



## HIT Policy Committee Quality Measures Workgroup Transcript July 1, 2014

### Presentation

#### Operator

All lines are bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Quality 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. Also, if you are not speaking, if you could please mute your line, it would be appreciated. I'll now take roll. Helen Burstin?

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

Here.

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

Hi, Helen. Terry Cullen?

#### Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Here.

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

Hi, Terry. Ahmed Calvo? Aldo Tinoco?

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

Here.

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

Hi, Aldo. Alexander Turchin?

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

Here.

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

Cheryl Damberg?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Here.

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

Dan Green? David Kendrick? David Lansky? Eva Powell?

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

Here.

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

Westley Clark? Heather Johnson-Skrivanek?

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

Here.

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

Marc – hi, Heather. Marc Overhage?

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

Present.

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

Hi, Marc. Jim Walker? Jon White?

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

Here.

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

Hi, John. Kate Goodrich? Kathy Blake?

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

Here.

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

Hi, Kathy. 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, MPA – 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, MPA – 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, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Paul. Russ Branzell? Sarah Scholle? Saul Kravitz? Steve Brown? And 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, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Lauren. Kevin Larsen?

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

Here.

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

Hi, Kevin. And Kim Wilson?

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

Here.

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

Hi, Kim. Is there anyone else from ONC on the line?

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

Hi, this is Diane Montella from Department of Veterans Affairs.

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

Hi, Diane.

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

And – hi, I'm not clear why you have Steve Brown's name on the list. I meant to address that in another call, I work for Steve but I don't believe that he's actually supposed to be signed up for these meetings. I think somehow that was a point of confusion when we identified me as an alternate for Dr. Cullen.

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

Okay Diane, let's follow up offline, I'll send you an email during the call.

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

Thank you. Terrific, thanks.

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

Thank you and I'll turn it back to you, Helen and Terry.

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

Wonderful, thanks everybody for joining. In regards to that last question, I suspect this is probably our last – is this our last and final Quality Measures Workgroup call, I think. So, want to just thank everybody for their incredible amount of work and attention over the last couple of years. And today is a bit of a culmination meeting, as you'll see, where we're going to discuss the results of the survey that each of you had put forward and also talk about some of the other big picture questions about path forward around Meaningful Use and an innovation pathway. So, any opening comments Terry, before we launch into the agenda.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

No, I think the agenda is pretty aggressive today and we appreciate all the feedback that everybody gave. We are trying to end up with some specific recommendations, obviously within the context of what characteristics we should also look at, so you're going to see that theme through here. I'd say that would be it.

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

Great. Okay. So let's walk through the slides. Next slide, please. So –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Helen, one other thing, though, I would mention is that you did get some links as well as some other attachments for the quality measures as they exist today, in case you need them as we go to the second part of this discussion.

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

Perfect. Yes, good point. A lot of screens will be in use, but, hopefully you can keep track of where are. So just briefly, we'll review the results of the survey, and thanks to so many of you for finding the time to take care of that. And we really want to just think about what is that final set we'll recommend to the Policy Committee, but also as – I hear a bit of an echo, if people could go on mute if they're not speaking. Also about the characteristics of the kind of measures you want to recommend for MU3. We'll talk a little bit about the measure vendor's piece of this and then the innovation pathway. And a little further discussion around existing measures, how to improve upon them and again, the characteristics or how we might even potentially replace them going forward. So, next slide.

Lost connectivity again – oh, there we go. And again, next slide again. So, you did get a spreadsheet of results, there were nine respondents and part of what we'll talk through is which measures or characteristics should we recommend to the Policy Committee for MU3. So on the subsequent slides here, I asked Lauren to pull out for us the top rated measures, just so you can begin to see. I believe we did assign equal weights to the different criteria that were part of the spreadsheet that we had evaluated up front in terms of the measures – the characteristics of measures we'd most want to see for Meaningful Use. So if you go to the next slide.

You'll see, for example, these are the top rated measures listed here and specifically, interestingly, many of them are around patient reported outcomes, they're certainly outcomes at least. And the next slide as well just has the additional criteria, is that – could you explain the difference to the next two slides Lauren?

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

So slides 5 and 6, we asked folks if they wanted – they recommended that we weight any of the criteria more than any of the others and two respondents gave us some recommendations. So in slide 5, one respondent recommended that we weight criteria 2, 3, 5 and 6 higher than the others. And so just to see how that might change the scores, I weighted them double compared to the others and looked at the scores and actually the top 12 measures are still the top 12 measures compared to when they're rated equally, as you can see on slide 5. And then similarly on slide 6, one workgroup member recommended just rating criterion number 5, so I did the same kind of double weighting and there the top 9 measures are the same as compared to when you weight them equally.

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

Great, that's very helpful. So I was looking at them and they said that up top but they looked so similar so it's very helpful to see that. So, certainly the – we can all take a look at it, it looks like two of the domains we talked a lot about are on patient and family engagement and population health are the ones rated the highest, particularly all the functional status measures, as well as a couple of outcome measures for kids with ADHD and then the annual wellness assessments.

Now, I know there was some discussion on our last call about some concerns about potentially the details of the way some of these may appear to be more checkbox measures, so maybe we'll come back to that if we have an opportunity. But I guess maybe we'll just stop there, taking a look at the slides all the way through slide 6 or actually 7 and see if there are any comments about that top list, even for those of you who didn't respond to the survey, does that resonate with you? Anything else you think is left out from that top tier of measures that you think we should potentially be bringing forward to the Policy Committee and Paul; of course we welcome your input as well.

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

This is Paul Tang. It's very encouraging that functional status rated so highly and possibly it's related to our criteria, of course. I don't know whether we had any – since these all of these pertain to one condition, is there such a thing as functional status period?

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

So Paul, this is Kevin. From a quality measurement standpoint, validating the – and assuring that that performs across a wide range of patients and conditions is work that still needs to be done.

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

There's somebody typing, if you could please mute your line, it would be appreciated. Thank you.

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

So Kevin, when you say that is it that they need to make sure that functional status for people with heart failure or chronic pain needs to be validated or that you need to be able to figure out whether the questions we ask for functional status can be applied to your general health?

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

So there are some general functional status questions, but if measures are to highlight differences between patients and highlight differences between providers, there's more research to know what constitutes a difference between two patients that's –

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

Uh huh.

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

– legitimate or not and what constitutes a difference between two providers and a whole population of patients. Aldo can maybe speak to this more or others, many of you are experts at this, but from a measure development standpoint, and this is the kind of state of the art for measure development and functional status as of 2014.

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

That's very helpful. Can we also consider whether there can be a functional – so that's like a – that's from a compare provider point of view –

**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**

– what about looking at it from a delta point of view for an individual patient, so that's a by patient view.

