, you may or may not be able to identify critical data elements that you want for your measure to ensure that something was passed along. And this measure here, critical information, think about critical information, it really is referral specific and as we engage with different providers, who are in fact submitting, who are receiving these requests for referrals, everyone has a slightly different opinion as to what is critical and what is not and how to represent it. So, that's the dance that we're dancing right now and it really is engagement with technical stakeholders, but also the clinical folks that have a vested interest in this measure.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health
David again –

Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

This is Kathy Blake with AMA and just to give an example and describe some of the work that we're doing on this topic. We have a closing the referral loop pilot project that we're doing with the Department of Health in Pennsylvania and also with the Wright Center also in Pennsylvania. And we're looking at this issue as a three-sided triangle with one side being the patient who is asked the question, do you know why it is that you've been referred to the consultant? The referring physician, the question that they're asked as part of the assessment tool is, do you have the information that you needed to be able to initiate the consultative process? So that obviously includes what's the question that needs to be answered as well as the ancillary information that might be diagnostic data. And then the third limb is the primary care physician and reports whether they receive an answer to the question that they had asked, for which they sent the patient. And so our aim with this is to see, can we develop a toolkit that then results in improvement over time in the reports that are received from all three sides, you might say, of that triangle.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Its Aldo and Kathy, thanks so much for mentioning that because the folks who are working on development of this measure have been put in contact recently with the members of the AMA team that are running that qualitative assessment in Pennsylvania. So, we're aligning forces across – we're also working with AHRQ to be able to understand, boots on the ground at each practice, what does it really take to connect the dots together, what are the workflow implications and how does health IT support or not support the different players within that workflow in different practice settings. So there are multiple activities happening within this space of the measure and hopefully together we can shed some really bright light into how care coordination's happening in the real world.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health
So I'd like to –

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I'm sorry, we're getting a lot of feedback when people are speaking, so if you could please mute your lines, it sounds like a lot of people are in busy areas, but, if you aren't speaking, please mute your line.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thanks.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Thanks. So this is David again, Helen. I think what I want to try to do is elevate our view a little bit. I think everyone has just commented on a lot of important components of a successful care transition and often referral and closure of that loop. But what I hear a lot from the purchasers is, they're really frustrated with the patient's experience and the family's experience of this very fragmented system. And so the outcome measure – the outcome quality measure the purchasers what to emphasize is whether the patients feel like they have been handed off smoothly and effectively and the information has followed them and so on. So we're not – I would be cautious about having a quality measurement battery drill too deep into the technical handoffs of data, instead I hope we can balance that or – or replace it with more of patient experience measure –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

– and that's something we had talked about a year or so ago, but that doesn't seem like it's on the menu at the moment, unless I'm missing something in this data or maybe its somewhere else.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

This is Norma –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I –

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

– I'd like – this is Norma, I would also like to add in that so much of this is from physician-to-physician, but I'd like to point out that a lot of coordination of care is among nurses, who really make this smoothly from. And I'll go back to what I had asked about earlier, levels of care, going from hospital to post-acute to long-term care to palliative care, that's where patients find it to be not only just what they're doing medically for their problem, but –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin

– how are they going to manage this problem? And it's really nurses, and I would encourage us to do more work with the American Nurses Association. I know they have measures coming up in coordination of care from that aspect, which I think is very important to patients.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Those are both great suggestions. I guess one question I'd have for Kevin is, how – what is the thought about how patient experience the care measures. And I know, for example, the CTM-3 David, the one you mentioned, Coleman's measure, has now been incorporated into CAPS. So I guess the question is, how does CAPS relate to the thought of what – of how eMeasures are being used?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So again, that's the kind of feedback we would love to hear from the workgroup. To date the Meaningful Use Program has only had eMeasures and those eMeasures have had a single source of data, which is the EHR. And so the current constraint or box that we're working with is data captured, as part of clinical care typically is part of the clinical encounter and then subsequently submitted to CMS for the purposes of measurement. Because CAPS are captured as phone calls to patients, not actually linked often even to an individual provider, well, that's not quite true –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– the patients are anonymous – because the patients are anonymous, you need a large enough amount of patients to be able to link to an individual provider and the data is not captured or sent to the EHR. To date the CAPS measures have not been part of the Meaningful Use Program, but again, we're looking to the Quality Measures Workgroup to give advice about what we – how we should be thinking about this.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right and certainly in the vision we had presented of what we would hope, we very much put patient experience in that, building on the work of the ACO Workgroup. David, do you have any thoughts about this, Lansky, about how this might fit in?

