NATIONAL QUALITY FORUM

Moderator: Lauralei Dorian
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2:00 pm CT

Operator: Welcome to the conference. Please note today's call is being recorded. Please stand by.

Lauralei Dorian: Great. Thanks, Leah. Thank you everybody for calling into the Care Coordination Conference Call today. This is Lauralei Dorian from NQF, and we also have Karen Johnson from NQF and Heidi Bossley on the phone.

So before we get started, I'm just going to go through the Steering Committee roster so everybody knows who else is on the phone. I know we have our two co-chairs Don and Gerri. (Dana), are you on the call? Okay.

Katherine Ast: (Kathy) is here.

Lauralei Dorian: Great. Anne-Marie?

Anne-Marie Audet: Yes, I'm here.

Lauralei Dorian: Great. Emilio?

Emilio Carrillo: Good afternoon. I'm here.

Lauralei Dorian: Thanks. I know (Jan) is going to be on the call. Karen Farris, are you there?

Karen Farris: Yes.

Lauralei Dorian: Pam Foster? Okay, Bill Fronhna?

Bill Fronhna: I'm here.

Lauralei Dorian: Jeffrey Greenberg?

Jeffrey Greenberg: I'm here as well.

Lauralei Dorian: Great. Thomas Howe?

Thomas Howe: Yes, I'm here. Thanks.

Lauralei Dorian: (Suzanne Fritzclopp)?

(Suzanne Fritzclopp): Yes, I'm here.

Lauralei Dorian: James Lee.

James Lee: Yes, I'm here.

Lauralei Dorian: Russell?

Russell Leftwich: I'm here.

Lauralei Dorian: Great. And (Mark)?

(Mark Antman): I'm here.

Lauralei Dorian: Thank you. Julie?

Julie Lewis: Yes, hello.

Lauralei Dorian: Julie. (Linda)? (Danique)? Lorna?

Lorna Lynn: I'm here.

Lauralei Dorian: Gene? (Matt McNuvey)? (Ava)? (Bonnie Wickfield)? And then Alonzo?

Alonzo White: Here.

Lauralei Dorian: Great. Jeff, thank you very much for calling in again. We have a pretty full group, which is great. And thanks also for your prep work for the call today. We recognize that there was a lot of complex material that we asked you to wade through. So we hope that you found the memo helpful in doing that.

Just a note that today's call is open to the public, and we'll be taking public comments towards the end of the call. The call is also being recorded, so transcripts will be available following the call if you wanted to review what was discussed. And just a note that, as always, please keep your phone on mute if you're not speaking, because that helps with the audio for everybody.

We do have a Webinar running. For some reason we're not able to get the screen share working, but we do have the memo up on the screen if you can see that. If you can't see that, that's okay. That's basically the main thing that we're going to be following throughout the call. So if you have the memo in front of you, you should be good.

So before we hand it over to your adept co-chairs to lead you throughout the call, I'm going to turn it over to Karen Johnson to talk a little bit about the approach for the call today.

Karen Johnson: Thanks, Lauralei. In case you were wondering why we were having this call, this is the post-comment call that we asked Steering Committee members to take part in. So the purpose of the call is to review and discuss the comments that we received on the Care Coordination Project so far and also to determine what responses or course of action may still be needed.

So if you looked at the details of the memo, you'll know that we received 41 comments, which is not too bad. Well, quite a bit of them are representations from those comments. And roughly half of the comments were comments that we didn't really think we needed a specific response back for. It was for the most part support about the work that you guys are doing on the Care Coordination Committee and just support for having more care coordination measures in general.

But we did receive other comments that we do need to respond to. Many of them, as you could tell from the memo, have to do with the issues of related or competed - competing measures. So that's much of what the call today is going to be about. And then we also had several comments about the Advanced Care Plan Measure. So we need to talk about that one as well.

So the organization of the call, we're pretty much just going to walk through the memo. So the call will be - you may notice the agenda really follows the memo. We're going to do that. We only have two hours, and we may finish early. It's always a goal, but we may not. But we will try to keep an eye on time, so that we don't get bogged down in too much detail.

And as Lauralei already mentioned, (Don) and Gerri are going to lead the call, and they will do a fine job. But if there are any process questions NQF staff will hopefully be able to step in and answer any of those.

And then finally, the last thing, there will be some more voting for you guys to do. We have a SurveyMonkey tool ready to make available to you after the call. It may not be exactly two minutes after the call. It might be more like a half-hour after, depending on what we say and what happens in the call.

But basically, the questions that you will be responding to on that SurveyMonkey tool will be the questions that are in the memo under the Action Items where you're given different options for voting. So that - those questions will be exactly what you'll be voting on later on.

And we want to give you plenty of time to vote. So we're going to make that feedback to us no later than COB next Wednesday, which is the 23rd, if I'm correct on that. So - and, of course, if you can get those votes in earlier, that would be even better.

So with that, I think if there are no questions from anybody, I'm going to hand it over to (Don) and Gerri.

(Don): Well, hi. This is (Don), and my colleague Gerri Lamb is also on. And welcome to everyone. It looks like we've got a pretty good group here - pretty good representation. We have Heidi Bossley also from - and Katherine Ast and let's see, I think the NCQA and PCPI are represented to help us.

But in essence, what I was going to suggest you do is - can anyone not see the WebEx? Do you-all - does anyone not have that - can you see it? Everyone see it...

James Lee: This is James Lee. I don't have access to that on my terminal, but I have the memo ready.

(Don): You do. So does anyone else not able to get into the WebEx? Okay, so...

Anne-Marie Audet: Yes, this is Anne-Marie, same here.

(Don): You can't?

Anne-Marie Audet: No. ((inaudible)).

(Don): All right. So we'll try to - we'll try to...

Anne-Marie Audet: ((inaudible)).

(Don): Yes, if you have the memo, Anne-Marie, do you have that in the PDF?

Anne-Marie Audet: Yes, I do have everything, yes.

(Don): Okay, good. So we thought it would be good to show it, so we could follow along, but I can't read the page number from the WebEx. But at least we can focus on trying to harmonize people who can't see it with the memo that's up there.

I think actually Gerri and Lauralei and Karen did a lot of work a few days ago on trying to prepare for this, and I think the opportunity here is that they thought very hard about how to organize this call so you could - we could be efficient and you could use the time to focus on any sort of questions that came across in the issue of the memo.

But in essence, what we're trying to do is educate you about how we want you to approach the voting, which we will do by a separate method, not today. And if you turn to page 5 as a starting point, and maybe we could bring it up on the screen, there's a box. And it's called the Action Item, and the most important thing in the document to pay attention to are these boxes that have created by the team, because these are going to be your choices as you go through the voting process that we will do after the call is over through SurveyMonkey.

I think Lauralei, is that - that's what we're using, right?

Lauralei Dorian: That's correct, yes.

(Don): Yes, so what we're trying to do is to capture your thinking, most importantly about helping the Steering Committee to make a decision about whether we agree that the measures should be harmonized and that work should be done by the measure developers to do that work or whether we think that because they're deemed competing, that one is superior.

And that will sort of - the results of that vote will then determine more an administrative next steps, because we believe that the measure developers who are involved with the competing measures are motivated to work together, but if the Steering Committee feels that one is already in the best shape, then that may actually be good direction for the other measure developer to just go ahead and harmonize.

So - but I think, you know, just recall that this is a starting point that in a consensus development process, it's very important for the Steering Committee to go through this exercise, because the Steering Committee then puts up recommendations. But ultimately the membership votes according to the sort of the same pathway.

So we are not the final process here. We are the starting point for that activating the consensus development process, which would then request that each voting member of NQF and weigh in on the questions knowing that we make the recommendations, but ultimately the - it's the vote and the final decision of CSAC that count in this process as well. So we're really kind of helping to give guidance, I think, to everyone else in terms of your expertise and input.

So that's kind of in essence what we want to accomplish here, and let me just pause and ask Gerri if she has any other thoughts about the process and also ask Lauralei - maybe I should ask you Lauralei first whether I captured the consensus development process well enough for the Steering Committee in terms of our rationale for the work today?

Lauralei Dorian: Yes, I think you did a great job, (Don). Thank you for that.

(Don): Gerri, do you have any comments about what you-all did in terms of helping the Steering Committee with getting focused on what the options are?

Gerri Lamb: I think the only comment that I'd have is that we recognize that there are a lot of things ((inaudible)) as you look at the three options, and we tried to make it as clear as possible, not only the options but, you know, how to take a look at the competing measures, what is superior, not superior as well as the harmonization. So hopefully that came across.

And I think Lauralei and Karen did a fabulous job in putting this together.

(Don): So it might be useful, I suppose we could do this two ways. One is for those who are on the Web and can see this, if you want to put in, you know, if you want to sort of raise your hand. I don't think we have the raise your hand option here, do we Lauralei?

Lauralei Dorian: We should...

