NATIONAL QUALITY FORUM

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VALUE SET HARMONIZATION COMMITTEE

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TUESDAY
NOVEMBER 10, 2015

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The Committee met at the National Quality Forum, 9th Floor Conference Room, 1030 15th Street, N.W., Washington, D.C., at 8:30 a.m., Zahid Butt and Michael Lieberman, Co-Chairs, presiding.

PRESENT:

ZAHID BUTT, MD, FACG, Medisolv, Co-Chair
MICHAEL LIEBERMAN, MD, MS, Oregon Health and Science University, Co-Chair
CHRISTOPHER CHUTE, MD, DrPH, Johns Hopkins University
CYNTHIA CULLEN, MS, MBA, PMP, Mathematica Policy Research
ELLEN HARPER, DNP, RN-BC, MBA, FAAN, Cerner Corporation
WENDY HOFNER, RN, NextGen Health Care
STAN HUFF, MD, Intermountain Health Care
MATT HUMPHREY, Telligen, Vaerys Consulting
RUTE MARTINS, MS, The Joint Commission
ROBERT McCLURE, MD, MD Partners
MARJORIE RALLINS, DPM, Physician Consortium for Performance Improvement
ANNE SMITH, RN, BSN, MSHA, National Committee for Quality Assurance
JAMES TCHENG, MD, FACC, FSCAI, FESC, Duke Information Systems for Cardiovascular Care, Duke Heart Center, Duke University Medical Center

NQF STAFF:

JASON GOLDWATER, MA, MPA, Senior Director
ELISA MUNTHALI, Vice President, Quality Measurement
ANN PHILLIPS, MHA, Project Analyst, Health Information Technology
KATHRYN STREETER, MS, Senior Project Manager

ALSO PRESENT:

KEVIN LARSEN, MD, ONC
CHRIS MILLET
JULIA SKAPIK, NSF
AL TAYLOR, ONC

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Zahid Butt, MD, FACG (Co-Chair)
Michael Lieberman, MD, MS (Co-Chair)
Jason Goldwater, Senior Director
Kathryn Streeter, Senior Project Manager
Ann Phillips, Project Manager

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Adjourn

1 P-R-O-C-E-E-D-I-N-G-S
2 (8:40 a.m.)
3 MR. GOLDWATER: All right. Good
4 morning, everyone. We're going to go ahead and
5 get started. I know there a couple of people who
6 haven't arrived yet. Our Co-Chair lives right
7 near where I live. I fortunately left at 6, so I
8 beat the Washington traffic in the rain to manage
9 to get here. If he has left later than that, it
10 could be noon by the time we see him. Hopefully
11 not. Hopefully he's here in relatively good
12 time.
13 I want to thank all of you for
14 attending. This is the second meeting of the
15 Value Set Committee. It will be our final
16 meeting, at least as far as this contract goes.
17 We do have quite a bit to get through
18 this morning and this afternoon, and we do have a
19 lot of results to share with you, and the results
20 of some of our discussions regarding governance.
21 We do have some objectives of things
22 we would like to finish, that we really do need

1 to do in order for us to complete our final
2 report by the end of this year. So we will be
3 guiding the discussions to get to some
4 conclusions and recommendations from all of you.
5 Restrooms, which I know are incredibly
6 important, as they always are. If you leave this
7 room and just go straight past the elevators and
8 make a right, you will run into them. They will
9 be on your right-hand side. We will be starting
10 now.
11 We'll take a few breaks, one at 10:45
12 for about 15 minutes. At 12:30 we'll break for
13 lunch for half an hour. That's provided by us.
14 And then at 3:30, we'll take another 15-minute
15 break. After that, we will go through until the
16 end.
17 We do have a Wi-Fi network. The user
18 name is "Guest." It is the NQF Guest network.
19 As usual, we would ask if you could please mute
20 your cell phone during the meeting. I realize,
21 given your positions, there may be calls that
22 come in that could be important, and if so, feel

1 free to just step outside. It's not a problem.
2 I'm Jason Goldwater. I'm the senior
3 director of this project and happy to see all of
4 you again, and after talking to you on the phone
5 for a long time. Katie Streeter is sitting to my
6 right. She's the senior project manager. And
7 then to her right is Ann Phillips. We are the
8 ones that have been communicating with all of you
9 since January. Seems like it was an eternity
10 ago, but it has been January. We are going to
11 have Chris Millet. I know many of you know him.
12 He used to work here a long time ago, now has his
13 own business, and has been a consultant on this
14 project, particularly with our governance
15 strategies.
16 So we're hoping to see him at some
17 point in time today. If we could just go around
18 the room. I recognize, of course, many of you
19 know each other, but for the benefit of the
20 public record, which we have to release, if we
21 could just start with Cindy, if you could just
22 introduce yourself, tell us where you're from.

1 Please turn your mics on when talking.
2 MEMBER CULLEN: Cindy Cullen,
3 Mathematica Policy Research. Mathematica is the
4 contractor with CMS for the maintenance of the
5 electronic clinical quality measures for both the
6 EP and the EH side of meaningful use.
7 MEMBER SMITH: Anne Smith, NCQA.
8 We're a measure developer for the EP measures.
9 MEMBER RALLINS: Marjorie Rallins from
10 the PCPI. We're a measure developer and also
11 work with MPR on the EP contract.
12 MEMBER CHUTE: Chris Chute, Johns
13 Hopkins.
14 MEMBER HARPER: Ellen Harper, Cerner
15 Corporation.
16 MEMBER HUMPHREY: Matt Humphrey,
17 Vaerys Consulting Company, formerly oversaw
18 development of the measure authoring tool, is one
19 of the relevant things.
20 CO-CHAIR LIEBERMAN: Mike Lieberman,
21 Oregon Health and Science University.
22 MEMBER HUFF: Stan Huff with

1 Intermountain Healthcare and the University of
2 Utah.
3 MEMBER MCCLURE: Rob McClure, MD
4 Partners. I'm a consultant with ONC and NLM,
5 work with the VSAC and ONC on measures
6 terminology.
7 DR. TAYLOR: Al Taylor, ONC.
8 MEMBER TCHENG: Jimmy Tcheng, the
9 American College of Cardiology and Duke
10 University.
11 DR. LARSEN: Kevin Larsen, ONC.
12 MEMBER MARTINS: Rute Martins, Joint
13 Commission, also measure developer working with
14 Mathematica on the hospital ACQS.
15 MEMBER HOFNER: Wendy Hofner, NextGen
16 Healthcare.
17 MR. GOLDWATER: Thank you all very
18 much. Let's set the stage a little bit before we
19 start diving into the discussion. What we're
20 going to spend our first hour and a half
21 discussing are the results of our third pilot
22 test, which dealt with clinical encounters.

1 We will also review and summarize the
2 results from the previous two pilot tests. I
3 realize that, through our webinars, we have gone
4 over that information, but given that we have not
5 seen it in a while, I thought it would be
6 worthwhile to review it one more time to talk
7 about lessons learned and to get to your
8 feedback.
9 Again, we are not looking for a
10 defined harmonization process. What we would
11 like to focus on through the lessons learned is
12 if we could come up with some potential
13 principles or ideas for harmonization that we can
14 echo in the final report.
15 We do want to have a Committee
16 discussion on value set development, particularly
17 in how we would define a high-quality value set.
18 We would look at value set selection analysis,
19 determining what value sets to use and which ones
20 to discard.
21 At 12:30, we will have a lunch. Then
22 we are going to spend from 1 to 4 on governance

1 models. Again, our discussions have focused on
2 two. We will review both of those, but I do want
3 to try to get are some final thoughts and
4 principles of governance that we can consider as
5 a governance model is being developed.
6 At 4 o'clock, we will turn this over
7 to public comment, as we always do. We'll talk
8 about next steps shortly thereafter, and we will
9 adjourn by 4:30.
10 The charge, the meeting goals for
11 today, is to evaluate the pilot harmonization
12 process. We did three pilot tests over the last
13 five months. One, as you may remember, was
14 medication value sets. Two was behavioral health
15 value sets, and the third were value sets for
16 encounters.
17 We will review the results for all
18 three of those, get your thoughts and input on
19 them, and see if we can come up with some ideas
20 and principles for harmonization to consider in
21 the future.
22 The second part is to finalize

1 recommendations on governance, especially looking
2 at core principles for governance, how that would
3 be operationalized, and more importantly, how we
4 would incorporate governance in the measure
5 endorsement process, again, emphasizing what we
6 decide today may not be the final action that we
7 would then incorporate here at NQF or elsewhere.
8 It is simply to be a framework to be considered
9 for later.
10 The ground rules. We want to identify
11 the basic issues surrounding value sets and
12 devise methods to potentially correct those
13 problems. That has been the focus from the
14 beginning. The focus is on a potential solution
15 or principles of a solution, which is important
16 to ONC, who is here, to CMS, as well as to the
17 National Library of Medicine. By the end of this
18 discussion, it is vital that we construct
19 proposed policies and procedures.
20 The Co-Chairs, Dr. Lieberman is one of
21 them, Zahid is the other. They're here to help
22 me facilitate the discussion and identify

1 additional information that may be useful to the
2 Committee that will help keep the project on
3 track. I think last time we were here, we had a
4 very fruitful and robust discussion, to say the
5 least. Fortunately, by the time we got to the
6 end, we got everything that we needed, which
7 helped propel us the next six months. So I do
8 want to continue with that sort of framework that
9 we have a very active discussion about what we
10 have learned, but then by the end of it, we
11 really do have the information that we need.
12 It's important to ONC, important to
13 our other federal partners, and important to us.
14 With that in mind, let's review the results of
15 the third pilot test, which dealt with clinical
16 encounters.
17 DR. LARSEN: Hi, this is Kevin from
18 ONC. Just a quick framing. The way we
19 structured this work -- and I think it's clear,
20 but I'll just kind of highlight it very
21 specifically -- is that we wanted to really think
22 carefully about these ideas of governance and

1 review and harmonization. We thought that would
2 work best by actually getting our hands dirty
3 with some actual work looking at those as
4 examples.
5 So, the goal of this was to inform the
6 strategic recommendations with some practical
7 work. But the main outcome here is a strategic
8 one, not a practical one. So, just to really
9 make sure that we clearly articulate that. I
10 think Jason has done it, as well. This is
11 examples to help us figure out how to do this at
12 a larger scale. Thank you.
13 MR. GOLDWATER: Sure, no problem,
14 Kevin. Thank you. Just another logistical
15 point. Many of you probably remember this, but
16 just in case. If you want to speak in the course
17 of the discussion, just put your tent card up
18 like this, and I'll call on you. Please turn on
19 your microphone and speak into the mic. You can
20 see, in the back right corner, we do have someone
21 who is transcribing the discussion, which is
22 important for us as we summarize it. That will

1 also go into the report.
2 As much as we all can project our
3 voices, I know this from personal experience, we
4 still need it to be in the microphone to make
5 sure that it's clear.
6 Alright, moving on. The third pilot
7 test dealt with clinical encounters. Many of you
8 may remember, from the last time that we met,
9 that Dr. Skapik wanted us to at least take one of
10 the pilot tests and focus on encounters, largely
11 because many of the tickets that they were
12 getting in, when it came to some of the
13 meaningful use measures, were echoing a number of
14 concerns about the issues around clinical
15 encounters, in that there was not enough specific
16 information.
17 For example, there was a clinical
18 encounter on HIV visit, but the actual codes
19 within that value set did not necessarily make a
20 reference to HIV. So the purpose of this pilot
21 test -- and this was very different from the
22 other two that we did -- was to ask the Technical

1 Expert Panel to come up with ideas on creating
2 two intentional value sets from two extensional
3 ones; one being the HIV visit, and the other one
4 being blood pressure.
5 The focus was not to completely create
6 a brand-new value set. That would have been
7 asking a lot from the TEP in the time period that
8 they had. But the focus, more or less, was
9 coming up with recommendations to take a grouping
10 of those code sets and see if they had ideas to
11 make them more algorithmically defined, or, by
12 definition, intentional.
13 Specifically, we had them focus on,
14 really, three areas: how can encounter be better
15 captured based on the content of those value
16 sets; should there be sub-value sets that
17 incorporated telehealth, urgent care, and
18 long-term post-acute care; and should the
19 face-to-face interaction value set be specified
20 for both inpatient and ambulatory care
21 encounters?
22 We got eight responses from the 12

1 people on the TEP, which was somewhat more than I
2 thought we were going to get. So, what I've done
3 is summarized, generally, what their comments
4 were, and then we'll start the discussion from
5 there.
6 The first question was, how can an
7 encounter be better captured after reviewing
8 these value sets? One comment said, "Rather than
9 changing the codes of the clinical encounter, it
10 may be more effective to change the value set
11 name to reflect the type of encounters included
12 in the value set."
13 Another one said, "HIV visit and blood
14 pressure are grouping value sets that are made up
15 of multiple extensional value sets. The grouping
16 approach to the logic of these measures was noted
17 as the best approach to represent its clinical
18 intent."
19 The next comment was one that was
20 repeated throughout this exercise by a number of
21 individuals, which is, "There should be smaller
22 value sets that are building blocks for all

1 encounters that are stratified by level of
2 service."
3 One other one said, "It may be
4 difficult to create value sets that describe care
5 for certain conditions. An encounter may be the
6 same, such a strep throat test, but the procedure
7 and diagnosis may be different, such as an easy
8 strep test or a strep test for someone with
9 diabetes."
10 Next question: should there be
11 sub-value sets for telehealth, urgent care, and
12 long-term post-acute care facilities, or should
13 they be standalone value sets? Again, echoing
14 another comment, "Value sets that are building
15 blocks to meet the need of the measure may be
16 appropriate. The building blocks can be
17 incorporated into the eMeasure logic, depending
18 upon the intent of the measure."
19 A number of comments said the
20 following: "Value sets should include all
21 settings, rather than creating individual ones,
22 with the feeling that if we start breaking these

1 up into specific points of care, we're creating
2 silos of value sets, rather than breaking them
3 down. Setting qualifiers can be used in value
4 set headers to identify the practice setting
5 where the encounter took place."
6 Finally, should face-to-face
7 interaction value sets be specified for both
8 inpatient and outpatient encounters, depending on
9 the measure in which it is being used? That
10 would be appropriate. Having smaller building
11 blocks to develop value sets that can be used as
12 needed within a measure is appropriate. Value
13 sets need to be identified by the outcome that
14 they are measuring, and face-to-face interactions
15 can be used in the value set headers.
16 Again, this is summarizing the
17 results. Let's start off with the first
18 question. Based on the information that you saw
19 -- and I realize not everyone will agree with
20 that, which is perfectly fine -- but based on
21 what was presented, and based on what your own
22 knowledge is of value sets as they relate to

1 clinical encounters, how do you think they can
2 best represent an encounter? Are they good
3 enough as they are? Are there adjustments that
4 need to be made? Is there some logic to making
5 them smaller, so that they are building blocks
6 for encounters, rather than these grouping of
7 extensional value sets?
8 So I will turn that over to all of you
9 for comments. I cannot believe all of you are
10 quiet on Question 1. That's not going to last.
11 Yes, Cindy, go ahead.
12 MEMBER CULLEN: Alright, I'll start.
13 A couple of years ago, when we started developing
14 the value sets for the meaningful use eCQMs,
15 encounters was one of the first places we started
16 to look to see, how can we best approach this?
17 I'm going to speak just from the EP side, because
18 at that time, that's what we were working on.
19 Our thought process was make very
20 small building blocks that could be combined, as
21 necessary, to meet the needs and the intent of
22 the measure. So we got very granular with this,

1 and many of the value sets only have about half a
2 dozen codes or so in there, but they allow for
3 this flexibility.
4 So if you want to restrict your
5 measure to children, there are about five
6 different value sets that talk about initial
7 encounters, ages 0 to 17, follow-up encounters,
8 ages 0 to 17. The issue that's brought up with
9 this one -- and I would have to look at the
10 specifics of this -- but the whole point was to
11 be able to combine as necessary. The HIV visit
12 is in an HIV measure, and it's a measure that's
13 designed to look at HIV visits, so that was the
14 reasoning behind the naming of it at that time.
15 But, really, the whole concept has
16 been small building-block pieces, so that you can
17 really hone in on the intent of the measure.
18 We're starting to undertake additional efforts
19 across both the EP and the EH now, looking at
20 some of the other value sets. Some of the other
21 folks who are a little bit more involved with
22 that can talk about that.

1 But we think, moving forward, that
2 this is a really solid approach that allows for
3 easily maintainable value sets, flexibility, and
4 really allowing you to design something that is
5 specific to the needs of the mission.
6 MR. GOLDWATER: Chris.
7 MEMBER CHUTE: This is a controversial
8 theme. It was talked about last time, so I'll
9 only mention it and then let it go. I'm
10 referring to, really, how do we phenotype cohorts
11 of patients to populate numerators and
12 denominators of either quality metrics, or any
13 other metric, for that matter. Value sets are a
14 useful and practical mechanism, but they are
15 hardly sufficient, and they are probably not even
16 optimal.
17 It's been proven in a number of
18 applications of phenotype cohorting that a more
19 robust exploration of electronic health data, for
20 example, the example that was just mentioned of
21 pediatric cases, heavens, one could use the
22 demographics that are in the electronic health

1 record. The notion that these things all have to
2 come from value sets, I think, is extremely
3 narrow-focused.
4 Correspondingly, for many conditions,
5 using direct laboratory values, for many
6 conditions, using readily available medications.
7 In the eMERGE Consortium, which I
8 think was one of the -- at NHGRI, one of the
9 groups that really spearheaded this whole genre
10 of electronic phenotyping, high-throughput
11 clinical phenotyping, it was recognized that
12 while value sets add value, using the totality of
13 standards-based electronic health data in
14 records, if you really want things like an
15 appropriate accounting of clinical encounter, is
16 going to be the way forward. I realize this is
17 the value set committee, but the first question
18 was extremely provocative because it says, "Do
19 you think value sets best represent things?" and
20 my answer is categorically no.
21 MR. GOLDWATER: Understood. Dr. Huff.
22 MEMBER HUFF: Yeah, I want to follow

1 up on what Chris said and make sure I'm oriented
2 because my mental model is that in applying
3 quality logic or understanding quality, my idea
4 is that you're defining situations that you want
5 to detect, and you're then looking for patients
6 who meet those requirements or qualifications.
7 So, yeah, following on what Chris
8 said, it seems that -- I would have thought of
9 this, where Chris uses the word phenotype, I
10 would have thought what we're really doing is
11 defining queries against data that exists in
12 somebody's electronic health record.
13 So, I don't do that with value sets.
14 I do that by saying, you know, if I'm looking for
15 people who had a diabetic encounter, I look for
16 people who have diabetes on their problem list or
17 diabetes as a reason for the admission or that
18 sort of thing. Similarly, to the same things
19 that Chris said, I'm really -- you define the
20 kind of things that exist in the electronic
21 health record, like problems or laboratory data
22 or medication administration or medication orders

1 or allergies or whatever.
2 What you're really doing in defining
3 the quality measures is defining queries against
4 those and finding people who have data that
5 matches what you think qualifies as that kind of
6 individual or that situation that you're looking
7 for in a quality measure. So, yeah, I'm sort of
8 -- in the way that the question was posed, I'd go
9 I don't know how you ever get to what you're
10 trying to do using "value sets."
11 MR. GOLDWATER: Ms. Smith.
12 MEMBER SMITH: So, I think you have to
13 remember that there's multiple pieces of logic in
14 the denominator. For something like a diabetes
15 measure or an HIV measure, there is a portion of
16 the measure that's looking at, do you have a
17 diagnosis of HIV? But for a lot of these
18 programs, the measure developers were required to
19 put in that you also visited that physician and
20 that's how CMS is attributing you to the
21 physician, that you actually saw him, and so he
22 is responsible for your care. That's typically

1 what the visits are used for. They're not used
2 to identify the condition. There's diagnosis
3 codes in there for that, if you look at the
4 measures.
5 MR. GOLDWATER: Rob.
6 MEMBER MCCLURE: Right, so, to some
7 extent, I think I'm partially to blame for this
8 overall question. Thank you, Kevin. So I think
9 there are some overlapping issues that I hope we
10 can kind of center in on. One of the things that
11 I think we've struggled with is exactly what Anne
12 was talking about, which is encounter is a huge
13 part of these measures.
14 Encounter is a huge part of a lot of,
15 probably, also, decision support activities, too,
16 but it's really a big deal with quality measures.
17 It's good to hear what Anne said, because, in
18 part, what I've always struggled with as we've
19 struggled with where does value set fit in this
20 process when encounter was discussed, was it
21 always struck me, essentially, exactly what Stan
22 and Chris said, which was this is not a value set

1 issue. It was a what's the logic constructs, and
2 what's the available information in a record, in
3 the data that we're accessing, that supports
4 getting at whatever it is the encounter is
5 attempting to do. So, for example, as Anne says,
6 I think it's not the only thing, but it is a big
7 issue with regards to attribution.
8 So, part of what I wanted this process
9 to do was to say okay, first off, this doesn't
10 seem to be a value set problem. This is a
11 problem of what do we really want out of this,
12 and then what are the data that's available?
13 Almost always, there's a value set in that
14 process, but it's just a piece of this bigger
15 question and part of that attribution issue.
16 So that's one element. There was
17 another, I think, very big issue. Anyone who's
18 spent any time with the quality measures knows
19 about it. It starts before the start of and all
20 this kind of stuff. Because the encounter was
21 intending to try and capture a series of events
22 into a block of time and, therefore,

1 associate/attribute those events with that
2 particular block of time and separating them from
3 another block of time. That word encounter, in
4 the context of quality measures, is a very
5 complex beast. Yet, the only thing we really had
6 was value sets to play with. It just seems like
7 we were way overloading what was going in value
8 sets, in order to deal with this encounter
9 problem.
10 So in a very naive way, I thought,
11 well, if this group could attack that problem,
12 and if it only focuses -- if we can only really
13 focus on the value set piece of it, I would hope,
14 but I wouldn't be surprised if we ended up
15 solidly in Chris' camp, which is this is not a
16 value set problem. Because it really isn't. I
17 think sometimes there's pieces of it -- because
18 just through the happenstance of billing and, you
19 know, there's only a certain set of nails that
20 the hammer could hit, there were distinctions
21 placed into the code associated with an encounter
22 concept that supported the ability to say, okay,

1 these are only pediatric patients because the age
2 happens to be into the name of the billing code.
3 But many times you use the same code
4 to represent when you see a patient who has
5 almost any condition. So you can't use encounter
6 to distinguish between HIV and something else,
7 but maybe you are using encounter to distinguish
8 these attribution things. I think that's what we
9 -- we need to figure out where value sets are of
10 value, given the tools that we have, you know,
11 the kind of codes that are used, and say where
12 value sets aren't to be used, and then you must
13 use these other things. So it's a complex
14 question. It's clearly not a harmonization
15 question. That's not the question here. I think
16 this is a bigger question. At least that's my
17 thinking.
18 MR. GOLDWATER: Rute.
19 MEMBER MARTINS: As a measure
20 developer, I live in a world of pain with these
21 eCQMs because the framework has a ton of
22 limitation. There's only so many nails that I

1 can hit with my hammer. Going back to Chris' and
2 Stan's point, the value sets are a critical piece
3 of these measures.
4 It's not the only thing that is useful
5 to represent clinical data, but if you're looking
6 for a lab result, you need the LOINC code that
7 goes with that lab result to identify which test
8 you're looking for. That's a value set. Same
9 goes for medications. You're going to need the
10 list of medications. That's a value set.
11 Anything that isn't a date or a time or a number
12 is going to be a value set from the perspective
13 of defining what a data element is that can be
14 used in eCQMs.
15 This is why value sets are such a
16 critical piece of this. They're the
17 normalization layer that we need to query all of
18 these different systems and come up with the
19 results that we can compare, hopefully.
20 Having said that, and given the
21 constraints that we have, I can understand the
22 impetus to try to name a value set for what we

1 wish it was and not for what it is. Guilty as
2 charged. But I think that's where we need to do
3 a better job, is accept what we're trying to do
4 with that hammer is what can be done with that
5 hammer.
6 So if we have a value set that only
7 specifies that we have an encounter, then that's
8 all we can say about it. We can't name it as an
9 HIV encounter or something we wish it would tell
10 us. And we need that additional logic and
11 framework to build in the pieces so we can find
12 those cohorts correctly, instead of trying to
13 rely on a value set name to do that.
14 MR. GOLDWATER: Marjorie.
15 MEMBER RALLINS: I will start off by
16 saying that my worst fears have been realized by
17 using the word encounter when we developed the
18 recommendations that are used to specify quality
19 measures. They were intended to be any type of
20 interaction between a provider and a patient.
21 And some of us feared that if we used the word
22 encounter, it automatically has a connection to

1 reimbursement and billing, and then that forces
2 you into using codes. We took a bit of a vote,
3 and some of us were overruled, and here we are
4 now, because what we said was people will be
5 confused by the word encounter. It's just
6 ingrained in us, and here we are now.
7 So, because of that, I think we're
8 forcing other things. I agree, we're overloading
9 the value set with other things that can help us
10 identify those pieces of information. I do not
11 think we should build every disease context into
12 an encounter/interaction value set. Okay, I've
13 said my piece.
14 MEMBER HUFF: I've just got to ask a
15 question so that I make sure that I'm not going
16 down a completely crazy road. I mean, to make
17 this real, could somebody say, I mean, when we
18 say an encounter value set, what are two or three
19 examples of what would be in the encounter value
20 set, and then what are people's expectation,
21 then, about how that's used. My assumption is
22 that whatever those values are in the encounter

1 value set, somehow I have some process where I
2 can go out to a patient population and decide
3 which people have those kind of encounters.
4 Could somebody just clarify that and
5 say two or three kinds of things that would be an
6 encounter value set? And then the process that
7 people are assuming would take place, whether
8 that process is a person doing chart review, or
9 whether that's something that we're trying to
10 automate and answer using software, a program
11 that will identify those encounters, if you will,
12 in nature.
13 DR. LARSEN: I can take a stab, but
14 others feel free to chime in. An encounter could
15 be -- many of them are CPT codes. And what we
16 know from most of the people that are using the
17 measures, we expressed encounter value sets in
18 both CPT and SNOMED. Almost exclusively,
19 everyone picks CPT when they're going to use
20 these because it mind-maps to what they know and
21 how they're built. And as much as we've
22 encouraged SNOMED, we have almost no uptake on

1 the use of SNOMED codes for encounters.
2 So, therefore, they go to visit types.
3 I'm going to tell you a gotcha that we had as a
4 way to sort of explain this. We have a closing
5 the referral loop measure, which says if you've
6 made a referral and you track that you got your
7 response back, that's a positive interaction.
8 The ophthalmologists recommended that to all of
9 their eye doctors, only to discover that not a
10 single eye visit code -- not a single eye visit
11 CPT code was included in the encounter value set.
12 So, therefore, all the
13 ophthalmologists got a big, whopping zero in the
14 number of patients that they could do closing the
15 referral loop, because none of their encounters
16 were attributed to them because that particular
17 CPT code was not included in the first round of
18 the value set. So, we fixed it after we got that
19 info. That got changed.
20 So, these end up mapping very closely
21 to CMS visit types for CPT billing purposes. And
22 some of it's quite intentional, actually, as we

1 talk to states and others who want to start using
2 electronic quality measures out of EHRs. They
3 need a transition path from what they do now,
4 which is a claims-based activity with counts on
5 claims, and something that looks fairly similar
6 to them and they can know what the interaction
7 looks like, what the overlap of cohorts looks
8 like between their claims-based measure that is
9 purely here's the encounter code, here's the
10 information that was sent in the claim, and then
11 here's what the eCQM looks like.
12 So they'll have office visit, a SNOMED
13 code called face-to-face encounter, but anything
14 in 99212, 99214, all these CPT codes that are
15 what billing people and claims people live in all
16 the time, that's the bulk of how these get used.
17 MEMBER HUFF: Just to be clear, then,
18 the encounter value set, you said, comes from CPT
19 codes, and the actual values would say things
20 like ophthalmology visit? What are actual values
21 that would be in the value set?
22 DR. LARSEN: So, the ophthalmologists

1 have a separate set of encounter CPT codes
2 because of the way CMS pays for eye care through
3 Medicare. That's why this was excluded, because
4 of a billing rule around how eye visits are
5 billed for using a different CPT code system than
6 evaluation and management visits, E&M visits,
7 which I use.
8 So it would have E&M codes for what
9 most people do. It could include things like eye
10 visit codes, any other kind of specialized codes,
11 current case management codes, telehealth codes,
12 anything that eventually becomes a coded way that
13 we say this is an encounter. For the purposes,
14 typically, of billing, we've been adding in
15 non-billing encounter codes as we know what they
16 are and as people use them.
17 MEMBER HUFF: Just to clarify on the
18 second part, then, as you said, so, I have the
19 value set, and it sounds like the way that people
20 are using that, then, is they're taking the set
21 of codes that were associated with billing, and
22 they're comparing the value set, then, to the

1 billing codes that were used in that encounter,
2 and that's how they're saying that this person is
3 or is not -- is that right?
4 MEMBER SMITH: Kind of. I think
5 what's happening is, because they live in a
6 billing world and they have to bill for these
7 visits, the pieces of information in the medical
8 record help support the billing. For instance,
9 99201 is an office visit with a new patient,
10 where you have maybe five minutes or ten minutes
11 with the patient, and it's low complexity
12 decision-making.
13 Those are the pieces that the medical
14 record collects, because that's the information
15 that you have to know to bill the appropriate
16 code. Then the next code is maybe moderate
17 complexity, and you're with the patients 15
18 minutes. Then the next code is high complexity,
19 and you're with the patient 20 minutes.
20 So you have to be able to distinguish
21 those situations to bill the correct code. So
22 that's the type of information that the medical

1 record collects about the visit, so that whoever
2 is doing the billing can attach the right code.
3 I think that's why physicians are in
4 that world. That's the world they've had to be
5 in to get accurate billing to get reimbursed.
6 That's the way they think, and I think that's why
7 they use the CPT codes over the SNOMED codes
8 because the SNOMED codes just say "office visit."
9 Well, that's not specific enough for billing, and
10 they're just not in that world. They haven't had
11 to be there. They've had to say, "this is the
12 complexity I've had in this encounter so that I
13 can bill the right code."
14 I think that's why medical records
15 collect that information. That's why people are
16 in that world, and that's why they think like
17 that. And that's why those codes are available
18 in the EHR, and so those are the ones that are
19 getting used to populate the measures, to pick
20 people for the measures.
21 MR. GOLDWATER: Marjorie.
22 MEMBER RALLINS: Kevin, what we're

1 hearing is that there's no uptake in the SNOMED
2 codes. But, again, if I go back to the original
3 intent of the recommendation, we wanted to look
4 at the clinical documentation of why the person
5 was there, rather than the administrative reason
6 of why the person was there. What has happened
7 is there are some additional, more detailed
8 SNOMED codes that most people are not aware of
9 within the SNOMED hierarchy. That's why, I
10 think, calling them encounters automatically
11 points you to the reimbursement codes. If we
12 want the more clinical codes, then you have to
13 call that something else, or let's change the
14 recommendations. And if the SNOMED codes aren't
15 being used, there's a reason for that.
16 CO-CHAIR LIEBERMAN: Yeah, I think
17 regarding SNOMED codes and what types of codes we
18 end up using, we end up using CPT codes because
19 we all have to code in CPT and so those are
20 available. Our electronic medical record system
21 does have concepts other than the billing codes.
22 We have an office visit, a telephone visit, an

1 e-visit type of thing. So we have different
2 representations there that potentially could be
3 used, but right now there's no need to map those
4 to SNOMED.
5 I mean, we don't share the type of
6 visit when we exchange information with other
7 people. We put a title in there. But we always
8 actually submit a CPT code, so that's what we end
9 up with, and that ends up being the de facto
10 standard.
11 Not to say, though, that -- again,
12 with this, I think we're getting too intentional,
13 as well -- but you could still look at, really,
14 what you're trying to get at with the measure.
15 In this case, it is trying to identify a
16 relationship between a patient and a provider.
17 You could still define that using SNOMED or
18 something else, and then, again, try to use your
19 other code sets to kind of enumerate what those
20 values might be. And in this case, with the
21 example you gave, you overlooked the
22 ophthalmology codes initially, but that would be