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Well I appreciate it, I think Kevin's clarification is really helpful and I guess I take that as a to do that we'll come back and give some more thoughts on how to integrate the patient-reported measure with the EHR source data. So I think there's – the connection is where the action is.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah. Okay, great help.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

This is Jon.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, please.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Yes, please. Hey, it's Jon White. I've mostly been on listen mode but I'll just simply say that on behalf of AHRQ, we're more than happy to engage. We've been certainly thinking about how CAPS plays in all this and happy to take that conversation further, if you wish.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Okay, well let's loop back with Kevin. I think if there's anything we can do here to really begin thinking through how that information flows in or becomes part of the electronic health record. I mean, just to think very broadly, it would be very helpful, for example, to be able to not so much see the individual patient information, but as a provider to actually be able to see your information in some way as it feeds back into your electronic system. So you can begin understanding where you are in comparison to peers, etcetera, and use it more as an improvement tool rather than just a measurement system, but certainly more on that to follow.

I have one comment about this one. I would just say th – to me I agree, rate of readmission to the ICU is an important measure. I would actually put that under safety, I don't really see that as care planning or transitions. It's usually a quality signal if somebody's gone back to the ICU unexpectedly, if that's the measure.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yup, happy to; again, this was just a first stab at aligning to a framework.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yup. Great. Okay, well, it still is a pretty small list of care coordination concepts, which has always been a challenge. We continue to call for new measures in this area and we tend to get very few. There are a couple that were just suggested that I'll forward along to you Kevin, that are being evaluated by our Care Coordination Committee right now, a couple from health systems that again, might have the advantage of already having a jump start, in terms of being developed by some health systems that are fairly IT savvy, where we could get a bit of a jump.

Okay, let's move on to safety, next slide, please. And this is a pretty long list, although again, some of them quite narrow. How do you want to work through this, Kevin, any suggestions?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Ahh, the one thing I'll tell the group is that a number of these actually are outpatient measures so, one thing we didn't do in this framework is divide which are the eligible provider versus which are the eligible hospital measures.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

I see.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

But we have created a number of these measures, use of antipsychotics in children, for example –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– overtreatment of diabetes in people over 75, those are outpatient measures of safety. I know that was a question you had earlier, Helen.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, great. Any specific comments on here? Well, I'm happy to raise a couple of thoughts then; this is Helen again. I think that again it's very helpful to see some of the adverse drug event measures, which we've all been wanting for a very long time. Again, I sound like a bit of a broken record, but I'd also like to begin to have us consider sort of measures that reflect different adverse drug events more globally rather than there always being anticoagulation or renal dosing or something along those lines, and get more of a global picture about adverse drug events in healthcare. I just worry when they get sliced like this that we lose the ability to see across, but you have captured most of the major ones. We know most of the adverse drug events in this country are related to anticoagulation, opioids and insulin. So, from that perspective, I think you've captured, I think, the majority of those. Is there anything on – are there opioids on here as well? Yes, there is, appropriate monitoring, okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yes in the appropriate monitoring of an opiate in patient-controlled analgesia, that's an inpatient measure. For those not aware, that's a patient that's on continuous morphine, are they getting monitoring according to best practice guidelines.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

And those first two, which we've just reviewed, are both inpatient as well, hyper and hypoglycemia measures.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Correct, as are I think the next two adverse drug events, the induced bleeding events and inappropriate renal dosing.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Very good.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

