



## HIT Policy Committee Quality Measures Task Force Final Transcript July 30, 2015

### Presentation

#### **Operator**

All lines bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Quality Measurement Task Force. 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. Kathy Blake?

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

Here.

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

Hi, Kathy. Cheryl Damberg? Dan Riskin?

#### **Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer - Vanguard Medical Technologies**

Here.

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

Hi, Dan. Elizabeth Mitchell? Floyd Eisenberg? Frank Opelka?

#### **Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Here.

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

Hi, Frank. Ginny Meadows?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Here.

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

Hi, Ginny. Jason Mitchell? Joe Kimura? Lori Coyner? Sally Okun? And from ONC do we have Lauren Wu?

**Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services**

I'm here.

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

Hi, Lauren. Stephanie Lee?

**Stephanie Lee – Public Health Analyst – United States Department of Health and Human Services**

Here.

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

Hi, Stephanie and Samantha Meklir I heard?

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

Here.

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

Hi, Sam. Anyone else from ONC on the line? Okay and we also have invited Charles Truwit to join our meeting again today. So, with that I will turn it over to you Kathy.

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

Great, thank you very much and thank you to everyone for joining us today. We have one hour for our meeting today and prior to this meeting all of you will have received a document that we think reflects the views of the group, the recommendations to go forward on the appropriate use criteria to be presented to the Health IT Policy Committee as a whole in early August. So, we've heard from a number of you and have received comments from one so Ginny if you would like to share your comments with the group and we'll then ask the group to adopt those or suggest further modifications.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Sure, Kathleen, thanks a lot. I don't know if we can...can we put that up? Do we have them or is that too hard to do? At least put up what our original recommendations were on the webinar?

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

Let's do that with the original language.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

And then I can talk about the differences, yeah.

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

That would be great.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Perfect.

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

So, these are the excerpts but not our recommendations yet.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Yeah, I thought we were going to show like I think it's on the second...

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

We don't have that document prepared because we didn't have time...

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

No the...

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

So...

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Actually it's the PowerPoint that was sent Michelle. I think it was on slide seven didn't we have that?

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

Maybe while we're seeing if we can pull that up I'll start to walk people through it. Ginny has suggested that we look at our second bullet point which currently reads that certified Health IT should support access to approved AUCs that are updated regularly in keeping with guidelines updates and delivered through certified Health IT tools.

And as I read the suggestion it's actually to suggest splitting it into two parts and the first of those would be approved AUCs should be updated regularly in keeping with guideline updates. So, just stating that update of one could very lead to update of the other and then so that there would be consistency between those two and then the second is to then say, certified Health IT should support access and Ginny you've said here access updates but I would say access to.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Access to, yeah, I missed a word.

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

Updates to approved AUCs. So, it would then just pull out, as a separate item, that as the underlying content is updated then so should the access to that updated content be made available. So, any issues or concerns from the group about that or any clarification Ginny that you'd like to add?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

No that was perfect thanks Kathleen.

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

Sure.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Kathleen, Mike Mirro, I have one comment. We ought to make some comment about that usability of the tool, you know, if the certification process, as you know, has not really adequately addressed usability of EMRs, in general and so any time we add a functionality there should be attention to usability. So, certified Health IT should, you know, this AUC should pass some sort of usability standards. So, you know, I think that's up to ONC to decide how to do that, but that would be my only comment.

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

So, I think that, Mike, if it's acceptable to you, I think that when I present these recommendations to the full committee I'll include that with the comments.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Okay.

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

Because I do get an opportunity to, you might say, give some color commentary about the...to flesh out the specific recommendations.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Right, perfect.

**Charles "Chip" Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip Truwit, I concur with Mike. I think that's...I hope that's what the first bullet point is already about is that the usability principles should be guiding what we're doing. So, I can't under agree, I can't over agree with Mike, I totally agree but I think that's already done in bullet point one.

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

And certainly we've got the terms there, everything else that follows really assumes, shall we say, that there is usability. So, I think what I'd like to do next is then go to Ginny's second comment and this has to do with the 4<sup>th</sup> bullet point and I'll...