(Don): I know some of these do, but in the interest of being sure we don't get too many people coming at once, maybe I could ask those of you who want to ask questions or make comments to just put in the chat line, you know, that you'd like to have a question or comment. And then, you know, I could sort of ask open-endedly if anyone at this point has any questions about what we've just said before we jump into some of the details of the memo.

So I'll sort of...

Lauralei Dorian: ((inaudible)).

(Don): ...do it both ways at this point. Does anyone have any questions or if you do, please type your name in there and say, you know, "I'd like to ask a question or make a comment," so we can keep track of this. Any questions at this point?

Okay. Well, that's good. And I think maybe for those on the Web, if you would use that function, we'll just keep a very close eye on this so that we don't get, you know, if something controversial comes up, we don't get five people trying to say something at once. I think it just helps this to keep an orderly process. Be sure to send it to everyone. Be sure to click Send down at the bottom and send it to everyone, so we can all see it. And then we'll just all try to keep our eyes on it. All right.

So let's also go through the document. We have - I'm just trying to think - on - let's start back with the memo. You know, if you go to page 2, there is an explanation of competing, what the notion of competing measures is, and kind of the guidance about what the Steering Committee is supposed to do and what it can't do. And then on page 3, if you can - if you can scroll to that, we move into the Measure Group 1. So we'll have a - hopefully a brief discussion.

And the staff have really tried to give you kind of some of the micro details, not all of the micro details in the Member Comments and also the Patient Safety Complications Steering Committee recommendation who has also reviewed some of the other measures that are related to this.

And then we'll just go through the Action Item box at the bottom of page 5 and the options to be sure everyone's clear on that. So when you vote, that'll kind of be your - you know, your ad hoc ballot. Then we'll go through the same thing with Measure Group 2 - 9 - 0097. That's on page 6, 0554 and 646. These are the medication reconciliation measures. It turns out that, you know, I'll just give you the highlights ahead of time, both NCQA and AMA-PCPI have already been working with great vigor to try to see what they can do under the circumstances to harmonize.

And hopefully the way the staff has laid the boxes out, it's a nice summary below the lists on page 6 of how the measures differ and perhaps maybe a little bit brief explanation about what the potential reasons are.

And then at the top of page 8 then you've got kind of your voting choices there. Let me just be sure I have that right. Yep.

And then Measure Group 3 is the transaction record, timely transition - transmission of transition record with specified elements. This one is a little more complicated, 647, 648 - that's at the top of page 9 - in the sense that we now actually have uncovered some important issues around patient confidentiality and privacy around what might put certain patients such as those with sensitive behavioral health issues at risk through the transmission process.

So we had to be sure we had some sensitivity to the fact that in some states there may actually be more restrictive laws about how things get transmitted. And so the good news is we have some insights about this from AMA-PCPI and also a plan actually to carry forward some of the questions about the technical aspects of this to the meeting, which will actually be later this year.

And then at the bottom of 11 then you see the action item options for 647 and 649 and then 647 and 648 so that we'll, you know, and that extends, those options extend onto the top of page 12.

And then page 12 has some of the measures specific comments for you, which you can kind of use as a reference as well as some summaries about insights about additional areas for measure development and then it gives you some of the specifications of those measures.

So that's kind of my walking through of the document and it looks like we don't have anyone raising their hand or wanting to make comments so I will assume that the elegant work done by both Karen and Lauralei at the behest of hard work that they did with Gerri a few days ago has paid off in terms of giving you a document that you can actually use to help make your decisions.

So I'll just pause and ask, does anyone have any questions at this point about that background document, how it's supposed to work or any questions? Did we make any errors or mistakes?

Katherine, do you want to go ahead?

Katherine Ast: Oh, I just wanted to be sure we're also going to go through the most recent email that just came out about an hour ago.

(Don): That's the one that I spoke a little bit about, Katherine, that...

Katherine Ast: Okay, ((inaudible)), I just wasn't tracking at what you were saying there; sorry.

(Don): Yeah, that was the one - you're talking about the one that brought up this issue of the sensitive information in the transmission?

Katherine Ast: Well, that had also been in the notes but it was, I think it expanded on it. I just wanted to be sure we go through it. Thank you.

(Don): Sure, sure. So let's be sure that when we get to that measure grouping that we spend some time and maybe we could have the AMA talk about their process and some of the background. And I assume everyone got that email so.

Katherine Ast: And, (Don), we also - the other part of that email was of harmonization approach that NCQA sent through so that'll be relevant to the Med Review and the Med Rec measures.

(Don): Yeah, yeah. Gerri, do you have any thoughts?

Gerri Lamb: Yeah, just so everybody is clear about what came through on the email about an hour ago, what we did in the memo is we gave the developer responses as we had them as of the 10th when we sent the memo out. And this new information that we got from the developers came in about an hour ago so it kind of overrides some of the portions of the memo.

So for example on page 6 of the memo or actually even before that on page 3 of the memo where I list the developer responses, consider the responses that you got in the email the more current responses even than what's in the memo, if that makes sense to you.

(Don): Yep.

Gerri Lamb: Okay.

(Don): Katherine, are you good with that?

Katherine Ast: Yeah, it was that earlier discussion about the reconciliation that was of most interest to me. Thank you.

(Don): Yeah, yeah, got it. Okay. Thanks for clarifying that. I was trying to digest that myself and I was more focused on the transition one but that's good.

So Gerri, do you have anything, did I miss anything at this point?

Gerri Lamb: I was just wondering if anybody had some of the same questions that I had as I was going through the documentation, was the need to think about how to determine a superior measure.

And I just wanted to bring up that Karen reminded me that we did get a document on the competing measures guidance. So if that'll be helpful to you that maybe just something to look at or we can send out again.

But just to remind everyone that in that, you know, in your deliberations about deciding whether a measure is superior or not and whether we should, you know, recommend towards harmonization is that, to take a look at the support documents that we were sent related to the evaluations that we did when we were together as well as the compilation here of the discussion points during our meetings and the developer.

So it's really a combination of those that can put together your thinking about which one may or may not be superior and which way to suggest the (pace) that this should move ahead.

That's it, (Don).

(Don): Any questions or comments for Gerri on that? I think that was very helpful, Gerri. You can put your hand up.

Then, you know, we can revisit that at any time but I think that was a pretty nice cogent summary of sort of how to go about figuring it out, you know, what is a superior measure and the decision point.

So let's dive into it.

Oh, there you go. This is the medication measures harmonization approach and I haven't really had a chance to digest all the technical aspects of it. I assume everyone has it.

But this is giving you kind of the drill-down of the work that NCQA would like to do relevant to alignment with 419. And it also gives you some information at the bottom about alignment, changes to 0097 to align with 554 and 0646 as well as 554 and 646.

So how about if we just maybe deal with these as we, each of these as we come up in the memo and we'll sort of scroll down and then we'll go to this.

So look at the first part of this document relative to the first page, which would be the details of 553 and 419. We have NCQA and AMA-PCPI on the phone, this is mostly NCQA's work, so you can ask some questions but at this point let's also, while we're doing that - let's see, Karen and (Dawn), okay, you guys are - okay, I'm trying to read your text yet.

So the 553 and the 419 are the first group and the question that you're going to be asked to sort of vote on is, is one superior than the other or should they be harmonized. And again we're not going to vote on that or decide on that today but that's really going to be the task at hand again.

So are there any questions or comments about these two? (Sharon) is there - but (Sharon), we're actually going to wait for you since you're part of being the development process. Thank you for pointing that out with CMS and 419 so (Sharon) is available too.

But at this point, the steering committee have any questions or comments on what they need to do for these two measures? Anything that would, could be clarified to help you make your decision?

Gerri Lamb: (Don), this is Gerri. Should I type in (too)?

(Don): Sure or just go ahead, Gerri.

Gerri Lamb: Just go ahead and maybe this is a measure developer. In the documentation that we received, you know, the differences between the measures I think were clearly stated and there was discussion on the part of the measure developers about harmonizing what the process was in terms of documentation versus review as well as what was going to be review and whether OTCs were going to be included. That was pretty clear.

Was there any discussion about the age focus, the all patients, all adults versus the 65 and older?

Erin Giovannetti: Hi, this is Erin at NCQA. Is this a question for us? Would you like us to comment?

(Don): I believe so, Erin.

Erin Giovannetti: Okay. Yes, what we are proposing is that we will bring to our Measurement Advisory Panel the option of expanding this measure to include, and here we look to the steering committee, it can either be adults of all ages or adults age 18 years and older.

We will bring this to our steering committee to have this measure be applicable to the broadest population with caveat that, you know, this measure for NCQA when we bring this back for re-endorsement we will only have supporting data and measurement testing data on the 65and older population because that's the only population in which we are able to implement this measure.

