NATIONAL QUALITY FORUM

Moderator: Taroon Amin
January 13, 2014
3:00 p.m. ET

Operator: Welcome to the conference. Please note that this call is being recorded. Please stand by.

Evan Williamson: Great. Welcome, everybody, to the Cost and Resource Use Orientation. I'm joined here in the room by Taroon Amin, Ashlie Wilbon and Ann Phillips, and we will be running the orientation today.

So, we'll skip here to next slide. Again, my name is Evan Williamson. I'm the project manager. We'll have with Ann Phillips our project analyst; Taroon Amin is the Senior Director; and Ashlie Wilbon is the Managing Director here in our department.

Before we start, can everybody see the slides? Are we having any – I just want to make sure we're not having any technical issues or problems with that.

William Weintraub: Yes. It's Bill. I guess only me.

Taroon Amin: I don't see a slide but I see your frame.

(Crosstalk)

Evan Williamson: OK. Can you go ahead – just refresh your browser?

I just want to remind everybody to please put your phone on mute if you're not talking; we're hearing a little bit of feedback there.

Taroon Amin: Got it. It's up.

Evan Williamson: Excellent. All right. So, this is the list of the Standing Committee. You'll see a lot of familiar names on there but just for this phase of work, we're going to be coached here by Brent Asplin and Lisa Latts. So, at this point, I'll have them go ahead and introduce themselves just to make sure that we all know who we're talking to and they're going to be our fearless leaders for this phase of work. Go ahead, Lisa.

Lisa Latts: Great. Thank you. Everybody hear me OK?

William Weintraub: Yes.

Lisa Latts: OK, terrific. Well, hello, everybody. This is Lisa Latts. I am a Denver-based Internal Medicine Physician with a subspecialty in high-risk pregnancy. I was on Phase I of the project. My background is that I was 14 years with WellPoint in various iterations and left about a year and a half ago and I'm now doing independent consulting. So, I'll leave it there, I think. Brent?

Brent Asplin: Great, and Brent Asplin here. I'm an Emergency Physician. My background – spent most of my career to date in Minnesota. I worked with Health Partners Integrated Delivery System there as well as time at academic world at Mayo Clinic Rochester in Minnesota. Most recently was President of Fairview Medical Group and Integrated Delivery System in Minneapolis St. Paul area.

And just relocated, you know, last month and a half to Ohio and I'm currently serving as the Chief Clinical Officer for Catholic Health Partners and (Nine) Market System in Ohio and Kentucky. And it's an honor to be working with Lisa and with all of you on this project. I look forward to it.

Evan Williamson: Great. Thanks a lot, Brent and Lisa. This time I'm going to go through the roll call just to make sure that we know who's on the line. So, the first is Ariel Bayewitz?

Ariel Bayewitz: Yes. I'm on.

Evan Williamson: Great. I know I heard Larry Becker?

Larry Becker: Yes.

Evan Williamson: All right. Next, Mary Ann Clark? OK. Cheryl Damberg?

Cheryl Damberg: I'm here.

Evan Williamson: Great. I heard (Jennifer)?

(Jennifer): Yes.

Evan Williamson: Nancy Garrett? OK. Andrea Gelzer?

Andrea Gelzer: Yes. I'm on the line.

Evan Williamson: Excellent. Stanley Hochberg? OK. (Matthew McCue)? Martin Marciniak? (James Nason)?

(James Nason): Yes. I'm here.

Evan Williamson: Excellent. (Jean Nelson)? Jack Needleman? Janice Orlowski? (Caroline Perey)? John Rattliff?

John Rattliff: I'm here.

Evan Williamson: Great. Andrew Ryan?

Andrew Ryan: Hi. I am here.

Evan Williamson: Great. Joe Stefanski?

Joe Stefanski: I'm here.

Evan Williamson: Lina Walker?

Lina Walker: Here.

Evan Williamson: Bill Weintraub?

William Weintraub: Here.

Evan Williamson: Herbert Wong?

Herbert Wong: I'm here.

Evan Williamson: And Dolores Yanagihara? Great.

Operator, I just want to check one thing. Is everybody on the same line right now?

Operator: Yes, sir.

Evan Williamson: OK. Thank you.

Operator: You're welcome.

Evan Williamson: All right. So, our next slide here, we have the list of our tech members and so they have also been invited to be on this orientation call to orient them to the work of the expert panel and so we'll go through that list right now as well. (Sana Alcatim), (Leslie Schultz), Ted Gibbons, Chad Hollander and (Thomas Kaki).

OK. Well let's get them caught up later on. Hopefully they'll join us in progress here.

I'll also, I'd like to point out that Bill Weintraub has graciously agreed to be the Chair of the Technical Advisory Group Panel and so he'll serve as a kind of a liaison between the TEP and the full committee as we move on to the orientation, they will show how the Technical Advisory Panel will be evaluated in the measures and then providing input to the full Standing Committee on the clinical specifications of the measures.

So, yes, I want to welcome everybody to call. I know we've got gone through a little bit. We're appreciative that you're taking your time out of your day here to walk through this project overview with us. We hope you get something out of this. We're going to be – we're very excited about this phase of work. We're moving into some clinically specific measures – condition specific for our cardiovascular measures here in Phase II. Phase III will be pulmonary-specific measures but we're excited that you all have agreed to join us and on this journey together as we move along.

So, for this call, we're kind of give an overview on NQF that are going to be refresher for a lot of you but with – for our new member we want to make sure that we go over that, we'll go over our portfolio of measures for cost and resource use to show you kind of where we have been where we're going.

And as a Standing Committee now, we're charging you all with ownership over this portfolio so we'll be kind of doing some high-level thinking throughout this project as to where we want that portfolio to go through like advance the cost of cost and resource use measurement.

So, go over the project scope; the role of the committee and of the Technical Advisory Panel so really how that feedback will inform your work. We really want to make sure that we really take a good time, do a deep dive on the clinical specification of these measures.

We're going to go over the SharePoint so I know some of you had experience with SharePoint with NQF. We've like kind of a bit of redesign on our project pages. We'll be doing all of our preliminary evaluations and TEP evaluations through SharePoint so we're going to demonstrate that just so that we feel a very robust way for us to interact and to do our work together.

And then, we're going to really into the measure evaluation overview, all of the information that you'll need to know to evaluate the measures that are coming through.

Great. So, on the next slide here we had the mission of NQF. This kind of shows how we're restructured, what we do and really how we get there.

So, you see that the NQF starts at the Board of Directors. We convened Steering Committees that we're now charging as Standing Committees. We want to make sure that we moved beyond just the project base view of the committees to more of a full ownership over an entire content in there. And so, you are the cost and resource use Standing Committee and again this is kind of we're kind of moving to a broader view of how we use these committees.

We have Member Councils. I know we worked with those intimately during the last phase of the cautionary source use work but again those represent the stakeholders in the NQF process.

We have again the measure applications partnership, the National Priorities Partnership and we work with those a little bit last phase as we sought their input on the use of the measures but again we want have that much interaction with them as we move throughout this process.

