NATIONAL QUALITY FORUM

Moderator: Patient Safety
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3:00 p.m. ET

OPERATOR: This is Conference #7179259.

Welcome, everyone. The webcast is about to begin. Please note, today's call is being recorded. Please stand by.

Christy Skipper: Good afternoon, everyone, and welcome to the Ambulatory Care Patient Safety Orientation Call.

So, before we get started, I just want to make sure that everyone is both dialed in on the phone and logged in to the – your computer to view the slides, along with the discussion today. I've chatted in the phone number on the left-hand side of your screen for those of you who may be hearing me through your computer but would like to dial in.

So, today's webinar is scheduled to run …

Kevin Sheahan: (This is Kevin Sheahan) from Nemours. I just want to let you know we're having trouble with our Microsoft Outlook. And so, I'm trying to get it back up to get on to link. So I may not be able to see the slides right away.

Christy Skipper: OK. And will you repeat your name again?

Kevin Sheahan: This is Kevin Sheahan from Nemours.

Christy Skipper: OK. And we can send those over to you as well once we get started.

Kevin Sheahan: OK, thank you.

Christy Skipper: OK. Just to note, that we are scheduled to go until about 5 o'clock, although I don't think we'll take up the next two hours. But on the screen in front of you, you'll see the agenda for today's call. So we'll start off with an overview of NQF and an overview of this project. And then, we'll take you through our approach to the environmental scan and hear some (preliminary back) from you all on the direction and the approach that we've taken. We'll also go through a SharePoint overview and show you where all documents related to this project will be stored. And then also close the call with an opportunity for public comments.

Next slide. So, with all that being said, welcome again. My name Christy Skipper. I'm the Project Manager on this project. And I just want to take a moment to go around the room here and just have the rest of the team introduce themselves.

Vanessa Moy: Hi, everyone. My name is Vanessa Moy and I'm the Project Analyst on the team.

Andrew Lyzenga: Hi, this is Andrew Lyzenga. I'm a Senior Director here at NQF. And I work on pretty wide range of projects, including a number of our patient safety related work. So, I'm looking forward to this work as well.

Andrew Anderson: Hi, everyone. This is Drew Anderson. I'm also a Senior Director in Quality Measurement here at NQF. Like Andrew, I've also worked on number of patient safety projects and a bunch of other projects related to measurement science and (research) on environmental scans, and looking for gaps and measures.

Christy Skipper: All right. Thank you, next slide.

So, now, I'll turn it over to Elisa Munthali. She is our senior – acting Senior Vice President, and she's going to walk us through the roll call and your disclosures of interest.

Elisa Munthali: Good afternoon, everyone. Again, my name is Elisa Munthali. I'm so happy to be here for your first web meeting. And I wanted to thank you all for

participating in this work. So, what we will do is combine your introductions with our disclosure of interest. And you received the disclosure of interest form from us before you are named to this advisory group. And in that form, we ask you a number of questions about your professional activities. And today, we're asking you to orally disclose any information that you provided to us that you believe is relevant to the work in front of you.

We are not asking you to summarize it very impressive resumes, but we are only interested in your disclosures of information that's directly relevant to the work that you'll be doing on this advisory group. We are especially interested in any grants, research, or consulting but only as it relates to the work of the advisory group.

And just a couple of reminders, you sit on this group as an individual. You do not represent the interest of the employer or anyone who may have nominated you for the group. The other thing that I wanted to mention to you is that, we're not only interested in the disclosures where you were paid but also those in which you may have participated as a volunteer on a committee of work that is very relevant to what's in front of you.

So, just another final reminder which is probably the most important one is just because you disclose does not mean that you have a conflict. We do the oral disclosures in the interest of openness and transparency. And so, because you're on the phone, ordinarily you'd be around the table and would go around the room. But I will call on you in alphabetical order as your name is listed on the roster. And I'll ask you to give your name, who you're with, and if you have any disclosures.

And so, we'll start with Peter Brawer.

