NATIONAL QUALITY FORUM

Moderator: Interoperability Project
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OPERATOR: This is Conference #: 82728380.

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

Jason Goldwater: Good afternoon everyone. My name is Jason Goldwater. I'm the Senior Director here at the National Quality Forum. And I want to welcome all of you to the inter orientation call for the Interoperability Committee that will help NQF direct the interoperability project over the next year.

On behalf of NQF, we all want to thank you very much for your nominations and for agreeing to participate in this extremely important project over the next year. We are thankful and grateful to both your intelligence and expertise in this area and we look forward to working with you.

I do want to start off with a brief welcome and some introduction.

Next slide. To start of with the NQF project staff I'm Jason Goldwater. I'm the Senior Director here at NQF and I'm overseeing the Interoperability Project. Poonam?

Poonam Bal: Yes. My name is Poonam Bal, I'm the Senior Project Manager on this project. I have worked on – been here for about three years and I'm looking forward to working with everyone on this one.

Hiral Dudhwala: Hi, my name is Hiral Dudhwala, I'm the Project Manager on this project and I have just recently started the team but I'm very much looking forward to it.

Vanessa Moy: Hello everyone. My name is Vanessa Moy, I'm a Project Analyst. I've also just recently started on the team and I look forward to working with you all. Thanks.

Jason Goldwater: Next slide. So what we're going to do now is to do a brief roll call of everyone that is on the webinar and to just get a brief introduction. All of you probably know each other but we do want to make sure that everyone knows who's on the panel and has some basic understanding of everyone. So Vanessa is going to call out your name, when she does if you could just briefly introduce yourself and very briefly talk about your experience and expertise in interoperability. Vanessa?

Vanessa Moy: OK, hello everyone. Please forgive me if I pronounce your name incorrectly. I'll start out with Co-Chair. Is Rainu Kaushal here? OK, how about Mark Savage?

Mark Savage: Yes, I'm here, thank you very much. I'm the Director of the Health I.T. Policy and Programs team at the National Partnership for Women and Families. And we have worked long and hard on interoperability issues, including interoperability with patients and consumers as part of patient-centered care. I'm very much looking forward to working with everybody. Thanks.

Vanessa Moy: Thank you. How about Julia Adler-Milstein?

Julia Adler-Milstein: Yes I'm here. I'm as associate professor at University of Michigan. A lot of my research has focused on interoperability measurement, trying to understand the impact on cost and quality outcome, as well as thinking about some of the financial and market and organizational barriers.

Vanessa Moy: OK. JohnMarc Alban? How about A. John Blair?

A. John Blair: Yes, this is John Blair. I'm the CEO of MedAllies. We are a health information technology company. We, one, operate a national Direct Network that has now about 60,000 providers on the network, 6,000

organizations. And we have leveraged Direct pretty extensively in our work with CPC where the New York faculty of the CPC region. And have done a bit work on interoperability and care coordination.

We also maintain about 2,500 providers on electronic health records and have about 10 years of experience with implementation and maximizing the usage of electronic health records, particularly around interoperability.

Vanessa Moy: Thank you. Is Chris Boone here?

Chris Boone: Yes, I'm here. How are you? How are you, Jason?

Jason Goldwater: Good, how are you?

Chris Boone: I'm doing great, man. My name is Chris Boone, I am the Vice President for Real World Informatics and Avalere Health. Most recently I was the CEO of the Health Data Consortium. I'll also moonlight as a health informatics professor at University of Cincinnati. But my interest and passion have always been around the use of open data, and I actually began my career implementing AHR platforms through the API in a hospital environment. So I'm pretty excited to be on the committee and I think we'll do some great work.

Vanessa Moy: OK, thank you. Is Jasor Backner here? OK, how about Hans Buitendijk?

Hans Buitendijk: Hello my name is Hans Buitendijk, I'm a Senior Strategist with Cerner, prior to that Siemens, prior that chaired Medical Systems. So I've been in the field for a little while focusing a lot on interoperability, development and deployment of standards. Cerner has various interoperability capabilities. My focus is in that transition between developing standards, identifying the needs and deploying them wherever possible.

Vanessa Moy: OK. How about Kimberly Chaundly? Do we have Sarah Dinwiddie?

Sarah Dinwiddie: Yes, I'm here, hi. I'm Sarah Dinwiddie. I'm from American College of Physicians. I'm the staff person for our performance measurement committee.

And I also work closely with the staff for our medical informatics committee and I'm a practicing nurse.

Vanessa Moy: Thank you. How about Mark Frisse? OK, how about David Hirschorn?

David Hirschorn: Yes, this is David Hirschorn. I am a radiologist. I am representing both Northwell Health which is for the past 10 years or more known as North Shore-LIJ system in New York. It's New York's largest private employer in the state that is. Comes about 20 hospitals, I'm a radiologist. And I'm also representing New York College of Radiology, and I am the Chief of Imaging Informatics for the Health Systems of about 20 hospitals.