1 part of that extensional set.
2 MR. GOLDWATER: Bob.
3 MEMBER MCCLURE: So, actually, this is
4 a really good conversation. I think part of the
5 other thing that I raised to the group, because
6 I'm not sure how far we want to go into this
7 rabbit hole, but this dynamic that measure
8 developers are constantly battling, and that is
9 how much to accept what's currently available.
10 Sometimes, this is a good thing, to
11 make sure that you focus on going and looking at
12 data that's already collected in the course of
13 care. But a lot of times, in the course of care
14 really means in the course of billing versus push
15 to say there's important nuances -- again, I
16 really desperately hope in the normal course of
17 care -- that, again, I desperately hope is
18 someplace in your record, and that we just don't
19 normally call it out because it's not used for
20 billing.
21 But if we could identify it, we can
22 create logic that goes and grabs it, and a value

1 set that captures the appropriate values. Or
2 even that off-the-edge thing and saying you do
3 this, but you don't document it, and
4 differentiating that you've done A versus B is
5 actually a really important thing and so we're
6 going to tell you you're going to have to figure
7 out a way of capturing it.
8 That tension is a huge part of the
9 world that we live in. Again, this is getting at
10 what was in my mind as I battle with why. How
11 can we improve this process of "encounters,"
12 which I agree with Marjorie, it really is about
13 interactions?
14 So my question, I guess, is that in
15 the context of our short period now, today, how
16 can this group either accomplish or give guidance
17 about future accomplishments about what this idea
18 of an encounter really should be focusing on?
19 For example, if this is really about
20 documenting an interaction for attribution and
21 that sort of thing, appointment scheduling
22 software has data about that, right? If we all

1 of a sudden say, no, we're not going to be using
2 CPT codes -- which, by the way, everybody
3 collects -- and instead we're going to start
4 telling you you have to dive into the bowels of
5 your appointment scheduling program because,
6 gosh, we want to know you really had an
7 appointment, everybody's going to go, "you
8 fools," right?
9 We capture this as a part of our
10 billing, as a CPT code, and you were using that
11 before. Why throw that away? I think, boy,
12 let's not kill ourselves -- and I mean the
13 collective ourselves -- trying to do other
14 things. But that's the question I think that we
15 should be answering here, is what part of this
16 should we just say it's not perfect, but it's the
17 best, and it's okay, versus, no, we need to press
18 in this new area because it's really where we
19 want things to go, or it's actually really got
20 the data we want.
21 MR. GOLDWATER: Before I start calling
22 on other people, I think that's a good segue into

1 where we need to steer this, which is I think
2 we've addressed a lot of the questions that are
3 there already. But I think the first part is we
4 have the existing process. How can it be tweaked
5 or improved? It doesn't have to be specific
6 details that we will then go out, create a
7 blueprint, not to use an overstated term, and
8 then go and operationalize.
9 It's, on a principle level, is there
10 a way to improve the process? Does the process
11 not have to be improved? Does the process need
12 to be tweaked in some manner that would be more
13 reflective of the interaction that Marjorie has
14 stated? The other half is, if we were to remove
15 ourselves from chaining together clinical
16 encounters with value sets and move to
17 phenotyping, as Chris has suggested, how do we
18 transition into that? What would be the best
19 process or principles, again, for accomplishing
20 that in the near future? I think that's sort of
21 where we want to head. It's not to the detail of
22 what to do. It is, on a principle level, what do

1 we do? With that in mind, Dr. Chute.
2 DR. LARSEN: Just one other comment
3 there. It's also where should those decisions be
4 made? Right now, we're making those in the
5 bowels of measure development. Part of the
6 discussion here is, is that right the place for
7 us to be making those, or is there some other
8 place we should be also making those decisions?
9 MEMBER CHUTE: Thank you. In the
10 spirit of your admonition, I'll try to behave.
11 First, let me distinguish what I mean between
12 looking at the record versus looking at value
13 sets. And it's honestly whether we restrict
14 ourselves to billing administrative information,
15 or whether we look at the holistic record.
16 Your comment about appointment systems
17 is germane, but the issue of do you have to go
18 into the bowels, so to speak, of your EHR, that's
19 going to be a non-starter and a non-scalable
20 activity. I get that. So it raises the obvious
21 question of virtually all EHRs are required to
22 create health information exchange elements,

1 typically in a consolidated CDA syntax. So, what
2 are the options of mining a CCDA which, at least
3 theoretically, can be trivially generated by
4 virtually every electronic health record?
5 That raises the question of why
6 bother? In the context of laboratory values, for
7 example, that was raised, true, LOINC codes are a
8 value set. But what really matters in a measure
9 -- let's say you want to look at renal failure or
10 something like that -- is whether the creatinine
11 is 8, or whether it's 1.3, not whether the LOINC
12 code for a creatinine measure is there or not.
13 It's the actual value. That's the kind of
14 element that can be found in a CCDA.
15 If I were to systematize a sort of
16 next-generation quality metric, I would say,
17 gosh, let's treat the CCDA at face value. Let's
18 treat that as a reasonably standardized summary
19 and assertion of factual information about a
20 given patient that includes, implicitly,
21 encounter and other elements -- actually
22 explicitly -- and focus on how can we mine a

1 document like that with more precision than we
2 can with whether or not a code is present or
3 absent, which is pretty weak, get at explicit
4 demographics, get at explicit notions of severity
5 of disease through laboratory measures, multiple
6 medications and the like, in a way that I think
7 we have trouble doing with value sets alone.
8 DR. TAYLOR: I just wanted to echo,
9 and perhaps put a little bit of a different
10 interpretation on some of the comments here. As
11 a clinician/provider, I just want to reflect on
12 really objecting to yet another framework for the
13 management and collection in a different context
14 than something that's already built into our
15 documentation system.
16 The practicality and burden of going
17 off in yet a different dimension trying to
18 understand the concept of interaction instead of
19 encounter really would be extremely burdensome.
20 As a clinical provider, we really object to that
21 approach.
22 I'm still struggling with this concept

1 of value sets defining or representing clinical
2 encounters. They are, at least to my mind, still
3 in kind of 90-degree dimensions.
4 I want to reflect on Chris' comment
5 that this is not -- we have to balance how much
6 we want to collect in a pre-determined way versus
7 in a query-based way. As a strategic direction,
8 I would argue that we need to go much more in a
9 query-based approach than a pre-defined approach.
10 That's not how clinical practice occurs. It
11 doesn't occur, necessarily, in a pre-defined way.
12 You may have five choices, but then where's that
13 sixth or seventh or eighth choice, which
14 oftentimes ends up being the direction to go in?
15 MEMBER RALLINS: Building on those
16 comments, I think we should also not forget that
17 this is retrospective reporting. These
18 recommendations don't really dictate how you
19 actually capture things. It's really how you
20 report those things.
21 So I think we have to look at what
22 point in the process we really want to have the

1 impact. Because right now -- and I don't know if
2 this is regulation or whatever, but for PQRS and
3 meaningful use, you are reporting these codes.
4 There's no place in the regulation that says you
5 need to capture this in your system, or you need
6 to change the way you capture things. So I think
7 we need to keep that in mind, as well.
8 MEMBER HUFF: So, I can understand, you
9 know, if the billing codes are what we have, I
10 can see that's a good, pragmatic solution, maybe
11 an essential sort pragmatic look. I guess part
12 of it is, you know, when we're doing that, maybe
13 we could keep in the back of our mind about a
14 future. Because hose billing codes are actually
15 available typically not because they reflect
16 care, but because they have to be there to get
17 billed so that the business runs.
18 And we see a change coming, where
19 people are going to stop billing that way and
20 bill based on population and accountable care
21 organizations, etc. So I guess there's a part of
22 me that recognizes that, pragmatically, we may

1 need to do that today, but in the ideal world, we
2 would be documenting what we did for the patient
3 and everything that we want to know in terms of
4 measures would be based on what we needed to do
5 to take care of the patient, as opposed to what I
6 see as assignment of these arbitrary billing
7 codes.
8 I guess, in a sense, I can imagine
9 that people would stop collecting the codes
10 because they needed to bill, but now they would
11 collect the codes because they wanted to do
12 measures. And that wouldn't have been our
13 intent.
14 The billing codes are really
15 arbitrary, and saying whether this was simple or
16 complex or medium, you get into hair splitting
17 and other kinds of things that I don't think are
18 useful for clinicians. Again, the ideal -- I'll
19 shut up, too -- because I think we need to be
20 pragmatic, and what we need to do today is what
21 we can make work. But I think we need to think
22 about a future state where people are documenting

1 what they need to do to take good care of the
2 patient, and our measures should be based on
3 those things, not on arbitrary billing artifacts
4 that get assigned today because that's what we
5 have to do to keep the business running.
6 DR. LARSEN: I just want to, again,
7 reiterate that what these are used for right now
8 is attribution. The way the measure would work
9 would, say, find all the diabetics, and then
10 those diabetics that have had a single visit with
11 a particular doctor in the last year are the ones
12 attributed to that doctor for the purposes of
13 their quality reporting score.
14 So, I don't know that this is the
15 ideal attribution. It doesn't work in some of
16 the new payment models. It is very much based on
17 the PQRS aligned to a fee-for-service system
18 approach, so we are starting to also run into
19 issues that these measures were built for one
20 purpose and people are trying to use them for
21 another.
22 I just had an informaticist, a really

1 sharp one who runs a regional collaborative, tell
2 me this big a-ha. He said, "Did you know that
3 when we collected all the data for all the
4 patients in our region, we didn't get all of the
5 diabetics in the measure because they had to have
6 a visit?" I said, "Yes, I knew that. That was
7 the way the measures were built because they're
8 designed to be aligned to the PQRS
9 fee-for-service Medicare billing program."
10 So, this is a fantastic conversation.
11 I again want to kind of make sure we mark and
12 placehold these as we think about governance and
13 oversight and where these decisions get made.
14 Because if we continue to make the decisions only
15 that we keep these fit for a single purpose and a
16 single fee-for-service billing program, that will
17 drive their momentum and energy and the way
18 they're built.
19 So if we want them to do things other
20 than that, that's the task at hand, for us to
21 figure out how to best encourage these to be
22 useful and usable in other contexts, because

1 there's a lot of energy and momentum behind
2 keeping them aligned to the fee-for-service
3 billing programs that they're in.
4 CO-CHAIR BUTT: Just a couple of
5 points. I think, on the ambulatory side, clearly
6 the billing encounter is the only definition,
7 currently. I agree with Dr. Tcheng, that's the
8 big issue, in terms of whether a clinical
9 encounter can be defined within the context of
10 quality measures. Currently, actually, those
11 billing encounters don't support most of the
12 metadata of the QDM. For example, in the QDM,
13 there's a very basic concept of a start of an
14 encounter and an end of an encounter, date, time.
15 The single CPT code with a date of service does
16 not support that.
17 Now, most of the measures don't use
18 those start and end times, but, potentially, as
19 Stan was pointing out, in future those may become
20 in play. That's one of the reasons why I think,
21 on the inpatient side, the current encounters are
22 defined in SNOMED. But the problem there is that

1 there is no universal definition of what a start
2 time of an encounter is.
3 As a matter of fact, there's not even
4 a clear definition of what the encounter means,
5 and when does it start, and when does it end? On
6 the inpatient side, there is still confusion
7 about the differentiation between the patient's
8 arrival and the start of the encounter as two
9 separate data elements, versus the discharge and
10 the end of the encounter.
11 So there's this concept of a so-called
12 administrative clinical encounter, which no one
13 has really defined anywhere. I think it's very
14 -- the encounter issues are very fundamental and
15 harmonization across different standards. Even
16 if we pull it from the EHR, HL7 defines it a
17 little differently, as opposed to what the QDM
18 expects in terms of what the measure developers
19 are then using.
20 I think it will be good to have some
21 kind of a very unambiguous definition of a
22 clinical encounter with some of the key metadata,

1 both on the ambulatory and inpatient side. That
2 would be very, very helpful in both measure
3 development and implementation.
4 MEMBER MARTINS: I think this
5 conversation is really, really interesting. It's
6 an unsolved measurement problem, though. We are
7 just starting to measure population health. Once
8 people start seeing that data, will they know
9 what to do with it? Will they know what to do to
10 actually make those measures better?
11 And I think that's a different problem
12 from the one that we're trying to solve here,
13 which is measures that are focused on an
14 interaction of a provider with a patient. And
15 they had an opportunity to do something right,
16 and did they do it right? We're finding issues
17 measuring that. If we can just fix that, I think
18 we're going to be moving forward and taking steps
19 forward. Just from the perspective -- Chris, you
20 mentioned the CCDA as a source. Let's use that
21 data.
22 I think that's been the whole

1 principle behind meaningful use, is since
2 providers are going to be required to exchange
3 data, why don't we use that data to calculate
4 some of these measures? There are specific
5 limitations -- again, our hammer -- is we need to
6 define the boundaries of what data we put in that
7 CCDA and how is that really defined? And the
8 hammer that we have is the boundaries of an
9 encounter, whatever that means.
10 And I realize that, in the eCQM world,
11 no one really knows what that means. And that is
12 timing. For instance, a simple case of a
13 hospitalization, let's say you have the date
14 you're admitted for inpatient care and the date
15 you're discharged of inpatient care. The way
16 we're bounding the events that we're looking for
17 is between those two dates. That's the only
18 reason why an encounter gets to be in a measure
19 specification.
20 And it really is about attribution.
21 Can we get rid of attribution is really my
22 question. I don't think the answer is yes, at

1 this point, so I don't think we can circumvent
2 the encounters. I absolutely agree with Zahid
3 that we need very, very tight definitions on what
4 we mean, both on an ambulatory and inpatient
5 perspective.
6 MR. GOLDWATER: So I think that is a
7 nice summarization of how to, as best as
8 possible, improve, to some extent, the existing
9 process. Again, getting into the how when we
10 start getting into governance. Moving to the
11 other side -- oh, I'm sorry.
12 CO-CHAIR LIEBERMAN: I think the
13 question for me becomes when are we talking about
14 value sets, and when are we talking about models?
15 Because when we've talked about encounters, it's
16 really about -- we have to start with thinking
17 about what are we trying to model here? Really,
18 it's, again, that encounter between a patient or
19 way of attributing a patient to provider, some
20 sort of interaction took place.
21 I think it's important to remember
22 that as we develop measures -- we don't really

1 actually need to use CPT codes in the measure
2 definition. What we need to do is say what
3 relationship or what concept we're trying to
4 model. And then it becomes an act of translation
5 between what that concept is and how we're going
6 to measure it.
7 The other thing is that when you think
8 about this issue of encounter, what we're really
9 thinking about is -- I think the important things
10 to think about would be what setting are we
11 interested in? So, is it hospital? Is it
12 ambulatory? Is it post-acute care? What's the
13 provider type? Are we looking for an encounter
14 between a patient and a physician or at mid-level
15 or just clinical staff? Is that going to be
16 necessary?
17 And then the types. So are we looking
18 for face to face? Are we looking for telephone?
19 Are we looking for electronic or so on? So it
20 really becomes -- those are the types of things
21 that I think we need to kind of develop value
22 sets around, is defining each of those attributes

1 of what the encounter is. And then we can
2 combine them in such a way in the model to
3 actually get at the concept that we're interested
4 in.
5 MEMBER MARTINS: I absolutely agree
6 with that. I agree that it's not a terminology
7 problem because you can't possibly fit that all
8 in a code, or even two or three codes, right?
9 And that is part of why value sets are so charged
10 is the limitations around modeling, for sure.
11 MR. MILLET: I don't want to jump into
12 the governance discussion, but I feel like the
13 relationship between how we use terminologies and
14 measures and the modeling comes up a lot when we
15 talk about governance, as well. I guess I have a
16 few thoughts on that I wanted to bring up. One,
17 the future of our eCQMs, our ability to model
18 data is going to get more sophisticated as we
19 roll out CQL, as the standards we use to
20 represent the measures improve.
21 Maybe a productive way, a goal we can
22 try to at least talk through today, is figure out

1 what's the principles for -- as our ability to
2 model the measures improves, what's the role that
3 value sets and codes should have in the future,
4 as opposed to right now? Because right now,
5 we're working with what we have. But in the
6 future, we're going to have a much better ability
7 to represent the measures, so maybe we could
8 define a better way there.
9 MR. GOLDWATER: Which sort of gets to
10 the second part of this, before we move on, which
11 is I think we have some good principles for
12 current state. The future state, as Chris and
13 Stan have sort of articulated, where there's less
14 reliance on a value set per se, much more
15 reliance on the entire medical record and the
16 information from that and performing queries
17 against that record, how, then, could that be
18 operationalized in a manner that would transition
19 away from value sets into more of the construct
20 that you've been discussing? Again, not with
21 specific details, but just generally, how do you
22 conceptualize that?

1 MEMBER TCHENG: I think we're making
2 a call here for separating out the concept of the
3 value set, at least the data that informs the
4 performance, from the concept of a clinical
5 encounter. That's the modeling component of
6 this, that if you can create the value sets to
7 ask a specific question, and then have, as part
8 of a model, the context -- if you will, encounter
9 -- as a different part of the model, then you can
10 associate what you're measuring with a specific
11 context, rather than trying to munge them into
12 individual value sets. Perhaps I'm overspeaking,
13 but that's what I'm hearing, and that's the
14 direction that I would recommend.
15 MEMBER CHUTE: I think you start with
16 the simple things. As you evolve measures, you
17 might incorporate demographics, explicit age
18 ranges, because they are part of the demographic
19 record, and, really, part of any packet that gets
20 exchanged about any patient, in any event; date
21 of birth is always there. It raises the question
22 of whether you could start to generate metrics of

1 short-distance patients from long-distance
2 referrals, trivial computation, given ZIP codes
3 that are in demographic.
4 Is there utility in that? I have no
5 idea. But it's the illustration that there are
6 modalities of metrics that can be trivially
7 generated by incorporating something like
8 demographics. As I say, they're ubiquitous.
9 They're simple. They're straightforward. And
10 once people start to get the idea that, hey, I
11 can go beyond billing data, then I think the
12 cascade will unfold itself.
13 CO-CHAIR BUTT: Again, I think the key
14 issue really will be in eCQM context and
15 encounters, whether whatever model supports the
16 eCQM framework. Currently, that's QDM. Maybe
17 it'll be QICore or something in future based on a
18 more file-enabled type of model, or at least
19 within that file framework.
20 But whatever is needed to define an
21 encounter in the metadata needs to be
22 unambiguously stated. Then, unfortunately, given

1 the state of things and the way that the various
2 terminologies competing with each other are
3 there, there will be some sort of mapping effort
4 involved on the other side, where data is
5 currently being captured, as they transition.
6 So if we even define some clinical
7 encounter today, it is unlikely that most EHRs
8 would be capturing it as such, and that a single
9 SNOMED code potentially would capture all the
10 metadata needed for the encounter to support an
11 eCQM specification in every instance. Because
12 many of the current definitions based on single
13 codes do support a lot of the use cases within
14 several the eCQMs, but there are instances in
15 which the start and end times and their
16 relationships are extremely important for the
17 measure, and it breaks down.
18 So I think the key really would be for
19 this group to help facilitate that whatever model
20 is felt to be supporting the eCQM specifications
21 and modeling needs to be unambiguously defined.
22 And then whatever mapping and other

1 would become a little easier, because if it's
2 unambiguous in a singular definition, then all
3 these different things will have to be reconciled
4 with that. So I think that's the missing piece
5 right now, because there is not that definition
6 in the current framework.
7 MEMBER HARPER: I also think, with the
8 newer technologies, that this idea of an
9 encounter will grow bigger and bigger, with
10 telehealth and home visits and the number of
11 extenders, with care coordinators. There'll be
12 lots of new opportunities in that space.
13 MEMBER MARTINS: I just want to make
14 sure that we're understanding the concept of a
15 value set in the same way. To me, value set is
16 not a synonym of a list of administrative codes.
17 It could be anything. Right now, it is anything.
18 It could be a diagnosis. It could be an
19 encounter. It could be a medication. It could
20 be a lab test. It could be anything.
21 So, I just don't want us to start
22 going down the rabbit hole where we're saying

1 value sets are bad because they're
2 administrative. That's not, I don't think, the
3 intent in the case. So, just to make sure that
4 we're all on the same page with that, because I
5 feel like we're saying value sets are bad because
6 they're administrative.
7 MR. GOLDWATER: I don't think I'm
8 getting that idea. I think it's more of there
9 are weaknesses in value sets, which I think most
10 people would agree with. There are ways of
11 potentially improving them, but as the technology
12 is evolving, I think it's worth noting that there
13 are ways of doing this that may not involve value
14 sets. And it's just worth thinking about, not
15 for the here and now, but potentially in the
16 future.
17 MEMBER CHUTE: Necessary, but not
18 sufficient.
19 MEMBER MARTINS: Right. No,
20 absolutely. And just thinking about the
21 interaction between the model and a value set, I
22 think that the key point, Zahid, you made, and I

1 absolutely agree, is that there needs to be a
2 more robust modeling ability so that we're not
3 relying as much on the terminology to give us all
4 of the meaning. It's certainly a key piece of
5 this.
6 But, again, the weaknesses of the
7 value sets are always going to be there. If the
8 code isn't there or is there, that's always going
9 to be a question that we're going to be asking,
10 even if we're looking for a number that's
11 attached to it. In order to query a system for
12 date of birth, you have to tell the system that
13 what you want is the date of birth and not just a
14 date that's in the system. And you're going to
15 need a code to represent that concept. "This is
16 the label for the date that I'm looking for." So
17 I think we're always going to be dependent on the
18 value sets, even with the weaknesses that they
19 have, and certainly not just from an
20 administrative perspective.
21 MEMBER MCCLURE: Just building on that
22 -- I don't know that much building needs to

1 happen, but I'd like to understand what we want,
2 what you want, what the chairs want, in terms of
3 outcome from this. I would hope we don't -- we
4 shouldn't even be saying things like "value sets
5 are bad" for this. That's like saying engines
6 are bad for transportation. You know, it's a
7 piece of the car. It's what makes the car run.
8 So, in value sets, my take on this is it was it's
9 not that value sets -- you can't say value sets
10 are good or bad. That's totally irrelevant.
11 It's, "Can you do everything you need
12 to describe an encounter in the context of a
13 value set," was the question. And I think we
14 tended to do that because of all the reasons that
15 I think we could spend some hours listing. What
16 I think -- and I'm wondering if the Committee
17 agrees, and then, therefore, again, this idea of
18 what's our goal, what do we want to do -- it
19 could be that this group would say that the idea
20 of an encounter shouldn't be encapsulated as one
21 QDM element with one set of value sets as a way
22 of describing it. We reject that as a solution.

1 In fact, it's more complex, and here are some of
2 the areas to go with regards to that.
3 It could be that the idea of -- and I
4 might agree with this; I don't know, actually, so
5 I'm just saying this as a maybe -- that there's
6 an idea of a billing encounter, right, that
7 there's a series of codes -- because those things
8 are very well tied. We do capture codes because
9 of the world of billing. So, therefore, a value
10 set of billing encounter codes does describe a
11 kind of thing that is important in the context of
12 interactions. But to stop there, as we have done
13 to date, with good reason, is insufficient.
14 Therefore, we suggest other things are important,
15 too, and we should get some guidance. That would
16 be a great outcome, I think.
17 MR. GOLDWATER: I'll close the --
18 Mike, you have something to say? All right, go
19 ahead.
20 CO-CHAIR LIEBERMAN: I think what this
21 Committee is kind of tasked with is trying to
22 determine, you know, at what level should measure

1 developers define what the concept is?
2 So, for example -- I don't know if
3 it's a good example -- do we allow the concept of
4 pediatric encounter as a value set, or do we say
5 a pediatric encounter is an encounter that's a
6 value set with somebody less than 18 years old?
7 That's the type of -- and that's when
8 it comes to governance. Do we want behavioral
9 health encounter to be a value set, a set of CPT
10 codes that are related to behavioral health, or
11 do we want to say that it's an encounter with a
12 diagnosis or some other piece of information that
13 actually defines it as behavioral health? That's
14 the type of issue that we want get into, so that
15 we don't end up with everybody defining a value
16 set for their particular area, when it's really a
17 combination of other attributes that are the best
18 solution to the problem.
19 MR. GOLDWATER: Dr. Tcheng.
20 MEMBER TCHENG: I guess the question
21 is, how much are we encumbered by the terminology
22 itself? Because what I think we're describing

1 are contexts. If we can perhaps get away from
2 the word "value set" and say, "this is what we're
3 trying to measure and then these are the clinical
4 contexts. Again, getting away from encounters,
5 getting away -- I'm trying to reflect on,
6 Marjorie, what you were raising as really the
7 issue. But is that, perhaps, a different way to
8 do it? Disengage the context from the
9 measurement, and instead try to identify things
10 that we want to measure. And then where the
11 applicable context is, then link those things
12 together.
13 MR. GOLDWATER: There seems to be a
14 race between Cindy and Marjorie, and Marjorie
15 obviously won.
16 MEMBER RALLINS: Please, Cindy, join
17 in. I would say that we do that, but there's
18 additional modeling through the QDM and the tools
19 that we have. I guess from a practical
20 perspective, if we sort of recommend additional
21 recommendations besides value sets, we also have
22 to keep in mind that these measures are used in

1 programs and implemented, right? What I'm asking
2 is, what's the larger implication if we do that?
3 Right now, CMS accepts, for PQRS and meaningful
4 use, codes. They don't accept anything beyond
5 that. So I think we just have to think about the
6 larger issue of the recommendations.
7 MR. GOLDWATER: Right. So, I'm going
8 to move on to the next set of slides, but I think
9 to address sort of what Rob was getting at, the
10 objective, for at least the time being, is we're
11 not -- there's not going to be a recommendation
12 "let's abolish value sets and they're horrible."
13 That's not going to happen. You know, the
14 discussion at the TEP reviewed them, they found
15 weaknesses in the way the encounters were being
16 constructed, and had some brief recommendations
17 on perhaps ways of improving them. The question
18 was, what do you think is the way of possibly
19 improving them -- if they need to be improved,
20 which I think there was general concurrence that
21 we can do better with this -- and what are the
22 principles that we should be considering if we're

1 going to go about trying to enhance or improve
2 the value sets as they relate to encounters?
3 But I think there was also a good
4 point that Chris brought up -- actually both
5 Chrises brought up -- which are that the
6 technology is evolving to a point where there may
7 not necessarily be a need, at some point, where
8 value sets will be something we have to rely on,
9 that making queries against a medical record and
10 using the data within that may not only be
11 sufficient, but may actually be more robust for
12 building measures. But that's not to say that's
13 what we're going to do.
14 Yes, Chris, go ahead.
15 (Laughter.)
16 MEMBER CHUTE: I did use the phrase
17 necessary but not sufficient. I had meant to say
18 that I don't see the value sets ever going away.
19 They will always be important. I'm simply
20 pointing out that they can be hugely augmented.
21 Whether they're overtaken or not is immaterial.
22 But I don't want to go on record as saying we

1 won't have value sets.
2 MR. GOLDWATER: Well, you're going to
3 anyway. No, I'm kidding.
4 So, it really was, given the advances
5 in technology, there may be ways of improving
6 this. The sources of data may be very different.
7 The way that it's constructed may be different.
8 So I think that's something to just consider. I
9 think that's something in a report we should put
10 in. And I think that's a great charge by the
11 Committee to be thinking through that.
12 Yes, Zahid? I have to get to the
13 other slides.
14 CO-CHAIR BUTT: I'm sorry. Just one
15 last comment.
16 (Laughter.)
17 CO-CHAIR BUTT: I agree with Chris
18 that value sets, because they represent codified
19 concepts, are likely to not ever go away. I
20 think what the other Chris may have been alluding
21 to, or at least my interpretation of what Chris
22 may have been saying, is that the programmatic

1 things and future programming-enabled eCQMs might
2 be able to fill this gap of a single value set
3 not being able to address all metadata issues.
4 Those could be backfilled by those. But I think
5 at every given stage, the codified concepts will
6 have to be the central piece, and one way to
7 represent that is the value set in the context of
8 a specific measure concept.
9 But I think that the efficiency of a
10 single value set, especially in complex measures,
11 is that they just don't support -- the underlying
12 terminology does not support all the metadata
13 needed to extract all that information embodied
14 in one code.
15 MR. GOLDWATER: All right, on that
16 note, what I would like to do now is sort of
17 just, again, briefly review the results from the
18 previous two pilot tests. And then from that, we
19 were able to sort of establish, or at least
20 write, some principles. And we'd like to spend,
21 I guess, the next -- how much time do we have --
22 the next half an hour just getting some initial

1 feedback on those.
2 The first pilot test was harmonizing
3 medication value sets. And the methodology we
4 employed throughout this process was using
5 Jaccard. And If it was a 4.9 or above, we
6 considered those to be candidates for
7 consideration for harmonization. With the
8 medication value sets, we looked at AMI and VTE
9 measures.
10 We developed a worksheet that
11 identified the measures containing those value
12 sets, the intent of the measures, the value sets,
13 the intent of the value sets, and which ones were
14 potentially overlapping.
15 The summary results from this
16 medication pilot test. Overall, the TEP
17 recommended there was no need for harmonization
18 of these. Each of the value sets had different
19 uses. Most of the value sets were distinct from
20 one another and did not require harmonization.
21 There were smaller subsets of these value sets
22 which could be re-used across measures. Some of

1 the value sets were intended to be more granular
2 than the others, so there was not as much overlap
3 as initially thought. As a result, the Technical
4 Expert Panel felt harmonization was not needed.
5 The second really focused on
6 behavioral health value sets. They included
7 measures under meaningful use and measures that
8 included behavioral health value sets, such as
9 emergency department arrival and discharge and
10 VTE. We included the steward of the measure and
11 its intent. Value sets that may be potentially
12 overlapping were identified if they, again, had a
13 Jaccard of 4.9 or above.
14 Within the worksheet, we included the
15 OID, along with its description, its steward, and
16 its intent. We used published value sets within
17 the VSAC and not ones that were either listed as
18 dropped or proposed. We also included a list of
19 the value sets that may be overlapping and the
20 measures they correspond to.
21 These are the measures that we looked
22 at. I won't go into each one of these, but there

1 were PCPI, NCQA, and Joint Commission, and then
2 one from CMS. So, the major players.
3 Summary of results. The TEP felt
4 these should be harmonized. They found that
5 there was significant redundancy in the SNOMED-CT
6 value set specifically for bipolar disorder.
7 Various types of bipolar disorder, such as
8 organic bipolar disorder, were excluded from the
9 value sets without reason, or at least reasons
10 they could not identify. A number of the bipolar
11 concepts can be harmonized without the value set
12 losing its overall meaning. Value sets for the
13 mental health patient, mental health disorders,
14 and mental health diagnosis should be harmonized,
15 and they also felt there was overlap between
16 mental health disorders and substance abuse.
17 Again, harmonization was needed. We did not get
18 into how that would be accomplished, but rather
19 what they felt needed to be done.
20 So, here are some lessons learned.
21 This is what I'd like to get some feedback on in
22 the next 25 minutes.

1 There are differing views, as we
2 discussed throughout the TEP -- on all three of
3 these pilot tests, actually and it's sort of what
4 we're seeing here today, and what we saw the last
5 time we all spoke -- that there are different
6 views on when there is overlap and when there is
7 not. Now, we just used the Jaccard analysis, so
8 we used Olivier's paper as the basis. Is that
9 the appropriate methodology to determine when
10 there is overlap, or is there another methodology
11 that should be applied?
12 MS. PHILLIPS: I think the methodology
13 is fine as a starting point, but it is a starting
14 point. There are two factors that go into
15 determining whether there is actual value set
16 overlap. One is the expansion, the content
17 itself. And that is what the Jaccard Index will
18 give you. The other one is the overlap in the
19 intent. So, there may be similar overlapping
20 content, but if the intent is different then
21 maybe there is no impetus to harmonize.
22 To me, it's a two-step process.

1 Unfortunately, the intent portion is not
2 something we can automate. It does require that
3 humans get together and make decisions on whether
4 it's appropriate or not. Those decisions,
5 however, should be documented, and they aren't.
6 CO-CHAIR LIEBERMAN: Jason, can I
7 actually ask you to go back a few slides?
8 Because I have a question that I think kind of
9 plays into this issue around when we were talking
10 about behavioral health, there are -- back one
11 more. So, my question is why are there
12 behavioral health value sets in the venous
13 thromboembolism prophylaxis measure? It might be
14 -- I don't know if anybody can answer that here,
15 but --
16 CO-CHAIR BUTT: Maybe I'll let the
17 measure developer answer it.
18 MEMBER MARTINS: The idea is that we
19 are excluding patients that are in the
20 psychiatric facility. That's the intent.
21 Because there's no evidence, because they may be
22 walking around or banging their heads against the

1 wall.

