



## HIT Policy Committee Quality Measures Workgroup Transcript May 23, 2014

### Presentation

#### Operator

All lines are bridged.

#### 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

Hi, Helen. Terry Cullen? Ahmed Calvo?

#### Diane Montella, MD – Physician Informaticist, Office of Informatics and Analytics – US Department of Veterans Affairs

Hello, this is Diane Montella from the VA. I am standing in for Terry Cullen today.

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

Thank you. Alexander Turchin?

#### Alexander Turchin, MD, MS – Director of Informatics Research – Partners Healthcare

Here.

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

Hi. Cheryl Damberg? 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

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**

Hi, Marc. Jim Walker? Jon White? 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**

Paul Tang?

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

Here.

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

Hi, Paul. 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**

Hello. Sarah Scholle? Saul Kravitz? Steve Brown? Tripp Bradd? And from ONC, do we have Lauren Wu?

**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**

Hi, Lauren. And Kevin Larsen?

**Kevin Larsen, MD – Medical Director for Meaningful Use – 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**

Any other ONC staff members on the line?

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

Kim Wilson.

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

Hi, Kim. 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 so much and welcome everybody. And I'm glad Paul could join us. We had a chance to talk earlier in the week and make sure we have sense of what the Policy Committee would like us to do, so, hopefully this won't take the full two hours on a Holiday Weekend, but we want to at least start the conversation and see what other work we need to do. So, next slide. So what we're going to try to, our goal today is to complete our recommendations on MU3 quality measurement policy to present at the June 10 meeting. Next slide.

We're going to review a bit from the last meeting, which several people really enjoyed, as did I, it was nice to sort of get to some of the meatier issues. We'll also discuss core/menu policy recommendations for MU3 quality measurement, discuss whether to recommend specific measures as required and discuss the innovation pathway recommendations. One thing we will not do today, and we'll get to that exercise in a little bit, is get into the specific measures, we're going to make that more of a post – an activity to be done after the conference call. Next slide.

So, this is the ask here, and again, Paul let us know if you want to modify this at all. So, we've previously made recommendations, a few times actually, to the Policy Committee, back in January 2014, more about the domains. We were then specifically asked about recommendations about specific measures. Around that same time, the accountable care subgroup worked on a framework for quality measurement, which we basically felt fits the framework for the nation, not just for accountable care and wrapped it into our subsequent presentation. But subsequently, at our last presentation to the Policy Committee, there was a request that we begin pulling together all these different strands of recommendations around the framework, specific measures, innovation pathway into a single package that we could present back to the Policy Committee in June, if we're able. Next.

Paul, anything you want to add there or Kevin, does that sound right?

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

No, I think that's right, Helen.

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

Wonderful.

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

We're hoping to make sure that as people, whether it's CMS or others, look at the recommendations about MU3 measures, they have the whole context, because of course, most people are not tracking all of these series of recommendations.

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

Right. Okay. That's what –

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

Yeah, and this Kevin. I'll just add that I think this group has done some terrific work. And I think that one of the challenges is as we – as quality measures become central to more and more programs and value-based payment becomes central to more and more models, that this group, like others that I've been part of, is trying to figure out not just what is specific to quality measurement but kind of how quality measurement fits into a bigger picture. And so thank you again for all the work and I agree that the sort of integration discussion is really terrific.

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

All right. So, tie it together. Next slide, please. Quick review recap. Next slide. So we did go back to discussing a bit of the guiding principles here, we had previously said we did like the ACQM framework, wanted it more broadly applied as a vision of near future and future measurement. Certainly the quality measures have evolved, many new measures under development, some stepwise from process to outcomes, although still perhaps not as many outcomes as many of us would like to see. And clearly still opportunities, particularly to think about how the development of the HIT infrastructure can support those more advanced care models and outcomes with interoperability.

And there was an assumption, another principle, is that providers who have implemented the baseline for MU1 and MU2 would want to promote more forward thinking options for Stage 3. And that lastly, we want to consider the opportunities to develop the infrastructure, to think about how we can move it forward as part of MU3. And how perhaps even MU3 is more about supporting the infrastructure that would allow the development of some of those measures we would all like to see. Next slide.

So, this is a bit of a summative slide, maybe I'll stop after this one. As we were thinking about the MU3 vision based on the last call, and thank you to Lauren for putting these together, because they actually are, I think, a nice way to describe it. There are sort of two tracks here. The first track is to continue the more traditional MU eCQM reporting pathway in which we would continue to align measures, particularly to other federal programs to decrease burden on providers and health professionals. Move to e-specified measures and adhere to the data standards, of course. Track 2 is at the same time though, can we promote innovative measurement and infrastructure building, promoting a pathway that would help share and implement new and innovative measures and then help build the infrastructure we'll need for advanced care models and measures built off of multiple data sources hybrid measures.

So that's kind of the big picture vision. Kevin or Lauren, anything else there on that slide? We'll get into greater detail, but that is, at least, what our current thinking is. I just got kicked off the webinar.

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

This is Kevin. I think the one thing I'll add is that there has been a long desire on behalf of the Policy Committee and the workgroup's work that's tracked to you. And the more kind of specific recommendations that can be given around that, I think the better it can be – the kind of what are the right guardrails, what are the right sort of features and components of what Track 2 could look like.

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

Yeah.

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

Yeah, and this is Paul Tang. So a couple of things, one, what Kevin just said is, I think, in some sense the measures we have are not good enough in multiple dimensions, and I'll try to mention them. And so that's one of the reasons for packaging these together as we're – because of other constraints, we're looking at measure – these measures, but we really think that in order to satisfy the needs of the other programs, as Kevin mentioned. And even the program of Meaningful Use and using electronic health record systems, we need other kinds of measures. That has to sort of always be car – I mean I think that needs to be carried along with each of our recommendations.

The other piece is align measures. Because this is going to be so important in the future programs, I'm not sure we want to give the impression that we can align around what currently exists, particularly what currently exists in the other programs. Because we all appreciate that those aren't measures that are – that a lot of people are paying attention to either on the patient/consumer side or the provider side. And maybe the attributes of what would be measures; we've called them measures that matter, what would those look like? And maybe hold your recommendations up to those attributes and see, as a way of showing why today's measures are not probably good enough.

The one more piece is a common criticism of the measures, any of the measures that are currently being used is that it's very hard to calculate them based on information in the EHR today and that results in a lot of "check the box" kind of workflows. And those are all – people view them as burdensome and superfluous in the sense of that isn't productive work in terms of the care of the patient. So, part of the – it's not just that you can look at some data in the EHR, but – I didn't quite say that right. We've got to think of how the measures could be calculated so that they don't become check the box measures.

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

Yeah, agree. Okay, very helpful, thanks. All right, let's keep going. Next slide, please.

**Diane Montella, MD – Physician Informaticist, Office of Informatics and Analytics – US Department of Veterans Affairs**

Diane Montella. I just wanted to echo that –

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

Great.

**Diane Montella, MD – Physician Informaticist, Office of Informatics and Analytics – US Department of Veterans Affairs**

– and also share with you something. I was on a meeting this week with, we have a whole Meaningful Use effort at the VA and one of our folks from our Meaningful Use team shared that providers are – and you may know this already, but providers are – I think being sensitive.

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

It's kind of hard to hear you, I'm sorry. You're kind of breaking up.

**Diane Montella, MD – Physician Informaticist, Office of Informatics and Analytics – US Department of Veterans Affairs**

(Indiscernible)

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

All right, well maybe we should – hopefully we'll – we haven't lost her for good. Should we just proceed, feel free to pop in when we get you back.

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

Helen, this is Kathy Blake and I just want to make a comment with regard –

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

Sure.

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

– to the trend. I think what we're going to have to be very, very sensitive to is the need for bridges or transitions because right now, clinicians are finding that measures that are approved for one setting, such as PQRS, are different in terms of their requirements for Meaningful Use. And so there is certainly we're hearing a lot of anger and frustration about that. And I think one of the metrics in terms of the success of those programs and what we design will be, is there increasing uptake and use of the measures and participation in the program? Above and beyond – we'll soon see the effects of penalties, that the penalties, if they're just a few percentage points, people may say, it's not worth it and so I would just ask people to be sensitive of that, that we need a bridge so people on a yearly basis feel that they have a reasonable chance of being successful.

