Welcome

- Laptops and cell phones
  - *Wi-Fi network*
    - **User name “guest”**
    - **Password “NQFguest”**

NATIONAL QUALITY FORUM

Creating a Framework to Support Measure Development in Interoperability

Day 1
Multi-Stakeholder In-Person Meeting
1030 15th St, NW
Washington, DC 20005

March 21-22, 2017

Opening Remarks/Welcome

Welcome

- Restrooms
  - *Exit main conference area, past elevators, on right.*
- Breaks
  - *11:00 am-15 minutes*
  - *12:30pm – Lunch provided by NQF*
  - *3:15pm – 15 minutes*
- Laptops and cell phones
  - *Wi-Fi network*
    - » User name: **guest**
    - » Password: **NQFguest**
  - *Please mute your cell phone during the meeting*

NQF Project Staff

- Helen Burstin, MD, MPH, Chief Scientific Officer
- Jason Goldwater, MA, MPA, Senior Director
- John Bernot, MD, Senior Director
- Poonam Bal, MHSA, Senior Project Manager
- Hiral Dudhwala, RN, MSN/MPH, Project Manager
- Vanessa Moy, MPH, Project Analyst

Opening Remarks

- President/CEO, NQF
  - *Shantanu Agarwal, MD*
- Interoperability Committee Co-chairs
  - *Rainu Kaushal, MD, MPH*
  - *Mark Savage, JD*

Agenda-Day 1

- Welcome and introductions
- Review meeting purpose, objectives and scope
- Review overview of measurement framework and domains
- Review environmental scan and key informant interview results
- Identify measurement framework domains and subdomains
- Identify and review measure concepts within subdomains
- Prioritize measure concepts
- Opportunity for Public Comment

Introductions and Disclosures of Interest

Committee Panel

- **Rainu Kaushal, MD, MPH (Co-Chair)**
- **Mark Savage, JD (Co-Chair)**
- Julia Adler-Milstein, PhD
- JohnMarc Alban, MS, RN, CPHIMS
- A. John Blair, MD
- Chris Boone, PhD, MHA, FACHE (On-Phone)
- Jason Buckner
- Hans Buitendijk, MSc.
- Kimberly Chaundy
- Sarah Dinwiddie, MSN, RN
- Mark Frisse, MD, MS, MBA
- David Hirschorn, MD
- David Kaelber, MD, PHD, MPH, MS, FAAP, FACP
- Terry Ketchersid, MD, MBA
- John Loonsk, MD, FACMI
- Terrence O'Malley, MD
- Frank Opelka, MD, FACS
- William Rich, MD
- Robert Rosati, PhD
- Robert Rudin, PhD
- Theresa Settergren, MHA, MA, RN-BC
- Jason Shapiro, MD
- Bruce Sigsbee, MD, MS, FAAN, FACP
- Alan Swenson
- Steven Waldren, MD, MS
- Mariann Yeager