Peter Brawer: Hi, good afternoon. I'm Peter Brawer. I'm the Vice President of Quality and Safety for Mercy Health System. Sometimes there is some confusion (where) this is Mercy that is based out of St. Louis, Missouri with 44 hospitals across the Midwest. In the past, I had been Chief of Staff for Research at the St. Louis VA, where I did research related to this. But the current time, I have no funding. And I believe I've checked off, I've done some consulting for a

group called (Alpha Insights) in the past with regard to safety – quality and safety software. Other than that, I have no other disclosures.

Elisa Munthali: Thanks and welcome, Peter.

Peter Brawer: Thank you.

Elisa Munthali: Sonali Desai?

OK. I think Sonali is not on, and we'll come back to that. Richard Roberts?

And it doesn't look like Richard is on as well. And Urmimala Sarkar?.

Urmimala Sarkar: Urmimala Sarkar, yes. So, I have several grants in related areas. I have two grants from AHRQ about patient safety measurement and outpatient settings that I disclosed. I'm trying to think. I have done some volunteer advising for the California Department of Health Services for ambulatory safety measurement as part of the (PRIME) Medicaid waiver that is going on now. And I have done some consulting for non-profit insurers about how to educate physicians about diagnostic errors. I'm not recalling anything else I disclosed. This is my area. So a lot of work that I do is in this but I think that's it.

Elisa Munthali: Great. Thank you and welcome. Kevin Sheahan?

Kevin Sheahan: Hi, it's Kevin Sheahan from Nemours. I'm the Medical Director for the Nemours Primary Care Practices here in Delaware. And I have nothing to disclose.

Elisa Munthali: Thank you, Kevin. Saul Weingart?

Saul Weingart: Yes. Hi. I'm a Chief Medical Officer at Tufts Medical Center in Boston. I have written educational material for clinicians in patient safety for (Up To Date), which is an online textbook for the National Patient Safety Foundation and for a company called Advanced Practice Strategies that I no longer have any relationship with. I have one research grant that's with the AARP and often looking at cancer quality measures.

Elisa Munthali: Thank you so much, Saul. And I think we'll go back to Sonali. We see you on the web. I'm not sure if you've joined us on the phone.

Sonali Desai: Hi. Yes, can you hear me now?

Elisa Munthali: Yes, we can.

Sonali Desai: Great. So, I'm Sonali Desai. I'm the Medical Director of Ambulatory and Patient Safety at Brigham and Women's Hospital. And the only research grant that's relevant to this is a grant from CRICO, which is our local malpractice insurer on ambulatory patient safety (net).

Commented [VM1]: Maybe key informant interview on malpractice and its relation to drug-drug interactions and adverse events

Elisa Munthali: Welcome, Sonali, and thank you. And I'm not sure if Richard has joined us. Richard Roberts? OK. We don't see him on there.

So I wanted to thank everyone for your disclosures. And I wanted to remind you that if you believe you have conflict at any time during this webinar, we want you to let us know, you can either speak up in real time or you can send a message to our project staff. And I think if you click on the left-hand side you can get our names if I'm not mistaken or just type something in the test box.

So I will pause here to see if you have any questions or want to bring up anything from your colleagues based on the disclosures that they shared with you.

It doesn't sound like it, so have a great webinar. Thank you so much.

Christy Skipper: Thank you, Elisa. So I just also want to take a moment to recognize (Brendan Loughran) and Barbara Bartman from CMS and AHRQ respectively. This work is funded by CMS. And at the least, (Brendan) and Barbara are dialed in. If you'd like to make any opening remarks, you may at this time.

Barbara Bartman: (Brendan)? Yes, hi. This is Barbara Bartman. I'm the Medical Officer in Center for Quality Improvement and Patient Safety at AHRQ. And this is a topic that is of great interest to our agency. We've done a lot of work looking at safety in the inpatient setting. And in the last couple of years, we've

actually moved to look and try to examine this issue in the ambulatory setting. So I'm very grateful for – thankful for individuals who participated in this.

Christy Skipper: All right. Thank you, Barbara. And so, now, I'll turn it over to Andrew just to walk through an overview of NQF.

Andrew Lyzenga: Thanks, Christy. Yes. And I know some of you, at least some of you, I believe, have had some experience with NQF before but I don't think all of you have. So we thought we'd just do a brief background of what NQF is and what we do.