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

Um hmm. Okay. Could you go back one slide for us, Lauren? I just want to emphasize that Track 1 there is specifically about alignment of measures. And I think if there – if it's the same measure and people are still experiencing a burden with having to report it for both programs, that's an important input, I think, for both CMS and ONC that we should return to. Because I think, it is – you're absolutely right, it's a significant pain point, particularly in the transition, and I think it has been one of the reasons there's been such an emphasis on alignment there. Kevin, I don't know if there's anything else you want to add on that comment. Okay, perhaps not. Okay, next slide. So we're going to focus for the moment on this second track and then we'll come back to Track 1. So, next slide.

So this returns us back to the – a familiar slide for many of you, which was the work the ACQM subgroup had done, laying out the priority domains with – across the verticals there. And horizontally the idea of really wanting to make sure we're getting at generic health outcomes, generic healthcare outcomes and intermediate outcomes, hopefully trying to move towards the future state of more health outcomes over what we're currently doing, which is more process or intermediate outcomes. Next slide.

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

So –

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

Oh –

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

Helen, it's Paul. I just picked up something that I didn't notice before.

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

Yeah.

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

And maybe I can make a simple recommendation/suggestion. You know the arrow on the right that says; because I could – it's been hard for me to understand what's the difference in these colors? I think what they said is, it's basically you're increasing towards the future state.

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

Yes.

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

I wonder if moving that arrow to the left will draw your attention to that, because that's the main point, I think, of this diagram, and making the arrow thicker.

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

Okay.

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

It's just a way of mak – helping people understand what is this representing.

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

Yes, you're absolutely right, because I actually just read it down the slide, too, and missed it, until my eye went over to the right. So, it's a good point and it's an easy thing to fix, certainly that we are trying to ensure that we are making that progression up to health outcomes. Great. And then the nice lovely red circles that have appeared around some of those are the ones on our last call we specifically had prioritized for the next phase around functional status and well-being, coordination of care and efficiency. Not that the others aren't important, but there was a sense that we should try to do a bit more focusing specifically as they relate to infrastructure needs. Next slide.

So, these next two slides go domain by domain here. And again, these will look somewhat familiar as they relate back to some of the work the ACQM group had done, that we presented to the Policy Committee as well. We've taken off any reference here to the ACQM group, because this really is now going to be a recommendation from the broader Quality Measures Workgroup and the idea here would be national quality strategy. What the improvement concept is, some concept metrics. The data elements that might be required, the data source and Lauren has helpfully highlighted in red here the one we really want to emphasize here is the potential HIT infrastructure operationalize. So we have some different folks on the call today. This is, I think, especially important to take a look at and I won't read each of these, maybe just give you a moment to read through those, see if those are, in fact, the right infrastructure issues, if there are any missing that anybody wants to make a comment on.

**Alexander Turchin, MD, MS – Director of Informatics Research – Partners Healthcare**

This is Alex Turchin. I wanted to make a comment that usually the main issue in this area is not infrastructure; the main issue is patient engagement. Patient engagement historically has been low for patient gateways, particularly for something that – it's not that patient's want to do, such as schedule appointments, but something that we want patients to do, such as filling out surveys. So, I was curious as to what our thinking was on how we could possibly overcome that, because I would expect that the response rate to the surveys, without significant incentives, would be pretty low.

**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**

This is Kevin; I can give you a couple of responses from people that we've had some testimony from. So the Partners group in Boston is using routinely assessing global function for their patients before and after visit. And they have – the word from them that it's similar to a lot of early adopters is that the patient said, why haven't people been asking me this all along. This is really exactly what I want to talk to my doctor about; this helps us change our conversation. A similar story out of Minnesota, I was talking to the Minnesota Community Measurement team who this year has just started measuring functional status outcomes before and after spine surgery, routinely across the state. And in their first year of reporting, they have 90% of spine surgeons able to give before and after functional status assessments around spinal surgery. So at least from some of the places we've talked to, they have not struggled with getting patient engagement – functional status assessments or other patient reported outcome surveys, in fact, many of their patients have said that it adds to the visit.

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

Alex is actually at the Brigham, so he may be aware of some of that. This is still an important issue; again, it goes beyond certainly the technology, as you pointed out. There was actually just a meeting this week at Avalere that was co-sponsored by several groups, including us and TBGH and KP and others, which was about what are the policy levers to move towards PROs. And one of the really important issues, as you point out is patients feeling there's value in submitting that and getting that information back. And maybe some of that infrastructure is also about ensuring that patients have a view to see how they're doing, particularly in comparison to others in comparison to their goal. To me there's a more patient facing infrastructure piece there to add in.

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

This is Russ Branzell though I do want to reiterate. I think it's great that in many of these large and complex organizations, and many of ours are touting success with patient portals and engagement of patients, but what we're hearing from the medium and small both physicians and hospitals is, that's just not the case.

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

Yeah.

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

And I think it's – we have to be very cognizant of the fact of holding providers and hospitals accountable for something in which they have no ability to influence, and that is, others behaviors. And we've got to build somehow in here, one, patient accountability or remove the accountability part of that from the metric.

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

Well, this is Paul, Russ. I do want to comment about this, whether we “have no control over.” I just – I think that as providers, there are a couple of things. One is we – it's clear we have a lot of influence over whether patients do engage using patient portals, that's probably the key reason some have a higher participation than others. And second, just the whole notion of accountable health is that we're accountable together and our, I'm talking about myself as a healthcare professional, my accountability doesn't end with what I say in an exam room, for example, it really is, how do we work together on the team. So, I think we have a huge influence, and I think we do have an accountability that we have not lived up to in the past. So this is part of – part of Meaningful Use is tracking the new models of care and health team, which includes the patient.

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

And I don't disagree with that conceptually, but I think is – we just took several of our members to the Hill to testify and one of them, 60-70% of their patient population don't even have access to the Internet, and it's a fairly large, I shouldn't – it sounds like a contradiction here, a large rural area that they're covering. But a vast majority of those people will never have access to a portal, have electronic access to providing their own care and so I think we just need to be cognizant of that. I'm not suggesting we don't do it, I'm just saying we need to be very cognizant of the fact that in many places across the United States, the ability to engage patients are not the same as academic and urban areas.

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

So this is Kathy Blake and I would second that, having practiced for almost three decades in New Mexico and large swaths of the state do not have that kind of access. And in fact, on reservation land, we frequently don't have electricity, running water much less telephone service or anything like Internet. So it speaks to the need for, I would say, exclusions or exceptions to be made so that there are opportunities to reflect the reality that the patient is living in.

The second piece and this is just a larger concept. So reading in today's New York Times how I think Facebook is going to have to start to really make its participants much more aware of the degree or the amount of privacy they've got. I have to think that with what's going on in the public square with Facebook, with the National Security Agency, with others, there will be particularly savvy people who will choose not to put information out there and will very intentionally withhold information, including from their clinicians.

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

Thanks. These are all important considerations, but I think also – I think the hope would be, again, these are supposed to be prospective 2017 and more about, particularly on this pathway, thinking about what – how we reward innovation and infrastructure building. So it's not so much about making these the required elements, but making these the sort of cutting edge elements. But it does raise important issues as well about infrastructure. There may be, for example, I know one of the things Partners has done, my old stomping ground is part of this pilot, is also using the, I don't know exactly what it's called, but the voice-activated surveys for patients. Which at least in somebody's conversation, was a – referred back to Israel suggested patients really found that very useful and that information is still quantifiable and sent back to their record. So, maybe that's another infrastructure issue to consider, looking at how different modalities can be used to try to build in as many patients as possible and avoid limiting vulnerable patients who may not have access. Would that be a reasonable consideration?

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

This is Russ again. At the risk of continuing to beat this horse, again, we need to be careful. What we believe is innovation today will be the standard in just a few short years and we're seeing that today with the patient portal. And that is, it was considered innovative as we were putting that requirement into Stage 2, now everyone is trying to put this in and in many cases, with patient populations that are just not – so they're going to struggle getting to the metric –

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

Yeah.

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

– now they're managing to a metric, not managing to a patient care process. And I'm hearing all around the country of people trying to figure out what the – workarounds are to meet the minimum metric requirement, when it really isn't aiding to patient care in many cases when the intent was to aid in patient care and engagement. So again, there's a great balance that has to be struck there.

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

Agree. Other thoughts? Okay, well I think this is still an issue we'll come back to, Russ. Thanks for expressing those thoughts and Kathleen as well, there are the issues we do hear a fair amount about, but again, I think we're trying to think about things that might be optional or things to build out over time rather than requirements. But, comments certainly heard. Next slide, please.

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

This is Kevin, I was just going to say, did we get a resolution about what a recommendation would be from that priority domain? We had a lot of great discussion, I'm just wondering if the group had – if people heard some kind of consensus from the group.