And in charge of strategic planning and operations, but I'm also a computer programmer and actually write – have written and continued sometimes to write code both PHP, JavaScript or (VB script). Filling the gap of interoperability among our systems where no vendor solutions exist or no standards implemented yet. So, I fight that battle throughout the years and I'm glad to be part of this committee to throw in my experience on where things get missed.

Vanessa Moy: Thank you. Is David Kaelber here?

David Kaelber: This is David Kaelber, I'm a practicing internist and pediatrician and the Chief Medical Informatics officer of the MetroHealth System which is affiliated with Case Western Reserve University. One of the constituents is I'm representing here the safety net hospitals because we're a safety net hospital. As the Chief Medical Informatics officer of the MetroHealth System, I'm the executive responsible for all of our health information activities, including we've very big with our – or an Epic shops are very big with our Epic health information exchange. We exchange about a million documents per year now.

We're also an early adapter of health information exchange with the V.A., Health Security Administration and now with care equality. I'm also on the Epic corporations governing council for health information exchange to sort of help set the strategy and prioritization, you know, for our vendor, electronic health record. I'm also responsible for all of our personal health record

activity. So, as other people sort of alluded to the overlap between personal health record and the health information exchange, and I'm a professor of internal medicine pediatric, epidemiology and biostatics at Case Western Reserve University.

Vanessa Moy: OK, thank you. Is Terry Ketchersid here? OK. We know the next person. John Loonsk has some audio issues going on, is it OK for you to talk right now currently? OK still probably going on still. The next person is Terrence O'Malley, is he here?

Terrence O'Malley: Hi. Yes, this is Terrence O'Malley. I'm an internist and geriatrician in practice. Is formerly the medical director for Non-Acute Care Services Department Health Care in Boston where one of my roles was to integrate a widespread post-acute network with acute care and enhance the communication among all the party. I've also worked extensively with ONC in the S&I framework, developing the standards for transitions of care and longitudinal coordination of care. And the latest project is eLTSS, Electronic Long Term Services and Support care plan.

I've sort of been in the area of post-acute care, defining data sets and then applying the standards to move the information where it needs to go. I'm looking forward to this. Thank you.

Vanessa Moy: Thank you. Is Frank Opelka here? OK, how about William Rich?

William Rich: Yes, my name is Bill Rich. I'm a former head of the Health Professionals of NQF and currently chair the executive committee of the IRIS registry. We have 11,800 docs. Over 32 million patients and 120 million visits integrated with 43 different EHRs so I understand the issues of exchange of data and interoperability. And I appreciate the opportunity to participate in this panel. Thank you.

Vanessa Moy: Thank you. How about Robert Rosati?

Robert Rosati: Hi. This is Bob Rosati. I am the Chair of the Connected Health Institute and Vice President of Data, Research and Quality at the Visiting Nurse Association Health Group of New Jersey. We are a provider of both home

care and hospice as well as primary care, we have a visiting physician and we run four primary care health centers throughout the state.

So my experience really with interoperability has been focused on post-acute care and really understanding what is relevant to communication across providers from, let's hospitals to home health, and also in terms of what's meaningful when you look at the communication back of information from the post-acute setting to the acute setting. So I'm, you know, hoping through this process we can definitely bring more attention to what's necessary in the post-acute setting.

Vanessa Moy: OK. How about Robert Rudin?

Robert Rudin: Hi this is Bob Rudin I'm an Information Scientist at the RAND Corporation and I've done research on interoperability and health data exchange. Some qualitative research of barriers to information exchange, patient visit patterns and a systematic review of HIE.

Vanessa Moy: Thanks you. Is Theresa Settergren here?

Theresa Settergren: Hi. This is Thes Settergren, I answer better to Thes, thank you. I am the Director of Nursing Informatics at Cedar-Sinai Health System. And I'm interest is interoperability of nursing and interprofessional team EHR data for continual use. So, from point of care driving decision support to care coordination across the continuum and also including secondary use, quality e-measures, multi-center research projects and so on.

And I'm the co-leader of national nursing work group that is encoding EHR data to feed fire profiles among other sorts of projects that we're doing as part of the nursing knowledge big data science initiative that is a national initiative. And I really appreciate the opportunity to participate. Thank you.

Vanessa Moy: Thank you. Is Jason Shapiro here?

Jason Shapiro: Yes. This is Jason Shapiro. I'm a professor of emergency medicine at Mount Sinai Medical Center in New York and Co-Director of our Master of Science in Biomedical Informatics. And I'm an informatics researcher and have been

investigating health information exchange and interoperability for about 10 years. My current focus is really in secondary use of HIE data for HIE-wide quality measurement and also the use of clinical even notifications or alerts, leveraging the HIE data for a supporting care coordination.

Vanessa Moy: OK. How about Bruce Sigsbee?

