NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
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2:00 pm ET

Operator: Sub-conferencing is no longer active.

Madison Jung: Hi, everybody. Welcome to the Measure Feedback Loop Web Meeting 2.

To just get started with a few housekeeping items, as a reminder, committee members, please place yourselves on mute either using your handset or the function in the Web platform and to speak during the Web meeting, just unmute yourselves.

As a reminder, we, committee members, are the only members allowed to speak during this Web meeting and there will be a period of time for public participants to make their comments and we will note that during the Web meeting.

My name is Madison Jung. I'm the project manager for the Measure Feedback Loop project and I will just turn it over to our co-chairs, Eddie and Rose, for any opening remarks.

Rose Baez: Hi, everyone. Good afternoon. It's Rose. We're looking forward to another dynamic meeting. We appreciate all the dialog and discussions that occurred at the last meeting and we look forward to more.

Eddie Machado: And hi, good afternoon. This is Eddie Machado. Likewise, from what Rose said, I am very excited about this meeting and really interested to hear the group's thoughts on some of the work that's been done since our last meeting. You know, a lot of work still remains to be done but it'll be critical to get your thoughts on what the team at NQF has already done in terms of the environmental scan and some of the key informant interviews. Thanks.

Madison Jung: Great. So for today's Web meeting, our goal will be to provide an update, as Eddie and Rose mentioned, on the environmental scan and our findings to date. So to do that, we'll go through some slides, present our findings and what we found in the literature and then also just the great literature research and what's available on the website and then we will go into the second component of the environmental scan, reviewing the key informant interview results to date, then that will be followed by opportunity for public comment and next steps.

So, just as a reminder, this is the project staff slide. So we have Allen Frommelt, our Senior Director; Kate McQueston, Senior Project Manager; Jean-Luc Tilly, Senior Project Manager; myself, Madison Jung, Project Manager; and Navya Kumar, Project Analyst. So this is the NQF team that will be supporting the project.

Just another reminder, these are our federal liaisons in this project. It's funded by CMS. So we thank our CMS colleagues for anybody who's able to join us today. That is Maria Durham, Sophia Chan, (Patrick Wynn) and (Melissa Evans).

So before we get started today, we'll just go and conduct a quick roll call just to see who we have on the line.

So we know we have Rose and Eddie. Thank you for joining us today. I'll turn it over to Navya.

Navya Kumar: All right. Thank you, Madison. Constance Anderson?

Okay, Robert Centor?

Elvia Chavarria?

Elvia Chavarria: I'm here.

Navya Kumar: (Dan Colica)?

(Dan Colica): Here.

Navya Kumar: Melody Danko-Holsomback?

Melody Danko-Holsomback: Here.

Navya Kumar: Anne Deutsch?

Tricia Elliott?

Tricia Elliott: Here.

Navya Kumar: (Lee Pfizer)?

Mark Huang?

Joe Kunisch?

Joe Kunisch: Here.

Navya Kumar: Claire Noel Miller?

Claire Noel Miller: Here.

Navya Kumar: Ekta Punwani?

Ekta Punwani: Here.

Navya Kumar: (Karin Ruben)?

Beth Rubinstein?

Beth Rubinstein: Here.

Navya Kumar: Sue Sheridan?

Jill Shoemaker?

Jill Shoemaker: Here.

Navya Kumar: Heather Smith?

Heather Smith: Here.

Navya Kumar: Deborah Struth?

Deborah Struth: Here.

Navya Kumar: Sara Toomey?

Sara Toomey: Here.

Navya Kumar: Thank you. And I'll turn it back to…

Madison Jung: I see that Robert Centor has stayed on the line. So, Robert, we know you're here. We'll try and check out the ability to speak at the end of this. Or during the Webinar. But were there any participants that didn't get a chance to make themselves known.

((Crosstalk))

Madison Jung: I think I heard (Lee Pfizer). Is that you?

(Lee Pfizer): Yes, sorry.

Constance Anderson: And Connie Anderson.

Madison Jung: Connie Anderson, thank you. Anybody else?

Mark Huang: Mark Huang just joined.

Madison Jung: Great. Thank you.

Anybody else we missed during roll call?

I have (Karin Ruben)? Sue Sheridan?

Okay. Well, if you are dialed in to the Web platform but are trying to access it via the Internet and via the audio in your computer, we would recommend that you dial in using a phone. Great. Thank you, everybody, for joining us today.

Okay, before we dive in to our updates, we just want to give you a quick refresher on the project and its objectives. So the objectives for this Measure Feedback Loop Project are to understand the outcomes and the unintended consequences, if there are any, to a measure feedback loop, understand how measure is performed and used and what the possible issues or risks that are - that may be associated with measure implication to address whether the measure is having its intended effect on improving quality of care and healthcare benefits. So that is our objective for developing our measure feedback loop. And as you've seen on the Web, the slides, these are the working definitions that we have for a feedback loop and feedback. But I won't read them to you but those are just for reference.

As a reminder, this is just a graphic we developed to just show how - the four deliverables of this project will feed into each other. So currently, where the star is indicated, we are working on the environmental scan and the next deliverable is the CDP use and usability documents. These documents will be used as a foundation to developing our options paper. This options - the options paper will contain several options for piloting a measure feedback loop. And following the development of that paper, we will develop a paper to come up with the implementation plan for one of those selected options.

Just as a reminder of how this project will all feed into each other into deliverables, again, for reference only, overview of the timing of all these Web meetings.

And another slide just for reference again, detailing what the goals of each these deliverables are.

Okay. So then I will turn it over to my colleague, Jean-Luc, to give us an update on the scan findings to date.

Jean-Luc Tilly: Great. Thanks, Madison.

So I think on that first slide, Summary of Findings, you'll see that we've divided our findings into about four kind of major buckets. So this would be the possible sources performance data on the measures, sources of public comments, which we think is feedback, some findings from the literature, which you'll recall from our initial presentation some months ago that it was a (unintelligible), and then finally some of the early returns and the key informant interviews.

So the first kind of broad category is just the performance data available to CMS via the different public reporting programs. So there are datasets that collect measure performance, you know, across a variety of different indicators, some of which are the same across the different programs but others of which are unique to the individual setting. So - and these are divided by settings. There's some, you know, variation, of course, in terms of whether these programs are - what level of analysis they're operating on and some variation in terms of the schedule of their update.

The registry, so there are two kinds of broad classifications of registries that work for us with CMS, the QCDRs and the PQRSs. So, you know, the QCDRs, of course, and this is maybe familiar to many of you, but the QCDRs are a collect clinicians - clinical data for submission. You know, this may be drawing from regional collaboratives or specialty societies. These are a little bit different than PQRSs which is doing a lot of the same thing and that there - the measure set they may refer to as it goes beyond submit measure set. So they may submit up to 30 QCDR measures.

So there are some limitations on that measure set. So, you know, these - so CMS has an approval of this measure and NQF endorsement is enough, you know, then being selected by kind of order or specialty society. So it's a broad set with some qualifications.