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

Well Kevin, this is Lauren. I think later on in the slide deck we're going to return to the innovation pathway recommendations and see if we can fold in some kind of recommendation about promotion of building infrastructure, and –

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

Okay.

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

– that kind of goes back to the diagram showing the two tracks. So, I’m sorry about –

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

Okay.

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

– maybe some confusion around the order of this. Essentially these were the recommendations that the members had discussed last time and so the intent of this portion of the presentation was to just review that and make sure we summarized it correctly and see if there are any gaps. So, that was the intent of these next few slides.

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

Great. Thank you, Lauren.

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

All right. So similarly here for care coordination, again area we’ve had a lot of discussion about, everyone agreeing we need more measures here and people often pointing to the infrastructure as being somewhat rate limiting. A couple of potential infrastructure issues listed there, others anybody wants to put forward or consider? I’ll give you some time to read.

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

This is Norma. At the risk of being redundant, we haven’t even mentioned things like longer care, home care, other kind of care and that’s getting to be so much part of the care coordination. And even on the previous slide with functional status, depending on what you find there depends on where this person’s going go for care coordination, so there are so many missing gaps there it’s hard to even be helpful. It again seems to be so targeted to a specific medical diagnosis that’s almost short – or a surgical diagnosis that’s so short-term. So, I have to keep saying that somehow we ought to put at least a holding place for that.

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

I think that’s a great suggestion, Norma. And in fact, at the last Policy Committee, we did report on the group that’s been looking at the long-term care – post-acute care options around looking at HIT. I think this is a really important place in particular to think about potential infrastructure of a connectivity to home health, post-acute care, nursing homes, etcetera, as being a really important infrastructure there, I agree.

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

Well, I might at least see a square – one of the cells there that it says, even if we aren’t able to do it immediately –

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

Yup.

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

Okay, thank you.

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

I think you're absolutely right and again, this is intended to be prospective, the track to move towards –

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

Right, right.

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

– so I think you're absolutely right there, and in the same sort of vein, I also think the very first box there of a case management registry also seems very grounded in now. I don't know that it'll actually be a registry per se, but some kind of way of tracking patients, including to where they go, to Norma's point about they may not just go home, maybe something to build into that first element – first bullet under infrastructure.

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

And I think this whole – this is set up so much towards the acute illness or acute intervention.

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

Yup.

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

And we've got more and more people with chronic interventions that just don't begin and end.

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

Yup. No, it's an excellent point. Kevin or Lauren, anything you want to add there about the long-term care PAC group?

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

Just that, as all of you know, there is ongoing work in the – looking at long-term care and this group has talked about the measurement opportunities for long-term care. So, we maybe could pull some of that in, some of it was about having assessments that flow consistently between long-term care, other types of post-acute care and hospitals and providers. So, that was a recommendation I think this group made and that might be something we could loop in.

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

Using the word transitional care might also be good someplace in here. We haven't used that word; I think it's becoming more and more useful.

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

Yeah.

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

As people – this is Paul. As people were talking, I'm trying to visualize a diagram that helps to show this concept better. Right now we just have so many words, a lot of things get lost, but I'm sort of imagining this arrow, let's say at the bottom of the slide that is going let's say from left to right. And as you – either as you age or as you have other needs, more data and settings become relevant to your care. So maybe there's an entrance ramp on this highway or something. I'm just trying to figure out how can we get the concepts across without mentioning the 20 sources, do you see what I'm saying? It's just getting a concept. And it also helps me a little bit with your term infrastructure; really you're trying to find all these data to join this one superhighway that can be leveraged in coordinating care across multiple settings, rather than having a litany of different bullets. I don't know whether that was clear, but it's hard to try to wrap your head around, what is it that we need to do? And I think what we need to do is like get people to join this superhighway, like the interstate.

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

That's okay as long as some place – Paul, as long as somewhere we point out what that long road is –

**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**

– or what that superhighway is, maybe not –

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

That's what I'm saying.

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

– in every one of these diagrams, but some place. Because so often on these calls, we always resort back to almost these very specific, mostly surgical diagnoses and the care surrounding them and the specialists and meanwhile out there in the real world, there are so many people needing all of this complex, comprehensive care that drives the clinicians crazy to be able to do that. But they're only getting rewarded for these very specific kind of episodes of care.

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

I'm thinking more of a unifying conceptual diagram. So you might say – in one version of it is we have a bunch of these streets, there's one for long-term care, there's one for a hospital, there's one – and you see how no one can actually put them together, you're just on this one back road. And the goal is to join everybody and that has implications on standards, it has implications on the technical infrastructure, it has implications on aggregation. And conc – visually you might represent that as everybody joining this same superhighway so that people – and what happens is, as an individual has more complex either needs or care, more data input, but join into the superhighway rather than all of these back roads. I'm just trying to find an easier way for let's say Helen to talk about this, rather than 20 slides. Because I don't think people will have a unified view of what we're trying to describe.

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

This is Norma again. If you would just – one more thing, if you'll put the patient in the center of this rather than making it organization specific, but if we really wanted to be patient-centered, you might find a patient and a family involved in all these parts of the superhighway. So somehow putting that kind of a conceptual model with those folks in the middle.

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

This is Kathy Blake –

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

Yeah, so those would be the occupants of this –

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

So, this is Kathy Blake and what I'm thinking, I was going exactly to thinking of it as a circle and perhaps the graphic or really the visual display could be that like a traffic circle with multiple feeders coming into it. And of course we all realize that at different times we will be coming into it, into a traffic circle from different directions, but I think the idea of centering it around the patient and their family, and realizing that different routes are used at different times might get us where we're talking about going.

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

Yeah. All very helpful, I think it will be – again, some of this can be background material and we could really have a more high-level presentation for the Policy Committee that's more visual. I think that would be great. But I think the key thing is not to lose sight of the fact that so many of these domains are aspirational, as much as we'd like them to be real. But putting the patient at the center would really help with a lot of that. I think so much of this is built because of the way MU was built around EPs and EHs. So maybe that's something moving forward that won't be quite as much of an issue. Any other infrastructure issues, just to – again, for the sake of completeness, thinking more broadly perhaps than the concepts listed there, that you think are especially important around care coordination.

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

Well the patient input seems to be missing from this one.

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

It actually does say EHRs can factor input from patient and family.

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

Yeah, it might be missing the patient portal part.

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

Again, maybe doesn't have to be quite so strict about being EHRs, maybe it could just say –

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

Yeah.

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

– can capture input from patient and family and be EHR agnostic.

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

Yeah.

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

Okay. And actually on that last bullet, to Norma's point, EHR is not just merging inpatient and outpatient data, but actually from a patient-focused view, all the care they get, wherever they may be. In fact, that would even extend, I would argue to things like pharmacies as well. So –

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

So it's possible like what you're pointing out is EHR seems to be a bit narrow –

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

Yup.

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

– limiting in the way you think of the problem and you really are talking about the column heading, HIT Infrastructure.

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

Yup. Agree. All right, sounds good. Next –

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

I just –

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

– slide – go ahead Kevin.

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

This is Kevin. Another way, and again I know we're just reviewing, but another way we – you can potentially describe things like this is to talk about what the world would look like as an outcome, when this has happened. To the point about the patient in the center or what you – point, could describe, as a patient my information all flows seamlessly between all my care providers, during my transition. And that type of description can sometimes overcome the limiting conceptual models.

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

Yeah.

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

That would be a good idea, Kevin.

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

Yeah, agree. All right, anything else on this slide before we move on to the next domain? Great. All right, next slide, please Lauren. So, efficient use of resources was the third area specifically teed up on our last call as being the third priority domain here. I'll give everybody a second to take a look at some of the concepts listed, data elements and then some of the infrastructure issues listed out here. I'm trying to understand why this says – one comment, infrastructure to build CAHPS data into EHRs is in this one. Maybe it was intended for the prior one.

M

Indiscernible.

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

They almost look like four different – I was having the same problem, it's like I can't – they all don't look like each other.

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

Yeah. We did talk a lot in the last call about the need to think about how particularly around efficient use of resources the claims would come together with the clinical data, appropriateness of care obviously being very important, overuse and I think overuse goes beyond just reduction of duplicate tests. And maybe that concept metric is actually too limiting to really get at overuse, would probably be a third important concept metric there. Other thoughts?

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

I think the – I mean, the ta – the way that it's categorized, there's a little – we're having a lot of dissonance, I think, in each of the columns. So we're trying really to do appropriate use of resources, it doesn't – and we think that appropriate use of resources will reduce costs. It's not the same thing as total cost of care, that's a perspective. And as you mentioned, reduction of duplicate tests is not the only – so I think it's a little bit – they're not all in the same category.

