**National Quality Forum**

**Moderator: Interoperability Project**
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OPERATOR: This is Conference # 82996273.

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

Poonam Bal: Hi, everyone. This is Poonam Bal from NQF. Thank you for joining Interoperability Web Meeting number seven.

The core purpose of this is to really get your feedback on the proposed draft framework. Hopefully, everybody's had a chance to read the document that we sent out early last week.

With that, I'll pass it over to Mark Savage, our Co-chair to do some interoperability comments.

Mark Savage: Thanks so much and greetings everybody. Thank you so much for being on this afternoon. I always like looking at the roadmap in the decks that we get which show how far we've come and where we're going.

So we are now in a point where we've got a draft report. This is the seventh webinar. It's pretty exciting to me at least to see how far we had come even since our in-person meeting and with all of your great help and ideas.

This -- if you've seen the agenda for today, this is our chance to talk about some of the bigger questions within the report to make sure that it's capturing the thinking that we both shared at the in-person meeting but also in our

subsequent webinars trying to hone things down to make sure that we are getting things precisely right.

Staff is going to be listening to what we say and answer to the questions that they kindly frame for us on the agenda today. It should be a full discussion. Very much looking forward to it. Rainu will be -- she's not already on the line. Rainu will be joining us as well any moment.

Rainu Kaushal: I just joined as well. So thank you and I would add a similar set of comments. I'm really looking forward to the next two hours. I feel like our NQF team has done a tremendous amount of work and pulling together the documents and looking forward to this discussion.

Mark Savage: Great. So, Poonam, we will turn it back over to you for the -- for an overview.

Poonam Bal: Sure. So I'll actually start with a roll call and I'll ask Vanessa to do that for me as it's outlined.

Vanessa May: OK. Thanks, Poonam. I know Rainu and Mark Savage are here. Is Julia Adler-Milstein here? OK. How about JohnMarc Alban?

JohnMarc Alban: Yes, I'm here.

Vanessa May: OK. Thank you. A John Blair? How about Chris Boone?

Chris Boone: I'm here.

Vanessa May: OK. Thank you. Jason Buckner? OK. Hans Buitendijk?

Hans Buitendijk: I'm here.

Vanessa May: OK. Kimberly Chaundy? Sarah Dinwiddie?

Sarah Dinwiddie: I'm here.

Vanessa May: OK. Mark Frisse?

Mark Frisse: Present.

Vanessa May: OK. David Hirschorn? David Kaelber? Terry Ketchersid? John Loonsk? Terrence O'Malley?

Terrence O'Malley: Here.

Vanessa May: OK. Thank you. Frank Opelka? William Rich? Robert Rosati?

Robert Rosati: Here.

Vanessa May: Thank you. Robert Rudin?

Robert Rudin: Here.

Vanessa May: Theresa Settergren? Jason Shapiro?

Jason Shapiro: Here.

Vanessa May: OK. Thank you. Bruce Sigsbee? Is Alan Swenson here?

Alan Swenson: Here.

Vanessa May: OK. Steven Waldren?

Steven Waldren: Here.

Vanessa May: And Marianne Yeager?

Marianne Yeager: I am here.

Vanessa May: OK. Thank you. Is there anyone else on the line that I may have missed that just joined in? OK. Thank you. I'll pass it back to Poonam.

Poonam Bal: Thank you. So as Mark mentioned, the agenda today is to really go over the draft measurement framework report to have discussion on some of the changes we've made since we've last met.

And then we will have a moment for member and public comment and then we'll talk about next steps that diagram that we mentioned before which really shows how much work we have achieved and how far we've come.

So with that, we can go quickly over the draft report. So the draft report is really broken up into three main portions. So one is the guiding principles. We briefly talked about this at the last meeting and we kept the interoperability is more than EHR to EHR, stakeholder involvement, use of outside data and differences view of studying.

So those are four that we had mentioned previously and we hope that we have now described them to match what you had said during the meeting. And we also added a section on the various data types based on the conversation we had before and explained that, you know, there different types of data that we really need to focus on and it can't just be on one aspect. So hopefully that also matches your understanding.

Then we went into the domains and subdomains. Most of the language for this was kept almost identical to what we had talked about before. We had a little bit more clarification on those based on the conversation. Hopefully, those changes also match your understanding but we'll go through every all of that as we proceed forward.

And then we ended the report with measures and measure concepts. Based on the conversation, we split it up between two appendices, one that was a list of measure concepts and one that was a list of existing measures.

And then kind of explaining with the existing measures going to a little bit more detail about while this may be an existing measure that we selected to fill out a subdomain, it doesn’t necessarily just that measure, it's more of that this measure can be used as an outline for other measures that go beyond perhaps a very (specific disease) condition.

So for this, we'll start, we'll start with the guiding principles. So as I mentioned, we kept four of them and we added one more. So with that, I'll give it to Mark to go through the committee discussion for guiding principles.

Mark Savage: Thanks very much. So there's sort of two overarching questions if you see it on the deck there. Those are just refined language in the current draft accurately capture the thoughts of the committee and we'll sort of address that and then we'll go to the second question about whether there's any additional guiding principles that have come up for any of you in the course of looking this over that you don't see reflected yet that we should be talking about.

Hopefully, we have captured all of the guiding principles but this is a good placeholder just to check as we go through. So on the five existing guiding principles that are currently captured in the draft report, does anybody have any overarching concerns or overarching agreement with them that you want to voice?

Hans Buitendijk: This is Hans. I would like to state that overall, I mean, the agreement with the guiding principles and the changes from outside data to add to the new phrasing I think is pretty helpful.

There is one area in the interoperability is more than EHR to EHR. I think the -- currently, the way it comes across, I feel I think it would be more clear that outside of EHR we have lapse systems, we have imaging systems, et cetera and somehow still comes across that they are considered part of EHR systems as opposed other systems.

So that might just need to be looked a little more clear that it's not about EHR -- just EHRs and registration with couple of other things but that there is more to look in that. So I just would like to see some more clarification on that one. But generally, I like the way that the guiding principles have been stated.