But yes, we are going to bring that to our panel and it has to go through our process here at NCQA, which involves several measurement panels and a public comment of our own. But what we anticipate is that ((inaudible)) through we would be able to make some changes to the measure in the annual updates.

(Mary Barton): Let me just clarify on additional point; this is (Mary Barton) at NCQA. I think we're open to having all ages period, not just adults. So that's, I guess that's a question for you all if you think this ((inaudible)) most appropriate for 18 and older or for...

(Don): Well, in the interest of being sure we get the other side of this the question for I guess (Sharon) and CMS that Katherine raised was do you agree with the way NCQA is going for this harmonization? So, Katherine, I think that's what you were asking and I think (Sharon) and I'm just trying to see if there's - (Sharon), do you want to take that one?

(Sharon): This is (Sharon) ((inaudible)) from Quality Insights of Pennsylvania. So we have not been privy to this last minute update from an hour ago, this information, so we're attempting to scour through the (absolute) details as we're going through this.

So Dr. Don Wilson who's the medical director of Quality Insights of Pennsylvania is here and I think he'd like to provide a couple of comments.

Dan Green: Wait -- hey, Don, it's Dan Green.

Dr. Don Wilson: Hey, Dan.

Dan Green: Is somebody from NCQA that's on that could briefly describe what their proposal is? I'm

sorry that I don't have it available.

Dr. Don Wilson: Well, could I make a suggestion? Since this is - I think that the committee, the steering

committee's goal is to give you both feedback first of all whether they think it should be

harmonized or whether one is more superior than the other.

I would, Lauralei and Karen, not like to eat up so much time that we get into a lot of discussions

between NCQA and CMS. Since this is relatively new information I think we can, I think the

answer to (Kathleen's) question may be I believe that they are motivated to work together but

they obviously need to know the details and go by their own process.

But I want to be sure we don't get too far into the weeds about you guys talking through how

you're going to figure it out. I think our goal is to see if our committee agrees whether these things

are worth harmonizing nor not and then let you sort of work together if in fact that's it, to see if you

can move that along.

So am I off base here, Karen and Lauralei?

Female: Yeah, I think you're correct, Don, and just to let Katherine know, the changes on this memo

pretty much are what NCQA is suggesting that they gave for their measure. And we can certainly

share that with the CMS and I apologize, we just forgot to include you on that email so you can

definitely see this. But that will not impact what you will be voting on.

Male: Right. So Don you're a good friend - I didn't mean to cut you off but I wanted to be sensitive to understanding what the scope of this call is. So you can certainly make a comment or two but I just want to stay focused on the committee getting to its task of, you know, the polling.

Female: I have a question just in terms of the committee options and input. On the survey monkey Karen and Lauralei will be asked to load on one of those, in this particular case, three options. Will we be asked for our recommendations for what we think should be harmonized?

Female: Absolutely. As a matter of fact, we tried to ((inaudible)) a subtle hint on there and ask you to please provide your rationale for each of your folks.

Female: Right.

Female: So that would be extremely helpful for us if you could do that when you vote.

Female: I think that's going to be really important as we all go through this because of the differences in the measures whether it be the clinical process, the age, the level that we have an opportunity to say whether it, you know, we think one or the other is superior and whether we don't think either is superior.

And if not harmonization but pay attention to these areas.

Male: Right. I want to get back to Don but Anne-Marie's made a point that I want to follow up on. So Don do you have anything you want to add?

Dan Green: By the way that wasn't Don. It was Dan Green that was speaking. I'm the medical officer at CMS.

Male: Oh, I'm sorry Dan. I thought it was Don Wilson.

Dan Green: No problem. (Sharon) was about to introduce him and I think I usurped his minute.

Male: Oh. Okay.

Dan Green: I'm sorry.

Male: Hey Dan.

Dan Green: Hi.

Male: Did you want to say anything?

Dan Green: No. I haven't had a chance - I haven't seen at all the NCQA proposals so...

Male: Right.

Dan Green: ...you know, this is a measure - this medication reconciliation measure is a measure that we are using currently. We're happy if there are suggestions to improve it. We've tried to work with NQF before when we brought it up for I guess reballoting or I guess renewal.

So, you know, we're happy to work with them to the best we can.

Male: Okay. And Don, we didn't even get to introduce you but do you want to say anything?

Dr. Don Wilson: Hi. It's Don Wilson. There are so many Dons and Dan is on the call here, I was getting confused. I think, you know, we're certainly willing to talk about that age piece. I mean I think whether it's, you know, it starts at zero or 18 I mean that's something we can certainly talk about.

I just want to point out that, you know, again at a high - a real high level the differences I see in these two measures is that the NCQA measure is a ((inaudible)) that's based - so the population really is beneficiaries that are in a plan and whether they've had, you know, one review during the year basically of their medications.

Where, you know, where they measure the CMS measure because it was designed and written for the PCQRS program is a visit based measure that's based, you know, with a denominator being all visits that a particular provider saw during that year whether he did a medication review, you know, for every visit that - if it's a qualifying visit.

So in - so fundamentally they're kind of being used for two different purposes. So I just want to make sure people see that because that's - in my view at least that's the big difference between the two.

Male: Yeah. I think that - and I see (Kathleen)'s got a point here. But I think that's been the feedback I believe Karen from (CSAC). And that is that there's a recognition that they've been used for different purposes.

But also are pretty clear, strong suggestion that from (CSAC)'s standpoint that we attempt by whatever means possible, to harmonize. Right Karen?

Heidi Bossley: Don this is Heidi. If I can just emphasize as well it's not only the (CSAC) but it's also the board of directors from NQF.

Male: Thank you Heidi. Thank you.

Heidi Bossley: This has gone all the way to the...

Male: Yes. The board.

Heidi Bossley: ...top. Yep.

Male: Right. Great. So that helps. And I think we've heard clearly from both sides a willingness. Anne-Marie made a point that - and this will be for the measure developers I think to consider and something that we should put in the comments section of the voting tool that we're using.

When measures are modified for harmonization the modifications may not have always have been tested fully for a liability and validity. And so then the question's going to be if we propose these changes how do we evaluate this issue?

I think that's probably Karen and Lauralei, something for you to think about in the...

Female: Yeah, that...

Male: ...concession development process. But...

Female: Heidi may have a good answer right now hopefully.

Male: Anne-Marie, did I get that right? Did I get your point right?

Anne-Marie Audet: Exactly. Perfect. Thank you.

Male: Okay. Heidi?

Female: Heidi, do you have any thoughts on that?

Heidi Bossley: So let me just take a step back and say so first of all, you all will be providing your recommendations and - on whether these measures should move forward today and specifically looking at this 553 based on what you have now.

So again I think there will be - based on the commitments we received from the developers that they'll work together. We have processes where they will bring that back in. And that's where the question such as how does this impact the reliability of the validity, is the measure still precisely specified?

Those questions will be looked at when we see an update such as what we would hope to see here. It will actually start the - an ad hoc review process where we will convene a small group of experts that take a look at the changes and look at how those modifications would work against the criteria.

So a good example is we've had measures that have expanded to different settings and that very question came up because using different data sources but the same data element everyone felt that by using the same data element and it's specified the same way it didn't in any way compromise the reliability and validity of the measure by expanding to those settings.

And that same question would come here. Expanded ages I don't think would but perhaps changing a numerator statement might and those are the things that I know the developers are very aware and work with all the time and would go through our process again.

So I think maybe I answered the question but if not, we can talk.

Male: Yeah, I think so. And (Dawn) you - I want to get to (Kathleen)'s point but (Dawn) you had suggested you might want to give us a brief comment on the reliability issue. Did Heidi get that right in terms of how we approach this?

(Dawn): I would just like to comment that 0553 already uses two different data collection methods as one of our hybrid measures. So this would not be a change in any sort of data collection. We would simply be adding a single code which is the code that is used for 0419.

And we would test that and bring that data to NQF when it's available.

Male: So, you know, I think at this point we want to vote when we get the survey monkey Anne-Marie. But certainly if you're still confused about whether it's clear put that in your comments. There'll be comments right Lauralei in the...

Lauralei Dorian: Yes.

Male: ...survey monkey tool? So you can put in any sort of markers that you want as far as a need for us to be sure in that process.

I know it isn't going to be perfect and, you know, a lot of - some of the information like what (Dawn) just presented - I remember her presenting live to us when we met earlier this year around the issue. So, you know, I think it - the challenges - we've got a lot of stuff to look at.

But Anne-Marie does that sort of give you a decent amount of information about your question?

Anne-Marie Audet: Yeah. I mean I think we, you know, I was wondering, we can make our own personal evaluation about whether the change would have a big impact and would need re-testing. Certainly we can do that.

And if we - I guess in the comments we can put well I think that if it's an age issue, you know, it may not have an impact therefore I won't vote for this. But if we think it needs formal testing then I guess we can put that as a note.

