

**HIT Policy Committee
Accountable Care Workgroup
Clinical Quality Measures Subgroup
Transcript
October 28, 2013**

Presentation

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

Good afternoon everyone, this is a meeting of the Health IT Policy Committee's Quality Measures Subgroup which is the Quality Measures Accountable Care Clinical Quality Subgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Terry Cullen? I know Terry's here.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Here.

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

Joe Kimura?

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

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

Helen Burstin?

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

Here.

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

David Kendrick? Marc Overhage? Eva Powell?

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

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

Paul Tang? Sam VanNorman? I know there's a number of ONC staff members on the line so I'm going to call them out. Lauren Wu?

Lauren Wu – Office of the National Coordinator

Here.

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

Kevin Larsen?

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

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

Elise Anthony?

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator

Here.

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

Kim Wilson?

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

Here.

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

And did I miss any other ONC staff members? Okay, I'll turn it back to you Terry and Joe.

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

Okay.

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

Okay, Joe, do you want me to – I can start.

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

Good.

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

Welcome, thank you so much for attending, sorry about the furlough. So, we kind of need to try to get back in our group today what we're trying to do is work through this slide deck and also insure that we are able to present next week to the Health IT Policy Committee. Kevin, if you're on the line it might be helpful for you, before we dive into this, to just go over what are the logistics and the time table as we move forward because the furlough kind of skewed everything.

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

Absolutely, so first I want to take this opportunity to introduce everyone to Lauren Wu. Lauren Wu works in our Policy Office and she's a Policy Analyst and she has been listening in to a lot of our Quality Measure calls but she is going to be taking a more active role in some of the work and she is one of the people that actually writes the regulations that end up in the federal register so we're really happy to have her here with us and be part of the call.

So, because of the furlough as you all know the things that were furloughed, activity primarily halted for those items during the time of the furlough. So, we are picking back up and have established a timeline and therefore the October Health IT Policy Committee did not meet that was during the furlough time. So, the items that were going to be discussed at the October Policy Committee meeting are being planned to be discussed at the November 6th Health IT Policy Committee meeting. And then the things that were planning to be discussed in November have for the most part been moved to December.

Therefore, what we've planned around the – a couple of items to report out from the Quality Measures Workgroup and the activity related to deeming is to have this call today with the ACO Quality Measures Workgroup and a subsequent call on the 4th with the Quality Measures Workgroup to finalize the deeming and some of the other background materials to bring to the Quality Measure Workgroup or to the Policy Committee along with – then we'll get their input and we are in the process of scheduling four meetings in November two each of the Quality Measures Workgroup and then two of the ACO Quality Measure Workgroup to answer whatever questions or provide whatever clarification the Policy Committee would like us to have with then a plan for a final report in December.

We will also be talking to both of these groups about what the post December kind of 2014 work plan is but we're first kind of tactically focused on this November Policy Committee meeting and then the subsequent December Policy Committee meeting with the clarifications. Questions?

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

Thanks, Kevin. So, does anybody – the reason why we wanted to start with that is because we believe that will help inform the discussion today. So, next slide. So, we're just going to briefly walk through these slides, but before I do that Joe and I, and some others talked this morning and for today, even though I know an agenda went out, we're going to try to make sure we hit some other key points.

So, we're going to review what we did, which is in these slides. We're going to frame – we're going to discuss what happened in terms of the overall charge and then how we can deep dive into deeming and then we're going to go over the criteria for the deeming which is really what we'll see as we go through, I think it's on slide 10, 11 and 12 make sure we're okay with that and then try to frame the presentation and questions for the Policy Committee.

So, at the end of today we want to have something that we can move forward to the Quality Committee for the presentation at the HIT Policy Committee next week. We also, however in that dialog want to get back to what else do we think that we were asked to do that we weren't able to either because of the timing or because we ended up with deeming, as you'll recall the initial charge didn't have deeming and then it came to us. So, let me go through these slides if you can focus on that and think "what do you think we should have talked about but we didn't because of time constraints or directions."

And then as we get to deeming are those the right criteria and then finally, what questions do we want to ask the Policy Committee. So, obviously, we're going to present to them, but are there questions or is there guidance that we would recommend to them to say for instance, we think that even after December we may need to pay attention to some of these other things or not necessarily we but somebody may need to that.

So, with that I'm going to just go through the deck until we – and I'll take questions as we go along, Joe and I both will, until we get to the criteria for the deeming at which point, hopefully, we'll have a dialogue because most of this should be familiar to you. So, the slide that is up right now on the WebEx shows what our original charge was, recommendations for the next generation of e-measure constructs. And remember we had this before we had the deeming charge, so I just want to remind people of that. Next slide.

Then the next slide was this expanded charge which really focused on deeming and as you'll remember Paul Tang came and presented to us, it had previously been presented at the Policy Committee as an idea to figure out how you could develop certain measures that would deem providers as well as hospitals to be Meaningful Users, if you'll recall, it wasn't to deem them for all of the reports but at least for some of them and that depending upon what the measure is it would determine whether it "deemed" for certain of the criteria.

