

National Quality Forum

Moderator: Interoperability Project
May 22, 2017
13:00 ET

OPERATOR: This is Conference # 83000539.

Operator: Welcome, everyone. The webcast is about to begin. Please note today's call is being recorded. Please standby.

Male: Hi, everybody, and good afternoon and welcome to the eighth webinar on Interoperability. We thank all of you for joining us this afternoon.

Before I turn it over to Hiral for some of the administrative work and then to Mark and Rainu for the content of today's session, the purpose of and overall intent is just to do sort of a final discussion of the interoperability framework. We did receive a number of comments from you all and we thank you very much for your input.

After some internal discussion, we decided that it would probably be a reasonable idea to get everybody together again and have just one final discussion to make sure everybody is clear about what will be going out to the public next week that there is general consensus.

And what I mean by that is I don't think we expect this to be unanimous consent amongst every person on the committee. I think that would be very difficult given everyone comes from very different backgrounds when it comes to interoperability but that there is general agreement that the report and framework is ready to go out to the public and that we are ready to solicit comments and then decide how we would incorporate those once the comment period closes.

So, with that in mind, I'm going to turn it over to Hiral to do a rollcall and to go over the agenda.

Hiral Dudhwala: Next slide. Next slide. All right. Great. I'm just going to do a quick rollcall.

I know that Rainu and Mark Savage are on the line, our co-chair. Julia Adler-Milstein? OK. And I think she's going to join us a little bit later. So, she should be on in a bit. JohnMarc Alban? OK. A. John Blair?

John Blair: Here.

Hiral Dudhwala: OK. Thank you. Chris Boone? Jason Buckner? Hans?

Hans Buitendijk: Present.

Hiral Dudhwala: Thank you. Kimberly Chaundy? Sarah Dinwiddie?

Sarah Dinwiddie: I'm here.

Hiral Dudhwala: Thank you. Mark Frisse?

Mark Frisse: Here.

Hiral Dudhwala: David Hirschorn? David Kaelber? Terry Ketchersid? John Loonsk? Terrence O'Malley?

Terrence O'Malley: Here.

Hiral Dudhwala: Thank you. Frank Opelka? William Rich?

William Rich: Present.

Hiral Dudhwala: Thank you. Robert Rosati?

Robert Rosati: Here.

Hiral Dudhwala: Thank you. Robert Rudin? Theresa Settergren?

Theresa Settergren: Here.

Hiral Dudhwala: Thank you. Jason Shapiro, I believe, is unable to join. Bruce Sigsbee?

Bruce Sigsbee: Present.

Hiral Dudhwala: Thank you. Alan Swenson? Steven Waldren? Marianne Yeager?

OK. Is there anybody's name that I had missed that had joined the call late?
All right. Well, thank you very much. I'm going to go ahead and pass it to
our co-chairs, Rainu and Mark, then.

Rainu Kaushal: Thank you. Mark, maybe I'll get started and then turn it over - over to you.
So, welcome. This should be - I think our last meeting - this is number eight -
and what we're focused on today is incorporating these - discussing and
incorporating these additional comments that have come in over the past few
days.

I actually -I just got logged out of the webinar. So, I don't know if we are on
the correct slide which, I think, should be slide six at this point. But, mainly,
what we want to talk about today are the two things highlighted in red which
is the list of measure concepts and the list of existing measures.

So, slide seven. Just to reorient folks, these are the domains and the
subdomain. And then slide eight. Here are the main questions that we wanted
to - or the start of the main questions that we wanted to focus on today.

So, the first question for the group is what are gaps identified between what
was covered in the given domain and the listed measure concept? So, are
there - are there concepts that don't or that are not currently listed that you'd
like to see listed within a given domain?

(Off-Mic)

Terrence O'Malley: This is Terry O'Malley. I just - question on the first domain on information
quality, data quality. Do we need to have some explicit statement about
standards-based vocabularies in there? It seems to me that sort of the
underpinning of interoperability and...

(Off-Mic)

Terrence O'Malley: Anyway. I toss that out as a question.

Jason Buckner: Terry, this is Jason. So, in the very beginning of this project, we really emphasized the use of standards and vocabularies as a mean to be put into several different measure concepts. That was not something that, at this time, ONC or HHS wanted to aggressively pursue. I think that there's a way of maybe creating a high level measure concept around that, but I think that they wanted to focus more on some of the issues that we've covered here rather than get it...

(Off-Mic)

Jason Buckner: ...of how information is exchanged particularly around standards and vocabularies. So, I think it's a short balance what the Committee would like in addition to what ONC and HHS would like. I think we can probably look at, maybe, a generalized concept around that, but probably just leave it at that.

Terrence O'Malley: Fine with me. Thank you.

Mark Savage: So, Terry, this is Mark Savage. Were you - were you asking about a concept or just sort of a definitional statement? I had heard more of a definitional statement. I just wanted to check and see what you're - what you're asking about.

Terrence O'Malley: Yes.. I mean, given Jason's sort of limits on this, probably their definitional statement is fine. But it really does go, I think, to a fundamental concept of interoperability. So, someday, circle around.

William Rich: Yes. This is Bill Rich. If you look - to address Jason's question about the major concept and its location, there are domain usability and relevance. A number of times to complete current medical record was available to the patient provider during clinical encounter.

You know, that might - that may be a better place somewhere else because, actually, having the entire record available to you, we discuss this at our face-

to-faces, it's really not very useful, but not very relevant to clinical decision making with patient. Maybe that's better for exchange but I'm not sure that that's a major concept that's in the right - the right place there.

Mark Savage: So, Bill, I'm - this is Mark. I'm looking for - kind of go to the actual - do you have - do you happen to know the page number that you're looking at?

William Rich: Yes. Yes. I guess - I lost it for a second. Excuse me, Mark.

Mark Savage: Page 17?

William Rich: I think that may be it.

Mark Savage: OK.