Male: Yeah, right. Because remember you're just going to vote sort of using your judgment in whether you think one is superior than the other or whether they need to be harmonized. My sense is, and I'm not putting words in people's mouths.

But my sense is that the committee will be motivated to try to, where we can see a pathway, try to make harmonization the priority. So...

Jeffrey Greenberg: Don, I don't think we ever got the specs for 419 since their steering committee...

Male: Who's speaking?

Jeffrey Greenberg: This is Jeffrey Greenberg. Hi.

Male: Hi Jeff.

Jeffrey Greenberg: I don't think we ever got the specs for 419 unless it's been put on the Web site. So in terms of comparing them it would be nice if someone could just sent those our way or put them on the SharePoint.

Female: Those specs are in that comparison doc that we sent through to you. We can also email them separately and put them up on the...

Jeffrey Greenberg: Okay. What is - which is the comparison doc?

Female: I think it was called Measure Specs Comparison for...

Female: Measure Comparison Tables maybe. I can't remember...

Jeffrey Greenberg: Okay. I'll look for it.

Female: It's a Word document we got...

Jeffrey Greenberg: Oh, okay. I see it now.

Female: ...called Comparison of (Provided)...

Jeffrey Greenberg: Got it.

Female: ...Measures.

Jeffrey Greenberg: Okay, got it.

(Crosstalk)

Jeffrey Greenberg: Yep. Got it.

Male: So (Kathleen) has a question here about the fact that we're getting stuff coming in, you know, pretty quickly, you know, at the 11th hour here.

And this materially changes the information for which we'll be voting on the first issue that was different from one that was presented in the initial briefing memo. And I think (Kathleen) your concern is to be sure we've got...

(Kathleen): Well I...

Male: ...the right information in front of us.

(Kathleen): Well it's more that, you know, in the briefing memo it indicated that the measures apparently could not be harmonized. I think NCQA has done a great job of going back and thinking about it. Obviously CMS needs to look at that.

I'm not trying to short circuit that discussion process but I had sort of gone through and formed some initial assessments of how I would - based on the idea that they couldn't be harmonized.

If in fact we're now looking at it and saying well yeah, we probably could, that's probably going to change the way I would lean with my vote.

Male: Right.

(Kathleen): So I...

Male: Yep.

(Kathleen): I don't know. I...

Male: No.

(Kathleen): ...guess I'm commenting on that because I know we can't get to resolution today but we need to recognize it's going to affect the quality of the vote.

Male: Yeah. And also this is going to be naturally a moving target as the measure developers continue to try to cooperate and live within their own internal processes which at least for, you know, NCQA and PCPI are fairly explicit. And I assume they are for CMS.

So, you know, this isn't going to be perfect harmony. You know, PCPI may not get to this on their own. You know, and later on we'll see PCPI may not get to this until later in the summer in terms of their scheduling.

So - but I believe the staff is committed to keeping tabs on what the discussions are and bringing to the forefront, you know, anything that changes - that's significant in terms of how we would make our decisions here.

And I think that we're sensitive (Kathleen) to the fact that we would always be willing to - I think when the steering committee makes its determination these are not like final votes but I'll make it up.

Let's say we decide not to do something a certain way and then a week later some really important information comes in that changes it. I think it's then as easy as say a voice vote by email that could be done.

I'm just trying to separate out the importance of getting this done from the fact that things are going to change.

And it may be even during the consensus development process that we're asked to go back and discuss our feelings about things based upon additional new information that comes across from better discussions between the measure (steward).

So does that sort of help you feel a little bit better about the uncertainty?

(Kathleen): Yeah. I mean just it's more a statement that - of the quality of the vote. So I'm fine.

Male: Exactly. And we'll be sure when this goes to the membership vote that all of these nuances that need to be considered or captured in summary format so that the people voting on this will have as close to real time information about the trajectory and the discussions that are occurring so that they can also...

Dan Green: Excuse me.

Male: ...make a good decision.

Dan Green: This is Dan Green again from CMS. I'm sorry to butt in but I have a question. I think you probably answered it. But if we can't agree on harmonization what would be the process at that point?

Male: Well the first question is whether we, the steering committee, believe that the measure should be harmonized or not. So we've got to get through that step first.

I mean if it turns out that we don't think that's the case, that one measure is superior through our vote, then that may change the discussion entirely. So I think the first thing to do is to wait and see how we come out on that issue and then go from there.

You know, there'll still be maybe motivation to harmonize. But if the steering committee believes very strongly in one direction that one measure is clearly superior then it may be at least for the purposes of this consensus development process, relatively moot. So...

Dan Green: Okay. Okay, so I think it speaks to Don's point earlier about different settings and I can tell you from our - in our programs and from our perspective we're looking for a broadly applicable measure for folks.

And we would, you know, suggest as I'm sure the committee would agree, that any time a patient is seen by a caregiver they should be documenting the patient's medications.

You can imagine that an orthopedic surgeon for instance, is not going to feel qualified necessarily to comment on whether a patient's cholesterol or hypertensive medication is appropriately prescribed.

And my concern is while I agree if someone could comment on that, you know, a physician could comment on that they're less likely to report the measure if they don't feel they can meet all of the requirements that the NCQA lays out.

Male: Right. You're getting into sort of the validity issue which Anne-Marie raised before which we'll keep an eye on. But I think in the interest of time I want to be sure that this steering committee has - understands what we need to do next and maybe it's time, Lauralei to scroll down to the Action Item box.

Lauralei Dorian: Let me bring that up.

Dr. Don Wilson: So then this will be our simple action, when you get to SurveyMonkey it'll be choosing

Option 1, Option 2 or Option 3. And then you know, if you want to use the comment box about

things like what Anne-Marie brought up, you know, in terms of validity, you can put your thoughts

as placeholders in here, in terms of helping to guide the discussions going forward.

So this seems pretty straight forward to me. Does anyone have any questions about the process

for the vote on SurveyMonkey?

Gerri do you - before we move on, do you have any other questions or comments about these

two measures?

Gerri Lamb: No.

Dr. Don Wilson: We hit everything?

Gerri Lamb: No, I think we're good. the only thing is in addition to putting comments like Anne-Marie was

suggesting about reliability and validity testing, I would also just encourage you to do as we were

saying before, is if there are areas of harmonization that haven't been addressed that you feel

should be considered, put that in the comments as well.

Dr. Don Wilson: Yes, good point. Okay. Laraulie, do you want to go to the next three?

Lauralei Dorian: Measure Group 2, yes I have that up now.

Dr. Don Wilson: Yes. So these are our friends the med rec ones. And you know, just recall we've got

0097, 005 - 2NCQA1, MAPCPI. I think if we go back to the harmonization approach information

that we're getting, both let's see - I think in the email you were just talking about the others, but in

the NCQA medication measures harmonization approach at the bottom of page 1, you can see some - a brief summary of the changes that would be worked on to align 0097 with 554 and 646.

There's like a brief paragraph there, and Lauralei's got that up on the screen there. And you can scroll to the next page Lauralei. Yes, so there's the rest of it. And again, I think the - it sounds like CMS would like to see this document, if that's okay.

Female: It's already done.

Female: Yes.

Dr. Don Wilson: Great, thanks. So (Sharon), that'll help you. (Dawn), do you want to say something about the three measures and what needs to be done?

(Dawn): Yes, I just wanted to - you know, I'm - I apologize this is all coming in so last minute, but we're just demonstrating our commitment to harmonization, that discussions were going on right before the meeting, this meeting, about just a couple more changes to this memo, really small, which is that if the Steering Committee feels that this is really something that should be appropriate for all ages, age-zero to infinity, we would be happy to bring that change to our measurement panel, with the same caveat as before where this will continue to be a measure that NCQA will only administer within the age-65 influx population, but we want this to be a measure that's as broad as possible.

And we are open to changing the age to whatever the Steering Committee feels is appropriate. ((inaudible)).

Dr. Don Wilson: Well, hold on just a minute, I don't think it's appropriate for the Steering Committee to make that determination, I think it's appropriate for the measure developers to come to consensus on that. So I just want to be sure that...

Karen Johnson: Don?

Dr. Don Wilson: Yes?

Karen Johnson: Don this is Karen, sorry to interrupt you. I would like to make sure that Erin, those changes that you're talking about, if you would send those to us we will get that out to the Steering Committee as soon as they have the latest greatest.

And certainly the Steering Committee, if you feel that you have an opinion about the age, certainly include that in the rationale if you care to. You know, any information that we can give the developers is fine, and we'll try to send that over. So you don't have to, but if you want to, feel free to include that.

Dr. Don Wilson: Yes I - the reason I was trying to be cautious here is only because for the purposes of the measure developers that we just be careful that, you know, that we don't get into messing up the validity and reliability too much, because Anne-Marie's question is probably going to be raised again about, you know, this question.

So I'm just trying to be careful about the Steering Committee getting too much into the measure development mindset. I think we can give our feedback, but ultimately you guys got to make the decision about to harmonize so.