Project Introduction

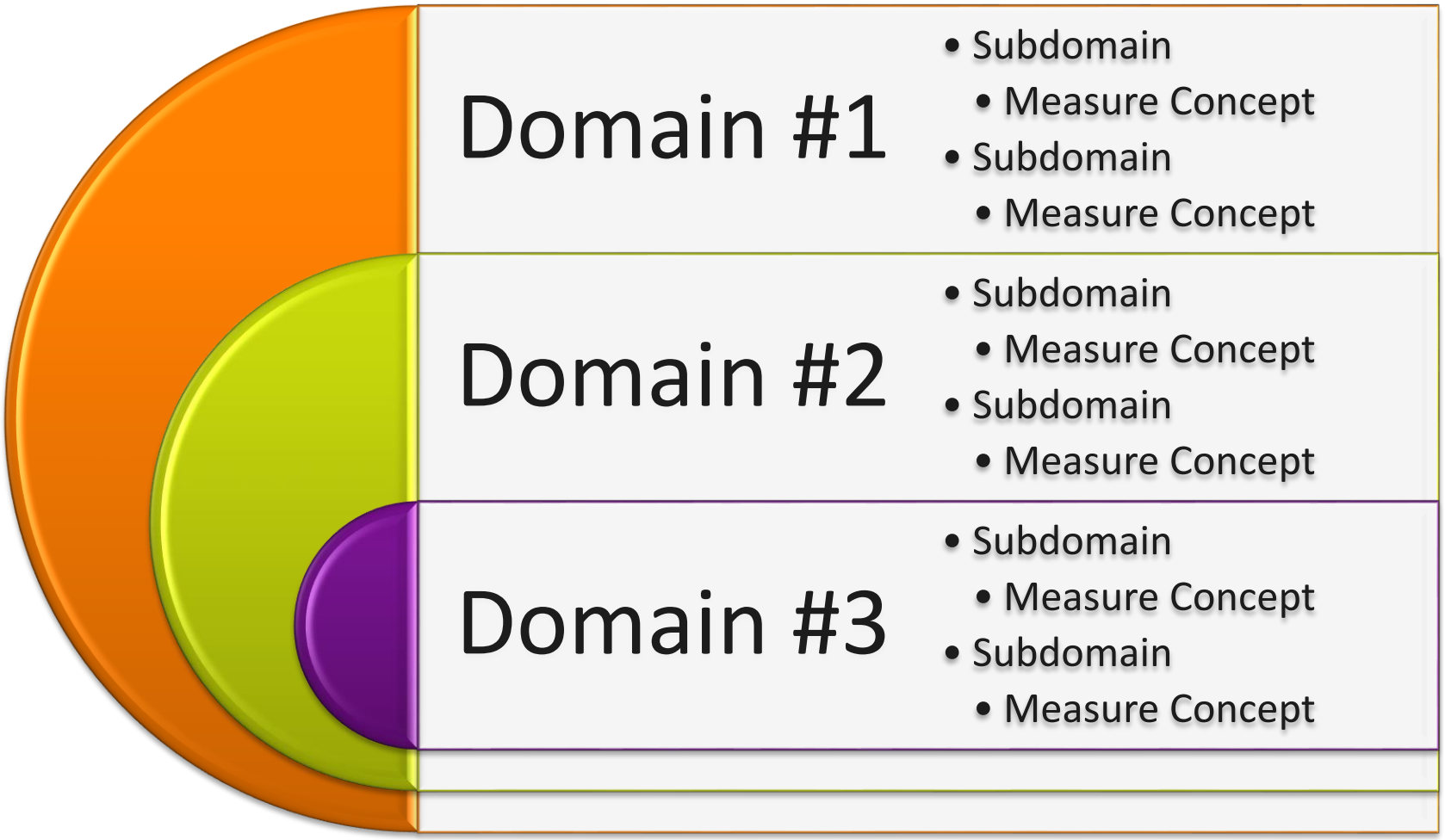
Meeting Objectives

- Develop a measurement framework that addresses the measurement of interoperability and its impact on clinical outcomes and processes.
- Identify prioritized measure concepts within the framework that can be leveraged for future measure development.
- Identify existing measures that are “interoperability-sensitive” and could be enhanced through data from multiple sources

Project Activities and Timeline

Overview: Measurement Framework and Domains

What is a Measurement Framework?



Definitions

- **Measurement Framework** *is a conceptual model for organizing ideas about what is important to measure for a topic area and how measurement should take place (e.g., whose performance should be measured, care settings where measurement is needed, when measurement should occur, which individuals should be included in measurement, etc.).*
  - *Frameworks provide a structure for organizing currently available measures, areas where gaps in measurement exist, and prioritization for future measure development.*
  - *Measurement framework domains and sub-domains are essential categories (domains) and sub-categories (sub-domains) needed to ensure comprehensive performance measurement for a topic area.*

Definitions

- **Domain** *is a categorization/grouping of high-level ideas and measure concepts that further describes the measurement framework*
- **Subdomain** *is a smaller categorization/grouping within a domain*
- **Measure** *is a fully developed metric that includes detailed specifications and may have undergone scientific testing.*
- **Measure concept** *is an idea for a measure that includes a description of the measure, including planned target and population.*