There are other registries. They're organizing the subscribe to the National Quality Registry Network which is - so there are about 83 registries there, you know, many which, of course, overlap with the QCDRs and PQRSs, you know, using measure sets that make even further beyond those outlined previously.

And so for some of the sources of measure performance data, we have public comments. And so really, this kind of formed the backbone of what we think of as, you know, kind of the existing feedback loop. So, this is where the vast majority of the feedback on the measure implementation bubbles up and, of course, being responded to.

So there are a few different processes for which to happen. So, you know, the first one, again, this is familiar to many of you as participants, every year, CMS publishes first draft and then final rule that, you know, review all the regulator changes that may be happening to their program and gives

individuals an opportunity to offer comment on those changes. So those changes could be changes to existing measure specifications. They could be adding or removing measures to a set or other kind of payment methodology calculation and so on. But in terms of measures, this is where the - all the changes are first reviewed.

So CMS, when they published, the final rule will respond to the comments that have been submitted since the draft rule, generally aggregating those comments where they are semantically consistent without publishing the full measure text or attributing them to a particular entity. So it's hard generally to use those comments to generalize finance to a particular stakeholder group.

The CDP process also receives many comments. As an example, since NQF launches CDP redesign process, which was in November 2017, so about a year and a half ago, NQF has received 229 comments on 36 measures that were evaluated.

So here, the examples of the feedback received are - looked a lot like the kinds of feedback CMS is getting. So we get a lot of feedback on the specifications, the risk adjustment methodology, especially the really exclusion for - I mean, to the most common source of comment. But then also, you know, quite a few kind of comments on the implementation process. And this is where we're going to burden issues, so thinking about maybe surveys are too costly, maybe there are missing modalities of measurement like telehealth.

And, you know, the best way to think about those comments and how to distribute it, you know, to relatively normal distribution which is to say, you know, kind of a middling amount of comments on most measures and then on some measures really quite a few where there are virtually controversial and warrant some real awful reconsideration.

In the process, the same kind of modal distribution of comments but certainly quite a few more. So 361 on just 40 measures evaluated in the previous cycle, so about twice as many. I think, you know, the right way to think about that difference is that, you know, the - much is in the final rule of these measures that are being considered are much closer to being implemented. So it gets very real.

But that also means that, you know, while a lot of the feedback is very consistent, so again, questions of risk adjustment, questions of specifications and exclusions. You know, very often, you have many comments that have to do with the specifics of implementing that measure into a particular program. So there you have questions of alignment with other measures in comparable with evaluation programs or recommendation that those measures go through, you know, in NQF or other multistakeholder review.

And then, you know, very often, you'll see feedback on unintended consequences. So, very good example of changes to prescribing for opioids that came up in the last (progress).

So then, a little bit of a different process that isn't strictly a public comment and has to do more with how measure developers are submitting information to NQF. As far as the CDP redesign, NQF starts to strengthen the usability evaluation metrics. So, creating some new fields to allow measure developers to submit information that would indicate how performance measure results were being communicated to clinicians and what methods clinicians and others, you know, those same measures that are - had an opportunity to offer feedback on those measure results. So NQF actually prompts every measure submission now with these questions that you see on the slide.

So just for the time being, we have feedback on 200 of those measures. That feedback varies quite a bit. You know, many measure developers, of course, are, you know, most in the measure development business on, they develop the measure implementation business. And so don't really have the mechanism to collect the kind of feedback. And so they'll leave the sections blank in the case that they're going to find.

But, you know, other common strategies involve summarizing findings from a new technical expert panel that may be convenient or different, task forces or the kind of developer managed public comment period, and of course, many developers also leverage existing feedback mechanisms, like CMS's adhere platform, and will report back on the feedback base like it is for their process.

NQF also has a measure feedback tool. A measure - I'd call it a little known measure feedback tool. So for over the last year and a half or so, we've received 19 responses from kind of a variety of stakeholder groups. Generally, these are questions, more so than they are feedback. So, in fact, many times there'll be questions about the NQF process. So I think it's pretty clear that tool isn't really getting us the feedback that we need.

The tool asks a fairly broad kind of open-ended question and I think that this isn't inspired in some questions rather than concrete feedback. You know, some of the history of that tool is that - dating back some years there was more of a kind of structured forum to encourage feedback that also garnered really very few responses, still fewer than this more open-ended format. So the switch to more of an open-ended format was, you know, the goal was to encourage more responses which it did technically but not the kinds of responses we were looking for. So that's, I think, an important consideration guiding our eventual design of a new feedback loop.

And so then I'll move just right along to the literature view and the gap challenges section. So on the screen…

((Crosstalk))

Joseph Kunisch: This is Joe. Can I make a comment?

Jean-Luc Tilly: Yes, by all means.

Joseph Kunisch: I wasn't sure on the previous what you were reviewing. Was that your kind of stand on the different ways to provide public comments? Because there's some that you're missing out of there like the JIRA for providing comments back on the electronic clinical quality measures or were you just looking at NQF ways of providing feedback?

Jean-Luc Tilly: That's right, yes. So we were looking at both ways to give public comments to NQF and ways to give public comments to CMS. And certainly, the JIRA came up a lot in our conversations with some of our key informant interviewers which we'll review a little bit later in the slide.

Madison Jung: Yes. This is Madison. So just to give you some context to what the updates we're giving you, so last time we had spoken, we had gone over the quantitative and qualitative kind of categories we were looking into. We, through our research, realized there's very little to no data or no improved background information on some of these sources that are available.

So what we had found is that we'll really have to rely on our key informant interviewers and JIRA is one of the sources that had arisen to the top during a lot of these key informant interviews. But this is just to give you an overview, a broad overview of kind of the main categories we've found to date. We're

hoping that through our key informant interviews, we'll be able to really delve into some of these additional sources of feedback.

Jean-Luc Tilly: All right, great. Well, with that, I'll just quickly finish up the literature review piece. Such as Madison alluded to, it's mercifully brief.

So you'll see we had just the search terms on there and, you know, some of the newer search terms after our conversation, you know, having to do with looking at some assets of the patient experience and then some of the CDP specific terms, like "use," "usability," "validity" and "reliability."

So, some key themes emerged from this that it will inform kind of the current gap in the feedback loop process and some of the challenges that are being experienced.

So I think the - really the main finding is that a precondition to getting effective and valuable feedback from clinicians is getting those clinicians access not only to their own performance data but also to benchmark comparisons with similar providers and other kind of aids in data analysis. We didn't find any systematic reviews of clinicians' feedback on performance measures and out of those ones to affect the development of those measures.

There are a few instances but these are generally limited to kind of small or even what you might call anecdotal findings and aren't necessarily generalizable. So we'll rely on the anecdotes that we've collected ourselves for the bulk, I think, of the research here.

In some of the other findings, you know, just in terms of data analysis aid, so certainly, you know, clinician dashboard came up quite a bit. There's some good reviews on the implementation process to those dashboards and, you

know, how to make kind of clinical indicators with actual performance measure data. You know, these are generally positive reviews by clinicians and there's actually almost more - some good examples of feedback on the dashboard itself being offered that are intriguing.

