

**HIT Policy Committee
Quality Measures Workgroup
Accountable Care Clinical Quality Measures Subgroup
Transcript
August 26, 2013**

Presentation

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

Thank you. Good morning everyone, this is a meeting of the Health IT Policy Accountable Care Clinical Quality Measures Subgroup, it's a Subgroup of the Clinical 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 the meeting is being transcribed and recorded so please remember to state your name before speaking. I'll now take roll. Terry Cullen?

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

David Kendrick? Sam VanNorman?

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

Good morning.

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

Good morning. 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

Ted von Glahn? Marc Overhage?

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

Present.

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

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?

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

Here.

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

Good morning, Paul.

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

Good morning.

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

I'll now pass it to you Terry and Joe.

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

Perfect, thank you. So, this is Joe Kimura and I want to thank everyone for coming to our second meeting here in terms of the Accountable Care Clinical Quality Measures Subgroup and I think we've got a pretty packed agenda for today in terms of our discussion and so I think just going through and giving a little bit of an overview of what we hope to accomplish today and how we're planning on doing that.

Really the objective of the end of the meeting would be to see if we can achieve a synthesis of the various frameworks we discussed at our last meeting for basically coming up with a recommendation to the ONC HIT Policy Committee for high-stakes Accountable Care Organizational performance and something that would provide some level of strategic measurement frameworks as well as guidance for vetting appropriate individual eMetrics.

And I think we're going to bring in a fair amount of discussion next week and review that, but also have the privilege of having Kate Goodrich talk to us a little bit around the CMS eMeasurement process and development process, and then try to dedicate as much time as we can to quickly review these various frameworks and see if we can come up with a synthesis of them by the end of the call today.

I think it's a pretty ambitious agenda I'm not sure if there were other things that were hanging over from the last meeting that people just wanted to be sure we addressed today. One concept that did come up last time was the deeming concept and I think we will come back to that as we get to developing the framework, but were there other areas that for members that were on last week?

Okay, so I think we have some new members on today so I'm not sure necessarily do we want to do a quick round of introductions again or do we want to just dive directly into a summary of the last meeting?

M

Let's dive in.

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

Dive in, all right. So, can we go to the next slide? So, I think at the last meeting and I don't know if Kevin you wanted to summarize this real quick or I could go through this slide for you?

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

Why don't you go ahead?

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

Okay. So, quickly summarizing I think we went through and heard presentations on the ACO framework from Bankowitz, et al., as well as some follow-up directly from CMS around the MSSP and ACO quality measures, and then followed that up with some operational perspective from two of our committee members myself and Sam who are Pioneer ACOs.

I think we received an overview of the deeming process and the idea of somehow coming up with a hierarchy of measures to see if it can be appropriate for deeming. We then discussed the frameworks and at that time I think it was requested that we integrate actually the Meaningful Use measures to the ACO Pioneer measures as well as the NQF Forum to see if we can start to bring all the different frameworks together and see how we can do it.

I think a couple of comments came out as we, I think, pivoted around the ACO framework, the Bankowitz model that talked about there were other domains that would be interesting to assess around social determinates and population relevant factors that could potentially be brought into this framework. Next slide.

And as we went forward we definitely said that sort of the measure should be patient centered, they should be population centered and community centered which is broadly focused, but also from the operational perspective that we do want to see whether or not, or try to put in something around having the eMeasures be able to be fair and operationalized for high-stakes measure at the front line just from the aspect of acceptance, at front line clinician level. Next slide.

So, at this point I was wanting to make sure that the entire committee was clear on what our objective was for the end of the process because I think we shifted it a little bit on you at the last meeting, but just to summarize through, to see if we have agreement on this, does the concept of, if I read this one phrase that I wrote right before this meeting, does this seem to encapsulate what we're trying to do?

Is our goal to propose a framework to the ONC HIT Policy Committee for high-stakes measurement of Accountable Care Organizational performance that includes an overall global strategic measurement framework and guidance for vetting the appropriateness of individual eMetrics for fair applications and high-stakes measurement? Does that sound like what we're trying to do?

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

This is Terry; I think it sounds like what we're trying to do. I think as we go through today's meeting and the next two Joes we'll probably get some more granular definition of it, because my concern, as we talked about last time, is its pretty broad.

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

Yes.

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

And this is Eva, just for my own clarification the task is not to recommend measures specifically but rather this framework and maybe measure concepts that can lead us toward that level of specificity but that's going to be left for the individual programs?

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

That was my understanding. I think we have some for particularly the deeming framework, I don't know if Paul you wanted to say some things around whether or not you wanted specific measures that would be appropriate for deeming or just a framework for identifying those?

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

I think to the extent that we can identify things either things that are like exemplars of what we'd like to have or with some minor tweaks could become what we'd like to have that would be helpful, because, as you know, Stage 3 while it isn't around the immediate corner it is around the corner and just giving exemplars is very helpful. We did – the Quality Measure Workgroup gave concepts a year and a half ago and they haven't necessarily moved that far so I think the closer we can get to, you know, exemplars plus the concepts the more actionable it is, that's the only caveat then.

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

Just one more comment –

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

And Joe you mentioned –

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

I'm sorry, go ahead.

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

One question, you mentioned high-stakes, you want to define that a little bit, please?

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

And my question is now canceled because I was going to ask the same question Paul, this is Helen.

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

Okay.

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

I think what we were talking about at the last meeting to is the idea of high-stakes being that these are measures that would be used to assess organizational performance for the purposes of tying back into financial reimbursements. So, sort of like Pioneer ACO framework at the moment and MSSP.

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

So, I can understand the motivation and one of the reasons that we tried to combine these two Workgroups ACO and QM is to – on the way to getting high-stakes quality measures it would be nice to have things that are high value to patients.

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

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

So, there is a lot of overlap, but if we motivate it by the patient's interest we may get a lot of good twofers or threfers. I mean, we can get at primarily the patient that generally is going to satisfy the providers and hopefully that's also meaningful to payers.

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

Right and just one follow-up to that, this is Helen again, as I've learned from my consumer and purchaser colleagues when we say things like high-stakes it actually sort of minimizes the importance of how high-stakes it is for patients for example to be able to pick places to go for care, pick networks things along those lines. I would just be care high-stakes sounds very provider centric in terms of payment when the reality is there is a lot of very high-stakes uses like where should my daughter go get her baby delivered that are just a high-stakes for patients.