Examples of Domains/Subdomains

- 1. Access
  - *Access for patients or families (availability, affordability, accommodation, Accessibility, Appropriateness)*
  - *Access for care team (provider adequacy)*
  - *Access to information (medical records, pharmacy tests)*
- 2. Financial Impact/cost
  - *Financial impact to patient, family, and/or caregiver*
  - *Financial impact to care team*
  - *Financial impact to health system or payor*
  - *Financial impact to society*
- 3. Experience
  - *Patient, family, and/or caregiver*
  - *Care team member including clinical provider (including tele-presenter)*
  - *Community*
- 4. Effectiveness
  - *System effectiveness*
  - *Clinical effectiveness*
  - *Operational effectiveness*

Goals of the Measurement Framework

Issues to Address in the Measurement Framework

What are the most critical areas of interoperability to measure?

What measures have the greatest potential to drive improvement in interoperability?

Which measure(s) could be implemented now versus in the future?

What is the data availability for these measures?

What gaps exist and how can they be filled?

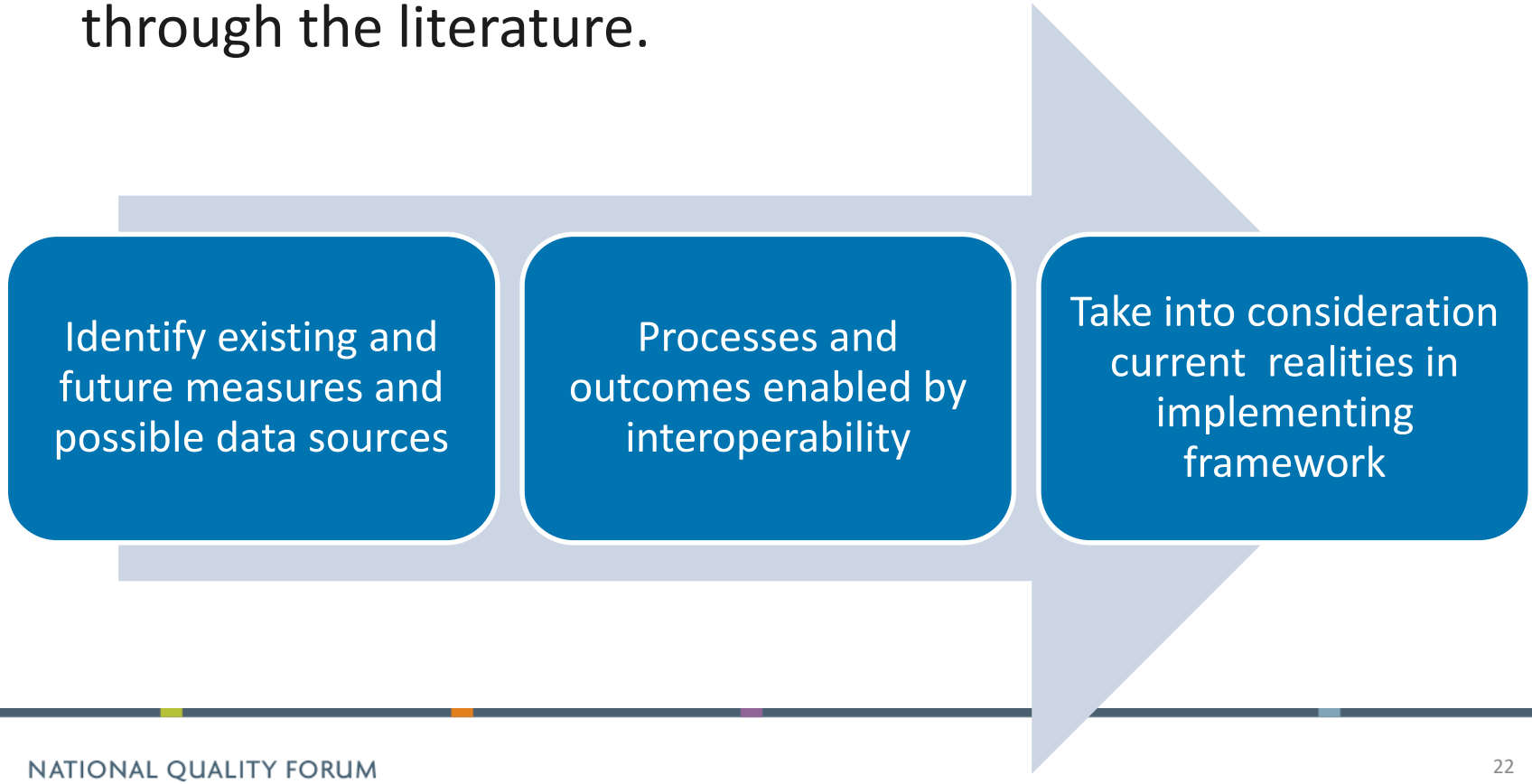
Environmental Scan and Key Informant Interview Results