Erin Giovannetti: I just want to make one more correction, which is that we had incorrectly said in this memo that it would be ((inaudible)) workgroups. AMS clarified that it will be their Care Transitions

workgroup that will review this, and it is not entirely clear, and maybe (Mark Antman) would like to comment on this, when the Care Transition Committee will be able to meet again.

Dr. Don Wilson: And Erin, is that you speaking?

Erin Giovannetti: Yes, this has been me, sorry ((inaudible)).

Dr. Don Wilson: Okay. All right, thanks.

(Mark Antman): And Don, hi this is (Mark Antman) at the AMA.

Dr. Don Wilson: Hi (Mark).

(Mark Antman): With regard to the timeframe for reconvening our Care Transitions Group, we unfortunately can't give you a specific timeframe at this point. But we would - our plan is to confer with that group and determine the earliest point at which we can convene them to consider that. But as Erin said, that would be the group that we think would be most appropriate to work on a measure - work on the measure as described.

Dr. Don Wilson: Yes. And we recognize that there are some logistical constraints in your process (Mark) that could be playing here, and we want to be sensitive to that. I think at this point the Steering Committee's goal is to make a decision about whether harmonization is appropriate or whether we think the competing measures have one better than the other.

So I think that's - the first step is to be sure we understand that sensitivity and then we can move forward with the logistics of if they agree it's harmonization, how we do that so.

(Mark Antman): Okay, thanks.

Female: Don I'd like a point of clarification. If the action items could be brought up - at the Action Item number 2 it says that, you know that, "Developers do not think it's possible to combine 646 with the other two." Has that changed? Is that still going to be a area where we'll be voting?

Karen Johnson: This is Karen, yes, that will still be something that you will vote on, yes.

Female: Okay thanks.

Dr. Don Wilson: So we have two action items for this triad?

Female: Correct.

Female: Correct.

Dr. Don Wilson: Okay, any questions from the Steering Committee on the Action Item box for these three measures? Good, and thank you (Mark) for your comments about the - some of the challenges here because I know this is hard work and it's hard to logistically - it's hard enough within your own organization, but it's clear from our experience on the Steering Committee that you - both organizations and CMS are willing to work together when they're called to, so we appreciate that.

Do we want to go then to the transition record discussion? This would be now on page 8 at the top - at the bottom. Could you put page 8 at the bottom, ((inaudible)) just go up a little bit. Oops, there we go.

So we're in Measure Group 3. And this was the one that I spoke about earlier that was embedded in the email that Lauralei sent to you this afternoon about the sensitivity of some of the state laws that have fairly specific privacy protection requirements, especially around certain sensitive areas

like matters of domestic violence, and that we have to be sure that as we're thinking through any changes to specs that we're sensitive to these issues that may come into play.

So there is that new information about the transition record measures. so these are the three; 647, 648, 649. And then if you could scroll down to the top of page 9, you can see the side by side. And so let's see if the committee has any - and then below that as the developers responses to this, plus the email that Lauralei sent to you this afternoon from CMS and also AMA PCPI.

So any questions or issues with these three? And if not, would - does PCI want to say anything about this or? I mean we have a nice elegant summary of where you are with this. But (Mark), does your team need to say anything about this or?

Katherine Ast: This is Katherine; no I think the summary we sent yesterday afternoon is everything that we wanted to comment on, unless there are any questions.

Dr. Don Wilson: Thanks Katherine.

(Bill Ferona): Hi, (Bill Ferona) here at Hospital Center. I do have a question.

Dr. Don Wilson: Hi (Bill).

(Bill Ferona): Hi Don. The question had to do with - I was trying to - as an emergency physician I'm trying to put myself into the position where if I discharge somebody, even if you know, if the patient themselves is a victim or came in for confidential sexual abuse or sexually transmitted infection or some other cause - or some other thing, we're providing that individual - you know, looking at the EDO 649, providing that individual with a transition record, because it includes all patients

discharged from the ED - I'm just trying to figure out if someone can explain the specific issue that the individuals site as far as the problem.

Female: Sure, the problem was not ever when the transition record was provided to the patient, it was only with issues of caregivers. So the exception isn't perfectly clear in that way, but that's the way our exceptions are worded.

So we're - but the - for problems that came up during implementation were about either somebody brought in, for example, a dementia patient and it was a neighbor or someone who should not be getting the transition record, or in the case of a minor and they're pregnant or had a pregnancy test or STD or something like that, that there are some states that have laws that prohibit the parents from getting that information.

And also with sensitive mental health diagnoses and other sensitive diagnoses like HIV, it's just for the caregiver only, and that's what CMS asked us to look at and what we tried to address with the exception.

(Bill Ferona): Okay so I see, it had to do more with really understanding who the surrogate would be in an appropriate sense for a patient who may not even have the capacity or the capability to manage on their own. Okay.

Female: Correct.

Dr. Don Wilson: Any other questions?

Male: ((inaudible)) so is this - I'm just looking at the comparison sheet for these. Essentially these measures are the same, the only difference is who gets the report. I mean what...

Male: Right.

Male: ...the key thing in the specs is, "What's in this transition record." It seems like all these measures involve a pretty detailed chart review. But it seems like the specs are the same for what is a transition record, it's just that the only difference is to whom it gets handed or sent. Is that right?

Female: No, in 0649 the emergency department discharge, the transition record elements are different. They are...

Male: They are different, okay.

Female: Yes, they're less stringent because we are...

Male: ...sure.

Female: Right, because the emergency department physician said, you know, "There's actually some evidence that it could cause harm to include all of the elements that are included on an inpatient discharge." And so it's been narrowed down into the most critical transitional...

Male: Fair enough.

Dr. Don Wilson: Yes to make it usable, right? Okay.

Male: Yes, fair enough. So I mean maybe for 647 and 648 it could just be clear that, you know, the - it's almost like an A and a B of each measure and one is you hand it to the patient caregiver, one is you send it to the PCP or the next facility right?

Male: Right.

Male: But it's essentially the same thing. It's sort of two parts of the same measure.

Dr. Don Wilson: Right, so if we go down to the Action Items for this one (Bill), then you'll be - the Steering Committee will then be voting on SurveyMonkey. We've got them up here. These - so these will be the action items. And you know, I think this will then be dealt with by the Steering Committee to be sure that we agree that there is utility in harmonizing or not.

(Kathleen) can you - I'm not sure I can - it's important question I can tell, but - around alignment, but can you clarify your question?

(Kathleen): Yes I just have concerns that several of these measures and a number of the public comments focused on, "Let's put this in an advanced directive," or, "let's put this is in a Transition of Care Record."

Several of these measures in fact say the Transition of Care Record needs to include X, Y and Z, and I'm a little concerned that we're creating a measurement environment that's specifying what should be in things.

At the same time, the Office of the National coordinator is specifying, "This is what an EHR must produce as a Transition of Care Record," and specifying specific elements in this measure that is not aligned with what products are required to produce is going to set caregivers up for failure.

Male: So it's a good point that...

(Kathleen): It's beyond the scope of our voting, but...

Dr. Don Wilson: Well....question?

(Kathleen):   ...I think it's a real concern.

Jeffrey Greenberg: This is Jeffrey. Actually it's not beyond the scope because for me, meaningful use is sort of the elephant in the room here, especially with regard to the first discussion about the two measures around medications in the EHR.

I mean Phase I of meaningful use has specifications about there has to be, you know, at least one recorded medication. And I think the future phases may have something more robust.

But why are we still talking about using a billing code to signify what meds a patients on or that I reviewed them, when, you know, what we really need to say is, you know, are they actually in the EHR? You know, that's really - I mean I feel like we're sort of spending our time on antiquated measures that really should just go away, when the next wave is sort of here.

Dr. Don Wilson: So why don't we AMA as to address that question, because I think it's a very valid one and a good point that both of you raise.

(Kari Christianson):   Hi this is (Kari Christianson). I work with the testing projects for the (PCPM) measures, and I would just like to clarify that actually these measures were tested in an EHR, and they were reported directly out of clinical information from the EHR, so we would anticipate that they would be used that way.

It's actually an interesting case. Many times, our measures, when they're reported out of the EHR, performance is less because it's hard to find exceptions in other things in EHRs sometimes, depending on how the EHR is set up.

For the care transition measures, because of the large number of data elements and the complexity of the measures, EHRs actually do a better job than a human reviewer. Obviously much faster. So, we found, actually, very good results reporting these measures out of the Electronic Health Record.

Dr. Don Wilson: So you...

Female: This is...

Dr. Don Wilson: ...addressed Jeff's point, but (Kathleen)...

Jeffrey Greenberg: I don't actually...

Dr. Don Wilson: ...is still...

Jeffrey Greenberg: I don't think that was - my point was about the first couple, which were not AMA measures, right? They were about the medicine measures.

