

**HIT Policy Committee
Quality Measures Workgroup
Transcript
February 3, 2014**

Presentation

Michelle Consolazio – 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 this meeting is being transcribed and recorded so please state your name before speaking. I'll now take roll. Terry Cullen. Helen Burstin? Kathleen Blake? Chris Boone.

Christopher Boone, FACHE, CPHIMS, PMP – Director of Outpatient Quality and Health IT – American Heart Association

Here.

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

Hi Chris. Tripp Bradd? Russ Branzell? Jason Colquitt? Cheryl Damberg? Letha Fisher? David Kendrick? Saul Kravitz? Norma Lang?

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

Here.

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

Hi Norma. David Lansky? Marc Overhage?

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

Present.

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

Hi Marc. Eva Powell?

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

Here.

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

Hello. Sarah Scholle? Paul Tang? Aldo Tinoco? Alexander Turchin?

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

Present.

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

Jim Walker?

James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions

Here.

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

Hi Jim. Mark Weiner?

Mark G. Weiner, MD – Perelman School of Medicine – University of Pennsylvania

Here.

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

Olivier Bodenreider? Ahmed Calvo? Westley Clark? Kate Goodrich? Daniel Green? Heather Johnson-Skrivanek?

Heather Johnson-Skrivanek, MS – Agency for Healthcare Research and Quality

Here.

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

Hi Heather.

Heather Johnson-Skrivanek, MS – Agency for Healthcare Research and Quality

Hi.

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

Michael Rapp? Jon White? And are there any Data Intermediary Tiger Team members on the line that weren't already announced?

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

Sorry, Jon White is here.

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

Hi Jon. And are there any Vendor Tiger Team members that weren't already announced?

Annette Edmonds – Senior Product Manager – QuadraMed Corporation

Annette Edmonds.

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

Hi Annette.

Annette Edmonds – Senior Product Manager – QuadraMed Corporation

Hi.

Margaret Lohnes, RN, CPHIMS – Quality Measures Manager - McKesson

Maggie Lohnes.

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

Hi Maggie.

Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions

And Karen Nielsen.

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

Hi Karen.

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

And Ginny Meadows.

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

Hi Ginny. And are there any ONC staff members on the line?

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

Lauren Wu.

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

Hi Lauren.

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

Kim Wilson.

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

Hi Kim.

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

Hi.

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

And with that I'm going to turn it over to Lauren Wu actually because we do not have Helen.

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

I'm –

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

Oh, is Helen on?

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

No, I'm on I tried to move somewhere else in the hotel just let me know if this is better.

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

Much better.

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

Good, I'm basically at the front door of the Grand Hyatt but that's okay. Anyway welcome everybody.

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

So, Helen, thank you, were you talking before we got on the call that we were going to reverse the agenda because you were having trouble. We talked about having Marc go first then –

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

Wonderful.

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

– will that be okay with you?

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

That sounds wonderful then I can go on mute and not disturb anybody. So, thanks Marc.

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

Okay, so, thank you Helen. So, Marc why don't you go ahead and Altarum if you don't mind going to the back of the deck to start with Marc. Do we still have Marc Overhage?

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

It starts on slide five.

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

It is –

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

Marc do you have it?

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

And I do want to apologize to everybody I'm stuck in an airport that I didn't plan to be stuck in so there may be more background noise than I would like, but let me know if it's too bad. If we can go to the next slide.

There has really not been a lot of change for those of you who have heard where the Data Intermediary Tiger Team landed several months ago. There really has not been substantial change so you can take your nap for the next several minutes if you have.

But having said that, going back to the beginning, the ATRA Act specified this notion of qualified clinical data registries and suggested or provided that satisfactory participation in a qualified clinical data registry essentially could take the place of certain other reporting requirements for eligible professionals as described here.

And in that regulation, that law there were a number of qualifications or attributes that were outlined, listed at the bottom of the slide, of the kind of things that a registry can and should do in order to be adequate for these purposes to be done. The provider participating in the registry to be deemed to have satisfied their other reporting requirements. So, if you can go to the next slide.