NQF has been around for close to two decades now. We're a non-profit, non-partisan membership-based organization. The purpose of which is to bring together public and private sector stakeholders to reach consensus on issues related to healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

We have around 430 organizational members. It's a pretty diverse membership, including hospitals, medical groups, health plans, physician societies and other clinician organizations, purchasers, patients, consumers, public and community health agencies, supply (in there) industry companies, and a pretty wide range of other groups. We also have more than 800 expert volunteers such as yourselves who participate in NQF committees each year.

A pretty important principle of ours is transparency where as a forum for building consensus, everything we do is open to the public, and all of our materials are accessible on our website. So, for example, this call is open to the public. We'll do a brief period for public comment, open the line-up for public comment towards the end, and we'll do that on all of our calls. And we'd also put out materials that we produce, such as draft reports out for public comment as well, and we'll have a call to respond to those couple of comments that were submitted, and to review and respond to them if appropriate.

Next slide. NQF operates under a three-part mission to improve the quality of American healthcare. Again, as I suggested, we aim to build consensus on

national priorities and goals for performance improvement and working in partnership to achieve them. We work to endorse national consensus standards for measuring and publically reporting on performance. And we work to promote the attainment of national goals through educations and outreach programs.

We have activities in a variety of areas, and I'll sort of go through a few of those. Historically, our kind of core work has been performance measure endorsement. We put together committees of experts in clinical and cross-cutting topic areas to review fully developed and specified, and tested measures against the set of standardized evaluation criteria, evaluating whether they are evidence-based, scientifically found usable, feasible, and the like. We have upwards of 600 NQF-endorsed measures across multiple clinical areas and have around 15 impaneled standing committees that review measures in, again, across topic areas.

Another sort of piece of work that we do is called the Measure Applications Partnership. This work is not evaluating sort of not getting into the weeds of particular measures and evaluating their evidence and scientific soundness. But really looking at which measures are suitable for use and which federal programs. We advice the Department of Health and Human Services on selecting measures for use in more than 20 federal programs, including programs like the inpatient quality reporting program, Medicaid programs, clinician reporting, and payment programs, et cetera.

Another part of the work we do is through what we call the National Quality Partners. This is another convening activity that we bring stakeholders together around critical health and healthcare topics. And sort of look at the sharper end of the stick, so to speak, looking sort of that implementation of quality improvement activities and trying to square-action on issues related to, for example, patient safety, early elected deliveries, antibiotic stewardship, and other issues.

Finally, we have a range of projects that we kind of call measurement science topics. We convene, again, private and public sector leaders to reach consensus on complex issues that relate to healthcare performance

measurement. These include things like weather and how performance measure should be adjusted for sociodemographic factors and other social risk factors, how you attribute performance through performance measures, and other kinds of issues that are sort of cut across measurement topic.

We've also started looking at some more emerging measurement areas where there are not a lot of measures that have been developed to date, but that the field views is very important. And we'd like to see measurement, more measure development in. And we try to work to build consensus and agreement around conceptual framework to help provide sort of lay the ground work for development of measures in those areas.

This is – this project is similar to that but what we're doing really, primarily is an environmental scan to sort of see what the lay of the land is with risk back to ambulatory patient safety measurement, try to find the measures that are out there currently that relate to patient safety in the ambulatory setting, and to the extent, we tend to identify gaps and make some recommendations on where measure development should occur in the future.

Christy, I think, is going to talk a little bit more in detail about that. So I will hand it over to her to talk about this project a little bit more specifically.

Christy Skipper: Thanks, Andrew. Next slide. So, as Andrew said and as Barbara had said when we first began is that we know that there is work to do around measurement and ambulatory care patient safety as compared to inpatient safety research and measurement.

So just thinking back to the 1999 IOM report, "To Err is Human," and then their more recent report including diagnosis and healthcare. Again, this is just more work that has been done around diagnostic error and patient safety. But we don't have a lot of information on workaround measurement related to outpatient measurement.

So, the point of this project was to, as Andrew said, conduct an environmental scan of related measures, measures and development testing or use, or measure concept related to ambulatory care patient safety. And specifically

we are focused on those measures and concepts in the non-elderly population so under 65 years old. And the final deliverable from this project is a written report summarizing our approach to the environmental scan and inventory of the measures, and highlighting any gaps related to ambulatory care patient safety.