Inform the Measurement Framework

- Literature Review:
  - *Identify key measure concepts that would align with the four domains that address current and potential future problems in interoperability*
  - *Identify potential measure concepts and/or existing measures to be used within the framework*

Key Informant Interview Overview

- To supplement the information and data found within the literature review, we conducted a series of key informant interviews to obtain information and details on interoperability measurement we could not obtain through the literature.



Recommendations for the Framework

- Developing a Framework to Organize Measure Concepts and Potential Measures of Interoperability
  - Identify core domains and subdomains of interoperability and align outcomes and/or process measures for them
  - Identify measure concepts and measures that individuals will then built systems toward
  - Identify and prioritize measures and measure concepts that includes community-reconciled data prior to visit (i.e., use cases such as all of the pregnancies in a community, all neonates, end-of-life, etc.)
  - Base future process measures on completeness of record and timeliness of its availability.
  - Create test environment to validate interoperability-sensitive measures and the data sources the information comes from.
  - Prioritize measures that will have most impact on clinical quality, patient experience, and reduced costs.

Break

Identifying Measurement Framework Domains and Possible Subdomains

Measurement Framework Domains

Domains:

- Exchange of Data across Disparate Systems
- Availability of Data to Facilitate Interoperability
- Use of Interoperability to Facilitate Decision Making
- Impact of Interoperability on Health/Health-Related Outcomes
- Any other recommended domains?

Developing Subdomains

- Ensure consistency with the main domain (i.e., what subdomains would relate to clinician experience)
- Identify subdomains where measure concepts can be developed or where there are existing measures that would align with them
- Prioritize which subdomains are the most important and would have the most impact on interoperability

Group 1: Exchange

- Rainu Kaushal
- A. John Blair
- Kimberly Chaundy
- David Kaelber
- Frank Opelka
- Theresa Settergren
- Steven Waldren

Group 2: Availability

- Mark Savage
- Chris Boone
- Sarah Dinwiddie
- Terry Ketchersid
- William Rich
- Jason Shapiro
- Mariann Yeager

Group 3: Usage

- Julia Adler-Milstein
- Jason Buckner
- Mark Frisse
- John Loonsk
- Robert Rosati
- Bruce Sigsbee

Group 4: Impact

- JohnMarc Alban
- Hans Buitendijk
- David Hirschorn
- Terrence O'Malley
- Robert Rudin
- Alan Swenson

Lunch

Committee Discussion on Measurement Sub-Domains

Identifying Measure Concepts within Domains

Definition of a Measure Concept

- A measure concept is an idea for a measure that includes a description of the measure, including planned target and population.
- The concept must directly relate to one of the subdomains already developed within the framework
- The concept needs to be specific to an area of interoperability
- The concept must be specific enough to be developed into a quality measure

Examples

- Proposed MEASURE CONCEPTS
  - *Patient demonstrated increased understanding of care plan*
  - *Patient demonstrated compliance with their care plan*
  - *Telehealth services facilitated transitions of care*
  - *Percentage of patients enrolled in a telehealth program for at least three months*
- Not MESAURE CONCEPTS (too broad and vague)
  - *Increased communication*
  - *Better transitions of care*
  - *Reduction in costs*

Committee Breakout Groups: Measure Concepts

Group 1: Exchange

- Rainu Kaushal
- A. John Blair
- Kimberly Chaundy
- David Kaelber
- Frank Opelka
- Theresa Settergren
- Steven Waldren

Group 2: Availability

- Mark Savage
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Group 4: Impact

- JohnMarc Alban
- Hans Buitendijk
- David Hirschorn
- Terrence O'Malley
- Robert Rudin
- Alan Swenson

Committee Discussion on Prioritization of Measure Concepts

Issues to Consider During Prioritization of Measure Concepts or Measurement Areas

What are the most critical area of interoperability to measure?