So, this became the major focus for the Data Intermediary Tiger Team is to answer the question of what other attributes might be important related to privacy and security, to data quality, to standards alignment and to business roles that go beyond what might have been specified in the regulation. Next slide.

And so the group met over several months by telephone reviewed a variety of summaries and data and had extensive dialogues with not only the Tiger Team members but members of other Tiger Teams and Workgroups and others in the industry to try to understand what the opportunities might be, but ultimately we really concluded that there was not a policy vehicle that really helped us go beyond what a business associate agreement might do in terms of providing greater transparency to providers around the uses and disclosure of identifiable health information.

And also that in terms of attestation requirements, and there was a heavy focus on deeming for Meaningful Use, that holding providers accountable for the behavior of data intermediaries themselves was problematic and that there really were not good policy vehicles available under the HITECH Incentive Program to directly drive these entities.

And then as a secondary thing the Tiger Team also noted the potentially large number of data intermediary business associates and the difficulties inherent in identifying them and defining the precise meaning of BAA provisions focused on transparency, in other words there is such a diversity of folks and I think part of this challenge came from as the regulation was developed there was a certain mental model in place of what a data intermediary might look like and that had certain attributes and certain capabilities, but when you looked more broadly at, okay, there is no definition of what a data intermediary is, so look around at all the things that could be data intermediaries and then the issues and topics became much broader and much more concerning and led to this.

And I'll pause here for a moment to see if Helen has anything she wants to add to that because I know this was an –

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

No nothing to add although I was actually hoping to have –

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

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

Yeah, I agree completely, I actually would love to have us at some point actually better define what we mean by data intermediaries and who is in that categorization and who is not. So, I think there are still a lot of issues that need to be resolved and it would be helpful to understand people's roles and where they fit.

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

And we can certainly – that's a good take away we could come back to. We did some work on that as part of the Tiger Team and created sort of a matrix of what kinds of organizations they might be and some of the attributes and so on, but again, it got very fuzzy because depending on what you wanted to count, if you will, and there is no real definition. So, it would be a great topic to come back to. If we go onto the next slide.

So, a couple of key points from the November transmittal letter, and nothing has really changed since then, is, as stated here and I'm not going to read these through for you but just to make the point that these key issues that remain, as listed in bold here, about the patient control and autonomy, that patients have no say in whether or how data intermediaries use their information input because of the steps in between, it's really through their providers that they have their say, if you will, and that can get very complicated.

And then the proliferation of data intermediaries, as we talked about in the last slide, that the larger number of data intermediaries that hold patient's data the greater the risk that the problems could occur. So, specifically in this area privacy and patient control of autonomy. As we have a very large number of intermediaries the risks go up simply because of large numbers.

And so this discussion led the Tiger Team to the belief that from a privacy and security stand-point, if you just hone in on that, that it may be desirable to limit quality measures in such a way that they can be derived from data already in the EHR systems and therefore limiting the number of data intermediaries that need to be involved, in other words rather than say, golly, gee in order to bring all this other data together to do a quality measure if that's the reason you need an intermediary, if you're looking at this from a privacy and security stand-point, that increases the risk. Whereas if you can drive the data back the other way into the EHR it minimized that risk and that creates other problems as well. Next slide.

So, in terms of specific recommendations and there have been previous presentations which are available on the ONC website for those who, you know, can't sleep at night and would like to go through them, that we had a number of recommendations. We talked about both long and short-term directions for those and we just pulled out a few of them here.

And the first is in terms of accepting EHR data for clinical quality measurement calculation, so in the short-term it was felt that data intermediaries, the DI, should be certified to the whatever the 2014 and the short-term certification criteria and function of the certified EHR module that they would accept QRDA 1 data consistent with standards and certification criteria, and in many ways really wouldn't add "innovative" measures to Meaningful Use.

Innovative measures is often a code word for doing things like patient reported outcomes and things of that nature. And the rationale for this really was driven by if you focus on deeming for Meaningful Use then it's important that you continue to fit into that – that data intermediaries would continue to fit into that framework rather than creating some completely novel pathway for data flows and so on. And so the thought was they really had to fully satisfy all of those certification criteria and therefore would meet the criteria for being a modular certified EHR.