So, this slide show a little bit – or this slide does show our project timeline. So, following our advisory group orientation call today, we will be taking anything that we can learn from you on this call today to continue our scan and search for measures and measure concept. And we'll be putting that together to present that to you during our second webinar on January 25th. We'll have lots more information to share with you and we'll be having a more interactive discussions just to learn where else we should be looking or if you all have any resources or are aware of any work that's around – done around this topic area that we can use and benefit from for this project.

Following that, we will be writing report of our findings in submitting that to CMS on February 16th. During that time, we'll the post the report for a 30-day public and member commenting period, just to receive feedback from others in the field on this topic. We'll then bring you all back for a third webinar on March 29th to review the comments received on the draft report and make any final adjustments to the report. And again, highlighting which measures are out there and where more work is need to be – where more work is needed. And the final report will be delivered to CMS on April 13th.

So, now, I'll stop right there just to hear if there are any questions from anyone about anything that was presented so far.

OK. Thank you. No question.

So, now, I'll just walk through the role of newest advisory group members and NQF staff. So, as advisory group members, you'll be working with us to achieve the goals this project and provide input on our environment scans, such as which key words we should be using in our search, helping us identify measures that are in use, or like I said earlier, other workaround ambulatory care that you all are aware of but may not be out there in the general public;

and then also provide any information on gaps, and making recommendation for future work around ambulatory care. And we'll also be asking you to review meeting materials and of course the reports that we will be drafting up, and participate in all of our web meetings.

And so, what is the role of NQF project team? So, really, just to organize meetings such as this and our conference calls, and ensure that there's communication among the advisory group team and among any external stakeholders. We'll also be responding to member and public inquiries about the project and maintain documentation of all project activities, and also drafting and publishing the final report.

And just to touch on what we said earlier, NQF is committed to transparencies. So all of our webinars and in-person meetings are open to the public, and we do allow for comments during our calls, and of course during our public commenting period. So not only do you and I have roles on this project, so do members of the public.

So I'll stop right there and hand it over to Drew who'll take us through our approach to the environmental scan.

Andrew Anderson: Hi, everyone. So as Christy mentioned a little earlier, the purpose of the environmental scan is to develop priority measures for patient safety and ambulatory care settings in the non-elderly population, so individuals who are 65 years and younger or less than 65. So to inform the future development of measures, we want to conduct an environment scan to identify existing measures, measure concepts. And I'll go over the definition of those in a second. But we'll also be looking for themes and challenges related to measure development.

To accomplish these tasks, if you look here on the screen, we have a certain approach. We'll reviewing the peer-reviewed literature and academic databases like PubMed, Academic Search Complete, and few others. We'll also be developing what we have – we have developed a set of search parameters and terms that we can actually share with this group for you all to provide input on after this call.

The real parameters of the search in terms of inclusion and exclusion criteria is that we'll be only including sources that explicitly reference quality and safety related measures in the context of quality improvement, and also (flagging) articles and papers that are likely to discuss safety measurement. We won't be reviewing any materials that aren't published in English or are clinical trials or epidemiological studies that aren't carried out in the context of quality improvement.

Each one of the abstracts or summaries of these documents or information sources that we pull will be graded based on relevance. So we'll be matching them again to our criteria for inclusion and exclusion. And I also forgot to mention we'll be not only searching the peer review literature but also the grey literature in pulling all of the relevant reports from foundation, other non-profit organizations, government reports, and many others. So we're casting a pretty wide net.

Next slide, OK. So the way that we're defining ambulatory care for the purpose of this project is care that's provided in physician offices or nurse practitioner offices, clinics or urgent care centers. They're really focused (on the) particular outpatient settings. We're not looking at emergency departments, physical or speech or occupational therapy. We're not looking at home health, hospice, community-based care, outpatient surgery, radiology, gastroenterology, chemotherapy, or dialysis. So we have eliminated some of those other outpatient settings.