And then the antipsychotic are outpatient measures. The childhood antipsychotic measures, those are actually very important to the Medicaid population, and so those have been a high priority for the Medicaid program, the CHIPRA Program.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right. Again, I would love to see measures more about appropriate use of antipsychotics in young children rather than kind of cutting them this way into separate buckets.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Umm, Kevin, this is Cheryl Damberg. Could you say a bit more about the overtreatment of diabetes, because I just did some work for ASPE that was a systematic review of unintended consequences and there are a couple of studies in the VA showing overtreatment of diabetes related to some of the control measures. And is that what this is reflecting or is this something more general?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, again, I – Aldo and I can tag team this is one that his team is developing, but we've been working very extensively with the VA and the VA's experience and research in this area. This measure essentially says that people over age 75 shouldn't be on medications that might lower their blood sugar if their diabetes is well controlled already. So if they have an A1c of 7, this says they shouldn't be on medicines like insulin that might make them more at risk of having insulin reaction.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Thank you for that clarification.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. I will mention, Kevin, the severe sepsis measure is undergoing an ad hoc review as a result of the recent process trial results in the New England Journal, so we should keep you in the loop on that, because it may change.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yup, and just an FYI to the group, this is a measure that I think was brought forward from some work at Kaiser and they have used this in their EHR across a lot of Kaiser actually, they have – Kaiser has evidence of its life-saving nature in their organization. It is, however, a fairly complex measure to implement in a hospital, it has a lot of moving pieces as a measurement and those are – that’s the kind of background on that measure.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah and we’ve seen that experience for multiple health systems who’ve used that and demonstrated significant reductions in mortality. But again, there are some specific question with the recent results in the New England Journal with a large NIH-funded trial about whether you actually need to do invasive monitoring or not, that our Safety Committee will be reassessing in mid-April. So, we’ll keep you in the loop on that.

Marc Overhage had to step away and he sent me an email just specifically we haven’t really talked much about it, but you’ve got nothing under falls prevention, nothing under hospital associated conditions. And then EHR safety he thought should be reframed as health IT safety; he thought EHR was too narrow. So, I just want to add that comment to the mix and again, there’s nothing in that space. Is there anything under consideration at all, Kevin?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So for the health IT safety, we are looking to really dive into that in a more analytic way to say, what gaps might there be and how could we fill those. But, to date we don’t have a suite of measures that we’ve found that we could easily build to a kind of national scale. So again, any input or ideas people have are very welcomed.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right and Jon White, isn’t AHRQ doing something in this space or am I misremembering this?

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

We are, but I’m not up-to-date on it, so you’ll have to let me –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

– catch up with it.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. And I would also be curious from Norma’s perspective, I mean there’s been so much work, including the recent AHRQ evidence report last March on making care safer and an entire chapter on falls prevention. I’m just curious how there’s not some way to be able to at least have some measure about the use of assessment tools for the right population, just a question for Norma, I guess, in particular. Maybe we lost Norma. Okay, sorry. We’ll come back to Norma when she joins us.

Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement - American Medical Association

Helen –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Any other comments? I heard a voice you can go ahead.

Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association

Yes, Helen, Kathy Blake chiming in and really with a question that has to do with adverse drug events. And whether anyone is aware of there being work done in the whole area of QT prolongation associated with single agents, but also with combination drug therapy. And there are some – certainly some very good decision support tools and resources about that, the list of drugs for which there are interactions is very, very long.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association

I don't see anything along those lines here yet.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Kevin, any thoughts?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, this is Kevin. We – you're correct, we do not have any drug-drug interaction measures in the works or in proposal; if that is again the kinds of priorities for development that the group would recommend, we can put that – those types of things on the list. The – I think one of the questions is, how to frame those as outcomes or are they important enough that we shouldn't call them outcomes and we're okay just to measure that we've avoided those drugs with known effect. I think another kind of question for the group is, the relationship between measurement and decision support that's made –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– and would the group want to dive into topics about decision support and priorities for decision support that may or may not be linked to measurement.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I was going to raise the same issue, Kevin and I thought we had had a Chair's call about the fact that we would be doing something specifically in the CDS space. So that just leaps out at me as being something where there might be a real opportunity here to think about where clinical decision support plays a role versus measurement. You could even imagine some measurement that might – some measures that might emerge from particularly robust interaction systems of when you overrode a red, significant, cautionary note. But again, those sound potentially more long-term. Other thoughts from people about this clinical decision support question?

Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association

So this is Kathy again and really, I think that the issue of drug-drug interaction is a natural for that for CDS, but I would also say that having practiced and dealt with drug-drug interactions to the point of near insanity, I thought that if I would get one more reminder –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

– about the interaction between amiodarone and warfarin that I would lose my mind. I'd actually like to see clinical decision support start to couple a mechanism for clinicians to be able to test out of getting those reminders so that in a given system, if I prove my competency through testing and then through prescribing that is evaluated shall we say behind the screen, that I don't keep getting those endless pop-up reminders. Because it's – it links conceptually in my mind to EHR safety, which is that when I get such a high frequency of clinical decision support prompts that I don't need, and that I could certify to my competence, I start quite naturally to ignore all of them. So, I know that's a long-term goal, but this is a good chance for me to just get it out there.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I think that's an excellent point, Kathy and even more broadly, just the whole issue of over-alerting and the ability of CDS systems to truly focus in on what are the really important interactions. I used to pretty much just glaze over the long list of every diabetic who would come in and I'd be told to use caution giving aspirin, I mean it was just crazy. But Kevin, I would look to you, is that something that we'll do on an upcoming call?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yes.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Shall we hold this discussion – okay. I do think the question might be though, whether there is something specifically in the drug-drug interaction space that actually might be appropriate for the HIT safety box that might be something to consider building out.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

Hey Helen, its Jon again.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)

I think it's an area ripe for discussion, I also think it's an area with many blossoms, but not much fruit. There's probably a relatively small subset of CDSE things that you could focus on that would actually deliver value at the end of the day for everybody, to kind of play off of Kathy's comment a little bit. But it would be a good discussion, I'd be interested in having.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Super. Okay.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Helen, this is Aldo, quick comment regarding decision support. We've put the burden on ourselves as measure developers to make sure that the measures we're developing and promoting are actionable. And part of that actionability argument should be trying to, what can the provider or the healthcare organization do –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

– to. So therefore, you can imagine where I'm going with this one is even in the argument for the measure itself, we are trying, is this health IT enabled measure something that's uniquely qualified to be improved via a health IT tool or function, such as CDS. Maybe that's something that should – set a bar that should be applied to all measures that go into this program.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, yeah, that's a great question Aldo, a comment and it also makes me wonder, Kevin and Lauren, at some point is it worth having a – if you'd really like specific input on these measures, might it be useful to map these against our criteria? Because I just – I couldn't recall if we had one specifically around improvability, but I thought we did and whether that's actually a criterion in and of itself if we didn't.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Well we do have –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

We can certainly do that, I think I'll look to the group to help us guide how you want to spend your time and what sort of analysis would be helpful for you giving recommendations to ONC and CMS.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes. Okay.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

So Helen, its David again, I – one other thought. This category always troubles me a little bit, there's a lot of good, specific content here and the CDS issues that have been raised about over-alerts and alarms is really valid. And at the – back to the beginning, the objective of the quality measurement work was to both provide feedback to the various users of the data, both clinical and policy and payer, about the safety of the program – the clinical program. And so the idea of having a measure with face validity that summarizes the overall safety –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Right.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

– of care provided, in this case let's say medication administration, decision administration or some of the other – being able to say that the health IT interventions are enabling a safer culture in the institution. That what I want us to find is an outcome measure that has face validity that says the net patient safety score is improving because of the availability of the technology. And we're having a hard time getting to where there's a measure that is tractable either for public recognition or for payers and consumers to use to make decisions. So I want to somehow, whether it's a composite or a different slant on a kind of denominator and numerator –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

– that would capture the number of detected events averted or the number of undetected events that caused problems. It feels like our measure strategy is not getting us to the policy objective. Congress is pretty specific in writing the HITECH Bill about this area and I feel like we're not quite nailing it, even after all these years and I don't know the answer, but I'm a little concerned about where we are in Stage 3.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay. Good comment. And maybe Kevin it would be useful to remind us specifically what were the ultimate policy goals to make sure as we look at that through this lens for the next stage for recommendations.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Yeah, we would be happy to pull that back again and –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