Mark Savage: Poonam, this is Mark. Is it permissible to use images, figures in this framework and would this be a place where using some of Hans' other ideas showing those being separate from the EHR but connecting with EHR? Would that be a useful approach?

Poonam Bal: Yes. We think that's a great idea. We can definitely work on that.

Mark Savage: OK. Hans, does that sound like a helpful idea to you, too?

Hans Buitendijk: I think that's great idea.

Mark Savage: OK. Anybody else have thoughts on the guiding principles to share?

Mark Frisse: I -- this is Mark. I just second the notion to try to elaborate on EHR to EHR to perhaps just another clause devices, et cetera.

Mark Savage: OK. So -- and maybe, Poonam, that that figure captures both the technology, the devices or the locations but also different kinds of users too just that we're, you know, we're being creative around that.

Poonam Bal: Yes. We can definitely work on all of that.

Mark Savage: OK.

Poonam Bal: And try to get figures. I think that's a great idea adding more pictures, so it's easier for people to see images.

Terrence O'Malley: And, Mark, this is Terry O'Malley, just a question on the electronically exchanged information.

Mark Savage: Yes.

Terrence O'Malley: Is that implying that it's going to be coded or, you know, semantic be -- have standards behind the semantics and the coding in the whole nine yards or is it -- just may need to be clarified a bit around what we mean by electronically exchanged so it's not an electronic facts, it's not PDF document, it's not something sent by e-mail or is it?

Mark Savage: So my understanding is that it's not the -- it's not the PDF at least that's what's meant by the phrase although we are not precluding uses of PDFs for those who need it. Poonam, any guidance there?

Jason Shapiro: This is Jason, Mark. I think we can, you know, tighten that up with a sentence or two. I mean, I agree with what Dr. O'Malley saying we want to be, you know, sure that there's no ambiguity. So any committee member feels like there might be a slight possibility of that then we certainly want to work on trying to correct that. But I think that's just a minor addition so certainly ...

Hans Buitendijk: This is Hans and on that note though is that -- wouldn't be that's in the principle and general -- the mindset is more general but that as part of measuring where we identified whether the extent to which something is structured or codified blended properly with narrative otherwise that that would effectively define the extent of which we have achieved the end goal of more structured, more codified still blended well with narrative data.

So I'm curious whether that needs to be kept separate and not to target around this (text is allowed). It's just a measure of we're not quite where we need to be.

Jason Shapiro: Right. I don't think that the intent of adding some language is to get in to be more prescriptive around structured or codified data. I think it's more or less just to be a little bit more explicit about what we mean by electronically exchanged.

The information we gather from the last webinar which was really to just use that term because it was more aligned with what ONC uses and what's on the roadmap and so we did that.

But again, we need to spell that out a little bit in terms of what it does not necessarily include. I think we can at least try that and see what everybody thinks. Or see when it goes to public comment, you know, if people agree to that or just leave as the way it is.

(Multiple Speakers)

Mark Savage: Does folks on the call like the idea of specifying that it doesn't mean PDF and fax.

Hans Buitendijk: I could -- I could understand excluding fax but PDF, I would start to be careful about excluding that because it is a certain level of electronic and you have some level of opportunity to still be structured, et cetera.

So there -- I will be careful excluding PDF. That's one at least why I want to make comment that I made is that there's a different extent to which we want

to get to and are we at the beginning or at the end or somewhere in the middle. In PDF, I would state at the beginning of our journey while fax, I would be happy if you (include) that.

Alan Swenson: Right. And this is Alan. I completely agree with Hans there. I think PDF is at least today a perfectly acceptable electronically exchanged document. So what we're really talking about excluding is not the content or -- but really the mechanism of exchange. So a fax is not an electronically exchanged document even though I may be sending the exact same thing, excuse me, as a PDF, sent over a direct message.

Jason Shapiro: Right. I understand.

Rainu Kaushal: This is Rainu. I would agree with that, too. I would agree with this assessment that PDF should be in but not faxes.

Mark Savage: OK.

Jason Shapiro: I understand…

(Multiple Speakers)

Mark Frisse: This is Mark. There's an HL7 term I've heard just a few times narrative interoperability that kind of points that a lot of text you can read with your mind that you would not, otherwise, has content, too.

Some -- a few people added that into the notion kind of the base below syntactic interoperability. Just narrative stuff and they're -- it's powerful. So I don't think you want to just squeeze it down into quantified data.

Hans Buitendijk: I fully agree. The trick is that we need to find the right balance between narrative data that is human readable yet at the same point in time that the structured component, the codified components and other elements in it are still very much available as well for computable purposes. But for human being, to me, if it only sends structured codified data, that might not get the message across this cleanly either.

Poonam Bal: They're all great points and we'll definitely be sure to clarify that language and make sure that narrative portion and PDF when they're sent electronically such as through e-mail or through some other system are included in exchanged -- electronically exchanged data business if it's through a fax or you're mailing or something of that sort, more of how you act -- how you transmit the PDF will be the differing factor.

So we'll definitely keep that in mind as we go through and we'll update the language to make sure that's clear.

Hans Buitendijk: And perhaps in that context, there is -- and I'm not sure whether this becomes too subtle of a point. When we talk about exchange of data which in generally I'm very comfortable with, however, there's also a notion that when we use the term exchange, very quickly, many people interpret that as copying or moving data.

There is now a term that is increasingly being used to help distinguish a little bit better is access to data where -- particularly, within the services environment at that -- that we're embarking on a lot more. While I'm not necessarily copying or moving data that I'm accessing it and I can see it, I can work with it which is part of interoperability, as well.

So I'm not sure where we want to go as far as access/exchange or exchange/access, well, that's too many slash there, exchange/access but the fact that we need to make sure that both concepts are captured in this section so that is not just move and copy but there is just also view and access as well.

Mark Savage: Hans, where there any particular points where you thought that was especially -- an especially important distinction to keep in mind that so that after today's call as staff is looking things over we can make sure that we captured it in the right places?

Hans Buitendijk: Yes. This is the first place where it happens and once we start to go to the subdomain where it says method of exchange, I think they are the second place where that becomes important because once we then go into measure concepts and setting (anchors for I believe, for actual) measures. We want to

make sure that people think about that aspect as well and not exclude that from the thought process.