**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**

Yeah, this is Kevin. This group is not alone in struggling a little bit with efficiency measurement. It's a fairly new concept, although important. So, just to highlight that I think partly this is the newness of this concept that gives us so many challenges.

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

This is Norma; I'm going to again sound like the broken record here. Again, once again, efficient use means that the patient and family get to the right kind of care and that – so duplications of tests, yes, that's a pretty high-level one, even though we're struggling with it and pharmaceutical things, but it's really that post-acute care/primary care that's done. Sometimes, for example, home visits a couple of them are the most cost effective kinds of things for everything from premature infants to congestive heart failure for the elders. So, that does not reflect here in terms of efficiency. We're looking at cutting cost right away, without looking at what is that appropriate care and is it linked and is it – are the resources there.

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

And this is Kevin. I think part of your point is efficient to whom and so that often comes up in these conversations, is was it efficient to the payers? Was it efficient to the patient?

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

Yes. Yes.

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

And this is Kathy and I wonder whether the word, instead of saying reduced costs, could be to reduce waste.

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

Um hmm.

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

Yeah, I'd say that t – so, I mean the concept is appropriateness of care and we do know that there are a lot of ways, like 30% ways, so there is plenty of cost benefit to improving the appropriateness of care – appropriate use of care resources.

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

It's still an area I think we can do some additional wordsmithing, I agree.

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

Yeah.

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

The other piece that's missing for me in IT infrastructure is recognizing the importance of registries – clinical registries in terms of linkage to the appropriateness information. It would be nice to build out in this domain the need to have linkages and greater overlap of data elements between clinical registries and EHRs and Kathy may have more to add on that particular element.

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

Actually Helen, I was smiling because I was thinking, why didn't I think of that.

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

There you go.

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

I think you're spot on.

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

Okay, great. All right, and we'll wordsmith a bit the concepts and the – I think part of the problem is just having it here as cost, however PMPM doesn't get at what's – really what people I think are reacting to, which is efficiency of cost and quality. So I think perhaps it's more so that you want to make sure the EHR can help assist with getting to measures of efficiency, where you would want to be able to bring in, for example, pharmacy data or other information that may not yet be available in pure claims. So, we'll work on that. Probably should move on, next slide, please. So, I think we'll probably be able to send around those modifications to the domains after the fact, but let's keep going.

So Track 1 recommendations, brings us back to the more traditional MU reporting pathways and some of the specificity around measures here. So, next slide. Again, considering we try to maintain those domains and try to move towards that future state as we talked about earlier. Next slide. Next slide, I think. I've got blank –

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

No, we're getting them Helen.

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

Wonderful, there's just that delay sometimes. So, here is where we're going to talk a bit about the core and menu policies for MU3. And actually Kevin, this isn't an area I know as well; perhaps you could walk us through these slides.

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

Sure, or Paul, feel free to jump in, you certainly know this well, too. So, do you want to go Paul or do you want me?

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

Ah, you.

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

No problem. So in Stage 1 there was a core and menu for quality measurement and so in Stage 1 they asked that all providers or all hospitals report on a core of measures – quality measures, those – and they had adult and pediatric, and those were really a Million Hearts like measures, some measures of checking blood pressure, medication reconciliation. They tried to be fairly general in what those looked like. In Stage 2 recommendations they moved away from core/menu to suggested core and menu, so there were a number of measures highlighted as key important measures, but no particular requirement on what those would be from a quality measurement standpoint.

So as that has been a historic part of the Meaningful Use policy in the EHR Incentive Program, there was a request that this group at least consider how this should work as recommendations for Meaningful Use Stage 3. And I can give a little bit of the rationale that CMS has given as they did this. The idea is to get a few core measures is good for alignment; it's good for kind of national level reporting. It allows EHR vendors to have a predictable set of key measures that are available to everyone. The downside is that they don't necessarily apply to all providers; they don't necessarily apply to all patients, so they're felt to be a burden of people reporting on measures that didn't actually add value to their system. So then in Stage 2 –

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

I'm sorry, Kevin, we're getting a little bit of interference, I'm not sure if it's you or someone else. If it's someone else, could you please mute your line?

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

I don't think it's me. So, for Stage 2 with the suggested core and suggested menu, that gave the – everybody more flexibility, but we do hear then from some providers that their vendor didn't necessarily choose the measures that they want to implement into their system from a certification standpoint. So that's where we are now and this is to think about this as a workgroup and see if there are any particular recommendations for Stage 3. Any questions about that?

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

One clarification on the comment you made about some vendors didn't implement the ones that were useful to the providers. I am aware that a vendor only has to test "X" number, are you saying that if the vendor did not choose a specific measure to certify against, all users of that system cannot use anything else?

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

So the current way that the combination of CMS incentive payment policy and ONC certification policy is that if a provider wants to report a quality measure through their EHR for the EHR Incentive Program to CMS, that measure must be certified in certified technology. So that is correct Paul, if you want to report a measure of patient reported outcomes for asthma control, which is one of the measures, but you picked an EHR vendor that decided that they didn't want or need to build that measure, then that's not available to you as a provider.

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

And then I think, if I'm not mistaken, the number of measures that have to be certified is actually very small.

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

Yeah, we don't actually call out a minimum number. We know that some of the vendors have chosen to certify to the smallest number that would be required on behalf of the EHR Incentive Program, either the hospital number minimum or the provider minimum. We've also been talking with vendors and know that many of them are doing their measure certification in waves, so they built out some baseline amount and they're now going and building additional amounts, many an attempt to get to all of them, but they didn't get to all of them at the beginning.

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

So this group might want to consider that, because obviously that becomes limiting, no matter what the policy is, so, as the group recommends what – policy for either the number or the style of eCQMs might have an accompanying recommendation about the whole certification process.

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

This is Kathy, I would agree because the obvious solution is that to establish a requirement not on a clinician, but a requirement on the vendors that all measures that are CQMs are certified for their platforms.

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

And this is Kevin again, we know that there are different market sectors, so there are hospitals vendors and there are outpatient vendors, there are vendors of dental products and there are vendors of ER only products. Any thoughts about how to think through that?

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

Said only hos – the distinction with hospital versus ambulatory or are you saying for each module?

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

Well so that's one of the questions we get back from the vendors when we discuss with the vendors, for example, certification to measures. The dental vendors come and say, we provide products only to dentists and we really love the idea of quality measures for dentists, but we don't know why we're doing total knee and total hip functional status, because none of our dentists ever do knee and hip surgery.

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

Ah, so Kevin I think a potential solution, but it might lead to greater complexity at ONC's end is could you envision having EHRs certified for use by particular large groups or buckets of eligible providers? So that I, a dentist, know that the system I am purchasing works and has been certified for use by dentists and that it contains all of the available CQMs for dentistry. And that similarly, an ER – so I guess what I'm – so I think you can probably tell where I'm going, is to say that if the vendors continue to have freedom of choice. That one of the costs of that freedom might well be that there needs to be a way of labeling the product so that the purchaser is able to easily discern whether that product is appropriate for use by them. So it's a more sophisticated, perhaps, labeling algorithm than currently exists but certainly I'm thinking of the model at FDA where labeling is used relatively effectively, probably not as well as we'd like, but at least the information is available to a buyer.

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

So, wanted to be sure we also talked about core and menu, so that that is one option about labeling and having certification that's specific for various specialties or various types of practices. Is that related to core and menu? Is that – so, just wanted to talk that through.

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

Well so one branch point is, do you have core for everybody and menu for – do you have any core for everybody? We tried that in Stage 1 and we tried a different approach in Stage 2 and which group – which approach does this group recommend for Stage 3? We certainly get a lot of feedback about wanting flexibility in everything, it seems like the Stage 2 approach is more flexible, and then we have to deal with this whole vendor thing – vendor certification separately, but –

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

This is Helen, just a question. For Stage 2, the 16 out of 29 CQMs, it doesn't – I guess one question might be, and just thinking out loud here, for Stage 3, would you potentially get to report on less measures if you're reporting on some of the more difficult or innovative or outcome measures?

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

Those are all certainly recommendations this group could make to CMS for how they structure the program that is absolutely possible recommendations.

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

Just a large number of measures and again, if a lot of those measures, the end-user doesn't feel add value clinically, then just increasing...one option is just to increase the number going forward, it might be nice to have perhaps an option of fewer measures that are perhaps more meaningful that fit the domain, just a thought. Comments from anybody?