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

Yeah, this is Helen, Paul, that's a great question, very similar issues there, mainly because there's so little we understand about the movement of general functional status measures for the general population or even the chronically ill population. Most of the research work has been done around specific conditions, particularly around deltas, like from the old medical outcomes study, we know what to expect when somebody has a total hip replacement, for example. So, one argument could be made that as part of the requirements of Meaningful Use, but not necessarily the CQMs, you could ask that people begin using some generally available functional status tool, and I know we've talked about that in the past. But it's very difficult to know how to structure those yet or have a delta for the more general population. And the advantage of being condition-specific is that, at least for these areas, there are specific validated tools that can be used, so you're actually comparing apples and apples.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Helen, this is Cheryl Damberg. I was a co-author on a study that we did that was funded through an AHRQ grant, once upon a time –

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

Yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

– where we looked at changes in SF 12 scores for the 50 and older group and we saw very clear impact of better process leading to better outcomes on that measure. And I think to Paul’s point, I do think that for the older population where functioning declines at a more rapid rate, I think there is some feasibility of being able to measure that. I think it would be far more difficult to do in the younger population.

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

That makes sense. Cheryl, your study was on what, you said comparing was it SF?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yes it was a 2-year delta on the SF 12 instrument.

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

SF 12, okay.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yeah.

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

And that was in an older population?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yes, it was ages 50 and older.

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

Okay, thank you very much.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

And I’m happy to send that reference around if that’s helpful to people.

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

Was that the paper with Katherine Kahn in 2007?

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Correct.

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

Okay. We can make sure we get that sent around; I’ll send it to Lauren.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

But I think – this is Terry, I think the one thing that obviously comes through, in terms of at least the people that voted, is that functional status assessment and goal achievement for whatever is at the high points, everybody wants us to include.

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

And that brings me to – this is Norma, to a question, do you ever see these two related goals in terms of functional status that would then be able to be measured? I'm really struggling with trying to get away from a checkbox that it was done and an overall score that – are we going to set a score that says a certain number. And if you were going to tie it to patient centered and to goals, then if you took those items in a functional status and said my goal is for the next six months or year is to, I don't know, walk, talk, whatever, at a higher level. Now that's – I would see that as something that we would need to study, but it makes a lot of sense to me to eventually try to tie those.

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

So couldn't we go under your – when you said exist – I presume – I assumed that these were listed this way, which are check the box, because they exist. Can we also add a note that says, these could be improved to say periodic functional status assessment and, I hate to use the word delta again, but really you're looking for changes, so the closest was the "goal achievement?"

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

Yeah, I mean, and these are under development is my understanding, Kevin or Lauren can speak to that certainly. So, again, this is sort of the where we are right now, but I think something where we add in specifically that over time, rather than just assessment you'd like to begin to see tying it to change over time or related to specific interventions, I think would be great. I just don't –

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

Yeah –

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

– I think it's hard to do now.

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

Yeah, this is Kevin. That is the measurement development work that's happening now, which is to do a shared – to do a functional status baseline measure, have a provider patient discussion about a goal that is shared around that measure and then a subsequent reanalysis to see how close you came to meeting that goal. That's the basic architecture that is being worked on across a whole suite of measures. I think a couple of these are the furthest along in that development.

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

So this is Kathy Blake and as one of the people who filled out the survey, my approach to this was maybe pragmatic, which was to say that if I was scoring something on patient and family engagement, it actually – the measure had to prove to me that there was engagement of the patient and/or family. And so goal setting by definition is that engagement, so you have to have the two pieces together, you can't have just the functional status assessment, you can't have just the goal setting; you've got to have them both.

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

And you know the other thing is, again for this annotation on the right, I'm just imaging the how could it be improved, probably a lot of these were written such that the clinician is doing this with or without asking the patient probably. And I wonder if we're going – if we think more of this as a PRO, this could be solicited information to say both of these things.

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

These are all PROs, Paul.

**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 – okay, thank you.

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

Yeah, and it really –

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

Go ahead.

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

– it does – well, and it does point out, interestingly enough from an IT architecture perspective, this ability to do across the continuum of time, so there are different functions at each point. But it's also that we can track it over time and we can somehow validate that the patient was involved in the goal setting.

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

There's another one that is certainly studied, I don't know whether it's an NQF endorsed measure, which is the self-reported health status.

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

That's overall health status, Paul?

**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**

Nope, there's no such measure, that at least I'm aware of that's been submitted to us at all.

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

Right, so –

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

– something as part of the Health of Seniors Survey through Medicare, but that was – I think they’ve stopped doing that now as well.

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

They stopped doing that?

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

It’s being – I mean, I don’t know if Aldo’s on the phone, but I know the Health of Seniors Survey was being updated, so, I don’t know where they are in terms of what’s now part of that or not.

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

It’s my understanding that it’s – it is a – it turns out to be a very accurate assessment and one with a lot of predictive power, in terms of future utilization and prognosis. Is that something – so, could that fit – depending on whether other people feel as well, it could be one of these things that could be considered in the future. I wonder who owns that.

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

It’s a CMS – we’ve seen it before, it’s a CMS Survey and does include, I think, a variant of the SF 12 as part of it, or maybe actually even, I take that back, it’s the SF 36, Cheryl may know more about this. But it’s at the health plan level of analysis, is my understanding.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yeah, they use it right now in the Medicare Advantage population.

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

Right, at the health plan level, right.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Right and it’s included as part of the star rating system, so it’s – functioning of a population that’s tracked.

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

Yeah.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

So it’s a subset of patients within each of the health plans.

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

Yeah, when I looked at it –

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

And it’s never been submitted then for endorsement?

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

The older Medicare Health of Seniors Survey was, there was no variation across health plans, so I think it was withdrawn by NCQA, as I recall. But it looks like – I just looked it up; it looks like it was updated in spring of 2013 so there's now a new version of it that includes the VR 12 as part of it. But again, I don't know what the status of it is, but we can certainly check with Aldo and the folks at NCQA, who maintain it for –

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yeah, I don't know the current status of it, but I do know that the older instrument had some challenges with the reliability of the scores generated.

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

Yup. Yeah, I think that's why it didn't make it through endorsement.

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

Hmm.

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

Hi, Helen, this is Aldo, I'm on the call so I'd be happy to follow up with that one and report back to the group.

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

Thank you so much, Aldo that would be great.

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

It's the least I could do.

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

But this question of the – which general health status measure to use, I think, has always been a real question and I think we talked in our earlier presentation to the Policy Committee that we thought there would be a logical potential preference for something out of PROMIS, like the PROMIS 10. So I think we had already put that forward as part of our prior recommendations to consider additional functional status tools that rely on PROMIS, was that correct Kevin?

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

Yeah, that was part of an earlier recommendation.

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

Okay, maybe we just need to roll that back up.

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

Well and I think part of what we're talking through here is the difference between routine data collection and a performance measure with known psychometric characteristics of how it performs in a given population.