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

Right. Well, so this actually is helpful for me in terms of the discussion too. So, would it make sense to put the high-stakes concept like the deeming concept and focus – I know we talked at the last meeting a little bit around making sure that there are measures appropriate for improvement purposes that are trying to drive value for populations and patients, but may not be yet appropriate for use when comparing one organization to another and particularly when you're tying that to sort of financial reimbursement.

So, do we de-emphasize that and bring that down to the level of saying our goal is around, again, clinical value for patients and population, and high-stakes is a secondary exercise to be determined by perhaps a later committee?

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

I would just, since it is the ACO Committee, indicate these are measures that would be appropriate for accountability that would also be high value for patients and providers.

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

Or would you mind flipping that.

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

–

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

High value for patients –

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

That's the way it came out of my mouth, yes.

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

Right, okay.

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

Of course.

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

I think, you know, I mean, part of Stage 3 was the focus on outcomes and I really think that meant outcomes for patients.

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

Yeah.

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

And if we just sort of keep true to that I think we'll be well served.

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

Okay. Any other thoughts from folks?

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

Paul, this is Kevin, one caveat outcomes for patients are really important, in my work with patients their need for scientific statistical power in comparison is a different need then when I talk to actuaries and clinicians. So, I think it is, at least from my perspective, that's an incredibly important perspective and likely can be served but it is not the same purpose. Yelp doesn't work the same way that clinical trials comparison with statistical significance works.

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

Right, but that's also not nearly as reliable either. I think we're probably getting a little off topic from what you want to do it's a much longer discussion, but –

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

Well, so, then summarizing and focusing again, because I think as we dive into the frameworks and I think we've got the ACO framework, the Meaningful Use framework and the CMS, NQS framework to discuss as we dive into this that the purpose really is that we are hoping to deliver this framework concept to HIT Policy but not specifically targeting the end use being anything around sort of financial reimbursement at this point in time, we're thinking about value and that's how we're going to frame all of our recommendations. Is that consistent?

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

I think that's better for me anyway.

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

Okay.

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

Thanks.

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

Okay.

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

Yeah, this is Terry, I would agree with that. I think we're always going to come up to the corner where there is value in cost together.

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

Yes.

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

But we can move ahead with that as the priority part of it. I think it will become evident that we're going to just hit the cost stuff.

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

Okay, all right. So, I think the goal then for the framework was that we want to have this conceptual framework that's important to the ACO paradigm but we also acknowledge that not everything can be measured fairly and consistently so how do we merge these three together and come up with that framework that we could use to then dive deeper into the metrics themselves or specific metrics. I think at this point if we could – is Kate on the line? Maybe difficult to dive into this.

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

Kate, if you're on the line and are talking, you're on mute.

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

This is Kevin let me reach out and see if I can find her.

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

Okay. Well, at this point I don't think Kate has – we can move to the next slide, which I think is the slide we showed at the last meeting and we can – sorry, one more. So, this is the slide that we were on for quite a while at our last meeting that talked about the value construct and also I think suggested this two-tiered or hierarchy aspect in terms of overall measures versus sub-domain measures.

And we had a discussion last week also that integrated this framework with the CMS, NQS framework around clinical care and effectiveness, safety, patient, person and caregiver centered experience and outcomes, population community health, care coordination, efficiency and cost reduction.

I think at the end of that we tried to also bring together the Meaningful Use frameworks and I think a document was circulated by Heidi that brought that together too, at least on two of those domains on functional health, health risk, outcomes, experience and expenditures.

So, as we wait for Kate I guess my first thought would be it feels like our three frameworks have a fair amount of overlap at that top level sort of the big domain level and do we feel like there is one that we could just use or do we want to actually create new one that actually brings these three together as a synthesized version?

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

This is Terry, were we going to not – you know, I love the royal “we” I didn’t mean me, but was the staff, and I know you guys have been so busy and we really just met, going to do some kind of gap analysis between those frameworks? I thought we had talked about that. Did I make that up?

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Terry, what I ended up spending most of my time on this last week was mapping the pipeline Meaningful Use measures to the ACO framework as well as the NQS.

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

Okay.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Which I think will help us identify the gaps.

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

Okay.

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

That’s the Word document you attached Heidi?

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Yes, it’s a PDF and actually Caitlin can switch to that. If we want to I can give kind of high-level overview of what I did and some of the things I found when I tried to map which might be helpful.

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

Yeah, I think that would be helpful to do if we’re waiting for Kate.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Okay, so Caitlin, if you don’t mind switching over. And I actually have this in an Excel document but I thought it might be easier to give you more the representation but at some point when we want to begin to slice and dice and look at this we can map it across through an Excel document and filters.

But, I took what are currently the measures that either CMS or ONC have in the pipeline for Meaningful Use, these measures are anywhere from really an idea where they are really in early stages of convening a group to look at whether this type of measure is feasible, so at times all I was working with was a measure title, which can be challenging, and other times I had a bit more information because they are further along in the measure development process where they’ve either convened a panel or begun to develop the specifications.

So, I mapped it to what I’ve called the framework domain that’s the first column which would either be outcome, experience or expenditures as outlined in the Corrigan/Fisher model. And then the overall domain was either functional health for outcomes or health risk, or if it didn’t fit within those two, because those were the overall ones, I just titled it as outcomes. So as you remember in that other slide there were multiple ones for experience and expenditures.

And then the last one was more the sub-domains. And so just a few notes that I had as I went and mapped this was first of all it was difficult sometimes to map to the outcomes piece in part because some of these measures are process measures, so naturally I was kind of force fitting those under outcomes, because that’s where they fit.

The focus of the framework when they developed it was patient reported measures and you’ll see that there are a few that start looking at functional status assessment for example but not all. So, it was hard sometimes to map it to the domains or sub-domains, and I think health risk is a good example where you’ll see I have mapped a lot of the screening measures when if you look at the examples that were included by Fisher and Corrigan those were more patient reported information.

And then I would say the only last thing that really became apparent to me as I tried to map this was when we look at expenditures and there is the sub-domain of overuse many of the measures that are being developed now are from work such as choosing wisely which really looks more at appropriateness, so it maybe something to think about whether overuse might be too narrow a sub-domain as you move forward with that.

So, those were just a few and I think if you scroll through this to no one's surprise there are far more that fit within the outcomes I would say process bucket, a few in experience and then only a handful under expenditures.

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

Heidi, you mentioned the “framework” is the framework from the – which framework is that?