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Kathy before you do...

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

Oh, yes?

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

This is Frank, I have a question about what guideline, what happens when there are conflicting guidelines?

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

So, I think that part of that maybe addressed but I'll certainly be happy to hear from the committee that when we look at the third bullet point we say certified Health IT should enable users to easily switch between approved AUC content providers. So, it's recognized that there may be some differences or nuances in how the guidelines and the AUC are developed or approached by the different organizations, but do you think that something more needs to be said there?

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Well, I mean, a classic example, if the...one specialty says that you should get this imaging done on this schedule and another specialty says that's completely wrong and you should get it on this schedule I now have two national specialties who have variations in evidence but they both have certified guidelines.

**Charles "Chip" Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip...

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

And that...

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip Truwit weighing in on this one, I think that’s a really good point but I thought we weren’t talking about mammography, we weren’t talking about advanced imaging. Because this is exactly the problem in the mammography stuff right now with the USPSTF guidelines versus the Cancer Society guidelines on the radiology side that we get a bunch of different societies all claiming one way or the other about the 40-49-year-old women.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

And it...

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

So, we are...we are talking about advanced diagnostic imaging. I think that what I’m hearing though is that we’d like these to be concept principles because that’s what we’re developing that could then be referred back to and perhaps incorporated as this potentially is expanded though certainly we don’t see that happening now.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

I guess what we may need to have in there is a qualifier that when there is general agreement across guidelines or updates, but when there isn’t we can’t hold an EHR and its certification hostage to something else that’s still an undetermined science.

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

So, this might be something that we could incorporate into the second part of our recommendations if we look at what that question is that was posed it’s what are the major strategic considerations for arriving at this vision? And we do start to address some of the challenges such as standards may not be ready.

I think that we could also put a statement in there that acknowledges that one of the challenges going forward may well be when there are differences between guidelines and potentially differences that we can identify between appropriate use criteria developed by different organizations.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Kathy, this is Mike Mirro, one comment, so I mean, if ONC presumably is going to do the certification, be the certifying body, couldn’t it...could specialists from different societies then weigh in on these differences and let them adjudicate which products should indeed remain certified. It would seem to me this would be part of the certification process.

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

So, I think this group has largely spoken about it being certification of the developer of the AUC.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Okay.

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

As opposed to certification of each and every AUC sort of product. So, I don't think we'd want to presume that. So, I do think that this is...I think we should position this in the strategic consideration and say that there may be a need to address differences that are identified amongst appropriate use criteria in the same domain.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Yeah, Kathleen I think that's a good point because I'm not sure it does belong in certification since that's really more for the HIT developer. This is really more figuring out how to endorse what the content of a provider is providing and it does seem like there needs to be some kind of process for that and I think it sounds like if you read through the proposed rule CMS is thinking along those lines but that definitely needs to be in there.

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

Yeah, so the staff with ONC will add that concept as a third bullet point to Section 2 and if we could then...the group is ready I'd like to go back to the 4<sup>th</sup> bullet point in Section 1 and Ginny has suggested some additional qualifiers that I think are based on a concern that the information that's required does have to be entered by the clinician and so if you then...I think the qualifiers that you've suggested here Ginny are instead of saying certified Health IT should capture additional information within established workflows, it's to say certified Health IT should allow capture of additional information within established workflows. So, any concerns about that or is that language that captures really our original intent.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Did the screen just change?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Yeah, it did.

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

Yes, I just lost my screen too. I'm trying to open in a new meeting room window.

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

We're bringing up the Word document so it was just the moment to switch between the PowerPoint and the Word document that Ginny sent.

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

That's great.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip Truwit...

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

So, everybody should be seeing Ginny’s document now.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Perfect, thank you.

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

And this should be the 4<sup>th</sup> bullet point.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

So, this is Chip Truwit and I guess my concern with capture versus allow is I’m less concerned about the semantics as to what it really means to capture this information and if all we’re doing is allow someone to take a screen shot and that captures it that’s not very useful information.