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

Right. So one question might be would you put forward potentially a Meaningful Use objective that said, did you collect general functional status, potentially using PROMIS. But that may not be – I think it's a question of whether that's then appropriate as a performance measure and the eCQM piece of it.

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

So this is –

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

Well, we're trying to get –

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

Go ahead.

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

Just a brief comment, we're trying to get away from checkboxes in Meaningful Use for sure, but –

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

I understand, although some of this is, I guess the issue is you're then actually actively collecting the data that you'll have on patients. So, the question is, we just went through this with a measure from the American College of Rheumatology that came through our process for functional status assessment and disease activity assessment. And in some ways it's not a checkbox, because part of what you're actually getting is the patient's actual score that you could track over time, you then have that data built in and could use it for other important ways in care. So it's not a, did you do an assessment, yes/no, and that's my understanding, these measures are not like that either, is that right Kevin or Aldo?

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

That's cor – its Aldo, that's correct. These are really looking for the score and considering the inclusion of an objective, a functional objective that would require or expect to capture this information, and we have a related funded initiative where we're asking different stakeholder groups, well what would it take, what are the barriers to implementing PROs more routinely in standard care and treatment settings? And a couple of concerns were already raised and one is, please don't ask us to collect more information unless we have a clear understanding or can give us a clear understanding of how we are to use that information within the care setting or within the given encounter. So we're trying to balance the needs for ongoing research and learning over time versus how do busy practices, and of course busy and information burdened patient react to information that they're being asked to collect for the first time.

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

So Helen, this is Lauren. I was interjecting earlier; I wanted to try to bring us back to the question at hand that the group was asked to answer and the reason why we put together the survey in the first place. I think the question that the group was asked to answer was are there specific measures that are under development in time for an MU3 timeframe that the workgroup recommends CMS consider, including as part of the MU3 set of eQMs.

**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**

And as the package that we're expected to present back at the July Policy Committee meeting, the question is, as a group, do we want to recommend this list of 11 here, do we want to recommend characteristic – common characteristics of these measures as characteristics CMS should consider for including measures in this set, etcetera.

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

Um hmm. Very helpful.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

This is Terry, can you guys go back to the previous slide, because this –

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

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– is more for the innovation pathway. So I think these are the 11, right, Lauren –

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

Um hmm.

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

Yes.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– we can talk about, and if we look at –

**W**

(Indiscernible)

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

Actually might want to go one back, because I think this has a different –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Oh right, you're right. This is it –

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

One more.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And then – there we go, thank you. And then I think if we looked at the characteristics that were actually in some ways what was across your Excel spreadsheet, right?

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

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Patient focused, patient centered and the ones that are in red on your spreadsheet, which I realize might not be showing right now, are the ones that you guys did the – that came across – that we assumed could be higher ranked, but we did that funky if we ranked them double, where would we end up, so there's those four, is that right? Right, I think, D, E, G and H, is that right.

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

So you're asking, Terry, about which of the –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

(Indiscernible)

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

– the measure criteria were the ones that a few workgroup members recommended we might consider to weight heavier. Yeah, yes, so one measure – one workgroup member recommended, I'm going to list them, there are four, patient focused patient centered view of longitudinal care is one criteria. Health risk status assessments and outcome is a second criterion. Beneficial to multiple stakeholders as a third criteria and promote shared responsibility as the fourth one. And then another workgroup member thought that just beneficial to multiple stakeholders should be weighted higher than the other criteria.

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

So this is Kathy Blake and I'd like to sort of bring us back to the – to just what the data shows based on the size of the sample that we have to work with. And since there is really exactitude between the first where everything is weighted equally and the second where some are double weighted, I'd like to suggest that we just use or work from the everything weighted equally. Because otherwise we're really – we're trying to reflect the opinions of, in both instances, just one person and I think that starts to get us on to some shaky ground.

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

Yeah, that's a good point, Kathy. I think what Terry's pointing out though is less so about which ones you weight differently, but even if you just look across the rows of the Excel table, the highest ratings tended to be for some of the ones that Lauren just listed out. So maybe as we describe the characteristics of the measures broadly, that seemed to at least influence the way people seemed to vote on these measures, certainly the ones she just listed, patient focused longitudinal care, health status risk assessment and shared responsibility. At least again, a glance across them seems to be heavily weighted in that direction. So again..

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yeah, I mean – this is Cheryl. It seems that the focus is heavy on outcomes and I think people wanted to move away from process to outcomes. And that signal is clearly being sent here, so Paul, I think if there's a message for the Health IT Policy Committee, I think that's it front and center.

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

(Indiscernible)

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

And I think the challenge for us all is how to measure outcomes, and there are lots of different ways to do it. I think there's a lot of work around trying to figure out how to assess functional status. Something I don't see on this list, and I believe people are working on this are what I call delta measures.

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

Yes.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

I'm looking at changes in – let's say, improvement in blood pressure control over time or looking at improvement in blood pressure control over time, even if you – is an optimal value, are you heading in the right direction. And so I'm kind of curious for the folks on the call, is there a reason that those types of measures don't also appear here?

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

This is Kevin. A couple of them are here, the pediatric ADHD outcome measure, the functional status assessment and improvement for patients who received a total knee replacement.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Uh huh.

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

So where we have enough uptake of the functional status patient reported outcomes, that we actually have a population to study what is a normal delta and what are the – what's the distribution of that delta, in those places measure development is absolutely working in that direction. The other places we don't have enough data to tell us what a normal delta is versus what an outlying delta is.

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

So – this is Paul. Do we really need a "normal" delta across providers? I'm hesitating because I'm not sure I'm asking the question right, but it's almost a for patients – it's for patient and provider use rather than benchmarking. Yes – so benchmarking is one good use of it, but I think in the context of delta measures, I think there's also benefit to the individual provider and an individual consumer making a provider choice. Does that make sense?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Paul, this is Terry, it does make sense and I think you'd see that in the annual wellness, it said a reduction of health risk –

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

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– with the patient physical to reduce a risk.

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

Um hmm.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Presumably in conjunction with their care team and they achieve that risk reduction. So you have a delta change for that patient –

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

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– I guess the issue is can you aggregate it for your whole population? Theoretically you could say, 20% of my patients were able to achieve –

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

Correct. And I think that is useful in a different way than looking at a benchmark across a population of providers, do you see what I'm saying?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yes.

**Cheryl Damberg, MPH, PhD – Senior Policy Researcher – RAND Corporation**

Yeah, I agree.

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

So I just want – so I want to – I'm hoping we can capture both points, what Cheryl mentioned is partly because of the bias set that we have in front of us, we didn't – we don't see as much delta measures, but we have in the past – this workgroup in the past has talked about that as a promising approach. And I didn't want to lose that message in our final message back to the committee and on to CMS. And the other is the two different perspectives, one is the "population approach" and population benchmarks, but the other is a – almost it's a by patient, by provider view that gives information that I think actually even is more meaningful to an individual making choice than a population benchmark.