And we also found that there's some suggestions that the process for feedback should vary somewhat based on the measure type. So there you have, you know, not only going beyond the performance measure results and also giving those to be measured and opportunity to review the specifications and to comment a little bit on, you know, what's informing, for example, the outcome measure.

All right. I think with all that, I'll turn it over to Allen just to kind of review some of the findings from our interview so far.

Allen Frommelt: Thank you. So, to this point, we've had four of our key informant interviews. We have two more scheduled for the end of this week on Thursday and Friday. But so far, they've been a representation of a lot of stakeholders, including vendor for electronic health records, quality improvement specialists, people involved with informatics, measure developers and a measure center.

I'm looking so far - and by the way, I want to thank everyone who provides us with names of key informants because so far, all of the ones we've spoken with have been very engaged in the process. They've been extremely helpful and I think their inputs are going to be valuable to generating this environmental scan.

So you can see on the next slide some of the sample questions that we gave to them and we generally started with this structure of providing the sample

questions and asking them but sometimes the conversation drifted and would lead to follow-up questions based on their responses. But you can see the questions that really involved like their experience with collecting feedback or giving feedback on measures. We asked about the platforms and tools that they use, where the feedback originated and what they did with the feedback that they did receive.

And we also asked about any gaps in knowledge, evidence, organizational needs that weren't currently being met by the measures that we're using.

One of the key themes that came up -- and I thought this is interesting -- was the feedback from the frontline staff. Rather than just dealing with the quality department, they thought we really needed feedback from the doctors and nurses who were providing the care.

Public comment and site visits were both important measures of feedback. And the feedback we collected both during measure conceptualization and testing but also should have been evaluated post implementation and at maintenance evaluation.

But it does also require substantial investment of their resources but it is important to measure selection and implementation.

Madison Jung: Okay. So, that is the broad overview of our findings today. So I will turn it over to Rose and Eddie to facilitate our discussion. Obviously, as noted, there are definitely sources that we are missing and we just look forward to hearing your feedback on the overall process that we've taken and our findings today.

Eddie Machado: Thank you, Madison. I'll kick things off. So a lot of good information and, like I mentioned at the top, it sounds like there's a lot more to come, a lot more work to be done.

We do have some discussion questions on the slide that folks have available to them. We can go in that order. But I'd like maybe to start by opening up in general to the committee and see if folks have general reaction to particular aspects that were covered by the staff first.

Constance Anderson: This is Connie…

Man: More of a general question. Sorry, go ahead.

Constance Anderson: This is Connie, yes. We're part of the co-chair of the ESRD committee. And our committee is really struggling with the process that we just went through where measure did not pass - two measures didn't pass on evidence to (CSAC) because the developer asked for reconsideration, reconsideration (CSAC) kind of asked us up. We've had three people on it.

(Unintelligible). We reviewed it again. It did not pass again. And the committee is very, very frustrated with the process on - and I think it'll be really good in terms of other stakeholders is maybe interview some of the committee members from the various NQF committees that are subject to the process of measure development, making recommendations for endorsement or not, and where that whole - there is significant feeling about why are we doing this NQF process. If CMS went ahead, already puts a - the measure out for performance in 2020. So why are we going through the process? So I think it'd be incredibly valuable to talk to some of those stakeholders that are on committee that are doing this work and yet feeling it doesn't matter what

NQF wants to do, the CMS and the developers are going to move it forward anyway.

So, that would be a recommendation of mine, following this last experience with our committee.

Eddie Machado: Great. Thank you. Yes. I think certainly, you know, discussing with CDP committees is going to be a big part of the way that we inform kind of that second report that reviews the existing use and usability process and how feedback informed a review of measures and, you know, what you're discussing in terms of the sequence of the feedback loop, you know, is the feedback coming in at the right time to inform decisions about how the measure is ultimately used. I think that's a very valuable question, something worth thinking about.

You know, at NQF, the process is set up such that many new measures are endorsed before they're necessarily being used which means that feedback on their actual implementation may not come in until their endorsement maintenance review. This could be as many as three or four years down the line, you know, barring kind of review, owning to a change in the specification.

So certainly, we'll want to think about when we design the feedback loop about, you know, what's the appropriate timing mechanism is. So thank you. That's going forward.

Man: Are there other questions? I think there was someone else that was trying to jump in when Connie came in.

(Dan): Yes, that's (Dan) in Austin. I was wondering - I don't remember from the last time when we spoke - do we have access to the actual report or draft of the environmental scan?

Madison Jung: When are you going to have access to that question?

(Dan): No. I was wondering if nothing has been circulated for it's available.

Madison Jung: Oh. No. No. So it hasn't been - so the draft will be posted for public and draft comment on March 11th. But during that time, we will send a version to you as the committee to also provide feedback on and we'll incorporate all that feedback into our final report which will be on the April.

(Dan): Great. Thank you.

Joseph Kunisch: Hi, this is Joe. A couple of things. During your key informant interviews, were you - did you talk to any professional organizations that create measures like, you know, Society of Thoracic Surgeons or any of those, you know, medical care organizations and their process of how do they determine what's important to their particular people that they're representing for, you know, like, you know, whether it's the American College of Cardiologists or whoever?

Jean-Luc Tilly: No. Sorry. Thanks, Joe, for that question. This is Jean-Luc. So we have not spoken to a - we recently met the developers but not to developers working with a particular specialty, per se, but actually that's one of the important interviews yet scheduled for this week.

((Crosstalk))

Man: I raised my hand.

Jean-Luc Tilly: Please go ahead.

Madison Jung: Eddie and Rose, were you using the presenter view? You can see on the left hand that Robert Centor and (Lee Pfizer) have their hand raised. So that's just an FYI, guys - for you guys facilitating that.

Robert Centor: Great. So this is Bob Centor. I'm really glad that last question was asked. Just to remind people, I represent American College of physicians and I'm a member of the Performance Measurement Committee there. Would you not create performance measures, we take performance measures from a variety of sources and try to make recommendations on the appropriateness of those and even predict ahead of time what's unintended consequences are of those. We've been somewhat disappointed over the last eight to ten years about how little people pay attention to what we say. Maybe we're not a very important organization although we're the largest specialty organization in the country.

The thing that bothers me here is that we're trying to figure out what happened after performance measure star being used rather than trying to figure out what could wrong ahead of time or Gary Klein's concept of the pre-mortem exam and you can only do that if you work with physicians who actually are seeing patients and for whom the performance measure is indicated. We know that performance measures have many, many flaws. In every field, there are a number of interesting articles, one that Daniel Pink just referred us to on good (unintelligible) that shows that there are significant problems.

Once you set a target, you change everything that happens in the - could change everything that happens in the whole medical career and we've seen

some disasters/complications to server time. So I'm really concerned about trying to figure out what happened after things were put into place that never should have been put into place ahead of time and also how do we determine, without having groups of physicians to say what could be going wrong with this measure, to figure out what the targets are.