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

Well I –

**W**

Hi, this is – I'm intrigued by that idea because I think it then does put some of that flexibility or returns it back to the eligible provider because you're then able to, if what I'm hearing you say is you're then able to customize your own set in a way where you can have measures of differential weight. So I may cho – it's like weighting a stock portfolio or some other kind of instrument that is valued, and your able to maybe put in a few that are higher bar, but then the rest are standard bar, not low bar, standard bar. But if it all adds up to a certain number of points, then you're there.

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

Right.

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

I mean, it is complex though, that's a cost.

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

Yeah.

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

And this is Kevin, we should, as you're thinking about this, certainly think of the independent practices, but also think of the multispecialty practices, because we hear they have special challenges when they buy one vendor and they have five or six specialties they're working with, with that same vendor.

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

Um hmm. Okay. Well maybe as we go through the specifics here we can return back to the core/menu policy options for MU3, because I think some of this is also thinking about what measures will be ready is kind of what we'll see on the subsequent slides.

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

Yeah and Helen, this is Lauren, I think we're probably leading up to this and I think Kevin mentioned this but, in Stage 2, as we added more flexibility, one thing that CMS has done is they have a recommended set of measures that are – they're not required for use, but they're highly recommended. A lot of them are like the Million Hearts measures and I think in looking at our data, we have seen that more people have tended to certify to – more vendors have tended to certify to those kind of recommended measures.

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

Yeah, that's absolutely true, as we look at the certification data and the early market surveillance we have on who is reporting Stage 2, even though they were just recommended core, that is by far the majority of what people have chosen in these early stages.

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

Okay.

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

Probably because that's what they were certified against, I'm guessing.

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

So that vendors correct, this was part directed from the vendors because the vendors chose those, but the core was also chosen because they tend to be in a lot of other programs, they – to be crosscutting, they align –

**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**

– with Million Hearts, they're measures that are in clinical domains that people are familiar with measuring like hypertension control, diabetes control. So, there were a number of reasons they were chosen as core, but that we are seeing a very early and market information that that's where most people have – the highest numbers are in those areas.

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

Yeah. This is Helen, I would assume a lot of it relates to burden and alignment, so if you can kind of get a couple of programs satisfied by meeting those core measures, it may be a likely path for folks, particularly if those are also the same ones being certified. So, it might have implications to the way we think about innovative – the innovative track as well potentially being even more important if many of the usual suspects are selected as part of the core. All right. Well I think we should return to this issue, let's try to get through the next section and I think we'll have time to return if people have additional thoughts as we look towards the measures. So, next slide, Lauren.

So, speaking of specific measures, one of the questions for us, for the workgroup is whether we actually want to recommend specific measures that should be required for MU3. And if so, how would we do that, what process would we use? One of the things we've been talking about offline is potentially going back and using the measure evaluation criteria we had come up with in the past, which are on the subsequent slides, so we'll reacquaint you with those in a moment, to actually evaluate each of the measures under development. And see which ones potentially would be prioritized and potentially considered as required or highest priority for MU3. We've got – Lauren did a great job of putting together a survey, if you guys like this approach, to send to you where we've given you the measures and then the criteria to actually see if we could get some alignment across the workgroup, using the criteria. And in the next few slides you'll see some of the measures under development, at least for those three priority domains. So, next slide

So just the next two slides reacquaint you with the criteria we worked on over the last year or so, won't get into great detail here, but again, just the idea that the first one, we'd have a preference for measures that actually leverage data from HIT systems, the HIT sensitivity concept. Second, would it be enabling more of this patient-focused, patient-centered view of care that thankfully Norma is helpful to remind us upon, and if this does, in fact, get at the two broadest possible populations and patients? The third is that it could help support health risk assessment outcomes. The fourth is the one we were just talking about, the preference for reporting once across programs – other programs like CMS programs. Next slide.

This is the concept of the measurement is beneficial, we talked about this a bit earlier, and meaningful to multiple stakeholders, not just for the providers, but the patients and purchasers as well. The sixth is that it promotes shared accountability, shared responsibility across different entities with more of a push towards collaboration and the critical system need of interoperability to get to that longitudinality. The seventh is that we could actually try to get to some of those measures that promote efficiency we just talked about. And the last one there is it also could help build towards population health reporting and thinking about how we might get to denominators what would adjust for those – for that change in level of analysis. So, that's sort of the quick review of the criteria. Anything anybody wants to add on the criteria before we move on, anything I didn't emphasize people think is important there.

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

This is Paul. You might want to include something about workflow on the provider, so that's to get at this whole check the box thing.

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

Okay, we'll have to see where that fits in, I don't think we want to add criteria at this point, but maybe some of that – I think that's supposed to be somewhat under the idea that the benefits exceed the burden.

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

Yeah, that's right, Helen.

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

Okay, but maybe we can call it out to people as they're doing their assessment.

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

Um hmm, right.

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

Okay.

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

Yeah I guess, Helen, as we move into a discussion of whether the workgroup wants to do some kind of rating exercise of the measures that are currently under development using these criteria. Currently as they stand, they're not weighted in any way, right now essentially they're all of equal weight and so I think that's one thing we can consider, going forward.

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

Okay, very good. All right, so let's keep going, then. Next slide. So just as an example, the next few slides show you the measures that were listed under the domains for each of these. And just to remind us, if they're italicized concepts means they're measures that are built on previous concepts, the ones not in italics are new concepts. So for example on this first one here you'll see some measures around functional health assessment and improvement, patients of hip and knee, some existing measures around pediatrics that have been updated and some other functional status assessment and goal setting listed at the bottom there. So one question would be would you feel comfortable that will give you the criteria on which to look across these measures? And in some instances, we don't have a great deal of detail because they're still being developed, but enough to at least give you a sense of do you think this helps – how many of the different criteria do you think this would meet. Next step may be ones you want to prioritize or require.

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

So would you be giving us some draft definitions at least, so that – because a lot of these depend on, well what data are they using. I mean because the names sound fine, but the devils in the details.

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

Yeah, I'll defer to Lauren and Kevin there.

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

– do you have a – content.

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

Yeah Paul, this is Kevin. I think we have some basic numerator and denominator statements that we can use here. They don't necessarily describe a concept of operations, although people that know measures can typically infer that. So, if you take, for example, 3280 on that top list, pediatric ADHD outcome measure, that's using a specific parent and teacher reported outcome instrument called the Vanderbilt Instrument, that's been tested and used for assessing a child's ADHD control. So we have some of that information, it's hard to know how much of that detail to give you, but a basic numerator and denominator statement would likely contain a fair bit of it for people that are at least somewhat familiar with measures.

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

Okay, that would be helpful and even if you'd said how many questions there were. Another one, I wasn't at the last call, but I did listen to the podcast, the annual wellness assessment, it sounded like everybody – do you have any notion that there's a minimum threshold where you would or would not recommend as a measure? So, it sounded like everybody on the call was not in favor of that because it was so process oriented or, depending on how it's defined, sounds like it was a check the box. So as good as the intent is, if it's a check the box, then generally it ends up not only being not useful, but it becomes burdensome.

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

Yeah, this is Kevin, again. I can speak a little specifically to that measure as the concept that was described to me, it's a building block measure looking for some standardized assessments at the annual wellness visit that could then be routinely leveraged for subsequent kinds of visits – subsequent kinds of care. So you know at the annual wellness visit that you've assessed a number of things, so that way you can build on that with additional measures into the future that can rely that we consistently have some information from the annual wellness visit.

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

So if we could have it – a draft definition of that, because as it says here, goal setting that sounds check the box. So we're just trying to avoid doing things that are known not to be helpful.

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

Yeah, I mean, I'll – I think knowing the amount of information that would be helpful, because we can quickly get into lots of detail and context. But, I think a numerator/denominator statement is likely a good place to start, and then –

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

Right.

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

– I don't know what additional would also be helpful beyond that.

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

Yeah, maybe just the numerator/denominator and maybe the source, Kevin.

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

Okay. All right.

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

I don't know about –

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

Again, I think we want to keep it simple.

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

This is Marc, I don't know how hard it would be, but maybe, I'm just trying to think through what would be useful somewhere maybe something along the lines of, here are the 10 – data elements that go into the measure.

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

So we –

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

Marc, we can't hear you very well.

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

So what Marc asked about was a count of the number of data elements into the measure and Marc, I wish we had that for all of these, for some of that we may have it. But, as Helen mentioned earlier, some of these are still in their final stages of development and so they're not completely articulated yet in a way that we can do a data element count.