Rainu Kaushal: Page 17?

William Rich: Yes. Under usability, page 18.

Rainu Kaushal: And could you - could you repeat it now that we're all oriented to where you are?

William Rich: OK. I'm finding myself now scrolling, scrolling, scrolling.

Mark Savage: It looks like it's halfway down the page. Usability relevance, maybe. Number of times a complete and current medical record was available...

William Rich: Exactly right.

(Multiple Speakers)

Mark Savage: ...provider during a clinical...

(Multiple Speakers)

William Rich: You're right. Halfway down on 18.

Mark Savage: So, it sounds - if I understand your comment correctly, it's not that this is a gap, it's that you're not sure how this is...

William Rich: Yes.

Mark Savage: How useful this is to the...

William Rich: It has very little...

(Multiple Speakers)

William Rich: And again, we discussed this with a face-to-face and...

Mark Savage: Yes. Yes.

William Rich: I think it's more than exchange of data. In the real world, you could use extensive reports and, again, that talk with the patient what happened...

(Off-Mic)

William Rich: Followup phone calls and faxes and things like that. So, that's my only point. I think this has been important things but I'm not sure and the question was are the measure concepts in the right subdomains and if the consensus of folks is that's fine, leave it there. But just an observation I made in my notes.

Mark Frisse: This is Mark Frisse. I want to just emphasize again, we really emphasizes in one or two you talked about how utterly useless getting everything is. And ONC has some criteria for problem list, meds, allergies, goodness that's enough. Furthermore, I know of at least one vendor out here, a big one, that their default is to dump you everything every time which is really crazy.

So, you know, you get the vendor, you ask it, you get this gigantic file of everything. Then they come in for a sore throat, you ask for their record, you get the gigantic thing again.

(Multiple Speakers)

Mark Frisse: ...what they're going to do and that is the antithesis of - that's information blocking by excess or something. That's...

William Rich: Yes. Again, I think this is important to have a complete record available, but the relevance is, like, in the wrong spot. That's my only point.

Mark Savage: So, just one other question, Bill, do you think your observation goes, maybe less to the measure concept and more to the actual measures that developers are designing?

That they would be - that this is we want measure and developers to be thinking about not just focusing on one particular thing which might be helpful to one person but not to another. We want, as a measure of concept, we want - we want it broad, broader, and then when developers are working on individual measures, that's where it gets narrowed?

William Rich: OK. Let's see what happen.

Mark Savage: Yes.

Hans Buitendijk: Is there another opportunity, maybe, that in this place here, that the term in the measure concept, number of times, are complete and current that the exchange to a number times are relevant and current medical record was available and then relevance can be drilled down based on what we're looking at whether it's large or small, (sideways), whatever needs to be and perhaps copy this one into the exchange one as well where from an exchange perspective, are you able to get to complete across when you need to.

We still would like to go to the relevant part because I agree that death by a thousand pinpricks is not necessarily the greatest either but that we can balance it that way.

Mark Savage: I think that's a good suggestion, Hans.

William Rich: So, Hans, just to - just to make sure I'm hearing it correctly and summarizing it, you're saying the complete - the measure concept or completeness would go under exchange and under usability, it would - it would be completely become relevant because that's more - OK.

How does that sound to folks at NQF?

Jason Buckner: That's OK with us.

(Vaishali): And this is - this is (Vaishali). Sorry, my line was blocked earlier. I was trying to speak, but I couldn't, from ONC, and that - that sounds fine. The other piece I wanted to mention with regards to these standards point that was raised earlier is that, you know, we do think it's important to measure standard whether information institute exchange using standards.

We do have a whole other measurement effort (from) NQF that maybe folks are aware of. We just put out a request for information to develop measures around standards. So, if we wanted to include measure concept around, you know, that indicated basic exchange using standards or not, I would be fine. It kind of fits - would fit in then with the - this other kind of line of work that's fairly needs to be...

(Off-Mic)

Rainu Kaushal: (Vaishali), are you reading...

(Off-Mic)

(Vaishali): OK. Let me try - let me try - did you guys hear anything that I've said?

Rainu Kaushal: We kept missing you at the critical moments. We heard - we could hear a good bit but not all of it.

(Vaishali): So, what I was saying was that, you know, the point that was raised about the importance of - that I think someone was noting, you know, whether information is exchanged using standards, you know, that, in my mind, is critical too and ONC has a whole line of measurement work that it's commencing related to that and there's a request for information on standards-based measurement.

So, if we wanted to include a concept related to that point, you know, that would be fine and, you know, there's, you know - Jason, I'm just thinking, you know, there's a whole - there's a whole line of measurement work that's going to be going on that, you know, that helped inform that.

So, it doesn't have to be just like a sentence and a definition, basically. It could be something more than that if we wanted - if folks on the Committee thought that was important. So, I defer, Jason, you know, to you guys and the Committee on how you want to - what works best, basically. I don't want to constrain you guys.

Jason Buckner: Well, so, I think in my explanation and I'm sorry for not providing more context to that, but the reason that we were not sort of directed in our scope to really explore this in depth was because there was another effort that was going to go on that did not involve us. So, this was really the focus around sort of the core elements of the roadmap and how to develop concepts around that.

So, again, I don't think that it's wrong to be maybe developing a couple of broader concepts around this but I think we want to be careful not to be duplicative of work that's going to be ongoing and certainly not to interfere in that work because I think the two projects will definitely be interesting, I think.

So, you know, I think we'll look at it and see how we can, maybe put, a couple of broader concepts in and perhaps make note that there is an effort going forward to delve in this more intently and to come up with measures that are - or concepts that are much more significant and detailed as it comes to standards and vocabularies.

Rainu Kaushal: OK. Are there other concepts that people think we are missing?

Mark Frisse: This is Mark. I just have to, again, given that there's yet another set of activities that are starting or going on or all, I sometimes feel when we do this, like, the geriatrician keeps adding more medicines on the patients and never deprescribes anything.