In the longer term it was felt that for the – in particular for the sake of encouraging consistent implementation and calculation. So here the issue is that if you really want a data intermediary to be able to be useful for Meaningful Use and for the ability of a payer, for example, to compare providers and things, and for patients to be able to compare performance and things of that nature consistency is very important.

And so while data intermediaries would need to be able to accept quality data in the future, standard formats, QRDA and its children, but also then to allow for multi-source data capture you would allow proprietary data reporting formats in order to allow these other data coming in but they would still need to calculate the measures in a consistent fashion. Next slide.

And then a second area that we focused on was ensuring the quality of the data and this was a little bit of a slippery concept in the sense of, you know, where did accountability for that quality come from when a provider is reporting directly themselves whether it's from their EHR or through some other certified EHR or HIT technology. I think the implication is the provider is solely accountable for the data and that it is summarized correctly and reported correctly, but now when you start interjecting intermediaries you have this question of well where is that accountability and how do you provide the appropriate checks and balances to make sure that the data is useful for its intended purposes.

So, in the short-term the thought was again very similar to the last that requiring import and export testing for certification as in Meaningful Use 2 would be appropriate and in the longer term that you would have to rely on intermediaries to attest that the data they reported truthfully described the clinical care and you would have to have the appropriate mechanisms in place to check on those attestations of course and that the federal regulators or representatives would be responsible for random and periodic audits.

And this really came down to the notion that they were the last ones with it. So, they're the ones handing the data to the federal agency and saying "this is good" but you need to have in place appropriate processes, legal documents and agreements with the healthcare providers that are participating with them and make sure that the data is of the quality and usefulness for this intended purpose and so that was sort of the conclusion for the longer term. If we go to the next slide.

And this was one of the things that wasn't on the radar screen early on but this notion that, especially when you have intermediaries where there may be – and not all intermediaries would this apply to, but in some, and this is again where the diversity started to muddy the waters a bit, there might be a need to have patient and provider attribution logic, in other words there is data coming from a variety of sources including provider EHRs but what do you do when three different provider's EHR provide data about that patient and then from a payer and maybe from the patient themselves you have some data, which provider is that patient attributed to.

And so in the short-term we didn't see any way around intermediaries attributing patients to providers as specified in the EHR Incentive Program, EHRs, clinical quality measure incentive program specifications and in the longer term thought that intermediaries may be able to develop proprietary attribution logic though it would be important that be transparent that they just close the attribution method both to providers and to the federal stakeholders and the data attribution logic would be transparent to the public so that they could have confidence in the conclusions, if you will, drawn from that attribution. We can go ahead to the next slide.

So, then as far as calculating quality measures from the EHR data in the short time, short-term providers would only receive credit for measures that are part of the EHR Incentive Program and this really got to the – was driven by the need to be able to have fair comparisons, if you will, between groups.

But in the longer term that there would be a minimal set of standardized quality measures and you could think of them as approximating the core measures for the EHR Incentive Program that all data intermediaries would be certified to import, calculate and report for. And the argument here is you want to have a set of things that are comparable across a suite of providers. If you're trying to choose a cardiologist you need something that gives you a base measure that you could compare them on.

In the longer term it was felt that there could be the possibility for proprietary measures, that providers would receive credit for reporting on using standard reporting formats that have been reviewed, if you will, and there is some considerable debate and discussion as one of the fundamental notions I think was that data intermediaries there are innovative groups out there doing kinds of measures and things and getting around the very slow or perceived slow quality measurement development process that we have today. And yet at the same time it was clear that you couldn't just say, okay well anything you called a quality measure in this data intermediary was good enough you needed to have a level of this is valuable to somebody, it's valuable to patients, it's valuable to the payer, valuable to the provider before we're going to say that counts for the purposes of the Meaningful Use Program. Next slide.

I realize there is a little mind numbing going through all of these so quickly so I'll take a breath here in just a moment. And then the calculation in the longer term, you can read through these here, that this really was just an attempt at a set of criteria that a measure might be tested against to make sure that it would be useful for the Meaningful Use Program and not surprisingly it looks a whole lot like the kind of things that you find for all other quality measures in other programs. Next slide.