2 CO-CHAIR BUTT: Just to add a little

3 bit more detail, it's in the ED measures. You

4 have a stratification between those that have

5 psych problems and those that don't. So the ED

6 is different for those two strata. That's one

7 use case that I know of where there's a value set

8 of psych disorders that is used in the ED to

9 determine -- to separate them out from the rest

10 of the ED patients because they tend to stay

11 longer. So the measure itself is stratified.

12 CO-CHAIR LIEBERMAN: Okay, that's

13 fine.

14 CO-CHAIR BUTT: There's a different

15 problem there, but we won't get into that one.

16 CO-CHAIR LIEBERMAN: It's a clinical

17 differentiation that you want to define.

18 CO-CHAIR BUTT: Because the median

19 times being longer for that group of people.

20 MEMBER MARTINS: I was just going to

21 say that it's an interesting point, though,

22 because the way these value sets are being used

1 across these measures is very, very different.
2 They're the focus of some of the EP measures,
3 whereas they're just a tiny, little exclusion for
4 some of the other measures.
5 CO-CHAIR BUTT: It looks like, in the
6 behavioral health, most of the harmonization
7 issues that were identified were more in the
8 diagnosis. It doesn't look like it was in the
9 encounter itself.
10 MEMBER CHUTE: Just a trivial
11 observation. I think the overlap between mental
12 health and substance abuse that was pointed out
13 is actually a poster child example of where the
14 building block approach could be applied.
15 MR. GOLDWATER: Any other
16 recommendations on methodology for identifying
17 overlap? And I should say that the TEP also
18 agreed there needs to be -- this is not an
19 automated process. Because they all asked, how
20 we did the Jaccard, what the Jaccard meant, you
21 know, what does that mean? Explaining that it's
22 more or less a correlation matrix, they said

1 there should be human interaction to really see
2 is there specific degrees of overlap or is there
3 not, which we did on our end before presenting
4 that to them.
5 MEMBER MARTINS: So I think this
6 comment applies to behavioral health more than
7 other concepts because of how broad the concepts
8 are, but it's something that we've doing across
9 measure developers. Really, it's incredibly more
10 difficult than I ever thought it would be because
11 you do have to go, painfully, code by code and
12 explain why it should be there or shouldn't be
13 there. And we often disagree. And that's based
14 on the intent and purpose.
15 So it's a very painful process,
16 especially as you think about these broad
17 concepts. One thing that I think is a critical
18 piece -- and Kevin, you had mentioned it before -
19 - is should these decisions be made by measure
20 developers? To me, the answer is no. We should
21 have the professional societies involved in this,
22 in defining what are base concepts for their

1 clinical practice, and support development of
2 value sets that, then, measure developers can use
3 and others can use. I think they're a missing
4 stakeholder at the table of value sets.
5 MEMBER SMITH: Can I just amend what
6 you said? But with measure developer input, so
7 that the experts understand the intent of the
8 value set.
9 MEMBER MARTINS: Yes.
10 MR. GOLDWATER: I think that'll be
11 talked about, I think, frequently when we get to
12 the governance discussion, but I concur with you.
13 Zahid?
14 CO-CHAIR BUTT: So, I think the
15 Jaccard is a very good starting point to have a
16 TEP then start focusing on it. What's very
17 interesting is that we have two pilots in which
18 one TEP, actually, after they looked at the
19 intent of those measures, determined that what
20 looked like too much overlap was actually not too
21 much overlap because the granularity that was
22 needed and the differentiation that was needed in

1 the medication sets were different.
2 So they concluded that, even though
3 the Jaccard was pointing towards an overlap,
4 that, indeed, it wasn't as much. Then the
5 behavioral people came to a different conclusion.
6 So I think that's kind of the process that would
7 be followed going forward, that the Jaccard
8 perhaps is a screening tool, and then a TEP needs
9 to sit down and figure out whether the intent of
10 the measure is met.
11 The more the best practice is followed
12 in the descriptions that you will go into later
13 on, the more information that is available, the
14 less the TEP will have to ask someone what the
15 intent is. So I think in that sense, that's sort
16 of the process that hopefully should work in most
17 cases.
18 MR. GOLDWATER: Let's go on to the
19 next question. And I realize this is sort of
20 open ended and somewhat ambiguous, but we felt
21 like we needed to ask the question, which is when
22 would we consider harmonization "successful?" Go

1 ahead.
2 MEMBER MARTINS: This is actually a
3 question that I, personally, have been pondering
4 on as we're going through this exercise of trying
5 to modularize a very, very broad concept, which
6 is mental health, in general. And I think there
7 are several dimensions to this. There's the
8 implementer perspective. When is harmonization
9 successful from an implementer's perspective?
10 To me, the answer to that is: when
11 they know what a particular concept means, and
12 it's represented by a single set of codes. So
13 the same data element has a single value set
14 associated with it, if you will. I don't know
15 that there's anything else, from an implementer
16 perspective, that they care about.
17 From a measure development
18 perspective, and as we grow the library of value
19 sets, if you will, harmonization gets into that
20 layer of the modularization to make the
21 management of the concept sane. That may not
22 matter as much for an implementer, but it

1 certainly matters for the burden of maintaining
2 the value sets and maintaining the consistency
3 across the concepts.
4 So I think that's the other layer of
5 successful harmonization. It can be a rabbit
6 hole, though, because how far do you go and
7 modularize? You could argue that each individual
8 code is a module, so how far down that road do
9 you go is an open question for me.
10 MR. GOLDWATER: Mike.
11 CO-CHAIR LIEBERMAN: I think that was
12 a question I had on a previous call about at what
13 point, when you start modularizing your codes or
14 your code sets, that you end up with a whole
15 other terminology system. And we have
16 terminology and classification systems, such as
17 SNOMED, that we don't really want to recreate
18 with sets of value sets.
19 So, do you then look at it more as --
20 do you use SNOMED, for example, to define your
21 concept, and then again you translate your SNOMED
22 definition into a set of CPT codes or whatever

1 other set of codes that you want to use, but you
2 don't necessary try and create value sets for
3 each of the individual SNOMED codes. You let
4 SNOMED do that work for you, and then use the
5 other code sets to translate when necessary.
6 MEMBER RALLINS: This is responding
7 back to the original question of when is
8 harmonization successful? I don't think it's
9 always physical things. It's also ensuring that
10 there's some tolerance for the members of the
11 value sets that might not always be appropriate
12 for every specific use case of that data element.
13 Because, to me, harmonization means one value set
14 for one data element.
15 DR. LARSEN: I would think it's
16 successful when it's transparent what is included
17 and why, and what wasn't included and why, and
18 that there's an intentional process and
19 governance around that that's consistently
20 applied.
21 So, I don't really have a nirvana
22 dream that we'll get to every single data element

1 in your time. So I also think that there's
2 likely a priority set and a long tail, and that
3 if we can get a priority set with good governance
4 and transparency I think we'll be a lot further
5 along than if we don't tackle this at all.
6 MEMBER TCHENG: I was going to say
7 something similar to Kevin, but the additional
8 component that I would add is that it needs to be
9 -- I think it's implicit that subject matter
10 expertise needs to be included, but it needs to
11 be understood by the clinical community actually
12 what the intent is just by the presence of the
13 harmonized product, not something that needs a
14 ton of explanation.
15 MEMBER MCCLURE: Yes, I was struggling
16 with the question, and I think with help of some
17 of the other folks who have responded, that
18 changed the question. Because it's not when.
19 Because that harmonization makes me think that
20 you're trying to figure out when you're done. I
21 hope that wasn't the question.
22 The question is, what is successful

1 harmonization? That's the question. That's the
2 question that Kevin answered, at least. I think
3 that's the right question, and that was the right
4 answer, that what we need to figure out is where
5 the idea of doing harmonization appropriate, and
6 how do you do it best? There is no "it's done."
7 That's just not a question that makes sense to
8 me. It's just that you try and do it and then
9 you move on.
10 I'm confident everybody knows this,
11 but I'll say it anyway. There is no perfection
12 in quality assessment, right? We all know this.
13 In fact, actually, just striving for perfection
14 is an extremely dangerous thing, particularly in
15 this area where we're talking about gilding the
16 lily. I think that the qualities -- I don't even
17 know that I could actually add on qualities of my
18 two colleagues to the right here. I think they
19 hit it on the nail and the head.
20 And I would suggest that this
21 discussion about governance is going to be, I
22 hope, about how do we help the organizations that

1 are responsible for doing harmonization, which
2 really is about doing your job, looking to see
3 what's around, being inclusive in terms of that
4 process, not being exclusive and IP-focused, and
5 instead being inclusive and gathering input from
6 the right folks.
7 And also keeping in mind this very
8 important part, which is -- it needs to be said -
9 - it's an interesting dynamic tension of walking
10 and saying there should be few value sets, so
11 that is my goal, versus there should be many
12 value sets, and that is my goal. That second
13 one, to be even more clear, capturing all the
14 nuances that are necessary to be used in this one
15 place is my goal and therefore, you know, it's
16 great -- this'll sound foolish to say, but it's
17 great if there's millions of value sets.
18 I think both of those end statements
19 are improper -- not improper, but they aren't
20 good goals, right? You shouldn't focus on always
21 creating nuanced differences in your value sets
22 because of this gilding the lily thing and

1 perfection problem. But there's nothing wrong
2 with having thousands of value sets.
3 That said, you shouldn't have
4 thousands of value sets that differ by one code.
5 There's this, guess what, humans have to be
6 involved process with guidance, hence our next
7 topic.
8 CO-CHAIR BUTT: I agree that whatever
9 process is followed needs to be transparent, and
10 it might be that it is done in two or three
11 different stages of measure creation, whether
12 it's done at the developer stage, or whether it's
13 done at the endorsement stage. I know you're
14 going to get into some of that later, but I think
15 the key is that -- the question is whether we
16 should try to define some criteria or some things
17 that would be considered as having met a
18 successful harmonization process.
19 So maybe that's for a future
20 discussion, but I think that would be as much
21 guidance as this group can provide to the
22 process, so that they can say, okay, we've met

1 these four criteria, whichever group does that,
2 then it could get the pass for the harmonization
3 process. Because there's going to be some
4 qualitative aspects and some quantitative aspects
5 to it.
6 MR. GOLDWATER: Do you all feel that
7 there are -- just in the lessons learned from the
8 encounters and sort of our review over the
9 previous two pilot tests -- are there one or two
10 lessons or one or two items that jump out at you
11 that we really should be applying to
12 harmonization in general? We can extrapolate
13 these results into something that sort of fits
14 the process that we are trying to come up with or
15 create. Do you think there's anything that just
16 sticks out from what you've learned today?
17 MEMBER MARTINS: I think we actually
18 talked about this at our past meetings. And that
19 is the idea of the intentional definitions. And
20 I want to be careful in how I'm using this
21 because terminologies have limitations and I
22 don't think we're at a point where we can fully

1 define a value set just by rules.
2 It may be possible for some value sets
3 in very specific concepts where you really don't
4 have a very granular concept that you're looking
5 for. But it goes back to the idea of
6 transparency, of people knowing what's in the
7 value set and being able to understand what's in
8 and what's out and why. And I think that's all
9 part of trying to define value sets not as a list
10 of codes where you pick some out, but really
11 documenting the thought process. "These kinds of
12 things are in the value set because," and "these
13 kinds of things are not because."
14 MEMBER TCHENG: From a strategic
15 standpoint, I think what the experience really
16 has resulted in, in terms of a lesson, is that
17 systematically, as value sets are developed, they
18 need to be compared with the rest of the value
19 sets as part of the process of developing the
20 value set. It can't be done, if you will, in
21 isolation, without looking at the totality of all
22 the other products that are out there.

1 DR. LARSEN: I would say that it would
2 be fantastic to have a way to essentially have a
3 sensitivity specificity receiver operating curve
4 definition around value sets, because various
5 customers of them want them to be ultra-specific
6 or ultra-sensitive, or ultra-aligned versus
7 ultra-specific. And I don't think that we have
8 set our gain in a consistent way, and so measure
9 developers that want to develop a measure on a
10 very specific purpose want a micro-specific value
11 set that pinpoints just this narrow little zone
12 of things.
13 And implementers say, "oh my god,
14 you're going to kill me by death of a thousand
15 cuts because every single concept is so nuanced
16 that I'm never going to be able to implement all
17 those nuanced things." And when I talk to people
18 that want to consume measures, the nuance is lost
19 on them.
20 I was just reading through a report
21 yesterday about recommendations to purchasers for
22 what measures they should include in programs.

1 Fantastic report. I'd recommend it to anybody.
2 It's from a group called CPR. They picked
3 composites. They don't even want single
4 measures. They have 20-measure composites that
5 pile everything all together in one thing and say
6 here's your ultimate score at the end.
7 Because as a company that's purchasing
8 care, I'm not going to pinpoint and isolate this
9 very specific thing. I'm going to say I want, in
10 general, to pay for this big quality bucket.
11 So we have these two ends of that
12 world. And I don't know that we have a strategic
13 statement or set of guiding principles that helps
14 us, as we develop measures, to know where we
15 should be aiming on that place, and then we don't
16 have a measuring stick to say did we hit the
17 place we're aiming for.
18 CO-CHAIR BUTT: I think the thing that
19 jumps out at me, at least if I look at just the
20 two pilots, is that the first pilot actually
21 reached consensus and said no harmonization was
22 necessary. Now, you could argue whether they

1 reached the right consensus, but at least there
2 was a group of experts who reached the right
3 consensus. The missing piece in the second pilot
4 is really how would they have harmonized?
5 Because they said there is need for
6 harmonization, but the missing piece is could
7 they have sat together and come to consensus as
8 to how to harmonize, using whatever tools were at
9 their disposal?
10 To me, I think that's the missing
11 piece that we don't know, and I guess we will try
12 to figure out what that piece is and how that
13 should be done. Because that's where the rubber
14 meets the road, when someone says that I've gone
15 through this process and I think this should be
16 harmonized, now there is a question of, well,
17 whose baby is going to be prettier?
18 MEMBER MCCLURE: So, two things. One,
19 all these are really great comments, and this is
20 a hard problem. But one of the things that comes
21 to mind about this idea of -- that I've been
22 harping about don't go too far, don't gild the

1 lily -- is that -- to state the obvious, value
2 sets are used for lots of things. While I know
3 we've been kind of focused on -- because it's
4 what we were given -- the value sets used in
5 quality measures, part of what's going on is,
6 one, we're in a period of transition. So, our
7 targets are moving, so we need to be really
8 cautious about saying this is the solution and
9 not revisiting that solution in a year, let alone
10 whatever, in order to be able to say now we have
11 access to doing something else.
12 Because, for example, value sets are
13 -- the other side of this coin is decision
14 support, right? Using quality measure to do all
15 of the things that we need to do in order to
16 improve the care of patients and to have better
17 purchasing and all of that stuff is just half a
18 loaf.
19 There's a lot of things that I think
20 quality measurement is -- even though it's still
21 doing retrospective analysis and it's valuable
22 there, it's trying to push changes in care. We

1 were talking about this last night. We talked
2 about it a lot. There are certain things that
3 just simply shouldn't be quality measures. They
4 should be decision support metrics. One of the
5 issues we were talking about is tobacco and
6 trying to make sure that patients get encouraged
7 to quit.
8 There's an element of that that's an
9 important quality assessment issue. But in terms
10 of me, as a clinician, in an environment as a
11 healthcare process, what I'd be much more
12 interested is a decision support rule around
13 that. Make sure that the decision support rule
14 fires, and then I'm not going to watch quality
15 around that.
16 How can I tell if someone -- you know,
17 different people, different environments, certain
18 people are going to -- you go down to the South
19 -- there's just so many variables as to why
20 people do or do not quit. So a decision support
21 rule that really made sure, yeah, remind me and
22 give patients support metrics, yes, there says

1 something about one doctor's ability to get
2 people to quit versus another, but to ding the
3 person who's not a great convincer over another
4 person, I mean, that's just stupid. So we don't
5 have all the tools, and so we just need to
6 reassess this process, I think, on a frequent
7 basis, and think about how a value sets work.
8 The other, totally different thing --
9 again, you guys really should say this because it
10 came from you -- but there's this interesting
11 dynamic that I think came out of you guys doing
12 some of these pilot works, where you said, you
13 know what, where we really benefited, one, is
14 getting people together. I'm surprised that all
15 the cards didn't go up because that's a huge
16 thing.
17 We've learned that in every -- this is
18 not just here, but care plans and all the other
19 things that we've done over the past 30 years,
20 guess what, the biggest thing that ever happens
21 is to get people together and talk. So that's
22 clearly a win.

1 The other was that -- I think maybe it
2 was an outcome of that, but not participating, I
3 don't know -- it may be in a counterintuitive
4 way, but breaking things down into pieces that
5 are manageable. I've heard this repeatedly from
6 a number of the measure developers that, for, I
7 think, complex reasons, taking a thing and trying
8 to make the scope of that value set pretty tight
9 means oftentimes breaking big things into smaller
10 things. If you can make things relatively tight
11 -- and this isn't always true, so you can't do it
12 everywhere, so to make it a success criteria is a
13 dangerous thing because you're going to have some
14 situations where it shouldn't be applied. But if
15 you can break value sets down into pieces where
16 there's consistency within that value set, then I
17 think you have a tendency to have a better value
18 set.
19 MEMBER TCHENG: So, with apologies for
20 bringing back an issue that has been presented as
21 done, if you will, as I reflect back -- and this
22 reflects a comment made a couple of minutes ago

1 about the Pilot Test No. 1 -- I'm not quite so
2 certain that there isn't a need for
3 harmonization, even within the medications pilot
4 project that we did.
5 My recollection of it was that it
6 isn't a harmonization problem per se, but
7 actually it's a technical representation of the
8 medications in those lists that was inconsistent
9 from one value set to the next, which gets us
10 back to this concept of, as value sets are
11 developed, they need to be compared with the rest
12 of the value sets that have been already
13 developed to make sure that they're reasonably
14 consistent in their representations.
15 I don't know if you call that
16 harmonization or not, but as we went through the
17 medication list, we found some technical issues,
18 which, if those had been corrected, then one
19 could make the argument, well, then that becomes
20 an opportunity for harmonization. So I just
21 wanted to put that back out there, because I
22 don't think it's quite that nice and neatly

1 packaged that, no, the committee said no need for
2 harmonization.
3 MR. GOLDWATER: I don't think we
4 disagree with that. As we get into discussing
5 the governance models, one of those points is how
6 do you do value set harmonization in each one of
7 these, and what are the things that need to be
8 considered? That's certainly one of the ones we
9 will approach, looking at the pilot test as a
10 past example. So, thank you all very much.
11 Let's take 15 minutes and then we'll reconvene.
12 (Whereupon, the above-entitled meeting
13 went off the record at 10:35 a.m. and resumed at
14 10:54 a.m.)
15 MR. GOLDWATER: All right. So, we're
16 now going to turn our attention for today, now
17 and the rest of the afternoon, on various
18 components of governance, which I know is a
19 significant issue with ONC and certainly
20 something they would like to spend some time
21 getting some guidance and input from all of you
22 on.

1 And we thought about how to structure
2 this discussion in a way that would meet all of
3 the issues with respect to governance while also
4 talking about the two models that we devised over
5 the last few months.
6 So, where we want to start from now
7 until lunch is obviously with just the easiest
8 issue of them all, and I mean that as
9 sarcastically as I can muster.
10 (Laughter.)
11 MR. GOLDWATER: So, we want to try to
12 talk about, in as much as we are able to, again
13 focusing on principles of what would constitute
14 and define a high-quality value set, realizing
15 there will be diverging views on those.
16 So, one thing that we learned in the
17 course of our research is that NLM actually has
18 published a set of quality criteria around value
19 sets, which actually we did not know initially.
20 And Anne, the intrepid explorer that she is,
21 spent a lot of time in the VSAC and found this.
22 And we looked at it and we decided

1 that we would share some of it, not all of it.
2 It's a fairly extensive document, but we wanted
3 to talk about some of the issues that they bring
4 up just to sort of set a baseline for at least
5 how the NLM is defining quality.
6 So, when they talk about what a high-
7 quality value set is, they talk about clinical
8 validity, that authors of value sets should
9 ensure that all included codes correspond to the
10 intent and purpose. Metadata completeness; they
11 must provide correct and complete metadata and
12 add any missing metadata as defined by the data
13 model they use.
14 That value sets should be non-
15 redundant. A given data element should be
16 presented by one, and only one, value set for a
17 given code system. Multiple value sets of the
18 same code should be eliminated, which is a little
19 different than what we were saying, to facilitate
20 maintenance and prevent inconsistency over time
21 and ensure the value sets are as complete as
22 possible.

1 Some of this I realize in the last
2 hour and a half we've sort of gotten to, but I
3 thought, again, as a baseline understanding we
4 should go over this.
5 Yes, Chris.
6 MEMBER CHUTE: In my continuing goal
7 not to let you finish the slides.
8 (Laughter.)
9 MEMBER CHUTE: On the previous one
10 where we were talking about metadata, the notion
11 that the metadata for a given value set should
12 correspond to --- how do I phrase this politely -
13 -- a parochial data model or a data model that
14 they assert, I think, is quite troublesome.
15 I would hope that NLM might entertain
16 the concept of having a shared specification for
17 metadata, and that it's the completeness of that
18 shared specification that's important, not, to
19 put it pejoratively, some random model that a
20 provider might think of.
21 MS. SKAPIK: I think the reason for
22 the language there is actually related to the

1 specific use case of talking about the QDM data
2 types and the role of a specific data model and
3 the measures.
4 So, it wasn't intended to be a generic
5 sort of comment, but I think it's easily
6 interpreted that way so that your comments
7 probably should lead to some refinements in what
8 that language is.
9 MR. GOLDWATER: Other principles that
10 they added. All value set codes are valid in the
11 code system. The author should only consider
12 currently valid codes for inclusion to value set.
13 The descriptors match code system descriptors;
14 that authors should make sure any descriptors
15 they add manually to value sets match the
16 descriptors in the code system to which the codes
17 belong. And completeness; that a value set
18 should contain all of the relevant codes for a
19 particular data element and the coverage of codes
20 should be correct.
21 Logical correctness. A value set
22 should contain only the relevant codes for a

1 particular data element. And the codes contained
2 in that value set should strictly align with the
3 described purpose.
4 Proper hierarchy is only root codes
5 and their descendants should be present in the
6 value set.
7 Property similarity. Value set member
8 concepts should not vary in respect to their
9 properties and attributes, such as semantic type,
10 turn type, et cetera.
11 They were very clear, at least in
12 their writing, as to what a value set purpose
13 should be. The purpose of any value set that is
14 created and used in the VSAC is designed to
15 provide a clear and comprehensive description of
16 the membership of the value set. This important
17 metadata element must take into account how the
18 numbers will be used in a clinical measure or in
19 any other intended application.
20 The purpose statement cannot be
21 validated automatically. So authors should spend
22 time to make this text as informative as possible

1 for human readers to understand the intent of the
2 value set and how it is put together, which is
3 echoing a lot of the transparency discussion that
4 we've talked about.
5 To avoid redundancy, there should be
6 only one value set for a given purpose. We
7 bolded that one, because that has been a point
8 that has been made repeatedly.
9 The purpose statement includes four
10 separate fields that the value set author needs
11 to complete; clinical focus, a free text
12 statement describing the general focus of the
13 value set as it relates to the intended semantic
14 space -- it could be information about clinical
15 relevancy -- or the statement about the general
16 focus of the value set, such as a description of
17 types of messages, payment options, geographic
18 locations and others.
19 Data element scope; a free text
20 statement of describing how the data element in
21 the intended information model defines the
22 concepts to be selected for inclusion in the

1 value set.
2 Inclusion criteria; what concepts or
3 codes should be included. And then obviously
4 exclusion criteria, which one should be excluded.
5 Principles for high-quality value
6 sets. So, this is sort of what we gathered from
7 our previous discussions, as well as taking some
8 of the content from NLM. So, we wrote these into
9 statements so that they reflect principles.
10 And what we would like to do in this
11 discussion is go over each one and get your
12 initial feedback from them. Because in the
13 report, and as we go forward, what we would like
14 to have are some general principles that we think
15 could apply that would reflect high quality.
16 So, the first one is: understand the
17 scope and limitations of the relationship between
18 value sets and the quality data model when value
19 sets are constructed to describe measure logic as
20 opposed to using the capabilities of the QDM.
21 Comments, thoughts, feedback, or do
22 you like the way that is and we can move on to

1 the next one? Go ahead.

2 MS. PHILLIPS: This goes back to the

3 medication harmonization that we did, and there

4 was a value set that didn't have a purpose

5 statement. There wasn't anything that really

6 defined it as anything but a value set for

7 anticoagulants. It was missing a particular type

8 of heparin. And the reason it was missing this

9 type of heparin is it was used in the measure

10 specifications, but there was no explanation in

11 the value set why it was being used in the

12 measure specifications that way.

13 So, I think when -- there may have

14 been a way, now, with the QDM logic to explain

15 that in a measure in a different way, but what I

16 saw with a lot of value sets when I was digging

17 around in the VSAC is some of theme existed

18 specifically to describe measure logic because

19 there was no other way to do it.

20 And perhaps as the QDM continues to

21 evolve, and how we can code measures continues to

22 evolve, that would hopefully be resolved. But it

1 can't be a shortcut when it is difficult to
2 express something in a measure logic to use a
3 value set.
4 MR. GOLDWATER: Zahid.
5 CO-CHAIR BUTT: So, I think this is
6 making the quality data model the only model in
7 that sense. So, the question I would have is,
8 that should this be a little bit more generic?
9 Saying that whatever the prevalent data model is
10 that is supporting the quality measure at the
11 time, because, you know, obviously the QDM
12 supposedly might transition to something else in
13 the future.
14 And so, since it's a principle, there
15 should be some flexibility in whatever is the
16 adopted standard model for quality measures that
17 --- which currently is QDM.
18 And presumably that's what I think
19 this logic issue is probably the biggest one
20 that's going to be solved with the CQL that Chris
21 was describing earlier, because they're going to
22 split the logic out of the data model and put it

1 in the language --- expressing language itself.
2 MR. GOLDWATER: Rob.
3 MEMBER McCLURE: Okay. So, I think I
4 understand what's going on with the first bullet
5 in that, you know, the phrase "quality data
6 model," and I agree with Zahid that this needs to
7 be much more generic, the idea that there's an
8 element that the value set is associated with, it
9 describes the context that that value set --
10 remember, it's really a query, so, it's saying,
11 in this context, go find these values. Right?
12 And that the context that's described
13 by the model that the value set is associated
14 with can -- oftentimes is not, you know, it's
15 generic. Go find a disease. Right? Go find,
16 you know, you're going to go look in the problem
17 list.
18 And then the value set exists to
19 constrain that query to a specific set of things.
20 And if you don't name the value set -- and that,
21 by the way, is not the only thing you get to do -
22 - and then describe its purpose in a way that

1 clarifies the scope, it can be confusing.
2 I think that's what this is getting
3 at, because I think the example was here's
4 anticoagulants, but it was anticoagulants that
5 were intended to exclude drugs that presumably
6 were used for heparin flushes and not to actually
7 anticoagulant the patient, something like that.
8 And so I think we really need to do a
9 lot of rewording of that first bullet, because I
10 think the point here is, is that it's really what
11 we were just talking about before, which is do a
12 good job of writing the scope or the purpose.
13 So, describe the intended scope of concepts
14 completely. You should do a good job in naming.
15 I would love to hear people's comments
16 on how you could do a good naming of value sets.
17 I'm not good at this, and neither is anybody
18 else, apparently.
19 So, they should be complete, you know.
20 So, example, a documented VTE should probably be
21 documented proximal VTE, for example.
22 But the point is that, you know, there

1 is a principle and it basically has to do with
2 making sure that you describe fully the intent of
3 the value set.
4 If that's what we were trying to get
5 with that, I'd be very --- that's, I think, the
6 thing. It's not about this dynamic between the
7 data element and how it's used and all that sort
8 of stuff. Because, in my opinion, you know, this
9 isn't completely possible, but we want value sets
10 to stand alone.
11 Now, you saw in the description of the
12 purpose elements, you know -- and that, by the
13 way, where in VSAC they were broken into
14 different segments, I wrote that. So, it really
15 was intended to just say, cover all these things,
16 put it into a big block of text, you're done, I
17 don't really care.
18 So, a principle of a high-quality
19 value set is to make sure that you accomplish
20 that. And it should stand on its own. Even
21 though you are going to say, "and this is used,"
22 for example, to go and find, you know, diagnoses

1 in the problem list, it's fine to say that.
2 Then someone else can come along and
3 use it as a way of getting diagnoses in another
4 list that happens to function like the problem
5 list. That's fine. You were just very clear
6 about what you intended that thing to use. It
7 doesn't mean that, you know, you're damned if you
8 use this in another list. That's not the intent.
9 MR. GOLDWATER: Rute.
10 MEMBER MARTINS: So, I have three
11 points and hopefully I won't forget any of them
12 by the end of my intervention.
13 The first one, I want to agree with
14 Zahid and others who have said that we don't want
15 to be specific to a particular model that just
16 happens to be QDM in this instance. I think what
17 those models do is they provide the context in
18 which we're looking for the information. So, for
19 instance, whether medication is administered or
20 ordered. That sort of information.
21 And I would argue that one of the
22 purpose statement fields should describe the

1 context of use rather than the specific model
2 construct that is used to represent that in a
3 particular vision of the world. Although it may
4 also include a specific model if you would want
5 it to.
6 And then just based on the experience
7 that I've had as a measure developer building
8 purpose statements, there are four fields, but I
9 feel like I'm restating the same information
10 again and again. And it's hard to really
11 differentiate some of the aspects that are
12 currently there.
13 So, in line with this model
14 independence idea, one of the fields should
15 really be named "context of use period." That's
16 different from the scope. And I can't remember -
17 --- now, there is a data element scope field and
18 there is a clinical focus field. It's really
19 nuanced to try to understand how those two are
20 different.
21 And so I would recommend that we
22 really make a distinction between those. And I

1 think that was it. I don't know if those were
2 three points, but that's all I have.
3 MR. GOLDWATER: Okay. Mike.
4 CO-CHAIR LIEBERMAN: I was just going
5 to ask, Robert, about the issue about heparin
6 flushes.
7 So, when you're looking at developing
8 a value set for anticoagulants, you know,
9 continuous infusion heparin is something that you
10 want to include. And I wonder if that's a good
11 example of where we're overloading the value set.
12 So, we really shouldn't be trying to
13 differentiate between those two in the value set.
14 The value set says these are medications that are
15 used for the purpose of anticoagulation and let's
16 develop that. And then somewhere else in your
17 model you have to have either the continuous
18 infusion versus bolus and have, you know, the
19 amount that's injected or whatever be the
20 differentiater between what it's being used for.
21 Because when you try to get down --
22 because, again, that is kind of overloading the

1 value set and that's actually beyond the purpose
2 of the value set.
3 MR. GOLDWATER: Kevin.
4 MR. LARSEN: I'm going to push back a
5 little bit on the QDM. I'm very open to what you
6 guys think, but the reason I'm going to do that
7 is because we're convened in the context of
8 quality of value sets for measures.
9 So, I get it that value sets can be
10 used for lots of things and I want that to be the
11 case, but we have to think very clearly and
12 carefully in an aligned measure construct. What
13 is it we want and need and what's a quality value
14 set for the purposes of measurement? And right
15 now we've settled on the QDM. We might settle on
16 something else.
17 I don't know if we want five or eight
18 or ten different competing data models for our
19 measurement work across the U.S. Maybe we do,
20 maybe we don't, but this measurement context is
21 the reason this is at NQF and not at some other
22 place.

1 MR. GOLDWATER: Chris.
2 MR. MILLET: So, I mean, I think if we
3 have whatever number of data models we have that
4 can be used to represent measures, there needs to
5 be clear rules of the road on how to use them,
6 which, I mean, what you were saying, Rute, you
7 mentioned if we don't tie the scope to data model
8 and just describe the context and don't worry,
9 that's still not going to be enough information
10 for folks who want to use it then to use it the
11 same way as other folks within that vehicle in
12 any given data model.
13 So, I mean, how many data models is,
14 I think, a different question that we have. But
15 for every one we have, we should make sure people
16 know how to use them and use them in alignment to
17 the value sets.
18 So, we have a number of data models
19 emerging. All of those, I think, are going to
20 need guidance on what's the expectation on what
21 value sets should look like in those so we don't
22 get value sets we don't want.

