Clinical Quality WG

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1. Retire attestation as satisfying measures—and report use (not collection) of data. *(SGRP 108 & 109)*
2. Care Plan: Standard content & terminologies needed. For MU-3: diagnoses, patient goals, advance directives, core care-team. *(SGRP 304)*
3. Focus on CQMs that support efficient, evidence-based care processes. *(QMWG 01)*
4. Focus on CQMs that support interdisciplinary, cross-venue care. *(QMWG 01)*
5. Standardize the CQM data model and CQM-authoring tools. *(QMWG 03)*

6. Core measures? Pros and cons. Perhaps, e.g., shared decision making, pain management. *(QMG 04)*
7. Wider Input: Use states, learned societies, focused interviews, and crowd-sourcing methods. *(QMG 05)*
8. Patient input needs standards development. Start with symptoms, including adverse effects. *(QMG 07)*
9. Patient input occurs now thru validated instruments, e.g., for depression. *(QMG 08)*
10. Focus on suites of process and outcome measures. *(QMG 9 & 10)*

11. Align CQMs with MU objectives. *(CQMG 14)*
12. Transitions of care are high priority. *(CQMG 16)*
13. "Local" CQMs would require management and be hard to include in EHR certification. *(CQMG 18-24)*
14. Population-Management platforms are not standard; they are ready for sharing best practices. *(CQMG 28-30)*