Dr. Don Wilson: Oh I'm sorry. Are you going off of the - this triad here Jeff? Are you going (on that)...

Jeffrey Greenberg: I was. I was sort of...

Dr. Don Wilson: Okay.

Jeffrey Greenberg: I had this ((inaudible)) before, and I was just building on the comment that I think meaningful use applies to the other ones as well. So these I see...

Dr. Don Wilson: Okay.

Jeffrey Greenberg: ...the EHR, but the first one, where it's like using a billing code to say I've reconciled

the measure, looked at the meds, why are we even talking about that when what we need...

Dr. Don Wilson: Right.

Jeffrey Greenberg: ...to be (saying) is, are they in the EHR?

Dr. Don Wilson: So let's stick to these three, and then I want to go back to...

Jeffrey Greenberg: Okay. That's fine...

Dr. Don Wilson: ...that.

I guess the generic question that (Kathleen) has raised to the measure developers is, "How

closely have you looked at the ongoing development of standards related to meaningful use? And

what's coming out of the National Coordinator's Office around being sure that these - the way -

the measures, as currently written, not only fit into an EHR but also are harmonized, futuristically,

with these evolving standards?" And...

(Kathleen): Yes.

Dr. Don Wilson: ...I think that's the question right?

(Kathleen): Yes. And I would specifically say I don't think that it makes sense to be specifying the

elements of the Transition of Care Record in the measure so much as saying it must produce a

Transition of Care Record that is consistent with the current...

Dr. Don Wilson: Yes.

(Kathleen): ...specification. And that way, it automatically stays up to date with whatever the...

Dr. Don Wilson: That's a great point. So let me ask AMA first about that.

(Mark Antman): Don, this is (Mark). I wonder, can we clarify the question? Because that discussion ran between a couple of different measures I think. So can the question be restated please?

Dr. Don Wilson: (Kathleen) do you want to take a stab at it and Jeff (add in)?

(Kathleen): Yes I will. Specifically to the measures that refer to a Transition of Care record containing particular data elements, rather than having measures -- and this is a general comment, but it's specific to (these) - rather than having measures list elements that should be in Transition of Care Record, I believe that we should be (dating) - that the Transition of Care Record needs to include all the elements required and cite the appropriate legislation or whatever, or the standard of care that's out there, the - but it should include the elements for which EHRs are being certified, because that bar is going to keep getting raised.

You want to make sure that you're using the - putting out an EHR that at least has the same stuff, whether or not you're using a certified system, as vendors are being required to produce. Rather than listing the elements in the measure, we should reference the appropriate current standard.

Dr. Don Wilson: Jeff do you have anything to add?

Jeffrey Greenberg: No. I mean I admit I went very much out of order, but I was just building...

Dr. Don Wilson: No that's okay. It was fine because it was a good - it was a really good point to raise, and I'm glad you raised it.

Jeffrey Greenberg: My point is just that, you know, the next wave of measuring a lot of these things is through EHR, and meaningful use is addressing that.

And with regards from the earlier ones we discussed, we're talking about, you know, measure, you know, which measure is better? I mean, to me, they both use, you know, some G-code or a CPT code to signify that I put the meds, you know, that I reviewed the meds and that the meds are there.

What we really should be talking about is, you know, looking directly in the EHR and do we see them? And that's what meaningful use will do, and that's what those measures address. You know, I just think we're sort of haggling over measures that are using old technology and that are probably not going to be here for very long.

Dr. Don Wilson: Yes.

Jeffrey Greenberg: You know, so we can still do that. We can still say which one's better. I mean we shouldn't have three. We should have one if possible, but I think what we just need to realize is the real goal is to just have the EHR feed these measures and say, "Yes there are 12 meds. They were reconciled on this date. We're done," rather than having the...

Dr. Don Wilson: So...

Jeffrey Greenberg: ...like use a G-code to say that I did something.

Dr. Don Wilson: Yes. Yes. Good point. We have a another - we have several experts, but Russ Leftwich, do you want to say anything?

Russell Leftwich: Yes. I mean I certainly support that idea that we should be using the specifications that are part of meaningful use, and therefore required of a certified EHR system for that exchange.

And actually earlier this afternoon I just did a presentation to the meaningful use workgroup of ONC about where that transition data - Transition of Care data should be headed in the next stage and to the point that it's going to evolve. And specifying it that way rather than specifying the elements does make sense to me.

Dr. Don Wilson: Geri were you trying to jump in here?

Gerri Lamb: No. No I wasn't Don.

Dr. Don Wilson: Okay. Well let me - (Dawn) has a comment from NCQA on this, which I think Lauralei and Karen, is a very important issue, and certainly one that we will - we're going to have to take into consideration. But I think it's time to really move in this direct. So (Dawn) do you want to comment?

Erin Giovannetti: Yes. Hi. This is actually - this is Erin.

Dr. Don Wilson: Hi Erin.

Erin Giovannetti: I just wanted to say that with regard to the medication reconciliation measures, NCQA is actually in the process of (it) specifying the medication reconciliation measure as you see in front of you, particularly the "to be harmonized as 0097."

NQS has asked for us to submit these measures with kind of - it's a parent measure, which has the measure concept, and then to have a separate submission for the e-specification for how you would measure this in an EHR setting.

We just wanted to point out that this already is an e-measure, but NQS has just asked for those measures to come through in a different pathway. So perhaps someone at NQS can clarify their process for e-measures and e-specfciations of existing NQS measures.

Dr. Don Wilson: Okay. And that's helpful. And maybe the caveat here should be back to the measure developers to, perhaps in not a lot of detail, you know, I think we've already heard verbally about NCQAs commitment. I'm sure that the PCPI folks are, you know, motivated in this direction and that CMS certainly is motivated in this direction.

So perhaps maybe because this will be an issue, Lauralei and Karen, for when we put the vote to the membership, to be sure we add in these points about this being a moving - direction that we're moving in for all these measures.

And I think what (Kathleen) and Jeff have brought up, and Russ has added in, is a really important enhancement to moving us ahead with the implementation of these. So I think it's a great point on all these and something that needs to be emphasized as our goal.

So we will still be voting thematically on the - whether the measure should be harmonized or not, but I think these points are really great points that will need to be embedded when we bring this forward. So good job to the steering committee.

Let me just see. Okay. So did we get to the action box here for - so these are the action items here, and so it's Action Item 1 and Action Item 2, and then there's more of - Option 1 and 2 is on - Option 2 is on the top of page 12. So you see that.

So just keep going - no go back up. Sorry. I know you want to get to 326 but any questions of the steering committee on what we've got to do for our voting? Okay. Gerri how are we doing?

Gerri Lamb: We're good. We're good. We need to get into the two measures that we got comments on, because according to Karen's notes, there's not voting on it, so we really do need to make a decision on those.

Dr. Don Wilson: Do you want to lead that?

Gerri Lamb: Sure. Sure.

Karen Johnson: And just a second Gerri. This is Karen. Right now our voting tool doesn't have something set up. If you guys decide that you do want to change your vote, we will set that up, but that's what we need to hear from you as part of this discussion right now.

Gerri Lamb: Great Karen. Okay. So we have two measures to look at. And if we could look at - there's 326. It's on page 12. We got comments on one measure that we recommended for endorsement and one that we did not.

Three twenty-six is the measure on Advanced Care Plan, and in the documentation we have the description, which is, that's the percent of patients aged 65 and older who have an Advanced Care Plan or surrogate decision-maker documented in the medical record, or documentation in the medical record that Advanced Care Plan was discussed but the patient did not wish or was not able to name a surrogate decision-maker or provide an Advanced Care Plan.

The comments on this -- and I think this is was one of the measures that we got more comments on -- was in general, this is a reasonable starting place, but concern that it didn't go far enough.

The concern being is, you seen in this - these comments here, is that whether or not there's an Advanced Care Plan feels like a "check the box" measure, and that it would be better if there was more specification of whether it would be a list of elements or whether it was implemented.

But it was in the spirit of saying, "Move beyond whether or not its there, into what's important about it." And the question before us -- and we need to decide whether we want to talk about it and make a decision, or whether we want to have it in the voting on Survey Monkey -- is do we want to reconsider the recommendation to recommend that this move forward for endorsement?

So - my computer just went to sleep, so if you can just help me if there are comments on it so that we can let folks speak to this.

James Lee: Hi this is James Lee. Unfortunately I'm not online. May I...

Gerri Lamb: Go for it James.

James Lee: ...speak on this issu8e?

Gerri Lamb: Definitely.

James Lee: And so it - where we are in ((inaudible)) clinic (near) Seattle, Washington, is that we have gone through the model of building medical home with sort of a real heavy emphasis around Medicare Advantage.

And what we found is that a annual comprehensive visit that includes screening for depression and just bring up the topic of the Advanced Care Planning, you know, really helps raising the bar in terms of bringing awareness to the patients.