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

Yeah, that's okay. But that is also useful, right, but it's that early that we don't have a clue.

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

Or perhaps framing that more positively, that early that we can help influence it's direction.

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

Yeah –

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

You are a star.

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

It would be no surprise that the measures that most call out the kinds of goals and priorities of this group are likely to be the ones that are going to be the most early in development. It's more – the most challenging in the measure development to do the forward-looking outcomes measures, so those will likely have the least detail, because they're the earliest in their development process.

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

And I think that – are less informative – by themselves because it helps us know, if we're using some kind of framework for prioritizing and you don't have enough information to prioritize, is that helpful?

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

Yeah, so Lauren and I will dive in a little more and get some more details, as we can.

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

Great. I think that would really help people as they do the exercise because, to Paul's point, it's sometimes hard to tell if it actually meets the criteria without a bit more specificity.

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

Yeah, and I think for –

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

This is Kathy Blake, just to let you know, I have to leave the call to go on another call. So, thank you.

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

Great, thanks Kathy for joining us.

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

And so to add to that, on these slides here, the ones that – oh actually, they're not the italicized ones. Some of these, as we previously stated in a workgroup meeting, are currently open for public comment, either on the USHIK website or on CMS' site and so, we could link to those public comments, where there might be more information on the construct of the measure.

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

Yeah, that's a great idea, Lauren. So some of these, the draft specifications are out and available, and so we could also provide you that information to all the gory details, if you want.

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

Okay, or maybe just a link to the details.

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

Yup, that's what we were thinking, a link out to where they live.

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

Okay, excellent. All right and just lastly, at the bottom there, we do specifically make a recommendation that PROMIS be specifically looked towards the future. So, we'll come – so, I don't think we need to get into the specifics here unless anybody has any special questions on what's on this list. Next slide is specifically –

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

And if people want to take a minute or two and ask specific questions, I'd be happy to answer them as I know – to get the sort of distillation than to try to dive through and understand from the specifications.

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

Okay, let's go back one slide. Any specific questions or suggestion on any of these for Kevin or Lauren or ONC staff to answer?

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

Well, to the best of their ability, if you could describe what they meant by “and goal-setting,” because that's the type that would end up – could look like a check the box. So, if there are some smart ways to do that, just wanted to –

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

Yes, so in talking with Phyllis Torda from NCQA, they're working very hard on building out a lot of patient-reported outcome measures, especially the kinds of delta measures so the change in a patient's functional status or condition. Unfortunately, because patient-reported outcomes are not widely deployed in the field, there isn't a big, rich amount of data to go mine, to understand what the amount of change constitutes the right amount of change.

So the NCQA in conjunction with their expert panels has been focusing on this kind of building block trajectory in what Phyllis calls the measure at point A, measure at point B and builds a shared goal with patients about where they should be. Because we also know that people living with different conditions or in different circumstances, have different trajectories. So part of this is not just to say there's simply one trajectory for people with heart failure, there is a function status trajectory that could be negotiated between doctor and patient and that should be as a goal and so set that goal and then kind of track through time, are we making it towards this shared goal. So all of these with goal setting are part of this NCQA suite of activity that has emerged.

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

That's really great. So one way you might describe that is, personalized goal setting, but that concept is wonderful and the devil in the details, but that really sounds interesting.

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

Yeah and we had similar issues recently in our musculoskeletal committee where the American College of Rheumatology put forward similar kind of measures around functional status assessments and disease activity from the patient perspective. These are new eMeasures, and again, it was very much the idea that people would complete the assessment, but that what I think is different about this than a check the box measure is there's an expectation that that score gets in the record. So it's not just, did you check the box you did it –

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

Right.

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

– but we actually get a chance to learn from it. So I think there are some interesting pathway issues here and just for your information, Paul, because I know you've tracked us a bit, these are measures that are going through under our Trial Use pilot –

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

Ahh.

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

– that are eMeasures not yet tested in EHRs, but have otherwise met criteria, that through our committee in that status and now going out for public comment.

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

So you know, even the story that Kevin and you just told would be wonderful to explain to the Policy Committee as one, this is something, and that seems exactly what you might use for the “Innovation Path.”

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

Yeah.

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

So you're saying, we're looking at some things, it's not tested yet, it may be for trial use. But that's something that you could submit and you could get relief on one of the whatever it is, six that you have to report on to be this. But here's the kind of rigor and the kind of hopeful innovative measure that we're looking towards. That's really exciting.

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

This is Marc and I like this, but I think one of the things that makes it really challenging is, what I heard is, so we have a set of things we'd like to measure, we all think they're good and important, probably, but we don't know. And the concern, I guess, I have as we try to think through how to prioritize these is, so we're saying go collect this data, not yet knowing even whether they're useful or how big a delta is important or whatever. And these are significant time investments, like you say, I agree I'm very glad these aren't check the box things, but at the same time, we're saying, collect this data, which is an even more burdensome thing that we're saying. And we don't know if it's useful, we don't know how much change is important and we don't know how it's going to be used.

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

But – so that's why I put it in the context of the innovation track. So that might be something you want to put, Lauren, if the group agrees, there's a column that says, possible innovation track measure. So in other words, Marc, only – so this would not be required of everybody, in this scenario that we're describing. This would be an example of something that has been sought out, is even going through the special NQF process, that doesn't mean it's endorsed, but it's usable –

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

Right.

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

– for trial use, and you can elect to use this and this is the kind of measure that would get you a waiver for one of the –

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

Right.

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

– metrics they've got to report and it's totally up to you. If because your patient population, whatever it is, this is important to so it's the whole concept of personalized, that helps us with the delta, what's the right delta. If it's the right delta for the person, that's a good, right delta. But anyway, the whole notion is –

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

Right.

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

– the people to have this kind of testing going on and lo and behold, more testing gets done.

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

No, I agree and that would be great and I think also that maybe on that you get sort of – we talked about the burden, or if there is a weighting scheme, this is the kind of thing that should get extra credit.

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

Yeah –

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

This is Kevin, I think the other opportunity here is while NCQA is working on a number of these, developed a kind of consistent architecture with really three things required. That is, the baseline assessment, the goal and the assessment into the future. And so that kind of architecture then becomes repeatable for people with chronic conditions, with children, with adults, with all sorts of different things that it can fall into that same architecture.

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

Okay. That's very helpful, okay. Um, all right, let's try to move to the next slide, just want to make sure you get through all of this today. So these are some of the measures specifically fit under development for care coordination, again an area where certainly the infrastructure has been often pointed out as a rate-limiting step here. Comments on any of these or questions on any of these? I know we've talked about the closing referral loop one in the past, I'm glad to see the CARE tool here.

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

Yeah and just a quick, quick mention about that one, Helen, that's a hospital measure, so that would be for interoperability between hospitals and other transition providers, long-term post-acute care providers –

**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**

– using this same instrument.

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

No, I think it's great it certainly allows Norma not to have to mention it again. So it's always good to see something here about, even if it's just an activity from the hospital out, ultimately it would be nice to see it bidirectional, but this is at least a starting point there.

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

Thank you.

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

You're welcome. Boy it's so unfortunate this list is still so minimal. I was at an NCQA meeting, the CPN meeting last week, which Eric Schneider chairs, is a measure developer and he said he's always considered care coordination to be the Bermuda Triangle of measure development, many have gone in and few have gotten out. So, continues to be a major hole for us, so additional thoughts here would be very welcome, and maybe this is the place where the innovation pathway can really help kind of get to some of the measures we wouldn't otherwise get. Okay.

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

Yeah, this is Kevin again. I think we're seeing a lot of opportunities as the HIEs start standing up and the measure focus may move to places like HIEs. I was just at the CMS eHealth Summit where Maryland presents its measurement that they're going to be doing around using their statewide ADT feeds from all 47 hospitals to measure appropriate timing of care transitions between all the different players.

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

Great.

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

I'm sorry, who did you say is working on that, Kevin?

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

Maryland, Maryland –

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

Ah, excellent, yeah, yeah.

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

All right, next slide, please. And the last one we had prioritized was specifically around efficiency, as you'll see here, is primarily about overuse and primarily about overuse of imaging. And this again may be an opportunity to look also towards where there are measures already in use by some health systems and others that perhaps again, might fit the more innovation approach, but also could potentially be brought in to move them forward. I mean Partners, for example, has submitted multiple overuse measures to us that have been built on their CPOE system. So again, there may be opportunities there to look towards other sources for some of these measures rather than de novo development. Other thoughts on this one, questions?