So, as a subsequent part of that we really focused on the HIT sensitive outcome measures for EPs and EHs criteria, framework, what currently exists, eligible professionals and group reporting still to be discussed as you see here. Next slide.

And then so the goals for this call are really to define the draft criteria, develop draft recommendations and as I talked about specific questions as well as identify work that we didn't do that we think we may have been charged to do and/or we believe will help the Policy Committee and subsequently the HIT Policy Committee meet those goals. Next slide.

So, the one other thing that's important to note as you go through these slides and we recognize that this morning, is that – and we didn't change the deck, but what you have is these overall thoughts on deeming. Now many of these thoughts are not – didn't just come from the deeming dialogue they came from the initial charge, which is, as you'll remember is recommendations for the next e-measure.

So, while we go through this, while it looks like these were only the thoughts for deeming I think that there is probably appropriate use of many of the things that we came up with for measures that are beyond just "deeming measures" so HIT sensitive and then the framework, what would the framework support as we move ahead? Next slide.

And we also had in the earlier conversation today – thought that this slide should probably come before slide four because we ended up with “health is the primary outcome” my recollection is that dialogue was independent of deeming, it may have been informed by that process but that we felt collectively that health is the primary outcome.

So, as we move forward to what we want to move to quality and then to the Policy Committee a lot of this we’ll probably take off the deeming cloak and just be reflective of what the committee itself thought independent of whether it applies to deeming or not but that health is the primary outcome.

And then you can see here how factors influence how the criteria are applied and then the current exploration and we’ll see that as we come to the specific criteria that we’re proposing. Does it apply equally or is there some attribute applied to some of these to reflect what the current situation is, what to do with low rating, so in some ways these are the foundation for some of the questions that we need to go to the Policy Committee with because we have not resolved that. Next slide.

We really didn’t talk much about infrastructure, remember that was part of our original charge, we recognize that it’s important, we recognize that it will impact what people are able to do in Meaningful Use Stage 3 but we did not go into specifics about this to a large extent. So, that is one of those things that kind of got shelved because of timing and bandwidth, and the issue is do we want to propose that somebody, us or some other committee needs to pay attention to this. Next slide.

This is, as you’ll recall, the framework that we developed for the ACO. We have had feedback on this, there is probably time to modify this if anybody thinks that we should do that and obviously we can accept input today as well as by e-mail or electronic input and you’ll see under here these overall measures and then the intermediate outcomes and you’ll recall we had a long dialogue about that expenditures, experience and outcomes even though they all fall under outcomes there are those three domain areas that we were concentrating on. Next slide.

And, Joe, I don’t know if you’re on, if you want to take this slide, because this and the next one were really a lot of the work you did?

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

Yeah, no, so I think this was a slide that we created just sort of trying to pitch that we were again envisioning the evolution of these metrics from something that’s very stacked towards health system and delivery system measures towards things that were much more population and whole patient oriented in the future, and that idea was that we recognize that this is where we are today but we are hoping that things will evolve in the future and that we’re acknowledging that.

And so the next slide was again just our conceptualization here of these general populations with three tiers of measurement outcomes sort of the bottom level being the gray box in the previous one, the middle level being healthcare outcomes being the middle and then the little red dot at the very top being these true population-based health outcomes, and that we recognize again that lots of things are being developed in silos particularly around specialty areas or disease states but that we are acknowledging and hoping that measurement will go towards population level measures and particularly around populations that bridge multiple different conditions. So, again, these are frameworks or proposed frameworks for thinking about this to see if we can actually put some structure around the discussion.

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

And Joe, I would assume that as we move forward to what we want to send to Claudia and then to Policy Committee we want to send the frameworks forward because we think they’re reflective of the work we did.

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

I think so, even if they disagree it’s sort of a we have something to point at while we’re disagreeing.

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

Yeah, so is that – does anybody on the call have any comments at all about first off the framework so any changes you think we should do and/or us sending them forward for how we framed our internal discussion within the committee?

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
Well, that seems reasonable to me, this is Eva.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Okay and Eva does this capture enough of what your thoughts were?

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
I think so, yeah.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Okay. Okay, then we can go to the next slide which is where we start talking about the criteria discussion and then on the next two slides after this go into the specifics. You'll recall that these were discussed in parallel at our Subgroup as well as the Quality Measure Workgroup which is our parent Workgroup. We attempted to reconcile the criteria though obviously there were some differences and some limitations to that reconciling of the criteria, those of – some of you may recall Paul Tang, who is not on the call today, wanted to make sure that we were not getting in a situation where we were inappropriately constraining ourselves with the measures because we want to be bold but we also want to not put any EP or hospital in this situation or ACO in a situation where they would be unable to not only meet them but also unable to even enact and integrate the measures themselves.

No expectation that all measures considered for deeming would meet all proposed criteria, that goes back to the previous comment in an earlier slide where we indicated that we were unclear of how the criteria would apply or if it's weighted equally so it's an important constraint on this discussion as we go forward and that further efforts of prioritization and weighting will be required.