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

Hey Paul, it's Aldo, would you also frame that second part as like local quality improvement by the practice or the provider or is that something different?

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

It can, but I guess I'm going back to the reward, the incentive. One, there's the carrot and stick financial, but I think one that's more powerful, and as you know, financial incentives, I mean they – once the incentive is gone, the behavior extinguishes. The thing that seems to me more powerful is the intrinsic reward system. And so I see both for a patient or consumer looking to make a provider choice or for the provider looking at their own satisfaction and professional achievement, it's – the by patient, by provider delta is, I think, fits that criteria of triggering the intrinsic reward system. And I'm trying to find a way to say it clearly and whether it makes sense, but I think it's different from our "population" perspective.

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

Yeah, and this is Eva, I would agree with that. I – when I think about Paul’s point, to me we do have to look across populations but I think particularly on this metric and perhaps others like it, the patient centered appro – the population approach, which we have to take to some degree, is in some ways not – I don’t want to say inconsistent, but it’s the more patient centered approach would be Paul’s point. Because when you think about functional status, and perhaps this is part of why it’s been so difficult to identify a metric that really is equally reliable and valid across all populations and all disease states, because if you think about things such as cancers or even just progressive illness, it’s not reasonable to expect that functional status would improve.

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

Right.

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

And so – and then I think about my own grandmother who’s 93 and fell and broke her hip and she has absolutely no desire to walk again, none. And so getting her up with PT has been nothing but an uphill battle and we finally have taken the patient centered approach and said, you’re 93, you don’t really care much about walking, and why are we pushing this issue.

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

Right.

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

And so perhaps some of this you can deal with through the goal piece, because the goal would be individual. But I worry that that would not cover everything and that we would somewhere down the road get to this place where we’re trying to teach to the test and pushing things on patients and providers that really the desired outcomes for either.

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

I think that’s really true and we even have a study that makes this point where we – the primary outcome variable was the population mean, in this case A1c and then we did a different kind of measure, which is the percent of your population who had an absolute 0.5% improvement in your A1c and we have different results. I think both are “valid,” they have a value in the certain context, but I think the percent of my panel whose A1c I improved is actually more meaningful to me as a doc and to the people who, either my patients or people who might want to choose to become or not become my patient. So, I’d just try to hang on to the two different perspectives, not saying ones more valuable, but they have value to different parties.

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

This is Kevin, I want to kind of highlight something here, maybe you guys can discuss. The development here is currently taking the form of what is either demanded or perceived to be demanded to achieve NQF endorsement. And so to do that, it needs these population level psychometric statistics. If you’re proposing measures are valuable without that kind of knowledge of the psychometric characteristics over a population, that would potentially, and maybe Helen can answer this, that could potentially mean that they don’t fall into the current kind of NQF endorsement framework.

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

I'm not sure that's actually really true, Kevin. I think the issue is more so how – if the measure is intended to be used to compare providers, you're going to want to be able to see that it's a reliable and valid measure with which to do that. But I don't know that there's anything specifically – you would expect to be using a tool that's reliable and valid, but even in the general health status sense you would already have that. So, I'm not sure that's actually right, but I'd be happy to talk about it further.

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

No, no, you're – I was just trying to put this out on the table as one of the things to discuss. So I'd be happy to defer to you.

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

Yeah, I don't –

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

Maybe an adjunct to Kevin's question is, do people who normally are in the business of developing and testing measures with a population perspective, would they ha – would they need to use a different method to look at it – these other what Eva called patient centered measures? I don't know, I'm just asking a question.

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

So it's Aldo and I have a distinct privilege of being one of those.

**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**

– going to say.

**W**

Go Aldo.

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

So, well, here's my response that I believe unfortunately might be obvious one. In order to test a measure in the field, there's got to be data with which to test the measure.

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

Yeah.

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

It feels as if patient reported outcomes and other types of health states that we really want to learn about may not be routinely deployed in practice, except in highly innovative settings. I guess I'm kind of jumping to a conclusion here of saying, wow, it would be fantastic for the program, like the Meaningful Use Program to be able to recognize those practices who currently are or who are willing to adopt or implement the use of these tools. And to report out these measures so that practice-based research and the learning healthcare system can move on and we can build the evidence base that we need to then test the psychometric properties. So, we're laying down the groundwork in many ways –

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

Yeah.

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

– but we also want to recognize folks that are, in fact, well along this path already.

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

Yeah, that's a great point. Some of this may get back to our innovation pathway discussion to follow.

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

This is Norma, may I ask a – I can't let go of the – kind of the basic value that measures by an improvement. Do we have measures that do recognize that there's a whole group of patients and people who take care of them that if they can maintain status quo or slow down –

**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**

– the functional status have to – I mean, that's a big area. You may choose not to want to work in there Paul, but the people don't improve but they still need a considerable amount of care and good care to not decline as rapidly. So, do we imply in all measures that there is an improvement and that's where people get their reward? I would hope not, I'd like to make that really clear.

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

I think it goes to, and I forgot who mentioned about – maybe it was Eva, who talked about, it's improved with respect to your own framing. We probably can figure out a way that that lack of deterioration is an improvement – at any rate, I get your point and I'm trying to make a point, if we're very personalized, we probably can make it work.

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

And Paul and Norma, it's Aldo; that's one of the inherent approaches baked into the goal setting measures where you engage with the patient and the provider and the patient feel that maintaining function is the goal itself rather than looking for a particular threshold of improvement.

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

Right.

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

So this is Lauren, can I do a time check.

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

Yes, please.

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

All right, so I – Helen, you kind of dovetailed into the innovation pathway, so there are a couple more slides laying out some top-rated measures for, should be considered for the innovation pathway and then should be core, highly important. And then on top of that, we have a couple of other questions that we need to get to in this first part of the discussion.

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

Okay. So maybe we should – let's continue, we can come back to the big picture questions if we have additional time. Let's keep going through this set of slides then Lauren, past the various perturbations of the top 12.

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

So I'd suggest going to slide 7.

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

Sounds great.

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

So another sort of check the box that we asked folks to do in rating these by the criteria was to also check whether they thought any measure should be considered for this innovation pathway recommendation we have. And so out of the nine people, these are the ones that five folks recommended should be considered for the innovation pathway.

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

This is Norma, I had some difficulty, I put quite a few into the innovation pathway because those measures that were not developed to the point where I thought that they were really measures I tended to put them over to the innovation side so that maybe people could do a better – more creative way of working on these. So I really had difficulty with an incomplete measure or a measure that had three or four different things in it and the innovation pathway, so I tended to put them over in that innovation pathway.