So, I’m wondering if the certified Health IT, you know, this is about following the mouse clicks, are they going to capture it in a manner that it’s useful to people that they can then slice and dice a spreadsheet to figure out which people are robust at choosing things that are green and which people seem to just type in anything which always brings up a red but it’s not even useful information that they’re typing into the red which means it’s not that they don’t know how to choose they just don’t want to be bothered and that is a different problem than they choose poorly. So, I guess it’s more of the question of passive versus active tracking.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

This is Frank, so I agree that there is too much opportunity for passive neglect in the way this is phrased. You really need to gather some information about why they weren’t followed. There was a change in the guidelines that the AUC hasn’t been updated yet or that’s not our standard or practice, but in order to act on it, to learn on it, and improve on it you should be able to capture very quickly a couple of possible options as to why and leave in that other text box for somebody who wants to get prolific.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

So, this is Ginny, is this something that we would actually ask for the content providers of the AUC to help with identifying those things?

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Yes.

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

Yes, similar to quality measures when we identify what the right exclusions would be and have them help with identifying those meaningful pieces of information that would help with that.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

This is Frank, you said it much better than I did, yes, and in fact in our own system that's how we do it that whoever is going to put this in we're going to build this into it so that those who object are going to have to educate us about the objection so that perhaps we will learn something that we missed in designing the criteria and it can be redesigned or it will help in determining what educational efforts need to be outlined.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip Truwit, I think buried in the question before the question was or before the comment is, is it the certified Health IT or is it the AUC vendor, which one are we focusing on?

I would change the word from “allowed” to “enable integrated capture” but I'm putting the burden on the electronic health record to at least insist that the AUC company, if it's a subsidiary, you know, a small company, is enabling that capture or their doing it themselves and I don't really care which one does it I just want to make sure that whenever we do it there is an integrated capture of the information.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Yeah, this is Mike Mirro, I agree with...

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

I would...

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Chuck wholeheartedly because interoperability is critical to usability anyway.

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

So, this is Kathy and I think that what's being said here, so the object of, shall we say, the recommendation in this instance, in this phrase is what does the certified Health IT platform do and we're saying it should allow the capture of additional information. Now if the AUC developer did not incorporate that into their product then you could still have a certified Health IT platform that is able to capture it but it's not obtainable.

I think Ginny's language here gets us where we want to be which says, if that information is available the platform will capture it. Because I think that it's the certified Health IT system that is the object, so to speak, of this statement.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

I’m not sure that I’m totally on the same page that the language captures it and I also think I’m not sure I’m on the same page that by saying that the certified Health IT should allow or should enable doesn’t put them on the hook if the AUC that is being used with them isn’t providing that answer.

I mean, at the end of the day we want to make sure we’re capturing it and so I guess we’re between a rock and a hard place. I don’t want to hang it on the EHR vendor but I would hate for them to be able to say, well it’s not really for us, we’ve said that you can capture the information but you chose a different vendor that doesn’t offer that information. So, somewhere in here we’ve got to make sure that somebody is guaranteeing it.

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

So, I think that this gets us back to the whole issue of what are the criteria for certification of AUC developers and that this perhaps goes back to that stage and that place of development and says AUC developers must develop criteria that include identification or the capture of additional information about why it was not followed.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Kathleen I would agree with that because I think if you think about being too open ended, you know, there is the chance that someone could choose what they think is appropriate AUC guidelines that are really not well vetted or driven by evidence that would really support that. So, I think that process would be critical.

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

So, I think this is one of the areas where in the presentation to the Health IT Policy Committee one of the options, and it’s frequently exercised from my few meetings that I’ve attended so far, is that we’re able to provide comment about the deliberations of this group and we’re able to then say this was an area in which we struggled to arrive at consensus because of the concerns about where the levers, so to speak, should be pressed and that we have a sense that it is one that requires some action at the level of the AUC developer and it also requires some actions at the certified Health IT platform level.

So, there are ways in the slides we prepare where we can capture that we don’t think it’s perhaps just at one point but maybe at multiple points. So, would taking that approach be acceptable to the group?