So, NQF acts as the neutral convener and standards setting organization. So, this committee that we brought together were really convening various stakeholders that you all represent to do this work. And we really like to build consensus endorsed – national (event) standards as well do education and

outreach on the work that we've done and the – kind of the background material.

So, NQF endorsed these measures but who use of these measures? So, NQF endorsed approximately 700 measures for various uses from federal to state, community and facility level measures. As you can see largest proportion of measures are used in the federal programs alone but again we have – there are lots of overlap there, where they are used by both federal and private payers and so really there's a wide range of uses for the NQF measures that we endorse as well as the ones that we'll be evaluating on this project.

Now, this is a process here we call it the consensus development project they've become very evidently involve with – and we've been through the first time but again as you keep going through it where you really become well versed in it.

It starts with the call for nominations so we ceded a few new members on our committee, Standing Committee. We had a call for candidate standards so we solicited measures here in the cardiovascular condition specific cost and resource use measures.

We received three submissions and we'll go through those a little later. We're currently in the standard review portion so NQF staff has been doing a deep dive on these measures to highlight areas of discussion for the committee and so you'll be seeing that as we provide the measures to you.

And then throughout the whole in person meeting we'll be doing a standard review. The committee will make recommendations for endorsement and again really bringing in NQF's role as a convener. We go out for public and member comment and member voting where we seek together input from really a wide range of stakeholders to get their perspective on the measures on how these measures will be used really the whole range of these measures.

It goes out for member vote and then it goes to our Consensus Standards Approval Committee so that's really a function of the Board of Directors, they

established what we call CSAC to really evaluate the concern on the measures, the committee deliberations to come up with a recommendation which then gets endorsed by the Board of Directors.

It then goes through an appeals process which just wrapped up for Phase I so you can see the whole cycle and it'll start over again now with this new set of measures.

So next slide here, we have the measure evaluation criteria and so again we've broken it up into four key areas. They focused how we evaluate the measures as well as the additional of area harmonization and selection of best in class. But the four important ones, we'll talk about importance to measure and report the scientific acceptability of measure properties, feasibility and then use and usability.

This next graphic that we've developed really shows the working theory to date and kind of how these all builds in each other. So it started with episodes of care measurement framework and then built upon that we did our first measure endorsement project. We've followed that with a National Quality Strategy to improve affordability and then this 2013 cost and resource use measure endorsement project. Built upon all the previous work, we've provided that information in the form of previous reports. And we know that a lot of you actually helps with that work and was ultimately involved.

At this time, I'll turn it over to Ashlie to go over really defining resource use measures and I would ask you to take it away.

Ashlie Wilbon: OK. Hi, everyone. I won't spend a lot of time on this because obviously you guys have been through this process one time already evaluating resource use measures and so you're already pretty familiar already with this definition but we just, you know, obviously put it up here again to bring everyone back to the same page and put us back on track.

Essentially what we're evaluating with the resource use efforts here at NQF, when we do a call for measures is we're looking for a cost and resource use measures but essentially count a frequency of resources in some way either utilization counts, generally of healthcare resources so pharmacy cost or E&M visits, durable medical equipment, various healthcare resources and then applied some type of monetization to that, some type of (dollarization) if that's a word to each count if you come up with some sort of cost attribution for the utilization in some way.

And in terms of the performance measurement aspect, you'll remember from our first phase of work, the tricky part comes into obviously attributing those costs and so many times in the logic of these measures there will be around in specifications will be built in how those costs are attributed to a particular entity.

So, either of the health plan or clinician practice, hospital level and so you'll see a little bit of that again. And in this next phase of work where we'll have, I think health plan level and hospital level measures as well.

Again, I won't spend a lot of time on this, I think this piece ends up coming a little more clear when we look at the measure submission form and you can kind of see how the specifications that the developers provide, explained the different pieces of how resource use measures are built.

In general, that is entails some instruction around how the measures constructed. What are the trigger and in-mechanism, how do you know when the episode start, how do you know when it end, in terms of the clinical logic particularly with these measures because we are now focused on a clinical area, there will be some instructions and specifications on how they are identifying with an MI population particularly what clothes are included, who's excluded and why.

And then the resource use categories obviously will explain or give a specification around the different categories of utilization that are accounted for in the measure. So again the example around DME evaluation

management, pharmacy cost and so forth will be described in that part of the measure.

The adjustment comparability will generally include instruction around how the costing method is applied, did they use standardized crisis, did they use crisis paid by the health plan or some other units, relative value units or something else to attribute to the utilization accounts for comparability purposes or comparison and purposes. Also included in that maybe instruction around risk adjustments and stratification.

And then finally the reporting piece which typically is evaluated as part of the core measure but is typically information that the committee in the past as we've been working with you guys have really indicated that you're interested in seeing which is the information around how you develop peer group. How the information around like sample size and some of those other pieces that are important in reporting the measure are accounted for when the data is shared and the results of the measure.

Again this is a graphically (viewed) which I'm sure you've seen a lot as long as you've been working with us. This kind of illustrates how we here at NQF have been conceptualizing cost and resource use in the concept of some of these other concepts that we talked about around efficiency and value. And really our efforts to endorse resource use measure have been kind of a building block on the pathway towards really understanding how to capture efficiency of care. And that concept process really been centered on the combination of cost and quality information.

And then the addition of stakeholder preference is really what encapsulate that the final concept of value. And so we actually have some other work that's going on now across the organization not necessarily in the measure endorsement work that we have got some funding from the Robert Wood Johnson Foundation to really explore this topic a little bit more on a convening group of experts some of which you guys call maybe a part of which will be really talking through how methodically that's done.

So what is really needed in order to combine a cost and quality signal to understand how whether or not efficient care is being provided. What does that look like, and so that project will be coinciding with this project in terms of the timing but there will be point in time we're hopefully we'll be able to transfer some of that knowledge either through members on the committee or obviously Taroon and I are also working on that work.

So there will be opportunities for that kind of share of that information and hopefully integrate along the way some different operational guidance that they may provide in terms of how we would on a forward looking basis integrate evaluation of efficiency measures or some sort of mechanism for us. Here at NQF to actually taken measure concept that include both a cost and quality signal so that we're not continuing to just endorse resource these measures and that we have a way to really more formally accept that type of measure.

So more to come to that and we're really excited about that work, it's something we've been looking to do for a long time and particularly with input that we've gotten from you guys over the years that the last two, three years we've been doing this work. That endorsing resource use measures shouldn't be the end of it and that really – this work has really all been to help us prepare to do this work around evaluating efficiency measures, so more to come on that and we'll keep you posted.

Taroon Amin: Just on that note, Ashlie, I just want to point out the other two projects that are the spirit of having the committee sort of take ownership over the cost and resource use portfolio and the work that we're doing broadly in the area of cost and resource use. Ashlie pointed out that there was the upcoming Robert Wood Johnson work that many of you on the committee are either leading or part of this experts, the Steering Committee which is related to the cost and quality signal and understanding how it measure efficiency probably.