As I mentioned, we'll be looking performance measures and measure concepts. For the purpose of this project, we'll be defining performance measure as they fully developed metrics that include detailed specifications and may have undergone scientific testing. So this is your typical performance measure with numerator and a denominator statement and exclusions. So we want to get information on what should happen, who is the target group, where care should take place, when it should take place, all of the details. So we'll be capturing those in our inventory of measures.

We'll also be looking at measures that may not be fully developed called measure concepts. So these are more idea for measures, but at the very least,

we will be collecting information on description of the measure. Ideally, it will have a plan target or population. So we'll need to have a certain amount of information at least the description to be able to – for it to be included in the scan.

In terms of how we're defining patient safety measures, we put our operational definition here up on the slide. So these are measures related to prevention and mitigation of health care associated harm caused by errors of omission or commission, or involving the establishment of operational systems and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur.

Next slide, OK. So these are our primary research questions that will be guiding the environment scan. And so this is what measures or measure concepts are currently in use. So we'll also be looking at measures that are in development. We want to know what are the gaps related to measures. So this is where we're really rely heavily on the advisory group is to help us identify what are those priority gaps, what areas do we need, future of measure development. We'll also be looking at emerging topics and themes in measurement and ambulatory care settings. And then, we'll also – as I mentioned, these priority measures, so we'll walk you through some kind of prioritization activity once we've done our first iteration of pulling measures in presenting that to you all.

So, as I mentioned, we have a specific set of search terms and here are some of them. You know, the typical suspects, of course, the patient safety, ambulatory care, different types of settings. We'll be combining these terms with measures, surveys, scale, et cetera, and also doing a broader search to make sure that we don't miss anything. So we'll be doing multiple iterations of searching. We'll be working with our internal research librarian on the searching. And we'll be documenting each step of the process.

The other parts of the environmental scan our key informant interviews. So these interviews are meant to supplement the expertise of the advisory groups. So your role is really to direct and guide the environmental scan and provide your expertise. But we'll also be reaching out to other that you feel are – and

also recommended by others in the field. It would be important to speak to people who are working with these measures in the field, people who may be involved in measure development, anyone that you all feel would provide valuable contribution for this work.

So we'll be asking you all after this call, if you could submit any suggestions to us. We'll be reaching out to key informants over the next few months in scheduling one-hour interviews or less. And then we might do some group interviews as well. But anything that we gather from these key informant interviews we'll also share back with the advisory groups, which is you all, for discussion.

So I will stop there. Do you all have any questions about the approach to the environmental scan?

Kevin Sheahan: Hi, this is Kevin Sheahan from Nemours. Just one question, how does this tie in with other groups like ISMP that are doing safe medical practice stuff, you know, because we are organizations that have been doing some vaccine gap analysis with that group.

Andrew Anderson: Right. So, we were – and we're conducting a scan at a very high level. We're looking to like – we're building on previous systematic reviews and scans, but we're also looking to identify other work like you just mentioned to include into the (circle) to provide (dimension) and try to build on other work that's going on in the field. So, it's going to be inclusive. A part of what we're trying to do is also identify what other related work is happening right now.

Kevin Sheahan: Thank you.

Andrew Lyzenga: And just in sort of activities, we would love to hear about them, so we can take a look and see if they are relevant and include things that we can incorporate into our own findings.

Andrew Anderson: Yes, we're not trying to duplicate any efforts. We would like to work alongside other projects that are happening.

Peter Brawer: Hi, this is Peter Brawer. I was wondering if you might want to include in the environmental scan. Typically, safety event reporting portals, such as RL Solutions, Datix, Quantros, have been in-patient focus, but I know we've rolled it out into the ambulatory care setting. And I actually just queried – sent an e-mail to my administrator for that how many – how frequently that's being used in the clinics. Has there any been any discussion of reaching out to any of those three or four big players and see what their data suggests about what safety events are taking place through these reporting tools?

Andrew Anderson: I think that, that would certainly be of interest to us so that if you could send us more information on that, it's something we can – we would definitely like to investigate and get more info from …

(Inaudible)

Andrew Anderson: Again, that's interesting that we're looking to you guys to inform, like let us know of, and so that we can find as much of what's out there as we can.

Peter Brawer: Sure, my pleasure.