Bruce Sigsbee: All right, yes, so good afternoon. I'm a practicing neurologist but also the most relevant experience is I chair the committee that oversees the implementation and operation of a clinical quality data registry. And EHR has provide a great opportunity to capture data that is sufficient and really does not add a burden to medical practice, and also comprehensive, but there are issues in terms of interoperability and we really confronted that to multiple different systems that we're trying to integrate.

Vanessa Moy: Thank you. How about Alan Swenson?

Alan Swenson: Yes, thanks. This is Alan Swenson. I'm from Epic. I support our application for interoperability, cross organization, record exchange in particular Care Everywhere is the application. I work with a lot of our organizations around the country and also do a lot of our coordination with other industry initiative such as eHealth Exchange, care equality and things like that.

So, a lot of my interest in this panel is, you know, improving interoperability. I think there's a lot of other industry initiatives that are, you know, making interoperability happen and seeing where we can improve on that. But also how can we make that information that is being share more usable, more actionable, more measurable for the impact on patient care.

Michele Vallone: OK, thank you. How about Steven Waldren?

Steven Waldren: Hello I'm a Family Physician Informaticist, I work for the American Academy of Family Physicians, direct their activities around health I.T., doing a lot of policy work and physician adoption. But also doing standards development work on interoperability. Was part of the team working on CCR, CCD, C32, (HITSP), S&I framework direct activities. I'm happy to be here.

Vanessa Moy: Thank you. How about Mariann Yeager?

Mariann Yeager: Good afternoon, everybody. I am the CEO of the Sequoia Project. And we are a non-profit public-private collaborative which basically means that we bring together different stakeholders across industry and government to focus on how to solve challenges to interoperability. We also support several independently governed interoperability initiative. It's been mentioned a couple of times here, one is the eHealth exchange which started as an (ONC) initiative relative to the nationwide health information network.

And we assumed stewardship of that in 2012 and then we brought forward with a group of stakeholders a new initiative called Care Equality, which through public-private consensus process developed a policy and governance and interoperability framework to enable data sharing across networks. And we're just really delighted to be here and to be part of this discussion.

Jason Goldwater: OK, thank you all very much.

(Crosstalk)

Poonam Bal: Sorry, can you – one second. We have a couple of people joined on the webinar. We just want to make sure that they now do have open lines.

Jason Goldwater: OK.

Poonam Bal: So give us one second.

Vanessa Moy: And I believe we missed a few. Is Jason Bucker here?

Jason Bucker: Yes. This is Jason Bucker, thank you. So I'm the Senior Vice President for Informatics at the Health Collaborative based in Cincinnati, Ohio. So we run HealthBridge health information exchange, one of the longest standing HIEs in the country, moving lots and lots of clinical data. And also run a regional health improvement collaborative focusing on efforts such as CPC and working with CPC+ in the future as well. So, interoperability at the ground level, which is often fun.

Vanessa Moy: Thank you. I believe Mark Frisse is on the line? OK. How about Frank Opelka?

Frank Opelka: Yes, can you hear me?

Vanessa Moy: Yes.

Jason Goldwater: Yes.

Frank Opelka: I'm sorry you couldn't hear me before. Frank Opelka, I'm the Medical Director for Quality and Health Policy at the American College of Surgeons. I'm retired from active practices in surgery after 30 years. Related to this particular project, I come from an institution where safety net hospital, we build a cloud app environment across 10 cities with multiple EHRs to have our own internal interoperability if you will. But currently the three major projects that we're working on, we've established the Health Services Platform Consortium with Intermountain and others to build out using the (SIMI) reference model to build out logic models for interoperability solutions.

And in fact that group just spent the last three days building out new models in New Orleans. That group, the platform consortium is hosting an app store for all those who use the common standards and meet standard conformity. And they've also now moved into a new initiative which I'm leading, taking the national quality registry network and the three large registry vendors (Big MV), (CECD) and Quintiles, and bringing them together to work with (HSPCE), to create common data elements in the registry environment upon which we can then build the project models that need to be in the platform consortium. Thank you.

Vanessa Moy: Thank you. Is there anyone else on the line that we may have missed and would like to introduce themselves?

Mark Frisse: Mark Frisse is on, can you hear me?

Michele Vallone: Yes.

Jason Goldwater: Yes.

Mark Frisse: OK. Yes, my name is Mark Frisse and I've been in this business for about 12 years. I've worked with many of you, I'm a professor at Vanderbilt University. Thanks.

Vanessa Moy: Is there anyone else on the line that we may have missed? OK perfect. So, if you are on the webinar and for whatever reason you have difficulty asking questions or speaking up you can feel free to chat us as many of you have and we'll make sure to catch your questions that way. So, if you're having difficulties, don't worry about it, we'll do our best to make sure that we'll get your questions answered. And with that, I'll give it back to Jason.