1 MR. GOLDWATER: Chris.
2 MEMBER CHUTE: Building on Chris'
3 statement, though at risk of eroding whatever
4 residual credibility I might have had ---
5 (Laughter.)
6 MEMBER CHUTE: -- I think the question
7 of whether QDM is the right or the wrong data
8 model is somewhat immaterial. And I recognize
9 that we are convened in a specific forum.
10 However, I think we have to consider dogs and
11 tails here, and quality measures ain't the dog.
12 The reality is clinical data is the dog. And how
13 we re-purpose it for a number of --- I'm
14 preaching to the converted. I know.
15 But I think in that context,
16 consideration of shared models that span across
17 multiple secondary use cases -- and the current
18 fashion leader, of course, is FIRE, FIRE with
19 SYMI, perhaps -- as it's sort of the generic
20 underpinning model from which multiple secondary
21 uses could derive.
22 So, I would personally like to see ---

1 I'm not suggesting we toss QDM; QDM has value --
2 but I would like to see more alignment with, if
3 you will, application-specific models that are
4 defined in terms of more generalized models, in
5 this case, FIRE and SYMI.
6 MR. GOLDWATER: Zahid.
7 CO-CHAIR BUTT: So, I think maybe
8 something like a little bit of a generic
9 statement with wiggle room, but specifying that
10 the current model that supports most eCQM being
11 the QDM. Something like that so that we're not -
12 -- my comment in that regard was not to say that
13 the QDM is not doing its job today.
14 It was simply to not lock us into a
15 hard-coated thing, which, you know, as
16 potentially it could evolve into some other
17 model. But, Kevin, I agree with you that there
18 shouldn't be, you know, a plethora of models to
19 deal with, but certainly there are different use
20 cases for which different models will be used,
21 but hopefully the core quality measures will be
22 supported by something that's hopefully a single

1 model. Or if it has to reconcile and harmonize
2 with other models, that that's embedded in it,
3 but it was simply to just give a little bit of
4 that flexibility to transition into something
5 different in the future.
6 The other, I guess, point that I
7 wanted some discussion on was the second bullet.
8 MR. GOLDWATER: No, we're not there
9 yet. Just the first one.
10 CO-CHAIR BUTT: Okay. Got you.
11 MR. GOLDWATER: Rob.
12 MEMBER McCLURE: So, first, it was my
13 interpretation of the first bullet -- because,
14 again, I read that bullet and, no offense, I'm
15 completely lost. I don't know what it means.
16 So, it only means something to me in
17 the context of what I said, which is that, you
18 know, I think it's trying to note that any model
19 describes things in generalities and that
20 particular use of the value set describes things
21 in specificities, you know, I specifically want
22 these. And so the principle that I see with

1 regards to that issue is that there's a human
2 description that captures the intent.
3 So, I think this is pretty simple and
4 I am trying to figure out why we're --- what ---
5 to help the group deal with this issue of QDM
6 versus other models in that context, and I'm
7 struggling there, you know, because it's
8 encompassed in describing the --- a high-quality
9 value set is one that has a very clear
10 description of what the author intended.
11 And that should include a description,
12 in my opinion, of what they know best, which is
13 the model that they're currently building the
14 value set for.
15 And I absolutely get the, you know,
16 the way the VSAC breaks things apart and all that
17 sort of stuff. This was, you know, a split-the-
18 baby thing. And some parts we felt were best
19 accomplished by breaking it apart, some parts
20 were going to be lost by that, you know, and that
21 can all be fixed in that particular
22 implementation, but the point was capture all of

1 that as text between humans so humans can
2 actually read it.
3 And the more nuanced detail you give
4 -- i.e., talk about the model that you're
5 currently working on -- the better the next
6 person who comes along will understand whether
7 that set of values is going to work for them or
8 not.
9 So, there's an important corollary
10 here, which is that if I'm talking about the fact
11 that I'm using this as medication administered in
12 the context of QDM, what we need to make sure is
13 the next person who comes along knows it's not
14 only to be used for medication administered in
15 the context of QDM.
16 That's just giving you information in
17 order to understand why I selected these things,
18 because I have limitations with regards to some
19 of the things that, you know, we would normally
20 not want to put in a value set, but I don't have
21 those capabilities. Right?
22 So, there's a lot of complexity here,

1 which is the whole point. Humans are supposed to
2 be smarter than machines. And they can take that
3 and use that and digest it and then move forward
4 and make a decision down the road about whether
5 this one works.
6 So, describe QDM. Yeah, go for it,
7 but that's --- the intent is not to say that it's
8 only QDM. Or describe things in generalities if
9 that's your intent. Because, by God, all these
10 value sets, we are certainly hoping that they
11 could be used in a whole host of contexts.
12 MR. GOLDWATER: Rute.
13 MEMBER MARTINS: So, yeah. I agree.
14 Unlike Chris, I think we should toss QDM in favor
15 of other models, but it's like democracy, right?
16 It's the one we have right now.
17 (Laughter.)
18 MEMBER MARTINS: I do think that we
19 could --- we could structure information around
20 QDM data types in the VSAC. And this is just
21 very, very practical, but perhaps when the TEP
22 looked at the RxNorm value sets and realized that

1 some of these value sets were ingredient-specific
2 and others were more granular clinical, semantic
3 clinical drugs, if there was a way to sort ---
4 slice and dice the value sets by the type, the
5 context of use, the data type, QDM data type that
6 they were used with, maybe that would have
7 surfaced that certain ones are used with one data
8 type, and others are used with another data type
9 or a different context around the model.
10 So, in a world we're trying to get
11 everyone to document everything in a structured
12 fashion, why don't we ---
13 (Laughter.)
14 MEMBER MARTINS: -- so that we can
15 actually mine that data and do something useful
16 with it.
17 MR. GOLDWATER: Zahid.
18 CO-CHAIR BUTT: Yeah, I think I agree
19 with you that, you know, that's sort of the, I
20 think, intent of this first clause. Because
21 within the context of the use of the QDM data
22 types, similar things might actually have

1 different value sets which take into account the
2 use case and especially limitations.
3 So, my favorite example, and, Rob,
4 you've sort of been involved in some of that, is
5 the negation value set in medications.
6 I mean, we've sort of struggled with
7 that piece. It's the same thing. If you give
8 the medication, you use one value set. And it's
9 pretty cut and dry. It's RxNorm and whatever
10 form you administer. But if you don't do it,
11 then it opens up a whole can of worms as to how
12 the negation should be documented. Should it be
13 at the class level? Should it be at that level?
14 So, I think that's kind of what this
15 implies that it should be very well thought out
16 in the context of what the QDM data types and
17 their associated attributes are intended for use
18 in the measure.
19 MR. GOLDWATER: So, let me pose
20 another quick question, I guess, for suggestions
21 on how you would rephrase that first bullet. And
22 then we'll move on to the next one. I mean, you

1 don't have to write it for us, but what are the
2 things that we should be including and what
3 should we take out, I mean, other than perhaps
4 take out quality data model or ---
5 CO-CHAIR BUTT: I guess you could keep
6 it in, but say that currently it is the model --
7 MR. GOLDWATER: Right.
8 CO-CHAIR BUTT: -- and that it is ---
9 if, you know, whatever the accepted standard data
10 model is.
11 MR. GOLDWATER: Okay.
12 CO-CHAIR BUTT: Something like that
13 which gives a little bit more flexibility in some
14 transition issues.
15 MR. GOLDWATER: Anybody else?
16 MEMBER McCLURE: I'm sorry, but I'm
17 still, I mean, I --- maybe I'm not going to be
18 helpful on this.
19 The, you know, I think that high-
20 quality value set should be described as
21 explicitly in terms of its use and intention as
22 possible. That's a principle that you can

1 objectively make sure that people, at least
2 filling out, that you need to talk about the
3 context of the quality model that's in play and
4 any limitations, you know. I mean, you could
5 even say that.
6 I mean, you know, God help us, I think
7 our value set authors right now simply won't
8 write anything. So, getting them to be nuanced
9 about this is good luck, but --- no offense.
10 (Laughter.)
11 MEMBER McCLURE: This group is good.
12 This group is excepted. But the, you know, it's
13 no --- it's hard. So, I think that is, you know,
14 good quality value set construction requires
15 getting that information.
16 And I think, you know, anything else
17 is going to be hard. I think that, you know,
18 it's stuff we want. And I think again, you know,
19 come over time we're going to learn how to make
20 this better so that we get the right sort of
21 things to occur.
22 But that, yes, we do expect that when

1 people create value sets and they put a lot of
2 effort into it that they would be reused not only
3 across, you know, in QDM properly, but CQL
4 properly, you know, HL7 constructs properly, FIM,
5 you know, I can go on and on and on.
6 They're expected to be used in all
7 those things, and --- but the only way that they
8 will is when the next human comes along and
9 understands what the, you know, the constraints
10 were.
11 And so, yes, it would be great. I
12 mean, you know, the negative value sets is a
13 great example, which, by the way, are going to be
14 removed because we finally fixed the data model
15 so that we didn't have to jam it all into the
16 value set. Great example of that.
17 But the, you know, the point is, is
18 that those value sets, the purposes of those
19 should have been very explicit about saying these
20 exist because of the limitations of the data
21 model that we're currently working in. Right?
22 So, that the next person came along would go, oh,

1 here's a bunch of, you know, ingredient value set
2 or concepts that, you know, are for this. So,
3 I'm going to use --- and quite honestly, I mean,
4 this is my point, is that they make them and they
5 go, perfect, that's what I needed.
6 Now, that's fine as long as they know
7 that the steward has a different intent. And so,
8 it's quite likely that in a year that value set
9 will change.
10 And as long as your --- if your intent
11 completely diverges, you dislike the set of codes
12 that got spit out, you're in danger, but these
13 are humans.
14 Until we get this really well done, we
15 got to rely on, you know, knowledgeable people
16 doing it.
17 And if they're not knowledgeable,
18 we'll have to deal with the consequences and
19 teach them, which gets to the guidance.
20 MR. GOLDWATER: Rute, and then ---
21 MEMBER MARTINS: So, to me, that ---
22 and I just want to go back to that first bullet

1 and what it means to me.
2 The example that I can think of is
3 when a terminology allows you to describe
4 something in detail that the model would allow
5 you to describe as separate pieces.
6 Case in point, gestational age. There
7 is SNOMED codes for gestational age of ten weeks,
8 11 weeks, 12 weeks and so forth. All the weeks.
9 And there's a different code for each one of
10 these concepts.
11 One could build a value set, and one
12 did ---
13 (Laughter.)
14 MEMBER MARTINS: -- with all of these
15 codes, because the model didn't allow. So, I'm
16 focusing on that last piece there as opposed to
17 using the capabilities of the model.
18 And it goes all the way back to when
19 the model doesn't have that capability. And
20 we're trying to overburden these value sets with
21 meaning.
22 But now that we have the capability,

1 I would consider an example of a bad value set to
2 use a code to both denote the concept of
3 gestational age, as well as the number of
4 completed weeks of gestational age.
5 So, that, Rob, to me, is what that
6 first bullet is. I don't know if it is for
7 everyone else.
8 MR. GOLDWATER: Dr. Tcheng.
9 MEMBER TCHENG: I'm --- excuse me.
10 I'm just thinking about how to reword the bullet
11 without actually doing the rewording, but the
12 first part of the bullet where it talks about the
13 relationship, that actually isn't just the sole
14 issue.
15 I think it's understanding the scope
16 and limitations of the value set, the data model,
17 and then the relationship. So, the explicitness
18 that we are asking for as a basic principle for
19 high-quality value sets is to be complete, be
20 thorough in describing the value set in, if you
21 will, filling out the form and fully qualifying
22 it.

1 And then also understanding what is --
2 regardless of the data model, use a generic
3 concept of the data model, what belongs at the
4 level of the data model.
5 Implicit with that also is the
6 expectation that as limitations are found in that
7 relationship, what belongs in one area, what
8 belongs in the other one and what the
9 relationship is, that that's actually escalated
10 so that those issues can be resolved.
11 But rather than talking solely about
12 the relationship, I think that what we're all
13 calling for is clear delineation and completion
14 of the descriptions, the roles, the relevance, et
15 cetera, for the value sets and then understanding
16 what that relationship is with the things that
17 are provided by the data model itself.
18 MR. GOLDWATER: Okay. Kevin.
19 MR. LARSEN: So, to keep pushing a
20 little bit further, having full and complete
21 descriptions by the people that wrote them for
22 the intent to reuse is terrific and I fully

1 support that.

2 I also think we need an external check

3 to say now you need also an external set of

4 criteria.

5 The reason I say that is because there

6 is an open call for measures every year where

7 anybody can submit measures to the government for

8 inclusion in our programs.

9 Right now we just sort of look at the

10 measure in face value, but let's say the Canadian

11 society of cardiology decided to build ten new

12 cardiac measures and, for whatever reason, submit

13 them to the government for use.

14 We could look at those and say, wow,

15 this seems like a pretty cool measure, but they

16 didn't do it in any of the context with all of

17 the people that have been doing this development

18 collaboration.

19 We want a way to be able to say, okay,

20 you did your documentation. Now, here's our

21 benchmark and we can check, check, check, check,

22 check, check to say that the way you guys did it

1 as Canadian cardiologists actually is -- our bar
2 of value set quality has been met.
3 And I don't know that we have that
4 ability now. And from discussion here, I am
5 hearing as long as they described what they did,
6 we're fine. And any way that they describe it,
7 okay, that hits our check, you pass the quality
8 hurdle.
9 MR. GOLDWATER: Okay.
10 MEMBER McCLURE: We're only on Bullet
11 1.
12 (Laughter.)
13 MR. GOLDWATER: I was actually just
14 going to say that. We have seven more bullets to
15 go, Kevin.
16 So, with that in mind, thank you, Dr.
17 McClure. We'll go to Bullet Number 2, I'm sorry,
18 which is value sets should be consistent with the
19 model of clinical information found in the
20 patient record.
21 Dr. Huff.
22 MEMBER HUFF: So, I completely agree

1 with, you know, the intent of that statement, but
2 it --- my immediate reaction is which
3 information, because they're completely
4 inconsistent across different systems.
5 (Laughter.)
6 MEMBER HUFF: So, for instance, in one
7 clinical record system you would have
8 temperatures represented by codes that meant oral
9 temperature, you know, infrared ear temperature,
10 internal probe temperature.
11 And in another system you would have
12 a single code for temperature, and then you would
13 have a second code that said whether it was taken
14 orally or was an internal code.
15 With laboratory data, you can have,
16 you know, you can have codes for laboratory data
17 that don't say the method. And then if a method
18 is important, they use a second code to say the
19 method.
20 So, you know, you can have glucose
21 values or so there are literally -- there are
22 codes that say, you know, glucose value from

1 glucometer, glucose value from, you know,
2 essentially a laboratory instrument or something,
3 or there are systems that say glucose value, and
4 then in the second thing they say and the method
5 was a glucometer or -- so, you can break it.
6 It's all in how you pre-coordinate,
7 post-coordinate. It gets even more complicated
8 when you get into problem list things where you
9 can pre-coordinate --- you can use pre-
10 coordinated codes or you can, you know, one
11 system would say, you know, essentially have a
12 single code for breast cancer, and another system
13 would have a code that said cancer and then a
14 location of breast.
15 It's broken into two parts. And so,
16 and the systems are totally inconsistent in that
17 if you look at Cerner, Epic, Greenway --- in
18 fact, Cerner to Cerner or Epic to Epic is not the
19 same, because people --- it's entirely up to the
20 people who configure the system how they set up
21 that information.
22 MEMBER RALLINS: So, is that actually

1 a value set issue, or is that a data model issue?
2 MEMBER HUFF: Well, it's one that says
3 the value set should be consistent with the model
4 of the patient record.
5 I say which model of the patient
6 record, because there is no consistent model of
7 the patient record that they can be consistent
8 with.
9 MR. GOLDWATER: Right. And my feeling
10 is that when this comment was generated, it was
11 more than likely generated by somebody who was
12 referencing their own model when they brought
13 that up.
14 So, Zahid first.
15 CO-CHAIR BUTT: So, I guess is this
16 bullet trying to get at what would generally be
17 referred to as feasibility?
18 MR. GOLDWATER: Correct.
19 CO-CHAIR BUTT: So, the question
20 really generically is that is a --- is
21 feasibility of a value set part of a high-quality
22 value set, right?

1 So, if it is, then we can wordsmith it
2 to say that something that is feasible for the
3 majority of the EHRs, which is kind of sort of
4 what is currently being used in that feasibility
5 context.
6 So, there is some language you could
7 use to cover that, but the question really would
8 be: is a high-quality value set also a feasible
9 value set?
10 MR. GOLDWATER: Rute.
11 MEMBER MARTINS: I don't think we have
12 a single high-quality value set then in the
13 world, because no one is using these
14 terminologies at the point of care. SNOMED
15 uptake minimal.
16 I think those are two different
17 dimensions in evaluating a data element. And I
18 would venture to say that the value set quality
19 is independent of that from that regard.
20 In --- I want to go back to Stan's
21 comment about how does this differ in Epic and
22 Cerner. Welcome to my personal hell, because

1 that's really what the problem is.

2 And I feel that QDM was built to be

3 that layer of normalization across systems. So,

4 this is the kind of information that we're

5 looking for, and it should tie back to however

6 it's modeled in a particular record.

7 I know that this doesn't happen in

8 practice. And we've found multiple instances in

9 which we're trying to use logic and build

10 different value sets with different granularities

11 to accommodate different setups. And it's really

12 complex, but I agree that it's probably a data

13 model issue, a logic issue.

14 It's a problem that we're trying to

15 normalize the output, the CCDAs, as opposed to

16 normalizing the input.

17 So, just from the perspective of that

18 second bullet, I would say that when we say model

19 of clinical information, we're probably talking

20 about that normalization layer such as the QDM as

21 opposed to a particular setup in a system.

22 MR. GOLDWATER: Mike.

1 CO-CHAIR LIEBERMAN: What I will say,
2 the last comment was really interesting because
3 I, you know, when I read that, I thought it meant
4 it should be consistent with what's in, you know,
5 our EMR.
6 And in that way, you know, I can see
7 the reason for that statement in that, you know,
8 we want to -- again, we want ones that are
9 feasible that are --- we want to take account of
10 what people are already collecting in terms of
11 asking them what we're going to collect, but I
12 think that actually Rute's interpretation is
13 better in that we can't really go down that path
14 because we have to think of --- we really should
15 be thinking about what we're trying to model or
16 what we're trying to measure and define the value
17 sets with response to that.
18 And then it becomes if we have a
19 standard system, QDM or whatever comes next, then
20 the EMR developers can work on being able to
21 model --- to do the mapping between that
22 definition and whatever system they've come up

1 with to define their data elements.
2 MR. GOLDWATER: Okay. Rob, then
3 Chris.
4 MR. McCLURE: Yeah, I'm wondering if
5 these are written just to be provocative.
6 (Laughter.)
7 MR. McCLURE: Because ---
8 MR. GOLDWATER: Well, that's not what
9 I was thinking initially.
10 MR. McCLURE: But I think, I mean,
11 we're hitting the right things to say. This ---
12 that bullet item belongs as a criteria for
13 writing good quality measures. It doesn't have
14 anything to do with value sets.
15 And my reading of this is that where
16 it makes sense is it needs to be consistent with
17 the quality -- sorry, with the data model that
18 you're creating the value set for and Rute is
19 exactly correct.
20 For QDM and whatever data model you
21 use exists as an interpreter, an exchangeable
22 interpreter that any patient record system has to

1 then map to.

2 And so, it really is, in my view, kind

3 of a part of the first bullet, which is, you

4 know, a high quality --- a good value set is one

5 that --- where the steward took into account the

6 model of meaning that they're actually working to

7 create the value set aligned with.

8 And they fully describe that in the

9 context of describing that value set so that

10 another person who comes along knows that.

11 In my case, the concepts that I chose,

12 the expectation was that the method was embedded

13 in the name of the value set --- I'm sorry --- in

14 the code that I'm putting in there that that's

15 not someplace else in another value set.

16 And so, I say that clearly so that

17 someone comes along and says, well, geez, the

18 model that I work in, those are two separate

19 things.

20 So, I can look at this value set, it

21 probably will give me some guidance as to where I

22 need to select things for mine, but I can't use

1 it. Right?
2 And the reason that means it's high
3 quality is not that we know that it actually did
4 the right thing. It just means that it's
5 reusable. It's more reusable.
6 So, yeah, if I --- if you change the
7 word "found in a patient record" to "found in the
8 data model," I'd say that statement makes sense.
9 MR. GOLDWATER: Okay. Dr. Chute.
10 MEMBER CHUTE: Two points. ONC made
11 a decision early in the evolution of the HIT
12 Standards Committee that they did not care what
13 the data looked like in the Electronic Health
14 Record.
15 They cared only about what the data
16 looked like at the point of exchange once it sort
17 of got out of the gate.
18 We are continuing to pay for the sins
19 of our fathers, because the consequence of that
20 is that there --- as Dr. Huff so eloquently
21 stated -- there is no clinical data model in the
22 record. There lies madness. It is chaos; it is

1 arbitrary; it is random.

2 And so, I think we've all come to the
3 conclusion that perhaps the spirit of this bullet
4 is that we should have clinical data as the dog,
5 as I was saying before, and that clinical --- I'm
6 sorry --- quality evaluations, metrics,
7 determinants, whatever, should derive from a
8 shared notion of clinical information.

9 That begs: what is the shared notion
10 of clinical data? I submit QDM is not it. I
11 don't think clinical records aspire to emulate
12 QDM anymore than they aspire to have a shared
13 model underpinning them.

14 I still come back to a pragmatic
15 characterization of the data exchange documents.
16 And whether that is the historical document-
17 centric-based standards such as the CDA families,
18 which isn't altogether bad, or whether we
19 proactively say, well, the future is FIRE or FIRE
20 resources or more abstract renderings of shared
21 content.

22 And, again, I would say that the

1 refinements offered by SYMI are clearly
2 clinically focused.
3 And if we focus on that level of
4 granularity and future opportunity, then I think
5 that bullet makes perfect sense.
6 MR. GOLDWATER: Chris, then Rob.
7 MR. MILLET: I feel like we're coming
8 back to this point in a lot of different ways. I
9 think generally we agree that there should be ---
10 the clinical data should be the dog that wags
11 this, but that --- the clinical data is always
12 going to be represented somehow in some kind of
13 data model. And what data model it is might
14 change over time.
15 All the ones we've been mentioning are
16 really models for extracting data after the fact,
17 not necessarily how the data is collected.
18 I lost my train of thought where I was
19 going with that, but I --- oh, that's what I was
20 going to, okay. So, I think to some degree the
21 first point and the second bullet both speak to
22 the need for any high-quality value set should be

1 able to --- if any of these models are involved
2 or intended to be --- to drive all those values
3 that should be used, whether it's the clinical
4 data that drives how the data is collected, or
5 the models on the out --- or on the other end of
6 the spectrum where the data is being extracted,
7 we need a way to speak to that.
8 And even if that's more than one
9 model, even if it's speaking to limitations, we
10 need a sophisticated way to tie those things
11 together.
12 MR. GOLDWATER: Rob.
13 MEMBER McCLURE: So, I just want to
14 clarify the distinction and echo what Chris had
15 to say. And that is one, you know, I still think
16 that we need to be -- to understand our eye on
17 the ball here as value sets and what we say about
18 value sets.
19 And so --- and I think that value sets
20 need to be consistent with the model, and that is
21 not the right tail to try and wag the dog of
22 improving data.

1 That being said, you know, I
2 absolutely agree with Chris that, you know, this
3 kind of dancing around the process of saying this
4 is the model we have to work on and then dealing
5 with the consequence of being firm in that place
6 has been not as, you know, not as helpful as we
7 wished it had been and that we might need to step
8 up to the plate.
9 And so, with that regard again
10 thinking about where this group could come up
11 with some firm recommendations, I think that,
12 one, that, you know, that bullet really is what I
13 said and not patient record, but that doesn't
14 mean that we can't also say that for high quality
15 --- for value sets to truly be of high quality
16 and consistent, that we should --- we strongly
17 recommend that, you know, the right group --- and
18 in the context of quality it would be really the
19 group that's saying what are the quality measures
20 intending to do? Quality measures, you know,
21 that's where you can say quality measures need to
22 really be responsible for understanding the data

1 that's in patient records.
2 Value sets, yeah, we do, but not
3 nearly as much. Evidence, I think, puts exact
4 truth, which is there are very few quality
5 measures that meet the metric of describing data
6 that's actually in patient records.
7 They describe data that you expect
8 patient records to map to, which is our standard
9 kind of get out jail card about, well, we're not
10 going to tell you what you're supposed to do.
11 We're just going to tell you that when
12 you poke your head out of the hole, you've got to
13 talk in the same language.
14 We really should be saying, you know
15 what? Down in the hole you should be actually
16 doing specific things.
17 And so, I think this group should say
18 until we get everybody inside their little silos
19 to do things in a consistent manner, we're going
20 to always be chasing our tails, and here's the
21 best way we can chase our tail.
22 MR. GOLDWATER: Dr. Tcheng.

1 MEMBER TCHENG: Rob, that was quite
2 eloquent, but I just wanted to reiterate a couple
3 of the points.
4 The clinical information in the
5 clinical record is not kept in a data model. I
6 think that's the fundamental disconnect here that
7 everybody is really reflecting on that we are not
8 in that business right now.
9 And I don't foresee that happening for
10 a long time that is having a complete structured
11 approach to the collection of information.
12 Having said that, there is a little
13 bit of wagging the dog here with the work that
14 has been going on by NQF. And we can reflect on
15 requirements that I had within our electronic
16 health record system, the documents and things,
17 simply because the expectation is we're going to
18 need to report on them.
19 So, there is a --- there is relevance
20 to this bullet point, but I think it is a bit
21 overstated for all the reasons that we've already
22 articulated.

1 MR. GOLDWATER: Rute.
2 MEMBER MARTINS: So, it seems to me
3 that the idea of having a neat, clean information
4 model that people are using to document is not
5 where we are. That's a big, hairy, audacious
6 goal, right?
7 I want to go back to the practicality
8 of what we think a high-quality value set is.
9 And I want to go back to Rob's comments on we
10 can't really define high quality as a set of
11 criteria as you were hoping for. I don't think
12 that's where we are today.
13 I think what we can do is take a step
14 forward in making sure that there is that
15 transparency and reusability of the concepts and
16 that there is enough information around it so
17 that the next person who touches the value set
18 knows what they're dealing with.
19 And I think that's a big step forward.
20 And I think actually it's something that people
21 haven't been doing both from a clinical
22 perspective maybe using a field in the EHRs --- I

1 hear this all the time. People are using the
2 same fields and putting different --- they have
3 different perceptions on what they're documenting
4 against a particular code, whether that is for
5 quality reporting or just simply patient care.
6 So, I think we're at the point where
7 we're discussing the definitions where these new
8 models are emerging and where we're still
9 figuring out what a clinical model looks like.
10 And if you think about the experience
11 of moving to the HL7 RIM and how much of a
12 disaster it's been because it's so difficult,
13 it's a huge paradigm shift for measure developers
14 and for clinicians and for everyone in between.
15 And so, I don't think we should try to
16 solve that problem with this. And the best we
17 can do is make sure that the --- we put some
18 parameters around how we describe these things so
19 that at least people are on the same page on what
20 it is that we name.
21 MR. GOLDWATER: Zahid.
22 CO-CHAIR BUTT: So, it seems like the

1 answer to my question is that feasibility
2 probably doesn't belong in the high-quality value
3 set definition at this point.
4 So, perhaps we could try to take the
5 second bullet and move it as the starting point
6 of the first one and say a value set should be
7 consistent with the models of --- the data model
8 supporting clinical quality --- electronic
9 quality measures and then further expand that
10 they should recognize the limitations, et cetera,
11 of the QDM.
12 So, I think that might be what we may
13 be able to accomplish without referencing the
14 patient record necessarily in this context.
15 MR. GOLDWATER: Okay.
16 CO-CHAIR BUTT: Does that sound like
17 a reasonable compromise?
18 MEMBER McCLURE: Yes, it does,
19 actually.
20 (Laughter.)
21 MEMBER McCLURE: I do want to, you
22 know, there's a nagging thing in the back of my

1 mind about feasibility that I think we should
2 just put on the white board.
3 At a minimum, it gets to, you know,
4 this group saying --- pointing at the measure
5 process, you know, and saying, by God, you better
6 be feasible, because we're dependent on you being
7 feasible for the value that the value set
8 provides.
9 So, we are really the tip of that dog.
10 And for us trying to wag the dog from the very
11 end of the tip makes no sense.
12 We should tell the tail, which we're
13 a part of, you know, make sure that you think
14 about feasibility.
15 And, you know, there's not a measure
16 developer here that doesn't think about that.
17 So, this is not surprising stuff, but it gets to
18 this issue.
19 Another thing that I want to talk
20 about, maybe it's on another part of one of the
21 other bullets or something, but we need to
22 decide, and I don't know the answer to this,

1 whether we think it makes sense to use code
2 systems that do not exist in value sets or not --
3 - sorry --- in electronic health records. Right?
4 I mean, we clearly think that's
5 correct, because we are doing it in spades right
6 now. And I'm not saying that it's wrong in any
7 way, but it should be a principle, because it's
8 the sort of thing that's so important that if we
9 don't speak to it, we've missed an opportunity.
10 And so anyway, I'll stop.
11 CO-CHAIR BUTT: And so, I think
12 feasibility is clearly a very important criteria
13 now for measure development. So, at least at
14 that level it's definitely part of the equation.
15 The question is, should it also be part of a
16 value set criteria.
17 MEMBER MARTINS: So, in my quest to
18 cater to multiple representations of clinical
19 data and patient records, I create multiple value
20 sets.
21 So, I believe that in some systems
22 documentation may be done at a higher level. So,

1 for instance, and what's at the top of mine right
2 now is tobacco.
3 If you're asking whether a patient
4 uses tobacco and you're documenting that at that
5 level, patient uses tobacco, and then you go
6 ahead and document the type of tobacco versus
7 using a field for smoking tobacco and a field for
8 smokeless tobacco, which is certainly something
9 that is used now because of the meaningful use
10 requirement for just smoking status. Right?
11 So, I can --- I have seen, in fact,
12 these two setups. And so, I decided to create
13 separate value sets for them. So, I have three
14 value sets.
15 I have one for tobacco user. I have
16 one for smokeless tobacco user. And I have one
17 for smoking tobacco user. Are they all high-
18 quality value sets?
19 Because one of them is feasible for
20 one setting in one facility, and the other ones
21 may not be and vice-versa. This is, to me,
22 illustrates why we should decouple feasibility

1 from quality of value sets.
2 There should be a use case for value
3 sets that is reasonable. And I think that's the
4 extent to which feasibility comes into play in
5 terms of high-quality value sets.
6 MR. GOLDWATER: All right. Thank you.
7 Okay. So, now Bullet Number 3. Terminology
8 updates. Expansions and changes must be
9 integrated into value sets.
10 You know, this is amazing. Every time
11 I read this bullet, it's like Anne's like, oh,
12 God, really?
13 So, again, let me reemphasize that
14 this was taken from comments from the TEP, from
15 comments that were stated throughout this
16 process, and then from our own information we
17 gathered from NLM.
18 This is not to suggest that these are
19 absolute by any nature. So, Anne, go ahead.
20 MEMBER SMITH: Well, I'm just trying
21 to understand it again. So, it doesn't say
22 anything about, well, retired codes, or is it

1 implied in there that updates, meaning if the
2 codes retire, then they should come out?
3 MR. GOLDWATER: So, that's a good
4 point, which is, you know, we'd have to put some
5 definition on the word "update," but my
6 understanding is it's any updates to the
7 terminology. Whether codes are being added or
8 retired would be --
9 MEMBER SMITH: Right.
10 MR. GOLDWATER: -- integrated into the
11 value set.
12 MEMBER SMITH: Because we have to have
13 some way to account for the fact that our
14 measures go back 10, 20, 30, 40 years, and
15 implementers are not going to go back and map
16 history to the current version of the code set.
17 The code set --- they picked the code
18 at the time to label the event. And they're not
19 going to go back and try and recreate history to
20 decide what the current new code is for that
21 event, because they may not even have all the
22 information they need to decide what the current

1 new code is.