Mark Savage: OK. Thanks. Anybody else have any comments to share on any of the guidance principles that -- the five guiding principles? Hearing none, I think the team has done a fabulous job of capturing a lot of productive conversation that we had since the in-person meeting so thanks very much.

To the next question which is as you work with this report and with this language, have you identified anything at guiding principle level that you -- now occurs to you that you think need -- still needs to be captured?

Hearing nothing, I think we're good to move to the next section then which is the domains and subdomains. Poonam, did you have anything you wanted to say at the offset?

Poonam Bal: Yes. So I just want to go in and mention some of the major changes that we made in the domains and subdomains. So one is that we changed the language of Information Quality to the Quality of the Data Elements hoping that that would provide the clarity that's needed, added Clinical and set in front of the Usability domain.

Added Health for the improved healthcare processes and health outcomes and then created a new subdomain called Patient and Caregiver Experience. So those are some of the changes that we made based on the last conversation. And with that, I'll give it back to you, Rainu, to lead the discussion.

Mark Savage: Rainu, would you like to lead this one?

Rainu Kaushal: Sure. Does the change -- the first question is, does the change from Information Quality to Quality of the Data Elements clarified the meaning of this subdomain? So how do people feel about this phrase Quality of the Data Elements?

Steven Waldren: This is Steven. I'm not going to fall on your sword on this one but, you know, what about the quality of data or quality of content? I just want to think about data elements. I go back to the notion of fields and, you know, we're still so

stuck in, you know, kind of the database concepts of fields and stuff like that. So I'm not real fond to the elements but I'm fine if people want it that way.

Alan Swenson: So this is Alan. I kind of agree with that because data elements make it sound like we only care about information that is discretely being passed that we don't care about the narrative content of a PDF because that's not necessarily a data element, that's a document. So data elements seem kind of restrictive.

Hans Buitendijk: Yes. I would agree with that and that's particularly -- an example might be mapping a little bit to the narrative that pulls a lot of data together is that that's where I start to yield more information out of it.

So based on the comments made and some initial hesitation with it was valuable or not, I'll be more inclined to stay with the Information Quality is the collection of data that comes across and the way it's coming across that can create context is that providing a good starting point for usability. So I think Information Quality captures better than Quality of the Data Elements or something like that.

Rainu Kaushal: So, Poonam, let me throw it back to you. Could you explain to us again why we moved on from Information Quality or Quality of Information to Quality of Data Elements?

Poonam Bal: Yes. So when we had a discussion last time, there was some disagreement about if it should be here or under usability with thought process that there is the actual quality of the data that's being passed through or exchanged and that there is also the quality as in, you know, how relevant is something, how timely is something that kind of quality aspect.

So that's where we are trying to make the distinction that this is totally about an exchange, it's totally about the elements or documents or anything that's being exchanged, you know, how -- are those clear, are they coming in the format that is needed, can they be translated, all of those things.

Mainly about the actual information that's being shared versus quality as in how useful is it and usable and such.. That's the difference between the two

and so that's what we were trying to add up clarification. I know someone has shopped around quality of the content, would that be a better alternative?

Rainu Kaushal: The quality of the data concept maybe? Yes.

Poonam Bal: Does that resolve that issue for people or is that still too detailed and people (were very strict) with the Information Quality or Quality of the Information, we could do that as well.

Steven Waldren: This is Steve Waldren…

(Off-Mic)

Steven Waldren: …content.

Rainu Kaushal: You want data content or just content?

Steven Waldren: I'm sorry, data content I think makes sense.

Rainu Kaushal: So we have one vote for Quality of the Data Content instead of Quality of the Data Elements. How do other people feel about that?

(Multiple Speakers)

Rainu Kaushal: Sorry?

Mark Frisse: Change to content is better.

Mark Savage: And this is Mark Savage, this is not my area of specialty but I -- it would struck me about the words that the Information Quality sort of gist more to are you getting the information you need from all of those individual data points sort of for me it captured the difference between something useful and the fire hose. So I just throw that out there in case that's helpful and it's helpful here or not but I'll defer to others.

Hans Buitendijk: Mark, this is Hans. I think that was one of my initial reactions as well. But I think the clarification given that when we get to usability a little bit further on

that that layer that's being added there was the amount of data that are received, was that sufficient to be useful and usable?

I think I feel more comfortable that Quality of the Data Content or Quality of the Content is more clear than data elements and not necessarily to go to information quality. So I'm OK with data content or just content.

Rainu Kaushal: OK. I'm going to suggest that we Quality of the Data Content unless there's any objection. I think we can move on to the next section.

OK. So the next question in here -- sorry, not section, just looking at the next bullet, Clinical was added in front of Usability of Exchanged Electronic Health Information that's now Clinical Usability of Exchanged Electronic Health Information. I like that. I think it's -- I think it works very well now for me. What do other people think?

Alan Swenson: So this is Alan. I guess it seems like it narrows the scope of what's allowed. When we look at some of the users or the use cases that we've talked about of who might be wanting to use this information, taking clinical on the front excludes, you know, somebody who might be using the data for payment or for other operations or for healthcare, you know, for coverage or public health data. Anything that's not, you know, clinical on treating the patient.

Hans Buitendijk: This is Hans. I have the exact same reaction as Alan and other examples to add to that if I'm doing scheduling care coordination. Some -- yes, clearly, there is clinical impact somewhere there but the primary focus is not necessarily clinical. So I have the exact same reaction as Alan with it.

Mark Savage: This is Mark. I had a similar reaction, you know, from the patient community perspective thinking about the distinction we make between personal health goals and clinical health goals and we talked at the in-person meeting about other settings of care, health and care outside the -- particularly clinical setting.

So different set of thoughts all around the same overarching question of isn't it better to leave clinical often and have a broader point at usability.

Rainu Kaushal: How about usability of exchanged electronic health information for health and healthcare or health and healthcare usability of exchanged electronic health information?