I'm glad that you're very aware of, kind of, the need for some simplicity here. I can't forget John Glaser's testimony before the senate about two years ago

about how overwhelming the system really is and one has to be somewhat judicious here, I think. I just get concerned about that.

Rainu Kaushal: So, then maybe we go on to the next question mark which is...

William Rich: Before we leave measure concepts, this is Bill Rich again, on page 28, impact subdomain improved healthcare process and outcomes. Percentage shows packed images that were sent between systems.

First of all, this is a hugely complex issue and has little to do with interoperability and has to do with business practices of imaging systems. The size of the files are huge and even if they are DICOM compatible and I'll defer to Hans and some others but I think this is an incredible complex measure of concept to an exchange of complex images.

It's something we struggled with for four years and it's way beyond interoperability. As a matter of fact, interoperability, you can - you can have a DICOM interface on the EHR on both sides but getting the materials from a - from a PACS system are - they're usually large complex files. So, I'm just not sure that that was the good choices that we measure concept. But I'll defer to my - to our members like Hans and others that are on the PACS side.

Hans Buitendijk: Yes, there's a - generally, just specifically to this one, I agree there is some challenge around this that actually starts already in the - in the way we are using some terminology like the subdomain of methods of exchange.

I think we're setting an expectation there that - that in order to interoperate, data must be exchanged, moved from one spot to another. And particularly, when we got into large-sized images that is not always necessarily the right thing to do.

Access is sufficient in a way and that if I provide (the link) to where it is, I have to ability to get access to it but I need to make sure that I sent the link. So, only the link is exchanged but the image has become accessible and there's still generally challenges that need to be worked through to how you that large scale.

I think we noticed that in a couple of measures like this and perhaps by - in the subdomain recognizing a little bit better, that method of exchange is not limited to moving data but that includes accessing data sold through web viewers or otherwise that's a very valid method of enabling access to that and then it might become easier to interpret this as an example of what to measure but this is certainly not necessary to one that I would want to drive up that if you - that you get to 100% exchange of all images, not necessarily. If I can get 100% access to all images, that will be nice.

William Rich: Yes. So, maybe I'll just need to edit - editing, but that's - that expresses my concern, having been involved with this issue for years. Generally, not a...

(Multiple Speakers)

Mark Frisse: I'm sorry.

William Rich: Go ahead, Mark. I'm sorry.

Mark Frisse: I wanted to add on two - two reasons. One, obviously, links. And so, it's a matter of if - are your needs met? I understand that's objective. If I make a request for a film, can I get it?

But the notion of numbers of images, one, doesn't pass a clairvoyance, that sort of - because if the image number can be so variable depending on the devices and the like, and it's also not particularly informative or useful. I think the real issue is just do I get my - do I get a response to my request for an image.

And I don't know how you go into granularity about that but I would argue that the notion of numbers as numerator and denominator for images is really incorrect even if you just get the links to them. But the notion of having your request met by a link might be some intermediary. But I'm - I'm not the expert but I've been puzzling on that one too.

John Blair: Yes, let - this is John Blair. Let me just jump on that. It's - I mean, I agree. The whole thing about the image versus the links. But also, it's not just the request for an image. It's actually the, not even the image, the report for the

procedure requested and that's probably far higher percentage than any request for an image and providers that are ordering images or, yes, ordering procedures and want to see the results and then if there is a link to look up the image, I think is the most common situation.

Mark Savage: So, if we were to add the words or reports to the measure concept?

John Blair: Well, I think that's what you want is you want - yes, you want the - you want the report and then if so chosen to look at the image, then it's usually the link that you're going to go to.

William Rich: Yes. I think both part - this is Bill again, I'm sorry. I think both parts are necessary to see the report. But there's also a qualitative aspect to this that's not covered in the report.

So, the image is really, really important in some of these PACS systems testing especially in my field of ophthalmology. So, if we could say, you know, report and access to the image, I think, that covers both. I think we're allowed to editorialize.

Hans Buitendijk: I'm not sure whether this is the right point - time to bring out the point around the measures, concepts related to impacting general related to the e-mail exchange that - that Bill started on Thursday. I jumped on as well around some of these measures - this is an example of it in its way that when it comes to impact, how telling how much does this really provider us about impact, how many of the factors are in place?

I think that at least some general statement that in this space of impact, we have to be very cautious about what kind of measures are really truly attributable to interoperability versus other factors that come into play? This is an example where that starts. There are other ones where that becomes more clear.

And it's OK if these are examples to have people start - to start people thinking about what could fit in this domain, subdomain, would feel very comfortable with a number of those being examples of where can you start thinking but if these become indicative of final measures that we're trying to

actually obtain on an ongoing basis from HIP systems, preferably to avoid additional documentation. A number of these are going to get problem very quickly in terms of collecting the information or being indicative of what the - what we're trying to really measure, impact of interoperability.

Jason Buckner: This is Jason. Let me just interject here for just a second. So, I think Hans, you bring up a good point. Certainly, we've heard the discussion around PACS images and I think we all are very respectful of the difficulty and certainly not just to do this but also to measure it effective.

But I want to remind people is that when we're looking at our concepts, so they're not measured yet. They are ideas from measures that have sort of a defined parameter and a population and how those would eventually turn into measures, we would certainly hope that the consideration would be given as to the most effective of doing that so that it could be used in a way that would be beneficial.

So, I think, maybe there's a little bit of words that I think we could do with the concept if there's problems with it being shaped in the way that it's reflecting a number but I don't think that I want to spend too much time trying to go over the, you know, details of this because, again, we're just sort of talking about a general concept around the exchanging of imaging.

And as I concept this forward and we see people decide how they want to create that into a measure, if they decide to do so, then I think a lot of your considerations, I would hope, would be taken into our advisement before they move forward.