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

This is Kathy, I followed a similar approach and also said that I wanted there to be what I might call a safe place for measures that are very complex that might not perform well out in the real world when you have hundreds if not thousands of participants. I wanted there to be a safe place to test those kinds of things, so things that I thought needed that safe place I put in the innovation pathway.

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

And this is Paul; I probably had a bias for delta because those are things – delta clinical and those are things that are much more – which we didn't have access to without EHRs or PH – or patient portals and that seemed more meaningful.

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

So it sounds like these are the general categories then, very similar to what we saw on the first one with a couple of additions at the bottom. So perhaps it's maybe in some ways if the innovation pathway take these measures to the next level we were just talking about as opposed to them being the specific measures, which at least the first three and the fifth are actual measures under development or already developed. So I guess I'm a little confused by these.

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

Well Helen, this is Kevin. I think I heard something in this innovation pathway discussion we haven't talked about before –

**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**

– which is sort of a middle path and the – again, I'm just trying to reflect back what I think I heard. Our previous discussions about an innovation pathway have been, build your bra – your own measure. This discussion seems to be, you get some extra credit if you take an important measure that's not fully developed and you become part of the learning health system, to make sure that measure really moves itself more quickly into a better developed, more nationally scalable measure.

**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**

Kevin, this is Paul, I think you heard that because the instructions to us were limited to things that were already on the table instead of "develop our own." So I don't – so I think we did mean you are also allowed to develop measures that you found useful and submit them.

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

Yeah, I thought so, too.

**W**

Yeah, I would support that because I think that – it strikes me that if we want people to innovate, that we want them to focus on what they consider to be their clinical gap areas within their practice and to try to devise measures that will help them improve care for their patients. And I guess the only thing I could imagine giving them some guidance is it's maybe less about process and more focused on outcomes.

**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**

Great, that's really consistent with what this group has said for quite a while.

W

Yup, agree.

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

Should we move on to the next slide?

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

Sure.

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

So slide 8, and this is the last one of the specific measures, another check the box that we asked in the survey was whether any of the measures under development should be core. As you remember in Meaningful Use Stage 2 they had designated some of the eQMs as core, although none of them were actually required, just highly recommended. And so this is what falls out here, and four out of the nine respondents recommended that these could be core.

**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**

I have to say, I didn't actually understand what you meant by core.

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

I think that – yeah.

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

I may not have – any of these, but I –

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

And this is Kathy, I assumed that, and perhaps incorrectly, that core was going to mean required and that all providers would have to agree to these or be measured using these. And so I think I did not check anything as a core measure, but if my understanding of what core really means should be updated, I'd be happy to hear then.

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

So this is Kevin. Core has meant different things between Meaningful Use 1 and Meaningful Use 2. In Meaningful Use 1, core quality measures were required. In Meaningful Use 2, core quality measures were suggested. And so that could be additional kind of a recommendation you give around this, what you would recommend for Meaningful Use 3 definition of core and then what would fall in.

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

So the question I have –

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

That's very helpful. So amongst other things I think wordsmithing it to get a different word, so that the connotation with Meaningful Use 1 is not there, I think would be helpful.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I think – this is Terry, I think it's difficult to assess this Kevin, we don't have any real information coming in from Meaningful Use 2 yet, right?

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

Correct, we only have a handful of hospitals and providers that have attested to date. We do know from analysis of certification that the recommended core is what most of the vendors did their first certification around. So we know most vendors didn't certify to all quality measures right out of the gate, but very consistently they certified to the recommended core.

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

So – this is Lauren again. I agree that the way we asked the question could have resulted in maybe some confusing or superficial results. And in fact, when I was analyzing the results, I compared this list to the top rated list when you weight everything equally, and you can tell that the measures are actually pretty different and you have a lot more population and public health ones, as well as some care coordination. And so you could argue that if you just look at the top score, those are maybe ones that we are considering core or highly important, and that this check the box doesn't really mean much to us.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well this is Terry, I mean sure if we – Lauren, I think that that is a reasonable way to approach this, I mean for some reason we have top 12 measures and I don't think any of them crosswalk into here.

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

No.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right, so it's a little – perhaps we all were unclear what core meant.

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

Well this is Kevin, one hypothesis is that these are broadly applicable whereas the top rated ones are examples of cutting edge where we want to be, that they're fairly narrow in their definitions.

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

Another way, as I look at these, is they look like these are highly important clinical conditions, but it doesn't mean that they apply to everyone. So I guess I used the, if it doesn't apply to everyone, it can't be "core required," but I see this list as being highly important clinical issues.

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

Although also – this is Helen, I mean also just I think pretty broadly public health comes through really strongly here around vaccination and screening and also safety. So maybe part of this is also framing these that in addition to the couple of high profile domains we put in as being among the most important ones before, that when you begin thinking about – that these continue to rise to the top. I don't think it's necessarily an issue of core, but that several other safety areas which didn't rise to the top as well as population and public health really came through and care coordination as well, which rounds out our domains. So it does make sense some of these would have risen up here if they weren't on the top list.

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

Well isn't this is a definition of unreliable survey if all of us answered it differently?

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

That's why I don't think –

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

So why are we trying to interpret something that is highly unreliable?

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

Well, I think people at least thought it was – I think even if people didn't think it was core necessarily Paul, I suspect the words highly important were not that uninterpretable. So, I was just going on the highly important areas of saying that this may round out and make the suggestion for the recommendation to the committee that in addition to the two domains pointed out in the that top 12, safety and care coordination were also considered highly important.

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

When I look at thi – this is Kathy, when I look at the table it says, should be core (required)/highly important, so I think the ambiguity is certainly there and I think that for the purposes of the report to the committee, it would be an overstretch –

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

Right.

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

– to say that we understood what we were talking about.

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

All right. Okay.

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

And as I say, the word required, though it was in parentheses, really did raise my level of concern.

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

Okay, so how is – how important is it Paul and/or Kevin or Lauren that we actually provide feedback back to the Policy Committee about what might be core and if so, should we just have that conversation now?

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

So this is Kevin. Certainly some input about recommendations, should we do like Meaningful Use 1 and have required or do like Meaningful Use 2 and have recommended core, I think would be helpful. And then the nature of it, as much as you want to dive into that is – would be appropriate for recommendations. I don't know how much of the call you want to spend on that versus the innovation pathway and the rest of the recommendations.

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

Okay. All right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So Kevin, what you're saying though, is in a sense more generic, do we believe that there should be a recommended and/or required core measures, so perhaps we could discuss that. And that the next thing would be, what would those measures be. I think what we're seeing is there's confusion about what those measures would be for either recommended or required. But, I think we can probably discuss, hopefully quickly, recommended or required Stage 1, recommended Stage 2. We don't have a lot of feedback on Stage 2 but I would agree with you Kevin, I think the vendors chose to program to recommended, so in a sense, you may end up with required, because that's what people can report on. But there is definitely a difference there. And then – go ahead.