I don't think that we can do it unless we actually have practicing physicians or if it's a nurse, practicing nurses, or if it's physical therapist, practicing physical therapist, but we can't just have people who are trying to do quality management and manage those people who aren't actually doing it.

Eddie Machado: This is Eddie. That's a very good comment and I think it speaks to the fact that, you know, amongst the informant interviews, we really - there really should be a push to make sure that practicing clinicians or clinicians in general are, hopefully, part of that group, you know, in some cases, obviously, to avoid arriving at stages where you do end up with some of the challenges that arise with some of the measures but also as a learning process to make sure that they're part of the process so that the next measure that is developed is well informed.

So, I'm just going to go to hands raised. I believe, (Lee), I see your hand is raised.

(Lee Pfizer): Yes, thank you. I apologize for missing the first one of these. Have you looked at other organizations as far as what they've collected on the feedback not just in the literature but how they've looked at it that would be our competitors' PCPI and, you know, (ICHARM), as well as CMS, is the first part of my question.

Secondly, in reference to the previous question, to do any kind of sort of failure modes analysis that we've started to categorize all the ways that measures could fail such as there could be almost a taxonomy that could be used to quickly sort of say "This measure has these three ways in which you could fail and this is what we should be looking for."

I'll go on mute. I'm in an airport. Sorry.

Eddie Machado: Yes. I'm not sure. I'll defer to the staff. But I'm not sure if we've - if the group is really taking that on quite yet. Is that fair to say?

Jean-Luc Tilly: Well, so I'll (unintelligible). Two questions there. To the first, yes, we have spoken to at least one of the organizations you mentioned and another organization that's heavily involved in collecting feedback that, you know, to Bob's earlier point, would help, you know, collect feedback at that kind of stage to catch unintended consequences before implementation. So we'll include all of that as part of the report. As part of your second question, (Lee), no, I don't think - we haven't quite started the feedback - of organizing the feedback that way.

Man: It's almost - as I look, as we put in safety reports and as we're getting closer and closer to machine learning and using natural language processing that, you know, if we - I think NQF could take a lead in actually developing the ways that measures fail either because of unintended consequences use or other reasons. So, as, you know, I don't know if that's beyond the scope of this project but it - as I was listening, that came to mind.

Man: Yes. Thank you, (Lee). So I think you're right that certainly - I mean, a different way for - I think about that categorization is just kind of classifying the kinds of feedback that we see that we might expect to get. So, certainly,

you're right that there are a lot of different - I mean, so we make a feedback on specifications or the implementation burden associated with the measure, so you don't need to think of this as different failure points. You know, unintended consequences will be another one or, you know, missing, you know, as simple as missing coding.

But I think we also want to have categorizations into the ways in which measures succeed. So part of the feedback process, you know, could be indicating a way in which the measure has been able to, you know, to lead to some kind of cost effectiveness outcome or otherwise stabilized or, you know, where we've seen improvement in the performance rate over time. You know, these are all kinds of different pieces of feedback that we would want to have as part of that ultimate taxonomy of all the different kinds of possible feedback.

Man: That's - that would be great. I think that would aid people in developing new measures and could be kind of part of the evaluation process. You know, you currently have evidence with clearly defined measures but this could be a more enriched taxonomy. So thank you.

Rose Baez: Okay, this is Rose. I'm going to keep us moving. I think, Anne, you had the next question?

Anne Deutsch: Sure, great. Thank you. So, I'm speaking as a measure developer and just, I guess, a question/comment in relation to - like, in terms of the process, as a measure developer, I would appreciate getting feedback directly so that I can make it, you know, potentially a decision about implementing a change or an improvement and that's, you know, to me, a more efficient way than maybe going through another entity, for example NQF, to give feedback to me and then that committee might say "Well, we don't like one of your risk adjustors"

or "We think you should have more risk adjustors." So, I guess I'm wanting to make sure we kind of address kind of feedback going to measure developers versus feedback to NQF. So I hope that makes sense.

Rose Baez: Okay. Thank you for that. Go ahead.

Eddie Machado: Sorry. This is Ed. I'll make - I was just going to say that, yes, that distinction makes a lot of sense. I mean, certainly, some of the feedback we've gotten from measure developers we've spoken to is that, you know, a lot of the feedback that comes through the NQF process, you know, I - maybe even during the public commenting period after the period - after the endorsement process has already started, you know, by then, of course, it's too late really to do anything about your specifications in your current evaluation cycle. So, you know, right, ideally, you would have, you know, whether it's through NQF or through some other means, you would have that feedback available to you immediately as it comes in.

Madison Jung: Yes, this is Madison. So that's definitely, I think, one of the considerations that we can continue to bring up throughout this process, especially during the development of the options paper. That is definitely something that we can highlight.

Anne Deutsch: Great, great. And, you know, as a measure developer, you know, in the works that I do, we have helpdesks. So there's things that come in through helpdesk that are, you know, kind of questions and it's kind of an informal process and then, of course, you know, measure developers can also have expert panels and get kind of formal feedback. So I think, you know, I guess our goal should be kind of to be open to feedback and all kinds of different ways and through all kinds of different mechanisms. So, I appreciate you including that. Thank you.

Rose Baez: Okay. Thank you. Elizabeth, you have the next question.

Elizabeth Rubinstein: Yes. Speaking from a patient advisor viewpoint, I don't think there's a true understanding of how our end-user, as patients and families, when we access hospital care or any of these databases to make informed decisions.

We're using the data in a very different manner. It's been how it's intended because we look at it very much from a marketing standpoint versus evidence-based information because there's a lack of education what this data is actually providing and I think that studying our end-users would be very, very important prior to the development of this, as one of our other committee members mentioned, because we've been looking at some of these dashboards and when we evaluate them, we're finding that the interpretation on a patient level is very different than what was originally intended. Even how we read and understand the information, there's a tremendous lack of education out there.

Also, there's a very strong misunderstanding when people look at these measures, they think they're current, real-time measures. They do not realize that it's delayed data that's being reported on and then the time length between some of them could be as much as two years. So, there's a lot of work in that area that needs to be done. Our patient advisor committees that we've been working with on a national level, the SRPR is a good example, we brought in groups - different groups of patients and families and have them evaluate the sites and we found out that they truly could interpret the information on multiple levels. And so the site was redesigned and being tested again. So we found great improvements that we've done that we were actually now delivering information that could help with informed decision.

Jean-Luc Tilly: Hi. Great. Thank you so much for that. This is Jean-Luc. This actually really helped - I think would help fill a gap in our environmental scan sector. So I think what we will do is solve with you offline and see if maybe you can point us in the right direction to any of the - in the publications that will cover the information or eventually even a key informant interview of some kind might help us get out some of that. So thank you.

Elizabeth Rubinstein: I look forward to the follow-up.

Eddie Machado: So this is Eddie. I think it's Joseph. He was probably next.