Jason Goldwater: Thank you. And next slide Vanessa. OK. So again, thank you all very much for your introduction. Again, we're thrilled to have you all involved and very much looking forward to working with you over the next few months on this project.

What we'd like to do today apart from welcome and introductions is to do a brief overview of NQF, I realize there's a number of you that are on panel that are very familiar with our committee as you've served on a number of them. So I apologize for some of the repetition. But there are individuals here in which this is their first committee that they've participated on and in some cases their first exposure to NQF so we do want to give a relatively brief introduction to the organization and what it does.

We will talk about the role of the committee, the Co-Chairs as well as the NQF staff. We have already begun the environmental scan which is the first part of this project and a significant component of it. We'll talk about methodology and what we've done to date. We'll talk about the project objectives and the project timeline, and then briefly talk about next step.

So with that, the next slide. All right, so I'm going to turn it over to Poonam who will do an overview of NQF.

Poonam Bal: All right. So the National Quality Forum or NQF, we do like to think that we are pretty unique in the health care spectrum. We established in 1989 and we are a non-profit, non-partisan membership-based organization. Our goal is to bring together public and private sector stakeholders to reach consensus on

health performance measurement. That does not have to – people with – it doesn't always have to necessarily happen to measures like for example with this project, we're really be focusing more on measurement and how we can improve it and make it more efficient.

The goal is to really make health care in the U.S. better, safe and more affordable. And to do that our mission is to really lead national collaboration to improve health and health care quality through measurement. We hope to do this by being an essential forum, setting a gold standard for quality measurement and really being a leader in health care quality.

Next slide please. So, here you can see our mission and also a little bit of how we're built. We do have our board of directors who are actually meeting today and tomorrow. We have a steering committee, standing committee, expert panels. It's really not limited to just committee, this will be a committee but we do have other groups that really focus on, you know, measures and what we can do to make measurement better.

We also have membership councils, so we a membership-based organization. Those entities are divided into councils and based on their stakeholder group. Some of our more well-known work is the measure application partnership or MAP. That season is about to start soon, any of you who are involved in that I'm sure you're ready for the measure and the consideration or the mock list to come out.

We also have what we used to call the National Priorities Partnership. We've recently shifted over into a much broader realm on that. It's now called the National Quality Partnership, and it's a part of a much larger umbrella which is the quality initiative, some of their work there that Jason, you maybe familiar with because Jason also worked on Incubator. And then of course we do have our other groups that review things to (CSAC).

So we do really try to be a standard-setting organization and be a convener, you know, with (Bio 3). With that the goal is really to build consensus, make sure all of stakeholders do get their voice heard. And to endorse national

consensus standards but also as educate and do outreach to be an advocate for, you know, better care.

OK. So I've gone a little bit into the details of our different measurement area. So, you know, one of the most popular is obviously performance measure endorsement, we have 600 plus NQF endorsed measures across multiple clinical areas and crosscutting areas. Currently we've had 11 (battle) standing expert committees. For those who are not familiar with NQF, a standing committee is someone that's (continuous).

So, for interoperability, we will be a committee for a short period of time and that will be really the end of your service. However of the CDP side or the Consensus Development Process, we do have committee that are ongoing and half of which their terms do expire and then we get new people on the committee. But they're continuously working to make sure that we have the proper measure in the field.

I've already spoken about the measure application partnership, which is really focusing on advising (Intercept), on selecting measures for, you know, 20 plus federal programs Medicaid and the health exchanges. So that's really the goal there. The National Quality Partners that I mentioned, their goal is to really focus on critical health and health care topics, and peer action on patient safety (early) deliverables in many other issues.

On the last section that we've, you know, really more been building this section, which is a measurement science. It's to convey private and public sector leaders to reach consensus on complex issues such interoperability and performance measure – I'm sorry health care performance measurement. And so, this is really where our work falls into for this project.

Next please. So speaking about your work. So as a committee you're really serving as experts working with NQF staff to achieve the goal of the project. As a reminder you are not sitting as a representative of your organization you are representing yourself as a subject matter expert in bringing that knowledge to the table. And we hope that we can work together to really achieve the goals of this project, which we will talk about in a bit.

It's also to be prepared for meetings and be ready to participate. So we're viewing meeting materials, participating in meetings, speaking up when you have a concern or a question.

Our Co-Chairs will be very helpful in helping us facilitate these committee meetings. They will really take that role on making sure that we stay on track, we move the meeting along and also make sure that everyone is being heard and that no voice is being overtaken by somebody else.

But of course they'll still participate as committee members, being a Co-Chair does not exclude you from participating and bringing your voice forward. They will also represent the committee at CSAC meeting, which is the Consensus Standards Approval Committee. They will work with the staff to present the findings of this committee to make sure that we're showing the right point of view.