So, we've actually queued this up in a way to protect this to some extent by saying, hey, you know, what these are our ideas, they're coming to quality then they're going to policy and policy you may, kind of what Joe just said, you might not agree with any of it, you can kick it back and we'll relook at it. So, we haven't gone into that specific detail at all about prioritization and weighting because we have hidden under the cloak of needing input from the HIT Policy Committee, which I think is very appropriate. Okay Next slide.

So, then we come to the criteria and it's slide 11 and 12 if you were able to print these out. These are the combined draft criteria meaning that they've been discussed both by our Subgroup as well as Quality Measures. Their application is across everyone including populations as you see at the top of this and then I won't read these to you, but you can see that there are three criteria here and then there is an additional three on the next slide.

What we wanted to do today was really relook at these criteria and make sure we don't have any issues and/or if there is additional teasing out that we want to do or if there is something we've totally missed. So, here you see preference for ECQMs and measures that leverage data from Health IT systems, patient focused, health risk status assessment and outcomes, and can we go to the next slide really quick and then we'll jump back.

And then this is the population level stuff, reporting once across programs that aggregate data reporting, applicability to populations with obviously the ability to modify what is a population so that they are not static, they may be static for the measure but they're not static across the whole suite of measures and that the benefit outweighs the burden in terms of the burden for collecting, aggregating, evaluating outweighs the output for it.

So, if we can then go back to the next slide and maybe we could just have some dialogue if people think these are appropriate. The last slides in the deck are related the exemplar using these draft criteria, but I think we could probably just focus on the criteria right now. And Helen I know you're on, I don't know if you want to say anything about this in terms of the Quality Group itself and how we worked that?

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

Not especially, I mean, I think you captured it well, I think the one comment would just be just the reality check that, you know, almost nothing will fulfill these all and it's not expected that you're going to meet every criteria to move a measure forward.

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

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
And Helen do you think that we should probably be explicit about that then, right?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum
Yeah, I think I should put it in the slide, Heidi and I put it on an earlier slide not an –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Yeah.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum
Not an expectation that every criteria would be – I mean, I think this really is, you know, the sort of usual place we land in which is, you know, where a vision hits reality and, you know, I think it's important to indicate you can't meet them all but at the same time, you know, if we were too strict to the criteria we also wouldn't get closer to the vision we all seek. So, it's a balancing act.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Okay. So, I think who's on the call from the committee is Helen, Joe, Eva and I, and Joe or Eva any comments relooking at them with, you know, rested eyes? Any differences? Areas that we're not getting?

Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health
I mean, I think, this covers it, I think we had quite a bit of discussion on these points and I think, at least the points that I was really hoping would get in there are in there around sort of the balance of making sure that the consideration of the operational burden versus the benefit made it in there too as the last point. So, think these still hold.

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
Yeah, this is Eva, I would agree with that.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
Is there anything from an ACO perspective explicitly that we should call out?

Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health
Well, I think it's in there. The idea that, you know, the comments that we brought out from the ACO were please do one set of measures making it consistent and I think that made it into the point, and there was this aspect around fairness, right, because I think there was a lot of dialogue with the ACOs and CMMI around, you know, being sure that the measures being used were appropriate for this high stakes measurement when, you know, 0.01 or 0.02 above actually meant something significant and that the scoring was made appropriately.

So, the use of measures for accountability was I think the key element and then finally this aspect of the world's best measures if they're really complicated to actually measure that adds a tremendous burden. So, I think those were the three big points from the ACO perspective that we learned from Pioneer ACO.

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
Well and the one thing I'll add and I would agree with Helen's comment from before about not having the expectation that all these criteria are met because I'm not sure there is a measure that meets all these criteria, but when I look at the criteria themselves it is possible to take that to the opposite extreme and say just have electronic ECQMs that don't necessarily meet the muster for an accountable care population and so it kind of connects with what was just said as well.

And that there does need to be some difference here, we can't just plot along with the measures that we've been able to make electronic for accountable care that there needs to be progress but that, you know, we also need to be realistic about what's possible and bring in Helen's comment on that as well, but I don't know that that is necessarily something to add in the slides it's just kind of a warning for not being – for taking into account what Helen said, clearly, but also making sure that there is progress in at least some of these other areas whether that's enabling the longitudinal view or being more community-based, community-focused health risk status assessment that kind of thing.

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

Yeah and I think the balance point too is the term, because we return back to deeming I don't think we're deeming to be an ACO. So, the concept of trying to deem for Meaningful Use as opposed to using it for accountability as a performance measurement I think are two different ideas and we just want to be sure that it doesn't get conflated.

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

So, I think we probably, as we move forward for a presentation to the Policy Committee though, we need to tease that out so that they understand that there is a difference.

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

Yeah, because I think we started off thinking about ACOs a lot and then we –

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

Right.

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

Just earlier we veered into deeming pretty quick.

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

Yeah.

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

But it's not like we're trying to look for deeming criteria to say, you are an effective ACO, that's not I think what we were saying here.

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

Right.

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

And this is Kevin, does that also mean that the deeming criteria have a little bit more of an HIT focus than an ACO, then a pure ACO discussion might?