Joseph Kunisch: Yes, hi. Thank you. And so these comments are from the perspective by organization and that has done multiple testing cycles on electronic clinical quality measures in particular. You know, what - I think a couple of the key things, one, clinician involvement, anybody that's going to be touched by the measure being pharmacists, lab nursing or physicians needs to be at the table in the discussion. So we've done both the alpha and the beta testing cycles and, you know, in the alpha cycle, you know, it's just kind of getting those clinicians maybe on the phone call to give that feedback which, I think, it's somewhat effective but I think what is more effective is that the actual measure developer, when they come on site and they actually sit down and talk to the clinicians, the practicing clinicians, we've done that and that is the most effective way for them to get feedback.

But I think they do it too late in this cycle. It's actually after they've already developed the measure and extracted the data and looked at it. We've given them this feedback is that, you know, even at concept, you need to come and do the site visit and actually talk to these clinicians about the workflow and how it's going to impact them, what is the importance of that data, why they're documenting it, is it for billing, is it for quality or many of the other

various reasons, this, too, that should really be the starting point of getting feedback.

And then the other comment I'll make is it seems that the development cycle goes along. There's less and less chance that it can fail. And I think there needs to be clear pathway for it to fail early, you know, discussing what I just talked about regarding clinicians and the visits. If it doesn't seem feasible that you're able to capture these data elements or that it's not really that important to the clinical side, it should stop right there. But I feel that sometimes these measure developers get a contract from CMS. And so, you know, they're getting money for this. And so it's like a drive to make sure we complete this measure cycle versus saying "You know what, this isn't going to be a good measure" and going back to CMS and say "You should shelf this. Maybe visit it at a later date." But right now, it's just not feasible and when you get to that end of the beta testing, even when we give clear feedback on what we don't think is good in the measure sometimes it'll still continue on to the NQF endorsement process and maybe the tap then I'll give the same feedback and then they circle back around to say "Oh, can we now test this?"

So it's almost like, you know, you're in this position and you want to say "Well, if you were to listen to us in the first place, we told you this was not a good, you know, piece of the measure and it should be fixed before you even continue on."

So, you know, just really that clinical involvement and the key stakeholders is so important to this because if you don't get that in there, it's just not going to be a good feedback system in my point of view.

Eddie Machado: Thank you, Joseph. Those are some really good point and I think it harkens back to one of the earlier comments about the idea of really making sure that

the feedback is taken in both at the concept phase as well as the implementation phase and really having multiple points where feedback can be taken in. And the point about allowing for failure is a tricky one but I think it's important one for the group to acknowledge.

I think next we have - we have a number of folks with their hands raised. Elvia, I think it was.

Elvia Chavarria: Yes. This is Elvia Chavarria from the PCPI. And as a measure developer, I think the biggest challenges that we have in terms of getting that measure feedback is post-implementation and maintenance evaluation. I think during the conceptualization and the testing phase, we work with the experts who will be measured or whose peers will be measured to get that information, to get the exclusions, to get the exceptions, to come up with a measure that will work for the frontlines. And then we go through the public comment process in case we have these other types of stakeholders and then we do the testing for feasibility, validity and reliability to ensure that the measures are appropriate and also to ensure that they're important in terms of addressing a gap in care.

And then once the measures are finalized and they are implemented, that's when we run into - we don't necessarily get service systematic feedback. We do receive feedback through JIRA, as somebody mentioned. But while it's one group maybe and maybe because they had a different EHR vendor than the ones that we tested with, so we get kind of one-off questions through JIRA and then we get questions directly to us and we always go back to our experts.

But then when we do maintenance evaluations, we usually get information, the data from CMS to provide the data for maintenance to NQF specifically.

And then if it differs from the one that we provided, let's say, three years ago when we did the - either the initial or another round of maintenance, what we are providing now it doesn't necessarily mean that it's from the same group, first of all. So I'm not sure - I just want to make sure that that's where we can try to how do we - one of the questions is, how do we make sure that after implementation we are, in fact, comparing apples to apples and making sure that, again, the interpretation of the results? If we submit results from CMS, we're really submitting performance results in terms of reporting the measure. But we don't receive, for example, like the exception information or the exclusions information to know how many of those patients actually went through measure or the clinical action as opposed to those who did not.

So, in terms of the path fail of the measure, I don't - I'm not sure we have the exact information we would need to see if the measures are, in fact, conducive to quality improvement. We more or less receive reporting information.

So I think as measure developer, that's where our challenge comes from in the post-implementation. And I think I really look forward to us coming up with solutions to that so that we make sure that we get that information in a systematic way, in a consistent way to make sure that our measures are maintained and improved upon if necessary.

Man: Thank you for those comments. Again, thinking - enriching the feedback sources, I think, is a big priority for the project.

Rose Baez: And I think, (Lee), you have your hand raised?

(Lee Pfizer): Yes. I was just thinking, so the - since the standing committee met last week and had a very robust discussion, regarding SDS measures and a lot of feedback particularly about the way the public uses it and the patient had

some of the most profound comments, how well is that socialized both to the developer community and even within NQF to the other steering committees because that's another feedback mechanism that I'm not sure we closed the loop as well as we could.

Man: Thanks, (Lee). And certainly, I'll let the measure developers on the committee chime in, in a second. For my part, as far as the CDP process is concerned, I think you're right that, you know, and this kind of gets to another kind of, you know, characterization of the kinds of feedback where we think about maybe active versus passive feedback. I mean, in a lot of ways, the NQF process is, you know, just like the map process, the CMS public comment process. These kind of processes are open to whoever is kind of subscribed to this channel and is ready to comment in, you know, of course, a relatively short period of time, especially in terms of map process. So I think that does, you know, that certainly means that we hear more feedback from, you know, from particular parts of the communities and, you know, patients and other advocate groups that, you know, for a variety of reasons, are a little bit less changed into this public comment period. So I think that, you know, that's definitely something to keep in mind in terms of the ultimate design of the new feedback loop, making sure that different stakeholders are (unintelligible) in some way for their feedback where they offer a - it certainly sounds like a very different prescription.

Rose Baez: Okay. Did any of the measure developers want to respond?

Elvia Chavarria: So this is Elvia from the PCPI. And absolutely, we welcome all types of stakeholders. One of the challenges also that we have faced is that reaching out and making an invitation doesn't mean acceptance. There's sometimes, you know, even if we want have different types of stakeholders, sometimes the availability in the issue. But that's certainly something that we can look at

to make things a little bit more, as I mentioned, systematic in terms of maybe having certain groups that are already set up that we can go to, to have a consistent pool of potential comments for those stakeholder groups that we desperately needed measure developers and that sometimes do not make it on to our technical expert panel for one reason or another.

Anne Deutsch: Yes. This is Anne, you know, another measure developer. So, I think I mentioned previously as part of my work, we have helpdesk. So we hear directly from the clinicians and I explained that, you know, often they're asking questions about coding and things like that or, you know, specifications for quality measures and I explained that, you know, feedback and the questions that people ask really helpful and there're sometimes suggestions as part of that. So, you know, as a measure developer, I think the more feedback that I get directly is really, really helpful. And more stakeholders, the better I would say.