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

So, it's the one that Janet Corrigan presented last week.

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

Okay.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

The value, patient centered value.

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

Right.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

But you'll also see I mapped it to the NQS category as well, so you could see how things may or may not look as you compare across the two.

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

Right. So, I guess I see – so the left-hand side being the framework the big buckets, outcomes, experience and expenditures. The NQS categories being a little bit more sort of content oriented and to me the type of measure aspect of it maybe what defines what is above or below the line concept from that original, the left-hand side framework. Does that make sense? I'm not sure if necessarily we're saying all process falls below and all outcomes fall above, but –

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

Joe you mean in terms of this mapping?

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

Yeah, I'm just trying to –

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

Yeah, I agree with you.

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

Sorry, I know we're toggling between two documents, but that other, the Corrigan framework that we just had on the screen had that top bar overall measure and then a bunch of sub-domain measures and from our discussion last week we sort of talked about those top measures being patient centered, very sort of high-level global type measures and a lot of specificity down below about how one begins to drive through and I think there was a question last time about whether or not we could link those process measures or those sub-domain measures down below, specifically to improvements in the things up above, but I think that concept was there. And, is that – Heidi, I don't know if that sort of idea started to – is that work based on what you saw here?

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

No, I think it actually would, it seemed to naturally make sense to me that the process measures would be the lower more drill down. In some ways I could probably pull out a few and show some examples when we look at functional status. You will see there are some that start just looking at goal setting and assessment, others start looking at improvement. So, the goal setting and then assessment in my mind would be more the process lower and then the ones that start looking at improvement, which are intended to be, I believe more patient reported, would move to the top.

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

This is Kevin; I can speak a little bit about this list and the work that is going on. There is a lot of activity to focus on patient centered outcome measures and the work to date is that there is not much implementation of these and so we don't actually have much ability to do comparability on outcomes because there isn't a large enough body of implementation to actually have information on what an outcome should be for us to set an appropriate target or even delta. So, a lot of these are building block measures as they are called, that's why they are processed in order to get enough information and implementation to inform what we all want which is an outcome measure.

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

Can I ask a question? Maybe I'm a bit lost here. So, first of all this is the so called pipeline list is that right Kevin?

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

Correct, these are measures currently under development at CMS with a few under development at ONC with an anticipated delivery date within the calendar year 2014.

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

Okay and as I go through these, these certainly are all, it fits under the – in the framework that "disease condition status" types and I don't see much in the top level overall measure type, the PROMIS Global 10 and the Healthy Days am I reading this correct?

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

You are correct these are measures created, so for example a PROMIS Global 10 as a measure would need enough understanding and potential risk adjustment, at least in the current way that the expert panels give input to CMS, about how that PROMIS Global 10 is applied as a measurement across an entire population. To date the patient reported outcomes have largely been implemented in disease specific ways in largely research frameworks at a few institutions. We're only just starting to have large scale implementation at places like Partners and even there they only have a few hundred patients with PROMIS Global 10 at a single baseline period.

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

Okay, so one question and maybe this is a question for the ACO folks what's your thought about these "overall" or "more global" measures compared to let's just take extremes for right now, driving everything by individual disease centric measures?

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

Sam do you have a thought?

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

I'm cautiously supportive of overall measures, you know, I think a lot of the devil is in the detail on, you know, the how's and what's, you know, and my concern would be that, you know, we'd just get bogged down in yet another data collection exercise. I think that the upside of this is really truly measuring the health of a population rather than a subset of a population and I think we sometimes lose track of that.

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

And so one possibility is the things below the line are things providers would use to improve their overall experience and I'm using that in a generic way and that for choosing and for managing populations and for improving the health status of a community and population the top line measures maybe a better north star, I mean, I'm throwing that out as a hypothesis, so let me give – dichotomize different approaches. So, what Kevin said is, maybe there are only a few hundred under test for Global, PROMIS Global 10 across the board.

Is one of our recommendations to say “hmm, we need more of that” or is the other extreme saying “well, actually, no we should be focusing on the hypertension, diabetes, rheumatoid arthritis, depression, etcetera.” Those are two – is there one that we favor, a direction that we favor? If it could be done and understanding devil in details.

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

Right, you know, I tend to favor the global one, I really do.

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

And this is Terry; I tend to favor the global one. I think one of the issues is going to be getting into the details, Paul, and I think we should stay away from that. So, one of the directions maybe, the north star, from this group maybe the framework needs to have overall measures that include and/or address some of these sub-domains, and I don't know that these are the right ones that are on Janet Corrigan's slide, but perhaps they are, and that we need to ensure – I'm really thinking in terms of implementation that there is – and I hate to over use semantic interoperability but that we have some comparative way that your health of your population can be measured that reflects who you are as a provider and what you are doing in your community. But, I do think that this may lead us to really move on one of our charges is if we can get by off that part of the framework includes an overall, I don't know that overall is the right word maybe it's overarching.

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

Yeah.

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

I think we're all talking the same thing. I don't know that overall is the right term.

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

Right.

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

Yeah.

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

Well, I'm trying to say, do we have a sense of what would a successful outcome of this group look and feel like? So, let me give you more examples of like what's an example of an outcome that we could have. So, if we look at the things in the pipeline and if it's true that they are all below the line and in fact even not only below the line it's under that one bucket of disease condition status.

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

Yes.

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

Then one possible conclusion, if this is a direction the group feels comfortable with, is, hey, you know, we think that we should do more development, we should support, maybe we need to hear about what Partners is doing, more development in this area because we think that's more fruitful for the people with the most vested interest like the patients, the consumers and the people who serve those people like the ACOs in thinking of a population status. I mean, that's an example of the type and if that was sort of the direction then we'd have to figure out what does that mean, what are some of the details that would have to worked out in the further development and research, you know, what I'm saying.

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

Yes.

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

And the alternative is we spend our time saying, okay have we covered rheumatology, have we covered cardiology, do you see what I'm – so I'm just trying to work backwards and say, well, what's the flavor of what would be useful. So, one of our audiences, you know, it's the Policy Committee, it's HHS but it's also CMS, the thunder of what we have in front of us, the thunder of these pipelines and if they need to make changes or think about other avenues that would be useful to them.

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

Yeah.

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

Right.

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

If I could just weigh in, this is Helen, for just a moment, I think those are all very valid points Paul. I think the overall or generic measures of health status are ones that have been around for years and certainly the PROMIS gives us great promise going forward, not to use a pun, to, you know, make them smaller sets that are more useable and that's what Partners has in fact chosen to use, they are using the PROMIS 10 and not the SS tools.