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

I would say the way these are written Kevin it feels that way a little bit more. I mean, I think we did it purposefully in that way –

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

Yes.

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

Committee of the Health IT Policy Committee and not necessarily coming from the pure accountable care global payment arrangement side. So, I think it's appropriately sort of leaning in that direction.

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

Yeah, Kevin, I actually think that then tees up one of the things for the Policy Committee is that because the deeming we went deep this one way and we have to be clear that we weren't looking for deeming criteria to be an effective ACO. I think that Joe or Eva said that and I think that that is a helpful comment. So, once again in a Venn diagram there are things that cross but there may be additional needs for the ACOs that cannot help meet deeming criteria at all.

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

Right.

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

I don't know the answer. I don't know that that is true but it's possible.

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

Well and this actually brings to mind one thing that on the deeming end of things may be good to make explicit and that is that since we've not gotten down to talking about actual measures or criteria that would be deemed if, you know, x, y or z was done, I think it's good to be explicit that whatever is deemed that there should be an effort to ensure that the full intent of the criteria that have been deemed for whatever measure is met by that measure.

In other words what I wouldn't want to have happen is to have some criteria, some functional criteria deemed and replaced by a quality metric if that quality metric only gets at part of the purpose of having the functional criteria in the first place.

In other words a lot of the patient engagement and care coordination functional criteria I think would probably fall under that category that, you know, you could prove that you've done part of that through a quality metric but there is value say in just having the information be available to the patient for example through a patient portal, that there is inherent value in that itself and that that really can't be replaced by a quality metric necessarily, at least not one that I can think of that exists today.

And so that I think might be a good thing on the deeming end to make explicitly clear that whoever's job it is to come up with these specific criteria to be deemed and the mapping to a quality metric that the full intent of those functional criteria must be met by the quality metric if that makes sense.

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

It does, I like it.

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

Yeah, I think that makes a lot of sense and that example is actually a great one. But, I want to make sure that I heard it right Eva so that, it's that you could have a quality measure that you believe on some level is dependent on patient engagement so you could say, okay so they've met patient engagement, but actually the need for, I'm going to pick on patient portal, the need to be explicit about patient portal is so critical that you would not deem, that meeting that one quality measure meant that you had a patient portal.

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

Right and I think the fact that most of our quality metrics right now are fairly disease specific and very clinical is a good thing to bring up, in other words, you can meet most of the existing clinical quality measures without ever engaging a patient right now if you work hard enough.

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

Right.

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

If you've got, you know, an army of nurses to go behind to make sure everything is documented well or, you know, however you choose to do that, but that does not in any way mean that you have engaged a patient.

And so I just feel like there is inherent value in all of the various, I think it's the five subcategories of Meaningful Use, and just the nature of the existing quality metrics pretty much conflate all of those five, if whatever we deem into current quality metrics is going to conflate those five categories into one and that's the first one of quality because that clinical quality in that first category of Meaningful Use is really the only place where there is really strong quality metrics right now.

And so, what I wouldn't want to have happen is to lose the value from those other five content areas that are, at least I think the intent was that those five areas be treated equally, that they are equally important, I wouldn't want to lose that value by checking the box for a measure that really only fits in that quality category.

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

Okay. Anybody else? Any other questions about or comments on the criteria?

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

So, the one question I have about criteria, this is Kevin, is are these criteria that would be placed at a population level, would it be placed at a measure suite level or at an individual measure? So, I'm pretending I'm CMS and I'm writing this rule and I'm going to write the deeming pathway, how do I use these?

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

It seems like, no, like we said before Kevin that no individual measure can meet all this so it seems like that is a little bit tough to bring at that standard. I don't know if it's acceptable to say, look if you have a set of measures that are sort of in this deeming set that as a whole they kind of meet these criteria, that may be too loosey goosey for them though.

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

Well, I agree with that, I also think though Kevin your point is really important is that have we forced – while we have in here applicable to population, preference for measures that can be used to assess population health are we saying, I think what we're saying is there is probably still a continuum between patient measures versus population health measures. I don't think we've worked a lot in that space.

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

I was hearing it slightly differently. I was hearing Kevin ask whether or not sort of do you go down this list and sort of vet each measure one by one using these criteria.

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

Oh, I see what you're saying or do you do it for the whole population?

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

Right or a whole set. So, say you had 10 measures that were in the deeming and you just had to be sure that as a whole those 10 measures hit these six bullets, is that – which one were you thinking about Kevin?

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

Yeah, I was thinking the latter to really kind of put a finer point on how we imagine the deeming pathway is created and that the current construct is that each measure gets decided upon its inclusion in the Meaningful Use EHR Incentive Program on a one at a time basis, and I think that you were talking about something different here, but I wanted to clarify that.

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

Yeah, this is Helen, I just realized I was talking and talking on mute, sorry, I think this is actually – these criteria really represent a set level. I think this would be difficult to do on a measure by measure basis, but I think as you're looking at the measures put forward that could be used for deeming as a set you should make sure that there are some that capture some of these high priority criteria.