Hans Buitendijk: I'm not sure whether -- this is Hans. I'm not sure whether that is necessary given the overall context in which we're using this kind. So not that I disagree with that if we were to fully start it out, I think this context of where it's used overly makes it clear at least for me it would. So I would not see need for that.

Rainu Kaushal: OK. So I think the vote I'm hearing is just keep Usability of Exchanged Electronic Health Information and not do any other modification or adjectives around that.

Hans Buitendijk: Yes.

Rainu Kaushal: And there's this next question to move us on to -- even though it's not listed on our slide is the last time that we spoke, we talked about healthcare processes and health outcomes and this was just adding in adjective health outcomes. Any comments or concerns about that?

Hans Buitendijk: Could you clarify exactly where you're looking? Does…

Rainu Kaushal: If you go down, this is slide 9 which I guess is not on the screen. So let me just describe it. So what we used -- we used to have Improved Healthcare Processes and Outcomes and all we've done is added in the word Health in from of Outcomes. So now it says, Improved Healthcare Processes and Health Outcomes.

I think that this was a suggestion to a comment I made. I was a little bit worried that if we had healthcare processes and outcomes that we -- somebody might interpret that as healthcare outcomes, meaning things around the value of healthcare delivery rather than health outcome, meaning how the patient is doing.

Hans Buitendijk: That looks like a very helpful clarification there.

Rainu Kaushal: OK. Terrific. So then I'm going to just move that one, too. Is that OK with everyone?

Mark Savage: I'm good.

Rainu Kaushal: Great. The next question is this and, Mark, I may turn it back to you on this one because I think you may have comments on this one. But we used to have just one subdomain for patient and now we have separated it out so there's not two.

One is Patient/Caregiver Engagement and the second is Patient/Caregiver Experience and I think the motivation behind this was that we were -- there was a general sentiment that we weren't capturing enough as it surrounded the experience and the involvement of patients and caregivers. So how do people like that distinction or is there tweaking we should be doing with those words or concept?

Hans Buitendijk: I like that actually. It's a nice addition.

(Multiple Speakers)

Mark Savage: Hi, it's Mark. I like it, too.

Hans Buitendijk: Agreed.

Rainu Kaushal: Is that moved?

Steven Waldren: This is Steve. I mean, I mean -- I'm fine with the way it is but when I think about experience too I wonder is it experience of, you know, the person who's trying to use the information either that be clinical step, that be patient/caregiver, that be, you know, healthcare insurance payers, people, just the notion of the experience of actually using it.

I know that's caption somewhere else but again, I don't think it's one that we have to do or should talk a lot about (but I would just drop there) to see if others were thinking the same thing. If not, let's move on.

Hans Buitendijk: Actually that's an interesting point, Steve, that you bring point because that experience has the opportunity to look at the other side of interoperability, the impact of interoperability as well. I can sense that you're very much looking at the receiver end of it, the -- what's happening.

But I think it has the opportunity to explore a little bit better from them as well as a -- as a creator, provider of the information to pass on to somebody else or to make it available to somebody else was my experience in being able to do that and I would suspect is that these days, if I'm trying to provide the information to the registries or for billing purposes or otherwise that there is a tension between what do I need for my immediate clinical care and what do I need to add to the documentation and therefore exchange or provide access to -- for secondary use.

So I think that it actually opens up a little bit more clarity and opportunity to measure both sides of the fence there.

Mark Savage: This is Mark Savage. I wonder if which you were just saying, Steve, is somewhat captured under the usability domain or maybe it's different but I just -- but it's just a thought.

Steven Waldren: Yes, Mark, and I would think it's -- I guess I was thinking too about the kind of -- I don't know. There could be -- I think I'm thinking about more of an outcomes perspective instead of the usability thing like -- and it -- I don't know, I -- like I said, I -- I'm kind of equivocal about it. Maybe we should go and talk about the other first but.

Rainu Kaushal: Given that you're a little bit equivocal about it and given that it may be included one of the other domains, I'm going to take your suggestion and move us on to the next question and you can reserve the right to decide that you're not equivocal about it anytime during this call.

Do the updated subdomain definitions capture all of what we we'd like to see captured in the report? So I'm going to ask for the WebEx if we could back to -- back one slide again so people can look at the subdomain. I guess forward. And do people feel comfortable that our subdomains are complete and relevant?

Hans Buitendijk: I think generally yes. This is Hans. But to the last points that are raised that seems triggered that being able to understand not only the recipient part of the information that they get what they wanted out of it but is it onerous only if we're not only the provider of that information.

I think it might be helpful particularly with the Patient/Caregiver Experience is -- would be one of the areas where we might want to call out a little bit more that we have the opportunity for measurements in that space as well.

Rainu Kaushal: Keep going. Just to be more specific about what you might suggest.

Hans Buitendijk: So if we look at the Patient/Caregiver Experience definition on page 14, if we say it's -- the Patient/Caregiver Experience would access too and use of perhaps by adding to that combination contribution to as a third perspective of looking at that.
So what the experience is contributing to the exchange of data and access to data.

Rainu Kaushal: OK. How do other people feel about adding in this concept of contribution to the exchange of health…

(Off-Mic)

Rainu Kaushal: …patients and caregivers.

Mark Savage: This is Mark. That sounds excellent to me as we are trying to build this into a bidirectional contribution of information with patient-generated health data and so forth. It sounds exactly right.

Rainu Kaushal: Any objections to that? OK. Poonam and Jason, are -- do you need more discussion about that or do you feel comfortable with that suggestion?

Poonam Bal: I think we're in a good place with that. Thank you for the feedback.

Rainu Kaushal: Terrific. Any other concepts that we feel like should be represented and they're not currently represented in our subdomains? OK. Then I think we're ready for the next section.

Poonam Bal: Thanks, (Rushawi). So for the measure of concepts, you know, we made some alterations -- I'm sorry, Rainu.

(Multiple Speakers)

Poonam Bal: Sorry. There was a comment about (Rushawi) in the to chat and I got distracted and put her name instead of yours.

Rainu Kaushal: It's OK. No worries. No worries.

Poonam Bal: So under measure concepts and measures, we did split them up into two different appendices. The first one focusing on actual measure concept things that we've come based on the discussions that we've had and the second was measure -- actual measures which outline that were pulled from real measures that exist and then we put little notes about how they can be used and transferred to a condition.