At the same time what we know also from research already is that, you know, those generic measures are harder to demonstrate any change over time without specific intervention. So, I think the reason people have moved towards more of these condition specific or procedure specific ones even more so is the fact that there is data to suggest you can actually understand what a meaningful delta means.

So, I think the question for us, and actually if you look at the PRO report that NQF put out last year, very clearly weighed this tension between you have measures that look really sort of more like process measures, although not ideal, around generic functional status while you move on some of the ones that are, where you know there is a delta.

And, you know, there is a lot of dissatisfaction at least among that expert panel about the idea of a process measure, a check box that you did a physical health assessment. On the other hand, if it's captured as part of Meaningful Use and the scores are actually captured as well then that potentially creates that sort of, you know, data paradigm where we could learn from that over time.

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

Helen, this is Eva, I'm just curious as to the reason – is the reason that it's harder to show a change in the global measures because you don't really know – you don't know what to do to improve is that the main reason and is the reason for that, if so, because there's not a specific, I don't know entity to go to like if you've got heart failure in a process measure, you know, people who are dealing with heart failure are the ones to go to and then if it's a specific process you know where to hone in, but the flip side of that is you can show improvement there and still not impact outcomes.

So, I'm just wondering if we may get at some of this issue that you bring up, which I think is very valid, through a global measure that can then be stratified by certain factors that help you zero in on how to make improvements. Does that make sense?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

This is David Kendrick, it does make sense to me, but I'm struggling – I was going back through the minutes of the last meeting and reading kind of the charge and the statement that really has caught me is recommendations for the next generation of eMeasure constructs that are patient centered longitudinal across settings of care where appropriate and address sufficiency of care delivery.

And when I think about that statement across settings of care delivery I don't think about the Meaningful Use measures at all because that's one EHR, people mixed in denominators and so on. Do we have a good grasp of what the data source is going to be that's available to us for these measures? And sort of the scope of that data?

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

Yeah.

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

So, Joe, this is Terry, so we have had some internal dialogue around that that we need to be attentive to that and I think you see it if you look at the deck that went out and you look at, you know, are they HIT sensitive, so, meaning we can get at them. But, I think what we wanted to do was be more overarching initially, obviously at the end, we need to be able to have guidance that can be implemented. So, we do need to be attentive to that.

But if you look at actually a lot of the – I mean if you look at – as soon as you get out of process measures you get into areas where there may or may not be data collection right now, especially in the electronic health record, but I don't think that should preclude it.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I would submit that even well within process measures there is not good data being collected from any of them.

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

Yes.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I mean, I think we – to me this has to be iterative in that we make a step with the measures we'd like and then verify that it is going to be available and so forth, because we can get pretty far down the road on things that are fantasy and waste a bunch of people's time. I think, you know, there is a reason so many measures are tied to claims data for the last 30 years, because that's all we had.

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

Right. So, actually dovetailing on that comment, in some of this is our objective with the framework too, to create how we would measure it not just for the HIT Policy Committee but globally around ACOs, how we would measure, I forgot the term that's used Terry not overall, overarching sort of performance and then take it through to say now we're talking about eMeasures specifically and then go through and give guidance around that.

Or are we stopping at the level of saying, we need a framework that tries to measure for organizations that are assuming accountability or thinking about these overarching measures at the top level as well as these sub-domain measures regardless of what data source, regardless of what the measures look like because it could be purely administrative claims from certain measures and a hybrid based on others. Is that – we're still at that agnostic frame or are we supposed to get down to eMeasures specifically?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I suspect they want to use these, you know, I mean, they're going to implement these right in a specific way, pretty soon?

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

Why don't I defer to Paul on this one, because I think he has a – he may have a sense of – obviously what would be helpful is to have all of it done.

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

Right.

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

But, Paul, it sure sounded to me like there was going to be a handshake at the end of this and we were going to kick some of this further granular work either to the Quality Measurement Workgroup or somewhere else, but, can you confirm?

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

Yeah, so, there are two handshakes one is directional recommendations to HHS and I think a lot of it is to CMS and another is the handshake, as you mentioned, to Quality Measure Workgroup. So, was the question whether it's already existing eMeasures versus concepts was that the initial question?

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

Yeah, it's whether or not sort of we're coming up with a framework to measure accountable care as the big entity, right? How do we actually make some recommendations around how do we accurately do that as opposed to refracting it via HIT aspects and saying, there's eMeasure portions of that that are going to be critical and that's what we're going to focus on in terms of our framework.

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

So, I think that's probably the later in a sense of this is an HIT program, you know, HITECH and Meaningful Use and I think there certainly is some hope and potentially some optimism that electronically gathered, and of course that's not restricted to EHRs, electronically gathered and – presented information is going to be very helpful to ACOs in the entire health delivery system. So, to the extent that it is at least – it at least uses HIT I think that's a plus.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So, this is David again, I like that, I think that it makes sense. One of the things we've run into in our community that's become very important to the conversation about measurement has been who is the organization or body who both provides and assesses the data and sort of says this is what is true in that data?

Because, I'll give you this as an example, we've had several pay for performance patient centered medical home programs launched in the community and we're a CPCI region as well and the commercial payers are not willing to accept measures reported from EHRs in clinics they want some other body to have received the actual data and worked with it and so I think that maybe CMS is predisposed to be willing to do that, but we're running into challenges with that on the commercial side. Is anybody else seeing that or hearing that?

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

Absolutely, so I think that to me, this is Joe, thinking about sort of how do we operationally execute on a framework once those measures are set. I think there are, Sam and I would also probably concur, that there are a lot of recommendations we would give to try to make the operational execution of these, any measures that gets proposed –

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

Agree.

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

Robustly set up in a fair way, etcetera, all those other kinds of things. I would submit if we could, if we can focus on the framework and the concepts and get the ideas right first then part 2 absolutely can be much more detailed recommendations on whatever you pick it's got to be operationalized in a better way.

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

Right and there's a bit of a – there's a bias towards okay the public reporting measures right now we're sort of somewhat more of an exercise. We would really like these new measures to be impactful and the impact is probably going to be far more local and far more timely.

So, the impact would be on measures that providers can use, we talked about in the HIT Policy Committee real-time dashboards; these are things that are meaningful like today not 19 months in arrears and the same thing for patients.