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

How are people thinking this fits or doesn't fit with the appropriateness criteria that were part of the SGR Fix – right?

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

Yeah, this is Kevin. The – I think we don't really know yet exactly how that SGR Fix will get implemented, but for those that aren't following it. Congress enacted legislation as part of the Sustainable Growth Rate physician fee schedules to actually require that providers follow certain appropriate criteria in ordering high-tech radiology. And so that is called out specifically in that SGR Fix and we'll – CMS will be doing policy around that. They also asked for clinical decision support around that activity, but it's kind of too early to know when exactly CMS will be doing a rulemaking for that work.

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

And I think, if I remember right, it's required by 2017 by the law, right?

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

Yup.

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

So this will be concur – this will be right in the middle of MU3, I think we've got to at least think about how that aligns or connects with what we're doing because it's going to drive providers crazy if that's a requirement on that side and then we have something discordant or inconsistent on this side.

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

Agreed, agreed.

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

Okay. All right, so next slide, please. All right, so before we move on to the Innovation pathway recommendations, any final thoughts here. It sounds like we are going to go ahead and – Lauren with doing the survey for folks with a bit more detail on the measures as we discussed, and see if we can get that out there to get some specifics about the highest priority ones. And I assume in that instance, we would probably want to send that out for all the measures, not just the ones in those three buckets – three domains, to get full information there since they are under development already.

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

Yeah, and this is Kevin. Just to be clear, I think we mentioned this before, and Helen you know this well, that there is a specific Federal Advisory Process to recommend measures for programs called the Measures Application Partnership or MAP, which has a specific process by which CMS hands them every year measures for CMS to consider inclusion in programs. That group has done some very detailed, terrific work about recommending which programs would go into Meaningful Use, at least for Stage 2 they did. So we anticipate that that will likely continue. So this process is now more about the fit for the ideal goals of the Meaningful Use Program. The MAP looks at some specifics about is it in with the right population? Is the science good, etcetera?

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

And that should be coming up soon, is my understanding, that off-cycle review for MU3, so –

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

Yup.

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

Okay, great. All right, so let's move on to the Innovation pathway, then. I think that's actually our last big thing to cover. Next slide. Again, reminding you here we're on that second track, thinking about how we can promote innovative measurement and infrastructure building. Next slide.

So, this is where we, I think Lauren pulled from our prior recommendations here that we had previously said that there should be consideration of an optional innovation pathway whereby you could potentially waive obj – one or more objectives by demonstrating you’re collecting data. And in that instance, it said innovative or locally developed CQMs. I think we’ve had some more specificity over time as well, including some discussion today about potentially measures that have gone through trial use as being an option as well. We also thought of the importance to specify the gaps that an innovation pathway could help close. And for example here the prioritized domains have been listed. Third bullet there that if you’re choosing this track, there has to be some way to provide information. And again, this may be a linkage back to Kevin’s earlier point and Marc’s about potentially the trial use being a nice opportunity because then, in fact, the evidence has already been reviewed, how it would be used – they reviewed what hasn’t been done is the testing. So we can continue to talk about that. And really perhaps most importantly, give a chance and an opportunity to have others share that information, as we sometimes call prospecting for measures across innovators that could be shared over time.

And then here there were two earlier discussions we had had, again, these are harkening back to our earlier discussions, a more conservative approach of a certified development organization who would develop, release and report these. Or alternatively, opening this up to not – to any EP or EH, and I guess perhaps David Lansky would say, really to any innovator out there, to create and then allow these CQMs to move forward, particularly if they meet standards, and for example, using the authoring tool. We did also take the opportunity to ask the Vendor Tiger Team, prior to these recommendations, their perspective on the innovation pathway. And some issues that were raised related to the cost to create, maintain and build into systems, validating data and they did not want to see this approach build into requirements for certification. So, I’ll pause there and see if anyone has any thoughts about our prior recommendations, which of these seem logical to continue to move forward. Which of these perhaps we’ve moved beyond with a sort of perhaps more crisp conversation about what we’re thinking? I’ll let you take a look at those.

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

Well I think your – this is Paul. The elements of this, one, there are certain priority areas that we’re calling sort of like an RFP for, which is the three that you listed. Two, I would certainly make it more open rather than limiting it to “the usual suspects,” that was one of the points is to take folks who are – who have decided for their own reasons or the local market that this is something they want to measure. And I think related to the vendor comment, I think most people who would do this are doing it outside of their EHR anyway. That – through data warehouses or – and also I like your idea of, it’s got to be – the whole reason is to stimulate new measures and that could be used by others. So your third bullet point about, you’ve got to have some write-up so that people can understand where you’re coming from, some of the mini-versions of an NQF submission format.

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

So this is Lauren. Something occurred to me, I don’t know if it’s specified here, but is this only constrained to electronically specified CQMs or did we intend for it to be broader than that?

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

This is Marc, I guess I – what I heard Paul suggest, and I support, was you’d want to be able to specify it as using the measure authoring tool, in other words, we’ve got to be that specific. That wouldn’t necessarily mean that’s how you implemented the measure, because it is an innovation measure, you may have other ways to capture the data to do things, because you are learning. But that the key is that this be part of a learning process, would there be enough exposed out of the process that everybody could gain and learn whether this is a good or bad measure over time, is the key thing. But the discipline of being able to describe it using something like the measure authoring tool adds a lot of value because then people can describe it, other people can adopt it. So I would think that would be an important part.

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

That’s a good question there Marc, though. I mean I guess the question would be just to the point raised earlier about, for example if people are really being innovative here and they’re not really building it directly out of their EHR, but really kind of having data move in – the more big data pathway Frankel, Tuck and others sometimes speak to. Of data moving out of the EHR into a data warehouse where some of the analysis is done subsequently, would they really need to use the authoring tool? I’m just being provocative intentionally, just to have the conversation. Or is it really important that they at least be able to use accepted data standards to make it so others could use it.

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

Yeah and I agree with what you’re saying and I guess what I was trying to say is, it seems to me it’s important that the measures that they be testing or be described and published in a way that others can take advantage of it, can understand it, whatever might be. And I guess what you’re saying is, what if you ran into a limitation in that, for example, that wouldn’t let you describe the measure –

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

Right.

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

– is that a showstopper? And I don’t think so, I don’t think that’s a showstopper but you describe it as well as you can and then you comment on the differences, because you still learn a lot doing that.

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

And it should hopefully then improve the measure-authoring tool.

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

Yeah, yes.

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

Yeah, this is Kevin. We work hard to try to talk about use of the standards, which is the health quality measure format, rather than the tools. Because ideally there are any number of tools that can build really nice measures to standard. So, I agree –

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

But not everybody can consume all the really nice tools, I think that’s the trick here, right, is the commonality of – is important. So I guess you’re right, I wouldn’t say – it’s not necessarily the tool, it’s the expression that’s important, good point.

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

A couple other questions from – this is Kevin again, what sort of other publication requirements would you have? Is there – so for example, the QCDR Program at CMS requires that anybody that’s going to use any measure tell them about it when they’re starting their reporting period, you have to tell them essentially a year in advance and the information has to be publically available. Are there certain kinds of characteristics that you would ask of the people on the innovation pathway?

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

I think it would be simi – you definitely have to publish what it is that you did, but this third bullets not bad, it says, you need to describe what you did, where it came from, as Marc pointed out, and how did your organization use it? I mean, it’s basically got to be something that another organization, including CMS, can use to decide hey, should we look into this further. And I think Marc’s measure authoring tool is not that it has to feed – it has to come from an EHR, but it has to be codable in the standards that are “enforced by the measure authoring tool.” The point is not to be able to just wave things, the point is to contribute the knowledge so that others can use it. So the reporting requirements that support that are, I think, are required, as you’re suggesting, I think.

**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**

And then to the weighting discussion, is there some way you want to think about weighting of these?

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

Of these bullets?

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

What do you mean, Kevin?

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

Of the innovation pathway, so you could imagine that if you do the innovation pathway, that counts for less or the same or more as doing the other pathway? So, does one innovation measure equal one Million Hearts measure?

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

It’s an interesting question because in truth, we are having trouble getting these new measures. And if you do have some of these requirements like, well it has to be one of these high-priority things for us, like one, two and three. Then maybe we do want to weight it that way, I think, because the more thoughtful people are about submitting something, the better the country gain – the more the country gains. So that’s not a bad – so, in the past we had 6, 9 and I forget what the other number was for hospitals –

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

Sixteen.

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

Sixteen.