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

And I'm very concerned about exactly that because if there is an interpretation on the part of the vendors that that's all they need to do and as a reminder, these are, in some instances, measures that are still in their very early stages of development. That what will then happen is that the vendors will not dedicate the resources that perhaps they otherwise could to the inclusion of other measures that, over time, prove to be much more meaningful for a broader swath of participants. So, I think we get on shaky ground if we – certainly if we say anything other than recommended. But even with recommended, I think we're taking a chance that the EHRs will just focus on that and that we won't have the kind of broad opportunities for choosing meaningful measures that is desperately needed.

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

So this is Lauren, if I could make a suggestion. This actually flows very well into the next discussion item that we solicited feedback on, and maybe the feedback we received from the responses will inform that, this discussion as well. Because we asked, should vendors be required to certify all the measures that are relevant for their market instead of the current MU2 policy, which is 9 out of 64 for EPs, or 16 out of 29 for the hospitals. So if I could suggest, if we could turn to the spreadsheet –

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

Yup.

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

And go to the...let's see, the tab – the second tab that says, cert policy. I think some of you may need to maximize your screen here. Yeah, right here. Okay. Thank you. So it seems like 1, 2, 3, 4, 5, 6, six did say yes, vendors should be required to certify to all the measures that are relevant for their market, one respondent said no and another person made a comment that it seems like every step required has a related cost, which must be supported by someone. So it's kind of about who passes on the cost to whom, which has been an argument we've heard in the past that if a vendor is required to certify all measures, they may pass that cost on to the provider. So this kind of, I think, relates well to the discussion we were just having about sort of core/recommended/required.

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

Yeah, yup.

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

This is Marc Overhage. I think one of the things I always feel the tension because we clearly would like to have as broad a choice of measures for providers as possible. On the flip side, exactly as you said, there's a real cost as vendors try to develop those, whether – and part of what we can do to help with that and I'm not sure how we build this into the recommendation. But our experience so far is that the specification errors in measures, the problems with the certification tools for measures the vendors have to use and so on, add to a lot of rework and cost that leads vendors not to implement all of the measures. So there's somewhere in there there's another piece I think which is, making sure that we provide the right tooling and resources so that vendors can, at a reasonable cost, deliver these things to providers to choose from. So it's not just a matter of the vendor saying well, we only want to do 10 because it costs too much. It's partly that only when we do 10 because when you – the cost of doing them individually is quite high.

**W**

So Marc, what would help with that –

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

Well I think some things that would help are, we know that, and nobody is perfect, right, these things are very difficult. The specifications for the eQMs, and if you look at the 2014 edition as an example, there are many examples of specification errors in the quality measures that lead to rework and recycling. The Cypress tool had multiple releases with errors along the way and didn't match the measure specifications. And so things like that that lead to increased cost of delivering the measures.

**W**

So is that just inadequate pilot testing before it goes live?

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

I don't – others on the phone could probably speak more eloquently to whether it's the pilot testing, part of it is the pace, things are – people are trying to get things out quickly and so there are things overlooked or inconsistent, because you're trying to get things out sooner. There's this tension between give people as much runway as possible and at the same time, trying to do so much in the short time that you get things that are missed. I'll tell you, I think it's balancing all of those, for more measures we push to have shoved through the process of measure specifiers creating them and updating them and they Cypress tooling being built to match those and so on, we make the problem worse rather than better. So I think we've got a balancing act here that's multidimensional.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So Marc, this is Terry. Would – in the interest of time right now, would it be okay for us to capture that as a recognition of, if – I’m going to be bold here and make a recommendation that it sounds like most of us believe that the vendors should certify to all. But that there clearly needs to be more defined something, and we can figure out what that something is, to facilitate the vendors being able to deliver on this with less hardship.

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

– much even a matter of hardship as just being possible and keeping the cost for providers as low as possible.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Okay. So – of the group –

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

This is Aldo –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– because we do want to have some recommendations we can take next week to the Policy Committee is are people okay with that, that we have a six to two vote, it sounds like, or maybe six to one and then one second that there’s not really recommended measures per se.

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

This is Kathy. Depending on how the presentation gets framed, I think that it makes sense to really create the record to say that everyone here acknowledges the challenges faced by the many different stakeholders. And that if there is a focus on sort of a core set of measures or a set of measures that the vendors are required to have in their systems in order to be certified that the cost is obviously a financial cost. The second cost is that the clinicians who have already purchased their EHRs and for whom the financial incentives for purchasing EHRs are no longer going to be operative. They will – there is a possibility of lower participation, right, that they really just will not be able to find the measures that are meaningful to them. They won’t be able to go out and buy a new EHR system, they’ve already spent that money and so then there may need – be more of a need for exceptions to be made for those clinicians. So, there’s a series of tradeoffs, I think, at that stage of EHR implementation that we just need to acknowledge.

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

This is Paul. So I wonder if this discussion ties back to our previous one and whether there is a value in answering the two questions. One, should there be core in the way it was for Meaningful Use 1 or 2, core meaning everybody has to do it or should there just be highly recommended. Well, let me go back. I think the question that may have – may be useful to this discussion and the one we just had, is if there were a list of measures that were highly clinically important for EHRs to calculate, and that would end up, as you saw, being the default set that vendors would certify against and chances are, that would be the most relevant. Does that make any sense?

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

Hmm.

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

If we can't have it all, then there needs to be some way – it would be useful for CMS to have some advice on what are highly clinically relevant measures – highly – clinically important measures that pertain to EHRs HIT.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well and Paul, this is Terry, that not only pertain to EHRs, but push EHR to be able to have additional functionality, which Marc I recognize will cost the vendors.

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

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

But if we look at our – if we look at functional status assessment and goal setting and then we go to goal achievement, those are going to be pretty significant changes in EHRs.

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

Right. It's really looking for bang the buck, I mean how else is CMS going to decide to motivate vendors to more consistently have in their systems certain measures. So, the question to us is, are there – is there a list of highly relevant HIT sensitive measures that could push the ball forward – move the ball forward.

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

So Paul, this is Kathy and looking at the list that is on slide 8. If I put on the lens and say – or the pair of glasses and say that I want these – if they're going to be core, they have to be useable and meaningful for as large a swath of the eligible providers that are going to be striving to be successful with Meaningful Use 3. So, that to me then says that such things as closing the referral loop –

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

Um hmm.

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

– virtually every physician refers a patient at some point in time. I don't think the ICU within 48 hours applies, I don't think that HIV screening for STI patients applies, that's very primary care focused. The Hep B vaccine coverage for all live newborn infants, a small number of physicians are involved in that particular setting. So if we walk our way through, we don't have a whole lot here of the so-called "core." Intimate partner domestic violence screening, that's going to block out anybody doing pediatrics. Adverse drug events, anticoagulation, it depends if one is prescribing those drugs or not. I'd argue that a small number of pediatricians probably are prescribing them so. The big, broad, crosscutting core, I would say, is that top one, closing the referral loop, because every clinician does that.