So, that's why the whole measures that matter kind of concept and yes that might take some time and cultivation, as David was saying, you know, by the payers and how they're used to dealing with this, but we really would like to have impactful measures in a more timely way and that are 'certified.' They are real auditable, etcetera.

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

This is Kevin; I just want to make a quick interruption. I confirmed with Kate that she has a conflict and can't present. If you'd like I can give a brief overview of the CMS process as we are intimately involved or we can defer that to a later time.

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

Kevin, do you think sort of based on our discussion flow at the moment it's going to – it will provide us another angle that would be informative?

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

Well, why don't I give a couple of minutes about how they currently do measure development and what they're thinking, but I won't belabor it too long, but I think it might help you understand where they – what CMS's sort of current priorities have been and kind of how they're thinking.

So, as you know CMS, the Centers for Standards and Quality, CCSQ which Patrick Conway leads, does a fair bit of measure development and their measure development has historically been in individual programs, so PRQS has developed its own measures, Meaningful Use has developed its own measures, the hospital system has developed its own measures. They have recently committed that eMeasurement is one of their primary measurement strategies, it's not the only one and it won't be the only one probably any time in my lifetime, but it will be one of the primary strategies rather than a secondary strategy.

So, and its – rather than being a – strategy it's becoming a core strategy. So, they have been integrating their work across the measurement development between the historic way the measures are developed in claims and in chart abstraction and eMeasures into a more single unified system of measure development.

Also, they are working very aggressively to do a report once alignment and the vision of report once is as a provider or a group, or a hospital, or an entity that reports quality measures to CMS the goal is that with one submission of that information it will count for multiple measures, for multiple programs. That particular strategy you can see in many of their current rules and so in the currently proposed rule for the physician fee schedule there is alignment with PQRS and Meaningful Use as well as the CPC Program and the ACO Programs.

So, the same measures in those submissions count for all programs if for example their using certified EHR technology. Because those programs also accept measures in other formats like claims-based measurement there isn't always completely reciprocal credit, because if you submit claims-based measures you don't get credit for Meaningful Use for example.

So, in that vein of moving to a report once strategy and a central commitment to clinical measures, HIT measures, CMS is now working to build new measures for programs and as many of you have heard or been involved in both CMS and ONC have jointly worked with a number you and other stakeholders to try to redo the measure development process to shorten the amount of time it takes to develop measures and do a lot more early testing and testing in data to get earlier feedback about how the measures work.

So, as we've done this measure reboot together with CMS we're also actively looking and thinking about how we take input from groups like the HIT Policy Committee to inform the measures that CMS built. The current framework however still looks to the measures blueprint that CMS has as well as the NQS endorsement criteria as fundamental to assuring that measures meet the standards that we need them to meet.

And so, Helen can talk about this in more detail if we need, but for example under that framework means they need to have scientific validity. They need to be reliable. They need to be able to be cross checked and referenced to other – to the scientific literature. That poses some challenges to some of these overall global measures as Helen was mentioning.

We sometimes don't have enough scientific literature, especially as we try to do really broad cutting overall population measures. Very few things in the medical literature have been applied to a really heterogeneous universal population. Most things in the medical literature and most guidelines are applied to specific populations often around condition or sometimes kind of site of care.

So, the current framework relying on that research and evidence is one of the reasons that the measures on this list look the way that you see them, because as we charge the measure development and the technical expert panels to come up with a very broad based measure they come back time and time again and say "we don't yet have the medical evidence to apply this to a broad population. We don't know how to compare two groups. We don't know how to compare a geriatric population to a young healthy population with this particular instrument or in this particular measure framework."

So, we're in part using the measure development process to get some of that information and that's why the strategy around building block measures. But, CMS and ONC are working hard to come up with new measures and new measure concepts and new ways of measurement, so we're very interested in input from groups like the Policy Committee. So, that's enough, I think I'm happy to answer questions and again we'll work with CMS to see if we can find a time for them to present themselves if that's still important to this group.

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

So, Kevin, this is Terry, I'm incredibly supportive of the report once idea I'm worried in the work we're doing, the limitations that result from that, because in a sense, if we follow where you guys are going right now we will end up incredibly constrained in our recommendations, because there will not be the validity and there won't be the testing and as we see when we look at the crosswalk that was done there is limited measures out there that crosswalk into experience or expenditures and/or any of the other, you know, mental health, I mean, there's lots of things that are lagging behind.

And if it's report once it means it's going to have to have all that validity and all that rigor that obviously all of us support. So, I'm kind of in a conundrum here of whether we push and say, you know, because this is a new space while we recognize these constructs that are really important to be attentive to we're willing to take a leap and say we believe that overarching measures are where we need to go and they need to include other things that traditionally may have not been measured.

Do you have any insight into that? I mean, the measure one thing – the report once is great for really granular things.

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

Right.

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

Because that's where all the data is.

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

So, although report once is a sort of overarching strategy we know that it will take many years to get there and we may not, you know, we may never get there, so what a cancer exempt – what a DRG exempt cancer hospital reports, there are 10 of them in the country, may never look a lot like what an eligible provider reports who is a single practitioner in practice. So, it's a guiding – report once is a guiding framework, but there is going to continue to be a need for a significant variance of what kinds of things are measured at what level.

And so, I would not want that to overly constrain the Policy Committee because CMS has really looked to the work of the Policy Committee to help provide a lot of its kind of north star activities, but I did also want to sort of explain the current landscape for how those – what the constraints are that are currently there to keep us from building a universal measure of outcomes that applies to all patients.

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

Right.

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

And then Joe I have to defer to you because of the, in a sense, risks for the ACOs as we're moving ahead with trying to determine this framework some of it is are the ACOs going to want to really take – what level of risk are people going to be able to tolerate in terms of measurement?

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

Right and that's where it does get back into, you know, if we're going to use – if the measures get used for – or what we had called, what I had called maybe mistakenly high risk measurement it becomes very real, right, in terms of what people are willing to accept risk for.

To your previous point though Terry and to Kevin here, I mean, Paul suggested we could review our framework, see if we can come up with that, it's not the ideal but a forward thinking type framework knowing that there are going to be gaps, right, highlighting those gaps and making suggestions around, you know, in order to do overarching measures more research needs to be done, more data testing has to be done fully understanding that that may make that a very difficult and long-range sort of trajectory for whoever then takes our recommendations and goes forward from there.