And so we did want to make sure that we are on the right track with dividing those and that any clarification that was requested from us, you know, making sure such as like the volume issue was taken care of and so on that the updated language cover all of that and the committee was satisfied. So with that, I'll give it back to Mark to take this one.

Mark Savage: Sure. So I see on the agenda that the first question that you wanted us to address was around the Patient/Caregiver Experience but I'm wondering if we've actually already captured that. Let me just ask the question anyway.

Do the new concepts under the Patient/Caregiver Experience address the goal of this subdomain and there's anything need to be added? So anybody have anything that they think needs to be added or any concerns about whether it's fully addressed or we already captured that?

So hearing no concerns, we'll take it as having captured it well with the -- as augmented by the earlier conversation. Move on to the -- to this proposed structure with appendices A and B. Does that work for folks separating it up that way? DO you like that?

Hans Buitendijk: This is Hans. Generally, that helps a lot. The suggestion I would have for the language and perhaps a column out there in Appendix A is that the measure concepts that are highlighted here are mostly example. They're not exclusive or contents maybe appropriate as we dive deeper and wider.

So that did not jump off including from the text and from -- if I just look appendix A, it might measure concepts or a little bit an inclusive. So perhaps there's a way to clarify that more and emphasize that these are exemplar and those that are being raised at this point in time.

Poonam Bal: That's a good point, Hans. We'll make sure to add some language about that these are examples to be used as being said. Thank you for that.

Mark Savage: Any other overarching thoughts about this structure, the appendices A and B? So this is Mark. For me, I -- maybe I was a little stuck in the way that we initially saw this where we saw domain and subdomain then measure concept and then measure.

So when I look at Appendix B and this is short of your -- similar to your point, Hans, I thought, well, the existing measures are merely examples of the measure concept. And so I got maybe at least reverse the third and fourth column, probably not that big a deal but it was the one thought that I have so I throw it out there in case that sparks any ideas from anybody else.

I think it's just -- I think that to the staff, it's the same notion that the measures are examples and that there may be others.

Hans Buitendijk: Sure. A lot of steps.

Steven Waldren: This is Steven. This is from a peer usability standpoint, so when there's a lot of duplication so like in Appendix A, you know, under the domain, if you merge those together, there's less words. So it's just easier to comprehend.

And then also I think it also would allow if you did that with domain and subdomain. It also give you an idea of how many or any each one that they're really grouped to get it a little bit better. So just kind of a formatting suggestion.

Mark Savage: Great. Any other thoughts? So hearing none, we'll go to the question about timeframe. So here we have on Appendix A, we have timeframes that are suggested for each of the measure concepts and we're being asked if we think the assigned timeframes match each of your understandings about what the actual timeframe is and are there any that you would change?

And as I understand it, correct me if I'm wrong, Poonam, the current means now to three years, short term means three to five years, and long term would be five plus years. Is that right?

Mark Frisse: Yes, It's Mark. That's correct.

Mark Savage: OK. Great. So did anybody identified any timeframes that they thought hadn't been accurately identified?

Hans Buitendijk: Not as much with the assignment of the meaning of it, but the labels being used perhaps -- when the term current is being used, it sounds like we can do it tomorrow. And so, perhaps, if that's shifting to short term, midterm, long term might more accurately as described zero to three, three to five and five plus and that set the expectation that current means is that you we can turn around tomorrow and we have a report available on those.

Mark Savage: What do others on the phone think about that? Jason, Poonam, is that sound like…

Jason Shapiro: Yes.

(Multiple Speakers)

Jason Shapiro: That makes a lot of sense because we were really racking ourselves to try to classify and I think we all sort of agreed with Hans like, well, does it mean we can do it tomorrow or if you want to an hour. I mean, it was a little subjective. So I think rephrasing it that way makes -- at least to me makes a lot of sense.

(Multiple Speakers)

Mark Frisse: Go ahead, Mark.

Mark Savage: I'll throw in that I think it also helps because there's some of the functionality here that's scheduled to go into effect January 1, 2018. So it's not three years out but I think it helps in that regard with the certified EHR technology for stage three.

Mark Frisse: This is Mark Frisse, too. I think even a lot of the so called current to actually implement these things is going to be a lot more work than some people have thought out.

And so if it's -- if current means in principle you ought to be able to do them now, that's one thing. But if current means -- well, if current means you must do them now that's kind of a scary thought, are you want to have them now because some of this are fairly onerous.

And the other thing is I know you don't want it compounded but some of this quite frankly are more meaningful and important than others and as you said, the value of interoperability depends on the users. I think the value of these metrics depends on the users, too.

And there's a real cost benefit tradeoff in actually measuring this figure. You actually sat down and asked someone who they would develop a program and measure every one of those things. Even over the course of two years, I don't know how to get to we really are now and it's just something to ponder.

I'm just afraid people will say, my goodness, I ought to be able to do this now and I can't, I'm going to be in trouble or they're going to make me do all this now. I understand (MU3) but I just think there's more to it than that.

Hans Buitendijk: I think that's a fair point and particularly it's what the sum of -- a number of smaller things that's still large. So, depending on the number of ones that have been defined as short term, doing a reasonable group of those sounds realistic perhaps within the zero to three years doing them all in the -- in the zero to three years might be overwhelming as well.

So, I think we have to be careful. Is it an individual statement? Is this the only one we would have to do or is it part of a larger group and how can a group of measures be.

Mark Savage: So, Mark, with the notion of changing current to zero to three, does that take care of your concern or does that address your point?

Mark Frisse: That addresses my point about if you felt this was important things, you could do it over that period of time. But again frankly, I'm not sure all of these things are equally important. I mean, it would be fun to say if you could only pick three, what would be the most -- the three most parsimonious ones you could get?

You know, there's a lot of stuff here and I keep going back to John Glaser's testimony back in 2013 to the Senate where there he was having worked at ONC partners and then (inaudible) saying we're overwhelmed with the stuff. You know, we can't keep up with what we want and I'm always kind of cautious sending that sort of message.