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Yes.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Yes.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Yes it’s a good approach.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Yes.

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

Okay. Because they realize we don't always reach agreement on everything. I think the next change is a small change, almost editorial, talking here about instead of delivering seamless actionable recommendations displaying seamless actionable recommendations. So, I'd like to take that as a friendly amendment, so to speak, unless others feel otherwise. So, hearing none I think let's go back to the slides that we started the meeting with and we'll go to the first of what I might call our new topics, we'll scroll through. So, if we could keep going to number eight. So, keep going. All right, here we go.

So, the question that we were asked here has to do with revision of CEHRT to require eCQM reporting using CMS's QRDA IG for providers who choose to submit eCQMs and in the materials that you've received in advance and also actually in the slides you see what the sequence has been in terms of 2015 the rule for 2016 that's been proposed and let's then go to the next slide.

Because we're asked here to weigh in on a recommendation which would be that there be a revision of the CEHRT definition to require providers to possess technology that could report clinical quality measures using industry standards, those are listed, and in the form and manner of CMS submission according to the CMS QRDA IG.

And the recommendation would be that for us to consider is that this be optional for 2015 through 2017 and then required for 2018 and beyond. So, I'll put that recommendation before the group to get your thoughts on it.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

So, Kathleen, this is Ginny, I'll start simply because I think we've got a lot of experience with this particular recommendation and as a vendor we actually...the Vendor Association actually wrote a letter to CMS and ONC a couple of years ago about our concern that currently certification did not support certifying to that form and manner, the CMS implementation guide, and in that respect having a Certified EHRT didn't actually then assure the provider that they would be able to meet the requirements of electronic submission.

So, long story short, we would actually support that because we're already doing that, we already have to code our systems to be able to provide a QRDA format in the former manner of the CMS IG.

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

Thank you, other comments? So, I'll count on you to let me know if my interpretation of your silence is incorrect but I think that would be the recommendation we would put forward to the full Health IT Policy Committee then. All right, let's go to the next slide then.

And so this then has to do with...the third and final topic we've been asked to address has to do with Meaningful Use measures for Accountable Care Organizations and so some background is provided for you that has to do with finalization of one measure back in November of 2011 in the rule for 2012 and that as many of you are aware the Notice of Proposed Rulemaking for Stage 3 for the EHR Incentive Program was released in March of this year and there is also a related proposed 2015 edition of the ONC certification criteria, and that there has certainly been considerable attention lately to the issues surrounding nationwide interoperability of electronic health record platforms.

So, if we then go to the next slide, this really is preface to say that what CMS is seeking at this point and what would be sent forward from the Health IT Policy Committee is what we might call early comment for the 2017 performance year and so not be cast in stone and starts on January 1<sup>st</sup> but it's really asking about how a Meaningful Use measure for an ACO might evolve in the future to ensure or to serve as a stimulant, an incentive for providers in terms of participation and that they be rewarded for continuing to adopt and use more advanced Health IT functionality and also at the same time broadening the set of providers across the care continuum.

And so the first question that we've been asked to answer is should the measure be expanded in the future so that it includes all eligible professionals including specialists consistent with these updated definitions of who the eligible professionals are. So, I'll pause there and ask the group if they believe that it should be expanded.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Well, Kathy, this is Mike Mirro, so that's hard to really answer without knowing very precisely, you know, what the measure is I think, because...what it would look like, because there's a lot of push back from subspecialists on being held to achieving Meaningful Use Stage 2 with measures that are...process measures that are really not apropos for their subspecialty.

So, I don't know, I mean, it would seem like an ACO measure would be something that would cut across all specialties so I guess the answer would be, yes, it depends...you'd have to actually look at the measure, right?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Well, this is Ginny, I believe that the measure today is actually that you have had to successfully qualify for the EHR Incentive Program which would include all of the objectives and measures and the incentive program today.