As I mentioned they'll committee on track, they'll assist NQF anticipating questions and identifying additional information with the committee. So, this is a very conceptual project, we'll be leaning on the Co-Chairs to make sure that we are on the right track when we bring items to the committee that, you know, aligns with what's been said previously.

Next slide please. And with that I'll give it to Hiral to talk more about what staff will be doing.

Hiral Dudhwala: Sure. So, for our role as NQF project team staff, we really want to work with this committee to achieve project goals. And this would include making sure that, you know, we have organized and set – organize and set meetings and conference calls. We also want to work to guide the committee to build a consensus.

We want to come out and ensure communication among all of our participants, committee and staff. As well facilitate any necessary communication and collaborations between the different NQF projects as well as any external stakeholders. We will be here to assist with any public queries about the project, to the NQF number as well as the committee members. We

will maintain documentation of all the project activities. We will be working on drafting and editing reports and project materials which will be part of the final deliverables related to the project work, and finally making sure that, that our final project report gets published.

Next slide. In addition, you know, we do work and include the NQF member and the public at large, so some of the role that they will be engaged in is reviewing the draft report and providing feedback to NQF and the committee, including during the public comment period and participating in web meetings and in-person meeting during opportunities for public comment as well.

Next slide.

Jason Goldwater: OK. So I will – thank you, Hiral. I'll talk about the environmental scan. This is one of the components of the project and a significant one, and it will be a report that we will be issuing for all of you to review. The environmental scan is to assist what the overall objective of the project is, which is to build a measurement framework to address the extent which interoperability is occurring and how it impacts key priorities and outcomes as well supporting and learning health system which is aligned with the objectives of the (ONC) interoperability roadmap.

The scan is to identify key drivers and concepts to measure interoperability across three very distinct objectives where the majority of providers secure continuum and individual can send, receive, find and use essential health information, to expand the settings across which interoperability interoperable health-related information should flow, which would include non-health care settings, EMS as well as public health, and then of course the way in which interoperability supports a learning health system.

Next slide. We did come up with four distinct research questions that we're going to be using, the environmental scan as well as the measurement framework to hopefully address, because in doing so we address the objectives of the project and we align with the objectives of the interoperability roadmap. It is to – how our measurement frameworks can be

developed that addresses populations and settings beyond just hospitals and physicians.

How can the framework we created that will develop new quality measures that evaluate the impact of interoperability, how can a framework be created that incorporates existing quality measures which we'll talk about in a second, which identify key processes and outcomes of interoperability in a logical unifying and strategic way. And what implementation strategy will provide system generated data to populate existing and new quality measures that can be enhanced through interoperable data exchange.

And this is significant in that, the overall goal is not simply to create a measurement framework but also to create a measurement framework that is actionable and that can be implemented upon completion. In that way we are then able to gather data and actually create and use measures to assess interoperability.

Next slide. So the first part of our environmental literature review, is we identify existing terms and issues applicable to interoperability through literature and facilitate what should be included in the measurement framework and how to clarify it through specific domains. Some of the information sources apart from a lot of peer reviewed literature are comments and ideas (innervated) by respondents to the (ONC RFI) upon potential measures of interoperability.

Federal reports from agencies and operating divisions such AHRQ, (ASPE) (ONC) that provide information on different facets of interoperability and its benefit within those health information organizations and health information exchanges. And then publish studies by researchers which there are a number who have examined the utilities and benefits of both Health I.T. and HIEs on (inaudible) care. The focus specifically will be on the use of interoperability and how it has affected clinical processes.

Next slide. Some of the domains of information that we're classifying the literature, again, our measures of interoperability beyond the health care continuum such as data push by systems of public health registries, electronic

organization reporting, et cetera. Interoperability enabled processes or what we would call interoperability sensitive outcomes which would include sources that talk about data integration across multiple sources, utility of the information exchange, readmission prevention, medication reconciliation, patient ease, mine data and so forth.

The third one is system generated reported data sources for interoperability measures. Those are much more specific about data that comes directly from a system-oriented source, such as electronic medication orders received or retrieved, private logs, lab results, (would need to receive), et cetera. And then finally, existing measures of interoperability or interoperability-sensitive outcomes such as emergency department visits, hospital readmissions, numbers of clinic visits, number of inpatient hospitalizations, et cetera.

Next slide. We will also be doing a round of (student forum) interview. This will supplement the information and data found within the literature review. We'll conduct a series of interview, the same information on details – and details on interoperability measurement and identify literature. We will be working with all of you to develop selection criteria for potential (Inaudible). And we will identify a list of candidates and use a semi-structured protocol to conduct an interview that will last no more than half an hour.

I do – before we go to the next slide sort of want to interject a bit and say we have started on this. So we have already identified well over 400 peer reviewed articles and reports already. We use a scoring rubric to determine which ones were the most applicable that would be helpful for the study as well as selling to those four domains I just went over. Those are the (scored) above a certain threshold are once we included, those that were below we excluded.