And then a couple of things regarding reporting summarized here and this was a key issue was this reporting to the public, reporting to HHS, since we're talking about Meaningful Use, and reporting data back to providers.

And in the short-term the notion was to be consistent with current approaches. In the longer term – I should have said at the beginning when we said longer term we were thinking in the 3 year sort of timeframe, but in the longer term that as part of the goal here is to help the public make informed decisions, the public reporting even of innovative measures of new measures that were developed to the public would be a requirement and of course required reporting to HHS so that they can be leveraged for purposes of comparison, reimbursement and so on.

And that it's important in going back to providers that we go beyond just reporting back but provide also benchmarking and data quality reporting back to providers so that they could both improve the data being submitted but also know how does their performance compare with their peers broken down in various ways that actually would be helpful for improving performance and that may be little bit different than those groupings and comparisons that a provider may be making maybe somewhat different than the comparisons that a patient might make in choosing a provider or that HHS might make. Next slide.

So, the – mine is not changing for some reason, so hopefully yours is changing, but the last slide, so it's good timing if we're having a problem, is just summarizing a couple of key points from the Policy Committee discussion in July of last year where the emphasis, the feedback that we got from sharing these key points to the Policy Committee was the need to focus more on stringent requirements for accountability and payment.

In other words if these innovative quality measures or measures generated by data intermediaries were going to be driven by payment such as Meaningful Use that there needed to be adequate requirements for accountability.

Second, there was a specific question about business practices and specific intermediaries, what if they impose limits on provider's sharing of information. In other words, what do we want to say about or think about data intermediaries that might, as part of participation agreements, place constraints on providers and what they could say?

And finally, what rules should apply to data collected or created by the data intermediary and not found in the EHR? In other words, we have a set of rules and logic, we presume the data in the EHR is largely being generated and recorded by the provider captured from the patient but what do we want to say about data that might come from patient reported data, risk adjustment and claims integration?

And in the things we just went through I think you saw at least the Tiger Team's response about those highlighted in some ways in the red font were pieces of where we tried to respond to or address those recommendations.

And as many of you know I think the Tiger Team's activities were sort of suspended at the end of last year pending new questions or topics that might need to be addressed by the group but really in the last since, I think it was November, we really have been on hold kind of just watching and seeing what the needs might be. So, I'm going to pause there and Helen if you have things to add to that or if you want to facilitate a group discussion that would be grand.

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

That would be great, thank you so much, boy that was a lot of information Marc, much appreciated. Any comments or questions for Marc? Well perhaps while people are pondering that I'll share – I'll ask a couple Marc.

It's actually very helpful that you shared the timeline that you were considering for long-term that was one of the things I was getting a little hung up on as well in terms of short versus long-term. Do you have a sense that perhaps some of these more longer term issues could be resolved before Meaningful Use Stage 3 when I think there is an expectation, hopefully, of having measures for example that might include, you know, more hybrid measures or measures from the voice of the patient?

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

And I think the short answer is "yes" I think that would be a good aspiration. It will take some work now I think to make sure that things are in place, you know, as the Stage 3 concepts become firmer and firmer, you know, there will be some point here where we need to start marching down the road of maybe putting in place the policy levers and so on that will be needed to enable them.

So, I don't think they're crazy things but I think the fundamental thing is like you say is this diversity of organizations that might be data intermediaries and how you corral that and so part of the answer there maybe that we will have a much narrower definition, it may not just be data intermediary it may be blah, blah, blah data intermediary full qualified up-to-date and certified data intermediary or whatever and that may be the vehicle that lets us put enough boxes around the process to make it work.

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

Okay that's very helpful. I was also curious if there were specific considerations since you began with the opening slides on the clinical data registries if you had any discussions with folks on the Tiger Team who were part of clinical registries and how this might work out going forward as this now becomes part of the accountability structure for CMS?