The RWJ work also has a second component, which is really looking to better understand the question of affordability and really understanding with stakeholder preferences in terms of the type of information that's available to

consumers in making healthcare decisions about cost. So, that is the second piece of work under RWJ umbrella.

And thirdly in our cost and resource use work here, we're also looking at developing criteria for evaluating episode groupers that have been used broadly in the commercial sector but we'll be looking from some experience from those measure developers and the commercial sector and those that are developing the Medicare grouper.

And Evan, whose project leading this group will also be leading that group as well. So you'll be hearing more about that work during our person meeting as update but we just want to provide sort of the broader context of all of the cost and resource use work that NQF is undertaking which is all conceptually aligned with where we started on this effort.

Ashlie Wilbon: Does anyone have questions about that work or essentially input for us to consider, (very important) to this group? OK. Thanks.

Evan Williamson: Great. So thanks a lot, Ashlie and Taroon for going over that. We're now moving to the portfolio of measures and so here are the previously endorsed cost and resource use measures that we currently have in our portfolio so, we have several that were endorsed on January 30, 2012 and so and that we have some condition specific but also some total causative care, a total resource use measures some health partners.

We have some more condition specific measures that were endorsed in March 2012 around asthma, COPD, pneumonia and hip and knee replacement and then again the measure that you are all intimately involve with which was 2158 the Medicare spending for beneficiary which was just endorsed in December.

So, as you can see we have identified several measures there that will be up for maintenance in these next two phases of work, and so with that we'll move into the current phase of work where we stand.

So, we're now in Phase II, we have three measure submissions. The first one there is 1558, the relative resource use for people with cardiovascular conditions from NCQA, which is a maintenance measure. As well as two new measure submissions which are the hospital level payment for acute myocardial infarction as well as hospital level payment for heart failure. So those will be the two new measures that will be evaluating during this phase of work.

Additionally during Phase III, we have three latest measures for NCQA as well as Ingenix, Optum surrounding pulmonary conditions so we have asthma, COPD and pneumonia. And we're also anticipating another pneumonia measure submission from CMS, which would be a new measure submission.

Are there any questions on the portfolio of measures or any of the measures that we'll be evaluating to this next two phases of work? Great.

Now, we're going to move into the role of the Steering Committee. And so this time we'll breakdown really what the committee will be responsible for, what NQF staff is responsible for and what our Technical Expert Panel is responsible for.

So again the role of the Steering Committee, we expect you all to act as a proxy for the multi stakeholder membership for this project. And so we've really made an effort in identifying the committee and ceding the committee to get a wide range of stakeholder input to really balance out the committee and to make sure that we're getting as much as input as possible during this review process.

We knew you're all experts in your field and you all represent yourself. We also represent stakeholder group so, we want to make sure that you take that new account as your valuing the measures that really come from that perspective.

So you will make evaluation of the measure, make an endorsement and recommendation and that we'll go back out to the NQF membership for a public and member comment period, which will then adjudicate and then out for member vote that it goes to CSAC and we'll expect the committee to respond any directions of the CSAC may come up with. So to that end we expect that all members will review all measures.

So we have three measures on this project and we can expect that each committee member where which of the three measures and against our evaluation criteria and submit preliminary recommendations and be able to submit recommendation during our in person meeting in March.

At that meeting you will make the recommendation to the NQF membership regarding endorsement of these measures and that again we'll go up through the process. So we have ceded two coachers as they introduce themselves earlier. We have Brent Asplin and Lisa Latts. They will facilitate the Steering Committee meetings and they will represent the committee at the CSAC meetings.

We expect them to keep the committee on track to meet the goals of the project and but also to foster critical discussion input. We know this committee sometimes it's more of an art than a science at the committee for discussing these measures. There are lots of considerations, lots of different opinion that we would like to work through and we charge them with keeping the month – keeping us on track to make sure that we meet the goals of making endorsement recommendations.

We know that we want them to assist us and anticipating questions identifying additional information that maybe useful as well as put a little considerations and other considerations for the endorsement of these measures.

At the same time, we want them to participate as a Steering Committee member. They are able to vote just like any other member until they will be making those recommendations and are able to provide their input just like any other Steering Committee member.

So for this committee – for this phase of work which is different in our last phase of work, we have ceded the Technical Expert Panel. Any of these members are pulled from the Cardiovascular Standing Committee, which that piece of that work is just beginning as well. And we expect them also to review all submitted measures and they will provide input to the committee on the clinical specifications of the measures.

Later as we go into the measure evaluation criteria, we've developed a set of questions that the TEP will be considering for each measure and we expect them to review the measure to provide thoughtful input on those aspects just of the clinical specifications.

I want to reiterate, we'll not be voting or rating the measures but rather responding to these questions help guide the Standing Committee in making the ratings and evaluations endorsement criteria.

What we are responsible for? NQF staffs are here to really facilitate this process and help the Standing Committee to do their work. So we'll organize the calls. We'll provide agendas, all of the information we need to conduct calls and the meetings and we're really here to guide you through the process. We've been through this before. We work with the measure evaluation criteria so we're here to be a resource to help advice on our policy and procedures.

We have reviewed the measure submissions and we're preparing materials for you to review. And we'll go through the time later and when we will provide that input for you to be able to make your preliminary recommendations but we have been busy reviewing. Following the Steering Committee meeting, we will draft and edit the reports, which we will send back to you for review.

We are going to facilitate communication among all participants including the committee and measure developers. We've put a lot of work in developing these measure submissions and we want to make sure they're included in this process, that's what we really are working on here at NQF just to make sure

that we facilitate collaboration between the committee and developers to this process.

And again we'll facilitate any necessary communication and collaboration between other projects so again we have ceded Technical Expert Panel from the Cardiovascular Committee so we're really trying to draw on expertise throughout our projects to really get the best possible product.

Furthermore, as a staff we will maintain documentation of the project activities. You'll see that on SharePoint as well as our public project site. We have worked with measure developers to provide the necessary information for you to review and we'll work with our communications department publish a final report.

Are there any questions on the roles and responsibilities for the committee, the TEP or NQF staff?

Great. So, up on the screen now we have our timeline for phase two. And so as you can see our measures commission deadline was last month in December 9. We're holding our orientation today. We're anticipating that you'll receive the measures on Wednesday – the very latest at the end of the week. We want to make sure we get the information out to you in a timely manner for you to be able to review, still a few things that we're working on just to make sure that you have the best possible information to the reviews.

We are hoping that the deadline for the TEP to review and submit their evaluations will be January the 31st. We have a series of TEP meetings scheduled as well as measure Q&A meetings for the committee and so we'll go through the timeline there for that. But then we expect the standing committee and their evaluations submitted by February 24th that will give us enough time to compile these evaluation and provide them back to you in advance of the meeting so that you can have a chance to review and hopefully that will provide a rich discussion at the meeting, where we've already been able to identify a lot of the issues that we'll need to discuss.