Out of these 400 plus, we have roughly about 160 that we've included to date, there will still be more literature review we will be doing, but we are already starting the track the articles that we have uncovered. And we're still looking federal course as well as the comments on the RFI. Once we get them with that we'll know what the gaps are and that is when we will start to prepare a list of key (inaudible).

Next slide. So, another significant part of this project is a review of existing quality metrics that are what we call interoperability sensitive. That is quality of care metric that is designed from reporting – designed for reporting from an EHR and could capture any potential assessment of EHR. We will utilize and established methodology that was actually created out of Cornell, Dr. Kaushal was part of that. That focused on the examination of ambulatory care quality metric sets that were sensitive to improvements in quality, facilitated by health care interoperability.

Electronic outcome process and structural measures will be chosen by multiple sources such as the (AHRQ) national database, the NQF Quality Positioning System, Specialty Society, et cetera. We have actually already pulled the initial set of measures and several other sources, we roughly have about – I want to say 600 plus measures that we'll then start applying from criteria to eliminate that and get down to a set that we'll then be discussing with you all.

So, once we have a set of measures that we are ready to move forward with, to talk about those that would existing and be included in a framework, the conceptual model for rating measures followed by NQF and the multi-stakeholder committee, all of you, we'll make the following assumptions. The data needed to fill the measure that we have uncovered resides outside the medical entity that's reporting it and that the entity has access to health information exchange and the data can be delivered electronically.

Two domains will be used to rate each interoperability metric that we uncover and one will be sensitivity, potential affect the EHR plus the use of health information from outside the EHR, and the suitability of that measure for electronic reporting given that it's a safety information and from other sources. This was the same methodology that were followed by Cornell, they just focused on the ambulatory, we will be doing ambulatory and inpatient and again we will not just be focusing on outcome measures, we'll also be focusing on process and thoughtful measures as well.

Once we have uncovered and gone through and have a metric set ready to look at, we will do an internal review at NQF with our clinical set which will be lead by Dr. Helen Burstin which I'm sure all of you know. As well many of our other doctors and nurses here that are on staff. They will give their internal rating and then we will turn it over to you and see what your rating is. And then we will compare the two and then from that our hope is that we will then get a metric that we can use as the existing measures that will be part of the framework. They'll be evaluated by NQF and they'll be evaluated by you.

Next slide.

Hiral Dudhwala: OK. So now I'll be talking about the projective objective and timeline. Just a little bit more about the project objective, we have five of them. The first one is to develop a measurement framework that adjusts the current gaps in interoperability measurement and their impacts on clinical outcomes and processes. And based upon our research – and identifying those gaps, we will identify key elements that compose the framework and could be leveraged for future measure development.

We'll also identify existing measures that's interoperability sensitive and could be enhanced through data from different multiple sources. Additionally we'll create and implement a strategy for the measurement framework that can be used by providers as well identify potential barriers and limitations to the development and implementation of this framework and help to overcome speed barriers and limitations.

A little bit about our project timeline. The first – next web meeting, the second one will be on January 4th from 1:00 to 3:00 next year. There's also a commenting period for the members and public comments from January 13th to February 13th. The third webinar meeting will be February 1st, 2017 from 1:00 to 3:00 p.m. Eastern time. The committee web meeting number four will be February 28th, 2017, 1:00 to 3:00 p.m. Eastern time.

There will be in-person meeting which will last two days. It will be March 21st to 22nd of 2017. There will also be committee web meeting number five which will be on April 5th, from 1:00 to 3:00 p.m. Committee web meeting

six is April 28th, from 1:00 to 3:00 p.m. as well. And committee web meeting number seven will be May 8th, from 1:00 to 3:00 p.m. eastern time. And committee web meeting number eight is May 23rd from 1:00 to 3:00 p.m.

And there will also be an NQF member and public comment period for number two which will be held on June 1st to 30th. And there will be a last committee web meeting, number nine, which will be held on July 28th. And our final report and conclusion of the project will be completed by September of next year.

And I'll bring this over to Jason. He'll talk about the next steps of the project.

Jason Goldwater: So the next steps, we would like to finalize the literature review which I said were right in the middle of doing. Begin (forming) interviews once we understand what those gaps are. And through the (importance would be), identify existing measures to consider for the framework, beginning to identify key elements for the measurement framework, as we stated ahead – for the framework is not to just existing measures but also to provide a foundation for developing future measures.

So we do want to make sure that apart from having measures that have already been established we want to have, you know, key elements that would be used to develop new measures that could be used to evaluate interoperability. And then we want to start, you know, early next year to start preparing for the in-person committee meeting in March because the objective of that meeting – by that point in time you will have already reviewed the environmental scan report and offered your comments.

So we will already have a set of existing measures for you to be reviewing and we will have identified through the literature review and (informant) interviews some themes that we believe it could be key elements in the measurement framework so we will discussing that with you as well. The overall objective of that two-day meeting is essentially to create the measurement framework and then come up with a plan that makes it actionable and implementable as soon as it's completed.