Steven Waldren: This is Steven. I mean, I wonder about the timing versus efforts. Going back to Mark's comment about, you know, each one of these current individually maybe to do one but not be able to do them all. Would it make sense to still thinking about it in regard to time horizon more than effort? So is it -- and I don't know if it's the right term but low, medium and high efforts.

So saying that a low effort is one that there's some stuff available, some of the data is available to be measured, the amount of effort required to convert that into something that could be measurable is, you know, low meaning that it should be able to be accomplished in less than, you know, a three-year period of time.

And then the next one is medium. So then you have that notion of the timing for each of them and then people, they think about time -- time to run parallel where effort, they don't think about this being -- as being parallel or, excuse me -- never mind. That's a bad example.

But you can do three of them within the next three years as opposed to get three low efforts. I think people just innately understand that three low efforts, you're going to add those together anyway.

John Blair: So, yes, this is John Blair. Why was time added here?

Jason Shapiro: So, John, this is Jason. So part of the ONC interoperability roadmap divided goals and objectives into timeframes. And so this is discussed very early on in the project that as we move with the committee to define measure concepts, we would do our best to try to align those with those same objectives.

John Blair: So do we really have the architectural and software development expertise to even get in to that?

Jason Shapiro: I think it's not -- I mean, I think the question is is, you know, at what point in time do we think we might be able to accomplish some of these concepts assuming they're turned in to actual measures. I mean, remember these are concepts, they're not measures. It had to be defined to measures.

And so, sort of where we are now where we think we'll be in the next three to five years, somewhere we expect to go in long term and that's, again, based on the objectives of what I would see as trying to accomplish, then I think, the answer is yes. The hope is that that these are defined to measures, we would be able to do those within sort of the timeframes listed.

And that's…

(Multiple Speakers)

John Shapiro: Yes. Go ahead.

John Blair: I'm saying that with understanding that current is probably not the best use of the word and I know we struggled with that.

So, you know, say, in zero to three years, I think is a more, much more reasonable sort of bucket to put those predict that concepts in and then go three to five and then five plus and then just sort of assess from that point and see again, when the measure -- when the report is released to the public and

organizations, individuals, have a chance to respond to this, you know, then we may get a better idea of whether, you know, we're onboard with that timeframe, those timeframes rather or perhaps as you might be suggesting, we need to maybe eliminate that.

John Shapiro: Well, what I'm -- I mean, back to Mark Frisse's, I'm just going a little further than he went on the John Glaser 2013 thing and once Glaser got to Siemens and had to really start dealing with how -- how you get in the software development roadmaps and everything else and all those working together, I just don't know where the expertise is in this group to be able to do this kind of timeline projection.

John Blair: Well, I think it's a -- it's just sort of representing best estimate off of, sort of the lay of the land at the moment and sort of the expectation of, again, facing this off of objectives of ONC. What they want to accomplish?

You know, whether there -- you know, we're all hoping they're going to be successful. And if they are, and again, we hope they are, then the measures would fall in alignment with those objectives as they move from, you know, now until five years from now, over five years from now.

John Shapiro: So, let me ask Cons. What an AHR VA had on, how do you feel about this group, you know, timeline?

Hans Buitendijk: It is challenging until we got into the next layer or two of the find measure to make sure -- looking back at the experience with these DQMs trying to subsequently derive from EHR data, we're getting better at that but it's still a challenge to make sure that we all appreciate what data is actually available, how it's coded, how to get to it.

And similarly, with these kind of measure, what data do we have available that we can easily do to the extent that our volume metrics is a little bit easier. We need to normalize a little bit more but it's easier. The more we get into it -- into other measures, do we have all the data in a normalized function across system to have them meaningful.

And once it starts to get to impact, I'm not sure whether it's always the EHR that's the source to measure it alone in an automated fashion but very much where we need to understand what's developed as impact, what's the sensitivity of a measure to interoperability is that can we parse that apart and I'm not convinced in old cases that the EHR has exclusively the data to be able to do that automatically.

So, I think there's a -- it really depends on the measure that we're talking about, what the effort, what the timeline will be. So, I would be more comfortable with the high, medium, low on a relative scale to say it's the least we think are easier but to peg a specific timeline on it, becomes more challenging.

And that was one of the reasons why it was uncomfortable with current short term, one to three years, it would start now on some of the measures. That is a reasonable chance to do it for a number of those, where to draw the line exactly.

That takes another round of definition before we know that.

And perhaps it's, maybe, what we need to do is put that provider in the text and say that we understand that more definition needs to be done to better understand that the actual time that would take but as an initial ballpark, this is where we think, at least, that we fully have a room to avoid the expectation that we can do in a snap.

John Shapiro: So, Hans, is that something like, maybe adding the word estimated to the column title so it's estimated timeframe? Would that be sufficient?

(Multiple Speakers)

John Shapiro: … suggestion, though, that the sentence in the text has been helpful as well.

Hans Buitendijk: And, Alan, you may want to weigh in and jump in as well from your perspective?

Alan Swenson: I mean, I agree a lot with what, you know -- I'm just saying there, I think that the complicating thing, when I look at it, trying to set a time or, you know, the comment earlier about adding in a -- how, you know, difficulty of implementing this thing is that it's going to vary so much based on who's the one trying to implement it.

You know, if you're looking at the EHR systems and we have -- you know, EPIC does things different today than Cerner than any other of the EHR vendors out there, so there may be some of these measures that would be easier and take less time for Epic to implement, there may be some that would be easier and take less time for Cerner to implement.

And then you start looking at PHR systems and registries and everything else, I don't know that you can universally assign, this is how long we expect this to take because it's going to vary so much based on who's the one actually trying to set it up.

Mark Frisse: This is Mark. I have -- I kind of agree with that and I keep trying to read the ONC and regulatory tea leaves, kind of a thought provoking exercise right now. But I think the best thing we can do is say should you want to implement some of these things, kind of, here's what we think.

And I know that's a tone of it anyway but I think that's going to be very, very important because I think that needs to be a lot more discussion about this from various models like John Blair to ACOs to health centers about what the heck to I know this stuff for, really? You know.