2 So, historical data is going to retain

3 the old codes that were originally assigned.

4 MR. GOLDWATER: Rob.

5 MEMBER McCLURE: Again, the

6 provocative nature of the sentences in here, the

7 -- so, first off there's a word that's missing.

8 I think "maintenance" belongs in there as opposed

9 to "creation of value sets."

10 So, that's a presumption I got reading

11 this that -- but I think -- and, again, the word

12 "expansions," I mean, I'm a --- I don't know. I

13 won't say the word I was going to say. But, for

14 me, expansion in the context of value set means

15 the set of codes that you get, right, that's

16 actually used.

17 And so, I have to say of all the

18 things, that's the one that's the most self-

19 evident as a principle. And that when you're

20 creating a value set knowing the set of codes

21 that you get, if you're not thinking about that,

22 you're not in the ball game.

1 So, I don't know that it's a principle
2 of anything other than being able to breathe and
3 be an author. So, I don't see it as being
4 valuable.
5 But what I do think is important is,
6 you know, so, if there needs to be a word that
7 says --- or a principle that says take into
8 account what you're going to get when you do
9 this, we probably need to say that very
10 explicitly.
11 But then this idea of understanding
12 that value sets are --- live in a maintenance
13 environment, I think that is important. Right?
14 Because people, I think, to date have forgotten
15 that very obvious thing.
16 And so, a principle --- again, this is
17 not like it's a success criteria for this value
18 set is good. It's a success criteria for the
19 process of creating value sets that are well,
20 that are good.
21 So, an author of a value set needs to
22 know that they're not in just for the penny.

1 That when they make a value set, if they are
2 making a value set and they never want it to
3 change, they have to make it in one way. And
4 they can do that. Not in the VSAC, but hopefully
5 soon.
6 But if they want a value set, if they
7 build a value set and they expect, yes, this
8 value set is expected to be used over time and
9 the content of that value set may, in fact,
10 change over time, then they have bought in for
11 the pound.
12 And they must be aware of terminology
13 updates, and they must be --- they must
14 understand that the context of clinical knowledge
15 and the --- within the context of the scope of
16 the value set has to be reconsidered with every
17 change in the terminology version. They have to
18 do all of that stuff.
19 And so, I don't, you know, it's really
20 -- this is a really important thing, but it's not
21 so much a principle of looking at a value set and
22 saying, this value set is good. It's a --- it's

1 an element of understanding what the
2 responsibility of a value set steward is, right?
3 And so, yes, you need to see what the
4 expansions are based on all of that stuff. You
5 need to take into account --- and I think over
6 time the way we do this will change, I pray to
7 God it will, that in terms of accounting for a
8 value set that must account for historical data.
9 All of that is important. And that
10 one piece probably is not so much a maintenance
11 thing. So, it doesn't belong in the same bullet.
12 It's probably really deserving of a separate
13 bullet that says in the context of use of the
14 value set --- and I don't even know how to word
15 this.
16 I don't want to do it just on the fly,
17 but we probably should have a bullet about
18 clarity with regards to the use of value set in
19 retrieving historical data. Right?
20 And it would be great if we came up
21 with, you know, something we are confident that
22 this is what a good value set does for that.

1 And right now I can tell you that in
2 VSAC, the way we do that is we have this hack of
3 allowing a value set to include inactive codes
4 through something that we call an expansion
5 profile.
6 In the future, I hope that goes away,
7 because I think it would be more clear if you
8 specifically stated that value set is supposed to
9 include using these codes that are now retired.
10 And there's a way you could do that.
11 And then that value set is very clear
12 and, in essence, it's covered under our first
13 bullet then that this value set has these retired
14 codes, will have these retired codes forever.
15 If you don't like them, then you got
16 to make a new value set. Right? But right now
17 in VSAC, that's very non-transparent.
18 And so, I think a principle of a high-
19 quality value set might be to have a separate
20 bullet that says the use of historical codes, or
21 however we want to say that in the value set,
22 must be open and transparent or something.

1 MR. GOLDWATER: Zahid.
2 CO-CHAIR BUTT: So, I guess my
3 question would be, does change --- does change
4 include updates and expansions or any other
5 changes?
6 So, if that's an all-encompassing
7 term, then potentially one could say that changes
8 --- future changes in terminology should be
9 addressed explicitly --- directly or however
10 addressed at the time the value set is created.
11 And so, currently that happens to be
12 through versioning. That's one mechanism to
13 incorporate that change.
14 MEMBER McCLURE: Can I --
15 CO-CHAIR BUTT: Sure.
16 MEMBER McCLURE: So, one of the things
17 I would say is, is that a high-quality value set
18 is stewarded on an ongoing basis, right, so that
19 you know that the --- because that's the thing is
20 that someone is responsible for that value set on
21 an ongoing basis.
22 Again, I really want to get to

1 objective things. There's a lot of things that
2 are human, but if you say --- so, if you look at
3 two value sets and they seem to have the same
4 scope, but one of them --- I use the word --- we
5 haven't really ran into it, but one of them is
6 "abandon." In other words, the steward is like
7 not participating.
8 And another one is stewarded. That
9 second one is higher quality than the first one,
10 because the first one the steward is no longer --
11 - is no longer curating the content.
12 And so, the bullet here is that value
13 sets require ongoing curation. So, a high-
14 quality value set is one that has ongoing
15 curation.
16 CO-CHAIR BUTT: Yeah, so that's one
17 form of addressing what is the change-control
18 process. And I agree with you that that becomes
19 particularly an issue when one is obviously a use
20 case where someone abandons a value set, you
21 know. What do you do with orphan value sets?
22 As a matter of fact, now we have

1 orphan measures. No one knows what to do with
2 them.
3 But the question really becomes even
4 more acute when it's an intentional value set.
5 Should it just automatically include those codes
6 without informing anyone, or should the steward
7 have some way of blessing it?
8 So, I think that's part of that
9 addressing that whole issue of, you know, how do
10 you manage change-control in terminology as it
11 pertains to a high-quality value set going
12 forward?
13 MR. GOLDWATER: Dr. Tcheng.
14 MEMBER TCHENG: So, some of these
15 comments are --- kind of reflect what Rob has
16 said, but I'm just going to reflect on what we
17 have set up at Duke for managing order sets. Not
18 value sets, but order sets in our electronic
19 health record.
20 And there is a requirement self-
21 imposed that we actually go through and review
22 every order set every two years. And if the

1 order set does not get checked off as reviewed,
2 it actually gets deleted from the system to the
3 chagrin of those who become dependent upon it.
4 So, they've learned very quickly that
5 when they get the email that says this is due for
6 review, then it actually has to be reviewed.
7 The relevance for this is that in
8 terms of bullet point Number 3 is, is that,
9 again, this is, I think, a very dynamic and not a
10 static responsibility. You just don't push it
11 out there and then say you're done. You actually
12 need to change or edit or alter the value sets as
13 the evidence base changes.
14 An example is atrial fibrillation and
15 the administration of warfarin. Well, when the
16 new NOACs were introduced, the novel oral
17 anticoagulants, we had no way to document that we
18 were compliant with at least the intent of the
19 measure --- and that's anticoagulation for atrial
20 fibrillation --- because we had all these new
21 agents which now are being used in 60-70 percent
22 of patients. And, yet, if you look by the

1 measure, it looks like we're noncompliant.
2 So, the timeliness, the responsiveness
3 and periodic review, I think, are components that
4 need to be included in that bullet in addition to
5 just the need to have provenance, the ability to
6 change, et cetera, but there needs to be some
7 periodicity that's actually implemented that if
8 you don't review it --- and I would actually say
9 something as aggressive especially with much of
10 medicine, at least every two to three years.
11 Then if not, then it would be considered to be
12 old and outdated.
13 Medicine is changing so fast that
14 these value sets need to be stewarded. Like the
15 term, they need to be aggressively stewarded.
16 MR. GOLDWATER: Dr. Chute.
17 MEMBER CHUTE: Dr. Butt actually
18 brought up the versioning word, and I think
19 that's central to how we conceptualize the
20 implications of this updating.
21 Arguably, there's such a thing as a
22 logical value set. And perhaps that's an

1 intentional value set. Perhaps that's something
2 that has associated definitions and so on and so
3 forth.
4 And then there is a concrete or
5 practical value set. And that's an extensional
6 assertion of an intentional value set. It's
7 obvious that any kind of extensional assertion
8 must be versioned.
9 I would quibble that value sets should
10 carry retired codes forever. I assert that those
11 retired codes are members of historical versions
12 of a specific value set that are intended to be
13 applied in a secular period.
14 So, for the whole question of
15 historical data, you don't use the current
16 extensional value set. That's obviously not
17 applicable.
18 You use the still published version
19 that pertain to the secular period where the
20 historical data was collected.
21 And I think it all centers around this
22 issue of versions and this issue of having

1 clarity between a logical sort of abstract
2 specification of what a value set is, including
3 its intentional characterization from strictly
4 versioned, clear boundaries of intended
5 application dates associated with legacy and
6 current incarnations of a specific value set.
7 MR. GOLDWATER: Kevin.
8 MR. LARSEN: So, I agree with where
9 people are going, and I think what this describes
10 is a through time and commitment to management
11 expectation.
12 And so, you know, if I'm thinking in
13 my checklist of what constitutes a high-quality
14 value set, there is something about a commitment
15 to management and stewardship with a set of
16 expected through time activities that needs to be
17 sort of checked off the list.
18 And I think we're elucidating a number
19 of what those things are, but I think it's also
20 important to say that this is not just a single
21 point in time evaluation.
22 It's saying, yep, I'm behind this,

1 which is a bit like what we do with measure
2 stewardship. Right? Like a measure can lose its
3 NQF endorsement simply if a steward says, I don't
4 want to keep this up anymore, I'm done.
5 We sort of stop giving it credence,
6 because it's not being actively managed.
7 MR. GOLDWATER: Anne.
8 MEMBER SMITH: I just wanted to kind
9 of answer Dr. Butt's question about should
10 someone be able to say when a system --- when a
11 code system updates, and should the steward be
12 able to say new codes go into this value set?
13 Should there be an approval process? And I would
14 say.
15 Because just even if you have a parent
16 and you took all the children the first time, the
17 new child may not meet the intent of the value
18 set and there's no computer program that can tell
19 that. There has to be human intervention to look
20 at that new child, that new code and say does it
21 apply or not apply.
22 MR. GOLDWATER: Rute.

1 MEMBER MARTINS: So, I absolutely
2 agree with the dynamic nature of this criterion
3 in particular. And I hate to bring this up
4 again, but HITSP did this right and they had
5 additional metadata associated with the value
6 sets that we don't have today.
7 Once a value set is published, it's
8 published, it's there forever. There is nothing
9 you can do about it. There's no process to
10 retire value sets for whatever reason.
11 I think that there are some practical
12 things that can be done within the tools that
13 exist today that can help with that. And that
14 would be, for instance, that if no one has
15 actually approved the new version of this value
16 set within the past few years, then it should be
17 flagged as something that isn't being monitored.
18 So, to me, it's not as much about the
19 commitment. Although that's an important piece,
20 it's about people knowing what the value of what
21 is out there is.
22 And, again, why I think it's difficult

1 to include this in terms of high quality is
2 because something that is high quality today may
3 not be high quality tomorrow.
4 And so, I think that we're --- there's
5 an interplay between currency and quality. And
6 they're not the same.
7 I did want to speak to Chris' point in
8 terms of the inactive codes. This is something
9 that we've dealt with, with ECQMs in that there
10 have been multiple versions of the same measures
11 out there and people can choose to report on each
12 one of them.
13 So, they're all valid, if you will.
14 And the code systems and the value sets
15 associated with different versions of the code
16 systems, you have that current versus past
17 versions of these value sets.
18 And one wrinkle that I see there is if
19 a medication that was appropriate at a particular
20 point in time is no longer appropriate, but
21 you're still allowing for that historical data to
22 come in, then all of a sudden you may have

1 someone who gets the medication that is no longer
2 appropriate and will be deemed as being ---
3 having met the measure.
4 So, that's just something to consider
5 in terms of allowing for historical data.
6 MEMBER CHUTE: Point of clarification.
7 I was very clear in my statement about versions,
8 that there would be a secular period during which
9 the version is deemed relevant. And to invoke a
10 legacy version in the current period would be a
11 violation of the validity --- of the published
12 validity dates, if you will, of that particular
13 version.
14 So, the scenario you described would
15 not be technically possible.
16 MR. GOLDWATER: Rob.
17 MEMBER McCLURE: Oh, wow. This is
18 good stuff.
19 (Laughter.)
20 MEMBER McCLURE: So, I encourage
21 everyone who's got lots of thoughts about
22 versioning, I have a couple of meetings that you

1 can attend on almost a weekly basis.
2 (Laughter.)
3 MEMBER McCLURE: I've thought about
4 this a lot and I really don't want to drag us all
5 into that. It's got some complexities.
6 I thought about exactly what you're
7 talking about, Chris. There's some interesting
8 nuances.
9 Part of the support for your approach,
10 though, is covered in the VSD, but it has some
11 tricky nuances, the value set definition
12 standard.
13 But I wanted to get back to, again, I
14 think, simplifying and then moving on with
15 regards to this bullet point. And that is that
16 there --- I think what we want to say is that at
17 a minimum, we want to say that a good value set
18 is undergoing a persistent curation process.
19 And that that process would be
20 expected to analyze the code system versions,
21 clinical knowledge and all, you know, data
22 modeling changes and all of the things that are

1 used in order to determine the content of the
2 value set. And that if that is not occurring,
3 then that value set is no longer of high quality.
4 I think, you know, it would be
5 interesting, although I don't know if we have the
6 time, to even go further, you know, as Luke was
7 kind of alluding to and actually mentioned, you
8 know, there's a time period that we could even
9 specify that says, you know, they must be X.
10 I think that's an overreach for us.
11 I mean, you know, part of the thing that's
12 amazing, because I --- this is all I do now is
13 value sets, but I've done a lot of other things.
14 And we're now talking about stuff that
15 two years ago just wasn't talked about. And so,
16 we, you know, people have heard me say that when
17 I talk about value sets I quote Lao Tzu in
18 basically every journey, that his true quote is
19 "starts beneath your feet."
20 So, we've been doing these things. We
21 just haven't really talked about them. And so,
22 now we're talking about them and we're trying to

1 put boundaries on it.
2 And I'm saying that only to say that
3 we can't guess what the right things is yet. I
4 think we have some sense of that. But until we
5 actually, you know, have a VSAC that allows us to
6 capture scopes and understands exactly what we
7 want and we see how those are reused over a
8 course of different models and how, you know, the
9 models change and in how we adapt, how we manage
10 versionings, you know, what Chris was talking
11 about in terms of the explicit enumerated thing,
12 what we call that in the value set definition,
13 well, that's an expansion. So, that --- in VSAC.
14 So, it's that set of codes that you really get.
15 And, you know, when Stan and I were
16 talking, he is right, this thing that I call a
17 value set definition, which is the statement of
18 these are the codes, go get them from this
19 version, that really --- and we've talked about
20 this. This is an authoring thing.
21 It's a description of things that the
22 author looks at, but it shouldn't, I think, with

1 very rare, but there are probably some
2 exceptions, generate expansions that are
3 available for use on a regular basis.
4 Because, in essence, it's a persistent
5 guide to the author about what they should do
6 with the next maintenance process.
7 So, that's why I have worked very hard
8 to separate definitions from expansions, because
9 they really are different things even though
10 they're sides of the same coin.
11 So, again, I think we can, you know,
12 my opinion, I think we've gotten something really
13 valuable out of this bullet. It's basically that
14 there's a moderately complex set of things that a
15 stewardship process should take. And that if
16 you're not doing it, that value set is no longer
17 of high quality.
18 It may still be useful, you know. We
19 need to be careful about throwing dirty babies
20 out with the bath water, but it's not high
21 quality.
22 MR. GOLDWATER: All right. Zahid, and

1 then we'll move on to the next bullet.
2 CO-CHAIR BUTT: Just a couple of
3 points. So, I think that the retired codes and
4 so forth are, you know, sometimes necessary if
5 you are reporting over a period of time, because
6 the data underlying that is captured, was
7 captured according to it. So, that doesn't
8 change.
9 And so, if you are trending something,
10 you need to have those codes that are relevant
11 for those versions of the measures for that
12 period of time for the same measure, which has
13 gone through several updates on the measure
14 specifications.
15 So, for that historical continuity of
16 the measure, you still need to have those retired
17 codes present in some fashion.
18 The other point is that in terms of
19 how often the updates should occur, seems to me
20 as a principle it should reflect the frequency
21 with which the underlying code system is changed.
22 So, a lot of them change annually and

1 RxNorm changes monthly. And especially if you
2 have an extensional value set, it becomes a
3 management issue in terms of trying to get that
4 back to measure --- to software developers and so
5 forth. So, it's a manageability issue at that
6 point.
7 And so, how we thread that needle is
8 important, but, you know, obviously the change
9 has occurred.
10 Maybe because like Dr. Tcheng was
11 saying, we have personal experience in the
12 current heparin measures. And we saw zero
13 results. And we said, what's going on here? And
14 it turned out they don't use heparin anymore in
15 that hospital. So, they have all these other
16 alternative therapies and they are not accounted
17 for.
18 So, I think some of those issues will
19 become important once these things become much
20 more implemented.
21 But I don't know, you know, there's
22 that fine line between pushing out monthly

1 changes, and that's where potentially the
2 intentional value sets might help resolve that
3 issue, but then it comes down to, you know, the
4 stewards having to do it on a monthly basis.
5 And, you know, if it's --
6 MEMBER McCLURE: And CMS letting you
7 use them.
8 CO-CHAIR BUTT: Yes. So, I think it's
9 those kinds of issues, but I would think that
10 from a principle standpoint the underlying code
11 systems change frequency should drive how often
12 the thing should be looked at.
13 MR. GOLDWATER: All right. Let's move
14 on to the fourth bullet point. And I'll caveat
15 this a bit. So, the fourth is high-quality value
16 sets should meet a specific set of requirements.
17 We will detail what those requirements
18 are later, not right now, Rob.
19 But a lot of the comments were that
20 there should be --- I don't know why Chris is
21 laughing at that, but there is a set of
22 requirements they felt like -- and once we

1 establish what those are, that you have to
2 evaluate the value set against that defined set.
3 CO-CHAIR BUTT: That was, again,
4 Canadian checklist.
5 MR. GOLDWATER: Okay. Then we're in
6 concurrence with that.
7 MR. LARSEN: Well, that's me. I mean,
8 I'm open to other people, but that was my shot
9 across the bow.
10 MR. GOLDWATER: All right. Cindy.
11 MEMBER CULLEN: Who is evaluating it?
12 Is it a self-checklist that is used for
13 developers to determine, or is this going to be
14 an evaluation tool used by someone else to
15 determine what is a high-quality ---
16 MR. GOLDWATER: So, that's a great
17 point. The reason we're not getting into this
18 now is because when we actually get into the
19 governance models, that will determine what the
20 requirements are and how that will be done.
21 MEMBER CULLEN: So, you're going to
22 feed us first before that happens.

1 MR. GOLDWATER: Well, that would be
2 preferable because Katie and Anne will get really
3 angry if I don't. And hell hath no fury like ---
4 no, I'm kidding.
5 CO-CHAIR BUTT: We will be proposing
6 what value sets are.
7 MR. GOLDWATER: It will be wrong.
8 MR. LARSEN: And what I would say is
9 those aren't mutually exclusive, you know. The
10 goal has always been that if there is an external
11 governance, it's open and explicit and that
12 people have as much information and self-check
13 tools as possible to do that.
14 MR. GOLDWATER: Right.
15 MR. LARSEN: So, I guess one of the
16 questions is, is that do we think that there is a
17 set of criteria that we're going to be able to
18 come up with?
19 And if so, when they have governance
20 models, you know, is it one set of criteria
21 across any governance models? Does the
22 governance model have interaction with the

1 criteria?
2 And I know we'll get into those
3 details this afternoon, but I think you know my
4 vote on this one.
5 MR. GOLDWATER: I do, you know. I
6 mean, like one of the governance models is
7 external. So, there would be an external body.
8 And so, the requirements would reflect
9 an external body reviewing that. The other one
10 is internal, which may be the same or may be
11 different.
12 That's not up for me or Katie or Anne
13 to decide. But one of the comments of the TEP
14 and one that was echoed here on a few occasions
15 was there should be some list of requirements
16 that the value set should be evaluated against.
17 How and who will be determined later.
18 So, I mean, obviously I know how Kevin
19 feels, but, I mean, do we think there should be a
20 set of requirements that a governance model will
21 examine when looking at determining whether a
22 value set is of high quality?

1 CO-CHAIR LIEBERMAN: I would vote for
2 yes and ask if anybody feels that we should not
3 have a set, because it seems like the question is
4 what should a set be more than should we have
5 one.
6 MR. GOLDWATER: Right.
7 CO-CHAIR LIEBERMAN: So, does anybody
8 feel we should not have a specific set of
9 requirements?
10 (No audible response.)
11 MR. GOLDWATER: Great. All right.
12 Next slide. Do we have five more minutes? Okay.
13 What time is it?
14 MS. MUNTHALI: 12:20.
15 MR. GOLDWATER: All right. Why don't
16 we break for lunch now? Because I know that
17 we're not going to wrap up that bullet in five
18 minutes just knowing the people around this
19 table.
20 So, why don't we take a 30-minute ---
21 CO-CHAIR BUTT: We discussed the first
22 one ---

1 MR. GOLDWATER: I understand that. I
2 know that. And so ---
3 CO-CHAIR BUTT: But I ---
4 MR. GOLDWATER: Given that Rob thinks
5 these are highly provocative, which is actually
6 very flattering ---
7 CO-CHAIR BUTT: -- think that would be
8 a good idea.
9 (Whereupon, the above-entitled meeting
10 went off the record at 12:23 p.m. and resumed at
11 1:02 p.m.)
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1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N
2 (1:02 p.m.)
3 MR. GOLDWATER: All right. So I want
4 to spend probably no more than half an hour going
5 over these last three bullet points. Hopefully,
6 it will not take that long, and then we will --
7 what's that?
8 (Off microphone comment.)
9 MR. GOLDWATER: So I will ignore this
10 side of the room and focus here.
11 (Laughter.)
12 MR. GOLDWATER: So and the reason why
13 is I do want to make sure we get at least a two
14 hour discussion, if not more, on actual
15 governance models. I know we've gone over them,
16 but we do need to revisit them, really look at
17 advantages and disadvantages and start to put a
18 framework together for the final report.
19 So the next bullet, which sort of
20 corresponds to I think things we've already
21 stated, but I do want to get feedback on this,
22 which is there needs to be a clearly-defined

1 process for expirations or challenges to value
2 sets, and how it would affect NQF-endorsed
3 measures that use those value sets.
4 So I guess the first comment, does
5 that make sense or should we try to clarify where
6 we got that from? Okay. Thoughts, feedback.
7 Dr. Tcheng.
8 MEMBER TCHENG: Yeah. I would go
9 beyond just this concept of expirations or
10 challenges back to what Rob was raising, the
11 concepts of stewardship, continued maintenance,
12 periodic review, etcetera. So there needs to be
13 -- there doesn't need to be a defined process. I
14 would make it a bit larger than what's described
15 in the bullet point.
16 MR. GOLDWATER: Uh-huh, okay. Dr.
17 Chute.
18 MEMBER CHUTE: I would generalize it,
19 I was saying earlier today, to clearly specify
20 periods within which reversion is valid, so that
21 there would be start date for a defined version,
22 frankly defined on publication dates and releases

1 of the terminology sets that it's drawn from, and
2 then a clearly defined expiration date that would
3 be adhered to, after which it is invalid.
4 MR. GOLDWATER: Okay. Marjorie.
5 MEMBER RALLINS: This is just sort of
6 a general question. Are we getting a bit ahead
7 of ourselves in discussing the implications of
8 value sets as it relates to the endorsement
9 process? It just feels like, you know, they're
10 not involved now. So is this assuming that they
11 would be?
12 MR. GOLDWATER: So they are involved
13 to some extent, in that -- but the only criteria
14 at the moment is that a value set has to be
15 published. So we check to make sure it's
16 published before --
17 MEMBER RALLINS: When they -- if the
18 measure is endorsed. I see.
19 MR. GOLDWATER: If the measure is --
20 or if the measure submission form is set to us,
21 we will check to see if the value sets are
22 published before it's passed on to a standing

1 committee. So and then the endorsed measures at
2 the moment, the ECQMs, my understanding, unless
3 I'm -- and I can verify this, that they're using
4 published value sets as well.
5 MEMBER RALLINS: Yes.
6 MR. GOLDWATER: Yes. Rob.
7 MEMBER McCLURE: So but are we talking
8 about the first bullet and not the second one,
9 right?
10 MR. GOLDWATER: Yes Rob.
11 MEMBER McCLURE: Okay.
12 MR. GOLDWATER: Not the second one
13 now. We'll get to that in a minute.
14 MEMBER McCLURE: But sorry I got
15 confused, because I thought we were just talking
16 about that. So the -- so expirations and
17 challenges. The other bullets have been, I
18 think, a little bit -- although well the last
19 comment on that other one about there's going to
20 be a set of criteria was pretty open-ended.
21 MR. GOLDWATER: Yes, there will be.
22 MEMBER McCLURE: So this one, maybe

1 this one can be really open-ended too. But so
2 Chris has kind of put something very specific,
3 and I don't want to drag us all down into this.
4 I thought about what Chris has suggested and
5 actually I like that idea, except I've run into
6 some situations where I think this is -- it could
7 be problematic as a really tight expectation.
8 Chris, you and I could talk about
9 that, and I think even if those challenges were
10 met, and right now they aren't, and so we
11 couldn't do what Chris was suggesting because of
12 these kind of technical issues. I think it's
13 still a little too tightly kind of stated. I
14 think we're going to need some weasel words
15 around it.
16 But I do agree with this idea that we
17 probably would want a principle that does go
18 beyond the expectation of curation, you know,
19 which is a -- I think a really kind of objective
20 thing. You can say this thing is actively being
21 managed.
22 Two, also say that there's -- and I

1 don't know how to say this, so I'm just going to
2 kind of blue sky it. But a high quality value
3 set. Remember, value sets have versions right.
4 So that high quality value set does manage
5 versioning in a way that works. I'll just say it
6 that way, and I don't --
7 You know, this is partially because
8 I'm so deeply involved in understanding and
9 trying to clarify how versioning works. I'm a
10 little too much in the weeds on this because the
11 technical issues keep tripping up my willingness
12 to kind of say things that are in general.
13 So but I think that's what we want to
14 do. We want to say something about the
15 importance of managing versions, so that it's not
16 just buried in the idea of curation and
17 stewardship, and but I worry, knowing what I
18 know, that if we get really specific, we'll say
19 something that actually trips us up in function.
20 MR. GOLDWATER: Zahid.
21 CO-CHAIR BUTT: So I think expiration
22 is an expected natural life cycle, whereas

1 challenge is whole different animal altogether.
2 So I would propose that we potentially deal with
3 them separately, because you know, challenge has
4 all sorts of connotations and I'm sure we'll
5 discuss some of that through governance later on.
6 So I would not sort of lump them
7 together in whatever fashion. So yes. So I mean
8 whatever that form takes that Rob was alluding to
9 for expirations or changes, again it sort of
10 comes back to is expiration or update or, you
11 know, is that part of a change control process,
12 or is that a specific case that needs to be
13 pulled out?
14 MR. GOLDWATER: Rute.
15 MEMBER MARTINS: So I have a question
16 and a comment. The first are actually two
17 questions. One is we're saying that in the
18 second bullet that we should publish value sets,
19 just as a general rule, right? I think we need
20 to define when is the right moment to publish a
21 value set. There's a lot of value sets that are
22 drafts because they're either abandoned or

1 something along those lines, in favor of an
2 existing value set, for example.
3 So it would be really great if we
4 could decide when is a value set ready for
5 publication. Then my other question is what does
6 -- what does it mean to approve a value set?
7 That's the third bullet, only approved and
8 published.
9 So a published value set could be not
10 approved and what is approval and who's approving
11 it?
12 MR. GOLDWATER: Okay. So we're not on
13 bullets 2 and 3 yet.
14 MEMBER MARTINS: Oh sorry.
15 MR. GOLDWATER: Right. But we will
16 get there, I promise you. Al.
17 MR. TAYLOR: This may be outside.
18 Just somebody may need to educate me a little
19 bit, but is this question, the first bullet, is
20 this a question about is the NQF endorsement
21 process within the scope of the value set
22 harmonization? Is it a separate process that

1 it's up to the NQF endorsement body to decide
2 what the effects are of these changes in the
3 value sets?
4 MR. GOLDWATER: No. So endorsement is
5 a whole separate activity that NQF manages, but
6 does not do. So what this would reflect is if
7 there are published value sets in current NQF
8 endorsement measures and they come up for
9 maintenance.
10 So a measure will come up for
11 maintenance every three years. If after let's
12 say it's in a maintenance cycle and the standing
13 committee is reviewing it, the value sets have
14 expired and they're no longer valid and they've
15 been replaced.
16 But the measure, as it is submitted
17 for maintenance, does not reflect that latest
18 version. How does that affect the overall
19 measure? Does the measure get rejected, does the
20 measure -- and we don't have to decide what the
21 ultimate outcome of the measure is but --
22 MR. TAYLOR: But is that -- that's up

1 to the measurement, the endorsement process or
2 the re-endorsement process rather than --
3 MR. GOLDWATER: That's correct.
4 MR. TAYLOR: So what this may be
5 suggesting is a notification process to the
6 endorsement process?
7 MR. GOLDWATER: It could be, or it
8 could be an establishment of NQF policy, which is
9 that it then becomes up to us when a measure
10 submission form is sent to us for a maintenance
11 measure, that one of the checks we have to do is
12 to see if the value set is currently active, or
13 whether the maintenance -- whether it has
14 expired.
15 If it has expired, then we would
16 presumably punt it back to the developer and say
17 that it needs to be updated, if that's, you know,
18 something that the committee concurs with. Rob.
19 MEMBER McCLURE: Yeah, okay. So this
20 is -- that's helped me. I think really thinking
21 this in the context of NQF the endorsement
22 processes, I think and maybe we should say that

1 so that it's clear, that while this is, you know,
2 works here, it's not saying that it must be done
3 everywhere. But it's certainly a valuable, you
4 know, way to think about it.
5 And so I might say that what you just
6 said actually is pretty useful. In other words,
7 for in the process of an NQF endorsement, during
8 the NQF endorsement process, all quality measures
9 should have currently -- current, I don't know
10 how to say this right, but current value sets,
11 right.
12 We need to be careful about the way we
13 say that, but that the value sets that are
14 referenced should be current and active, and then
15 we'll get to this issue of published and stuff
16 like that. I think that is actually a really
17 good idea. I think again, because of -- I have
18 knowledge about this.
19 It's something I thought about a lot
20 recently, and I don't think a lot of the other
21 folks here have, and it would take all day for me
22 to get everybody up to speed, and even then we

1 don't have final understanding of it.
2 So I think for us to put into here
3 something specific about how expiration should
4 work would be dangerous, until we're all kind of
5 brought up to speed on that. But to say that the
6 NQF endorsement process should ensure that
7 measures have, you know, have value sets that can
8 generate current expansions, and I don't even
9 know that I'd want to word it that way, but
10 that's really the truth of it. That, I think,
11 absolutely should be true.
12 MR. GOLDWATER: Okay, Zahid.
13 CO-CHAIR BUTT: So yeah. I just
14 wanted to have a little bit more definition of
15 what expiration this context means, because you
16 could have a value set where some members expire,
17 and then there's a new version of it. Does the
18 old version get referred to as expired value set
19 or because a lot of times, you won't get a whole-
20 scale expiration of an entire value set.
21 It will just be because there were
22 three members that changed and now it's a new

1 value set.

2 MEMBER McCLURE: That's why I'm

3 saying, honestly you do not want to have this

4 detailed conversation right now. I'm just -- I'm

5 begging you.

6 MR. GOLDWATER: I second that.

7 MEMBER McCLURE: I'm more than willing

8 to come back to the committee at some point or

9 anyone else who wants to attend my regular

10 sessions, for us to talk about it.

11 CO-CHAIR BUTT: Ask for Rob's

12 committee.