So, our in-person again is March 4th and 5th. Our meeting (inaudible) will be reaching out to you shortly to book your travel and make your accommodations so be on the lookout for that.

Following that we hope to have the draft report ready by April 21st. Throughout the post-meeting period, we'll be working with you to share drafts and really make sure that the – we've produced a high-quality product to go out to public and member comment.

We've already schedule the call to review and respond to the comments we received and then gives the rest of the process for member vote, CSAC approval, board endorsement and then appeal. So, we hope to have this phase of work wrapped up by early September.

All right, so at this point, we're going to do a tutorial on the SharePoint site and again this will be different the way you see it before so at this time, I'm going to fire up screen sharing here.

All right. So, on your screen now you should see the NQF SharePoint site. Now hopefully everybody got their credentials distributed this morning. We're hoping to get that out to you earlier but we are operating at a bit of a compressed timeline here with – when we ended our roster comment period and when we were able to distribute the credentials. But again, we're available here if you're having a technical issues logging in, you should have access to the page here. Excuse me.

And so we reorganized our landing page here, just around the real pertinent information that you all need to do your work. So at the top, we have general documents, which are all the documents that we distributed in the email, they are all posted here. In addition, we have the biographies and roster that were posted for roster comment.

So, again, this is where we're going to post the draft report when it is available. So just start right up here and then the first section will be the documents you need as you go through the work.

The next sections are our measure documents. And as you can see these are the three measures that will be evaluated during this project. These measure documents – that's what we call them – are currently empty. Once we are able to distribute the measures, we'll place them in this major document set. And as you can see here, they'll be separated by a document.

One nice thing about this layout is that we know some of you like to work offline. These document sets are able to be downloaded as a whole set. And so you can see here, if you click on this dropdown menu right here it says, "Download document set" and you can download associated with that measure.

And finally at the bottom here, we have our meeting and call documents. And so anytime we post an agenda, memos, slides, it'll be grouped here by meeting. And so right now you can see here we have our committee, committee orientation, call under meeting, call the documents and those documents are posted.

Now back up to the general documents. There are two documents here that I really want to highlight. The first is the committee guidebook. And so it's something that we newly developed for 2014, where we really put a lot of our learnings from previous committees as well as our work with outside measure developers and other stakeholders into one really comprehensive document that will guide the committee's work. And so this is – what we really want to serve is a reference point for the committee and I'll open this up here.

So, this is our committee guide to NQF's measure endorsement process. Now scroll down here to the table of contents. And again, you'll see there's a lot of what we've – what's contained in this first section, we've already gone over as far as who is NQF? What does NQF do?

Now, this is really geared towards our quality measurement committee. And so, you'll see some of the information in here – will be a little different and we've concluded some (mail) documents under the committee guide as far as evaluation and criteria.

And that – so the big thing here, I want to highlight is the role of the committee, the role of the committee co-chairs and the standing committee. So, those slides we showed earlier – this goes in much further depth and information and we're really providing a great reference point for you as you fight worked to the roll up of the committee in evaluating measures. So, we wanted to serve as a great reference point and a starting point for you to final the information that we want you to know here in NQF.

Taroon Amin: So, Evan, just quickly as we – before we move on to the measure evaluation portion of the discussion, I just want to again reiterate that we'll go on a very high-level overview of each of the measure criteria, each of the measure evaluation criteria but you know there's a lot more detail provided in this Steering Committee guide book that is excellent reference material as we walk through it.

So, as we discussed sort of issues of our reliability validity, we'll provide high level overview during the call – I think it's the next section – definitely opened a point, opened a question – if anyone has them but this will be an excellent reference material as you start to prepare to review for the measure or prepare for your measure review.

So again I'll just point out where Evan is on this form in this – in the guidebook here starting at page 31 is an area to review.

Evan Williamson: Great. Thanks, Taroon. In addition to the measure evaluation information that we have in this guidebook is the research used by valuation criteria is slightly different. We've also included the evaluation criteria document here on the SharePoint site.

So again, this is again supplemental to the information that's contained in the measure of the Steering Committee guide book but just make sure that you're aware of this as well.

So, as one – a few more things I want to show on the SharePoint site and then I'll turn it over to Taroon to go over our measure evaluation criteria that we've kind of move some of the information off the main page and into the links on

the side here. We have a calendar of events, so again, it shows the orientation call then the TEP meetings, the worker – Q&A calls, we have our post comment call so that's all in your calendar.

We've included a few links for you here we have a link to our public project page which contains some background information, some of the previous work in this area, it links – we have a committee roster with email addresses in case you need to get in touch with any of the members of the committee. We have separated out here at the bottom members of the TEP as well.

You'll see here we have your assistant information if you want to check, I know we requested that wondering one of our previous emails, I just want to make sure that we can get in touch with you and we have the proper people so if you need to update that, please just let me know and we can do that.

And finally, we have our staff contact, this is all our information that you can get in touch with us via email or phone call.

Cheryl Damberg: Can I ask, this is Cheryl Damberg.

Evan Williamson: Yes.

Cheryl Damberg: Just maybe make our lives a little simpler.

Evan Williamson: Yes.

Cheryl Damberg: Is your team able to send out like Outlook invites for all of the key meeting, dates and times …

Evan Williamson: Yes.

Cheryl Damberg: … such that we don't actually have to go into this calendar and be fishing around for this.

Evan Williamson: Sure, yes. We'll send that information out.

Cheryl Damberg: That would be great. Thanks.

Male: Great, that's perfect.

Evan Williamson: And the last thing …

Male: Thank you.

Evan Williamson: Yes. Yes. We'll send that out this week. The last portion I want to highlight on here is the actual evaluation survey tool. So we have our TEP evaluation survey tool and then our committee preliminary tool as well, so I'll just show one of these quickly here. And so, you'll be able to quick respond to this survey and then fill out evaluation.

Now, we're running the tool differently from what we have in the past and I'll go into more detail on this toward the end of the orientation after Taroon is able to go through the evaluation criteria but what we are asking you to do this time is rather than provide ratings high, moderate or low as we did last time, we want your comments to respond to some of the questions that we pose during our staff review documents.

And so, we have a comment box here for each criteria but you'll be able to provide your input, you'll select the measure you're evaluating and then provide your input and you'll be able to submit that way.

So, this is new this time – new for this state of work and the last time we had you fill it out in the PDF document but we're trying to be consistent across all our projects in using SharePoint here to collect this information and so this is something that's new and if you need any help with it just let us know and we can walk you through. But I just want to point out here on the left-hand navigation column, we have our preliminary evaluation and our TEP measure evaluation.

So, at this time I'll turn it over to Taroon, who'll go over measure evaluation overview. So let's go back to our slides here.

Taroon Amin: Does anyone, as we're getting ready, does anyone have any questions related to any of the nuts and bolts of the project in terms of any of the timelines, any expectations before we go into actually a little bit of a what are the work entails of the committee?