I think that this is another opportunity for the group to give us guidance because again the – we're asking individual providers through a PQRS-like submission to tell us about their individual practice. And I think what I hear David asking for is a measure at a larger, sort of measurement denominator –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– across a broader spectrum. And so some guidance for kind of a pathway forward to bridge those two would be helpful.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Kevin, I wasn't specifically thinking about the level of aggregation, even at the individual EP level, I think the issue – I mean there's just – we have plenty of research on the levels of inaccurate medication prescribing and so on in causing safety events. So being sensitive to that in the way we think about the measures, even at an individual EP level I think is still valid.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So you're talking more of a kind of crosscutting safe use of medication or safe use of prescribing –

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Yeah.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– across a number of different types of prescriptions or conditions.

David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health

Right. And like I said, maybe that's a composite from the kinds of things we have here, I don't know, but we should talk about it more offline.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right and I think those are some of the comments we were talking about earlier, David, about some of these feel like things that should be brought together. For example, is there a measure that allows us to have a broader sense of adverse drug events or care for children –

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Right.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

– with severe mental illness. Right, I agree completely. I guess the question would be, is there an opportunity as these measures are under development, for part of the recommendation from this workgroup to also be about not just the individual measures, of course some of these are very, very important. But how do they ultimately get rolled up in a way that get a more comprehensive view of safety, a more comprehensive view of appropriateness. That seems like a very good conversation for this workgroup to have.

Umm, I think that is our last slide, except for the sort of conclusion slide, if we just want to pull it up there. What additional concepts should be considered? And are there any concepts that should be broadened or revised? And I guess I'd add in the third one, are there any concepts that may not be – rise to the level of perhaps being things we want to ensure that people are – would want to use for the next stage? Umm –

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

Umm.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Go ahead.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

This is Diane Montella. I've had a kind of a global question in my mind as the discussion has been proceeding today and I realize that with the Meaningful Use recommendations, we are primarily addressing functionality of electronic record keeping systems and the system's ability to support our activity in clinical practice. But I'm wondering, today we've addressed a couple of key areas, one being recommendations for essentially compliance with appropriate guidelines for treatments, when we're talking about –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Um hmm.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

– assessing people for treatment for asthma, chronic pain, etcetera. And then we have this category, honoring patient preferences and shared decision making. And I know that a lot of the discussion on that had to do with using appropriate tools, etcetera; however, I'm wondering if – is it appropriate for us to consider in our recommendations whether or not we are creating a situation in which we're fostering – or inadvertently promoting potential conflicts between those two things. So one of my concerns in clinical practice is we have treatment guidelines that are, as we all know, are no longer being held up as guidelines, but requirements for clinicians, which is a problem in itself. But then we have this push, at least verbally, to have patients more involved in their decision making and the question arises, what about when the patient doesn't want to follow treatment reporting to the guidelines, even when it appears highly clinically recommended.

And I get concerned about publishing guidelines, publishing Meaningful Use requirements that create a paradox that is very difficult to resolve for the clinician and ends up translating into an institution holding a clinical practitioner accountable for not complying with – requirements when the deal breaker is the patient’s own ability to exercise autonomy about the decision making in their care. And I’m not – I don’t know if this workgroup is the place to address that question, but I wonder if we’re being cognizant as we’re making recommendations about whether we are providing recommendations that further the problem of that paradox. So that’s – and I don’t know the answer to it, to the question.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

That’s a very reasonable question and we’ve certainly talked a lot over the – over time for example about this question of exceptions and the importance of exceptions to some clinicians versus the burden of the systems to collect those, but very valid comments. Any thoughts from anyone?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, this is Cheryl Damberg. I think part of the reason I was teeing up the concept of overtreatment of diabetes earlier was specifically related to this point and I think look at some of the work that Eve Kerr and Tim Hoffer and Rod Hayward have done at the VA in Michigan. They’re trying to think through how to create what I call smarter performance measures that take into account these conversations between clinicians and patients such that the clinician can make a recommendation about treatment, still get credit for it if you will. But the ultimate decision has taken into the account these trade-offs that patients are making about what types of complications or side effects are they willing to tolerate. And so I think we have to start moving in that direction, both in terms of accountability and what we’re trying to measure and kind of the systems that support physicians in this work.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