13 MEMBER McCLURE: But I think -- well

14 no. I mean I'm just saying that I know that

15 anything that we would say around this has, you

16 know, there will be dragons, and so let's just

17 wait. We know the other thing is true, which is

18 if you're going to have a measure, it should have

19 valid, you know, value sets that are current.

20 And so if by some method -- right now,

21 so far as I'm aware, there is no measure

22 published I'm aware of anywhere, where the value

1 sets are -- could expire, right. So this
2 presupposes the idea that there's a process that
3 makes all of that work, which I think would be a
4 good idea.
5 But such a thing is beyond most
6 people's comprehension to begin with. So I just
7 say we just make sure that if you've got a
8 measure, all of the value sets should be able to
9 be generating currency that makes sense, and if
10 there's a situation that arises where we can
11 clearly specify that certain value sets should
12 expire, that those value sets wouldn't be
13 appropriately associated with an endorsement.
14 MR. GOLDWATER: Okay.
15 CO-CHAIR BUTT: So that's what I was
16 trying to clarify. What does expired mean? Does
17 it mean that it's buried or does it mean that it
18 can still live, but it's not, you know, used?
19 No, no, no. I'm saying that they
20 basically exist in the VSAC for someone to use
21 last year's specification and reference those,
22 versus that they are completely gone.

1 MEMBER McCLURE: Right. So part of
2 the problem here, I'm being dragged into this,
3 part of the problem here is this, that if you buy
4 into my perception and VSAC supports this, this
5 idea that there's value set definitions and
6 there's value set expansions, and we use value
7 set expansions, then you have to clarify the idea
8 of whether an expansion can expire.
9 Right now, we have versions of
10 definitions, not expansions. And so am I
11 starting to scare you yet, or do you want me to
12 keep going, because that -- we have to make that
13 clear. It's not that these are right or wrong
14 things. We just have to make sure that we
15 understand what it is we mean by that, and then
16 once we've made that clear, then we can say
17 something about this expired or didn't. This is
18 valid at this time or it isn't, and have
19 something concrete.
20 That absolutely is possible. We can
21 get there. But honestly I don't think that -- I
22 know I'm not comfortable talking about it now,

1 and I suspect there's not another person in the
2 room who's thought about it as much as I have.
3 MR. GOLDWATER: No, and I'm going to
4 interject here and then we'll start moving on. I
5 don't think we need to have this discussion. The
6 discussion should be -- we can table that for
7 another time, where we get into a more active
8 discussion about what it means to expire a value
9 set.
10 For the time being, we can reword this
11 principle to state that measures that are being
12 considered for NQF endorsement must have a
13 current and active value set.
14 CO-CHAIR BUTT: Yes, so that would be
15 it.
16 MEMBER McCLURE: Right.
17 MR. GOLDWATER: And that would be part
18 of our compliance check as we get measures
19 applications done. Rute.
20 MEMBER MARTINS: Just some
21 considerations in terms of what we mean by
22 current, because when a measure comes up for

1 endorsement, is it current at the time that it's
2 coming up for endorsement. Is it current against
3 the latest version of the code system and is it
4 current between the releases of that code system?
5 The time lines associated with each code system
6 are different.
7 And then is it current against the
8 next scheduled, planned update of the measure,
9 and all of these need to come together in that
10 what is current. I guess we need a scale for
11 current. It's not that we're going to have -- it
12 either is current or isn't. Is it current enough
13 at the time that it's, yeah.
14 MR. GOLDWATER: Just keep going.
15 MEMBER MARTINS: And the other
16 consideration for the first bullet is should we
17 consider not only -- should we consider active
18 retirement of a value set, in the process of
19 making sure that our collective set of value sets
20 is high quality. When you're, for instance,
21 taking the examples that we did for
22 harmonization.

1 If two value sets are harmonized and
2 one of them goes away, it stopped being current,
3 right. But there's no mechanism currently, in
4 which we can document that this value set has
5 been superseded by this other one and that sort
6 of thing.
7 MR. GOLDWATER: Chris.
8 MEMBER CHUTE: I don't mean to belabor
9 the point, but I am persuaded that versioning of
10 what you can expansions, Rob, which does not
11 exist; I recognize that, would solve many sins.
12 First of all it would define what a current value
13 set actually is. It's arbitrary and source
14 terminology systems could change faster than the
15 versionings.
16 Bu we have to draw lines in the sand
17 arbitrarily in any event anyhow. I think the
18 deliverable out of this conversation, Jason if I
19 may, is that while we're not in a position
20 necessarily to change the world, I think a strong
21 statement from this community that the VSAC
22 should seriously entertain legitimate versioning

1 mechanisms, and that the persistence of
2 effectively unversioned expansions is a serious
3 issue and needs to be addressed.
4 Because the whole question, now we're
5 getting into carts and horses. While it's true
6 that none of the existing measures can reference
7 version content, that's because there ain't no
8 stinking version content, and they never will
9 unless we sort of bite the bullet and embrace the
10 whole notion of versioning the value set content
11 in the first place.
12 MEMBER McCLURE: You and I should sit
13 down and talk, so that you understand what I'm --
14 my concerns are, and just so that we're clear,
15 the VSAC absolutely has versioning and versions
16 definitions, and you can think of -- and it
17 actually says that there are versions of
18 expansions. But the word "version" in that
19 context is a different -- has a different
20 meaning. It really in my opinion doesn't mean
21 version.
22 That doesn't mean that you can't

1 reference in a measure a specific thing, and
2 again this is very much the work that is
3 happening in one of the calls that I'm doing
4 called "Binding Syntax, Binding Semantics," in
5 order to clarify exactly how we do this.
6 This is literally the discussion that
7 another group, my value set impact group is
8 trying to clarify so that when we have a
9 published measure, actually when we have a
10 release of all the published measures, it's very
11 clear what expansions of that particular release
12 is referencing.
13 Because in fact it's referencing value
14 sets that do not have current content, and
15 currency in the meaning of it's using the current
16 code system version and things like that. It's
17 referencing a point in time set of things, and
18 we've never -- right now when that's published,
19 CMS does not provide a document in fact it's
20 buried, how one would be able to recreate those
21 expansions.
22 It's based on the fact that it's

1 current at the time of the release. But another
2 month down the road, in fact if you were to come
3 in without having read the things that were
4 associated and buried, you wouldn't know how
5 those expansions actually were generated, other
6 than to go back in time.
7 So that's one of the things that I'm
8 working to try and fix, and again I think this is
9 an important issue. We will have to address it.
10 I would hope that we would agree that, as I said,
11 whenever we have an endorsed measure, that
12 measures should be associated with a description
13 of value sets that can, you know, can be created
14 and have some activity that's associated with a
15 correct period of time.
16 I mean this is complex. Remember,
17 when we publish a measure, it's intended for use
18 for another time period. During that time
19 period, there's going to be at least two, three,
20 ten new versions of code systems. One of the
21 things that we've told, you know, implementers,
22 hey, you're supposed to be current in your code

1 system versions.
2 I mean we do all these things that do
3 not line up into a practical, real reality, and
4 so I can't tell you how to make all of that
5 fixed. I can tell you I think about it a lot,
6 and it is painful. But until we get all of that
7 kind of straight and we have very clear guidance
8 that people who don't live in this world
9 understand, I suggest all we say is --
10 Personally, in my opinion, I wouldn't
11 have that bullet on there yet, because again I'm
12 so far in the weeds and those weeds are very
13 complex and unclear as to how to make it simple.
14 I get the point, which is we shouldn't be
15 publishing measures that reference value sets
16 that are out of date.
17 Maybe just saying that is enough,
18 without being -- but yeah. I mean it's not very
19 specific, but you know, it's certainly more
20 specific than the bullet on the last slide, which
21 says there's going to be a series of things that
22 you're going to have to meet, and we'll tell you

1 when, you know. I mean so --
2 MR. GOLDWATER: Mike -- oh sorry.
3 MEMBER MARTINS: Just to build on
4 Rob's comments, I think that the additional
5 wrinkle that we've touched upon, which was the
6 historical concepts. If the measure is saying if
7 the patient has a history of a particular
8 diagnosis, then all of the value sets that were
9 supposed to no longer be active have to be
10 potentially used to capture that in the same way,
11 if we don't want everyone to be mapping to the
12 latest version of the value set.
13 That is an entire set of rules that
14 have not been written, on how to do those look
15 backs and which value to use when, which value
16 set to use.
17 MR. GOLDWATER: Mike.
18 CO-CHAIR LIEBERMAN: I would suggest
19 that this committee stays at a very high level,
20 and basically just states that high quality value
21 sets require ongoing maintenance, and we can
22 define, you know, what the time period of that is

1 -- right, exactly.
2 And to maintain, you know, activity or
3 being active, and only active value sets should
4 be used in endorsed measures, and leave it at
5 that.
6 MEMBER McCLURE: Someone needs to
7 rethink -- I mean I do not have the solution in
8 this. This is a really hard, hard problem, and
9 you know, particularly if you're open-eyed about
10 what I -- like that last thing I just said, which
11 is we tell people they're supposed to be keeping
12 their code system versions up, and yet we tell
13 them they have to report against old code
14 systems.
15 How do you reconcile that, you know,
16 and it's just not fair to say, I don't know. So
17 you know, once we have really sat down and
18 thought this through and we are doing it in the
19 standards community a little bit. It definitely
20 should come back to an organization like this.
21 It will go back to organizations like
22 the ECQ and governance groups and stuff like

1 that, and we'll get feedback on it, because there
2 is no solution yet. That's why I agree. Let's
3 know that it's an important thing. This doesn't
4 mean we don't care. It's just that I personally
5 tell you it's hard.
6 MEMBER CHUTE: I disagree. I think we
7 cannot leave it as a high level vague statement.
8 I think the clarity around the importance of
9 having clearly defined beginning and end dates
10 associated with expansions, as you call them Rob,
11 are crucial.
12 Otherwise, there is madness. The
13 notion that people have to be current with new
14 terminologies after we've already declared a
15 value set is actually trumped by the value set
16 being declared.
17 And that adds clarity, that adds
18 simplicity. There are weeds, but only if you try
19 to turn them into political implications. I
20 think from a technical perspective, the
21 specification of clear versions of expansions or
22 what I think of as extensional value sets adds

1 enormous clarity to this entire problem.
2 I'm hard-pressed to understand why we
3 should not advocate for such a simple principle.
4 CO-CHAIR BUTT: So I think that the
5 linkage of the versioning, as you were describing
6 Chris, would have to be linked with the version
7 of the measures specification, right? So they
8 would have to reference. So I think as long as
9 both of them are done in tandem, then it should
10 be workable.
11 There's a versioning of the
12 specification, so you don't want that version to
13 kind of fall behind if an independent version of
14 the value set is kind of gone ahead.
15 MEMBER McCLURE: Okay. Two short
16 things. Believe, me, you know, I agree with you
17 Chris, and again, we should talk separately. So
18 one of the problems.
19 If you put versions into measures,
20 then you lock those versions and they will -- CMS
21 will not republish them. So I'm being very
22 focused on the particular program that brought us

1 here. This is not a universal problem, but it's
2 a problem in meaningful use.
3 So we've heard a number of examples,
4 which is one of the reasons I run a kaizen group,
5 trying to get CMS, convince CMS that we can
6 actually fix errors in value sets that come up,
7 that results in zeroes for everybody. CMS won't
8 allow that to happen. I'm trying to convince
9 them that it's possible to do that.
10 One of the tricks that I need is to be
11 able to do that without republishing the
12 measures. If I put versions in the measures, I
13 cannot do this. That means we were locked in for
14 a year. I'm trying to avoid that.
15 So if we -- if this group publishes a
16 recommendation that adds credence to CMS' current
17 approach to that, I won't be happy, because I've
18 had a group working on this for now a year, and
19 it will shoot them completely down.
20 The second thing, one of the main
21 technical problems with having -- associating
22 versions of value sets with data collection is

1 that right now our technical standards do not
2 support the ability to associate the use of a
3 value set with more than one version.
4 So if we were to say that we needed
5 essentially to collect a series of versions in
6 order to be able to do a query based on let's say
7 HQMF, in order to pull out data over the course
8 of a year or longer, in this case many of these
9 situations are actually, you know, any time in
10 the past, right. So you'd say I want to look at
11 all of the data for the past 50-100 years.
12 Theoretically you'd be trying to go and collect
13 versions of value sets, and then union them.
14 There's all kinds of problems with
15 that. You know, who does come up with that as
16 one example, union it because that's the only
17 technical infrastructure that we're allowed. The
18 only other way would be to actually run that
19 measure separately on each time slice.
20 MEMBER CHUTE: Absolutely.
21 MEMBER McCLURE: Right. But that in
22 fact is not possible, because you'd be separating

1 out the time slices for value sets from the time
2 slices for the measure. Okay.
3 MR. GOLDWATER: Hold on. So --
4 MEMBER McCLURE: He's saying -- we're
5 now talking about these different --
6 MR. GOLDWATER: Well, let me interject
7 here, and I'm sorry to do this, because I'm
8 enjoying the conversation. But we're not going
9 to solve this issue today, and I certainly
10 understand and recognize its importance. What
11 we're trying to focus on for the time being are
12 higher level principles for high quality value
13 sets.
14 I understand, I think we all do and
15 respect the fact that there are more details here
16 that we do need to work through, to make these
17 more granular. But this involves a much
18 different discussion at a much different time
19 period.
20 So Julia, I'll let you have the last
21 word for a minute, and then we've got to move on
22 to the next one.

1 MS. SKAPIK: So my comment was just
2 that I think it's a mistake to try and let the
3 technical approach tangle up our discussion,
4 because I think there's a way of recognizing our
5 version of the value set without doing something
6 like creating formal versioning or tagging the
7 value set with a version.
8 I think that, you know, because that
9 conversation's a much longer conversation, that
10 it could be had later. But I think that there is
11 an approach probably that would satisfy both of
12 the two sort of sides of this issues I'm hearing.
13 MR. GOLDWATER: All right. So if for
14 some reason we actually have time for it we can
15 talk about that. But if not, I have a feeling we
16 will be convening again and hopefully at that
17 point we can make that a focal point of the
18 conversation.
19 So I do appreciate the discussion, but
20 we do have to move on to the next bullet point,
21 which is unpublished value sets used in quality
22 measures, even though it's not currently in

1 federal programs, should be published in order to
2 avoid future duplication.
3 And so the genesis of that bullet was
4 not me; if you give me that look. It was from a
5 couple of people at the TEP end and actually
6 generated from this group, which is as we were
7 looking at value sets, and this has actually come
8 up when we've looked at ECQMs that come in for
9 submission, that there are value sets that are
10 unpublished.
11 I mean they're not published yet and
12 we don't know why they're not published, and
13 we've uncovered that before. So one of the NQF
14 requirements, about the only NQF requirement, as
15 it comes to the value sets at the moment, is that
16 they have to be published. We don't, you know,
17 when they were published, how long ago, what
18 they're using, we're not looking into that. We
19 just need to make sure that they're actually
20 published.
21 So does a principle for a high quality
22 value set, does it mean that every quality

1 measure whether it is in a federal program or
2 not, should have a published value set? Al.
3 MR. TAYLOR: Yes.
4 MP Great.
5 MR. GOLDWATER: Moving on.
6 MS. SKAPIK: So it's not clear to me
7 if the intent of this is to have them formally
8 publish or if the intent is to make them publicly
9 visible and available and tagged for the future
10 purpose that they're designed for.
11 So I could see that there could be a
12 status in which everyone could look at the value
13 set content, know that it's intended for use, be
14 able to use it to harmonize without saying that
15 it's a published value set. That could be
16 another way of reaching the intent in this
17 statement.
18 MR. GOLDWATER: Anne.
19 MEMBER SMITH: Yeah. I echo Julia's
20 comments, because I worry about publishing value
21 sets that aren't finished, and then you put it
22 out there and you say it's published and people

1 should harmonize against it. But it may not even
2 meet its own purpose statement, because the
3 author didn't have time to finish curating it the
4 way it should be.
5 I also worry that that's going to
6 increase the number of abandoned value sets,
7 because as quality measures change, they are --
8 and I don't know if this happens before or after
9 endorsement, but sometimes tweaks are made during
10 the process of development, and then the value
11 sets are never used. I know I have thousands of
12 draft value sets out there because the MU
13 measures changed probably about 15 or 16 times,
14 and we're not using a lot of those value sets
15 anymore.
16 If those were all published, it would
17 probably triple the size of the VSAC right now.
18 So --
19 CO-CHAIR LIEBERMAN: Yeah, I just
20 wanted to ask for clarification. This means --
21 is this for value sets that are in VSAC but are
22 not published, or because what people want to do

1 with their own value sets, you know.
2 MR. GOLDWATER: We find value sets in
3 the VSAC, but say that they're draft or they're
4 proposed and they're not published. So --
5 CO-CHAIR LIEBERMAN: Okay. So we're
6 talking about value sets in VSAC that are not --
7 MR. GOLDWATER: That say published,
8 correct.
9 CO-CHAIR LIEBERMAN: Quote published,
10 okay.
11 MR. GOLDWATER: Right. Their
12 designation is published.
13 MEMBER CHUTE: I'm like a mad dog
14 today. I'm not going to let go of this
15 versioning thing.
16 (Laughter.)
17 MEMBER CHUTE: This whole thing is
18 intertwined. I mean when we talk about
19 published, when we talk about draft, when we talk
20 about, you know, for review or unfinished so on
21 and so forth, sorry, those are versions, and when
22 we bind, and I recognize, Rob, the whole issue of

1 vocabulary. Binding has bedeviled this community
2 for 25 years. You've been part of those wars,
3 I've been part of those wars. I get that.
4 But nevertheless, I think it is not
5 unreasonable if the provider community is
6 expected to adhere to a quality metric reporting
7 obligation, that the least they can expect is
8 that the value sets on which that quality metric
9 are based are officially published, are in final
10 form, are specified as a specific version that is
11 bound to the quality measure.
12 That's not an unreasonable
13 expectation, and to expect less than that, like
14 oh, we're kind of still working on it, you know,
15 it will be done when we're ready, is completely
16 unacceptable, because it leaves the provider
17 community and the vendors supporting them in an
18 untenable position of not knowing what the heck
19 to base their quality metric generation on. It's
20 as simple as that.
21 MR. GOLDWATER: Rob.
22 MEMBER McCLURE: Okay. So I'm back to

1 your provocative wording. I don't think that's
2 what you meant. If you did, I don't know why you
3 did. I think -- so unpublished value sets used.
4 So perhaps someone needs to say what they mean by
5 "used," because I'm assuming something that Chris
6 and others are not. So tell me what used means.
7 MR. GOLDWATER: Okay Rob, so not to be
8 provocative, and --
9 MEMBER McCLURE: And then I will
10 withhold my --
11 (Simultaneous speaking.)
12 MR. GOLDWATER: What we mean is
13 quality measures that are either under
14 consideration for endorsement, have been
15 submitted to NQF for a completeness check before
16 being passed on for potential endorsement or
17 even, as of now, I don't believe this exists.
18 But when we check the value sets in
19 these measures, they do not have a designation of
20 being published. They indicate that they are
21 draft or they indicate that they're proposed.
22 Our policy at the moment is that we send that

1 back to the developer and say either find a
2 published value set or give us a justification as
3 to why you're using the value set that you're
4 using, which is fine.
5 When we brought that up, and I think
6 this was two or three webinars ago, the
7 discussion was do we allow that to continue, or
8 does the high quality value set ride on the
9 principle that these value sets need to be
10 published? That's what we mean.
11 MEMBER McCLURE: Okay. So let me put
12 the words I think you said. So unpublished value
13 sets in quality measures submitted to NQF for
14 endorsement. That's what you mean. That's used,
15 because that's not used in my book. There's a
16 lot of uses of value sets. There's a lot of use
17 -- there's a lot of quality measures that around.
18 Not all of them get sent.
19 So I just want to be clear, that that
20 bullet literally says unpublished value sets
21 included in quality measures submitted to NQF for
22 endorsement. That's what you mean. So first off

1 then I would change it to say that, because now
2 that makes a lot more sense.
3 MS. PHILLIPS: I do have a question
4 though about that. If you've got a value set and
5 you've got it in a measure, and that quality
6 measure doesn't even come to NQF for endorsement,
7 but it's going to be implemented, the value set
8 is not published is the value set accessible to
9 be mapped anywhere.
10 MEMBER McCLURE: Right. We'll talk
11 about that. That's a different bullet point.
12 MS. PHILLIPS: Okay. Well, I think
13 they're actually related.
14 MEMBER McCLURE: No, I don't think
15 they are. I think that let's be clear about
16 what, because we're talking -- let's work through
17 the issues, because --
18 MS. PHILLIPS: No. She's saying can
19 you see the unpublished value sets.
20 MEMBER McCLURE: No, I know exactly
21 what she's saying. So let me get to that,
22 because this issue of can I see the value set is

1 an important one, you know, and I think that
2 there's a lot here that's tied up in the way VSAC
3 actually manages work flow.
4 And so, you know, we have to
5 acknowledge that. In fact, probably the word
6 VSAC needs to be in that first sentence, because
7 it's so tied to that. One of the things that
8 doesn't exist in an available process yet is the
9 use of the so-called VSAC collaboration site,
10 right? So I think, you know, and not only the
11 work flow in VSAC, but also the work flow in the
12 context of submitting measures for endorsement in
13 NQF.
14 So I think what Chris was getting at,
15 and I absolutely agree with this, is that any
16 published quality measure that is available for
17 use must have published value sets associated
18 with it. I would absolutely be 100 percent --
19 I'm going to be, you know.
20 I'm all for transparency, so but I'm
21 -- I just -- we've got to make sure that our
22 bullet points are clear. So that one is true no

1 matter where, anywhere. You know, it's a
2 statement that's true for anything that gets
3 submitted to NQF, but it should be true of
4 anywhere.
5 Any quality measure that's published
6 for use should have published value sets, and it
7 does get to this issue of versioning and stuff we
8 can get to. But that's number one. I think
9 that's a good bullet point.
10 With regards to those that are
11 submitted to NQF for endorsement, I think I would
12 also agree that any measure that's submitted for
13 endorsement, and this may be a change in work
14 flow I could imagine. But I think it would make
15 sense that any measure that's submitted for
16 endorsement in NQF, i.e. anywhere that it's
17 submitted for review, must have value sets that
18 are available for review.
19 Now right now in VSAC, that's
20 difficult. One of the reasons VSAC collaboration
21 exists, it will exist, is to support
22 collaboration, to support open access and

1 discussion around value sets in the whole range
2 of work flow states.
3 So it is absolutely intended that VSAC
4 collaboration is the way that we can get value
5 sets that are currently hidden inside authoring
6 world, which gives you lots of capabilities,
7 which many people don't want or shouldn't have,
8 and bring them forward into a viewable and
9 comment world.
10 So once VSAC collaboration occurs,
11 then it would be possible to submit a quality
12 measure forward to NQF for endorsement or to
13 anyone else, you know, within your local
14 environment, to have your hospital review it and
15 have the ability to see the value set in a draft
16 form, so that it's possible to assess it.
17 So a second bullet point I would say
18 is that quality measures that are undergoing
19 review should have value sets that are freely
20 available, actually get rid of the freely, but
21 are available for review, and maybe even that
22 simple, without trying to say who and what and al

1 that sort of stuff.
2 But you can't review -- in essence,
3 what we're saying is you can't review a quality
4 measure without also reviewing the full value
5 set, and this is a big issue that HL-7 has gotten
6 totally wrong from the beginning, not for want of
7 trying, and I've been a strong advocate, so has
8 Chris, so has Stan, you know.
9 We need to change that. So I'm not
10 going to step in the way. But I think that these
11 are two different things. You publish, you have
12 to have published. You review, you have to have
13 value sets for review. So I would have those two
14 bullets.
15 MEMBER MARTINS: So I think a few
16 folks touched on this, but I think there are --
17 we need to clarify what -- there is a qualifier
18 to published. Value sets being available in a
19 formative stage to folks who are developing
20 measures and want input from the field.
21 Those value sets should be accessible.
22 Are they published in the sense that go forth and

1 do great things with them? Probably not, and I
2 think that's what you were meaning to say Anne.
3 LOINC has a process to deal with that. They tag
4 the codes as being experimental. They're not
5 ready for use.
6 They're still published, but they're
7 not ready yet. So maybe we should consider a
8 formative publication status for value sets, that
9 is different from a value set that's being put
10 forth for NQF endorsement or that is being
11 implemented as part of a program.
12 And then the other comment that I had
13 is when I look at that second bullet, it seems
14 like we're saying there's a ton of unpublished
15 content that just needs to be moved to published.
16 I completely disagree, if that's the perspective.
17 Not everything that is in VSAC should be
18 published just because it exists in VSAC.
19 CO-CHAIR BUTT: So I think when you
20 couple published, meaning that it is freely
21 available to everyone for usage, then I think
22 that the two stages in which a measure is

1 present, one is where the measure specification
2 is released for implementation. It may or may
3 not be endorsed. We have CMS measures that are
4 not endorsed.
5 Or if it is going through -- has been
6 put up for endorsement, I think those are the two
7 critical things where it should be required that
8 they be published. Now before that, we're still
9 now in the zone where it is a measure under
10 development, and there could be many different
11 variations and iterations of the different
12 stakeholders that are part of that development
13 process.
14 So yes, we recommended that those be
15 available for whoever the relevant stakeholders
16 are in the development process, and it could be
17 even implementers who are part of the testing of
18 those measures. They should be able to have the
19 same process of accessing those measures from
20 VSAC.
21 But that is something that's sort of
22 somehow has to be differentiated between stuff

1 that's part of a released specification, if you
2 will, or something that comes up for endorsement,
3 and I think they should have published value
4 sets.
5 MEMBER MARTINS: And that's exactly my
6 point. I mean I don't think there is a way today
7 to make that distinction. If you have -- if
8 you're requesting public comment for measures
9 that are in a formative stage, we typically
10 publish the value sets so that everyone can see
11 them along with the specification.
12 But an implementer wouldn't know, just
13 by looking at VSAC, what is the difference
14 between a value set that is published in a
15 formative status versus part of a formal
16 specification, and there are expectations around
17 reporting around that value set.
18 MEMBER McCLURE: So again, I agree.
19 I'm just, you know. We need to be cautious, I
20 think, a little bit around how specific we get in
21 terms of saying it must be a certain way. So as
22 I said, this issue is an important issue. It was

1 very much in my mind. I'm the guy that forced
2 VSAC collaboration to exist.
3 So it exists because of this problem,
4 and so the -- as well as the expectation that the
5 ongoing maintenance. It actually -- the
6 secondary issue is is that abandoned value sets
7 happen all over the place, and I wanted to way to
8 curate them without having to go and find another
9 steward.
10 But this other issue about being able
11 to see value sets during the process of creating
12 them is just so important, and we've not been
13 able to support. It's my hope that VSAC
14 collaboration will be able to do that. So I
15 believe it meets the needs of the idea of
16 experimental.
17 I think it's a better, to be honest
18 solution, is to make sure that, you know, start
19 with a small group which you can do, expand it
20 for anyone, still have it draft. It's not
21 published, because it's still under creation.
22 People can download it, they could implement it,

1 they could do whatever they want in that context
2 as draft. It's draft. It's not published, it's
3 not final.
4 But when you're done and you're ready
5 and I, you know again, first bullet. If you have
6 a published measure, you'd better have published
7 value sets, right. So then, you know, it's still
8 available, but now it has a different designation
9 and that designation is important. One place it
10 could change. It's like yes to you versus not.
11 So that thing is now done, and that means that
12 sometime in the future, you can come back and say
13 I want this version, and you get the same set
14 right, because it's done. That part's set.
15 So there is actually in the value set
16 definition and VSAC doesn't support this, the
17 ability to mark a value set as experimental. It
18 has a very different connotation. The intention
19 there is that literally this value set is not to
20 be implemented, and yes, there's an overlap
21 there, but not exactly.
22 I think the idea of draft as draft is

1 draft. It works, and so I would say if want to
2 word it so that it very much aligns with the way
3 that VSAC has taken its approach, great. If we
4 wanted to word that in another way that's more
5 general, great.
6 All I care about is one, that when you
7 have a published measure it uses published value
8 sets, and two, that you have a way of being able
9 to say that a measure that is still under
10 development can -- that you have a way of being
11 able to get people to view the entire value set
12 and comment on it.
13 MR. GOLDWATER: So I want to go out on
14 a bit of a limb, I hope. I'm not, but I would
15 say that our last bullet relates to the bullet we
16 just talked about. The last bullet says only
17 approved and published value sets need to be
18 included in the development of quality measures.
19 What's that? Go ahead.
20 MEMBER RALLINS: I would say the
21 clarification has already happened. So I agree
22 it can be merged into the previous bullet, but

1 it's not to be included in the development of
2 quality measures.
3 MEMBER McCLURE: The wording of that
4 last bullet is not consistent with what we just
5 said, and so --
6 VOICES: Right.
7 MEMBER RALLINS: It's not. You need
8 to be --
9 MEMBER McCLURE: No, I don't agree
10 with that last bullet.
11 MEMBER RALLINS: No. What I'm saying
12 --
13 (Simultaneous speaking.)
14 MR. GOLDWATER: I tried and tried. So
15 all right.
16 CO-CHAIR LIEBERMAN: Well no. I think
17 the spirit of it is correct. But I think it
18 should be only approved in published value sets
19 can be included in the development of quality
20 measures. Oh, in the development. I'm sorry, in
21 the development. Right, right, right.
22 No. In the development, we said the

1 drafts are to be used in development, but for
2 published measures, they have to have --
3 MEMBER McCLURE: Correct.
4 MEMBER RALLINS: Yes, okay.
5 MR. GOLDWATER: But so and in
6 developed measures, and this could -- this could
7 be wrong, but one of the bullets was quality
8 measures under review -- quality measures should
9 have value sets that are available for review.
10 So do we want to say the development of quality
11 measures should have value sets available for
12 review? No?
13 MEMBER SMITH: Well they should
14 eventually, but there's a whole development
15 process that goes on before we're ready to have
16 anybody review the value sets. So at a certain
17 point yes, the value set -- well, we have to do
18 environmental scans and we have to have --
19 convene expert panels to come up with them.
20 We have no value sets, and so we're
21 farther down the process, and we can be
22 transparent once we get a valid idea and we are

1 able to cohesive put together some value sets
2 that represent what we want, and we have a
3 measure that represents a concept we want, and we
4 can put that out and say okay, here it is.
5 But until that point, we've got like
6 a bunch of ideas floating around and we can't
7 expose everything, but we can't -- we're getting
8 comments already from a lot of places. We can't
9 have just random comments of people who don't
10 really understand what we're going after.
11 MR. GOLDWATER: Chris.
12 MEMBER SMITH: Yeah, it is. It's not
13 just the whole development process. You would
14 have to define a point in the development
15 process.
16 MEMBER CULLEN: And according to the
17 process that we use, we'd have some defined
18 process where there are specific public comments.
19 We are always -- we do want to hear from people.
20 Transparency is not the problem. It's just we
21 can't have constant feedback. We have to have
22 well-defined feedback within a process, so that

1 we can do our work, meet our deadlines and meet
2 our contractual requirements.
3 MR. GOLDWATER: Chris, any comments.
4 MEMBER CHUTE: The joy is that the
5 solution is again in versions. But I think that
6 there's -- I agree completely with the assertions
7 that Rob made, and perhaps there is really a
8 tripartite state, not a two-part state.
9 So what I'm hearing is that there is
10 a sort of pre-draft status of these measures that
11 are truly in development, and you don't want to
12 be harassed at that point, because you're trying
13 to do your work. But I think the intention here
14 is that with a tripart status, one would be have
15 a development status where you do what you need
16 to do.
17 One would have a draft status and
18 according to Rob's principles, which I endorse
19 wholeheartedly, the draft status metrics must
20 have accessible value sets that could also be in
21 draft form. Then there's the final state, which
22 is a published, expected implementable measure

1 must have associated with it published accessible
2 value sets.
3 I think if we make those three
4 bullets, yes and version, if we make those three
5 bullets, to more or less replace these concepts,
6 then that disambiguates what now is rather an
7 intertwined concept.
8 MEMBER McCLURE: So I have one -- I
9 appreciate Chris' amendments, and I like that. I
10 would add actually one more, which is that -- and
11 here this could be controversial, but I think we
12 would agree with it, and that is we would expect
13 that any published value set would have gone
14 through a review process.
15 Now that is going to be -- I think
16 I've talked to some of my compatriots about this
17 and there is some angst about that, because it's,
18 you know, we're forcing a track that may not
19 always be required. But I propose it, because I
20 think that most of the time we would like this.
21 So I don't want to make it 100
22 percent, because I think making this black and

1 white is dangerous. I think though that it is a
2 criteria for analysis of a value set, that you
3 know, again there may be some value sets that are
4 just so slam dunk it's like, you know, who cares.
5 Obvious, done, right.
6 But there are -- I would say that
7 given our agreement that it makes sense that
8 publish, publish, you know, under review, under
9 review, there's certainly an assumption that
10 their stuff happens before anybody wants you to
11 see it. So the three states.
12 But to add that, in order to get to
13 publish, you should have gone through review
14 first I think would be the assumption, unless
15 proven no need.
16 MEMBER CULLEN: Review by whom and
17 for what purpose?
18 MEMBER McCLURE: You know, that's a
19 good point, and I think of things only from my
20 own perspective. Like all of the rest of us, and
21 I think that it needs to have gone through a
22 draft review process. If you have made it

1 available for people to comment is what my
2 interest is.
3 I really want value sets to at least
4 have gone through a period where the public gets
5 a chance to see it first. That's what -- that's
6 my desired end game.
7 CO-CHAIR BUTT: Yeah. So I think
8 that draft stages is the critical stage, because
9 right now we see these value sets that are
10 production, where people say well, how did this
11 get through development process and review and
12 testing and so forth.
13 So I'm saying that the tripartite sort
14 of solution, very explicit stages that were being
15 described I think are good now. Who does what in
16 each, you know, especially in that draft stage;
17 what kinds of approvals or review, that's open,
18 at this point open-ended.
19 But at least from a life cycle
20 standpoint, those are the three really well sort
21 of thought-out stages.
22 MEMBER McCLURE: And I like public.