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

Yes, so in some sense Kevin I guess they would say, like so if a measure gets proposed it probably has to fit at least one of these, right, so if it doesn't fit at least one of these there are some problems to it. But then as a whole you're hoping that when you look across as a set you don't have a glaring gap on one of the big criteria. Is that enough?

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

Well, I'll look to the group to – I don't know, Helen, you know, what are your thoughts?

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

Yeah, I think it would be – again – could we just – I don't have it in front of me, could we just go back and forth on the criteria just so we can see them all one more time? We've been on this one slide for a while. Maybe go to the next slide, thank you. So, the next tier is specifically the population level ones which may not have as direct a link to what's in provider or clinician level measurement I assume, Kevin?

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

Well, I mean, I think that's all for this group to decide right? So, if we're – you can imagine that the program is looking at all of the patients that an individual provider sees which becomes its own sort of population, right?

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

Right, got it. So, some of these could work.

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

Yeah and I think – didn't – I thought earlier in the process too – I realized the question did come up, was it for an individual physician versus for populations and I thought we actually made a conscious decision to think about it from the population or organizational level.

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

We did but I'm also thinking about it from the measure level, right? So, I'm writing a rule and saying, I'm going to build these five deeming pathways and as I look at measures I apply the deeming criteria to each individual measure or I apply them to the set of measures that are proposed.

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

Oh, okay, okay.

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

I think it's the set Kevin but I think it would be useful I think, as was pointed out earlier, to make sure there is at least, you know, one or two criteria that apply to the individual measures as well, maybe it would be helpful to kind of try to operationalize that Kevin and see if we can kind of work through a couple of examples and see if that makes sense.

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

Yeah, I mean, I think that's what we've done down here with this frail elderly examples that come next. So, I just wanted to call that out and I'll write that up to sort of circulate to the rest of the group just to be sure that we're all on the same page as we present it to the Policy Committee.

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

Right and it might be a good question to tee up as well for the Quality Measure Workgroup specifically as they relate to the individual measures for clinicians and providers.

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

Yeah.

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

Which I think is where it's going to be a little less of a good fit.

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

Yes.

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

Because even if you look at the exemplars that follow they are still at a population level.

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

Yes.

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

So, a little more challenging.

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

Kevin I think there is another – so the other dimension on that one around deeming is, right – so you have each individual measure as an appropriate for deeming, as a deeming measure or not but then there is probably some kind of decision making on whether or not the set of measures that are qualified for by any particular organization or physician is that sufficient to be considered deemed, right? So, the actual application of it seems like that's another level that's distinct from just the pure measurement.

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

Expand on that a little bit more.

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

I was thinking so like the rules for – so if you have a measure of 10 measures and we justify it by looking at all of these criteria and say each individual measure matches it as a whole they seem to look like they are meeting these criteria, these six bullet criteria but then as an organization chooses I'm going to guess you're not going to force them to sort of say all 10 have to be fulfilled but if there is a selection process that's there is that selection process also a place where you're applying some of the criteria to say an organization deemed successfully?

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

I mean, I think that's another thing for this group to wrestle with is how much should the deeming program have flexibility in or is the deeming program a kind of this is it and you either meet it or you don't it's bimodal or is it a flexible kind of choose your own path through a certain set of boundaries.

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

Broad discussion though. My initial instinct is that a lot of these are still high level and again we are trying to push some of that criteria forward in a forward thinking way, so allowing more flexibility would be my bias, but I realize that's also then operationally hard to audit and justify and all that kind of stuff. Is there a – here Kevin.

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

Yeah, I don't know that we – we haven't talked about that very much and I don't know that we've really vetted that with Paul or the Policy Committee, or with CMS. So, I think that that might be one of the kind of things we ask as our question to the Policy Committee or I might propose that about this idea of flexibility versus standardization.

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

So, I think the key would be such that the Policy Committee doesn't over interpret and think that these are sort of one full way versus the other and that if they wanted more recommendations based on the rules of deeming or the actual sort of process of deeming once they get developed to sort of go back and say, how do we actually apply these things at that level not just each measurement or measurement set levels.

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

I think the other – this is Terry, the other thing we didn't really talk about and Kevin I don't know if it is appropriate for us, but this whole – but I think it relates to the ACOs, this whole concept of individual providers versus provider groups.

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

Yeah, we –

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

– way, remember – I mean, that's been a dialogue for years now.

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

So, that is some of the work that we're having the Quality Measure Workgroup do and so they're meeting on the 4th and we'll tee up, at least the plan is, that they'll continue to flush out how does this work in a fee for service individual provider world, that for the ACO CQM Workgroup we've kept focused on the group level activity and reporting.

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

And have we been explicit with that?

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

We've tried to be if we were not as explicit as we should be help us be more explicit about it.

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

Yeah, well, what I would say is I don't see those words anywhere here and so I think we just need to put that in there is that that's framed the discussion.

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

Yes.

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

The assumption that it's group level reporting. I don't know, Joe and Eva are you okay with that?

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

I like it.

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

Yeah it sounds reasonable to me.