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

And we certainly did and we had a lot of participation I'm very glad to say from folks who were actively either engaged in existing or in being established registries and one of the things that was key there was that the registries were often focused on helping providers improve their own practice and there was a little bit at odds with, you know, the Meaningful Use deeming goal that the Tiger Team was focused on in the sense that – I mean, at the end we all want the same thing of higher quality, efficient, safe care, but how you get there is perhaps a little bit different.

You know if you're in a quality measuring mentality versus a here's data to improve your practice mentality and –

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

Right.

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

They're not at odds they're just different approaches and I think that was a fundamental not conflict but just different approaches that we had some trouble reconciling and what we ended up doing was sticking fairly strongly to the this is deeming for the purposes of Meaningful Use therefore –

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

Right.

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

We have to satisfy those goals, the other ones are still good, but we have to make sure we satisfy those.

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

Okay, very good. Other questions from the workgroup?

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

This is Alex Turchin; I'm new to this so I apologize if this was already discussed before, I was wondering what the thinking was about the business model for the data intermediaries would they be paid by the providers or by the federal government or both?

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

And again, this is where we found as we – and Micky Tripathi did a wonderful job creating a bit of these different kinds of organizations and their attributes and the answer that we thought was, well it could be any.

In other words this was not our job to say what the business model of those organizations would be and depending on the organization they might be quite different, but rather to say what they needed to do and that would in part define their business model because they're going to have – if you've got to do a, b, and c you've got to have a way to make that happen.

So, we did not in any way think there were any constraints on the – or should be any constraints on the business model only on what behaviors these organizations exhibited.

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

Yeah, that's very helpful Marc it would actually be nice if Lauren can redistribute that grid to the Quality Measure Workgroup now that we've added some new folks because it sounds like that would be really useful context to understand these recommendations.

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

Sure enough.

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

I'll make a note of that Helen.

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

Wonderful, thanks Lauren. Other questions for Marc?

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

Actually – yeah, I actually had a question, this is Lauren from ONC, since I wasn't part of those early discussions, what discussion did you have about registries that specialty organizations were using and how the data might be, you know, very limited to a group of specialty providers?

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

Yeah and this is – was a lot of discussion about this challenge of how do you make sure that if you're deeming in the space of Meaningful Use presumably CMS and patients need data from a range of providers that makes sense to compare right?

So, if I only had, just to make this up, one cardiologist in every city in the United States, you know, you could have a registry that looked like that you could imagine, would not be terribly useful to a patient who is trying to decide where to go for care because they're not really deciding whether to go to Louisville or Indianapolis they're deciding which of the 74 cardiologist in Indianapolis they'd like to see.

And so there was this real – we called it coverage challenge that registries faced and we had a lot of discussion about that and the sort of conclusion was for the purposes of Meaningful Use you really did need a minimal size, if you will, and we didn't specify that although we had some discussions and proposals about it.

But it was essentially, you know, if you were going to be comparing across the country or across the community you did have to have a level of scale now whether it's cardiology versus, you know, pulmonology, you know, there clearly, you know, there could be different measures, different value propositions, different data intermediaries very likely that could serve those needs but that's also why we came back to having a core set of measures.

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

Okay.

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

We thought that was an important part is to have that core set of measures that provided a minimal set of overlap between the different specialties. So, does that kind of answer the question?

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

Yeah it does, thanks Marc.

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

Yeah, although again, this is Helen, I think the challenges for the specialties who have invested heavily in clinical registries, you know, how those data get somehow linked or tethered to the EHR is going to be a very important issue going forward I almost wonder if it's another more specific ask of the Data Intermediary Tiger Team going forward as we think about how to make that work best and I've heard lot's from for example the specialty side who are using system integrators for example to help with that piece of being able to – at times the difficulty of getting the data out of the EHR has also been a concern that I've heard raised as well and it might a good place for your Tiger Team and the Workgroup to consider further.

I know in addition to yourself, there are several other vendors on the call with us, thank you, today, if anybody has any comments or thoughts?

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

And I'll just throw in before people – and we certainly talked about that a lot that was part of the reason for saying that they needed to be able, a data intermediary should be able to accept data in the QRDA 1 format –

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

I see.