Man: Yes, and just to be clear, what I'm suggesting is that we lose in survey - in a handoff, which is a measure, handing off from each of these entities information that could help the greater community. They're buried in reports. They're buried in your helpline cost.

Melody Danko-Holsomback: So this is Melody. And I don't know if you can see my hand raised or if you were taking others in order. I can wait if you are. I just had some…

Man: No, you're next, Melody. Go ahead.

Melody Danko-Holsomback: Okay. So, you know, in hearing all the conversation and what's going on, in my mind, I'm seeing, you know, what do we develop to pull it together, so how do we get provider feed - frontline provider feedback, how

do we get content expert, you know, feedback, how do we get our organizational feedback and patient feedback. So what is the way to get this data into the same depository or repository and then fit it back out to the appropriate people that would need to have that or give them access to be able to access it at that point?

You know, that's what my mind is saying, like, is there something that can be sent, broadcast when you're, you know, going to develop a measure to the providers and to a public forum, maybe something on the CMS website for patients and, you know, or some other website for patients and sent out to, you know, the AMA or other organizations? And then that is - maybe it's during QF and then they send it out and it comes back to them, and then those pieces get put back out to the developers with information on people they can contact for more information and so forth. So whether that'd be an electronic push, you know, or have them call to, you know, leave a message or talk to someone about what their concerns are with the measure and provide information.

I agree that talking to the people directly is going to give you the best feedback or, you know, meeting in person. But what is the feasibility of reaching a lot of people on a short time frame? So how do - like, my thought is how does this committee create something that can do that in a larger manner, but more organized so that it's not one organization reaching out when they're developing a measure and then another, you know, organization developing a slightly - a similar measure, you know?

Does that make sense to everyone? I don't know if I'm just kind of blabbering here. But in my mind, I think that's what we are kind of being tasked to do, is how do we create this engine to help organize that and to get it to the people that need it at all point, you know, at the beginning of the

measure, during follow-up, you know, during the feedback, you know, during the maintenance of the measure.

Rose Baez: Yes. Melody, I think you hit the nail on the head. How can we as a committee start coming up with some solution to some of the challenges that are being discussed here? Are there any success stories that we can leverage?

Melody Danko-Holsomback: Well, I don't know if there are. But I think that's kind of what we're tasked to develop and maybe do some trials. You know…

((Crosstalk))

Man: Sorry. I'd like your idea. I mean, it really speaks to this sort of a community level or community vehicle for capturing measure feedback. One, it speaks to, you know, issues around one of the challenges that were raised during the interviews around investment and resources. And, you know, when you do these one-off pathways, right, that's part of what you're faced with, right? A little bit of reconstructing the wheel each go-round, but also really trying to leverage the community as a whole to help inform and answer some of the question.

That's an interesting concept that I think it's one for the staff to consider.

Woman: Yes. Melody, I think you, as Rose said, hit the nail on the head. That is the exact question that we're looking to explore, particularly in the - a little later in the project. But maybe to kind of reframe your question, I think currently, what we're looking for right now is - so in order to get to that place, in order to answer those questions, what information do we need to develop a well-informed process?

Melody Danko-Holsomback: Right. So you need to know the stakeholders obviously, which you have up here. And I do think there are more - I know pharmacist was brought up. I think they're important especially with some of the opioid, you know, measures that are being posed. You know, your frontline staff is being someone who collected quality and collects quality and reports it, I can understand where you do get some feedback from CMS on the measures as they're coming in because measures can be interpreted different ways. And, you know, as a provider on the frontend, they don't always fit the way that they're, you know, intended. You know, those unforeseen circumstances are definitely something that the frontline staff, you know, need to be involved in, you know.

So trying to find that vehicle to reach all of those, you know, the people to get it in at a certain time, you know, what are the steps that we need to take to do that? Because I think we've already gone through a lot of what we need to do, you know, a lot of who we need to reach. And maybe that's coming up here, but where do we start building our database to make that happen, our database of ideas on how to make it happen?

Mark Huang: Yes, this is Mark Huang. I just had my hand raise. But everybody's points are well taken. It's - I think that the challenge as we are all talking about getting provider - frontline provider is give us feedback. And I'll tell you just in our own organization, it's like pulling teeth again and they give you feedback half the time. So half the time, they're busy seeing patients, you know. They almost rely on the other content experts that, quote unquote, quote, "tell them what they need to do," yet they're frustrated with the current measures and it's - you're going to get a very salient majority for a lot of this and you only have vocal minority to provide feedback who'd take the time to do it.

And so yes, I think that first and foremost is trying to figure out what's the - you know, give them an easy button of some sort of, you know, where there's some sort of that dashboard development, you know, can you just say, "Oh, this measure," or whatever, "Measure (XXX)…"

Woman: Right.

Mark Huang: "...we can't - you know, God, this one really ticks me off." And then they can hit that button and then provide a comment. I find even when I'm doing this, you know, whatever, X, Y, Z.

Woman: Exactly.

Mark Huang: And so you almost need that mechanism because they're, you know, frankly, they're not going to do this in the middle of the day. They might look at it or digest it if some organization gives them a dashboard, right? But if you had some sort of central dashboard that was provided that had an immediate feedback button, that's probably the only way you're going to get some people to respond. Either that or you're going to have to somehow drag them out of the office to give you ten minutes of your time to, you know, provide feedback.

And, you know, we absolutely need - you know, provider and, you know, the clinician feedback is absolutely, absolutely essential. It's just the irony is, you know, nobody's got the time to do it. It's like a hurting cat to schedule a meeting with these people. I mean I have my own challenges getting five clinicians together, you know, in one organization to talk about informatics issues and, you know, so this is - you're multiplying that by a factor of 1000, you know, at least when you're trying to deal with clinicians across the country.

So, you know, you're - I think the intrinsic problem with this is that most of the time, they're just not - they don't have time to provide the feedback. They don't. And you have…

Woman: Right.

Mark Huang: …to make it as easy as possible. And maybe some people will. You're not going to get a lot. Or you're just going to need dedicated, devoted people that, you know - who actually have FTEs carved out to do this thing which is mainly more leadership-level folks who unfortunately may not have all that frontline experience to give feedback which may not be completely accurate.

So this is the challenge that we all face and I think that, you know, whatever is the mechanism, whether it'd be a forum, you know, a discussion group, you have to sort of get that information populating as easy a way as possible. So my only thought was it's just that if you - the dashboard creation, that only helps with current measures so, you know, it won't really help you with measures and development because they wouldn't - there was not a dashboard for that. You know, they're just still being developed. But, you know, that's - you know, you're only going to get, I guess, discussion forums and only if people know about these discussion forums will they even participate in them.

Woman: Right. And, you know, when you're talking about even, you know, in my - I'm thinking even if it's something like in an EMR where you have best practice alert that pops up and that provider acknowledges that they're aware of it but it's not appropriate for that patient, you know, something like that, but it might be different from one EMR vendor to another. And unless you have a good, you know, a good sample of all of them, you - you know, or the

majority that are used within the contrary, you're still not going to get that perspective, you know, and the same with providers.