OK.

Andrea Gelzer: Yes. This is Angela Gelzer and this is just – hi. So, we're going to be looking at cardiovascular resource measures and then I think in 2014 the pulmonary. So, is there like a grand design to all this?

Taroon Amin: So, that's a great question. So the grand design is that we sort of started, you know – let me just take a step back and actually there's a number of folks on the committee that were with us from the beginning.

So, the first approach was we want to move towards measure of efficiency and value, that's the overall goal. We had our first effort to basically understand the field, understand the language, understand how we can start getting measures in, what would they actually need to entail, what are the specifications look like. And really define sort of the components of the measures and what defines the resource use measure.

What we move towards, after that, was sort of a first phase of work which looked it was a broad call which is our first effort which looked at total cost of care then looked across multiple different clinical condition categories which were probably defined as those high-impact areas of measurement for – by the help – by the National Quality Strategy, so really starting with cardiovascular care was one of the areas to start it.

And ultimately what we're doing now is really kind of restarting the cycle again. We've started looking at sort of new areas – new measure that we serve nowhere in the field. So again, we started this firework and the phase one of this work was looking at per capita non-condition specific measures, which brought in the two measures from Medicare that we ended up – by CMS, I should say – the hospital measure and then the clinician measure ultimately moving the hospital measure forward. And then, also, comparing

that to the measure that was already in a portfolio, which is the (health part) measure.

So, the two first phases of this work are really the condition-specific phases of this work are really intended to be addressing the high impact National Quality Strategy areas of measurement, which is around cardiovascular care and moving to pulmonary.

And again the goal of that – this exercise also concurrently is to then take some of these conditions specific measures and think about how they pair with quality signals and how we can start to really get better signals of efficiency.

So that's the general plan, obviously we have these two phases and then the goal of – at the end of this phase and at the end of the next phase, we're going to be asking the committee to really think about what is the next step? How do we actually get measures of efficiency together now that we have whatever measures is actually getting to our start of this phase and the prior phases and how do we actually move towards measures of efficiency and value for some of the high impact areas of measurement and also the high-impact areas of measurement for cost and resource use in the healthcare system.

Is that helpful?

Andrea Gelzer: Yes, that's very helpful. Thank you.

Ashlie Wilbon: Yes and I'll just add you know Evan pointed out at the beginning kind of our transition to standing committees, it's really in response to several things, one of which is to try to be more consistent across our evaluation of measures in the topic areas so rather than changing out committee every time we have a project really having people who are on board consistently over a period of time to evaluate measures so that, you know, kind of everyone kind of grows together and you know evaluate the measures together and it's really getting comfortable with a portfolio but also we'll be doing – taking some time at the in-person meeting to really kind of talk through with you guys what you would envision for a portfolio resource keys measures.

I mean obviously, you know, Taroon and I have been doing this work for some time alone with – many of you are already on the committee and how a vision for what we need to go in terms of efficiency measures but really kind of taking some time to really set out and really hammer out maybe some you know, future state where we'd like to be, where the portfolio should really be in the next year or two and for you guys really help us think through that like what – you know we have this parallel work that I've described earlier with RWJ and really hopefully getting some guidance around what that actually looks like. Though if we do we'll do are deficiency measures. What information do we collect? How should that be evaluated? And so again, we definitely have some ideas of where this needs to go but we would definitely looking for – to you guys to help us build vision going forward.

Larry Becker: So, this is Larry. Given our prior strengths with the resource measures and all the work that was done there, and, you know the work and rework. What have we learned and how have we instructed the process stakeholders, the (imputers) to this process differently so that, you know, we'd become more efficient than we were the last time?

Taroon Amin: There is – I'll turn it over to Evan who can talk a little bit about some of the improvements in the process broadly. I'll sort of address the question in particular the specific total cost per beneficiary measure, the clinician measure that we have reviewed.

In fact, I think the experience of the prior committees' work and phase one is work was actually in some ways sort of the best-case scenario, which is why we want to move toward a standing committee model. Meaning, the committee had recommended – had some concerns I don't want to – there's a number of committee members around the phone, who had a lot of issues with – you know what I'll just bring up one issue, which is the attribution approach to the measure and, you know, we really provided this information back to the developer and have them subsequently – had subsequently had a number of conversations with them about what specifically were the issues and have a plan essentially with them to try to bring back this measure to this committee to understand the improvement and also really get a better measure into the

process that actually can be used before proposition reporting and ultimately potentially physician valuation purchasing.

So, you know our goal by getting these committees up as a standing committee against kind of reiterate where actually it's going, it has some sense of continuation of the work that the work is not up or down on the measure but it's actually it's sort of building some type, you know, some continual relationship with these measures what issues are and actually working with some of the developers to sort of make these improvements to get them back into the field in sort of more rapid cycle approach.

Again given the fact that we all, we know that you're all volunteers all with a very busy schedule and that we can't convene you every month to have this conversation with the developers but you know in a reasonable way we can take the feedback, the collective learning from the broad group and then provide that back to the developer and then have that information feedback to you.

Now, when the developers can actually bring it back to you is entirely different challenge. Many of them are sort of operating under their own sort of financial structures, which have them operating sort of on a – you know they've developed to measure and they submitted to us and that's sort of the end of their funding model. And we're also working with that with developers and our federal colleagues to understand how they changed the way to measure development dollars are issued so that there's a recognition of this continuous process improvement mentality.

Again, that's the challenge that's going to take a little while to work on but we have some commitment from our federal partners to start making those types of adjustments. And in this particular case, the total cost measure that you reviewed during your last cycle, we do have some commitment from CMS that they are making those adjustments.

So, we're hoping that quickly after the preliminary phase of this work, we'll – you know or maybe even in the next phase work, we can get this measure

back into the process, which as a significant departure from our prior structure in terms of how we worked.

But that may be very specific to your question, Larry, in terms of how did the feedback from the last effort actually result in any change and what's happening with the prior work but Evan can sort of talk broadly about some of the additional work that were taking that we've made in the process to streamline in terms of efficiency and broadly in that domain.

Ashlie Wilbon: Yes, all these real quick, I'll just jump in again, this is Ashlie on – one other thing a response to Larry's question about how our experience in the last project has maybe driven some of our improvements and I think this topic area from the very first project has been very highly politically charged and we always get a lot of engagement from our stakeholders around the recommendations from the committee, in terms of what measures should be endorsed and so the whole process around engaging the councils shares, having the councils engaged individually to decide and kind of discuss the measures, come to some agreement on, what's their stakeholder group perceptive is, come to the table at the CSAC meeting and really share those perspectives for kind of – for the CSAC to hear and make some kind of judgment on what the recommendations were is really, I think this project was really a great tuck case for that as well because it sort of – I won't say the worst case scenario, but I think in a lot of ways because this is – this topic tends to be tied to so many to payment incentive and a lot of very strong stakeholder opinions on how measures should be used and how they should be implemented and how payment is based upon them that it gave us the opportunity to really tuck real time, some of those engagements tactics if you will.