1 I mean, you know. So if we wanted to stand up a
2 little higher on the platform, I would say -- I
3 mean I'm not saying -- again, I think we need to
4 really to be cautious with everything.
5 But saying that, you know, the
6 expectation is that value sets have a public
7 review prior to publishing, unless a good reason
8 not.
9 CO-CHAIR BUTT: Right, right, and if
10 they are in draft status, they should be public.
11 MR. TAYLOR: I'm not sure how feasible
12 it is to have a requirement or a bar set to
13 review a value set by itself, because by itself
14 it doesn't really mean anything or do anything.
15 It's within the context of the measure that it's
16 being used -- that it's being developed to be
17 used in. So you can look at -- it sounds like a
18 great list of codes, but it doesn't mean
19 anything, and there's no value of public review
20 of the stand-alone value set.
21 MEMBER CHUTE: I mean this is a very
22 deep philosophical point, and I recognize we're

1 here for quality metrics. I think most of us
2 aspire to see the day before we die, when value
3 sets actually are building blocks that can be
4 used for a whole spectrum of secondary uses, and
5 that quality metrics would be among them.
6 The way one would evaluate whether the
7 value set is useful or not, then, is within the
8 context of its definition. Does this value set
9 reflect what the definition says it is supposed
10 to do? That is the focus and scope of the
11 evaluation. I submit that actually value set
12 evaluation should be explicitly independent of
13 its context in any secondary use.
14 MR. GOLDWATER: So before I continue
15 to call on, I think that that's -- I'm glad you
16 find this amusing -- I think Chris' point is very
17 well taken, as always. I do want to say
18 something, however, that in this context of this
19 contract and this project, we are only looking at
20 value sets in terms of quality measures, that I
21 think that there is general concurrence about
22 seeing nirvanic state of -- where you can use

1 building clocks of value sets for all kinds of
2 secondary reasons, and I think being able to
3 evaluate them independent of context is probably
4 a wonderful idea.
5 And hopefully we'll get a contract,
6 Chris, where we can discuss that consistently.
7 But for the purpose of this contract, it has to
8 be: how do we leverage value sets within the
9 context of quality measures? So Al's point is
10 well taken, and I'm not saying that just because
11 he's the client. Go ahead, Marjorie.
12 MEMBER RALLINS: Okay. So I
13 appreciate the level-setting, and I would say the
14 fact of looking for a process to evaluate value
15 sets in the context of quality measurement isn't
16 a new thing. I know the PCPI has a process that
17 we use, in that when we publish the measures for
18 public comment, which is sort of midway in the
19 process, there are also value sets associated
20 with that in some way. So that gives you the
21 context that you were discussing, Chris. And I
22 think we already have some processes that other

1 groups have used that we might want to look at.
2 MEMBER HARPER: I just have a kind of
3 question/comment, that in the unpublished and one
4 of the issues that we started early on in our
5 committee, in that when an individual wanted to
6 see if there were a value set out there, in order
7 to avoid duplication, one of the issues was the
8 inability to see. Is that part of this
9 conversation then, our ability to avoid that?
10 MEMBER McCLURE: Yes. So I'll respond
11 to that. They are available for review. So but
12 -- and so what we're proposing as solutions
13 doesn't get in the way of that, and it only
14 enhances it. Right now, you can find other value
15 sets as an author, but you can't do it any other
16 way. One of the things that the collaboration
17 site will provide is non-authored, non-value set
18 authors the ability to find value sets that are
19 in a draft state, where that draft state is open
20 for public review.
21 MR. GOLDWATER: Julia, and then we
22 will have to move on.

1 CO-CHAIR LIEBERMAN: So I just wanted
2 to kind of reiterate Chris' point. Even if it's
3 -- even if we're just in the domain of quality
4 measurement, we should still think about looking
5 at a value set as having broader applicability
6 than to a single measure. I mean that's exactly
7 what we're here for in the first place, is that
8 the idea that that should occur.
9 So -- and you can do it. You
10 mentioned is it internally consistent. So if
11 somebody's defined what concept they are trying
12 to model with this set of values, do the set of
13 values adequately do that and does it meet the
14 purpose that is explicitly stated in the
15 description?
16 MS. SKAPIK: Yes, my comment is an
17 extension to Michael's comment, and I totally
18 agree with Chris. Granted, there's a contractual
19 scope for this particular activity and I
20 understand the tension between that and the
21 actual real world. But the quality measures
22 don't stand on their own as an isolated activity.

1 The whole purpose of the program is actually to
2 facilitate better documentation, better data
3 exchange, better provision of care. So if the
4 value set is existing solely for its own purpose,
5 then it's probably not facilitating, sort of, the
6 larger picture of improving care and responding
7 to clinicians.
8 And I think, for the purposes of the
9 value set's utility or quality, if it's not a
10 meaningful set of concepts to a clinician
11 providing point of care service to patients, then
12 that should be a serious, you know, knock against
13 the value set's quality.
14 MR. GOLDWATER: Okay, thank you all.
15 So I think what we're going to do is take a lot
16 of the notes and comments and go back and rescope
17 these, as we prepare the report, and when we send
18 it to you for comment, we'll take it from there.
19 That probably would be the best strategy going
20 forward. So let's move on. Well, we've already
21 had lunch.
22 CO-CHAIR BUTT: Where is the food?

1 (Laughter.)

2 MR. GOLDWATER: Chris. Don't get too
3 excited, Chris, really. You either Rob. All
4 right. So we are going to talk about the
5 governance models that we have been discussing in
6 the last few months.

7 One of them we've already talked about
8 is how to define quality value sets. We are
9 going to talk about the methodology for
10 development of value sets, principles to
11 maintenance, encourage the use of high quality
12 and harmonized value sets, the relationship to
13 the development of measures, the relationship --
14 recommendations for NQF endorsement, process and
15 then the relationship to CMS programs.

16 So we had two proposals here. One was
17 known as the cleanup, and again, some thanks to
18 Chris a lot for his work on those. He probably
19 will completely disavow himself from these at
20 this point. So we had the cleanup, which I
21 should go on record in saying nobody really
22 liked, but we will go over it again, and then the

1 starter set.
2 We looked at five very specific
3 points: how it defines a high quality value set,
4 so like I said, Rob, we will get into the
5 criteria we used to evaluate a value set;
6 maintaining value sets and harmonization;
7 supporting measure development; recommendations
8 for endorsement; and use in CMS programs.
9 So what I'm going to do is we're going
10 to go over each one of these proposals and each
11 one of these concepts, and then we'll talk about
12 it briefly. So proposal number one was the
13 cleanup proposal. The objective criteria: value
14 sets are automatically checked by the VSAC. Now
15 I'm prefacing this. We know it doesn't do this
16 now. This would be a recommendation of a
17 governance model in the future. The VSAC would
18 ensure the proper technical use of code systems,
19 and that the value set purpose is both present
20 and complete.
21 Go ahead, Chris.
22 MR. MILLET: So, yes. For the

1 objective criteria, I think someone mentioned
2 this this morning, where value sets need to be
3 looked at in two different ways they're looked at
4 for things that can be automated, that you can
5 just automatically check. Here, I'm thinking of
6 things like making sure the code actually comes
7 from an existing version of the code system. I
8 believe on one of the calls where we talked
9 about, we called that code system version
10 integrity. That's something that the VSAC
11 actually does today. You can't choose codes that
12 don't exist.
13 So just by virtue that the VSAC only
14 displays codes that are -- that exist, that's
15 kind of enforced. But the parts, the other parts
16 of that in this objective criteria is where
17 making sure that the purpose statements, the one
18 that still is -- those four fields, clinical
19 focus, data element criteria, inclusion,
20 exclusion, making sure that those things are
21 actually populated, because that also can be
22 automatically checked in the VSAC. VSAC can tell

1 whether or not someone filled it out or not. But
2 that's still just the things that we can
3 automate.
4 MEMBER SMITH: You can tell that
5 somebody actually put something those fields.
6 MR. MILLET: Right.
7 MEMBER SMITH: Even if it's just TBD?
8 MR. MILLET: Even if it's junk, yes.
9 So the other side, which is what the next slide
10 gets into, are the things that you need to look
11 into. So what actually is in those purpose
12 fields and getting someone to actually evaluate
13 them, getting people to evaluate the intent.
14 Even if -- you picked real codes from SNOMED, but
15 making sure that the intent of the measure
16 matches up with the codes that were selected, and
17 doing more of those quote-unquote subjective
18 kinds of things. So that was the idea.
19 MR. GOLDWATER: So Zahid, can I get
20 through this before I call on you, or do you have
21 a burning question?
22 CO-CHAIR BUTT: No, no. I was just

1 going to make a comment on the previous slide.
2 MR. GOLDWATER: Okay, okay, go ahead.
3 CO-CHAIR BUTT: No. What I was
4 saying was -- go back to the previous slide.
5 What I just wanted to say was that it seems like
6 the second bullet may have to be reworded,
7 because the way it is worded is confusing. It
8 should describe what Chris was just saying, that
9 all the fields of metadata are filled.
10 MR. MILLET: Right.
11 CO-CHAIR BUTT: And that's what
12 they're checking. It could be all TBD, TBD, TBD,
13 that's saying something is in there.
14 MR. MILLET: Right. Yes, complete
15 might be a bit of an overstatement.
16 CO-CHAIR BUTT: Yes, just there are
17 no health fields basically, but they're
18 validated.
19 MR. MILLET: Right.
20 MR. GOLDWATER: Rob, before I call on
21 you, can we get through this session? Okay,
22 thanks. Subjective criteria. Code system fit.

1 Does the value set use code systems consistent
2 with the latest ONC standards advisory. Is the
3 code system being used properly for the value set
4 purpose, i.e., using drug class versus brand name
5 and RxNorm for medications? Is the value set
6 purpose clearly described? Are value set members
7 consistent with the value set purpose? Does the
8 value set conflict with other high quality value
9 sets?
10 MEMBER SMITH: Hold on. Can you go
11 back? Can I -- I think you need to edit that one
12 too, because we don't use the ONC Standards
13 Advisory, we use the CMS --
14 (Simultaneous speaking.)
15 MR. GOLDWATER: Wait, mic, mic, mic.
16 MEMBER SMITH: Right. But I think we
17 need to. In case they ever get out of sync, we
18 need to say what we're actually referencing.
19 MS. SKAPIK: So if we're talking about
20 clinical quality measures in CMS programs, their
21 contracts require that people reference what's in
22 the blueprint. However, the blueprint generally

1 does cycle along with changes made sort of by an
2 agreement with CMS and ONC to the standards
3 advisory and other guidance that comes up inside
4 the Standards Committee.
5 MR. MILLET: Yeah. We haven't clicked
6 to that. When we discussed this, we first
7 discussed this proposal, I think folks brought up
8 feedback that there might be other things that
9 govern this. So the standards advisory is an
10 example of a guidance that could be referenced,
11 but it should be clear if it does follow
12 guidance, what guidance is it following? Is it
13 the blueprint? Is it the ONC standards advisory?
14 Is it HL-7s? Is it someone else's?
15 MR. GOLDWATER: I see that there are
16 already some comments, so we'll go ahead and take
17 some as long as you can promise to be reasonably
18 brief. Rob?
19 (Off microphone comment.)
20 MR. GOLDWATER: We've got a few slides
21 to go through on these. Thank you, okay. All
22 right, okay.

1 Next one. The quality sets, and this
2 is just going back to past history, the one that
3 really met with the most resistance. They were
4 evaluated by a technical expert panel. That
5 panel -- and how that would be imposed is up to
6 discussion.
7 That TEP would meet monthly to review
8 existing value sets in the VSAC, newly submitted
9 value sets, and expired high quality value sets
10 in the future, once we get a clear concept of
11 what expiration is. It provides -- I know you're
12 eager -- provides ample opportunity to support
13 new value set ECQM development. Next. The
14 technical expert panel is comprised of experts in
15 domain area of all value sets being reviewed, as
16 well as experts in all code systems used and
17 value sets being reviewed. The approval process
18 for new value sets.
19 Stewards would submit value sets for
20 high quality value set approval in the VSAC. The
21 value set stewards, much like they are today,
22 could be CMS, measure stewards, specialty

1 societies, etcetera. More than likely, as they
2 are now, they would be ECQM stewards and
3 developers. High quality approval expires
4 automatically when underlying code system updates
5 impact to the value set numbers, or manually when
6 a challenge is submitted to the VSAC.
7 Next, okay. Let's go back. This was
8 called --
9 MEMBER McCLURE: May I explain this
10 thing again?
11 MR. GOLDWATER: So this is the clean
12 up proposal. This is the governance proposal
13 that we refer to as clean up.
14 MEMBER McCLURE: Oh okay, right,
15 right.
16 MR. GOLDWATER: So this is how the
17 clean up would -- can you go back one? Would
18 define high quality value sets. So that's what
19 we're just described. Essentially, it would set
20 up an external body that would be reviewing value
21 sets, and determining whether or not they --
22 MEMBER McCLURE: To clean up existing

1 ones? That's what -- okay.
2 MR. GOLDWATER: Right.
3 MEMBER SMITH: Not just clean up
4 existing ones. It says and new ones under
5 development. It's not just clean up.
6 MR. GOLDWATER: You want to explain,
7 Chris?
8 MR. MILLET: Well, that's right. It's
9 meant to handle new value sets and ensure that
10 they meet this definition of high quality, but
11 also to reevaluate existing ones, so that when
12 new ones are created, we have a way to do apples
13 to apples, comparing the new ones that we know
14 are high quality to existing ones that might not
15 have followed all of this guidance. That was the
16 idea.
17 MEMBER McCLURE: Can I ask one other
18 question?
19 MR. GOLDWATER: Of course.
20 MEMBER McCLURE: So that column -- so
21 go back, back, back. Go wherever the columns
22 were.

1 MR. GOLDWATER: The table?
2 MEMBER McCLURE: Yes, the table. So
3 what -- maybe one more. So what -- what was --
4 so okay. So we're talking about clean up, and it
5 sounds like clean up is clean up and go forward,
6 right? And so these were -- were these the rows?
7 Were each one of the rows one of the slides?
8 MR. GOLDWATER: So each one of the
9 rows is a set of slides.
10 MEMBER McCLURE: So we just did the
11 first slide?
12 MR. GOLDWATER: We just did define
13 high quality value set for the clean up proposal.
14 MEMBER McCLURE: Jesus.
15 (Laughter.)
16 MEMBER McCLURE: Did I say that out
17 loud?
18 (Laughter.)
19 MEMBER McCLURE: Okay.
20 MR. GOLDWATER: You won't be going
21 home until nine.
22 MEMBER McCLURE: And then, and then so

1 just so that I -- I'm trying to get my head
2 around the whole thing. And then starter set,
3 tell me what that --
4 MR. GOLDWATER: We'll get to that in
5 a second.
6 MEMBER McCLURE: Was that --
7 MR. GOLDWATER: That's a different
8 proposal.
9 MEMBER McCLURE: Okay.
10 MR. GOLDWATER: Right now, we're
11 talking about the clean up and --
12 MEMBER McCLURE: Can you just tell us
13 what starter set's supposed to mean?
14 MR. MILLET: Well, the starter set was
15 more around -- instead of trying to clean up all
16 existing value sets and going through every one
17 and re-reviewing them, the starter set approach
18 was more about identifying areas where we need
19 really good value sets, that people could then
20 build off of and how could that help with value
21 set harmonization and value set governance by
22 creating, like, a starter set of value sets that

1 people could use.

2 MEMBER McCLURE: So it's going to be

3 choose A or B kind of thing? We're thinking if

4 we can't do this, we'd do this or vice-versa?

5 MR. MILLET: Yeah. So I think the

6 idea is by comparing these two pretty different

7 approaches, let's see do we get anything out of

8 this, that we do want to make sure we have in

9 governance going forward, even if it doesn't fit

10 either of these approaches and we're making up

11 another additional approach.

12 MEMBER McCLURE: And so define high

13 quality value set for starter set might be a

14 completely different set of recommendations?

15 MR. GOLDWATER: That's correct, right,

16 right. So it's very possible that there may be

17 elements of both of these that people like, and

18 that we may then combine those elements into a

19 governance process. As I said at the beginning,

20 I don't think we're going to come up with the

21 governance model today, but we would like to get

22 a framework of what governance should look like,

1 that we could then make recommendations for.
2 Zahid and then Mike.
3 CO-CHAIR BUTT: So is this going to
4 be for all the existing value sets, or what would
5 be the trigger to initiate the process?
6 MR. MILLET: So that was the idea for
7 -- in the clean up approach, was really a much
8 broader scope. It was really to handle all value
9 sets, I believe, in the VSAC. So all value sets
10 that are out there, making sure they do meet this
11 high quality definition, making sure that they
12 could answer these different criteria we have in
13 the rows.
14 But the starter set approach is not
15 necessarily suggesting we do that for all. So if
16 folks don't feel we should address all value
17 sets, which was the feedback we had when we
18 discussed the clean up proposal initially, what
19 we will want to do is discuss, well, how else
20 will we slice it? Which value sets should we
21 focus on? How should that be determined?
22 CO-CHAIR BUTT: So I think that sort

1 of gets into that scope issue. Is the trigger
2 point that something needs harmonization and
3 within that process, I think as Dr. Chang was
4 suggesting earlier, one of those criteria might
5 be that whichever emerges to be the harmonized
6 value set needs to be of high quality.
7 So I think that, you know, that sort
8 of -- the issue here is really should you start
9 with again, perhaps a Jaccard-type screening tool
10 and the goal is primarily harmonization, as
11 opposed to going through the entire VSAC and see
12 which ones are low quality and which ones are
13 high quality, and that's a slightly different
14 objective, I think, because you could say
15 although this is a single value set, there is no
16 harmonization issue, but this is poor quality.
17 So let's improve the quality.
18 MR. GOLDWATER: Mike.
19 CO-CHAIR LIEBERMAN: I might have
20 missed it in that flurry of slides there. But
21 was there -- was the stick here is that only high
22 value, high quality value sets can be used in NQF

1 endorsed measures and/or measures used in
2 government programs?
3 MR. MILLET: So we didn't get to that
4 slide yet, but that --
5 CO-CHAIR LIEBERMAN: Oh okay.
6 (Laughter.)
7 MR. MILLET: But it was getting to
8 that, right.
9 CO-CHAIR LIEBERMAN: Okay.
10 MR. MILLET: If we can define --
11 (Simultaneous speaking.)
12 CO-CHAIR LIEBERMAN: So okay. So
13 that's fine. I mean I think that that sounds
14 like we need to have something like this, or else
15 why would somebody participate in this? But then
16 the other question is, just in terms of kind of
17 the nuts and bolts of it, I think a technical
18 expert panel meeting once a month to do this work
19 is insufficient, and what you're going to need is
20 a staff to do the bulk of the work, and work with
21 the measure developers when there are issues.
22 Then if they are unable to resolve the issues,

1 then that goes to the technical expert panel.
2 But most of this should be able to be done, kind
3 of, by staff and by the measure developers.
4 MR. GOLDWATER: So that was sort of
5 the major concern with this area, which is how
6 would compose the TEP, who would be in charge of
7 the TEP. TEPs don't just, you know, come out of
8 nowhere. Somebody actually has to create the
9 TEP. Who would determine who would be on it?
10 How long would they be on it? How long would
11 they meet?
12 The logistics of that approach,
13 certainly while I think from an outside view
14 seemed reasonable, in terms of reviewing value
15 sets and then sort of determining how they go
16 forward, from a logistic purpose -- I'm just
17 quoting what you all said over the course of the
18 meeting. Logistically, that seems very difficult
19 to implement, which is why there was general
20 resistance to this idea, as far as an overall
21 approach goes, but particularly about having a
22 TEP sort of define what high quality is, define

1 and go forward. Rob.
2 MEMBER McCLURE: Yes.
3 MR. GOLDWATER: Oh, I'm sorry Stan.
4 Go ahead.
5 (Laughter.)
6 MEMBER HUFF: So one particular
7 criterion I guess concerned me was the idea that
8 the terminologies had to come from the ONC
9 Advisory, and having been there in those
10 discussions, and you correct me Julia, but I mean
11 it's been advertised that this is not a
12 requirement. It's not mandated.
13 It's not -- it's a guideline, it's a
14 suggestion, and this has sort of the import that
15 I can't use it if it's not in the advisory, which
16 makes it mandatory, which has been time and time
17 again explained that that's not what it is. It's
18 not trying to do that kind of specification.
19 So I would be -- and there isn't the
20 content there to do that and the level of detail
21 to guide somebody in doing this. So, you know,
22 I'd use it for what it was intended for, which is

1 a guideline that helps people, points people to
2 terminologies to consider. But I don't think it
3 should be thought of as it was stated there, that
4 it's a requirement now that I have to be on the
5 advisory to be used in a guideline.
6 MR. GOLDWATER: Rob. Okay, Chris.
7 Okay, Julia.
8 MS. SKAPIK: Sure. So I agree with
9 Stan's comments. I could see places in which
10 through quality measure development we discover
11 what the appropriate standard for a specific
12 purpose might be and make changes to the
13 standards advisory based on that. When I saw
14 that comment in the what's a high quality value
15 set, I didn't interpret that to mean that it must
16 be in the standards advisory, because there are
17 places in the measures we found.
18 So a good example might be there are
19 no measures that talk about blood transfusions,
20 but what we've discovered is no one is using any
21 code system other than a very specific
22 international blood transfusion product code

1 system to ascribe that information.
2 It is not referenced in the standards
3 advisory. However, I don't for a second think
4 that we should tell people to map all of those
5 codes to some sort of snowman codes, because it's
6 not there. It may be that as these use cases
7 come up, we expand the advisory to reflect what's
8 actually happening in the field, and what the
9 needs in the community are. So I agree with Stan
10 on this.
11 MR. GOLDWATER: Chris.
12 MEMBER CHUTE: Could we go back to the
13 one about expire automatically? That was a great
14 one. One more. There we go. I think this is
15 very insidious, and I have concerns about it.
16 Let's think of a future scenario where we have
17 metrics associated with precision medicine or
18 genomic medicine.
19 They will undoubtedly be based on HUGO
20 Gene Name Consortium or gene ontology. The
21 reality is the gene ontology changes almost
22 hourly. That is the reality, and to say that the

1 value set would automatically expire when the
2 gene ontology is updated would mean that we'd
3 have hourly versions of the value set.
4 This is not a useful activity. Hence,
5 my rabid fascination on this whole versioning
6 thing, because I think it's important that we
7 quite frankly declare arbitrary version, and we
8 say this is the version for fiscal year 2015.
9 Have a nice day, and if some of the underlying
10 source vocabularies change, they change. But we
11 have a version, we're sticking to it.
12 MR. GOLDWATER: Okay, and now Rob and
13 then --
14 MEMBER McCLURE: And now Rob. I agree
15 with Chris completely, and I have a solution.
16 (Laughter.)
17 MR. GOLDWATER: I was just going to
18 say that.
19 MEMBER McCLURE: I have a solution
20 with that, for that actually and Chris, I want to
21 show you how I want to do it actually. But so
22 what I -- I'm sensing that my first assumption

1 about this perhaps was wrong, which always puts
2 me at edge, because it seemed like there was a --
3 there was a belief or there was an expectation
4 that the NQF would have to replicate the work of
5 the measure developers, and putting together a
6 TEP to do this detailed analysis of the content
7 of the value sets.
8 And I'm really worried about that,
9 because that just seemed like waste of time and
10 effort. I mean why have measure developers if
11 you're going to, you know, don't believe them?
12 On the other side obviously, you know, there's an
13 endorsement process that's already in place for
14 measures, that does require work, and a TEP, and
15 there's a review, and I certainly can imagine
16 that something like that's important for value
17 sets too.
18 So I'm still not clear how to
19 reconcile all those things, you know, that yes, I
20 mean it's just foolishness to think that you
21 would have to do, you know, even a substantial
22 percentage of the work that the measure

1 developers have to do in order to endorse a value
2 set, right. Which, by the way, I'm using that
3 word again very specifically because another
4 confusion I had when I looked at this was the
5 presumption that this was trying to define
6 something that was outside, covered everything,
7 you know, not just quality measures.
8 In particular, I really find it
9 actually comforting to think about this in the
10 context of those things submitted to NQF for
11 endorsement, which I think it settles my concerns
12 in a lot of ways. What it means is that we could
13 figure that out, and then we can look at how that
14 might apply outside of those same situations.
15 But at least it's clarifying here's what NQF is
16 going to do in order to say this is an NQF-
17 endorsed value set, as opposed to a high quality
18 value set, full stop.
19 I feel much more comfortable with us
20 starting at that step, than saying NQF, you know,
21 meetings here are going to define something that
22 can be applied anywhere, everywhere by everybody.

1 I think that's unfair.
2 So with those caveats, I still have a
3 tremendous amount of problems with all the rest
4 of the slides that are in this clean up phase,
5 because I think that they are a little bit too
6 prescriptive and probably not even doable, which
7 is why we had so many problems with them before.
8 So I'll stop there, because I'd like to see
9 what's next, because I'm not sure that I agree
10 with anything here.
11 MR. GOLDWATER: How unusual.
12 MEMBER MARTINS: So it was back on the
13 other slide, I'm sorry. I also disagree with
14 this notion of automatic, yes, and I think it
15 actually -- when I saw it, the first thing I
16 thought was that this was contrary to the notion
17 of versioning. It undermines it, really, and I
18 am in complete agreement with you, that the
19 versions need to exist and we can't keep up with
20 everything at all times.
21 Just in general, in terms of having a
22 group that is able to determine whether a value

1 set should be -- a high quality value set. I
2 would err on the side of inclusion. So instead
3 of having a technical expert panel or staff
4 within a single organization, I really think that
5 Rob's suggestion to --
6 We want to know that this value set
7 has been vetted through a large community. That
8 really is the key for me, is crowd sourcing. As
9 long as a value set developer, a measure
10 developer is able to prove or attest or whatever
11 the format is that NQF requires to say yes, we've
12 gone through public comment of these value sets,
13 here's what we found, here's what we've done, I
14 think that is the vetting process.
15 MR. GOLDWATER: Chris.
16 MR. MILLET: Just really briefly, one
17 of the things you mentioned Rob, just made me
18 think of something that I think we are hoping to
19 get out of this discussion as well, or at least
20 this project as well, which is when measures are
21 evaluated or being endorsed, the conversation --
22 the amount of the conversation that could be

1 related to the codes using the measures, and with
2 ECQMs, the value sets used in the measures is and
3 Jason or Anne, let me know if I'm wrong, but it's
4 really variable.
5 It's something that is not -- the
6 discussion might dive deep because they see one
7 code that someone has a problem with, or they
8 don't talk about it at all. And one thing we're
9 hoping to get out of this is: what should that
10 conversation look like?
11 We don't want them doing a super-deep
12 VSAC level technical review of the codes, but
13 what do we want them to do, and how does the
14 quality of the value sets impact how we evaluate
15 the measure? That's a question, I think, NQF
16 really is interested in trying to figure out, and
17 this relates to how measures are -- should be
18 evaluated in general.
19 MR. GOLDWATER: Zahid.
20 CO-CHAIR BUTT: So again, at the risk
21 of I guess repeating myself, I really do want us
22 to stay focused on the -- when we're talking

1 about the existing value sets that are used in
2 current measures and current programs, or the
3 programs that are sort of the cycle that's about
4 to be repeated sometime in March of 2016?
5 Okay. Now I'm saying it's going to be
6 published sometime in March or April of 2016. So
7 I think that to be really practical about it, the
8 first goal should be that to the extent possible,
9 if there is -- there is the potential to
10 harmonize some measures that really could benefit
11 from harmonization. We should try to find ways
12 to find that group of measures that could be put
13 through this TEP process that, you know, here's a
14 group of measures. Like some of the ones that
15 were identified for the pilots.
16 If there is some mechanism to identify
17 the ones that are in need of harmonization, and
18 as part of that harmonization, especially like in
19 Pilot 2, now they're going to have to decide
20 which measures should be -- which value sets
21 should be selected, where they think that there
22 is need for harmonization, that there are codes

1 that perhaps don't represent what they think it
2 should be represented.
3 So there is a reconciliation process,
4 and I think the high value criteria and other
5 criteria would be helpful to that group, to
6 broker that consensus is the way I'm looking at
7 where this gets fit in. Now when all of this
8 gets into the process and new measures are
9 developed, then perhaps it needs to be
10 incorporated way upstream, when you are
11 developing new measures, that you incorporate
12 some of these high value criteria in it.
13 But I'm saying that what we are
14 discussing right now is the existing measures,
15 and how to clean them up. So the cleanup is what
16 I'm saying, that the high quality piece of it has
17 a lot of subjectivity and so forth. So I think
18 it should be used as one of the criteria, if
19 there is a need identified after the TEP reviews
20 like in Pilot 2.
21 That TEP could actually now be given
22 the criteria and the high quality

1 characteristics, and they should apply those to
2 see if they can have consensus around what should
3 be the best value set that emerges, which is a
4 harmonized value set.
5 MR. GOLDWATER: Mike.
6 CO-CHAIR BUTT: That's kind of how
7 I'm thinking about this.
8 CO-CHAIR LIEBERMAN: I just wanted to
9 comment on Rute's recommendation for crowd
10 sourcing, which I like the idea, but I'm not sure
11 that it would work well for here, in that crowd
12 sourcing works well if there's like very active
13 code, that lots of people are working on it and
14 lots of people have interest in making it better.
15 Whereas in this case if you're -- you
16 know there's -- what is the impetus for a
17 developer to look at somebody else's value set if
18 it's not near and dear to their heart. So I
19 think what we want to make sure is that there is
20 some level of review of new code sets. So if
21 somebody doesn't -- if somebody wants to -- or
22 value sets. If somebody wants to choose a

1 current value set, great, a current high quality
2 value set. But if they want to create something
3 new, there has to be some level of oversight to
4 that decision.
5 MR. GOLDWATER: Anne and then Rute.
6 MEMBER SMITH: So a couple of things.
7 I think like even if you said right now I have a
8 TEP in place, let's review the code systems for
9 this annual update, there would not be enough
10 time, because almost all of my value sets change
11 every year, because SNOMED deletes codes, ICD-10
12 deletes codes. The only ones that would not
13 change are ICD-9, because there's no more
14 updates. So I don't know that you could convene
15 enough panels, and you couldn't do it if they
16 only met once a month.
17 The second thing is that I don't -- we
18 keep talking about a value set winning, and we
19 have to go through these value sets and harmonize
20 them, and then everybody has to agree on one.
21 But I think that the way we've been looking at it
22 is there isn't one value set that meets

1 everybody's needs.
2 Like for mental health, when we
3 started looking at the second pilot and the
4 mental health value sets, where we started
5 meeting and looking at those value sets, there
6 wasn't one value set that met everybody's needs.
7 The AMA only used active measure depression. I
8 used major depression. I used active and partial
9 remission, and the Minnesota measures wanted
10 active, partial and full remission.
11 So the result of that wasn't that
12 there was one value set that won out, and
13 everybody else had to give in and use codes that
14 they didn't -- that didn't meet the needs of
15 their measure. The result was we made three
16 value sets. We made active, partial remission
17 and full remission, so now the AMA can use the
18 active remission. I can combine the active and
19 partial remission and use them together, and
20 Minnesota can use all three active, partial and
21 full remission and have their measure.
22 Then you get the codes in the measure

1 that meet the criteria for the measure. So I
2 don't want us to focus on the fact that we have
3 to, you know, tell half the measure developers
4 that they can't use their value sets. They have
5 to have these extra codes that maybe don't meet
6 the criteria for their measure. We have to
7 figure out how we can all work together in this
8 space, to make code sets that match what the
9 measure developers need and what works for the
10 implementers.
11 MR. GOLDWATER: Rute.
12 MEMBER MARTINS: So Mike to your
13 point, when I say crowd sourcing I actually mean
14 the public, the people who are going to be using
15 these value sets, as opposed to some group of
16 measure developers. In that situation, you're
17 going to see people saying why are you creating
18 another concept for this. There's already
19 another concept in existence.
20 So those issues are going to be
21 organically raised, and I feel like there's
22 people that are interested, perhaps not as many

1 as we would like. But that would be the concept
2 behind it, much like when you have a new measure
3 and you have those sorts of comments.
4 One way that I think, just in the
5 context of measure endorsement, that that could
6 -- there could be an additional level of
7 governance, is just when there is a lot of
8 overlap between value sets, and that's a quick
9 check that NQF staff can do, is to really have a
10 conversation with the measure developer and ask
11 were you aware that these value sets existed, and
12 if you were, why didn't you use them?
13 Not a lot of red tape and a ton of new
14 forms, but just a conversation, and doing that
15 sort of informally, along with this more
16 inclusive process. I do want to touch upon one
17 of your comments, Chris, in terms of how TEPs
18 within NQF could discuss this and I don't think
19 they're equipped to. And furthermore, I think to
20 say that discussing the quality of a value set
21 and doing it in a non-detailed fashion is an
22 oxymoron. So I don't think it should be touched

1 at all, in that context.
2 MR. GOLDWATER: Kevin.
3 MR. LARSEN: So part of my frame for
4 this is the new MIPS program under MACRA. So
5 those of you that may not be as in the weeds of
6 policies, as I am, I'll explain a little bit to
7 you. That's also known as the SGR Fix Bill, and
8 it puts a lot more emphasis on quality reporting
9 and on number of programs, extends it to a lot
10 more providers, and it also says that those
11 measures no longer have to go through the MAP
12 process, and they no longer have to be NQF
13 endorsed to be part of the MIPS program. That's
14 what Congress enacted, and we're busy trying to
15 figure out the rules for.
16 So to my sort of earlier call, if I
17 have an outside group like the Canadian
18 cardiologists that come with this set of
19 measures, we need a way to be able to say yes,
20 they did this technically correctly. I'm looking
21 for sort of a technical bar to say these have
22 passed some technical bar that we've vetted.