So this is Aldo, let me take –

Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

So this is Kathy Blake and I’d like to just add one sort of continuing thought of what might be a potential solution to the dilemma. Because I think we all understand that one of the reasons that there is reluctance to allow exceptions is some concern on the part of others that there might be gaming of the system, that someone could just say, well, none of my patients want to take a statin or take aspirin or what have you. And of course that’s the rare, rare circumstance, but I think that in trying to say what would be the counterpoint and how could we get past that level of distrust? Perhaps it’s to have a patient reported outcome measure which says, the patient explicitly entered in to the record themselves, “yes, I heard about this particular recommendation, I the patient, with my eSignature have said, no thank you.” And that then there might be some greater acceptance of the use of exceptions.

Diane Montella, MD – Clinical Informaticist, Knowledge Based Systems, Office of Informatics and Analytics – U.S. Department of Veterans Affairs

This is Diane Montella. I appreciate the broader problem that you’re stating, but I will tell you that my 89-year-old dad would not be happy to have to do that, nor my 81-year-old mother nor myself as healthcare proxy for our 80-year-old friend who we care-take with Alzheimer’s. I think that placing the burden of policing on the patient is – it’s just – I think – I do understand there are docs, busy docs who are going to use that excuse. But most will not because most physicians in practice and nurse practitioners and physician assistants are – as difficult as it is to practice medicine well these days with the time crunch, etcetera, most people go into work every day swinging really hard to do the best thing for their patients.

And yes, there are folks who are going to buck against the new regulations and requirements by going, oh, patient preference, patient preference, but most really will not, because most really want their patients to be on a regimen of treatment, whatever that is, medication or physical therapy, that is going to assist the patient. I mean, that's most people's intention, so I think my personal opinion is, we have to live with the people that are going to buck the system by saying patient preference, patient preference and trust, hope, demand that the systems that they work within are going to oversee that. Collecting that data about their own clinician's practice profiles, using the electronic record to its greatest advantage, to help to understand the practice patterns of clinicians, but asking the country to require the patients to start double checking the physicians and clinicians practice, I can't – I don't think I support that.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So this is Kevin. I want to make sure that we have plenty of time to wrap up.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

This is a really key topic, how do we deal with the kind of shared decision making component, and as you can see, we've worked on thinking about shared decision making in a narrow constraint. But maybe there's a question here about how is shared decision making part of all of measures?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

But I want to be sure that we have enough time to wrap us and also to get to public comment.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Absolutely. Great. All good comments. Just quickly, I'll just wrap up and thank everybody for their great input, I think we've heard a lot about the key areas people think are missing and perhaps we could do some follow up with the ONC team to share some ideas there. And I'm curious to see, and I'll talk offline with Kevin and Lauren about whether it would be useful to do more of an exercise where we send something to the full group to actually mark up and – with some assessment of how these rated according to our predetermined criteria of what should move on. And also get some general comments around, we've talked a lot about composites or other approaches that might give a more full view of this – these kind of issues moving forward, or perhaps even weigh in further on some of the issues around tool selection. So, with that, why don't we go ahead and open up the lines for public comment and if we have time, we can come back to the full group.

Public Comment

Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Operator, can you please open the lines?

Caitlin Collins – Project Coordinator - Altarum Institute

Yes. 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 do not have any comment at this time.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Very good, thank you operator. Okay, any final thoughts from the committee about things we should do going forward? I've heard sort of a bit of a "to do list" around thinking further about this issue of CDS, potentially thinking further about this issue of how the patient experience kinds of measures potentially interact back with the requirements for MU as well as some discussion about selection of tools. And finally, ways to get at more overall assessments within domains, as sort of another category. Anything I've missed of things we want to make sure we queue up going forward?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