Urmimala Sarkar: This is Urmimala Sarkar. On a similar note, the patient safety organizations do receive ambulatory reports. And I don't know what kind of synthesis, if any, they have done on them, but that may also be an interesting place to look.

Male: Yes, the PSO is going to be great.

Andrew Lyzenga: Yes, we've got – that's a very good suggestion, and we work with some folks that are with PSO program so we can reach to them and see if they have any information that would be helpful. But any specific suggestions that you have or if you're aware of sort of worker analysis they're doing at the outpatient level we'd love to hear about that as well.

Peter Brawer: I believe that it is Vizient who has contracted with most of the major academic medicals to be their PSO. And so that would be the group to contact. And then we have a few vendors (inaudible) and I should make sure I've got the right one, but it's Vizient …

Male: OK.

Peter Brawer: … the PSO (you) spend all – most academic medicals.

Male: OK. Great. Thank you.

Andrew Anderson: Any other suggestions for the direction of the scan before we move into another discussion?

Saul Weingart: This is Saul Weingart. Along the team that folks have raised, some of the larger malpractice insurers also (check) ambulatory vulnerability. So, the CRICOs or the The Doctors Company would be a place that might have done some analyses.

In terms of the scan or the literature search, we might look at something around the ambulatory specialty care. I think with most of the search terms you have, you're not going to pick up oncology or ambulatory surgery sites or things like that. So I would just be careful about avoiding or missing the subspecialties,

Andrew Lyzenga: Yes. And then, we do have – we've sort of limited in our – in the scope of our work, some of those we have – this is sort of – so some of those out of scope, including I know ambulatory surgery centers, I think is something that we're actually not looking at specifically as part of this.

Saul Weingart: That makes sense.

Andrew Lyzenga: And primarily, I think we're looking mostly at the kind of primary care focused organization. I don't know if our colleagues at AHRQ have any thoughts they want to share on what the particular scope or why we are kind of focus on that in particular.

Barbara Bartman: Well, I mean – this is Barbara Bartman from AHRQ. We excluded those specialty clinics like gastroenterology because they largely perform colonoscopies or (nine days) of diagnostic procedures; and oncology clinics because they largely provide chemotherapy; and dialysis clinics because they largely just provide dialyses.

However, I do agree with the comment that those terms, just because they're not going to be looking at those clinics, those terms may still be necessary to search because cancer is a big problem in terms of missed or delayed diagnoses. And (that) often happen because of miscommunications in the ambulatory care setting or miscommunication between the ambulatory care setting and a specialist, or a radiology report that doesn't come back. So even though we've not looking at those specific clinics, I mean we're still looking – we're still interested in some of the specialty care that may happen in the outpatient setting as well.

Does that make sense to you? I mean because largely those other clinic are more specifically focused on like treatment or procedures. But reports and conversations between like specialists and primary care physicians is necessary to ensure that follow-up, the appropriate follow-up is made.

Saul Weingart: I mean I think it all depends on how we scope it, and I think your comments are valid. I worry about oral chemotherapy, which looks a lot like pills that people take it home. And I think drawing a line on whether you want to include home infusion therapy, for example, I think would be good to know if it's in or out.

Barbara Bartman: Home infusions therapy in terms of its safety?

Saul Weingart: Well, in terms of scope. I mean, patient patients are often go home safe from the hospital on home IV antibiotics. Or they might be getting – let's see, I guess peritoneal dialysis would be probably be out of scope.

Barbara Bartman: Yes, I think …

(Inaudible)

Saul Weingart: So I'm thinking more of like rheumatology and nephrology where people get home. Chemotherapy is part of their routine care.

Barbara Bartman: Now, anything that happens in the home, we're more interested in the – in what happens in the office-based setting, in the outpatient office-based setting,

not in their home. That would be out of the scope, so. I mean it's important …

Urmimala Sarkar: This is Urmimala. I …

(Inaudible)

Barbara Bartman: … something may happen in the future but not …

(Inaudible)

Urmimala Sarkar: I …

Barbara Bartman: I'm sorry, Urmimala.