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

Agree.

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

Okay. Anything else on the criteria? Can I – you guys remind me what we meant on slide 12 more explicit with the population level that I get but for accountability purposes? Do you remember what we meant by that? Is that because report one so we want to ensure that there is consistent accountability across and – in other words how are we using that term?

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

I was reading it more sort of accountability when you apply it at that sort of – the concept of high stakes measurements.

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

Okay.

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

So, there is a – like we talked about sort of the measures that suggest that you are really working to improve but then once you're held to the standard of your accountable for it and things like payment or dependent upon it, it elevates it up a little bit further. So, then again, sort of this aspect of single reporting as generalizable as possible and then how difficult it is to operationalize the measure.

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

Okay. Okay – so if we go to the next two slides they were rated to the exemplars and we used the frail elderly exemplars at the top you can see the six areas that we had for criteria and then some of the measures for frail elderly and we do recognize that some of this is a subjective assessment of what's high, low, medium.

And then the next slide just goes into more options for specific measures. So, if you could go to the next slide, slide 14. So, I'm assuming that we – Helen from your perspective, I'm assuming that we should present an exemplar to the committee when we present what we are proposing so that it is understandable.

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

Yes.

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

Okay.

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

Agree.

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

Does anybody have any questions about this? I think we kind of fell into using this example, remember we did do another one but this one seems to be the cleaner one we have and also the measures reflect the hierarchy to some extent what we had proposed earlier for the reframing of our thinking.

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

Yeah and this is Kevin I might also call out that the measures are somewhat different for example number of days in community, living in community be put in population but we didn't put in individual providers. So, we have done some intentional difference in the measures selected between the two versions of exemplars between an ACO which is slide 13 and EP which is slide 14.

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

Any comments on those? Okay, if we could go to the next slide. So, I think that we already addressed the draft criteria. I think we picked up some additions or changes. It sounds like people are okay with the exemplars. I think the last thing now is are there specific questions that we want to ask the HIT Policy Committee and/or that we want to propose to them in terms of future work that needs to be done.

I think one question for us is what else did we think we were asked to do but we didn't do it and that may really go back to the original charge, what in there didn't we get at? We know that there is something specifically related to infrastructure itself, which we didn't really pay a lot of attention to, that was on slide six, but then are there other things that people think we should ask – that we should just highlight we didn't address? Obviously, we didn't address the development of any specific measures.

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

Right.

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

But was that in the original charge? I guess the question is do they want us to do it?

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

So, this is Kevin again, I would say that Paul was really hoping to get some recommendations early enough to CMS and ONC that we might be able to build some measures in time for the Meaningful Use 3 timeline. So, I would let you know that and that might be a question you could ask.

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

Okay, yeah.

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

And this is Eva, you know, I can't really speak exactly to the expectation but that was definitely what I thought that we might get to and I think that talking about specific measures would help apply some of those criteria and kind of test them out, if you will, because it's hard, at least for me, to talk about the high level of things that we've been talking about which I think are really good and very helpful in the abstract until we actually have something concrete to apply it to and then we can kind of see how, you know, whether they work or whether it's a good guide or whether there are holes that we need to fill somehow.

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

So, I think that –

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

That's –

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
So, I would agree that that would be something to bring up as future work.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
So, Kevin or Helen, I'm assuming that we can go in and we can propose that we and/or if they want to give it to somebody else some other Subgroup, should make a commitment to proposing some specific measures by the December timeline, Kevin, is that the timeline there?

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

Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health
All right, Kevin, so I guess the issue I kind of have with that is so if we propose measures it kind of suggests that the measures we're proposing meet these criteria and I guess my question for the Policy Committee would be, you know, and Helen you may actually know this a lot, to sort of say, so say we have a new measure that is there just because it feels like it's a good one doesn't necessarily say it's going to meet all the performance characteristics much less really understanding what the challenge is going to be to operationalize something like that.

Is there a process or a maturation step that is consistent that will be used to help sort of say you have proposed measures it's not just a vote yes or no then these are appropriate, that there is an actual vetting process that happens that takes them through those criteria to see how well they do meet those criteria. I fear that if we just propose measures or another group proposes them people make the assumption that we've gone through these steps.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
So, what I would think though is that the committee would assume we've gone through the steps of pushing them against our criteria and that they've met that.

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

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
But that there is obviously an additional vetting process for them.

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

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator
So, clarification, this is Kevin, are you talking Joe about proposing measures that exist or are you talking about proposing new measures that might be caused to exist?

Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health
Well, so, I mean, the concrete point that I would sort of, again, go back to the Pioneer ACO Project, right, was so there were measures that were proposed, they looked good on paper and then once you started actually measuring those measures in the field and looking across the 32 Pioneers you begin to realize that this isn't performing very well much less we can't use it for accountability and directionally you're not exactly sure how to interpret it. So, there was a lot that was found and discovered actually by testing the measure that wasn't sort of picked up by just looking at the description of the measure itself.