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

Well that might – had we all looked at all the measures that way, we might have a list of half a dozen that fit that, widely applicable, highly clinically relevant, addressable by HIT. That filter would be useful, I would imagine, to CMS.

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

So Paul and Helen and Terry, this is Lauren. If we think it's valuable to clear that up and perhaps ask people to retake that portion of the survey, just for this part of the recommen – the policy recommendation we're trying to make, we can certainly do so. And if the workgroup does feel that we need a little more time to do this work and have a discussion about it, it's possible that we could delay our recommendations to the Policy Committee.

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

I'm not sure I'm in favor of delaying it, but –

**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**

– do you and Kevin have a sense of what would be most – whether that extra exercise would be valuable to CMS? Was that the question that was being asked, do you think?

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

I think it would be val – and maybe Kevin can also, maybe he has a different opinion. I think it would be valuable if you did make a recommendation on whether there should be core as in required or core as in suggested and what domains that those measures could be, but not necessarily that they have to be specific measures under development.

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

I agree.

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

This is Kevin, I agree with Lauren and I think that the related question we're discussing, which would be helpful to ONC, is about how many measures should be required for a vendor to certify? Is it all? Is it all in their – appropriate to their particular market segment?

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

Yeah, so that – go –

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

And this is Kathy, I'm going through the list right now and what I'm seeing just from the whole list of measures that we did rate, and not surprisingly, many of these have significant age limitations or settings of care or particular populations. But I'd certainly – I'd be happy to go through and look at – look more closely at these with that kind of focused question in mind.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

This is Terry. The one thing I would caution, and I – because I’m really worried. When we talk about the vendor cost, the vendor costs are substantial because we’re hard coding so much stuff, Marc, you can disagree with me if you want. Actually, I think if you go through this list and you take out where there’s age or gender, and you just look at what’s the goal, like assess functional status and goal achievement or goal setting for, and then you fill in what the “for” is, you actually could probably find applicability for every provider out there.

So, I know we’re backing ourselves into what are very specific measures, but – and we’ve had this discussion multiple times in the Policy Committee related to capability modeling for measures versus very specific measures, so, caution us again, we’re going down that path. I know we have to because I know we have to be specific, but I think to go to the comment that closing the loop, the reason why closing the referral loop works for everybody is we’re not defining what the referral’s for.

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

Yeah. This is Helen again, just given the time as well, I tend to agree with Kevin and Lauren. I’m not sure it makes sense to get into the specific measures again. I think we’ve got the criteria, I think we said what the top measures are and I think this is really more of a qualitative discussion about whether there seems to be a desire to have there be a core set that should all be certified to.

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

So what if we worked on Kevin’s questions, he had two. One, should there be core that applies to everybody and two, how ma – are – is there a core set, I guess is the other way to say it. Is there a core set for vendors?

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

Right and I agree Paul, I just don’t want us to get into the issue of again going back to specific measures, because I don’t think that’s going to be very fruitful with our time left.

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

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

But I think that this needs to be an inform – this is Terry again, an informed discussion. So what would help me is to know how many vendors certified to everything –

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

Okay.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– and how many vendors only certified like to 12 of the “X” number.

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

We have that data, Terry.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I think it would be helpful for us to know because if it turns out that 90% of the vendors only certified to what was recommended for Stage 2, we kind of have our answer, the vendors in and of themselves will not choose to certify to a large number, because of the cost associated with it.

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

Right, so we did –

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

– this is Marc –

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

– and what we learned is that it's sort of more of a timing, and we've talked to a few vendors. It's related to the timing. I think what most vendors did was they certified to the minimum required number, say 19 out of 64 for EPs, just to make it through certification and have their product ready for providers or hospitals in time for them to actually begin to attest to Stage 2. But after having conversations with some vendors, we've learned that many of them are then on a rolling basis, continuing to certify to more than just the minimum number so that they can provide their customers with more to choose from and more that are relevant to their setting. And it's just a question of time.

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

But – this is Kevin, we additionally have heard from them that many of them are not planning to certify to all. Many of them are planning to limit the number that they certify based on various different ways of analysis internally and with their customer base.

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

Right, but many of them had that sort of a priori discussion with their customer base to see which measures their customers wanted, or at least that's what we've heard.

**W**

Kevin, do we know among eligible providers which measures they want to report on? I mean has there been a survey done.

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

So what we've seen from the CMS data is that they tend to choose the core and we also have heard in qualitative feedback, they tend to choose things that are aligned with what they've already been reporting. So they do a lot of A1c reporting, they do a lot of reporting on the process measures that come straight out of HEDIS because they already have tools, processes and understanding what those measures are.

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

Okay, so suggestions to where this leads us on this discussion?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I think we have to – we have 12 minutes left.

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

So, do we want to just spend the next maybe, and we need to leave a few minutes for public comment, a few minutes just wrapping up the innovation pathway feedback. And I don't think we'll have time to get into part 2 of the discussion today, so, maybe offline we can figure out if we need another workgroup meeting to get to that.

**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**

Okay, so if you go to the spreadsheet and you go to the tab, innovation pathway, which is the third tab. Essentially the question here is not whether we want to revise our existing innovation pathway language, let's just assume that that still holds, because that was previously approved by the Policy Committee. The question here to the group was whether innovation pathway measures should be weighted higher.

So for instance, if you're required to report 19 out of 64, if you choose an innovation pathway measure, that actually counts of two or more eCQMs because we assume you're doing a little more work in trying to push these to make them, as Kevin said, usable at a national level. To push them quicker to the endorsement process, etcetera. And so you can see the feedback here that I think the feedback kind of varies on whether innovation pathway measures should be weighted more or not.

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

This is Paul, I'd vote for having a higher weight for the innovation measure and the reason is because of the, as Helen knows, the work we're asking them to do in terms of trying to provide the rationale and their experience with their particular measure. It goes beyond what normally happens in reported measure and it really is a contribution we want to incentivize because it's discovering meaningful measures that are already in use as one way of harvesting potentially useful measures for the country.

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

Yeah. This is Helen I tend to agree. I think the devils in the details of what it is they have to actually put forward and I wouldn't want it to be something where it's just simply, here's what I did, take it, I'm done to get extra credit would be my opinion. But we could – perhaps that's something we could work out after the recommendation that, we'll put some parameters around what is required, if the Policy Committee agrees, that this should be extra weighting.

**W**

Yeah, I guess it's partly what is the expectation of what I would be required to produce. Because I know like when measures go through the NQF process, we have big expectations around they've tested the reliability and validity and so on and so forth. And it's not totally clear to me that that's what we would be asking eligible providers to do.