And I would also think that, again, one of the benefits of having the public look at this because like I - like we've said in the past, we fully expect to get a number of comments and it would be interesting to see how others feel about this, in particular, how they themselves may go into or their organizations would define this or whether they find any utility of it at all.

William Rich: Perhaps, still, is that not necessarily wordsmithing or adjusting the individual concepts as they currently are but some of the introductory language as part of it particularly around impact of related measures that some - some of those

advisory notes are made already upfront so that - that the reader is aware of that consideration up front.

Mark Savage: Jason, last comment, and I know we have to move on, but something to consider is an editorial change. If you look under impact to improved healthcare processes and health outcomes, you have measure concept, percentage of picture.

You have two boxes in a row on page 28 and existing measures have absolutely nothing to do with exchanging data from a pack system. So, you look at both of them, the measure - the existing measures have absolutely nothing to do with PACS system imagine that were sent through exchange.

So, you might want to just eliminate those impact things that deal with PACS because there's no relationship between the existing measure and the measure concept.

Mark Savage: OK. Well noted.

Rainu Kaushal: OK. Well, I think the next set of questions is they rely on a concept that Julia put forth. I don't know if Julia's on yet.

(Vaishali): She said she would try to get on after 1:30 - this is (Vaishali) - but, yes, I'm not sure she's on yet.

Rainu Kaushal: All right. Then maybe we - I'm going to suggest we skip over the upstream and downstream measure concepts because I - I don't - I don't have a sense of what she was referring to by upstream and downstream. And we'll go back to that question when she's with us.

So, the next question is how does the framework account for the impact of interoperability on those measure concept being sensitive? This has been a topic that we've been talking about and cycling around since the very first time we met. So, take it away.

Mark Savage: Hans, I think this was your concept, your comments. Sorry.

Hans Buitendijk: Yes. I think this jump that gun on this bullet. I think it's generally not a concern but just an awareness that we have to cautious around that - because the sensitivity of measures on the impact side to the interoperability very rapidly can start to - to be multifactorial that many different aspects come into play.

Now, some of them are phrased in that area that are more specific to interoperability but the moment that that happens for a number of those and bill pointed it out as well, if I understood his comments as well, they very quickly become process measures rather than outcome measures. Did data arrive? Yes or no? To some extent or not, but not did it really impact the decision making or health outcome of the patient.

So I think that's - that's the reason why the earlier comment was raised that I think in that particular case, we want to be a little bit more upfront with cautionary statements to say these are some example. This is a challenging area.

Goal should be that we are trying to obtain that information with as little, if zero additional documentation requirements and if we need that, is it really a good measure for ongoing collection or is it much better measure for specific research to understand how much did interoperability contribute to the improvements in the - in outcomes of - quality outcomes.

So I think that it goes back to that - to that awareness. So, if we do that, none of the examples, in my mind, can state much more the way they are. If we don't, I think we would have to reconsider a number of them to not put them in there because they're too sensitive to other areas.

Mark Savage: Hans, this is Mark. Do you think those - did you find that the language in the text about interoperability sensitive measures the theme that we sort of all been - were wrestling with throughout? Was that not enough in your mind?

Hans Buitendijk: It did not jump out to the extent as it relates to the impact. The other ones, it much easier but on the impact side is where I don't think we were as - as clear yet that that's (a concern).

Mark Savage: Yes.

Hans Buitendijk: At least not to me.

Mark Savage: So maybe...

(Multiple Speakers)

Hans Buitendijk: ...but that's how it jumped out to me.

Mark Savage: So, Jason, maybe that's a place where we just go check the text and see if something needs to be added in particular around impact? Does that sound right?

Jason Buckner: Yes, I think what I put down as notes here is, you know, we've looked at that again and see if, you know, there's some sly words, nothing to do on a - and then just see what - what the general reaction is.

William Rich: Yes. And again, I think that Hans reflected my comments, Jason and Mark, on the impact side. I come from the quality world and if you look at interoperability and the measure concepts and the measures that we referenced, these are not - these are the most basic of process measures that really don't have much to do with interoperability. It's just, you know, it's like checking a box. It's part of an exam. Did you get an immunization and things like that?

And I think we open ourselves to some criticism of people working in the quality, the quality area. You can measure concepts are fine expect for the PACS system but the existing measures, I think, have very little to do that that that's the best we can do, that's the best we can do.

But I think they could be, you know, maybe - if I'm the only one that holds that assumption or impression, I will silence myself or put myself on mute. But these really not impact measures. There are tons and tons of outcome measures that are meaningful to patients and providers and to the system of care that they're not simple process measures.

Hans Buitendijk: I share the same concern are Bill. I think there was - from page 13, 14, in that area, where if we can make some more upfront statements about our awareness of the fact that impact the examples that we have today are more processed.

So, and one of the challenge has been that if we look at other quality measures that our outcome-focused, that the contribution of interoperability becomes more difficult to isolate and at least acknowledge that but that's the area where we would like people to think about measure concepts on how can you do that, where can you do that and without unnecessarily impacting documentation requirements.

I think that would be a good clarification that we can provide you context without getting the criticism that Bill had just raised.

William Rich: Yes. I mean, the entire - the interaction of EHRs and registries and quality measurements, CCSQ at Medicare, we're looking at outcome measures and that's where the interoperability of EHRs can dramatically contribute to that. But you're not going to - no change in interoperability is going to have an impact on the measures we suggested because you don't interoperability. To me, it was measures. I think Hans and I are saying the same thing but he's much more eloquent than I am.

Mark Savage: This is Mark Savage, just making sure I'm understanding. Is that - is that a criticism or not a criticism. Is it an observation that the existing measures that we've listed don't go as far as we'd like which is actually an argument for the measurement framework that we're trying to work with or is it that there are existing measures that could be listed as examples that would be better than the ones that are listed now or maybe it's something else, but that's sort - what I'm hearing and it's a question in my mind.