What measures have the greatest potential to drive improvement and interoperability?

Which measure(s) could be implemented now versus in the future?

What is the data availability for these measures?

What gaps exist and how can they be filled?

NQF Member and Public Comment

Day One Summary

Committee Dinner

Siroc Restaurant @6:30 p.m.

915 15th Street Northwest,

Washington, DC 20005

Phone. 202-628-2220

Adjourn-Day 1

Welcome

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NATIONAL QUALITY FORUM

Creating a Framework to Support Measure Development in Interoperability

Day 2:
Multi-Stakeholder In-Person Meeting
1030 15th St, NW
Washington, DC 20005

March 21-22, 2017

NATIONAL QUALITY FORUM

Welcome and Day One Recap

March 22, 2017

Agenda-Day 2

- Recap of Day 1
- Prioritize measure concepts within domains
- Discuss criteria for evaluating measures of interoperability
- Review of interoperable sensitive measures exercise
- Opportunity for Public Comment
- Next steps/Committee timeline
- Adjourn

Committee Discussion on Prioritization of Measure Concepts

Criteria for Evaluating Measures of Interoperability

Measures of Interoperability vs. Interoperable Sensitive Measures

- **Interoperability Measure:** a metric that refers to measuring how the system/data is transmitted and used.

- **Interoperability-Sensitive Measures:** addressed through measures that consider the effect(s) of access and use of timely, accurate, and comprehensive electronic health information outside of the electronic health record to drive improved outcomes and clinical performance.

Potential Criteria

- Availability and use of data to support interoperability
- Impact of interoperability on clinical process and outcomes
- Clinical management perspective on interoperability

Discussion on Criteria for Evaluating Measures of Interoperability

Break

Continue Discussion on Criteria for Evaluating Measures of Interoperability

Lunch

Review of Interoperable Sensitive Measures Exercise

Existing Measures Review Methodology

- Another significant part of this project is to determine "interoperability sensitive" measures
  - *a quality of care metric that is designed for reporting from an electronic health record (EHR), and could capture any potential effects of EHRs.*
- NQF staff designed methodology to review existing measures
  - *Methodology aligned with ONC Interoperability Roadmap*
- Existing electronic measures from multiple sources (including structure, process, and outcome) were selected for evaluation.