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

In essence is part of the answer to that, because that's what we said for all of the applications that are certified EHR technology that that should be a common thread, so that would be one way to help with that.

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

Okay, very good.

Janice Nicholson – Co-Founder, President & CEO - i2i Systems

This is Janice Nicholson with i2i Systems and I think this is – I think this is an excellent subject and one that needs to be, you know, explored in detail because we integrate with 30, more than 30 different EHR systems for organizations to report their CQMs but also that focus on improving the quality that they're delivering at their own organization so benchmarking their performance and such.

But the data is becoming more and more of a huge issue as you know one of the biggest issues is 30, probably, I would say 40, 35 to 40% of the data that's needed to meet the CQMs, and we just got certified for Meaningful Use Stage 2, more than 40 different CQMs we can now report, but the work involved in trying to help these organizations pull data out of text fields is – it's not scalable right now.

And I agree that I think this is a great place for some exploration and discovery of solutions. We have, you know, more than 600 different electronic health records that are currently certified through ONC and it's a big issue, it's a big, big issue, it's an issue we see every day.

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

Great. Thank you. Okay, other questions or comments for Marc? All right, so we will make sure we get the grid out to everyone on the call so we're all up to speed here.

Let's consider if anybody has any specific thoughts about what else we could potentially ask the Data Intermediary Tiger Team to work on in this area please send them onto Lauren and then I guess at this point Lauren we're going to go backwards and begin looking at some of the front sections around the work we've done with the Policy Committee and the work plan going forward, yes?

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

Technology

Yeah, this is actually perfect that we swished because we will be talking about if we have "asks" for some of the subgroups.

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

Great, okay, perfect. So, do you want me to run through these Lauren?

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

Technology

Yeah.

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

Okay.

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

Technology

Did you want to start with the Policy Committee's feedback on our recommendations?

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

Sure, okay.

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

Technology

That would be great.

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

Happy to do that and if my sound isn't good I'll turn it back over to you.

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

Okay.

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

So, briefly, we're flipping around here, I apologize; we're on slide 2 now. So, overall the Policy Committee did vote to approve the Quality Measure Workgroup recommendations and overall really a very, very positive response to the work we had done, I think there was a great deal of appreciation for the way we had pulled together the work of the Quality Measure Workgroup as well as the ACO Subgroup which were essentially saying the same information about what the future of measurement was.

So, a couple of clarifications we have made there, we had a slide specifically focusing on measure dependencies that was actually a pretty significant point of discussion for the Policy Committee and they agreed that some of these measure dependencies, for example, like interoperability and ability for providers to see these quality results was very, very important.

But they did also specifically recommend that the Policy Committee review what progress has been made regarding these dependencies and add additional dependencies as needed and think about ways to make progress in areas that need more development.

So, very positive reception, I think Terry who couldn't be on the call today and I both agree, that, you know, focusing in on the dependencies here is what will allow us to do the very big picture aspirational measures we'd like to do in the future.

There was some discussion specifically about our criterion we had about benefits outweighing burden and we tried to make it more objective to really reflect the importance that data collection should fit into workflow and that it should also be useful and useable and meaningful for consumers and purchasers, as well as other providers.

There was a little more context we added about the innovation pathway recommendations to indicate that it was intended for innovators or locally developed CQMs that would partially fulfill the MU requirements and again emphasized the importance that this was potentially an optional track and that there might be a way to ultimately, depending on how that permission form is structured, get some of the information to understand some of the basic information about the measure like evidence but also how it's been used to drive improvement within their own organizations.

And then lastly there was a bit further discussion around the recommendation around inclusion of PRO measures that specifically require attestation of use of any PRO as an MU objective measure much like for example the way clinical decision support requirement was done in MU1 and MU2.

So, overall a very positive discussion with the Policy Committee and at this point those recommendations have been put into a draft transmittal letter that we have shared but I'll let Lauren talk to the process in terms of next steps of how that moves forward. Lauren?

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

All right so you're perfectly right that these have been put into a draft transmittal letter and then Paul Tang is reviewing this and will provide his feedback so we'll probably, with the Chairs, you and Terry, go through a few iterations of the letter.