William Rich: Yes. I think that sums it up Mark and those - and that if we really want to look at improvements and interoperability, we have to go beyond the measures we've taken because, frankly, I don't think they measure interoperability.

Mark Savage: So would you -would you leave that column blank and because you don't think those existing measures are actually measures or would you lead them in there as to at least provide some guidance to measure developments about where we're - at least...

William Rich: Yes.

Mark Savage: ...where the ballpark is?

William Rich: Maybe if ONC understands what we're trying to say, I'd even leave it in blank or take it - there are tons of outcomes measures that are regularly reported, have been for years and there are challenges and interoperability and mostly standardization of data points as Hans and others have pointed out. But there's a challenge in actually collecting outcomes data and a lot of it has to do with using standardized definitions but that's where we want to go.

That's where society is going and I think people are going to look at this and they're just going to shrug their shoulders and say, well, impact cross it off, we don't have to do anything. There's - all these things are being met now. I don't see the point in even having them on there.

And if you want to make an editorial comment upfront and say, hey, here's an example of how interoperability can do it but, you know, we should get some consideration to outcome measures because none of these are outcome measures. But really, it had been shown - I'm not going to go there.

Jason Buckner: So, this is - this is Jason. So, I certainly appreciate, we all do, the comment. Here are, sort of, of the challenge at the moment. So, the - we've talked about this a lot two webinars ago.

William Rich: I know.

Jason Buckner: When we - when there were some discussion about how exactly to use these interoperability sensitive measures that you all had come up with or had to do had chosen or had looked at based upon the review of the literature.

And that's why the discussion was made to use them as illustrative example of the concepts not as a set of measures to go forward with because of some of these issues that you brought up.

So, I think that that - you know, putting some additional comments, you know, we've mentioned upfront that these are examples of the concepts, these are not necessarily measures to go forward with, I think maybe making that a little tighter that these are very process oriented which we recognize, we are very much looking at outcomes that could be affected by interoperability which is why the framework takes on added significance to help guide to that end.

But I think at this point, we would not be able to go back and try to identify new measures to put in to that table. Because to do that, we'd have to go through all of the measures, identify the ones we think are appropriate and then convene you all again to make sure that the committee is OK with that and to do that in a - about a week and a half which, actually, less than that which is too tight of a timeframe to get that accomplished to release it to the public on time.

So, I think what we will probably do is add the language that is sort of reflective of this conversation, ensure that we are very clear that the measures that are in appendix B are examples of the concepts and not necessarily measures that you have to go forward with and that they're being used as sort of serve as a way of how to develop a measure because for those individuals and organizations that might be reading this, we don't know how many of them have expertise or knowledge of measure development.

Certainly, there are people on this call that do but that not - may not necessarily be reflective of everyone that looks at this.

So, I think we'll try to guide them into what the thinking was as we formulated these appendices and we'll see what the comments are with respect to those measures and if there's overwhelming consensus by the public that these examples are not serving any purpose or not helping to clarify anything, then we can certainly talk about dropping that and reformulating the appendix.

William Rich: You're very good, Jason.

Jason Buckner: I try. In my humble way, I try.

Rainu Kaushal: Anyone have questions for Jason? Julia, are you back with us?

Julia Adler-Milstein: Yes, I am.

Rainu Kaushal: OK. terrific, Julie, you have any (throw back a) question which is question number three on this slide and I think which came for you, from you discussion of upstream and downstream measure concepts and they're one we want to focus on, should there be a mix of both types of concepts and I think the question I have for you is how do you define upstream and downstream?

Julia Adler-Milstein: So, I'm not sure that question quite captured my comment. My comment was really about interdependence of the concept and that, you know, we sort of designed this framework intentionally by saying, you know, first you have availability and access then you have usability and then you have outcomes and I may be missing one, but anyways, I think you get the concept.

And that have I reviewed Appendix A, I thought that there was - there were some measures that explicitly, some downstream measures that explicitly included text invoking upstream measures, right, so it would be like of all the times that information is accessible, how often is it usable?

And then there are other measures that did not do that. And to my mind, we need to make a decision about sort of how this structure of upstream and downstream measure is going to function on a sort of what assumption do we make, like, when we're in the usability phase, are we making assumption that sort of we have met the accessibility measure or do we need to sort of consistently always invoke all of the upstream pieces when we're talking about a given set of measures, right?

So, anytime we're talking about, you know, an outcome measure, do we all need to say assuming that it is accessible and usable?

So that was really my comments because I don't -- I haven't seen a lot of measurement frameworks that have this, you know, and again some upstream and downstream but they sort of have this flow to them where we're assuming certain things come before other things.

So I think we need to again address it consistently throughout where either in the concept we are always saying something about the upstream or we are exclusively saying that we're not going to take into account what happened in upstream and we are just going to measure this to recognize that the low score on that construct could be because some of the upstream construct haven't been met.

Does this clarify -- I don't have the answer but I think it's the issue that we need to address.

Mark Savage: So, Julia, this is Mark. Is that another way of putting the discussion we had about whether, one, was it prerequisite to the next sort of the order of the domains?

Julia Adler-Milstein: Yes. Yes. And if we represent timeline as sort of the strongest form of it but I think thinking about what is the interdependent be. You know, I mean, maybe, you know, I'm aware of my thinking on this which is that, you know, is it useful to measure the downstream measures when we know we're not performing well in the upstream measure.

I mean, it's almost saying like what is the point of measuring something downstream if we know we're not doing the upstream pieces because there's no way you could impact that downstream piece. I actually it invokes the conversation we just had where there's so many things that could have backed some of these outcome measures and process measures.

And in some ways we will have more confidence that interoperability as the contributor if we know that the availability and the usability measures are scoring well or that they trend together or seeing improvements in usability that then, you know, are tied to then measures and improvements of processes.