This is David I would just –

Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

Hi, this is –

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

– I was going to say, this is David –

Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

Hi, this is Kathy Blake, I just wanted to briefly comment to the last person who commented. I don't want it to be misunderstood that I want to put burdens on patients, but what I do want us to tackle as a group is this whole issue of being able to have a system of exceptions that is trusted by all parties. And the precise mechanism does not really matter to me, but more just the fact that I think we all realize there are very legitimate exceptions that need to be recognized, and I'm intrigued by this notion of looking at patterns in terms of frequency of use of exceptions as a potential way for us to address this going forward.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great. Okay. Thanks Kathy. Was somebody else –

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah, this is David. What I was – I was just going to sort of reiterate the – what I think is pretty important is that when we create these measures that they – the result of them be portable and have a transport – have a place in the transport scheme of it that the standards folks are putting together. Otherwise we won't have the ability to roll them up across any levels that matter to the patient.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Very helpful.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Helen, this is Kevin. I took a couple additional notes beyond the ones –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Please.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– that you had. One of those is talking about a platform for standardized assessments across measures. So I think that may have been incorporated into what you were talking –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– about.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

That's a better way to state it though, yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

And then some additional focus on some nursing specific –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– measurement activity, and that might even warrant some time on a call, things that I had taken notes on were falls and care coordination in that space. And then I – considerable, and I know you had mentioned this, but I'd call it out again, to think about how we'd composite and roll up, which I think are –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– related, but not necessarily the same. The composite may be at the individual level, but there also need to be ways to aggregate across system or a group to understand how that group works and to at least think through how are we supporting that work through what we are requiring or asking for in our measurement.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, and actually, just to build on that last point, Kevin, I think it also builds on what we had presented to the Policy Committee about also wanting to make sure that we're incentivizing measures that really reflect care across a system, not just individual provider performance. So we might want to look towards this list of accumulated concepts with that in mind.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

Helen, its Aldo and –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

Aldo Tinoco, MD, MPH – Physician Informaticist – National Committee for Quality Assurance

– my one comment, I mean, I think everyone on the call can appreciate the hype, if you will, of all these wonderful asks and mobile technology. It seems like there is – the consumers or the public is sending a message that they're hungry for providing or capturing or managing their own data about their health and well-being. And it's not clear to me that in terms of patient-generated data or patient self-management or actually responding to best phenomenon in our measures, so specific question's how do we handle home monitoring in our current measure set or future measure set? And how do we respond to what I think is the public saying, we'd like to play with health data and improve our care as well.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, excellent point. Okay, any last thoughts? We'll loop back with Kevin and Lauren and think about what other materials or information we want to send along to you, but thank you for just a really remarkable discussion today. And any logistical things you want to share Lauren, Michelle or Kevin about when we're going to – what we're going to do next or when our next meeting will be?

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

So this is Kevin, just a couple of things. I think Helen you had suggested sending around the patient-reported outcomes –

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yup.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

– white paper, so we will do that. I'm also going to send to the group the links to the draft measures for public feedback, so if you're the kind of person that wants to look under the covers and see the details and then provide general or detailed information, here are the places you'll be able to do that.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

That would be wonderful, yeah. Okay.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

And Lauren, I think that our next meeting we had talked about clinical decision support as the topic, is that correct?

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Perfect.

Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator for Health Information Technology

That's right and that's scheduled for April 25.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Wonderful. Well, we could certainly get some of this work done in the interim virtually and wrap up anything we need to talk about on that call, perhaps. I also think it would be helpful, Kevin, if you could remind us or Lauren, send back around the criteria as well as the –

Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator for Health Information Technology

Sure.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

– document that David was talking to about sort of the original intent as Meaningful Use was put forward, just to kind of keep that in our minds eye as we look through this measure list with a bit more of the details of the measures in front of us.

Lauren Wu, MHS – Policy Analyst – Office of the National Coordinator for Health Information Technology

We can certainly do that.

Helen Burstin, MPH, MD, FACP – Senior Vice President for Performance Measures – National Quality Forum

Wonderful. All right, well thank you everybody for your attention, it was a really great meeting today. And thanks to the ONC staff for, as usual, having us so well prepared. And for all of you with loved ones at hospitals and doctor's offices, I hope it goes well. Take care, bye, bye.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology

Bye, bye.