So, you know, what I'd hate to happen is sort of another set of measures gets approved and only when we start getting into Meaningful Use Stage 3 do people start using data to actually look at the performance of the measures and then realizing "wow, this isn't great" and then figuring it out like we figured it out for the Pioneer measures.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration
So, Joe, this is Terry, so when you guys did that –

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

Tim Cromwell, RN, PhD – Director Standards & Interoperability – Veterans Health Administration

This is intriguing, did you do like a lessons learned that you then said, okay for new measures that are coming in, new measures that may be appropriate for instance for individuals, but now we have them in an ACO, we think that this is the vetting process or these are the criteria that they need to be evaluated against because we've learned so much?

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

I don't think it's formally been codified like that yet, Terry. I mean, I think sort of like the key, the e-measures in particular are one, right, where the whole concept of follow-up after depression or follow-up for patients with high or low BMIs, the definition of follow-up was all over the map and depending on how an organization defined it in their EHR, so you got this huge variation in terms of those scores mostly because everyone was interpreting it slightly differently.

So, the measurement specifications that were published by Pioneer and CCMI weren't good enough to be able to get a really tight measure so they need to go back and change that and I think they will, but I don't think we've articulated through all of that yet.

The problem is those measures are what's, you know, we're already banked on, right, for public reporting and all that other kind of stuff and those rules have already been made and agreed upon before we actually saw how these measures performed when you put them into real life scenarios.

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

This is Kevin, I'll go back to my –

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

Well, I –

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

Go ahead.

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

Well, no I was just going to say that this is really important what you just said Joe and I wonder if that's more – that, that task – somebody has to be tagged with that task too, like learning what you guys learned doing this and then how does that translate into improving measurement specification for ACO use. I mean – might improve it for everybody but you had some very, very specific items that came out because of the comparison at the population level I think.

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

Right and I think, so Michelle used to be on these calls, I think Michelle Warner was on one of these too before and so she and I did have a follow-up conversation maybe about 2 months ago about some of this, but again, I think with the furlough we've kind of paused and I don't know if there was any documentation or anything else like that that was coming out of CMMI afterwards.

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

Yeah, this is Kevin, I think back to my original question, this is some of the tension we face between choosing existing tested known measures.

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

Right.

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

With asking to have measures that measure and test new things because that's I think some of the place for this, these set of Workgroups to help to give guidance about is how much should we be banking on measures that we have lots of experienced data about their variance and performance versus how much should we be looking to build new measures that do the new kinds of things that most closely align with our criteria.

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

Yeah, I guess, Kevin I would say, so I think we want to encourage forward thinking. So, I guess if the idea is to go forward thinking it is to encourage the Health IT Policy Committee to sort of invest in that process of actually vetting these things fully and sort of articulate that maturation process for each measure and sort of, you know, set it up like, you know, NQF or some of the other sort of places that actually have a process and come up with that so it doesn't get from idea to sudden operationalization without any of that testing in the middle.

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

Yeah, Kevin this is Helen again, some of this gets back to this question as well of, you know, the age old question of whether it's pay for reporting or pay for performance and, you know, one of the interim steps here could be that some of the more challenging measures are pay for reporting only while we begin to understand the actual performance of the measure in the field and pay on performance but it is a way to at least push us towards the more important measures without all the anxiety.

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

Well the one –

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

–

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

Pioneer looks like –

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

Well, no I also think it would push us towards identifying what are the specific measure sets, what are the measure specifications that need to be detailed and I go back to is that different in the ACO group and it actually may be different, because –

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

Yeah, maybe.

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

I mean, I don't know, but, it sure sounds like that comparison stuff became really important.

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

It does, it's very important here and, you know, I think that even – so Pioneer also tried to make the first year a reporting only year, but operationally what happened was it was so delayed that we got our first year results in the middle of the second year when you're already in the "now it count year" before you start to get even numbers back. So, you know, just the logistics of the machine itself was really it didn't work to sort of just have a one year report only second year go into the actual sort of accountability.

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

So, Joe that does point out, I mean, maybe that's another difference too, maybe the reporting cycle is different somehow. I don't know but it just seems to me that this is important. So, I don't know who's purview it is to figure it out but it seems like we need to encapsulate it and report it out at the Health IT Policy Committee...

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

Yeah and I think this is – between deeming for Meaningful Use etcetera outside of accountable care. I think there is this distinction that is there and I think what we're presenting now is more towards deeming criteria and we probably still need to do some work if we're really going to be thinking about accountable care level. But, I mean, we did mention again the operational things and the comparability. So, it's not like

–

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

Yeah, no, I think we can wrap this in a way that highlights that there are differences, this is where we got to, these are the issues we still think are unresolved related to ACOs.

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

Yes.

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

So, this is Kevin, I've been writing down some of the questions that I think you guys are posing to the Policy Committee and I'll just read what I have written and then you can tell me if I'm right or wrong, or what you might add or subtract.

So the first is, are these the right deeming criteria? The second is, what is the process for maturing measures getting from a measure idea to a high stakes measurement? So, this is a discussion around what happened with the Pioneer ACO and the validation. And then a sort of tag on question is, are there some measures that are only pay for reporting while we gather enough information to know how they can be pay for performance? Another question, is the reporting lifecycle different for ACOs? Now that might not be something you pose to the Policy Committee, but that was one of the kind of questions you were throwing around.