And so, you know, to my mind, one way to solve the problem is to say that when we're putting towards this measurement framework, we're recommending that these measures be tracked together and that, you know, you don't measure the downstream ones until you measure them towards well on the upstream ones.

Jason Buckner: So, Julia, this is Jason. So that gives us a little bit of priority. Here's my question which I can truly understand the relevancy and the importance I think to what you're stating is these were actually defined measures.

But these are concepts, these are not measures yet. So how these would be defined in terms of enumerator/denominator exclusion exemptions and what that would be reflective of has not been done yet. What they are are overarching concepts that can be developed into measures that may reflect, you know upstream or downstream areas. So...

Julia Adler-Milstein: I guess -- yes, it's OK. That really makes sense. I think the issue is that some of the concepts invoke the upstream and downstream and others don't and I don't think that that reflects systematic thinking where the concept should reflect upstream and downstream and where they should -- I just think the group went into it.

Some of them recognized this and some of them didn't. From a not comfortable moving forward concept, some of which invoked the dependency and some of which don't.

Jason Buckner: So what would be your recommendation for us to sort of rectify this in way in which there would be some comfort?

Julia Adler-Milstein: So I personally would think the easiest is to not -- to remove -- to sort of have each concept like standalone in its section and not refer to, you know, when information is acceptable or when it is usable than the downstream piece.

And then add some tax that sort of exclusively addresses that upstream and downstream issue and they -- as this concept got turned into measures that, you know, they -- so there will need to be explicit thinking about how they

relate to each other because they do have this conceptual relationship to each other. I think that's the easiest and given where we are in the process, that's the best way to deal with it.

Jason Buckner: OK.

Julia Adler-Milstein: So maybe I just solve my own problem.

Jason Buckner: Well, it's certainly...

(Multiple Speakers)

Julia Adler-Milstein: ...because a lot of this dependence came up in domains that I wasn't directly involved with so I guess I'm just less comfortable, you know, saying because those explicitly invokes that interdependency in their measure concepts. So that's why I just thought it was worth discussing because that's like a big change to the way they were thinking about their concept and I thought that was worth discussing.

Jason Buckner: Right. And I see some point -- looking at this now with your explanation, I can see where some words that I think could be done. So, make that a little bit broad.

Mark Frisse: This is Mark. At some point, do people think that that notion of interoperability is more like the health information exchange as a verb. In other words, just the characteristics of things that is highly dependent on what you're trying to do with it and it's -- there's a limit to what you can't really get passed some of the core requirements to get to detail without specific instances.

But maybe I'm just getting bogged down the other way because I think that's just another way of looking at what Julia said which is very true, it's all interdependent and all the stuff is complicated but it all just depends on what job you're trying to do.

Jason Buckner: Right, Mark.

Mark Frisse: It's that like pneumococcal pneumonia, the ED, you know, you know, it's....

Jason Buckner: Right. Right. Right. And I think we all -- we're all a lot clearer I think about how to move forward than we were two days ago -- three days ago. But, you know, Mark, I clearly understand and it sort of gets back, you know, how these concepts would be derived into measures and I think that's just sort of the unknown variable at the moment that, you know, we can sort of guess as to how some of these could be turn into measures but there's really no way of knowing until something actually occurs.

So I think it's probably important to make the concepts read in a way where, you know, you can sort of understand what's the interdependences are but that they are somewhat broad enough to allow for a number of interpretations about how they could be defined into measures largely based on what the overall objective as you say it is.

We certainly would want -- would not want to confine a concept to only one way of measurements and to serve only one purpose that would really mitigate the entire intent of a framework. So I think having Julia sort of explain that now I think we're seeing where we can make a few changes that would really hopefully reflects that and then we can see what the public does.

Mark Frisse: I agree. You've got that right.

William Rich: Sounds good.

Rainu Kaushal: OK. Are there concepts or comments about this? OK. The last question on this slide is do we have language to the framework as the measure can be fully derived from existing data is worth the extra data collection or is best to address through targeted research project thereby not impacting all providers?

Hans Buitendijk: I think this is a comment that goes back to the area of discussion that we have on the clarification of how do you measure the impact of interoperability on certain measures and particularly if that's in order to understand what the contribution of interoperabilities versus other factors that may have improved on that measure, what is needed to identify and understand that.

So that's why this question is -- goes back to that part where if the intent is to collect the measure on an ongoing basis, there should not be much of any extra data collection because there's already a lot of data collection going on by clinicians provide us otherwise. If on the other hand it's a good measure and it's worth the research to understand that by all means go for it.

William Rich: Regarding those comments, you know, there are going to be more measures or perhaps measures given high priorities whether or not standardized data is there. So to measure doesn't make sense and I don't think it's work the extra data collection up front if the data is not there.

So, I think it was Hans and it's probably -- some of them are -- some measures you can calculate additional data without any extra work. There will be newer measures or even some excellent measures especially on the outcome side where there's variability.

But I don't think anything is worth the extra data collection right now until this is flushed out and this is something that all registries are struggling with trying to get data that's not structured, not in the EHR going directly to the EHR, the clinical record and extracting it or having it sent in a file format. But this is a complex -- this is actually a very complex concept.

Hans Buitendijk: I think as part of, Jason, what you indicated earlier to have some clarifying text to make that a little bit tighter, this would be one aspect of it there is that not that we say exclusively, there needs to be opportunity to explore variety of different things.

But certainly that those measures are clear that can clearly be attributed to interoperability and where no extra data collection is required would be prevalent and preferred rather than measures that one has to dig deeper in order to identify how much that interoperability contributes and require and will be better suited in a research target study setting rather than widespread collection of additional data. So I think that's part of that is that can be woven in as a cautionary mark but not as a precluding mark might be helpful.

William Rich: This is exactly the complexity of the issues we're trying to address because there are some measures where the data is there and the collection of the data

hence create variability among EHRs and there are other measures especially in the outcome side to get patient reported outcomes where the data is not there in the structured form and that requires further research and definition terms. But it's a thing that I think that some language could be put in there as suggested by Hans that would help clarify it.