Urmimala Sarkar: I was just going to say that I think the point that Saul makes is that it's important and that there is a huge burden of ambulatory safety problems that are related to interactions between primary care and specialty care. And particularly for diagnostic safety, there has to be a way to capture there. I see that you have referrals on your list of (search) terms and I think that is a good start. But it may be worth exploring whether that is capturing those delays or misdiagnoses that are related to we know not getting timely subspecialty follow-up.

Barbara Bartman: Yes. I mean that is something that – that is definitely something that we are more – are interested in.

Andrew Lyzenga: Yes. And certainly we've – in our sort of early thinking about this and the conversations with AHRQ and others, we're also interested in the steps that patients themselves can take and need to take in the sort of outpatient environment to keep themselves safe, given that they are interacting with clinicians in their offices and at specific times, but then have long periods where they are not doing so. And certainly, there maybe safety issues that would occur medication safety …

Barbara Bartman: Right, right.

Andrew Lyzenga: … issues, adverse events related to medication that patients are taking and things like that, that we I think are very interested in. So, that will be something that we'll try to sort of (flush out) a little bit as part of this.

And we'll – as we go along our environmental scan and find measures and have – we'll certainly we already have in some of our preliminary searches, sort of have questions about measures that might kind of be on the border line, if this in or out of scope or is it safety measure per se or is it more of quality measure. And those are the sorts of things that I think we will try to seek input and guidance from you all in the advisory group on probably in some specific instances, again, as we sort of build this inventory of measure and then with some more general issues as well as they emerge. And try to get guidance from you on what we ought to be including in our scan and what may be in or out of scope or that sort of thing. So we'll certainly be looking to you for your thoughts on that as we do move forward with the scan.

Andrew Anderson: You know, we tend to lean on the side of being more inclusive in the first round of scanning just to make sure that we don't exclude things that maybe important, and we leave some of the trimming to you all. And so, we'll be mindful of that as we move.

Sonali Desai: This is Sonali. I just had maybe two more suggestions. May e-consultation and virtual visits, maybe others things to include in the search if possible.

Andrew Anderson: OK.

Christy Skipper: Anyone else? Any other suggestions or comments for us before we move on?

OK. I think next on our agenda was actually the public and member comment. But I'm thinking, Vanessa, we should skip to the SharePoint overview. Would you like to do that or – before we do the public and member comment?

Vanessa Moy: Did you have some (inaudible). OK, sure. So, I'll just do a quick screen share of the SharePoint site, if you just can hold on briefly for a second.

Andrew Lyzenga: And just – while Vanessa is doing that, we have tried to, as much as we can with our committees, share documents and other information through SharePoint. Instead of sending documents and that sort of things via e-mail, we sort of try to have a centralized place where we can store documents and other materials that you can go and pick up there. And we try to now, again, get input from you and via SharePoint or that sort of thing. So as much as we can, we'll try to share information with you via SharePoint although at times – there may be times when we have to e-mail documents out or that sort of thing. So we wanted to just sort of orient you to that system and let you know how to – how to use it and how you can get information from it as we go through the project.

Vanessa Moy: Sure, OK. Thanks, Andrew. So just to go through a little bit about the SharePoint overview, you should have already received an e-mail with the access information and login information to the SharePoint site from the NQF's Nomination Department. And if you have not received the e-mail, please let us know by our project e-mail mailbox. The e-mail, I'll talk about it later on in the slides.

Also, on the SharePoint platform, as Andrew mentioned, you can retrieve the webinar materials prior to the web meeting. We'll post it up here. And you can also click on it as shown here under the meeting documents where it says, meeting title, as you can view it today. If you have access to it, there's a title that says Web Meeting 1 Orientation and then there's these two material documents, the slides and agenda. And if you like, you can download these slides and agenda and view it on your computer. And throughout this project, we'll upload different deliverables or project materials such as the draft environmental scan report which will welcome your feedback and suggestions when it goes through public comment period. And we'll also post it here as well on this platform and SharePoint site.

And also if you navigate to left side of the website, you'll see the committee roster. And if I click on that link, you'll see a list of your name and your assistant e-mail. And if you like to contact the group members, here's all their contact information. And if you would like to view our contact information, the project staff, you can also click on the staff contacts, which is also located

on the left side of the SharePoint site. And then you'll see our e-mail addresses if you would like to contact us as well.