So I definitely agree that that's, you know, that's a big challenge. But it's definitely something - they need to have something that's very easy because they're overwhelmed and busy and they're not going to go to it unless, you know, it's something that they know it's important to stop a process that may be burdensome to them and the patient and not increased quality ahead of…

Mark Huang: Right.

Woman: …the development of, you know.

Mark Huang: Yes. So you have a very good valid point there about the - each (unintelligible) to do it. That's why I'm advocating that, well, maybe we need to make a recommendation that there has to be a standardized hyperlink, at least the one repository.

Woman: Right.

Mark Huang: Right? Whether it is…

Woman: That was my…

((Crosstalk))

Mark Huang: …pop-up or dashboard as in Epic, Cerner, you know, whatever…

Woman: But it all goes back to - and…

((Crosstalk))

Mark Huang: It all goes to one place (with all these comments).

Woman: Right, that all goes back to NQF or whoever.

Mark Huang: Yes.

Woman: Yes. That was my thought as well. Thank you.

Madison Jung: Great. This - yes, thanks so much for that feedback and context. This is Madison again.

So, question. So I think we hear a lot about the challenges that providers had in the field and the difficulties in, you know, using these measures and getting their day to day done. My question is currently, how is that feedback being collected? Or, you know, you hear about these issues, but is there a place or is there an individual at a hospital or in a practice that is usually the point person to go to, to give this feedback to or is it just scattered across organization at varying levels?

Jill Shoemaker: This is Jill Shoemaker. I want to just give some feedback on what I've seen to be successful in organization I was part of. It was a large academic medical center and measure developers would - like, specifically targeted the quality department because the quality team at the health center knew the players, knew the challenges, and it was really effective for the measure developer to partner with that particular department and bring the measures forward, bring the questions forward and then allow the quality department to then go out to the stakeholders within the organization and the specialist and even the IT team where they could see that we're going to be impacted by a particular

measure, gain the information and then provide that feedback to measure developers.

And that has been really successful for us. And I know that not all health centers or practices have those kind of resources. So - and I know there's been talk before about a value proposition to providers to engage in the feedback of measure development. So I think there's a success for in an area where organizations have the resources, but I think there's also an area of opportunity for - to incentivize in some way organizations that don't have it, those resources to provide the feedback because I think it's important to get the feedback from not only the smaller rural practices or institutions that challenge - that are challenged with resources, as well as those large institutions who may be able to give that feedback easily.

Melody Danko-Holsomback: Yes. And this is Melody again. Being part - I'm here representing NACOs. And with the ACOs growing, maybe using some of our, you know, new platform such as ACOs or other groups like that to vet across multiple practices and multiple partners and EMRs is another - an example of opportunity.

Constance Anderson: This is Connie. And I have my hand up, too, but - anyway, we just have very similar in terms of quality. And we actually have a medical director for quality initiatives and we put our clinicians, stakeholders that have to implement the measures in a room and really talk about what are the unintended consequences, what are we seeing, what would happen if, and then we provide that feedback.

I think it is so important to get the upstream information available to provide the measure developers early on and I think the people are (unintelligible) in my organization that the people who know best about implementing the

measures and what those impacts are going to be, the unintended consequences or whatever, are those people that have to do the implementation process, so the clinicians, the facilities or whoever.

We also are in - I was actually going to just go down the pathway of the OCOs and there may be some way because there's so much (unintelligible) ACOs in our (unintelligible) to the world and we have what's called the (SCOs). And that may be a way to be able to gather a group of stakeholders that something might impact and be able to get their input early on. But I really - Melody, I think you hit some right on comments in terms of early upstream feedback.

Woman: Okay. Thank you for that discussion. I know, Bob, you had your hand raised?

Robert Centor: Yes. I really like the comment from the patient representative and would like to expand on that. We've used the word "quality" way too many times in this conversation. We cannot pretend that we're measuring quality. We use that word all the time. Quality is a very complicated multidimensional concept. What we really need to know is what the patients want out of their healthcare rather than us using a paternalistic approach where we decide what is the best healthcare that may or may not be as perfect for the patient because patients don't always have the same priorities that the experts have in terms of taking care of their disease, especially when their multiple disease is involved.

There've been quite a few comments about nobody - you can't get information from anybody. But I will go back and you can read the article in New England Journal of Medicine that the ACP Performance Measurement Committee wrote. We can show you pages and pages of performance measures we've evaluated and no one seems to pay any attention. We have

(unintelligible) physicians on that, both in academics and out of academics, in private practice who think about these things very, very seriously.

And when we tried to get feedback, it isn't paid attention to. We've tried to take a patient-centered view of this of will this have a negative impact on other parts of the patient experience. We have to remember that if we sit there and we're worried about trying to get a good score on our performance measure, we may ignore the patient's primary reason for being there. And that would be very dangerous and that would not be quality.

So I think that part of the problem that many practicing physicians have is they just didn't even believe in the concept. And so you're going to have to think about what is the concept really trying to do for you to decide whether or not you're doing good or just creating measures that we can check off the box and say, "Hey, we're improving quality." We're not really improving quality. We're improving measures. And is that really helping our patients?

I apologize if that sounded like a screed.

Woman: Well said.

Woman: Yes, I agree. Yes, it's almost if it's a quality of life and maybe you don't use quality, but how do these measures impact your life. I think there's definitely a different approach for patients than for providers.

Man: Yes.

Woman: You know, how does it affect your practice, taking care of patients versus how does that, for a patient, how does that affect your health or your well-being.

Man: We have a few folks still with their hands raised. I mean this has been a good discussion, thus far.

I think, Elvia, do you have your hand raised?

Elvia Chavarria: Yes. So as a measure developer, I just wanted to state and reiterate that we would absolutely welcome any and all feedback from all different stakeholders, including the clinicians, to, you know, confirm what our clinicians who develop the measures, perhaps new evidence has emerged, et cetera, from patients, from health plans, from payors. It's just how do you get that information to us? But it's absolutely - it's welcome.

And then the second thing is also getting the right information at the right time. For example, if we are going to be working on a feedback loop that - within the context of measure evaluation, and if our measure - and I think it was mentioned earlier, too, if our measure is due in two years, what - or three years, what information do we need to sort of to analyze how - what changes we can make and then how those changes work in the real world before the next maintenance process. Otherwise, we'll be providing the exact same information that we've provided in the first place and maybe provide the reporting percentages, but not necessarily what questions - how we address the questions that came through and through whatever mechanism we establish.

But I think getting those questions and getting those comments at the right time for us to be able to make a change for us to be able to take it through sort of the filter of the existing evidence and our experts within our technical expert panels, I think that's one of the keys as well.

Rose Baez: Elvia, this is Rose. Just because I'm unfamiliar with the process, when you do receive feedback and for whatever reason it's not considered, is that provided back to the source that gave that feedback? Or I guess this is a broader question to other developers.

Elvia Chavarria: So this is Elvia. Usually, we do. For example, we do JIRA. When we get - and we get quite a few for all of our measures, we get quite a few JIRA inquiries. We always provide a response back and then, you know, based upon what our experts said, if it's sort of a clinical issue or based on, you know, changes in specifications, if that's the question.