And in terms of the content, you know, I think nationally we have a long way to go in terms of providing standards to all providers in having the capability to talk about it, but alternatively, you know, we offer community class as another way to encourage patient to participate, and the documentation that we have is precisely as the quality measure spec recommended.

So overall, in real world, it has worked out well for us as a first step.

Gerri Lamb: Thanks James. Other comments? Jeff?

Jeffrey Greenberg: Yeah hi, so I was very vocal against this when we met in DC, I attempted to Diana Hills against this measure and survived.

And I think my feelings echoed with the comment said is that this is checking a box and my concern is not just that it doesn't go far enough but that checking a box has not been validated to actually mean that someone did it.

Or that if someone didn't check a box, that they didn't do it, that it's more than just that it's not enough, that it's just not valid.

And I would also point out this measure didn't really pass. The voting was 13 yes, 13 no on the validity question and I'm not clear that that really means it passed. We sort of said at the time okay, go forward and then - but one could argue that this should have died right there.

That a majority did not even think it was valid. So I'll just point that out as well.

Gerri Lamb: Thanks Jeff. I'm looking in the documents too and Karen, Lauralei do we - we do have the voting on here.

Jeffrey Greenberg: That's in one of the documents, it's in the draft report.

Gerri Lamb: Okay, that's a really good point. (Tom)?

(Tom): Yeah hi Gerri, I do have a different view than Jeff and having worked through care management where a therapy could not be identified often enough that in my view this minimal measure, I agree with Jeff, it doesn't go as far as one might hope.

But at least as far as I can see the practicality is the ones that's actually happening in the community, if this measure were met we'd actually have improved management in many settings.

Gerri Lamb: Were you finished?

(Tom): Yeah.

Gerri Lamb: Okay thank you. You know I guess the discussion is in terms of in agreement with - it doesn't go far enough but I also think Jeff was raising the point of you know whether the vote that we had really should be relooked at.

And I guess (Laura), you have a comment?

(Laura): Hi, I just - I think I recall from the DC meeting that the developer agreed that this measure doesn't go far enough but also noted that there had been pretty much a freeze on doing additional research in this area after the discussions around the affordable care act and death panels.

And I remember feeling at the time that having something out there addressing this was better than having nothing.

Gerri Lamb: I remember that as well and I think we have some of the documentation from the discussion that we had and as I recall we had considerable discussion of this one.

And as where other people are commenting please think about whether it would be valuable to open this up and have this on the survey so if we have comments we can get them down and also relook at this. (Dawn), you wanted to make a comment?

(Dawn): Hi, actually I just wanted to say that you know this measure is a starting point for us, and with all of these measures we are in the process with several of the AMA, TCTI measures that we co-own developing these measures for each specification.

The - I think that when you vote on this measure we agreed that there were some limitations to the CCT two code method, there was testing to say that by - you know AMA did some testing to say that by checking the box there was medical record reviews to determine that an advanced care plan was documented in the medical record.

But we agree this is limited and so what I am hoping and unfortunately someone just walked into the room is going to maybe answer this question, but I'm not sure if we are working right now on the new specification of this measure or if this is another organization.

But I believe this is advanced care planning?

Female: We are not.

(Dawn): Okay we are not working on the e-specification of this measure but as this measure is NQF endorsed this is available to be specified by any other measure developer who would like to work on this.

So by the NQF endorsement it's out there, the measure concept is endorsed and we can move forward with the e-specification in addition to ((inaudible)) specification.

Gerri Lamb: (Sarah), Lauralei I have a question for clarification. The question under action items says do we wish to reconsider? If we wish to reconsider what's the process?

Female: If you decide you want to reconsider then we will add that to the SurveyMonkey tool and we will basically ask you to revote as you voted in the in person meeting.

So again right now the question is do you want to revote or not? If you do then it will be another vote just like we did in the in person meeting.

Male: Why don't we just in the interest of the fact that we don't have time to like vote on the vote how about if we just do it and then we can do a yes or no and you know obviously if people want to make more comments but that wouldn't be too much trouble for you would it?

Female: No it would not, that would be fine.

Male: Gerri I didn't mean to jump in but I think that might be the easiest.

Gerri Lamb: Yeah, you know I'm thinking that on survey we're not going to be voting on the measure again, we're going to be voting whether we want it opened up again, is that correct?

Female: No, if we put it on the survey you would be revoting on the measure, so you would have a chance to change your mind if you care to.

Gerri Lamb: Okay, so is there anyone who has an issue with putting it back up for a vote and relooking at the specs and all the documentations?

Anne-Marie Audet: This is Anne-Marie, I just posed a question since I wonder if we cannot use the same approach that was suggested for the transition record that you know there's the standard and we would go - you know that would be a standard specification for these plans.

Because I don't think we've done that for the other areas that are similar so we didn't specify the content of the transition record for instance. So you know to me it's a similar issue here.

So why don't we do the same here? Unless I'm missing something.

Female: I'm sorry Anne-Marie, I don't quite understand.

Anne-Marie Audet: It seems here that some of the concern is that - is about the content of the plan, scale plan and what's in there as opposed to just checking a box.

Female: Correct.

Anne-Marie Audet: So well when we evaluated the transition record, we know that the elements of the emergency transition record will be different than the element of a transition record for the hospital discharge or the discharge from the acute care setting.

And there we never looked at exactly what the status specifications for the elements of the transition record would be.

So to me it's the same type of discussion so if we do it here, why didn't we do it with the other one and what I thought I had heard in terms of recommendation for the transition record is that we were not - in order to maintain - to be up to date there would be some - there's some standard out there that would be recommended and followed.

Female: Well if I understand you right Anne-Marie, what you guys were talking about in terms of following meaningful use is really a almost a recommendation from you guys or a suggestion if you will to measure developers.

For the 0326 advanced care plan if we put it out again for revote you would just be voting on the measure as specified so it would be exactly the way you did it in the in person meeting.

And the - if you happen to have the electronic version, well either a printed out copy or not, of the memo the notes were on the steering committee meeting are included in the memo, just - you don't even have to go back to the report, they're right there for you.

So I don't know if that answered your question or not but if you revote you will be revoting on the measure as specified, not with a change in it.

Anne-Marie Audet: Correct.

Gerri Lamb: Right and it still would be open to the same kind of concerns that were stated. What this will do though is give us a change to relook at it. I agree with (Dawn) and it sounds like there is no opposition to putting this out for a vote again so why don't we do that?

And going to move on then in the interest of time then to the other comment that we were asked about which is measure 520 which is on drug education of all meds.

This is a measure that we did not recommend and the measure is - let me just turn to that is the percentage of short term home care, home health episodes of care during which patient care giver was instructed on how to monitor the effectiveness of drug therapy.

How to recognize potential adverse effects and how and when to report problems. We did not endorse this or did not recommend that it move forward for endorsement.

The discussion that we had at the time was it's fit as an indicator of care coordination process as I recall and that was a key piece of our not recommending it to be put forward.

The measure, the steward of the measure commented that patient education is important and that it is a - provides opportunity for improvement and I'll just throw out here that I don't think that our discussion was in conflict with that.

It was more in terms of if consistency with care coordination and whether it in fact was a measure of care coordination. Don do you remember difference in that in terms of this particular measure?

Dr. Don Wilson: No.

Gerri Lamb: Okay. Comments on that because we have been asked to - whether we would like to respond to that, is that correct Karen?

Karen Johnson: Yes, we didn't make it quite so formal as an action item to see if you want to revote. Although if there is interest we could certainly talk about that.

But as I recall and again you can look at the steering committee comments in the memo itself but one of the problems I think with this measure there was a lot of discussion about (peach back)

with this particular measure and the fact that just because you taught something doesn't mean that somebody understood it and was able to apply it.

So it was that whole idea of how proximal is this measure to the desired outcome. That was part of your discussion as well.

Gerri Lamb: Thanks Karen. Any comments on that? I don't see any. Is that too interpreted? I don't want to over interpret, is that to interpret that you're feeling okay about the decision and the rationale and I guess according to this Karen we do not need to make a decision on this, is that right?

Karen Johnson: Correct, unless somebody had a really burning desire to revote then we would just leave it at that if nobody had any comments to the commenter.

Gerri Lamb: Does - do we have anybody on the call who would like to speak to a burning desire to revote?

Julie Lewis: No, this is Julie and I was just going to say that my silence is just support that of our initial decision.

Gerri Lamb: Thanks Julie. So I think on that Karen, not hearing other comments, the response is one that we certainly recognize and support the importance of medication education.

And all of the elements there, the issue that I think that we're consistent on is exactly what you were speaking to is the concern about the lack of proximity to care coordination and the outcome and so let's leave it at that then.

And I guess we can move on and it is currently according to my clock Karen, Lauralei 1:42, do we have some time then to open it up to any other comments or responses before we go to public comments at 4:50?