And that's all I have and then we'll go through for a comment period right now.

Andrew Lyzenga: And just, again, if you have any trouble logging in to the SharePoint site now or in the future, don't hesitate to reach out to any of us or the project team as a whole, and we can help you walk you through the process of resetting your username or password if that's not necessary or that sort of thing to make sure you can get access.

Vanessa Moy: Good, thanks. Operator, would you mind please opening the lines for public comment, please.

Operator: And at this time, if you would like to make a public comment, please press star then the number one on your telephone keypad. Again, that's star one for a public comment.

And we have no public comments at this time.

Vanessa Moy: Thank you. So, the next thing we'll talk about is the next step for the project. And Christy did mention it at the beginning of the webinar. So the next step in this project is we have next, Webinar Number 2, which is on January 25th. And we'll be discussing and sharing with all of you folks on the environmental scan findings and then the identification of gaps that we possibly found from the measures that we did in the literature review.

And lastly is – here is on slide is the project contact information. So, if you have any trouble or issues with logging in to SharePoint, for instance, please contact us through our project e-mail inbox at ambulatorycareps@qualityforum.org. And here's our phone number as well if you would like to contact us through telephone.

And then as our team mentioned, my colleagues mentioned, we value transparency throughout this project. And you can also click on this link which brings you directly to the project page where you can view the webinar

materials. And lastly, here's a SharePoint link for you advisory group members where you can access all those webinar materials from today and throughout the rest of the project.

Andrew Lyzenga: Just to jump in, Vanessa just showed the timeline there. You may have noticed that we only have a total of three calls or webinars during this project. This is one of them. So just another couple during the course of the next few months, and we'll have things to do during those calls. And one will be focused to some degree or another on reviewing comments that we received on the environmental scan.

So given the limited number of times that we'll actually convene together on the phone or on – via webinar, we'll try to also do work with you via e-mail. We'll try to solicit input and thoughts from you, and maybe send you some material to review, again, as we maybe have questions about specific measures or categories of measures that we would or would not are considering including or other questions.

We'll try to reach out to you in between those webinars. So we certainly hope that those won't be the only times that you engage with us. We'll reach out to you in other ways and certainly encourage you to reach out to us as well so that we can kind of do work outside of those more formal convening as well.

Christy Skipper: All right. Are there any other questions for us at this point?

Peter Brawer: This is Peter Brawer. I just have a quick question. So we know that on the ambulatory side, in particular MSSP ACOs, Medicare Shared Savings ACOs, there's been anywhere between 31 and 33 ambulatory metrics. One of the things that you had put up there was looking at gaps in care. Has there been an environmental scan of looking at which of those metrics are maxed out, which of those metrics are the lowest performers. Six of them are patient satisfaction, but the rest are what could be considered looking closing gaps at care. Has there been consideration looking at those metrics in place and performance of those metrics?

Andrew Lyzenga: That's something we can certainly try and take a look at, and see if we can glean any information for our gap analysis from. We welcome any, again,

input from you as well. And, I think, those sorts of things, again, we will look to you for guidance on whether even if there are maybe some existing measures or measurement programs that has some measures that address topics that were – that are of interest to us if there, as you said, maybe topping out or we're getting a lot of low performance on or just not quite addressing the issue in the way that you think they should, that's certainly worth mentioning and addressing in our report as areas of opportunities for improvement in measurement of ambulatory safety. So I think we certainly won't limit ourselves only to where there are zero measures but also where there are maybe measures that are not quite satisfactory or that don't have quite the scope or focus that we think they should. I think that's fair game.

Peter Brawer: And likewise when someone had mentioned commercial payers earlier, when you look at Medicare Advantage in their Five-Star Program, there's a number of ambulatory based measures, which are a little bit closer to (get). So I'll send links to both of those if that would be helpful.

Andrew Lyzenga: Yes, absolutely.

Vanessa Moy: Well, thank you all for your time today and for your contribution. So we will wrap up for this afternoon, and we will be in touch over the next couple of weeks. So have a good afternoon and thank you again.

Male: Thank you.

Male: Thank you.

Male: Thanks, everyone.

Female: Thank you.

Male: Bye.

Female: Bye.

END