Rating the Existing Measures

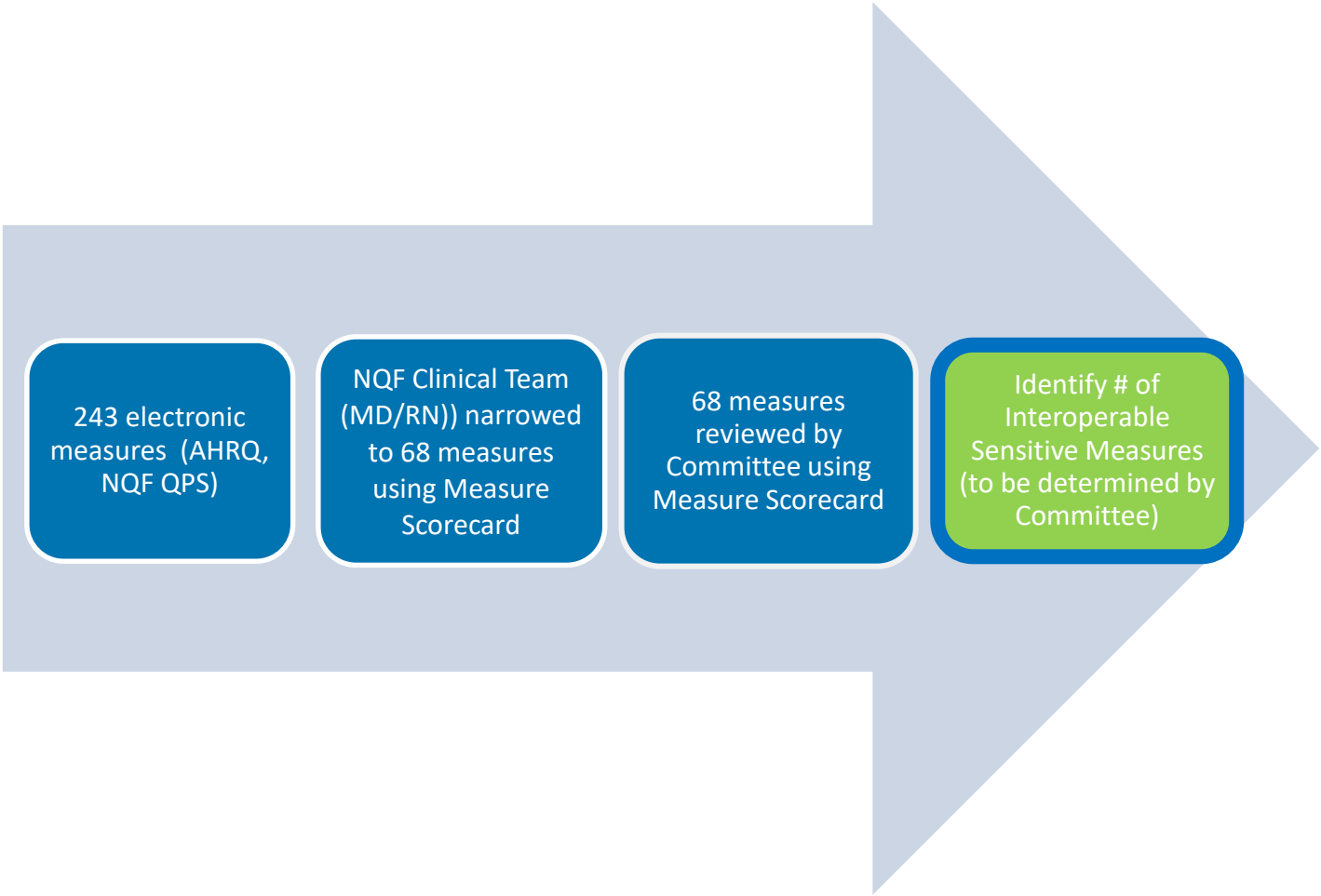
- The conceptual model for rating measures will make the following assumptions:
  - *1) the data needed to fill the measure resides outside of the medical entity and*
  - *2) the entity has access to a health information exchange and the data can be delivered electronically.*
- Three domains will be used to rate each interoperability metric (using measure scorecard):

Electronic Health Information Availability	•Does the measure require electronic health information be available from outside sources (outside the electronic health record)?
Electronic Health Information Usage	•Does the measure require electronic health information from outside sources (outside the electronic health record) to be routinely used for decision making and managing care?
Electronic Health Information Impact	•If electronic health information was present from outside sources (outside the electronic health record), how likely is it to have an impact on health/healthcare outcomes and processes?

Clinical Topic Areas of the Existing Measures

- Allergic Reactions/Adverse Medication Events
- Cardiology
- Care Coordination/Shared Patient Record
- Care Transitions
- Chronic Disease Management
- Chronic Kidney Disease/ESRD
- Diagnostic Imaging
- Glaucoma Diagnosis and Treatment
- Hospital Readmissions
- Mental Health/Substance Abuse
- Oncology
- Patient Engagement
- Patient Safety
- Screening

Existing Measures Review Process



Measures Scorecard Exercise-Committee

- Committee was divided into 3 groups and each group was assigned approximately 22-23 measures
- Committee Members used a Measure Scorecard (Excel) to rate each measure
  - » Usage
  - » Availability
  - » Impact
- Lowest total score possible on scorecard is “3”
- Highest total score possible on scorecard is “9”