Karen Johnson: Yes we do, there is three comments on page 13 of the memo that we wanted to give a little bit of room for if anybody wanted to speak to any of those three comments.

Gerri Lamb: Would you give us a little background on that? Those are on 2192 and so forth?

Karen Johnson: Yeah, just a second, let me pull that open, 2192 was the ID number of the comment so if you happen to have that Excel sheet that has the comments that came through and then our draft responses to those comments.

I'm just looking for it on my copy. The first one, 2192, the question was about the timely initiation of care measure.

And the question there is - or the comment there was we suggest that the measure developers clarify two days to two calendar days to ensure that home health services are started.

And the developers will have - made comments, I believe. Yes, we do have a developer response. So all we're asking here is does the Steering committee have any additional responses in addition to what the developer responded to that comment?

Female: Anyone have anything in addition?

Female: Was - am I correct that they're essentially saying, "We've got a master data dictionary that supplies to and that's where the reference should be?"

They didn't use those words, but that's the implication.

Female: Is anyone from CMF still on the call with us?

(Kania Cook): This is (Kania Cook). I'm from Acumen -- one of the measure developers.

Female: And can you - can you help us with the answer to that question?

(Kania Cook): Sure. So I believe we referred to the more detailed technical specifications of the measure, which do make it clear that it's - the measure is calculated by taking the date where care starts and subtracting the date where, you know, (Cara)'s prescribed, so to speak, and confirming that that number is two or smaller.

So in fact, it is calendar days per the technical specifications.

Female: Okay. And (Marie), did you have anything in addition to that that you wanted to comment on?

Anne-Marie Audet: Me? (Marie) ((inaudible))?

Female: Say that again. I'm sorry.

Anne-Marie Audet: You're asking me? Anne-Marie?

Female: Yes, I was -- I'm sorry, who asked that initial question to interpret the developer response?

(Kathleen): That was (Kathleen). I'm sorry -- I should have put a note - put my...

Female: Oh, okay. (Kathleen), did you have any...

(Kathleen): And no. That's fine. That was what I thought.

Female: Okay, great. Thank you very much. Okay. And then we have the question for comment 2222, which is from the American Nurses Association.

Female: Right and for that one, it was a general comment. It wasn't really addressed to any particular measure. But the ANA was just concerned with some of the measures being specifically addressed to physicians, as opposed to other clinical providers.

So their comment was that they would like to see more clinician-neutral language. So again, does the Steering committee have any -- this would be a - any kind of general feedback or response on that comment.

Gerri Lamb: Anybody want to speak to that?

Female: This is...

Gerri Lamb: I'd just add something.

When I was thinking about the competing measures and harmonization. That's something that I recall that we discussed; is the consistency in the measurement specs about accountable providers.

And so when I was thinking about superior measures harmonization, that was something that I was planning to put in my comments -- that harmonization should address the accountable entity and that like harmonization, my recommendation would be that it be as broad as possible as long as it is, in fact, an appropriate accountable provider.

Anyone else have comments or thoughts on that?

Lorna Lynn: This is Lorna Lynn.

I agree with what you just said, Gerri. And it's my understanding that there is still a fair bit of heterogeneity in the different states about who can be a prescribing clinician in - for different sorts of processes.

So I think we should be careful to try to be as broad as possible so that we don't inadvertently exclude people who could be prescribing clinicians.

Gerri Lamb: Thanks, Lorna. Anyone else? Okay. Then moving on to comment 2227, Karen.

Karen Johnson: Okay. On that comment, we had asked - or one of the things that had come up as - especially as you were thinking about harmonization in the Med Rec measures was that there didn't seem to be in the specifications an actual definition of what they meant by Med Rec. And that came up in the discussions.

So this commenter was just offering his definition of Med Rec. And he didn't actually say where this came from, but again, this is just a question to the Steering Committee.

Do you agree with this definition? Do you want to make any responses regarding this definition?

Gerri Lamb: Comments?

Lorna Lynn: This is Lorna Lynn again. I'm not crazy about that definition, because I have seen other instances where medication reconciliation also applies where things are solely in the outpatient sphere.

Gerri Lamb: The thing that I would be concerned about either yay-ing or nay-ing a definition is that in my thinking, the definition underlies the validity of the measure and I would want -- before I would be comfortable, you know, suggesting across-the-board definition, I would want to make sure it was consistent with the measures that we're trying to harmonize.

So from - in my mind, it's not a simple, "Yes, it looks like a good definition," as much as we need to make sure that it is in alignment with the measures and that it is consistent with what is intended conceptually.

Other thoughts? Okay. Not hearing any, then. Next on the agenda, it is -- Karen, do you want to move into public comments first, before we go back and see if there's any other general comments?

Karen Johnson: Just real quickly before we do that, let's go ahead and just kind of dispense what the additional areas for measure development.

Again, these were things that came across as people made comments. Sometimes they - you'll notice in the - in the comment table that sometimes comments - that there were often several points made from one comment and sometimes a comment may have also suggested additional areas for measure development.

So one part of the project that you guys did was talk about many other areas for development, so this is just a number of organizations giving some extra ideas for measure development.

So if nobody has any problems with these, then we could just add these to the report as, you know, here's some more things that could be thought about for measure development.

Gerri Lamb: Comments? ((inaudible)) comfortable with adding these on?

Female: Gerri, it strikes me that some of these recommendations were ones that are pretty consistent or overlap with our own priority areas.

So what I might suggest is to pull out the ones that we have already supported in terms of the patient focus, the goals and some of the others, and then add the additional ones, you know, respectfully, you know, taken from all the feedback that we received.

(Sarah): Okay. One of the things that Lauralei did is she looked to see if those were, you know, verbatim kind of already noted and maybe the commenters just kind of missed it.

But do I hear you saying that if the idea is already pretty much there, we don't need an extra line, but if we did, then go ahead and add those?

Female: Yes.

(Sarah): Yes? Great.

Female: I guess I'm suggesting that some of these are not substantively different than what we put as priorities and that it might be worthwhile to just say that we received comments that supported the priorities and in addition, these, you know, these areas were mentioned and we would like to put those forward as part of the report.

Female: Right. That sounds good.

(Sarah): Okay. We can certainly do that.

Female: Yes.

(Sarah): So now, I think, would be a great time to open it up to public comment.

Lauralei: I think everybody dialed in on the same number, so if there are any members of the public on the call who wanted to comment, now would be the time to do so. Okay, well it doesn't sound like it.

Well, we're nearly finished then. Thank you very much, again, for calling in. We really appreciate your time and thoughts and everything during this call today.

Just to quickly go through the next - the upcoming steps. As we mentioned earlier, we will open that SurveyMonkey up for you. Probably later today, we will send you that link and you'll have until Wednesday to complete that survey.

And then before we open the Care Coordination report up for member voting, we'll include the discussion that you talked about today in the report and include those votes.

And then we'll send that through to you so that you can comment if you have any changes. And then member voting begins on June 4th.

And to kick off member voting we have a pre-voting call, and that - on that, the co-chairs will be on that, as well as a CSAC representative. And that's just where we make sure that everybody who's planning on voting understands the major issues.

So you're more than welcome to join in on that call. We'll send you to the agenda and the dial-in information. And then following that, we have a in-person CSAC meeting, where we will be presenting this project -- that's in July –and then, there's Board endorsements -- that's in later July.

And then we're planning to hopefully have this project finished by mid-August, so of course we'll keep you in the loop. Thanks again. It's been a wonderful project.

Of course Care Coordination remains a priority for NQF, so we'll be continuing in this area moving forward. Karen or Don or Gerri, did you have any closing comments?

(Don): No. I think everyone did a great job. Thank you.

Marc Leib: Yes. This is Marc Leib. I just wanted to commend you guys, because you took some complex issues and made it much more clear for me.

(John): And thanks to all the developers, too, for being in here...

Female: Yes.

(Don): ...toeing the line and trying to work hard. That's really great.

Gerri Lamb: And while we're doing thank-yous -- thanks so much to Lauralei and Karen.

You have supported us wonderfully. We'll look forward to the next step. And thanks to all our committee members. We've really gotten through some pretty complicated areas together and look forward to the next steps in Care Coordination.

And hopefully, we'll see some new measures on the horizon.

Lauralei: Yes. We're definitely hoping we will. Thanks, guys.

Anne-Marie: ((inaudible)), this is ((inaudible)) and I'll forward because -- anyway, I'll email you about that.

Lauralei: Oh, okay. Good.

Lauralei: I'll look forward to that.

Female: All right. Well...

(Don): Thanks.

Lauralei: Thank you everybody. Have a good rest of the afternoon.

Female: Thanks.

Marc Leib: Thank you everybody.

Female: Thank you. Bye.

Marc Leib: Bye.

Female: Bye.

Marc Leib: Bye.

Operator: And that will conclude today's presentation.

END