And so, I think as we continue to go on that we'll – you'll see as we can make process changes to our process broadly that this project has really driven some of those broader changes to our process and thinking of ways to get earlier engagement from our membership we did some things in the last project were we went on council calls early on and told them about the project chain, kind of led some discussions on several council calls to kind of let them know what

measures we're evaluating to really get input early on because our experience was when we waited until the end half of the committee made recommendations that it really kind of – not start it from scratch, but at the end of the process, we end up kind of having to go back to the beginning and explained everyone what was going on, why the committee made their decisions and really trying to get people engaged upfront.

So, I think we've learned a lot definitely from this project just from the nature of the work that we've been able to kind of apply broadly. So, hopefully that helps to answer your question too as well, Larry.

Larry Becker: Thank you very much.

Evan Williamson: Thanks a lot, Ashlie, for going into that.

Now, we have a few – a question here on the chat that really ties into this as well which goes back to the Committee Guide Book that we just went into and I just want to kind of a highlight some of the changes here quickly that really will affect or will be different in the last phase of work as far as especially around reaching consensus and when voting happens.

So, on page 25 of the Committee Guide Book, we're going to this here – there's something that definitely came out of our consensus task force and that some of you were aware of the workings of the task force but some of the highlight this year.

One of the big changes is that we kind of identified the zone in the middle of our voting between 40 percent and 60 percent, where we realized that we want to get more input on those measures.

So previously, if a measure didn't pass the Steering Committee with at least 50 percent, it just kind of stopped there; we didn't get any more input on. So now, we've identified that if it reaches between 40 percent and 60 percent, we kind of view that as not – we didn't reached consensus on a measure and we want to put that out for a member comment to gather more input on it. So, we

just want to make sure that yes, we really identified that area and we get input on them.

So, those measures go out for comment and then come back and then they go out for vote again, if it's between 40 and 60 percent. So, if after the member vote, it hasn't still reached 60 percent yet, then it goes through this process that we kind of piloted during the first days of this work, where you will bringing the council chairs together and really try to hash out some these issues and go in depth in find out where we have agreement, where some disagreement may align.

So, I'll point to the guidebook on that, it starts on page 25, where we identified this new voting and member comment procedure but if you have any questions on that, you can feel free to contact one of us.

Taroon Amin: Thanks, Evan. Before I get into the measure evaluation overview, I just want to maybe to take a step back because I think Larry brings up a good point. I just want to sort of give the Steering Committee kind of – the Standing Committee, especially since you guys are going to be with us for a while as well, sort of two macro factors that are going out into us.

The first is around, the goal of trying to improve the efficiency of our process, which means how we go through this process of evaluating measures and ultimately getting good measures out to the field. And so, what you will see is part and what you maybe won't see because a lot of it is happening on a background, our improvements to the way that were functioning, centralizing our information in SharePoint, the way that we're going to try to structure the committee meetings to have the developers have a little bit more phase, I guess, their voice in the process.

There are various different enhancements that we are putting in place to really ensure that our processes as efficient as possible and that kind of goes to the same topic around giving this information back to developers and having some real time improvements in terms of the measure and then having that brought back to us for review and having the same group, the Standing

Committee, who understands the information and the type of changes that we requested, review the measure the next time it comes through.

The second is really understanding once again with this area being one of the areas of really controversial measurement, both in its complexity and its potential use, we have made enhancements to our process related to defining the gray zone, as Evan has pointed out, where the committee or the membership or at any point during our process, we don't achieve within 40 to 60 percent, either way in support or not support.

Now, we have some way to continue the process moving forward to that. The Steering Committee ultimately gets the benefit of hearing what the membership thinks about an issue and the membership feels that they are part of the process because ultimately, the Steering Committee is accountable to the membership and is accountable to the CSAC in terms of representing the membership as well. So, we want to make sure that we build in as many processes in placed to make sure that we understand what the membership thinks.

So, in the prior work when we looked at the measure that was the clinician level total cost of care measure, we didn't have the opportunity to bring that measure out to membership for vote, yes, for vote which ultimately may have been more satisfying for some members and may have been more satisfying to the Steering Committee quite frankly and understand how the broad membership felt on the topic.

So, while we're reviewing these measures, it is really important as I transitioned to the scientific components of this discussion today. We do have a very few review process which very much sort of mirrors a peer reviewed journal process in some way but we are also accountable to the membership and sort of the healthcare community broadly that's trying to move in advance some of the causes and particularly, it cause around affordability and so, maybe some technical issues that we feel as a committee maybe really strong or deal breakers in some way may feel very differently to our broad

stakeholders across stakeholders line and ultimately our process needs to be responsive to those concerned.

So, this gray zone that Evan described, we'll obviously be implementing that and we'll be responsible for understanding when we're in that area and what to do but it's more to give you as a committee an understanding of sort of the macro context and environment in which we're operating. So, we want to make sure that you are aware of sort of what we're trying to help navigate and what the membership is interested in seeing to this next phase as a project.

So anyway, I'll stop there. If there are any questions, we're happy to continue this conversation. Otherwise, I'm happy to also just move in to the measure evaluation process. OK.

So, the measure evaluation process, everybody has been looking forward to this part of the agenda. So, I know we have a lot of new committee members to and we have a few new committee members.

So, this is entirely new information for you and again, the Steering Committee Guidebook is a good resource for additional information but please feel free to stop me at any point during the discussion actually and I'll going through a number of our criteria today and this is meant to be an introduction. So, as you actually get into the measures and have any questions about the actual criteria, that's another time for us to really be taking some time to have conversations to each other about the criteria and understanding exactly how the measures relate to the criteria that we're going to be describing here.

So, there's four major endorsement criteria that follow a hierarchy. The four include importance to measure report, looking at the scientific acceptability of the measure property, the feasibility and the usability of these measures. I will point out that for those new members really the scientific acceptability portion tends to be the area of most conversation for resource used measures. For our quality measures, it's both important to measure and report since there's a more deep evidence review but for our purposes really scientific

acceptability is the most time intensive and the area where we have the most conversation generally.

So, criteria number one and two related to importance to measure and report are really the areas that we generally focused and when we look at the sub-criteria, which I'll go into a more detail, the sub-criteria are intended to help demonstrate whether the major criteria are met. So, really, we're trying to answer the questions as well. How do you know a measure is important or scientifically acceptable?

So, the sub-criteria help you to answer that question. These criteria were developed to really mirror best practices for measure development. So, where do you begin when you're trying to develop a measure you try to look at areas that are high impact areas of measurements?

So, it kind of goes back to our last conversation. We want to make sure that the measures that we're actually endorsing and that ultimately end up building a very large measured collection and infrastructure in the field are really measuring the most high impact areas of measurement.

And really, another thing to consider is that most of the criteria and sub-criteria are all a matter of degree rather than an all or nothing determination. So, we sort of layout this criteria but there's no scientific break in terms of what is reliable or not. It really involves both evidence and scientific judgment when reviewing the measures in this project or broadly.