But, is that of value to at least of thought that through and to make those kinds of suggestions, and, you know, be sure that we buttress it with, you know, if the research gets done and all of this happens we can then also talk about then the measures need to be operationalized in these ways and really just use sort of a generic flavor to them as opposed to saying that it isn't likely that the research is going to get done in that quick amount of time. So, based on what we know today we'd like to make some recommendations going forward.

I heard from Paul that it sounded a little bit more that we wanted to be more forward thinking and just take this opportunity to highlight those gaps even if we're not sure how they're going to get closed and how fast they're going to get closed in the future.

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

Yeah, this is Eva –

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

I think that – yeah, go ahead Eva.

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

I was just going to say, you know, I'm just listening to this and just trying to turn it around in my brain how to – this is kind of – I feel like this conundrum is one that we've run up against numerous times and it's not a simple one, but I hope that this group can move beyond it a little bit and I'm wondering if one way – potentially one way to do that, understanding this notion of high-stakes or, you know, however we define that, that if you're going to hold someone accountable for something you want to make sure that it's not something you've plucked out of the clear blue sky obviously, but we also have this huge gap need and we've been identifying gaps for quite some time and there has been work done to try to fill those.

But I'm wondering if this effort – to me it makes a big different if you're holding someone accountable for reporting versus and actual performance, so I think that may be part of our equation and our consideration and ultimate recommendations is that there may be some things for which there is good enough evidence to believe that it does have some impact and we need to have further testing but there's strong enough evidence that it seems okay to the group to hold people accountable for reporting it, but not going that extra step toward holding them accountable for a specific performance.

Because, to me part of the purpose of that is to fulfill this need for validation and getting data from the real world to better understand the true – what you're really getting from the metric and whether it really has an impact on outcomes. So, I think that's part of it just because, I don't know – I'll stop there, but I just feel like there are a lot of different components to this notion of high-stakes both what we've already discussed by also in terms of what our recommendations may ultimately be that we could provide – we could maybe be a little more risky but in a calculated way that puts constraints on that risk that hopefully will make others feel a little more comfortable.

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

So, Joe and Terry, I'm sorry I have to go see patients, but if I could just put a plug in for, yes be future looking and look at the concepts and gaps but also to the extent that we can come up with exemplars let's pretend if the above-the-line overarching measures were good if we pick some and understood what the caveats, the work to be done in order to flush them out like I think Helen was talking about with the Partners, but to the extent we can get some concrete examples and work to be done that would be very useful.

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

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

Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health
Thank you, Paul.

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

So, potentially one way to do this and I think we're probably going to really have to force people to get some agreement to have the dialogue and be specific about some of the framework like for instance do we believe in overarching measures, but one way to do this would be then to do the glide path Eva and I think that this is what you're saying, obviously there's this ultimate out there which is, you know, scientifically rigorous, reportable, blah, blah, blah but if we do what you said we're looking at outcomes and so what we do is we do a glide path and we say we believe in overarching measures, I'm just throwing this out there, they need to include blah, blah, blah.

We believe that there is a timeline associated with this of 3-5 years with the first "x" number of years doing specific measure development and endorsement, and then reporting, and then at the end outcomes and tracking of outcomes that the ACO role in this is really their ability to, and I'm making this up too, you know, to pull this data from these disparate sources to go back to that issue is that hard "yeah" is it doable "I don't know."

And then figure out how it gets aggregated and reported and then reviewed, and we do it all within a framework. So, we kind of push the landscape a little at the same time we pick one or two things, well probably more than one, that can be executable within a year or two, so some really low hanging fruit, I don't know what those are specifically in this space, but –

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

Yeah, so Terry, I like that concept and to think about how do we project – I mean, I don't know if we can arrive at least conclusion today at the end of this meeting that we all have some general acceptance of the above the line overarching type measures knowing there's a lot of work to do there and then the below the line measures where you have much more detailed opportunities but perhaps doesn't – it's the above and below still aren't quite connected yet, but lower it's easier to operationalize.

How do we think about those recommendations going forward and pull them together, the below the line measures seem to get very nicely fit into the clinical care and effectiveness, safety and these other buckets that we talked about. So, it maybe that we can go that direction.

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

Yeah and I think the one thing that doing the crosswalk did with the measures is point out where there needs to be a focus in terms of additional development, which obviously is in experience and expenditures and so – and we don't want to forget the deeming concept which we'll have to come back to later, but –

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

Well, let's, perhaps –

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

What do other people think?

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

As a committee do we think that the overall measures – I haven't heard so far if anyone had some significant reservations outside of the fact that how we do it and the method still needs to get worked out but conceptually we feel like that's the important direction to go?

M

I would agree with that Joe.

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

Yes, me too.

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

Anyone opposed? Okay.

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

I apologize, this is Helen I've been in and out clinic so I've been listening intermittently but I don't oppose it I think that's the right direction, but I think the devil is in a bit of the details of how they're used, you know, a delta for example just doesn't make very much sense on a generic measure of health status.

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

Yeah.

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

So, as long as there is clearly an expectation we'll continue to talk about the how and the details I'm fine with that.

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

Yes, okay. So, at that point in terms of Terry's suggestion around the work ahead of us around flushing out the framework and setting up the glide paths to think about the top above, the overarching measures we probably should be a little bit more detailed around what we're talking about in terms of reservations and guidance to be as clear as possible so that those measures whatever gets developed earlier on are not inappropriately operationalized, but then knowing the short-term timelines anything below the line can we come up with some specific exemplars as Paul was talking about and say are there some things that we can actually recommend, we can go forward with a little bit sooner than that even though it may not hit the ideal yet at this point. Is that the sort of work we're hoping to do?

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

I think so Joe and I wonder if we go to, so we are going back and forth, to slide 10 and 11 though because the one thing that, you know, we dialogued about last time but we didn't resolve is there some other – is there something else in that equation we're missing? I don't know what it is, but I want to give us the time to reflect do outcomes experience and expenditures get what is important and valuable in the ACO arena? Is there something else and that was really that other domains, if we think of them as domains, you know, overall domains is – are we missing something?

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

So, this is Kevin, I guess one question along that line, Terry, there is a lot of discussion about the difference between measures of health and measures of healthcare.

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, that might be one thing to consider in the framework. Another thing that I've heard in a number of places is the role of community support, Eva mentioned this, things that are enablers of good health and healthcare but aren't actually health and healthcare, home services, meals-on-wheels whatever it would be.