So, in my opinion that's too broad for all of these other care settings and providers so I would recommend taking a step back and thinking about what would be really meaningful that would advance us towards that goal of interoperability.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Yes, yes.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

This is Elizabeth Mitchell, I would...

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

This is Dan, I agree.

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

Elizabeth thank you for joining us, your thoughts on this...

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

I've actually been on. Yeah, I would...

**W**

...

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

I think this is directionally correct and that it should be inclusive but I'm supportive of really looking at it through the lens of effective interoperability.

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

Okay, other comments? So, maybe to summarize what I'm hearing from the group is that proceed with caution, consider the implications with respect to interoperability and to...that this is aspirational but that the devil will be in the details.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

This is Elizabeth, I don't know that I would characterize my thoughts that way. I think that we should go in this direction. I hope it's not overly aspirational. I agree that it's not, you know, current, but that we should move in this direction to the extent practical and really think about insuring data sharing across as many settings as possible.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Yeah, this is Ginny, I agree with that. I mean, we will never be able to advance interoperability unless everyone can interoperate between each other. So, I think that's where we really need to focus it but I think I'd be strong with that language.

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

Other thoughts.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

I was still...this is Mike Mirro again, I would still list aspirational. I agree with the comments on interoperability but as you know right now everyone is struggling with usability as well as interoperability and we need everyone, all the eligible providers to be inclusive, it needs to be inclusive, so, you know, it's just we're not there right now. So, the Meaningful Use Program has had a lot of unintended consequences and we're still digesting it, phase 2 so from a point-of-care stand-point being someone who is at the point-of-care all the time.

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

Others thoughts?

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

And Kathy, this is Frank, so, you know, as you're thinking about this are you...as the comment was made earlier so much of this depends on the kind of measure. Are you thinking that if we had examples of a measure that had Meaningful Use of interoperability and accountable care across the care continuum that we ought to be pushing that and pushing those kinds of activities.

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

I think that that's what CMS is asking for our comments on. So what I'm hearing the group say is first the platform has to be usable and then there has to be a level of interoperability that is ensured so then we can have this kind of sharing.

And I'm also hearing that this is...that it is directionally...that we would support though this evolution in the future to ensure that providers are being incentivized and rewarded for continuing to adopt and use more advanced functionality.

Now it might be helpful staff if we could move to slide 11 where we have some of the additional background and actually I think it may be the previous slide, no, I'm mistaken, so let's go ahead back to slide 12 I thought we'd have a bit more about the measure there than we currently do.

So, what I'm hearing from the committee is that directionally correct that this is something where there are milestones that need to be achieved to get us to that point but that we would...is there consensus that this is directionally correct in terms of comment we would provide back to CMS?

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

I think so, yes.

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

Others? So, we'll also, I should say that we will send out to you the draft in terms of how we parse and phrase the responses to these questions and so you'll get another opportunity to provide comments in that way to us before the Health IT Policy Committee meeting on August 11<sup>th</sup>.

So, what I'd like to do next, because I am keeping my eye also on the clock, is to ask about ways in which the current measure could be updated to reward providers who have achieved higher levels of Meaningful Use. Do we have thoughts from the committee about that, the Task Force?

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

Kathy, it's Elizabeth, maybe simplistically I was thinking sort of item three might...

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

Help, yes.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

Just to recognize use an effective use of the information should perhaps warrant recognition.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

So, yeah, I was...this is Frank, I was struggling with what does "reward" mean and recognition but...and I was looking right at number three and while I was looking at this I was thinking of, you know, a lot of recent work we've been doing inside care coordination with closing the referral loop as a big part of what goes on...whether it's in an ACO or not, but having studied that and looked at that and it's right for use case and development into action plans within HIT wouldn't we seek to reward that or recognize it but I'm not quite sure what it means when you say "reward" and "recognize." Give credit?

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

I think those are good points. I think that the notion here staff can correct me, ONC staff can correct me if I'm wrong, is to say that there might be differentials that are applied so that some might achieve let's say a medium level of Meaningful Use in terms of the criteria that are laid out and others might be functioning at a very high level and so those would see, shall we say, a greater reward for what they've been able to do with their approved Health IT.

**Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services**

So, Kathy, this is Lauren Wu from ONC.

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

Yes?

**Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services**

Yes, I think that's the kind of direction CMS is looking for input on. From my understanding the way the current measure is structured is that it's the proportion of your ACO providers that are also Meaningful Users, so it's just a, you know, a proportion out of 100% at this point and as Ginny mentioned earlier it's really a yes/no you are a Meaningful User or you're not.

So, as it's structured today the measure does not really get to the deep level of nuance on, you know, these providers, meaning are successfully attested or met the threshold on say this number of measures or they beat the threshold on the transitions of care measures. So, I think that's the level of detail on whether CMS is asking whether we should go in that direction and restructure the measure a little to get a little bit more detailed.

**Charles "Chip" Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

This is Chip Truwit on the line, I'm not sure that I'm a content expert in this field, but I can tell you that my experience so far is that most of these measures are rather binary and they're bottom threshold, and that you have to do something to meet them but the incentive is really to meet the threshold and there is no incentive to be innovative in using the electronic health record in an innovative way to advance the cause, in this case, of accountable care organizations or whatever else the cause is that we're trying to promote.

And I think that's what I hope CMS's ultimate goal would be is to encourage innovation along this line that if we move to a digital age with electronic health records that we're not all aspiring to the level of mediocrity but aspiring to a level of excellence which is well beyond the measures that are typically out there today.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

So, Chip, this is Mike Mirro...

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

This is Elizabeth...

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

I agree with that statement I think we want some bonus through CMS that would encourage care coordination, use of the electronic health record to facilitate care coordination. So, I think that's one of the big issues with the systems now and I don't know exactly how we would measure that but there is likely a way we could do that technically.

**Charles "Chip" Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

To put it in perspective we just talked, you know, we've had three conversations about the appropriateness use criteria and no matter how you cut it currently these are designed to be implemented to at least allow people to recognize that there might be better ways of doing things, but none of the systems are designed with a reward structure that says if you take the appropriate use criteria and you can demonstrate a reduction in inappropriate care and an improvement in the appropriate care to a certain degree that we are going to reward you above and beyond the requirement, which, you know, that's asking people to innovate and asking people to go beyond the level and I'm not trying to impugn the level it's just the levels are set basically so as many people can meet rather than as a motivation to go out and invent.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

So, this is Elizabeth, I want to really support sort of that last statement, but also ask us to think about measurement of success being in, you know, better patient outcomes and at some point payment incentives from payment reform might actually reward that in a way that starts to necessitate interoperability.

So, personally not having the measures so much for using a system or sharing data but as Frank was starting to I think say, you know, did readmissions come down, did, you know, inappropriate care get avoided, can we include those measures and maybe that's in a whole bigger payment change but I would want to at least align that effectively.

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

So, this is...

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Agree.

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

Yeah, this is Kathy and I think my sense across the group is that there would be agreement that there should be incentives and/or rewards that would stimulate the kind of innovation that we are seeking and that would then help achieve some of the clinical objectives, the outcomes that you're describing.

So, what I'd like to do, if we could, so I am getting a yes we're in favor of this not so much the how but saying that yes we would be supportive of having there be those kinds of incentives and so going to the next one, number three and four really, this is where we're starting to ask about additional measures that might be relevant in the ACO context and so I heard something about closing the referral loop as a potential transition in care from the physician who is referring the patient and the physician who is receiving that request for consultation.

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

Yeah.

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

I'm sorry, Frank, just to finish, are there other kinds of I would say a measure concept that we should suggest here?

**Frank G. Opelka, MD, FACS – Chief Executive Officer – Louisiana State University (LSU) Healthcare Network**

So, this is Frank and I was just listening to the last conversation we could probably pull off three or four different things that people have said Elizabeth was talking about preventable harms and readmissions, and other events and the work that we've done in studying all the different steps and phases of what happens within the IT world that connects or disconnects in closing the referral loop that's another one that there are all sorts of ACO referrals going in and across that if we could demonstrate interoperability across systems within an ACO that closes those referral loops gets a timely referral, gets a patient at the right place at the right time for the right event, for the right reason, the patient doesn't walk in the door and the doctor turns to the patient and says "why are you here?" When all of that should be known.