So, when we're looking at the criteria number one, the importance to measure in report, really what we're looking at are three sub-criteria. The first is ensuring that really relates to a high priority and a high impact area that described either by the National Quality Strategy or the National Priorities Partnership.

Secondly, there's the opportunity for improvement that we see either that large variation and cost performance across entities or that there's an overall suboptimal performance. Again, that's up to interpretation.

And then third, really understanding that the measures are clearly constructed and described and the service categories are sort of consistent as your intent. So, for instance if we're looking at an episode of care for asthma to make sure that the pharmacy cost are included because otherwise it may not be really giving you an understanding of true asthma cost in that example.

So, criteria number two, which, again, are we – sort of included the page numbers and the actual …

Male: Yes. So, Taroon, these are in the resource use violation criteria PDF on SharePoint.

Taroon Amin: OK, great. As an area for further information but really these are the two main areas that we're looking for science and acceptability are – is reliability and validity. And, again, the sub-criteria are the components that help us understand whether that criteria was met, so we're looking at – for reliability a precise specification to ensure that the information that's presented and the submission form is precise and can be implemented by users in the field.

And then, secondly, reliability testing. And we'll go into a little bit more detail on this – in a minute on these components.

And secondly, the validity. Both of these are must-pass. And so, we're looking at whether the specifications are consistent with the intent of the measure. And, you know, that there's validity testing. There's justifications for the exclusion, the risk adjustment and ensuring that there's identity – there's can be differences in performance.

And then, comparability of data sources and methods. And the measures that we'll be reviewing in this phase of the project, 2b6 won't be relevant because the measures are really only using one method and one data source.

So, when we look at measure testing, both the reliable – for reliability and validity – what we're really looking for, you know, one of the components to

think about for empirical testing, is to ensure that the testing is done with the measure as specified including analysis for issues that could affect the cost performance, including exclusion, making sure that there is – there're not large numbers of patients that are excluded from the patient population that are important to measure to understand the cost profile for various cardiovascular condition. That the risk adjust, methodology includes factors that are at the start of care.

So, for instance, we don't allow factors or complications during the hospitalization to be included in the risk adjustment model because of the circular logic that might – that would be present in that type of risk adjustment approach.

And, that there are methods and demonstrate comparability across different methods – again which are less relevant for this particular methods that we're going to – to these particular measures that are going to be part of this project.

So, some elements to consider when you're reviewing the testing approaches. You know, ensuring that the method is – that's used is appropriate, that the data source and the level of analysis that are used in the testing are consistent with the ways of the measure's constructed. That may seem pretty straightforward but, you know, may not always be the case.

Is the scope of testing adequate? You know, if we're looking for a measure that's looking to profile hospital performance, we don't have a threshold for the number of entities that need to be in the testing. But, we need to ensure that it's – we can assume that it's representative of the types of hospitals that would be, you know, profiled under the measure.

And, are the results within acceptable norms? Again, here another area to just kind of highlight is that we're not really looking for – we don't have threshold for R squared values or (C) statistics. But, you know, when we look at, you know, this is again a matter of judgment and we have a lot of statistical and analytical methodological experts in this committee. Given what we're trying to measure – are the results within acceptable norms?

So, looking at the reliability testing, you know, at the data element level, the majority of the these measures – and, this is also consistent with the three measures that will be submitted for evaluation under this phase – are using administrative claims data.

So, what we're really looking for is that the actual underlying data – the administrative data – is reliable for the method – reliable for the measure. So that the critical data elements that are used – whether it's using the diagnosis codes for identifying clinical cohorts or identifying ways of counting utilization and further monetizing them – whatever you're counting is actually – or are repeatable and reliable in the end of the line data.

So, these are the kinds of data elements that we'll be looking for to ensure that there's reliability of those data elements. Otherwise, measure developers have the option of testing the measure score. And, that really is trying to understand the proportion, the variation that's due to the actual signal that's – that we're getting from the measured entities as opposed to random noise of variation.

And that's – as an example of that, typically that we see is signal to noise analysis. Again, and that will likely be what we see – in these measures given that they're using administrative claims.

But, again, we don't – we don't – we don't set thresholds and we don't have any – we don't – we don't acquire particular types of methods for testing. We just – we require that the developers describe their method of testing. The results in a – in analytics results that they're testing and interpretation of those results and then, ask of the steering committee – assess whether they fall within acceptable norms. And so, you'll find that the testing attachment that you'll get from these – from these measures follow that form.

So, I know that we just kind of walked through quite a bit in terms of importance and scientific acceptability. But, before we moved on to the next

few criteria – and I'll turn it over to Ashlie on that – are there any sort of high-level questions that folks have on – on those two?

Ashlie Wilbon: OK, if there aren't any questions, well, I'll just pick up and the next criterion is feasibility and this one is actually pretty straightforward. I won't spend a lot of time on it. It's essentially evaluating (they've set) – to which the data elements are readily available and retrievable. Usually, we're looking for whether or not they can be captured through, kind of, regular processes of delivering care.

And, with the measures that we'll be evaluating for this process, essentially, they're all based on administrative claims data. So, these questions become pretty easy to respond to. So, but the three elements essentially within this criteria, again, are round – whether or not the data are generally routinely generated through care processes. Whether or not the data is available electronically and whether or not how feasible it would be to develop a data collection strategy in order to implement the measure.

And, the final criteria is around usability and use. And this criterion has gone through a little bit of evolution, I would say, through our – the existence of our criterion – which we're really trying to get at. Not what – not just whether or not the measure itself is usable but whether or not there is actually a plan in place for the measure to – or a plan in motion in some way for the plan to be actually used and performance improvement and accountability purposes – going forward.

And so, the sub-criteria within this really look at, whether or not the measure is either – there is planned use or a current use for the measure to be used for some accountability purpose? Whether or not there's actually been demonstrated improved – whether or not the developer can demonstrate that through the use of the measure, there's actually been improvement that has been shown in the population that's being measured through using this measure – there has been improvement within that population's health.

That the benefits outweigh the harm of the measures – so, at times, you know there may be some measures where, you know, maybe the potential – I'm trying to think of an example off the top of my head and it's not coming. But, I think you guys get the – get the idea that there's some kind of weighing of whether or not the use of the implementation of this measure is worth any harm that might – that might be attributed to the implementation.

And then, the last one is around transparency. And so, this one is the one that we built specifically for resource use measures given, sort of the complexity of the measures and the methodologies. And, it's really aimed at ensuring that the data and the results of the data can be maintained such that it's transparent for those who are using the measure. And that, those who are being measured by the measure can kind of deconstruct the measures, logic and rebuilt to really understand how they're – how they're performing.

And the final criterion that is generally only applied after measures have been reviewed and generally recommend – and have been identified that they meet the four previous that we've been – that have been discussed – to determine whether or not there's any similar, related measures.