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

I agree. Yeah, I found this language kind of vague.

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

(Indiscernible)

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

It would need devil in details – go ahead.

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

No, so this is Kathy and just another thought also which is, we talked about weighting, but I think that there could be some discussion at the Policy Committee level as well about what the thresholds for being successful would be. So that if these are very innovative measures, one would assume that lower levels of success may be realized, in part, just because of how the measure is constructed. So I think it's a weighting question but it's al – in terms of how much credit, but it's also a threshold question for the group.

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

I'd agree that there's devil in the details in terms of specifying what's required. One possibility is to say, if you've used this measure for let's say two or three years and it's reported at the provider level, I think you'd be pretty confident that they've worked out a lot of the kinks and the adjustments, etcetera, before they publically reported on their – by provider in their own organization. So, that might be a good test.

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

But Paul, this is Helen, wouldn't they potentially have just done a whole lot of Band Aids and came up with workarounds to make it work, which may not make it something that's going to be useable on a national scale. Just to play devil's advocate there.

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

Yes they could, but that's a lot of work – so this is – they didn't do this to get through the innovation pathway. They did something because they had a market or clinical or whatever organizational need to measure something to track and improve, and then we're trying to get those measures. So, it seems like it's a – they would have wanted to get something that is both reliable, accurate, fills a gap – there are a lot of reasons they would have picked this measure if they're reporting on themselves.

**W**

But is what we're asking them to generate is the concept, so like the numerator and the denominator and then a set of electronic specifications for how they operationalized it?

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

And their experience.

**W**

In terms of –

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

Well, let's say if they measured it three – over the past three years, it has improved, then that's one of the ways to prove that it's valuable, to them at least, and that's a decent indication that it could be valuable to others.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So – this is Terry. I would think the one thing is exactly what you just said though, what are we asking them to do? So we're not asking them to just say it's the measure –

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

Correct.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

– it's to give a kit that would allow the measure itself to be replicable.

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

Correct.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

We probably could be a little more specific here and –

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

Yeah and –

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

So in our previous innovation pathway language, which I'm trying to see if it's in this big paragraph here at the top. We recommended that healthcare organizations choosing this optional track should be required to use a brief submission form that describes some of the evidence that supports their measure and how the measure was used in their organization to improve care. Additionally we suggested two possible approaches to implement this innovation pathway, the first of which is a conservative approach that could allow a "certified development organization" to develop, release and report proprietary CQMs. Or two, an alternate approach to open the process to any EP, EH by constrain allowable eCQMs via measure design software such as the measure-authoring tool.

**W**

So is it fair to call this that this is crowd sourcing?

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

Some version of that, yeah.

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

Disciplined crowd sourcing, yes; I mean, there's a bit of work in order to generate this kind of evidence that it's been useful to you, at least. You don't have to prove it to the world but we're looking for filters where, this is something that you've seen your organization one, believe in and use to improve, and that's the value.

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

Yeah, I mean one possibility – this is Helen, is this could be something we would, as we've been innovating with this trial measure pathway, these could be measures that would need to be submitted for trial measure use to NQF. I mean, they don't have to be tested yet, which will at least ensure that they've got precise specifications and information usability and eMeasure feasibility as a possibility.

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

This is Kevin, an additional question I have is, and this is seeming very organization focused –

**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**

– do we mean it to be that limited? Could this be a collaborative or, for example, we know the State of Oregon has put an eCQM in their state innovation model requirement that isn't an eCQM in the Meaningful Use Program.

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

Well that's interesting. So I suppose if the participants in the collaborative did submit this measure and they could submit their collaborative experience that would qualify.

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

Yeah, I don't see why it – we're fairly agnostic to who submits, as long as there's a steward. So –

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

We want to –

**W**

And then would it just – would it be the submitter that would get the so-called extra credit or would it also be those out in the crowd, so to speak, that pick up this measure and take it for a spin?

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

Well if they have their own experience, they could qualify. I mean, we – the reason for this proposed program is to encourage people to share things that have been useful to them, we don't want to put a whole lot of roadblocks. And everybody who has used it and has shown – and does share their experience, I think is eligible.

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

Well not just share their experience, I assume you actually want to be prospecting here, you want them to share their detailed specifications.

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

Yes, yes. But it could be one and the same, so there's a collaborator, there are five organizations that do that, they're sharing the same spec. But, they're sharing their own organization's experience with that.

**W**

But I'm going a step further and raising the possibility of new users of this measure that's in the innovative pathway. I think you'd want to look at having some incentive for that increased implementation of what appears to be a promising measure.

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

Yeah, just sensitive to the time Lauren, do we need – could we do public comment? We may need to continue this on email, I suspect.

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

Yeah and I think we ran into this problem when we discussed the innovation pathway in the past and that's why we didn't, I think, recommend a particular way that this would be implemented, but offer the two optional ways for CMS and ONC and HHS to consider. And that if they do implement an innovation pathway that they would be the ones determine the specifics of it and so I don't think we want to change the language of our existing recommendation, unless we have a powerful reason to do so, but I agree that we could continue this offline and move to public comment.

**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**

Well could I ask whether we are at least – we may have already been – made one of the decisions, meaning, it shouldn't – I don't think any of us have talked about limiting it to just the existing measure developers, isn't that one of the questions?

**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**

So we probably can answer that question, right?

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

You mean the current measures under development?

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

No, for the innovation track, I thought one of the – the question was being asked is, do you limit it only to those who are current measure developers or is it eligible to any EP and EH, and I think all of the ones that we've been talking about were, it's not limited.

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

Yeah, I think the original intent was that it would not be limited to just measure developers currently, but to any EP/EH, but we could add that clarifying language, Paul, to make it more clear.

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

I think what Paul's talking about, Lauren, is that I haven't heard a lot that says it could only be the conservative approach, so perhaps we've answered that question, I think is what he's saying.

**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**

Okay so more number two.

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

...answer that question. Yes, we're leaving it open, details to follow.

**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**

Yup.

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

Are we ready to open?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah, no, but the one thing Helen before we do I'm assuming that there will be follow up – we'll get out to everybody on the call and the workgroup follow up, we may have some additional work we're going to need to you to do offline and/or probably get another meeting –

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

Yeah, I'm not sure we'll have time before July 8, but we could try. If nothing else, do it on email.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right.

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

Yup, okay. Let's do the – I'm just sensitive to making sure people who have been waiting get to say something if they'd like. Michelle or Lauren?

**Public Comment**

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

Operator, can you please open the lines?

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

If you are listening via your computer speakers you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. If you are on the phone and would like to make a public comment please press \*1 at this time. We do not have any comment at this time.

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

Great. Thank you so much. All right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

We want to thank you all and we'll probably follow up with some additional questions, right Helen?

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

Absolutely.

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

All right, thank you everybody.

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

Thanks everybody.

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

Thank you.