Jason Buckner: Absolutely. OK. I think we're ready to go on to the next slide.

Rainu Kaushal: The next question has to do with the testing measures. Should we incorporate already existing interoperability measures such as that they come through the convened interoperability community of (access)?

Mark Savage: Just -- this is Mark with the -- just the opening question. Did -- I'm not sure where this came from. I don't recall in any of the comments and I -- but it occurs to me given your earlier comment, Jason, whether we even have time to consider something like this.

Julia Adler-Milstein: So it came from Steve, this is Julia, and it just had felt -- so (once they convene this) interoperability to a new practice and one of the focus efforts of the group was sort of let's compile all of the measures that are sort of currently being collected by one or more folks.

And I guess as I looked through the list of contacts and example measures, I felt like there are a lot more that are out there that are useful to include as examples. So I don't think it changes the concept but I think as we get into some of the example measures, you know, the more that we can include, you know, the better.

So, I mean, again, you know, we want it to be filtered through what the group things makes sense. But there's some good measures in there that never made it into our efforts because we didn't have a huge amount of time, right, to actually get to the measures themselves. So I think personally I think it is worth going through and seeing whether there's some measures that our group missed that would be good to add.

Rainu Kaushal: Which I think it gets back to the same question. So, Jason, you may have been starting to response. I will throw it back to you about whether you think that's in scope or out of scope for today.

Jason Buckner: I think what we can do -- I think we thought about this when we got the comment. I think we might be able to go through it and just see if there's some that we can pull out to put in Appendix D as example about the concepts.

And then I think if we can arrive some language where we embed the link to these measures for readers to go to while they're reading the report and then they can see, you know, existing measures of interoperability and we can ask some context about how this is, you know, generally how measures can be form from concepts, some of which we've included in the appendix but a more complete list is found here and this serves as a reference for future development guidance. Does that seem OK, Julia?

Julia Adler-Milstein: Yes. Absolutely. Just given that the work that was done I think however we can leverage it sounds great and your proposal works well.

Jason Buckner: Right. OK. So I think we can go now to the next slide which is on domains and guiding principles because we know what we'll do is the community practice measures.

Rainu Kaushal: So the first question here is what could be added to the actual analysis and development as the domain if anything?

Jason Buckner: I mean, we did get a little -- some comments, you know, brief ones more wordsmithing and editing which we have incorporated. So it might be worth to sort of leave what we have unless there's somebody who feels really strongly about this and then when it's released, you can see if we have, you know, sufficiently added that analysis or whether there's more that we need to do.

Rainu Kaushal: Yes. I think this -- there's a - there suggestive comments and perhaps a sentiment that this was fairly complete. Any other thoughts -- OK. So the definition of what is electronically exchanged also include language in the

report of currently acceptable mean? Do we want to define the methods by which things are electronically exchanged, are we fine with just using the word electronically exchanged or the phrase electronically exchanged?

Hans Buitendijk: This is Hans. I think I have two comments to be made here. One is that I will be very careful and cautious at this point in time to be more specific than what we are so that we just keep it at generally exchange, et cetera rather than going if it's not done through direct, it's not appropriate or if it's done through direct, it is appropriate.

I think we have to be very -- and this is just one example. I think that, you know, we have to be cautious about that because that may change over time. What is an agreed systemic today might have a successful systemic tomorrow that improves what we're doing and we don't what it is.

So I think we just want to be cautious that we don't tie some of these documents to any method. Let that be an evolving topic through own certification, interoperability standing advisory or whatever the means is going to be as we move forward. I would not put it in here.

What I would consider though is that the word exchange has a particular meaning as I highlighted over here as well that we may want to at least in the beginning or as part of this subdomain methods of exchange perhaps include the word access in there as well.

So that we don't accidentally limit ourselves to data moving versus just using a web service or some other method of getting to the data that achieves the things that we're trying to achieve. So that would be perhaps a suggestion we could look into but not reference any stands in particular.

Male: I totally agree with that.

Rainu Kaushal: I do, too.

Jason Buckner: We do as well and we...

Male: I do.

Rainu Kaushal: Consensus.

Jason Buckner: Perfect.

Rainu Kaushal : OK. And the last question on this slide, is there anything else that should be added to the measure framework document before public comment?

Hans Buitendijk: I thought that just as a general note that in the beginning of the discussions, I was trying to figure out, OK, how does this going to come together. But I must say is that considering where we're, yes, we're having some discussion on a day to day but the framework, the domains, the subdomain examples I think did a very nice job in pulling us together to come up with this.

So I'm very comfortable with this going out for public comment and see what happens. But, you know, I feel very comfortable about what we achieved here.

William Rich: I'm very comfortable, too. This is incredibly complex, lots of moving pieces and I think we -- and I have to thank the staff and Jason, all of you for helping us through this because halfway through, I didn't think we're going to get where we are. So I think it's time to have a public comment, too.

Mark Savage: So this is Mark Savage. I think...

Jason Buckner: So this is Jason -- this is Jason. You aren't the only one who felt that way. So thank you to all of you for your dedication and willingness and reviewing and the numerous homework assignments that we forced you to do.

It was a lot of work on your part as an active committee and, Bill, I know you've been on many committees before. So this is way more work than you may have seen in other ones.

So we're grateful for all of your participation. We also had our concerns in the beginning but it has really come out well and it's really reflective of so many different viewpoints. It will be interesting to see what the comments are going to be.

(Multiple Speakers)

Julia Adler-Milstein: ...how you, I mean, I don't know how many people sent feedback but, you know, were you able to sort of incorporate -- I know we had met the big issues here but some of the smaller -- and there was something and I got like needed to do move around. Were you able to sort of, you know, compile and address all of the individual smaller comments?

Jason Buckner: Yes, we were.