And it's -- that's a question. It's really going to be swirling around a lot and I think if we can discuss these and it's kind of being done, it's kind of easy, hard, short-term, long-term, the kind of things you can think about, we're OK.

Maybe your charge from ONC is much more detailed than that and you have to follow the charge of ONC even if the specifics may not be as relevant today as they were six months ago.

I don't know if I'm articulating this right or not but I -- I just think it's got to be couched that way. I'm very concerned that we really define the important

things that we'll provide short term measurements of important things to our healthcare system and leave the rest up to different stakeholder groups and all that. As our principles kind of say, you would do about interoperability. I think we have to do the same thing in terms of its measure.

Mark Savage: So, how does this sound as a summary of where we are and we heard from Jason that this is a part of -- this is a part of the charge for this report. We need something.

The suggestion of being a little more, adding a couple of sentences in the text, explaining a little more about the -- that this is more of an estimation and an imperfect, perhaps an imperfect estimation and also to -- on this appendix to find another word along with timeframe, may be estimated that -- that just reminds folks that this isn't locked in stone and then picking back up with Jason's comment that is this -- does this have a set of place where it's -- where it's useful to put out the public comment and hear what the broader range of comment might also be about -- about this issue?

Jason Shapiro: So, Mark, this is Jason. That was going to be my suggestion almost exactly which is we can, you know, certainly qualify in a text that this is not, you know, a perfect science that we are, you know, leveraging the ONC roadmap and their objectives as well as sort of what we have gathered from the committee to create an estimate of a timeframe and mark that appropriately in the table, understanding that, you know, this is not absolutely defined.

It's certainly a subject to interpretation and I think , at that point, that's probably puts us in a good spot to have it go out to the public and see generally what the response that's going to be.

You know, they may all come back and say this is never going to happen in, you know, zero to three years. I hope they don’t say that but, you know, that could very well be the case and there may be a lot of conflict about the estimated timeframes and as a result, when we bring those comments to you, it may be discussed -- decided by the committee to eliminate that column altogether or to think of another approach.

But, you know, given that the objective of the framework was to be as much an alignment with the objective of the roadmap as possible, we do need to, at least, offer up some degree of what we believe an estimated timeframe would be, at least, initially and then see what the response to that would be.

Hans Buitendijk: And, Jason, this is Hans. I think the keywords there are subjects improve definition and discovery as those measure concepts are being flushed out and measures are being signed. I think that's the crux of it to make sure that expectations are realistic, that it's just a first (flag).

Jason Shapiro: Right. Agree. Completely agree.

Mark Savage: So, Jason, do you or Poonam, do you need anything else from us on the discussion of measure concepts and measures?

Poonam Bal: Nope. That was perfect. Thank you. I can…

(Multiple Speakers)

Mark Savage: Great.

Poonam Bal: Yes. Thank you, Mark.

The next section, we will be talking about the overall framework. So we've gone into the details about the domains of going -- guiding principles, measure of concepts and measures and such, but we wanted to bring back a discussion that was something we talked about with the key informant.

So we talked about, you know, once this framework is out there, what are the best uses, you know, what should be the goals and so on, and so we want to make sure -- one, to get an idea what your view on the framework is and how you feel that will be most efficient to be used and then to make sure that we're meeting those goals.

So we really want to spend some time to talk through that. And with that, Mark or Rainu, do you want to take the lead on the discussion?

Rainu Kaushal: I need to actually go to the second question first which is what do people think are the short-term and long-term uses of these framework?

Mark Savage: So, this is Mark. I will -- I'm happy to jump in. I think short term, I hope this helps to spur the effort towards improving interoperability just through the measurement process, the analysis process.

I actually -- one of the ideas that occurred to me is probably outside the notion of a measurement framework but I was thinking, because we're seeing a lot of challenge grants from ONC around various issues, what would happen if you started using this as and inviting, sort of setting up some challenges to see who could come up with measures -- with the best measures for particular things.

I say that as an illustration of -- that I think one of the -- one of the good short term uses of this framework is just to get things moving a little faster than they've been moving now.

Terry O'Malley: Hi. And this is -- this is Terry O'Malley.

In many ways, this framework that we set up nears the development that the system is going to have to undergo over the next three, five, 10 years and really starts to as the data and integrity in getting it and figuring out how to move it and then once you get it, what do you do with it? And then finally, once you've gotten it, how do you measure the impact of it?

And I think those are all going to be sequential and I think we're going to be able to jump right to the end and other than having a lot of zeros on our dashboard.

So, I would see this as almost a guideline for how do you begin building interoperability and it will start with figuring out what you need to move and then making sure that what you're moving is of high quality and usable and then figuring out how to move it, and then getting on to measuring the impact.

But I think we've got a lot of groundwork to do, just getting the infrastructure in place, to make interoperability possible before we get a chance to measure it.

(Multiple Speakers)

Mark Frisse: Go ahead, John.

John Blair: All I'm going to say was I agree at the other comments but I -- and also, I also want to add that this does give an opportunity to put objectivity there at many level where it's not.

Rainu Kaushal: Expand on that, John.

John Blair: Well, I mean, there are a lot of claims out there, Rainu, around interoperability and I think if it went through the rigor of what's possible here with this framework, it would demystify some of that and give you some more objective understanding of what's really going on.

Rainu Kaushal: Yes.

Mark Frisse: This is Mark. I really second that idea, the last two ideas. I just can't get my head around what a challenge grant or anything else will look like right now but I do know that he need is inevitable no matter what and if we had a set of metrics that helped -- one, as I've said, not just guide what to do and how to measure it, but two, is there anything in there that would allow one to compare the performance, if you will, not just of several vendors but of several systems involving people, process, and technologies which is really what we're going to get.

So if that helps you compare side A and side B, as if you were evaluating a program, that's an attractive notion to me.

Hans Buitendijk: This is Hans. I think another use of it is that the way that we have framed the different dimensions, the different domains and subdomains, can help really create awareness among the community, the complexity of interoperability in

terms of how to -- how to measure it and that just measuring volume does not tell you everything on that interoperability.