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

Yes, so in my mind that aspect around is it pay for performance, so even in deeming organizations that are successful in deeming will have a lot smaller of an operational reporting burden, right? So, there is a financial internal consequence to being successfully deemed. So, the concept of are you able – are these measures the discriminatory ability of the measures, is it good enough to be able to be used in the way that you hope to be using them?

And I think as a higher standard when you're talking about PMPM reimbursement then just deeming, but I think in deeming too, I mean, for all purposes of fairness I think you want it to be pretty fair when you're applying it and certain organizations are told that they did not successfully meet it versus others that do.

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

So, I also think it would be helpful to present to the committee the model you – the problem you shared with us that it wasn't until you got into the weeds and you realized people were evaluating follow-up in different ways that you saw problems.

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

Yes.

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

I think that that would be helpful for the committee because it was actually very helpful for me to hear that.

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

I've got that written down as an example under this question here.

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

Okay.

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

There is a lot of information discovered in the piloting of the Pioneer measures, for example the definition of follow-up after depression had high variability into what follow-up means.

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

Yes and a simple one, right, some people clicked a box other people looked for visits, you know, it was all over the place.

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

I think that's a great example. Okay, just in the interest of time, so Kevin it sounds like we have a list of questions, I took some notes too I'll send them and can I ask programmatically how we're going to do this? So, we're going to send out some notes from today, the Quality Committee meeting is Friday, Helen, I think. So, are we going to try to vet a deck before Friday to be used at the Health IT Policy Committee next week or –

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

Yeah, we're planning to kind of finalize the deck overall on the Quality Measure Workgroup call on the 4th for you and Helen to present on the 6th to the whole Policy Committee. And likely that will be this deck but it may be a little bit shorter, we'll have to see what we can do to tighten it up some and maybe provide some information in a supplement. Yes, but that's the goal. I've been editing as we talk and so I'll work with Lauren and Heidi and get out this kind of edited version and then queue up the additional discussion on the 4th with the Quality Measure Workgroup to talk a little bit more in depth about the issues around eligible providers.

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

Okay.

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

And whether or not we apply this deeming criterion individually to measures as well and that kind of a construct.

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

Okay.

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

Does that make sense? I kind of rambled I think.

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

No it makes sense to me. I guess I was just a little taken aback when you said it's probably this deck but you meant this deck edited not this deck.

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

Correct, this deck edited. I meant this general set of information that's edited that continues to reflect the thoughts and comments we have.

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

Okay, okay that seems fine to me. Any questions from anybody? Any last minute comments before we open it up? I don't think we have to go all the way through if we don't need the time. I think the one question to ask people is if they're willing to continue to meet if that is going to happen, right, Kevin, because I think we told people it would end sooner.

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

We did and then we asked for more time so I think that's absolutely correct. We've also, because of the furlough not been able to give as much advance notice into meeting times which we apologize for.

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

Okay.

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

I guess the other thing that we could potentially be sure that we all have the same clarity around is what are the other items we think might be on our plate and whether we want any input from the Policy Committee about those and the things that I wrote down from the discussion today one is infrastructure for ACO measurement, another around the group population reporting in the context of ACOs, development of any specific measures and reporting cycle is it different for ACOs.

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

Okay, so I guess Kevin if we have more questions we should send them to you?

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

Yes, absolutely and we'll circulate this too.

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

Okay. Okay, anybody else have any last minute comments before we open it up?

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

It sounded good Terry.

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

Okay, why don't we open it up for comments.

Public Comment

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

Yeah, operator can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We have one comment, please go ahead Lisa.

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

Okay, thanks. Hi this is Lisa Lentz from CMS CCSQ I just wanted to mention that there are some quality measures for consideration for Stage 3 Meaningful Use that I believe will be going to the measures application partnership this fall. So, I wonder if to address, you know, the one concern raised earlier about, you know, I guess a vetting check for the appropriateness of certain measures for the ACOs, you know, perhaps the MAP could, you know, put under consideration, you know, appropriateness of those measures for specifically ACOs.

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

This is Kevin, we don't represent the MAP, but some of us happen to participate, so we will bring that as we represent ourselves and our organizations at the MAP.

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

Okay, great, thank you.

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

Thanks, Lisa, for that comment.

Ashley Griffin – Management Assistant – Altarum Institute

We have no more –

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

Is that all?

Ashley Griffin – Management Assistant – Altarum Institute

We have no further public comments.

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

Okay, great, okay, once again thanks everybody for sticking with us working through this. Kevin we can anticipate getting edited deck out slides tomorrow, I'm sorry to put you on the spot.

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

Yeah, I'll double check here with Lauren, I have some edits already made I just want to make sure someone else goes through it and make sure that I was on point with what they saw too.

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

Okay, so we'll go from there and see how it is. Thanks, everybody for your help and your time.

Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator
Thank you.

Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health
Have a good day.