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

Yes.

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

And then finalize it to Karen DeSalvo the new National Coordinator.

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

Great. Any questions –

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

I –

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

Sorry, go ahead?

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

Sorry, I will send around the slide deck that summarizes the actual recommendations.

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

That would be great, please do, yes and they very much reflect the conversations we've been having on these calls over the last 3 to 6 months. Okay, any questions about the Policy Committee's feedback or next steps there?

All right, so next moving onto slide three there, 2014 draft work plan, you'll see on the next slide there, slide four that here are some ideas potentially for what the Quality Measure Workgroup as well as the different Tiger Team and Subgroups could focus on and they're laid out by quarter.

So, certainly looking to where are right now in terms of quarter one for the Quality Measure Workgroup, you know, the Stage 3 recommendations these have talked about additional work on thinking about, you know, really I think some of those measure dependencies and solutions as was just discussed in terms of other potential ways of having more plug and play quality measures, recommendations on what the platform would need to be to make this work and then what kind of data needs to be collected in EHRs in HIT and again there is a very strong focus on our recommendations from the Policy Committee to really begin thinking broader than just what's an EHR, but consideration of hybrid measures as well.

In quarter two we'll also consider certification to support quality reporting in long-term post acute care and behavioral health settings as well as further consideration of the role of intermediaries and specifically registries and recommendations around platforms and governance to follow there.

In terms of a hearing we've talked about potentially, and we'd love your input on this, having an opportunity to have some innovative models or systems present on what they've done and how they've been able to arrive at solutions so pulling data together across disparate systems for example to get at the measures that really matter.

So, for example, Louisiana State Quality Health Initiative or Intermountain and in fact Frank Opelka from LSU has been doing presentations today and tomorrow for those of us who want to understand how LSU has been able to use the data from their EHR merged with many other data sources and create these thrilling platforms and use the quality information in real time.

We also talked about potentially a hearing or needing to think about measures that matter to patients and get much more patient focused here as an opportunity and obviously we need to have further direction there from Paul, ONC and CMS leadership.

And I would also add in here for either the Quality Measure Workgroup or the Data Intermediary Tiger Team this issue we were just talking about of clinical registries as being something that as we are moving into the accountability space it would be very helpful to understand those interdependencies with EHRs.

And the Vendor Tiger Team here and we're so appreciative that vendors could join us and would welcome your feedback here. Feedback again on getting to that next stage of recommendations for MU3 including patient reported outcomes, responses here to the voluntary 2015 edition of the ONC Certification Rule, discussions of quality aspects of non-MU certification and then this more flexible platform we were just talking about earlier and some recommendations there. I'll let Lauren or anybody else from ONC expand on the ONC Certification Rule piece there.

And then potentially in the second quarter further discussion of the Health eDecisions artifacts in the HQMF queries.

And the ACO, Accountable Care Subgroup, continuing to look towards those recommended measures for ACOs, but as we learned, as part of the work needed pulling it together for the Policy Committee, it was very remarkable how similar the framework for the future really was across both the ACOs as well as the MU Program particularly if we can move towards more of a group reporting option.

So that's at least the current thinking and Lauren or anyone else from ONC please feel free to embellish or add some context there.

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

I think if there are any specific questions I can answer those or try to get Kevin to give an answer, he couldn't be on the call today.

I will note that this is still a draft work plan and so the Health IT Policy Committee still needs to discuss all the proposed work plans for the year from all of the working groups on the committee subjects. And as you know we have a new National Coordinator and so I think she's been in discussions with Paul about the work plans as well. So, we may hear some more in the future, near future on directions from Paul and Karen.

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

Great, thanks Lauren. Any comments from anybody in the Workgroup, Tiger Team from anybody on the call at all?

Well, certainly many opportunities to work on this after the call. You can send your comments after you've had a chance to digest it, I realize as I was reading some of these, some of these descriptions are kind of telescoped so it's a little hard to know exactly what they mean, so please do reach out to Lauren if you need any further guidance on some of them.