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

And another thing I would add, this is Eva, and it's on the grid kind of but not explicitly under support and empowerment, shared decision making but I would – the concept of shared decision making, a shared decision making outcome which would be decision quality, which I think is a little different than what's mentioned there, because the CAHPS is underneath there, and I realize that those metrics probably are going to need to be disease specific and there are not many of them developed yet, but it seems to me like that could be a really important companion measure, if you will, to some of the cost and efficiency kinds of measures, politically it may be useful, but it's just a good balancing measure I think to take a look at that.

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

Yeah.

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

So, one way to do this is to make sure – so at the end of this when we do our report we may have, hey, you know, there are all these other things we needed to do that we discovered and we need to turnover to somebody. So, I really like Eva this decision quality. If you want to go back, because Eva you are who mentioned that last week I think health and healthcare and we had talked about – I think we had talked about or maybe I just dreamt this but doing a continuum and saying, we want health, we're at healthcare, we've designed a framework to measure health to help support healthcare but in this continuum our ultimate goal is health and we recognize that to go from healthcare to health will require blah and we don't have blah yet, but we want to put it on the radar so it's recognized and we think it's important from our group.

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

Yeah and so Terry when I hear that I'm thinking – so I'm looking at the overall measures bucket and even if we sort of stratified that and had the upper level being health overall measures as opposed to the bottom level being healthcare overall measures to start to categorize some of these measures –

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

Yeah.

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

That aspect and say, you know, what is, you know, expenditures for health versus healthcare, experience for health versus healthcare, outcomes for health versus for healthcare and then that would actually lead to again this aspect of identifying gaps of where things need to get further developed if we're really trying to get to the ultimate of health.

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

I like that.

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

I do too and I don't know this a bit of a wild hair idea but this weekend I was sorting through some e-mails and came across a number of things that are looking at community partnership kinds of things and they tend, at least what I was reading, tended to be more in the form of case studies of, you know, how have healthcare providers partnered effectively with community resources and I don't know if it's premature to

start talking about some sort of metric, maybe it's more appropriate to talk about that as a concept, but that gets I think a little bit – it gets at the health versus healthcare issue. To me it's kind of a bridge.

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

Yes.

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

Yeah.

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

And could potentially be a process measure while I tend to be more interested in the outcomes measures I think this could be a really important process measure particularly when you look at ACOs and care coordination, and things like that.

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

I think that's great.

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

Yeah.

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

And SAMHSA I think has come out with a number of things on that, again, I don't know if it's at the level of metrics but a lot of what I was looking at was out of SAMHSA so there is probably stuff out there we could leverage.

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

And I think that what we can do if we buy into that this is not going to be quick but that we – but in order for the ACOs to know where they need to go, obviously and it's bidirectional because they're helping inform that, but there are some early surrogate measures, so we say this is really important, your community liaison, just picking up something, and we have a surrogate measure that we think you can measure in between and then it goes back to that deeming where if you really decrease your re-admission rate perhaps it's because you've been able to establish these three things in the community and you've assessed this and blah, blah, blah. So, I think that there are ways to tie this together; I don't think we're there yet, but –

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

Yeah, yeah, I agree. Well and the other thing, the other thought I had in looking at these things is there maybe something in here that helps us to pull public health more fully into the fold of overall health. We still, I think, are pretty far from having a system that takes full advantage of healthcare and public health, and Meaningful Use has public health on the, you know, in their grid, which is a good step, but I still feel like there is more that can be done in this notion of community assessment and community partnership is very much to me a public health function or something that many public health entities are already doing well in some instances. So there maybe something there.

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

I'd agree and I think we should feel okay about making some real challenging recommendations around that and, you know, I think that one of the things, and Kevin and Joe in particular feel free to push back, I really think we've got to be pushing the vendors within this discussion because we can't just be continually introducing new burdens in the delivery system and I just wonder at what point that inclusion begins.

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

Sam this is Kevin, can you be more specific, any ways we should particularly do that?

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

You know, and I'm not even sure because it's such a big thing, but, you know, this is all built on the backs of electronic systems at this point that are largely not interoperable, especially if we start pushing our scope beyond traditional healthcare delivery which I think we do need to do, you know, we're starting to tread into the public health domain, social services a lot of the home health that sort of thing and, you know, the broader implications to that are greater interoperability and whether that's done by the vendors or by the delivery system, you know, it remains to be seen.

If we don't put some pressure on that I think that it ends up getting done by the delivery system or funded by the delivery system or at the end of the day that's where it ends up anyway. But, then it just gets done over and over, and over again by a group that's core competency is care delivery and not software development.

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

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

And I'm wondering if there are vendors of electronic systems in these other areas of interest, surely there's something somewhere I say naively, but there may be a role that ONC can play in terms of convening these very disparate electronic vendors and kind of putting them in a room and forcing them to be part of the solution building here, you know, whether that be in terms of just a conversation to begin with or maybe even some of the things that ONC has done like an App challenge or something like that.

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

Yeah.

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

Yeah, so I would think, Sam, to your point too that there is – I see so there is the aspect of capturing the information more robustly and interoperability to share that data across these areas. I think around measurement and assessment I think given the amount of resources now being plowed into sort of data integration and analytics I think there is also ability to pressure not just the EHR vendors but the analytics vendors –

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

Yes.

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

Around how do you integrate these disparate data sources and be ready to incorporate community-based data sets, outside data sets together to measure these kinds of constructs, because I think they're stumbling right now getting from administrative just in the EHR and we're about to push them yet another step further and say "be ready for that, get ready to do that a little bit more robustly."

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

So, this is Kevin, just a quick reminder we, as a Subgroup of the Quality Measure Workgroup we have two other Workgroups that we could charge with tasks one is the Vendor Tiger Team whose specific charge is to focus on vendor related issues around quality measures, the other is the Data Intermediary Tiger Team whose specific charge is to focus on data aggregation, reporting and transmittal issues. So, if this committee has specific questions that it would like to charge those groups we could easily bring those to those other Tiger Teams.

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

Yeah, Kevin, so I would think that if we aren't broadening our concept around value and this health and healthcare paradigm then I think those other committees, I'm not sure if they're thinking about all the data sources required to generate measures around those kinds of constructs and I think once this framework gets set up and we think that we're hitting upon stuff that we'd like to recommend at that point in time I think it would be challenging to send those challenges to those other subcommittees to say, okay, so if this is where you're going to go I think you probably have to broaden your scope a little bit. I don't know the scope of those two subcommittees, so they maybe already thinking about this.

Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology – Health & Human Services

And this is Kelly Cronin just to add to that list we are in the planning stages for thinking through a new certification group or building off the existing certification group that is going to look at perhaps a broader approach to voluntary certification for interoperability across settings of care and we'd be looking specifically at what we've commonly called ineligibles for Meaningful Use, so long-term care providers is sort of on the short list to try to prioritize what can be done for post acute and long-term care and long-term care services in supports or community-based care could be part of that. So, in terms of how to advance interoperability among community-based providers or services is something that could potentially be charged to that group.

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

So, this is Terry, I guess I want us to push a little on whether we believe the equation is adequate. I think what's concerning – so, I want to just bring us back to that is – so I think everything we talked about is really important public health, social service measures, community support, perhaps some additional sub-domain measures, interoperability, blah, blah, blah, but the issue is are – between outcomes experience and expenditures and I think what we should believe is that we have the liberty to decide what goes into those.

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

Yeah.

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

But, is there any other domain, I'm going to call it a domain, that we aren't getting if we use those terms kind of globally. So, public health isn't really stated anywhere here, you kind of get it somehow, but one can argue it's under outcomes, health and it maybe that this works for healthcare value but maybe it doesn't work for health value, I'm really struggling with what we call that because this is called value, so if we say it's healthcare value but really we're on the road to health value or the value of health or something like that. Are we missing something?

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

That's interesting Terry because actually I would have submitted that I see the equation working better for health and more challenging to work for healthcare.

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

Okay.

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

Because I do feel like this aspect of how do you optimize outcomes experience over expenditures it's an easier more, maybe not easier is the wrong term, but sort of a little bit more consistent when you're trying to do that around health whereas healthcare there is so much other stuff around expenditures and you're missing that whole bucket of what, you know, other expenditures are happening from the community perspective, etcetera, that I find that equation more problematic in the healthcare domain than the health domain.

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

Okay and from an ACO perspective you want to capture that other stuff right Joe?

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

Right, so I mean, so globally when we're being measured on value I think to get to the really nuts and bolts of things, right, so it's the way, at least the current ACO and the Blue Cross AQC type contracts work you're being measured on your own organizations performance compared to other organizations and to a benchmark and that level of granularity impacts our financial reimbursement around some of these things.

And so I think no one would disagree with the top level equation whether it is health or healthcare but I think it becomes really – we've said it several times here, the nuts and bolts of it when it drives down to that level of, you know, you are point one above your other organization benchmark, you are now no longer out of the noise and need to pay or something like that becomes very challenging if you don't fully believe in the metrics and the measurement system.

So, I think the operational discussion is a big, big discussion and, you know, if we come up with 80 different things maybe 60 of them fall down to the wayside when we start to say do we really have enough of what Helen says is, you know, the ability to do the delta measurements on this, is the evidence there sufficiently to drive to that level, but maybe there are 40 measures that can actually work just for pure reporting purposes and improvement purposes to get us on the right direction.

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

So, is it possible, and I'm revealing my ignorance about ACOs and expenditures, that if we keep the – we can say – so we're not – it doesn't sound like any of us are coming up with anything obvious that we're missing, there might be some sub-domains we're missing, but it may be that as we move from the continuum from healthcare to health in the healthcare continuum we tease out additional sub-domains or not sub-domains but overall measures in the expenditure catalog, because of the ACO umbrella or it may be in all of them we tease out additional things because the ACO umbrella.

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

Yeah, no I don't want to – so, Sam, I don't know if you feel differently or Kevin too, but it seems like sort of health is the ultimate, if we can do it fairly and well I think that's so consistent with the ideas of the ACO-type construct that I think doing it well, doing it consistently and fairly would be really what we're trying to do and what each organization is trying to optimize. I think today we are doing a lot of healthcare measurements of overall things and probably not even as ambitious as what's on this chart at the moment.

Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System

I would agree.

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

Intermediate outcome kind of stuff is what's showing up, but, you know, that's what we're trying to be measured towards and I would still say that even at that level, to Helen's point, there are still some questions about how we can actually operationalize that. So, it feels like in the overall measures area there are still a lot of gaps that we could begin to identify but conceptual alignment for sure it seems like, you know, most of us that signed up for the ACO-type agreements that's what we're hoping to optimize going forward.

I think the stuff below the line is where we have a lot of things, I think the challenge there is to streamline and organize it, simplify it in a way that makes sense a little bit more, because there are so many measures coming at us from so many directions that that portion of it seems like a little bit more of a technical exercise that will take time but more doable.

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

Okay.

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

This is Kevin, I want to be conscious of the time, we have 5 minutes left in the call, so I don't know if you want to do any summary.

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

Oh, yeah.

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

Yeah, so Terry, can I take a swing at this here real quick?

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

Yeah, please, go.

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

So, what I'm thinking is – I continue to stare at this one chart in front of me and it's the patient centered measures of value chart and if we can take this and rather than all the details below it in sub-domains, start to propose another one page document that we can circulate to the committee that talks about health and healthcare and talks a little bit more about how we would structure the stuff below it and suggest some glide paths around what's the timeframe and what sorts of gaps maybe we'd have sort of a timeline and a gaps element there that need to get recommended and perhaps circulate that. I can start to see that visually in my mind at least for what that kind of chart would look like and circulate that to the committee would that be helpful? Does that seem appropriate to move to that level?

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

Yeah, I think it would be great.

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

And then we could take the bottom sections and try to bring the NQS sort of domains in there and just take another swing at putting it together, because I know Paul will bring up exemplars too next week as well. So, I think we're going to have to keep pushing to that, some level of granularity there.

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

And if it's useful I'm happy to send around a PRO report that we did last year, because I think there maybe some nice exemplars in there for you.

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

Okay. So, does that sound like a reasonable next step and then we'll send minutes out.

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

Yes.

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

Our next meeting is when Heidi?

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

It is September 10th.

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

So, we have a little bit of time. So, we have two weeks until the next one.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Right.

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

Okay.

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

Okay, Kevin, we should open the phones, right?

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

Yes, oops, sorry.

Public Comment

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

Yeah, operator can you open the lines for public comment?

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 no public comment at this time.

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

Great.

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

Great, so Joe and I would like to thank everybody and we'll be sending out stuff and talking with you at the next meeting. Thanks for everyone's time.

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

Thank you everybody.

M

Bye-bye.

W

Bye.

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

Bye-bye, thank you much.