Next slide.

Vanessa Moy: One second.

Jason Goldwater: Sure.

Vanessa Moy: Now just to how to get a hold of us, you can e-mail us if you have any question at interoperability@qualityforum.org. Here's our phone number if you need to get a hold of us. And also we value transparency so if you would like to know an update of our projects that are ongoing, for interoperability you can click on the website that's provided on the slide.

And also there will be – you guys can – there will be an e-mail that was sent already by nomination about SharePoint where you can have access to it. There'll be log in information on how to access it. If you have not received that e-mail from nomination please let us know and we'll reach out to you on how to do that. Thank you.

Poonam Bal: And just clarification. The project page is the public-facing side of the interoperability project. So when we do comment – commenting, when we have these meetings, the agendas will be posted, that's really for the general public to keep them informed and make sure that they're aware when they can participate.

The SharePoint site will be really more of a working place for the committee. We'll be, you know, putting documents there for you to review and before they're to be shared with the public, making sure that we do get your edits and comments in before we state anything – (our) final product.

That's the two difference between items. So with that …

Jason Goldwater: All right, so before we turn it over to public comment does anyone have any questions on anything that we've (done)? None? Are you sure? OK. If there are no questions …

John Loonsk: Jason? Jason?

Jason Goldwater: Yes. Yes?

John Loonsk: I'm sorry I was on mute. This is John Loonsk. And I do have a question.

Jason Goldwater: Sure.

John Loonsk: Greetings. I'm sorry I wasn't able to introduce myself earlier but I'm enthusiastic about participating in this. And I have worked on interoperability issues for many decades at the CDC and then ONC and then now in the private sector where I work with CGI Federal.

I did have a question about scope and I wasn't sure that I gathered it from your slides, but in many interoperability discussions, incentives and disincentives, policies legal issues are part of the equation for advancing inoperability. And I just wanted to make sure that those were suitable areas for consideration as measures move forward as well.

Jason Goldwater: Yes, that's true, John, and yes they absolutely are. I mean we spoke about the environmental scan somewhat broadly, (largely) because of time constraints, but we really went into all the nuances and details. We would take up a lot of your time probably unnecessarily. So, I think your point is well raised. And yes the issues that you brought up are certainly ones that are being considered.

John Loonsk: Great. Thank you.

Jason Goldwater: And again, I think as we go forward, you know, as I – Hiral and Poonam were stressing, you know, we're looking for all of you for real guidance on this, you know, as we present measures and go through the numerous databases to collect this information. You know, as you have ideas and start to these I think there's things that we need to add or we need to delete, or things maybe we need to reconsider, I mean those are – the discussion we want to have with you.

You all are here because, you know, you're recognized subject matter experts in this field and have a very long history of knowledge and you cover a wide array of areas when it comes to interoperable systems and (data extract). So, you know, I think as we go forward on this, by all means please feel free to speak and say, you know, this is – we should think about doing this different,

we should go in a different direction, we should be adding these measures, we should be deleting these, we should consider these element.

I certainly don't want to give anyone the idea, despite the fact that, you know, my own background as – John as you know and several others on the call that, I've also been in this field for a long time and have certainly done this. But, you know, we're here to sort of facilitate the knowledge of the expert committee and create a measurement framework from them.

Frank Opelka: Jason?

Jason Goldwater: Yes?

Frank Opelka: This is Frank Opelka. So, just you made me think about – and going through the slide deck and the scope that's been out there. I was trying to get it clear in my head how broad or narrow the scope is. Interoperability in seems like from a clinician's perspective is a narrow scope. I'm looking at more than interoperability just from a clinician's perspective but from (workflow) perspective, from measurement perspective from patient needs, from other payer needs. So how big is the scope of trying to lay down a measured landscape for the degree of inoperability?

Jason Goldwater: So that's an excellent question. So the most immediate answer is we're not trying to boil the ocean to use an overstated cliché. But what we are trying to do is the first initial focus is to – it is more clinically (focused), which is to look at specific measures that already exist and their affect on outcomes. After that – in addition to that is then to look at important areas of interoperability that sort of – that align themselves with the roadmap.

So, you know, potential measures that examine ways of sending, finding, retrieving and using information, expanding the use for learning health system and the elements that are included in that, such as workflow and usability and other issues. I don't – and those are not measures that I think we have at the moment, but those are measures that could certainly be created as a result. And so, what we have to then look at is, what are some of the elements of the framework that expand the ability to develop measures of interoperability

beyond just those outcomes that are sensitive to it and focus on other areas that I think views as important.

Frank Opelka: Thank you.

Jason Goldwater: You're welcome sir.

Mark Savage: This is Mark Savage. Can I follow up on that question?

Jason Goldwater: Sure.