There are...I think there is an array of very basic, simple fundamental aspects in business process modeling of care that should be baked into this to create safer care and preventable events that the whole HIT industry ought to be just jumping on right away.

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

Thank you, other examples or potential aspects of transitions of care that could be described?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Well, yeah, Kathleen, this is Ginny, I was actually thinking of something fairly simple, but I know we've struggled with it both as a clinician and HIT and that would be medication reconciliation.

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

And so having that as in the ACO Program meeting Meaningful Use and being baked in, so to speak, to the transitions of care...

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Right.

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

That patients undergo.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson**

Right. It seems that's always an area that's fraught with potential issues.

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

No question. And all you have to do is look under the hood and you see all of the challenges associated with it.

Are there other measures that people would like us to suggest, to recommend going forward? If not I think then we get to really the last part of the fourth question, which is I would say the big hairy audacious goal, how could we seek to minimize the administrative burden on providers in collecting these measures. That I'm curious of whether there are specific recommendations that the group would like put forward to CMS as part of the comments and recommendations.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Kathy, Mike Mirro, so the way...how I interpret this is the certification of the system should technically be able to collect the measure from structured data so that the provider doesn't really have to...it doesn't impact usability, you know, and so I think that...the way to answer that I think would be a technical requirement to demonstrate that you technically could collect the measure from the data that's normally entered into the system as a process of care rather than require the provider to take extra steps to document, to satisfy the measure which is what's going on now to some degree from time-to-time.

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

Right.

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

This is Dan, I would worry that pushing toward increasing use of structured data would get increasingly bad information. The literature shows pretty poor accuracy on pulling from the structured data elements in the EHR.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Well, the flip side of that is the fact that the systems are marginally usable now at this point. So, increasing burden on the providers will result in further deterioration in the usability that's already in the marketplace right now it's really just basically at the tipping point.

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

Yeah, I agree with that completely and the challenge is there isn't a lot of push towards accuracy. So, you know...

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Yeah, no, I...

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

We're balancing these.

**Michael Mirro, MD – Medical Director, Parkview Center for Research and Innovation – Parkview Health System**

Yeah, I get it, yeah.

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

So, other thoughts about how we might be able to minimize burden while it...so this group will obviously in its comments it will acknowledge the challenges related to accuracy but are there other potential solutions beyond the one Mike just made about structured data that should be put into our report?

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

No, this is Dan, again, I've seen a number of systems that are pulling from unstructured data that are pulling from other sources and attempting to provide accurate information to some of the harder measures. It would be so nice to support innovation in this space. I know interoperability is one way to go at it and I worry that we haven't supported API and the things you'd need for some of the early stage companies to do that. But, I do think this is an area for innovation and efforts to support innovation in this space.

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

Okay. So we say it is an area of great need for innovation. Other thoughts from the group? And again we'll send to you the draft of the remarks, the comments that will go to the full Health IT Policy Committee. So, we're about five minutes before the hour so Lauren or Michelle I think that we could open up for public comment.

**Public Comment**

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

Lonnie or Caitlin, can you please open the lines?

**Caitlin Chastain – Junior Project Manager – Altarum Institute**

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. If you are on the phone and would like to make a public comment please press \*1 at this time.

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

We do have a public comment, as a reminder to our public commenter's public comment is limited to 3 minutes, please state your full name and the organization that you may be representing. We'll start with Michael Peters.

**Michael Peters – American College of Radiology**

Hi, I'm Mike Peters with the American College of Radiology's GR Office. I've been monitoring the AUC discussions with interest as we've been supporters of the legislative policy and have worked extensively with all the stakeholders on the corresponding regulatory implementation efforts.

I think it would be helpful for this Task Force to learn a bit more about what the ACR and our industry partner, the National Decision Support Company have achieved in the past few years through electronically specify ACRs and other specialty society AUC guidelines and to develop a CDS platform that integrates with the CPOE functionality of EHR products.