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

Sixteen, so it seems like it should be worth two, just throwing something out there, but I like the notion of what you're suggesting which is, this is extra work that the – and it's really a public service, we ought to reward it.

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

Although going back to it – yeah, this is Helen. I think that's a good point but I think going back to the comment I think it was Kevin who made, that most people are reporting on their cores because they aligned the other federal programs. So, I don't think we want to make people feel like they should add burden, unless they feel like this is really beneficial.

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

Well right, so I mean it's – they're mak – we're just trying to fit the reward to the contribution.

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

Okay.

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

And they would not go out of their way to do these requirements, because I think these are both rational, but they are requirements to do something new, and we started out the conversation, at least I did, saying I'm not sure we have something we're all happy with in the current state.

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

Um hmm.

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

So in order to incentivize, literally, to do something more for the benefit – for the public benefit, we probably should weight that.

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

Yeah, I understand.

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

And Paul, that might be a nice framing for this whole –

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

Yeah.

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

– topic.

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

Yeah. So, make sure it's not viewed as an opt out or an excuse, it really is a solicitation for something that's contributing. And clearly only the people who think that they're – well, I'm not saying clear – the folks who are going to invest in this are the folks that they believe in measures and what measures can do for an organization, provided you get the right one. But even us making –

**W**

(Indiscernible)

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

– even us making a statement about it being worth more is the recommendation to CMS that says, hey look, here's something where you're really one, giving flexibility and two, rewarding folks who contribute. That's a nice message.

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

So, I agree with you completely, Paul, about maybe not needing to say exactly what the weight is or how many “traditional measures” it would count for but just that we believe they should be counted as more than one.

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

Yeah.

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

Helen, I know we don't have a lot of time left and we want to reserve probably 5 minutes for public comment.

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

Right.

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

There was another question about the innovation pathway that we wanted to close the loop on in the next couple of slides.

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

Great, okay, next slide, please.

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

So looking at – so what we discussed at the beginning of the call from the last call when we reviewed those extra infrastructure pieces that folks recommended in those three priority domains. In trying to fold that back into our framework and trying to actually recommend a policy for this for MU3, I guess the question is, the innovation pathway recommendations we were just discussing are more about innovative or locally developed CQMs. And the question is, do we want to consider in addition to that, as part of an innovation pathway, also giving MU3 credit if people can prove their developing HIT infrastructure along the recommendations we had that would also promote measurement, we feel, in the long run? And if you jump to slide 30 – can we go to slide 30, about four slides ahead?

This is just one way I was trying to conceptualize this, just to have something to react to is I took the suggested HIT infrastructure recommendations for each of the three domains. And I guess the question is, do we want to also recommend that we could allow providers to receive credit if they did some combination or showing they developed the infrastructure for this? And I think at the last call what we heard was, this could be difficult because our overall goal is to show improvement in outcomes and so, how do we link building infrastructure to show that you're actually improving outcomes? So this is just something for you guys to react to.

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

This is Paul, the concept is interesting, but it is, indeed, another process measure of technology sort and I think it would be really pretty hard to define what would get you credit. The concept's interesting, though, but I think it could be hard to define and then it would still yet be another process measure.

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

Right, I –

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

I'm sorry, I'm not sure I know what a process measure is, Paul. What's the process measure?

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

If I include claims in my warehouse, that's a process, it doesn't get you anything, it's like measuring an A1c, it just happens to be a technology process.

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

Uh huh.

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

The main thing is, what constitute – okay, if I have one claim, if I have a procedure, well that could be a claim and that's already in my – I think you get down to, it'll be hard to define each of these bullets.

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

And that's the challenge we have, Paul, is with conceptual ideas and then actually trying to develop policy around them.

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

Right, right.

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

And so I guess the question here is, if we all kind of agree it would be hard to actually build this into policy, how do we frame these infrastructure recommendations when we bring together a package to put forward to the Policy Committee?

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

So this is Kevin, maybe diving into a couple of these and not thinking about it being so inherently flexible that, I'm looking in that first column, link to the PROMIS tool. If there, as we talked about before, using the patient reported instrument, many people think it's important and a necessary step. So that you could imagine some amount of use of patient-reported outcomes, maybe linked to PROMIS, that would be really moving us forward for measurement and getting to outcomes eventually. And then they would become specific and not quite so nebulous.

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

Yeah, that seems like a tangible example.

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

Yeah, and I'm just trying to give an example to try to not be overwhelmed by the options.

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

Yeah.

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

All good questions, I fear we don't have very many committee members left on the call. So maybe some of this could be something we actually weave into the post-call exercise and ask people to weigh in offline on some of these specific questions, if Lauren can tee them up for them?

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

Oh we can certainly do that.

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

Are there, Helen or Paul, any in here that are kind of key things you want people to discuss? I think it would give them 20 options that would –

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

I would keep it fairly high level as we were just discussing before, specifically, do they want to recommend that the innovation pathway should be among the prioritized domains or among all six domains? This exact question here, would it be sufficient to demonstrate infrastructure, support quality or would they also have to prove a link to improving outcomes or how they're using the measures in their areas? We could go back to the question we just spent a fair amount of time on about do they have any sense of how the weighting of these innovation measures might relate to the requirements. And perhaps you guys can add a couple of others. I think it's probably just 3-5 questions, I would guess, just to try to get some broad input, because it is such a major issue, I want to make sure we're doing it with the – is it the right group at the table?

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

Okay. Kevin – other questions to add there?

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

No, I think we've got enough here to go on and we'll get working on modifying the survey.

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

Okay. Perfect. And we will also modify all these tables, I think, today as well. So, what's in this little bucket – these buckets are somewhat different as well.

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

Okay.

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

Last comment, I think, before we – make sure we have time for public comment. Before we do that, Lauren, was there anything else in the subsequent slides you wanted to talk about.

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

No, that wraps up this slide deck, but I don't know if we wanted to return to the core and menu policy, if anyone has had any light bulbs go off in the last half an hour, which is on slide 16. I guess to summarize what I've heard about this, the group didn't necessarily have any recommendations about the core/menu policy, necessarily, but rather that to support the number of eCQMs available to providers the recommendation is that the vendors should certify to all of the ones that are relevant to their market.

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

Yeah, and well, maybe we didn't pose the question, I mean it sounds like the Stage 2 approach is more flexible, is there a reason why we would want to go back to core?

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

So Paul, I think we're dealing with a matrix of flexibility, we're dealing with provider flexibility and vendor flexibility and I think –

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

– calling it right.

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

So there's the EHR Incentive Program requirement and the certification requirement and some thoughts about both would be helpful.

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

Right. So in a sense, where we sort of ended up was a bit of both, we said, hey for the providers, let them choose and we recognize that actually vendors can almost impose some restrictions on providers, and that's not intentional. But in fairness to them, they should only be certifying things that are, I don't know how we define it, but that are relevant to their market. But they need to – if we're trying to build in flexibility, if the policymakers try to build in flexibility, the vendors can't – shouldn't be turning around and limiting the flexibility back to the providers.

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

Okay, I think we have that, we can add that summary as well.

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

Yeah and we can certainly add that as well to the survey and get people's input. We have 20 people on the committee, at this point I think we have just a handful on the call, so I don't feel comfortable making decisions without their input. But we can, I think, Lauren can figure out a way to summarize some of these questions as well, just to give them a chance to provide input or schedule another call, if we need to. All right, sensitive to the time, any last comments before we open up for public comment? All right, let's open up.

**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**

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. 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 so much, everybody. So we'll be getting out the survey, sounds like Lauren's got a little bit of work to do, hopefully not over the weekend, sometime next week, get people's input and what's our next steps, Lauren, in terms of the workgroup beyond the survey? Another call or, what's the plan?

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

Well, so I think originally if you are hoping to present this package of recommendations back to the Policy Committee on their June 10 meeting. I think after this call, it depends on how quickly we can get the survey out to folks and get responses back and what comes out of the survey, before I can really tell if we'd be very comfortable to present back. So, I think we're going to have to see over the next couple of weeks, how much we can push. We do have a call scheduled on June 3 that, if we feel we need to regroup with the group to kind of go over the survey feedback we can use, so we can hold back. A separate item that was alluded to earlier that our group probably needs to return to at some point were the recommendations for voluntary certification in LTPAC and behavioral health settings. So, that's another item to be accomplished on our agenda.

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

Okay. Sounds like a good plan. All right, thank you everybody for your input – long Holiday Weekend. I hope you have a safe and happy Memorial Day Weekend. Thanks everybody.

**W**

Thank you.

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

Thank you very much. Take care.

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

Thank you, bye.

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

Bye.