Mark Savage: Have you – you mentioned that somewhat this is sort of a – somewhat conceptual at this point. And I'm wondering whether you've sort of crosschecked it against various used cases just to make sure that the conceptual framework that we're going to start of with is fitting the various kinds of situations that will likely happen in real-life. I have in mind some work that I did on the HIT Policy Committee (intent) health models working group where we looked used cases, rated them across against different things.

And that process of looking at sort of particular items really helped us flesh out in advance whether our framework were or weren't responding (inaudible). So just wondered whether you had already done that work, whether that's something you expected us to be helping you with?

Jason Goldwater: So …

Mark Savage: Broad question.

Jason Goldwater: So Mark the answer is sort of both. We are in the process of doing that because we've uncovered, you know, literature and reports that talk about that. So we will be examining those to see the work that has been done and how we are aligning to that. I am almost positive we will not cover everything, so to that extent, if you have information that you'd like to send us, that you think would be helpful in that regard please do so. And you can send it directly to that interoperability@qualityforum.org link.

Mark Savage: OK.

Jason Goldwater: And, when we talk on the phone or through our web meeting and meet in person, we can also sort of talk about other reports or other frameworks that you may know of that maybe we have not examined to that point, to see – and then perhaps what changes we need to make in order to get an alignment if it's meeting the overall objectives of the project.

Mark Savage: OK, very good. And those used cases are – I'll send those to you to the broad group …

Jason Goldwater: That's great.

Marcel Salive: … connecting clinical setting with some of the other settings that are also important like patients and families and so forth.

Jason Goldwater: All right. That would be terrific, Mark, thank you. Any other question?

William Rich: Yes, this is Bill Rich. I'd like to flesh out somewhere Dr. Opelka and Mr. Savage's comments on scope of the initiative. Again, I speak as someone who runs a registry and deals with 43 different EHRs. And some of the issues are not technical informatics problems like interoperability. Complete missing data points for needed high-impact measures among different EHRs. We probably have more experience than anyone else dealing a large subset of large EMRs, small ones, specialty EHRs.

The second, what is the scope of perhaps business practices or intellectual property on the exchange of information? That's even a broader scope, has that been considered by the leadership of this group?

Jason Goldwater: So thank you, Bill, for those questions. And, you know, to answer the first one, we're certainly not just simply focusing on the technical aspect of interoperability. That is something that will certainly be included but that is by no means where we are limiting ourselves. To be honest, that's just a component of this, but the major emphasis is really again on the effective interoperability on processes, on outcomes on structure to the extent that that's possible.

And then other areas that, you know, you all feel are important to cover. And I do believe as we start to get to this level where we have created a subset of measures that we believe are interoperability sensitive and we have them reviewed by you all, you know, that's when we'll notice what data element are perhaps missing that could be provided by other sources enhance that overall measure are suitable for electronic reporting and create a better quality metric. So, I think as we do that analysis we'll get to that point that you're talking about which is understanding some of those data elements that maybe missing.

As for the second part, I think you raise a good point, it is not something to date that we have considered for this, to this extent. This is certainly something we can talk about with our government sponsor about whether that's something they would like to be included. But again, what I would remind everybody is that, you know, the project has to be completed by September of 2017. We're not going to get an extension on this. So – and there's a lot of reason as to why it has to be included – it has to completed by that point in time.

Because the necessity of having something that is implementable, and again, sort of aligning with the objectives of the interoperability framework that (ONC) developed. So, we can't take on I think every area of interoperability even though I realize there are a lot of them, simply because we just won't have the time to do it. The time that we have I think is enough to build a strong foundation of existing metrics, develop elements for news ones, talk about the new ones that need to be done. Sort of talk about on a broad sense some of the technical issues that may need to be dealt with in order for the measurement framework to be operationalized.

And then apart from that I'm not sure what else we might be able to do but it's certainly we can (write).

William Rich: Thank you. That's very helpful.

Jason Goldwater: You're very welcome sir. Any other question? OK, if there are no questions, Operator, can we open it up for public comments please?

Operator: Thank you. At this time if you have a comment please press star then the number on your telephone keypad. We'll pause for just a moment.

And there are no public comments at this time.

Jason Goldwater: Thank you, Operator. All right, well, I believe that is it for today. We thank you all very, very much for your participation. I know we all really feel here at NQF and I know our government partners feel the same way. We have an extremely strong committee, a real array of talent and intellectual knowledge about this particular topic. We really do look forward to working with you and leveraging that knowledge as best as we can to really create a framework that I think is going to be extremely helpful in really assessing where we are within interoperability and we can advance the field further.

And I think for all of us that have been working on this for a long time I think we would all agree this is sorely needed. So, we will keep all of you in touch with our activities, you're welcome to contact us whenever you need to and we will talk to you again in January. Thank you very much.

Male: Thank you.

Female: Thank you.

Male: Thank you.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

END