I think you'll be encouraged at the state of the technology and marketplace has evolved significantly and long surpassed the aspirations of projects planned a half decade ago such as the CMS medical...demonstration. I think it would be great to partner with you to ensure the Task Force's information for the full Policy Committee in August is up-to-speed with major developments from the past couple of years.

If there is any way we can contribute to this effort such as providing you with written feedback on your draft principles before your August 4<sup>th</sup> meeting providing data on successful EHR integrations or providing any additional information please let me know. Thank you.

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

Thank you, very much.

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

Thank you, Michael and we have another public comment from Robert Cook.

**Robert Cook – Vice President of Marketing – National Decision Support Company**

Yes, thank you, this is Robert Cook I'm the Vice President of Marketing for National Decision Support Company and we too have been listening and monitoring these discussions as they echo many of the experiences we've had several years ago in structuring and delivering the American College of Radiology's appropriate use criteria into physician workflows.

As everybody is aware there have been AUCs that were developed, they have been developed most notably by organizations such as the ACR and as well the ACC and these AUCs have been the basis for utilization and quality management programs for over a decade from largely driven by the use of and by private payers.

And the opportunity is really to take these narrative documents that represent the appropriate use criteria and structure them into data elements that can be easily consumed by a service such as electronic medical record or CPOE application. And this has actually been done, we've had that experience and some of the challenges we've had really effectively lie in capturing a reason for an exam to evaluate it and to weigh it against appropriate use criteria at the time of order.

Unfortunately, none of the existing diagnostic coding systems such as ICD or SNOMED capture a complete list of scenarios for imaging orders, while there may be a code for headache for example, variance represented in SNOMED there are many variances that would affect whether or not an exam is appropriate or covered by this appropriate use criteria. So, consequently the presentation inside of electronic medical record workflow has to include things like questions, what are the clinical scenarios, the reason for exam, the requested exam, the CPT code and as well the results of the access to that AUC which would include appropriateness score based on a RAND UCLA scoring methodology for example, along with perhaps access to the strength of evidence of that criteria.

And integrating that into the physician workflow requires a combination or presentation of plausible scenarios, the reason for exams while also leveraging the data in the patient record to make the selection user friendly and user friendly in the context of AUC access includes making the criteria actionable, i.e., alerts are not just informational but can also be acted on even if they recommend or select an alternate exam that the provider has the opportunity to select that alternate exam within the workflow and the recording of that interaction in such a way that can be contributed to quality metrics and physician benchmarking and quality improvement programs.

And integration into the workflow has been underway with a lot of progress being made absent a defined standard. And in fact the work that we've done in this field closely mirrors the discussions, points that we've covered, you know, at least I've listened to on the last couple of calls, which include the delivery of cloud-hosted criteria and a service level model, along with qualified sources of appropriate use criteria that have been published such as the national guidelines clearinghouse.

Virtually every certified EHR today has a wide implementation of AUC for imaging using a service model delivery based on the web services standards and a clinical document architecture and they are aligned with the current pilot programs at the ONC Health eDecision Program of which NDSC is also contributing a pilot for access to radiology appropriate use criteria.

We understand that the time is limited and we'd be happy to send additional comments or documentation along and also participate collaboratively in the development of material for the August 4<sup>th</sup> and the August 11<sup>th</sup> meeting. Thank you.

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

Great, thank you, so much.

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

Thank you, Robert. And thank you to both our public commenters and with that...

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Excuse me, this is Dr. Truwit again, can I make a comment on the comments?

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

No, sorry.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Never mind.

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

But we could probably take something via e-mail...

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Okay.

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

If you want to follow up that way.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

All right.

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

Thank you.

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

Great. All right well we are...

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

Thank you, everyone.

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

Past the hour, thank you, so much and appreciate all of your input.

**Charles “Chip” Truwit, MD – Chief Innovation Officer and Chief of Radiology – Hennepin Health Systems**

Thank you.