Just measuring usability does not tell you everything about it, et cetera, but that we really need to holistically look across it and just parading that awareness of what is involved to get a better understanding of what the value is and therefore where the value can be improved upon and where to go, I think that it's tremendously valuable, at least in the short term.

And then overtime, that we can then measure progress towards the intent that we have. But that basic awareness, that right now, if the volume is not out, then -- or if it is up and it's seen as successful interoperability but not necessarily if we did not create the impact that we were looking for.

At the same point in time, I think it helps with clarifying and perhaps that may need a little bit more language but the more you're able to impact, the more that it is a challenge to understand what is actually the contribution of interoperability, increase data access and exchange to the -- to the measure, to the aspect that we're trying to measure. Is that purely and fully derived from the increase and extent to which we have interoperability in place. Is it the quality of the interoperability that is?

And it's not the volume but it's the quality that really drives it or the many other factors that drives that and interoperability is only a fraction of that and that might help create a more realistic understanding of where is it substantially helpful and where does it (add) but it's not the only factor that helps improve on the -- on the state of measure.

Rainu Kaushal: Poonam and Jason, are -- it seems to me that the way these questions are written, that you want us to get even more specific in details in terms of who can use and where it can be used or is this discussion that we're having right now the level of which you wanted this?

Poonam Bal: This is the perfect level. We have those questions there as probing questions to get the conversation started. But this level of detail we're getting is perfect for our purposes.

Rainu Kaushal: Great. Other comments?

OK. Let me go on to another question then which is go back up to the first one which is where can the framework assess the most change? And I think this is more of a setting question. Thoughts there or do people feel like they've already spoken to that question as well?

Mark Savage: This is Mark. My feeling is that previous thoughts of, to sort of capture that -- capture that as well.

Rainu Kaushal: Yes. I agree. And then I think the last question is, what is need to get different stakeholders to buy in to the framework, hospital leadership, healthcare professionals, vendors, patients, maybe even physicians. I guess that's covered under healthcare professionals. So, thoughts on that?

Terry O'Malley: Hi. It's Terry O'Malley again. You know, I think -- I think interoperability is going to be a tool and it's going to follow the changes in payment models in healthcare.

So, as we become more engaged with risk-based contracting and value-based payment and payment for outcomes, I think you're going to see interoperability being harnessed to address some very specific outcome needs.

You know, so looking at efficiency is going to be across the board. You know, how can you make your staff time more efficient. You can make it more efficient by moving the information that they spent all their time now trying to collect elsewhere.

Then there are a million examples of that. You can see issues around safety, you know, the present getting a good medication list and an allergy list where you need it, when you need it and ED in particular.

So, I think what's going to happen, though, is this can be driven by our payment models. And so, the folks you've listed on, I would -- I would add, sort of the -- the at-risk providers because they can be on multiple levels.

Mark Savage: So, this is Mark just piggybacking on that. Would that also mean adding payers explicitly? They've been trying to fill in for some of the -- with things like case management. That might be a useful stakeholder to think about to broaden the buy-in.

Terry O'Malley: You know, that's interesting. You can have -- and I'm thinking of sort of the disability insurers, you know, people -- who's got a financial incentive to reduce cost and might be able to do it by interoperability?

Mark Savage: I sit on the board of an HIE where payers are contributing data because they see it as -- they see interoperable exchanges being helpful.

Hans Buitendijk: And how they agree that payers are certainly a stakeholder that they can benefit one way or another from that -- from improved interoperability.

The question on buy-in, I think that it's going to be much more -- not as much the buy-in on t the framework as the -- as the hurdle but which specific measures and I think in the earlier conversation, where also Mark Frisse indicated around (priority), what's really most important, which one matter the most.

I think having buy-in from these different stakeholders on which ones within the framework are really most critical is, I think, the more intriguing question. And then the buy-in to the framework.

And so I think, maybe I'm optimistic but the framework, itself, I think is -- starts to feel fairly natural, now having been closer but which matters specifically are going to create the most value to measure success for need for improvement for interoperability.

Mark Savage: This is Mark Savage with one other thought which is I don't take this list in the question that it's intended to be, you know, exhaustive but some of the things that I was describing at the in-person meeting, the efforts across the country and communities to have multisector data exchange, it might be useful to just, in our thinking, to think about community efforts to improve health and care.

It's a little broader than patients. It's sort of thinking at -- of it more at the collective level. But I think there's -- I witnessed a lot of interest, a lot of commitment to trying to do that. I think it would be good energy to harness.

Rainu Kaushal: Thanks, Mark. Other comments or thoughts? OK. Poonam, I think it's back to you.

Poonam Bal: All right. Perfect. So, that's actually all the feedback that we needed from the committee during this webinar. So, let's take a moment and do member and public comment. (Cathy), could you open up the line, please?

Operator: Yes, ma'am. At this time, if you would like to make a comment, please press star then the number one.

And at this time, there are no public comments.

Poonam Bal: OK. Perfect. So, I'll give it Vanessa to go over next steps.

Vanessa May: Thank you, everyone, for your feedback. It's very helpful for our framework and we'll take the comments and make changes accordingly.

So the next steps is we're going to have a webinar number eight on May 22nd just to review all their comments and we'll put it out after that for a public comment on June 1st through 30th for the second draft and then we'll have a next last webinar on July 20th based upon your comments and then lastly, we'll have the final report. That will be out on September 1st.

Poonam Bal: So, just to add a little more clarity to kind of next steps, so we do have public comment as -- I'm sorry -- June 1st to the 30th.

And so this next, I guess, couple of weeks now, up until then, we will be using to, you know, finalize everything, making sure that the committee is completely comfortable with everything that's in the framework and ready to put their stamp of approval on it before it goes at the comment.

The goal is that after comment, it's only just finessing things based on some comments that come in and making sure we're all in the same page. So the

next webinar will really focus on just making sure that we're all on the same page.

So, is there any questions before we let you go? All right. Well, with that, thank you so much for your time and we'll be in touch soon about next steps and how to proceed forward.

Mark Savage: Thank you so much, everybody. Very much appreciate all the comments. Bye.

Male: Bye.

Male: Bye.

Male: Bye.

END