I don't believe in this phase that we have any similar or related measures or competing measures. So, this will be a criteria that we won't focus on very much. You know, recall from the last phase, we did do a little bit of this with – in relationship to the total cost measures with the previously endorsed health partner's measures. But, I don't think that we'll have to spend very much time on that this time. So, we'll continue on.

OK. So, just wanted to spend a little bit of time – I'm not sure if any of the technical experts, technical members have joined us as we've gone along. But, to give you guys on the standing committee an idea of the type of input that you'll be getting from the Technical Expert Panel.

And, again, to kind of reiterate why we're using a Technical Expert Panel – if you recall, from those of you who were on the committee before, not for these

past phase. But, I guess, two phases ago, we reviewed various clinical resource use measures or – in various clinical topic areas.

We used clinical experts that we seated on Technical Expert Panel to really take a deep dive into the clinical logic. And, this is really kind of taking into consideration that a lot of the – many of the people in the standing committee may not have the clinical expertise in a specific topic area. And, even just having one or two experts in the topic area generally isn't sufficient to really give a well-rounded opinion or expert input on a topic area.

So, we generally wanted to have, you know, three or more experts on a particular topic area to provide input on the clinical logic of the measure, which is really the goal of the test.

So, for this first phase, we have five cardiac specialists or cardiologists who will be – who will be meeting to review the clinical logic. And, that will be led by Bill Weintraub, who's actually a member of the standing committee who is also is a cardiologist. And, will be helping to relay the sentiments and the input of that – that expert panel to the standing committee. And so, they'll really be looking at some very specific components of the measure particularly around the clinical logic, the adjustments for the stability around the inclusions and exclusions and then the risk adjustment methodology.

And, we've given them very specific questions that we'd like them to respond to. Again, they won't be rating any criteria specifically. But, just to, again, to give the standing committee some expert input on the relevance and the appropriateness of the clinical logic within the measure.

And so, I won't read all of these questions but you could read them. But, essentially, trying to understand to the extent of which the clinical population is appropriate, have they included the right cut, patient population, and have the tests give some input of whether or not the exclusions are appropriate. Does it make clinical sense? And does the measure kind of make clinical sense with what the developer kind of at the outset – said the intent of the measure was to really measure.

And then, finally, again, I discussed a little bit about the inclusions and exclusions and have them give some clinical input on whether those are relevant and appropriate given the intent of the measures as well.

And then, finally we'll be asking them to look at the risk adjustment model, particularly looking for the clinical factors that have been adjusted for and to really determine whether or not those are appropriate or clinically relevant and consistent with the criteria. And that, you know, generally that they're precedent to start to care and that the way they're integrated into the model really makes clinical sense in that – in that perspective as well.

Any questions before we move on? I think we're getting to close to wrapping up here. All ready.

Evan Williamson: Great. All right, now we'll go ahead and wrap up a few things a few things as far as next steps that we need to go over for review.

So, as far as the Technical Expert Panel goes here, we have two meetings scheduled to review the measures themselves and go over the evaluations that you'll have submitted by the 31st. So, you're going to see here as Monday, February 3rd and Wednesday, February 12th.

We are asking the TEP members to be present for the second Q&A call that we're hosting with the standing committee. And that's just to answer any question that the committee has. They'll have time to review the test input at that point. And so, we'd like to have you present on those calls to really answer any questions or provide the clarifications.

And then again, at the bottom's to reiterate that we want the preliminary evaluations submitted via SharePoint by close of business on Monday, January 31st to get us some time – actually though, I think that's a – you know January 31st is a Friday. Sorry. Friday, January 31st – and that will give us time to turn around and present them on Monday.

Moving onto the standing committee. As you can see here, we have two Q&A calls scheduled. So, at this point, you'll have the measures to review and started working through your preliminary evaluations. And these calls are scheduled to really answer any questions that you have – there's not going to be a formal tutorial or things of that nature.

It's being definitely more of kind of an office hour's set-up where you'll come and ask questions. You can ask questions, every fellow committee members, or ask questions of us. And so, we schedule these two times.

Then we have our – we want your preliminary evaluations by close of business on Monday, February 24th. And that'll give us time to turn them right around to you so that you can review them prior to the in-person meeting. We find that giving you time to review, the thoughts of your fellow committee members really promotes a rich discussion and we're able to identify some of the issues prior to the meeting to really, really work through.

And then, we have our in-person meeting on March 4th and 5th here in Washington, D.C. Again, you'll be getting the information from our meeting department about scheduling travel and accommodations.

Lina Walker: Hi. This is Lina. I have a question.

Evan Williamson: Yes? Yes.

Lina Walker: Lina Walker. So, is February the 19th the only opportunity for the scanning committee to ask questions of the Technical Experts Panel?

Evan Williamson: That will be the only – that's the only formal opportunity currently set-up. But it's something that we can definitely explore as far as our discussion board or anything online. Anything through email or through SharePoint. So, that's the time we've scheduled for an in-person or a over the phone discussion. But we can explore other avenues to kind of get that feedback.

Ashlie Wilbon: And, also …

Lina Walker: So, I could submit questions to you and you could maybe share it with them and they might be able to respond to the Standing Committee?

Evan Williamson: Absolutely. And I think we also envisioned Bill Weintraub – he's kind of serving in that role as well. That's why we – we're so happy that we have a cardiologist who's able to kind of serve in both capacities where he'll be able to relay some of that information. So, if you have that information, share with us and we will – we will look into that as well.

Lina Walker: OK, thank you.

Evan Williamson: Any other questions about these next steps?

Great. So, this next slide have listed the emails of all the project staff as well as the NQF phone number and then the SharePoint site. And we're available via email, over the phone, just through SharePoint and however you want to get a hold of us – we're happy to answer your questions and help you through this process. We really appreciate you all taking time out of your busy schedules to talk with us today and also to work with us through this project.

We really think that there's going to be a great phase of work. We're excited about these measures. And, we're excited about working with you all and continuing on in this standing committee role.

So, that wraps up today's orientation unless there are any final questions. And if something pops up in the next 15 minutes, I'll (inaudible) things from the question that you really wanted to answer, feel free to email us. Get in touch with us, we're happy to answer.

This was recorded, so, we're going to post this on the SharePoint page. I know we had some people who can only be on the call for a certain portion. Or people who aren't able to attend at all. So, this will be posted along with the transcript. And so, feel free to use this as a reference. I posted the slides.

So, hopefully – we're going to exhaust every opportunity to make sure you all – the information you need to do this work.

Any final questions?

Male: No, but thank you very much for putting this all together.

Female: Thank you.

Evan Williamson: Well, thank you, thank you for participating and everybody for their attention. We will be in touch this week with the measures. And, thank you again for your participation today.

Male: Thank you.

Female: You get 30 minutes of your life back.

Female: Thank you.

Male: Thank you, guys, bye-bye. Great call.

Female: Bye.

Female: Thank you.

Female: Bye-bye.

Female: Bye.

Female: Thank you.

Female: Bye.

END