Just in general any thoughts about the hearings that we talked about, do those sound like good directions for the Quality Measure Workgroup over the coming year?

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

So, Helen, I kind of echo what you said in that, you know, these are very high level ideas of what we could hold hearings on or ask at one hearing ask these various questions at one hearing, so I think where you all would be helpful is in kind of honing down on what the ask is here being more specific. We would greatly appreciate any feedback you have on that.

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

Great, okay. A quiet group this afternoon. That's all the formal information we needed to present is that right Lauren?

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

Yeah, so we have time to talk about the work plan if folks have ideas or thoughts right now and if not we can go to public comment.

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

Yes, that sounds great. Operator –

Margaret Lohnes, RN, CPHIMS – Quality Measures Manager - McKesson

Hi, this is Maggie Lohnes from McKesson, I just am curious what time do you lock down the work plan is there a deadline we're working against?

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

Lauren can you share?

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

Yes, I don't think there is and maybe Michelle can clarify. I think right now since we're kind of trying to get our new National Coordinator up-to-speed this is sort of a moving target. So, nothing is set in stone. Is that right Michelle?

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

Sorry, Lauren, I was getting myself off mute, and I missed the question itself? I think they're asking about the work plan for the Policy Committee?

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

Yeah and if there is a deadline we're working toward?

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

No, I mean, I think – will already be an iterative process, you know, we want to make sure that we're adapting to things appropriately, but also want to signal what everyone will be working on for the year. So, it's a little bit of a balance that we're going to play.

So, it is an item on the agenda for the Policy Committee tomorrow as Lauren mentioned and I'm sure there will be some good discussion there and that will probably help signal where things will be headed and how things will be changed. So, any updates from the Policy Committee will currently be brought back to the Quality Measure Workgroup.

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

Great and so, this is Helen, my experience in the past on the Quality Measure Workgroup Maggie is that it's pretty fluid, things shift from quarter to quarter, new ideas come forward and we make room for them. So, please just if you have suggestions put them forward we'll –

Margaret Lohnes, RN, CPHIMS – Quality Measures Manager - McKesson

Okay, great, thank you.

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

Sure. Okay, no other comments from the Workgroup? Lauren or Michelle let's open it up for public comment.

Public Comment

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

Operator can you please open the lines?

Caitlin Collins – Project Coordinator – Altarum Institute

If you are 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. And we do have a comment.

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

Okay. Hello? Commenter go ahead? Hello?

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

Hello?

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

Yes?

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

Can you hear me?

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

Yes, yes, now we can, yes, please?

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

Francis Campion from Harvard Vanguard Medical Associates in Boston. Just a question about the clinical quality data registries. I'm not sure if I heard things properly or not, but the real reason for developing these are to allow registries to use data elements and quality measures that have been found useful for their specialties particularly subspecialties.

But there was a comment earlier that sounded as if they were going to be constrained to using just the 64 eMeasures. Is that true or are we allowed in 2014 to be using innovative measures to describe the performance of our providers? Because the enabling regulation said 9 quality measures.

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

Right.

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

But that they would be innovative measures as long as they met the domain requirements for quality and such.

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

Right I think that was in response to the comment Marc had made about trying to constrain in the short-term to those data elements bound within the EHR. Lauren or anyone from ONC specific comments there?

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

It's a constraint of the data elements or a constraint of –

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

Actually, so, I have to say that public comment is really for public comment not for questions, but if you have my name, this is Michelle Consolazio, if you wanted to send me an e-mail we'll be happy to answer your question that way.

Francis X. Campion, MD, FACP – Vice President for Clinical Affairs – DiagnosisOne, Inc. – Harvard Vanguard Medical Associates

Great, well, thank you very much.

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

Thank you.

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

Okay, any other public comments operator?

Caitlin Collins – Project Coordinator – Altarum Institute

We have no more comment at this time.

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

Good, all right well it looks like we're going to give you half an hour back in your day. Thanks to everybody at ONC and thanks everybody for your continued engagement we really appreciate it.

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

Thank you.

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

Okay, bye-bye.

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

Bye.

M

Bye-bye.