So yes, I lost my train of thought.

Rose Baez: So if there was a recommendation for a change…

Elvia Chavarria: That's right.

Rose Baez: …and your experts came back and said, you know, this is why we don't - we would - we don't want to consider it, how was that looped back…

Elvia Chavarria: Right.

Rose Baez: …to the source?

Elvia Chavarria: So again, sort of that's where, yes, that's where I was. With the JIRA, we would provide the response directly. Whenever we get - also we get responses through our - directly to us, to staff. And we always come together as a team because it's usually specifications, measure development and testing. We come up with a response and we've provided that way.

With our public comments that come in, we always provide a response to the public comment. Maybe not necessarily to the individual person, but we collate all of the comments, we merge the ones that are very similar and we provide a response and then we post those responses to ensure that everybody who provided (unintelligible) responded.

Rose Baez: Thank you. That's helpful.

I think we have one more hand raised. Connie, did you have a question?

Constance Anderson: (Unintelligible). No, I already (unintelligible). Yes. Thank you.

Rose Baez: Okay, great. I think it's been a good discussion.

Eddie, did you have any other questions or comments before we turn it back to the NQF staff?

Eddie Machado: No, I agree with you. I think the discussion has been a rich one today. And the last point that you brought with - that Elvia responded to is I think an important one that the feedback loop in some cases should be considered (unintelligible) the person providing the feedback, so that they can appreciate, you know, exactly how that feedback was utilized or not, in certain cases, to help them understand.

I think that's another one of those cases for that community level sharing, because that information could probably also be valuable to other users.

But with that, maybe we can throw - back to Jean-Luc and Madison. I know we've gone through a lot of things, but I don't know if you guys could sort of summarize some of the high points maybe for us.

Madison Jung: Sure. I - this is Madison. I will do my best to summarize. And please feel free to jump in if I miss anything.

Again, thank you so much for all of this feedback. It's extremely helpful in us, helping us develop our environmental scan report and also in forming the materials for the future papers that we'll be developing.

So I'd categorize in a few ways and I'll just run through the major categories and then those kind of (unintelligible) as they have down. So, for potential additional sources to incorporate, definitely highlighting JIRA and that its use with the ECQMs and the feedback mechanism that's there. Quality teams, organizations should also be sources that should be thought of. So that means the ones that are within the organization and the ones that are charged with implementing or, you know, looking at these measures or helping physicians implement and look at these measures.

Also something that was highlighted was ACOs and their network may be looking at something and having the platform there. So another source of - another level of feedback to collect.

Additional perspectives to incorporate for or account for in our team forming.

((Crosstalk))

Madison Jung: Oh. I'm sorry. Okay. So if you are not speaking, please mute yourself. So we're getting a little feedback on the line.

But to continue, additional perspectives to incorporate in our team forming interviews, so individuals who've experienced working on these NQF

committees evaluating measures or evaluating these following metrics and incorporating a perspective from individual that has experience with specialties and societies, particularly ones that develop measures.

Let's see. Perspectives from individuals that are measure developers, so actually specifically looking at those. Also a big highlight, a big theme was incorporating patient and family perspectives into that process and as well as other clinicians such as pharmacists, especially with the recent, you know, practice on opioids.

Some challenges that I've noticed or highlighted are challenges for the measure feedback loop or for developing measure feedback loop. There are going to be issues in capturing information post-implementation phase. The availability of these different perspectives that you want to weigh in and want to get feedback on, these people aren't always available. There is a - there's difficulty in - related to the amount of time it takes to develop these measures, collect these measure feedback, implement these measures.

And then the last category I have is just future considerations for our measure feedback loop. So I'll just read off the list I had. So we need upstream feedback. We need to consider the timing of measure feedback. We need to consider what is really a value to patient, what they want out of this process. We - another major theme is we need to somehow incorporate the perspectives of practicing clinicians. Usually they're the ones with major measure or major burden in this process. But they are the most important perspectives that we need to incorporate.

Again, we need to get the perspectives of patient and families. We need to keep in mind a way to directly convey that feedback back to developers, and then also in the process and just consideration. We should think about ways

on the development process that there are multiple points for measures to fail or measures that aren't quite hitting the mark and fail. That means getting that feedback into the process, but also having that - you know, do something with the outcome.

And the - let's see. I believe that was all I had. Looking around the room, anybody on the line for additional points that we missed?

Okay. So Eddie and Rose, anything else from you?

Eddie Machado: I would just say I think you did a very good job of capturing the high points. And I would invite, you know, other committee members to, you know, comment if they felt something was left off the list. But I thought that was pretty comprehensive.

Melody Danko-Holsomback: I think for - this is Melody. For future considerations, our feedback tools that are integrated for frontline providers - and that might be part of the frontline provider piece, but integration into existing tools or workflows is important I think.

Madison Jung: Okay. Great. So if there is nothing else, we can - and, you know, as always, feel free to e-mail or let us know if there's anything that you think, you know, after the fact that we should be incorporating. But we can move to public comment now.

So, Navya, did you want…

Navya Kumar: Sure. So at this time, we will unmute all the lines in the Web meeting. So if you do want to make a public comment, we ask that you please. If you do not want to make a public comment, please place yourself on mute.

Operator: The conference has been unmuted.

Madison Jung: Okay.

Navya Kumar: Okay. Great. And so I will lead that with the next steps.

So the next step will be delivering the draft report. So like Madison said, we will be using the feedback that we receive from today's discussion along with the team-forming interviews and the literature scan, it was a 14-day public comment period. During this time, we will also ask the committee to review the findings up-to-date and provide comments as well. And on April 12, the environmental scan and final report will be viewed to CMS. And that third and fourth Web meeting will be part one and two of the measure feedback in the NQF CBP process. This will be when we will review the existing CBP process, use and usability criteria and evaluation process, along with a comprehensive view of the current processes and mechanisms of JIRA NQF.

The Web Meeting 3 will be on April 30 from 2:00 to 5:00 pm, Eastern Standard Time, and Web Meeting 4 will be on May 7 from 2:00 to 5:00 pm, Eastern Standard Time.

And with that, here are our contact information. So please feel free to e-mail, call and visit our SharePoint and Project page if you have any questions or comments after this Web meeting.

Madison Jung: And this is Madison Jung again. Thank you so much, everyone, for joining us today. I know that today's meeting was a lot of NQF staff kind of talking at you. But we're looking forward to moving beyond this foundational work and getting into the more committee-driven work.

So, thank you again to Eddie and Rose for facilitating this conversation. Did you - Eddie or Rose, do you have any closing remarks or anything you'd want to say?

Rose Baez: This is Rose. I don't. Just thank you, everybody, for the discussion.

Eddie Machado: Yes, thank you.

Madison Jung: Well, great. Well, thank you so much, everybody, and have a great day.

Rose Baez: Thanks. You too. Bye.

Eddie Machado: Thank you. Bye.

Woman: Thank you. Bye.

Woman: Bye.

END