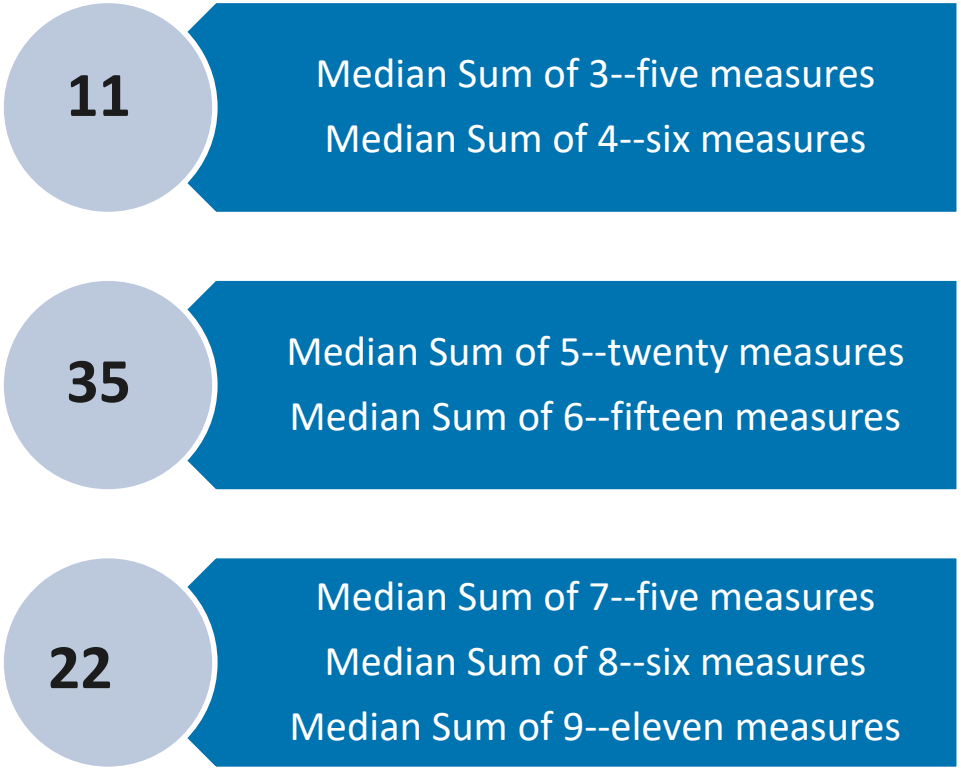
Measures Scorecard-Committee Results

- 18 Committee members completed measure scorecard exercise
  - *Group 1- completed by 9 committee members*
  - *Group 2-completed by 5 committee members*
  - *Group 3-completed by 6 committee members*

- Project team compiled results and calculated median sum of committee scores

Measures Scorecard-Committee Results

- For each measure, calculated median sum of committee scores (3-lowest; 9-highest)



Measure Scorecard-Committee Results

- *22 measures that scored median sum of 7 and above*

Clinical Topic Areas	# of Measures
Cardiology	2
Cardiology and Readmission	2
Care Transition	1
Chronic Disease	1
Hospital Readmission	1
Oncology	6
Patient Safety	2
Screening	1
Mental Health/Substance Abuse AND Care Coordination/Shared Patient Record	2
Care Coordination/Shared Patient Record	1
Mental Health/Substance Abuse AND Care Coordination/Shared Patient Record AND Hospital Readmissions	2
Patient Safety AND Hospital Readmissions	1

Measure Scorecard-Committee Results

- Measures List of full 68 measures with median score and committee comments

- Measures List of 22 measures with median score of 7 and above and committee comments

Committee Discussion

- Discussion of committee members scores and results provided?
- Are there specific clinical areas that we should focus on that would have impact?
- What are the most important considerations we should be focusing on when examining what kinds of existing measures to include in the framework?
- Are there other factors that we have not considered yet?

NQF Member and Public Comment

Next Steps and Committee Timeline

Next Steps for Interoperability Project

Adjourn-Day 2