Julia Adler-Milstein: OK. Sounds great. Perfect.

Jason Buckner: And we're going to go through it again where I'm going to tomorrow and do a couple of hard edits to make sure that it's fundamentally found and then align it with the notes we have today before it goes for editing and review to get it ready for Thursday's release, right, it goes on Thursday.

Rainu Kaushal: Next Thursday.

Jason Buckner: Next Thursday. Right. June 1st.

Mark Savage: You got some extra time, Jason.

Jason Buckner: Thank you, Mark. I appreciated that. Just fill it out for...

(Multiple Speakers)

Jason Buckner: Great. We'll give out all of this.

William Rich: Are we on the last slide for featuring interoperability?

Rainu Kaushal: Yes. Jason wants to know whether some other scopes in the interoperability that could be adjusted in the future and are you in in terms of how things exist.

William Rich: Because we have a rate to fill.

Jason Buckner: I mean, I know one of the things that we sort of talked about internally here which will have additional conversations with (Vaishali) and others later. You know, a lot of these projects sort of in with the creation of the framework

and, you know, given ONC's desire and all of their efforts to really move interoperability through not just the roadmap but also through the ONC playbook.

And through a variety of other efforts and grants they've given out over the years, it may be worth presuming about how the framework could actually be applied and to sort of deliver and create a blueprint on, you know, what to do or how to follow the creation of turning this in these concepts and to potential measures without actually getting in the how you develop, but to sort of basic principles and guidelines based on the experiences of what so many organizations and entities are doing, including a lot of the ones that you all worked with. So that's something that we might cover in the future.

William Rich: I think this last slide is the probably the most important thing that we've seen all day and our discussions have made all of us aware of the complexity, the needs, the operational aspects of interoperability.

I know that we have had couple of hours of discussions of different approaches of interoperability, more of a bottom-up approach. So I think it puts this question out here along with the framework and I think we did get a lot of great ideas come back here.

Mark Frisse: I think with the overall background readings, the interesting thing will be the extent to which people identify one or two kind of base cases where this framework will really make a difference that kind of come back to that original motivating purpose.

Mark Savage: Jason, this is Mark. One of the things that strikes me and suddenly reflecting back on the interviews that you did and I'm wondering how this -- how some of the feedback from these interviews might be quite different a year from now.

I don't know what the timeframe is for you when you're talking -- when you used the word future but with the passage of time, some of those interviews might be markedly different.

Jason Buckner: I agree...

Mark Savage: In a good way.

Jason Buckner: I do agree and I think a lot of the subject matter that they were talking about in these interviews would be great case study about how, you know, what they're doing and then how the framework applies to those.

I think as, you know, those of you may remember that one of the last questions we have is how would deal about using this or how is this be used generally. And so there were variety of comments that really came back to how they would use it for their business and how they would use it to sort of move forward with what they were doing.

So again I think that's sort of what spun the idea that. you know, the -- another area to be exploring in the future is how you actually apply this because, right, Mark, a lot of these interviewees maybe doing things very differently as a result of the advancements and the interoperability we hope so and then there will obviously be a need to be measuring that to see how effective is this.

So I think that's a good point and again, you know, it moves forward with what we would like to do next with our obvious desire to continue working with you and renewing definitely whether you like it or not.

Mark Savage: Because we have more than a week.

Hans Buitendijk: Jason, this is from the next step, this is just before the document goes out last meeting. After the document goes out, comments come back, what's the process and what's the evolvement of this group in reviewing some of the feedback, how does that work this being from me at least the first time being involved in NQF project like this, how does that work?

Jason Buckner: Right. So the comment period will open -- do you want to answer this, Vanessa, or do you want me to do it?

Vanessa May: You can do it.

Jason Buckner: OK. All right. So the comment period will open. We will -- before we get to that point, we'll develop messaging that will also be sending to ONC, CMS,

and we'll be sending to all of you so that you can alert organizations that maybe interested in commenting.

We're very interested in any public comments because inevitably it makes the document that much stronger and usable and actionable. So after the comment period closes, we will then start examining the comments, categorizing them.

You know, there might be some that could be extraneous comments that usually is the case that we would have to address. But we would look at those that are relevant to the framework of which we expect there will be plenty.

And then the last webinar that we are completing in July, we will go over these comments with you all and get your guidance on how we would incorporate those into the document. It's our hope that we would get you a table of those comments ahead of time for you to look at and think through so that we can make the two hours as efficient as possible particularly if there are a number of comments.

And then I think once we have direction and guidance from you on these comments, we'll go ahead and incorporate those into the framework as appropriate and then it will go to final production and then it will be released.

Hans Buitendijk: Thank you.

Jason Buckner: Yes. Is that correct?

Vanessa May: Yes.

Mark Savage: Jason, did we cover everything you needed on slide 11 about the future interoperability?

Jason Buckner: Yes.

Mark Savage: OK.

Jason Buckner: I actually -- I actually think we have everything that we need based upon the comments that we received. So I think we're good to move forward.

Mark Savage: Anything anybody needs to just say now or should we -- before we go to public comment? No? So, Jason, you may want to move us to public comment then.

Vanessa May: Sure. Operator, can you open the line for public comment.

Operator: At this time, if you would like to make a public comment, please press star then the number one on your telephone keypad. Again, that's star one to make a public comment. And we have no public comments at this time.

Jason Buckner: OK.

Mark Savage: Vanessa, did you have anything to add about next steps?

Vanessa May: Actually no. I think Jason covered everything. Unless you guys have any more questions for us. I just wanted to know.

Mark Savage: We'll take the silence to be a no.

Vanessa May: OK.

Jason Buckner: All right. OK.

Vanessa May: Thank you.

Mark Savage: Thank you all very much. Thank you so much.

Jason Buckner: Yes. Thank you, guys. Have a great day.

Mark Savage: Bye.

Mark Savage: Bye.

Mark Savage: Bye.

END