1 I understand how challenging that is,
2 but I'm more worried if we say no, and just trust
3 that it will always be good, than if we set some
4 technical bar, even if it's a technical bar, that
5 we all agree is fairly low. So I'm going to
6 continue to challenge us to come up with
7 something that's more than trust us, we'll get it
8 right, because I've seen some measures that have
9 come from some places, that don't follow what we
10 would think of our best practices.
11 But I don't have a way to say to those
12 people you didn't follow best practice, because I
13 don't have a description of a best practice or a
14 frame to evaluate this against.
15 MR. GOLDWATER: Julia, then Zahid.
16 MS. SKAPIK: So to the point of crowd
17 sourcing, I agree that there needs to be
18 something other than crowd sourcing that
19 determines whether or not material is high
20 quality. I mean, in the quality measure programs
21 though, we're talking about national deployment.
22

1 So we really do expect people who have
2 some skin in the game to be willing to put some
3 effort into evaluating the correctness of the
4 content they are going to be measured on.
5 They're actually going to be paid on the
6 measurement, right? That's pretty big stakes, I
7 would say. And also we've, you know, we've had
8 good interest from the clinical specialty
9 societies, who have tons of expertise in knowing
10 what's a correct grouping of concepts and what's
11 not.
12 We expect that they would do some of
13 that crowd sourcing as well. I mean I think part
14 of the goal of the crowd sourcing is really to
15 have people put the brakes on something that's
16 not good, right? If something's okay and it
17 seems to have an acceptable use case, probably
18 you won't get a lot of comments in crowd
19 sourcing. What you want, though, is when
20 something's not well constructed, for people to
21 say no, that's not acceptable. I like this
22 comment here that there would be some process for

1 challenging the correctness of content.

2 Then to Anne's point, I do see what

3 the position of the measure developers being and

4 where, you know, you do a specific use case and

5 you have specific research that supports that.

6 We may need to think about a long term solution,

7 where we can bring in large groups of people and

8 have very common definitions, and then we pull

9 out some of the people that we don't want or

10 need, so that we can have more harmony at the

11 high level, and not ask implementers to make a

12 bunch of very similar high level buckets. So

13 that's just a thought. I don't know how

14 successful that is in practice.

15 MR. GOLDWATER: Zahid.

16 CO-CHAIR BUTT: So a couple of

17 comments. I think when Anne explained that, it

18 made perfect sense to me. My only question is

19 that it seems like then the TEP came to a

20 different conclusion. It appears that what Anne

21 just described, that Pilot 2 should have come to

22 the same conclusion as Pilot 1, because they were

1 dealing with a similar scenario, that there was
2 just enough difference in the granularity in the
3 use case that they said harmonization was not
4 necessary.
5 So that begs the question that would
6 the TEP have been -- would the TEP have come to a
7 different conclusion had they been given, you
8 know, some more guidance around what they were or
9 should have been looking for? I'm just thinking
10 out loud here, and I think based on Kevin's use
11 case, which is really not cleaning up the
12 existing, but someone coming in with a new
13 measure, a de novo measure, perhaps they need to
14 pass through separate tests or bars.
15 You know one would be the
16 harmonization bar, and if there is not anything
17 in existence, then they need to prove that theirs
18 a high quality value set, potentially, as a
19 second criteria. If there is a harmonization
20 issue, then within that would be the quality
21 issue, that one or the other would have to be the
22 one that gets adopted, or some consensus, or even

1 if they're supposed to be different, some
2 criteria used that they are different.
3 So I think it's like a couple of
4 different paths that a new measure that's coming
5 through, whether it's through the Canadians or
6 here, would potentially have to follow, as
7 opposed to the ones that are in existence.
8 MR. TAYLOR: So I think it's usual to
9 -- and I think many people mentioned this. I
10 mean there's sort of the technical review to say
11 whether, you know, codes match their descriptions
12 and a bunch of things that you can do in a good
13 way, or even have automated software to do.
14 But in the semantic review, it's been
15 my experience that you can't get people to
16 volunteer, nor can you actually even pay them and
17 get good review of content. The only time real
18 review of content happens is when I'm
19 implementing. When I'm implementing, then I
20 care.
21 And that stems from the fact that, you
22 know, what we're doing by putting things in the

1 value sets are we're trying to control behavior
2 of software. We're trying to control, and so
3 what you put in and out, you know, you've got all
4 kinds of conceptual and theoretical reasons why
5 you want them in or out. But in the end, you go
6 into practice and you go, oh, I was expecting
7 this code and you find out that code is never
8 used in the actual world.
9 So you take that one out and you find
10 whatever people are using and you put it in. So
11 you know, I worry about an architecture where
12 you're thinking that either volunteers or even
13 paid experts will be able to tell you what the
14 right content is.
15 I mean, you can do that to an extent,
16 to get started, but the only time that you're
17 going to actually find out whether these things
18 are fit for purpose is when they're implemented,
19 and maybe we need to think about sort of -- sort
20 of some sort of more agile approach, where you do
21 a certain amount of work. Then you try it out in
22 a test environment or a prototype environment,

1 and that's when you actually get serious review
2 of the items. So just a thought.
3 MEMBER McCLURE: Yeah. I mean, you
4 know, to some extent we're coming back around to
5 some of the places that we've been in in the
6 past. So you asked for a list? I'll give you a
7 list. So in no particular order, that -- and
8 part of this we've already talked about again,
9 and I agree with Chris, I agree with Michael.
10 It's been my interest too, that value
11 sets could be evaluated separate from their use.
12 I mean that's one of the reasons why the value
13 set definition project came into being. I needed
14 to have a thing that could be reviewed.
15 So but that being said, I think we're
16 in a continuum of not only at any one point
17 anything being able to happen like that, let
18 alone something more general. But so here's my
19 list, in no particular order. So there should be
20 evidence of a specialty society review. There
21 should be a clear description of where in the EHR
22 that data can be found.

1 There should be a defense of the codes
2 used and illustrative examples of how local codes
3 can be mapped to those codes. There needs to be
4 user review, and to that I add, you know, and
5 this is so clearly pie in the sky, but they --
6 you know, there needs to be a demonstration that
7 -- and again here's the tie to the measure,
8 because you can't run just value sets, I don't
9 think, and do mapping, although potentially that
10 could even be done. But that you can run it
11 against real data and pull patients out.
12 So now that's a huge bar. That is not
13 your low bar. That's the big bar. But if in
14 fact guess what? All of these things, to some
15 degree, have to be done by the implementers. So
16 to expect that measure developers can accomplish
17 them I think is not outside the realm of fair.
18 You know, I'll even go so far as to say -- I mean
19 this gets to this issue of okay, so measure
20 developers, would they do this? I don't think
21 there's anybody in this room that would say this
22 is stupid stuff. It's just costly and timely,

1 and so it gets to this point of do we care enough
2 to make sure that the right thing happens.
3 MR. GOLDWATER: Marjorie.
4 MEMBER RALLINS: So this goes back to
5 Stan's comment about -- I think you said when I'm
6 implementing, that's when I really care. I think
7 that we have some element of that already in the
8 measure development process. You heard what Anne
9 described as sort of the three measure developers
10 kind of getting together and developing this
11 modular process, which is in my mind a form of
12 implementation.
13 But we also, in our annual update
14 process and in our measure development process,
15 use simulated test cases already, to kind of test
16 the measure. So I think what I think we should
17 try not to do is over operationalize this
18 process, you know. I think or identify a
19 solution that's not workable. I agree with Rute,
20 that I don't know if a TEP is the right place for
21 this to happen. I think it needs to be as close
22 to the development process as we can make it.

1 MR. GOLDWATER: So before I get to
2 Zahid and Mike, let me interject again. In the
3 interest of time, because we are almost
4 approaching three, we have discussed this
5 proposal before, and what you're talking about
6 now are the same concerns that came up then,
7 which is it seems to be genuinely unworkable, and
8 Chris, please correct me if I'm wrong here.
9 But because the creation of a TEP is
10 incredibly challenging, would be difficult to
11 maintain, and it would be somewhat of an
12 arbitrary process to be cleaning up value sets.
13 The starter set was a much more widely accepted
14 proposal, despite the fact that there were issues
15 with that, as well, but there were not issues
16 that were -- that made the proposal unworkable.
17 It made it where it needed to be refined or where
18 there needed to be discussed, to determine what
19 the framework is.
20 So what I'm suggesting is this. I'll
21 give the floor over to Zahid and Mike for brief
22 comments, and then I would suggest we take a very

1 short break, come back and let's talk about the
2 starter set proposal. I don't think that there
3 is a lot of value, anymore, in going back through
4 the cleanup proposal, because it's -- it wasn't
5 accepted when we first discussed it. The same
6 issues are coming up.
7 We can go through all of the slides.
8 When we did this, I thought it might be
9 worthwhile to revisit this again, because it had
10 been a while since we've talked about it. But
11 the same issues are coming up, and I'm not sure
12 that we're getting a lot of value out of
13 discussing something I cannot imagine we are
14 going to move forward with, unless somebody has a
15 revelation of some sort, or Rob has another zen-
16 like moment he wants to comment on, and we can,
17 you know, discuss areas of where this might be
18 feasible.
19 But my suggestion is after the brief
20 comments, we'll take a five minute break. We'll
21 come back. We'll go through the starter set
22 proposal. We'll make -- I'll take some brief

1 comments on that, and in the report, we will talk
2 about how we would issue a framework for that
3 governance model, to be considered for the
4 future. Does that sound reasonable to everyone,
5 or do we want to talk about versioning some more
6 Chris? I mean it's --
7 (Laughter.)
8 MR. GOLDWATER: Just kidding.
9 MEMBER CHUTE: I want to ask the
10 question, because there was a really interesting
11 -- the comment about the three different
12 definitions for depression really jogged my mind
13 in thinking, you know, part of the work that I
14 think that we might need to get to is having the
15 clinical experts or somebody sit down and come to
16 an agreement upon, you know, what is really the
17 necessary definition for depression.
18 Can we come up -- do we really need
19 three definitions for the different measures?
20 Maybe we do. I don't know those measures well
21 enough to know. But that's -- so it gets beyond
22 measure developers even. It's really kind of the

1 clinical experts that are trying to define these
2 things and that's where, you know, you think can
3 the NQF convene that type of group to be able to
4 do that, to come -- to not get out of the weeds
5 and come up with really high level questions that
6 we want answered about, you know, for clinical
7 care, for measuring clinical are, do we need to
8 have three definitions here?
9 MR. GOLDWATER: So let me -- I'll
10 interject briefly again, because this will have
11 context for later. I can almost assure you that
12 NQF will not take on the role of reviewing value
13 sets. I can say that pretty unequivocally, that
14 Chris Cassel will have a very unpleasant
15 conversation with me if I even as so much as
16 suggest something like that.
17 Not because I don't think we find it
18 valuable, but that is so outside the scope of
19 what we do. It's much easier, as Kevin suggested
20 when we started this project, of incorporating
21 your recommendations into a process that we are
22 responsible for and can manage. But starting a

1 brand new TEP, where we have to convene it,
2 somehow find money for this, maintain it monthly,
3 and you know, Zahid will be part of it, and
4 really, again?
5 (Laughter.)
6 MR. GOLDWATER: So it's just not
7 something we're going to be able to do. So
8 that's -- the TEP would have to be an external
9 entity, and that brings up who would ever -- and
10 Stan's right. Who would ever do this? I mean
11 you can't -- you can't pay people to do this. I
12 mean I'm oh so happy all of you are here. But
13 you know, you're only meeting twice a year.
14 MEMBER RALLINS: Well no. I'm not
15 volunteering, but Michael your comments resonate
16 with discussions we've had in the PCPI about
17 convening to discuss clinical definitions and
18 agreement. We have a large specialty group that
19 does that. So that -- you know, that's something
20 that others have thought about as well.
21 CO-CHAIR BUTT: No, no, no. Just
22 briefly, I think Rob's list, most of it I think,

1 I think, and to some extent Stan's comment again
2 go back to the feasibility question. And so the
3 feasibility currently is mostly determined upon
4 implementation, and it has all sorts of problems.
5 So I know that there is a very active
6 effort to stand up some sort of national test
7 collaborative, that would provide some sort of a
8 framework within which some sort of testing can
9 happen, which would give at least some level of,
10 early in the process, some evidence of the
11 feasibility in the wild, if you will, because
12 right now it's mostly expert opinion and just
13 surveys and some of them are somewhat, you know,
14 gets you closer but obviously not quite the same
15 as, you know, once you start implementing this.
16 Now obviously that's been a long
17 process, and sometimes it moves forward and
18 sometimes it doesn't. But I think it comes back
19 to the charge for this committee, whether
20 feasibility should be part of it.
21 I think earlier we decided that,
22 potentially, that wasn't within scope, and so we

1 should again come back to focus on the core
2 harmonization issues, and how these other things
3 like the quality and those things support that
4 issue. Because I think, at the core, that's the
5 issue, that there is proliferation of value sets
6 that are not harmonized either in the de novo
7 development process, or what's there is now
8 there. So maybe over time it will sort of weed
9 itself out and get reconciled, as opposed to some
10 sort of a cleanup process. So I think that's
11 what I was just going to add.
12 MR. GOLDWATER: Rute.
13 MEMBER MARTINS: Thank you. So I
14 wanted to go back to Mike's and Marjorie's
15 comments, in terms of the definitions, and I
16 think we're going back to Chris' dog, and that is
17 clinical data, and how it's defined at the point
18 of entry by the specialty society, by the
19 clinical commissions who are practicing.
20 But this is not something that should
21 be done, once a measure has gone through
22 development and testing and value set

1 development, and then you go and check. It needs
2 to be done up front. A good example of this
3 work, and I probably am going to get all of this
4 wrong.
5 But I think ACOG did a really good job
6 of defining some of their clinical data, and they
7 are actually building value sets to go with it.
8 Measure developers should be able to use those
9 building blocks, as defined by the people who
10 think they make sense for their clinical
11 practice, and perhaps there needs to be some
12 additions to that. That's not the be-all, end-
13 all, but it should certainly be the baseline.
14 MR. GOLDWATER: All right. We'll take
15 five minutes, and then we'll go to the starter
16 set.
17 (Whereupon, the above-entitled matter
18 went off the record at 3:01 p.m. and resumed at
19 3:13 p.m.)
20 MR. GOLDWATER: Okay. So we have
21 until, I think we can probably go until 4:15. I
22 don't expect there's going to be an abundance of

1 public comments, unless Kevin called up all of
2 his friends and said, comment as soon as this
3 meeting's over with. But we --
4 (Laughter.)
5 MR. GOLDWATER: So let me also go on
6 record by saying, Dr. Huff, you will be invited
7 to every meeting we have.
8 (Laughter.)
9 MR. GOLDWATER: What we're going to do
10 is just go over the Starter Set Proposal. In all
11 honesty, all kidding aside, we do realize of
12 course that we might not get through this
13 discussion, and that's okay, we'll get through as
14 much of it as we possibly can and what we are not
15 able to get through, we will probably just start
16 writing in the report and have you edit that
17 directly, which will probably be easier.
18 So, again, the Starter Set Proposal,
19 in terms of defining high quality value sets,
20 again, the objective criteria, the automatic
21 checks by the VSAC is still in place. And,
22 again, understanding as it heeds comments from

1 the past in that we would have to reword this a
2 bit, that there are no null values. So the value
3 set purpose is present and complete across those
4 four areas, they have to be filled in, and it
5 would ensure the proper technical use of coding
6 systems. Next slide.
7 The subjective criteria, again, very
8 similar. The code system fit, does the value set
9 use code systems consistent with the latest ONC
10 Standards Advisory? Understanding that we will
11 probably reword that, and when we have the
12 rewording, it will be reflected in the report for
13 you all to comment on. Is the code system being
14 used properly for the value set purpose? Is the
15 purpose clearly described? Are the value set
16 numbers consistent with the purpose? And does
17 the value set conflict with other high quality
18 value sets? Next slide.
19 So, did Starter Set have a TEP? I
20 don't remember it having a TEP. No? Okay. So
21 the Starter Set does not have a TEP, so these
22 slides must have gone in. So, the approval

1 process for new value sets, the stewards would
2 submit value sets for high quality value set
3 approval in the VSAC. Again, the stewards would
4 be CMS measure stewards, et cetera, most likely
5 as has generally been the case. Value sets
6 stewards are usually the same ones that are
7 stewarding the measure, at times, or they are
8 measure developers. Next.
9 This, again, was also similar to the
10 -- and, again, we'll probably take this out, but
11 the high quality approval would expire
12 automatically and this would get into a further
13 discussion on versioning when we have that
14 discussion, which will not be today. Despite
15 Chris's points are well noted. The Starter Set
16 supports measure development, high quality value
17 sets are distinguishable in the VSAC for measure
18 developers. Measure value set developers can
19 submit a value set for high quality approval and
20 measure developers can also challenge high
21 quality approval. The challenges are based on an
22 approval criterion that is not current met.

1 ECQMs evaluated for NQF endorsement
2 or, and this is also something to keep in mind,
3 the Trial Approval Program -- just a very brief
4 aside. So the Trial Approval Program was created
5 last year as a pilot and was made official at the
6 beginning of this year. The Trial Approval
7 Program is for de novo measures that are
8 recognized as being innovative, but are unable to
9 at the time meet the testing criteria established
10 by NQF, which is they have to be tested in at
11 least two EHR systems, and they have to be
12 different systems.
13 If they are unable to meet that
14 criteria, but they are recognized as an
15 innovative measure and that is filling a current
16 gap in Quality Measurement, they can be accepted
17 on a trial approval basis. The measure still has
18 to be reviewed by us for completeness. It is
19 then passed on to the standing committee for
20 review. They do review it and instead of saying
21 it's an endorsed measure, they say it's accepted
22 into the Program.

1 It's put out into the field for a
2 period not to exceed three years where it is
3 collecting data in the real situations. That
4 measure is evaluated as that data is being
5 collected and up to a three year period, that
6 measure can then be submitted for full
7 endorsement by the same standing committee. So
8 when we look at an application or a measure for
9 submission, most of the time we're looking at it
10 to pass on through endorsement, but over time,
11 over the last couple of months, we have gotten
12 some measures for trial approval as well.
13 So, eCQMs evaluated for NQF
14 endorsement or trial approval must use high
15 quality value sets, all the value sets must have
16 submitted, expired, or challenged status. Value
17 sets remain in expired or challenged status
18 during measure review. Measure developers
19 present to NQF committees on status impacts to
20 feasibility. I can stop there and see if there
21 are any questions on those. Is Chris here
22 though? Okay. Yes?

1 MR. LARSEN: So, one quick question.
2 Kind of going back, I keep thinking who, and
3 maybe we're not trying to define who here, but
4 you had described that someone's going to say
5 that they've reviewed and denoted this as a high
6 quality value set. Have you described or given
7 options for who that is? Because it sounds like
8 that who is not NQF in your proposal, but maybe
9 it is. But that NQF has a sort of an
10 endorsement-like process that would take into
11 account that the high quality value sets have
12 already been approved by somebody else.
13 MR. GOLDWATER: So the Starter Set,
14 this particular proposal, there would be a
15 criterion for what needs to be included for a
16 high quality value set. We would review to make
17 sure that criteria was initially fulfilled and
18 then it would be passed on to the standing
19 committee. And as the measure was presented to
20 them as an eCQM, it would say the value set is
21 high quality because it meets X. In the same way
22 that you would be presenting a measure.

1 MR. LARSEN: So you're saying that NQF
2 would do the approval that this was a high
3 quality value set?
4 MR. GOLDWATER: We would do the
5 completeness check to make sure that the criteria
6 were being fulfilled. The adequacy of that, I
7 don't believe we would be doing.
8 MR. LARSEN: Okay.
9 MR. GOLDWATER: Am I correct?
10 MR. LARSEN: And I'm not trying to say
11 you should --
12 MR. GOLDWATER: No.
13 MR. LARSEN: -- I'm just trying to
14 clearly understand the --
15 MR. GOLDWATER: Right.
16 MR. LARSEN: -- proposal as you've laid
17 it out and understand where we have discussion
18 points about implied who.
19 MR. GOLDWATER: So it's somewhat, and
20 so to the developers in the room, it's somewhat
21 similar to the feasibility scorecard. Which is
22 we get a scorecard on how feasible the measure is

1 across a certain number of criteria. We need to
2 make sure that, that scorecard is filled out and
3 that there's justification for that. Whether or
4 not that's acceptable is left up to the standing
5 committee. That's not for us to be judging.
6 We don't judge whether the measure is
7 feasible or not. We just judge to make sure --
8 we don't even judge, we just assess to make sure,
9 did Anne fill, and just because I'm looking at
10 you, did Anne fill out the scorecard completely?
11 Does she have enough testing results to justify
12 the scores that she gave? Yes, she does. Great.
13 Send it on to the standing committee in a write-
14 up.
15 So that would be the same thing. Here
16 are the value sets, they are published, they are
17 made available, they meet this criteria. Great,
18 pass it on to the committee. And as it's written
19 up, they will say the measure is reliable, it is
20 valid, it's feasible because it meets the
21 scorecard, the testing supports this. The
22 measure is important to report, here is the

1 literature that says that. The value sets that
2 represent the measure are high quality because
3 they meet this. And the standing committee will
4 go, yes, that's fine. Or they will go, no.
5 And to answer Stan's earlier comment,
6 they have to be here because they volunteer and
7 they have to be on the standing committee for a
8 three year period. So that way we're not
9 convening any external committee; NQF is only
10 responsible for just the initial completeness
11 review. And we actually put it into a standing
12 committee of people that are providers, payers,
13 consumers -- those that are actually affected by
14 the measures and use the measures -- to determine
15 whether the value sets are actually high quality
16 and are representing the measure. It is not an
17 external entity. That seemed to go over better
18 with you all when it was discussed. Okay. So,
19 moving on. Oh, because of course he has a
20 question. Go ahead, Zahid.
21 CO-CHAIR BUTT: So, is this, the
22 endorsement process, is that for new endorsement

1 or maintenance endorsement?

2 MR. GOLDWATER: It would probably be

3 for all endorsements. So it would either be for

4 de novo measures that are being submitted for

5 endorsement or trial approval, because we only

6 will consider de novo for the Trial Approval

7 Program.

8 CO-CHAIR BUTT: So, I mean --

9 MR. GOLDWATER: It will be for

10 respecified measures, which --

11 CO-CHAIR BUTT: So, I mean, if it's a

12 de novo measure, why would there be an expired

13 status for something that's submitted as a de

14 novo measure? And who would have challenged it

15 by that time?

16 MS. PHILLIPS: As part of the measure

17 review process for eMeasures, we're going to look

18 at every single value set. And I'm going to look

19 at them in the VSAC and if I see that, that is an

20 expired value set, I'm probably going to talk to

21 the Project Team and the measure developer and

22 just have yet to run across it. All I've run

1 across are unpublished value sets on my review.
2 I can't find these, they're not published,
3 they're on the authoring side. I know they're
4 difficult to implement if they're not published,
5 because they're difficult to map. So that's --
6 my concern is implementation.
7 Now, if I screen those value sets and
8 I see that there is an expired value set in the
9 VSAC, I'm going to go back to the measure
10 developer and the project team and hopefully
11 there's enough time to correct that before the
12 measure goes in front of the standing committee.
13 If there's not, I'm going to bring that in front
14 of the standing committee that in my review says
15 that all the value sets but this one or however
16 many, you've got expired value sets.
17 CO-CHAIR BUTT: I see, so this is the
18 statuses that would be assigned by the staff
19 through the review process?
20 MS. PHILLIPS: Right. And when we're
21 talking about this review, it's all -- this is a
22 pretty minimal -- we've got some requirements for

1 value sets.
2 CO-CHAIR BUTT: Oh, sure.
3 MS. PHILLIPS: Yes.
4 CO-CHAIR BUTT: And I was just trying
5 to understand -- right.
6 MS. PHILLIPS: I like to see that
7 they're --
8 CO-CHAIR BUTT: Sure.
9 MS. PHILLIPS: -- published, that the
10 purpose statements are --
11 CO-CHAIR BUTT: Sure.
12 MS. PHILLIPS: -- filled out. The
13 things that we decide make --
14 CO-CHAIR BUTT: Sure.
15 MS. PHILLIPS: -- a high quality value
16 set, it's a very basic review of what we agree
17 makes a high quality value set.
18 CO-CHAIR BUTT: Sure.
19 MS. PHILLIPS: And I am just the last
20 gate before --
21 CO-CHAIR BUTT: I understand. So these
22 statuses that you would assign to, as it's moving

1 through your processes.
2 MS. PHILLIPS: Right.
3 MR. GOLDWATER: Correct.
4 CO-CHAIR BUTT: But where does the
5 challenged piece come in? Is that where you
6 would challenge it?
7 MS. PHILLIPS: We had talked about
8 value sets that might be challenged by other
9 measure developers. That's an actual status.
10 Let's say that Anne Smith finds a value set --
11 because you're sitting there, Anne, I can't see
12 --
13 (Laughter.)
14 MR. GOLDWATER: Right.
15 CO-CHAIR BUTT: And Cindy challenges
16 it.
17 MS. PHILLIPS: Let's say that --
18 MR. GOLDWATER: And Cindy challenges
19 it.
20 MS. PHILLIPS: -- a developer
21 challenges a value set from another developer and
22 we think that, that should be an option that --

1 CO-CHAIR BUTT: Okay.
2 MS. PHILLIPS: -- anyone can challenge
3 a value set and say, this is not complete, this
4 is inaccurate, and --
5 MR. GOLDWATER: Or there's a value set
6 that's better than the --
7 MS. PHILLIPS: Yes.
8 MR. GOLDWATER: -- one we have or we
9 should look at that one.
10 MS. PHILLIPS: And we're hoping that
11 whatever committee reviews these things would
12 recognize --
13 CO-CHAIR BUTT: Sure.
14 MS. PHILLIPS: -- and address
15 challenges that were brought by other developers
16 and users.
17 MEMBER MARTINS: Just a quick question.
18 You just described the process that you feel like
19 you're going to go through. How do you determine
20 a value set is expired? So, can you provide an
21 example of what you would see in the VSAC as an
22 expired value set?

1 MS. PHILLIPS: When I was doing some of
2 the research for the Behavioral Health Value
3 Sets, I ran across value sets that were expired,
4 I think the measure is Measure 2, CMS 2, and I
5 think it was Version 2. And those value sets are
6 in the VSAC, they are listed as expired, and
7 there are replacement value sets. They have not
8 been removed, they have not been updated, they're
9 just sitting there. So if I ran across those in
10 a measure, I would be a little -- that to me
11 would be an expired value set.
12 MR. GOLDWATER: But I think --
13 MS. PHILLIPS: But it wasn't the most
14 current revision.
15 MR. GOLDWATER: Before I call on Rob,
16 I think that this is -- before we get to expired,
17 I think that's something we need to talk about
18 more, that would need to be fleshed out much more
19 than the way it's been described. Which we've
20 already talked about today. Rob?
21 MEMBER MCCLURE: Okay. So it's the
22 same thing that were just being discussed. So we

1 do need to be clear about what you guys are
2 proposing you would do, i.e., that means this
3 committee says, there needs to be funding for
4 this to be done on a regular basis as opposed to
5 you utilizing something that's happening some
6 other place as a criteria for something.
7 And this -- I think we were all a
8 little confused as to whether this is just
9 totally independent, you guys go through and you
10 decide, you apply a status as was just described,
11 this is submitted, this is expired, and this
12 one's challenged goes totally based on your own
13 assessments that aren't in any way associated
14 with the place that you're looking at the value
15 sets. And I'm probably, I'm sensing that's not
16 what you were thinking. Versus what's actually
17 in VSAC, which is none of these things. And so
18 we have to figure out what you really want.
19 Well, other than submitted. I think submitted is
20 an internal workflow statement, but we don't have
21 expired and we don't have challenged.
22 So I'm wondering if what you're asking

1 us to do is work with you to clarify whether the
2 things that do exist inside VSAC are sufficient
3 or whether there's some additional things that
4 you would like to see exist inside of VSAC. And
5 then those things being in VSAC would simply be a
6 criteria for this passing on process.
7 MR. GOLDWATER: So, I think what we're
8 asking is, the first thing is, is the process
9 that I described, independent of changing the
10 status of the value sets, the process described
11 where we get it checked to make sure it has met
12 the criteria and passing it on to a standing
13 committee for their review as part of the
14 endorsement process acceptable? And secondly,
15 what should we be leveraging the VSAC for in
16 terms of status? Should it be that, should it be
17 something different? Should it be something
18 that's already there? I think that's what we're
19 asking.
20 MEMBER MCCLURE: Okay. So let me help
21 clarify that for myself. So, that kind of makes
22 sense, and that's not clear here. So I think

1 there is that first question that says: does it
2 make sense that NQF, in the process, would look
3 at some things that are available through an
4 external activity? And then, based on that
5 activity -- and one of those things would be some
6 information that VSAC can give you and perhaps
7 something else, and we have to be clear about
8 that, but that would be the presumption, because
9 this is the difference from that first one, which
10 is setting up the TEP. Which is why you made
11 that very first point, which the slide was
12 confusing on.
13 Because Approach 1 is a lot of stuff
14 happens inside of NQF that has some very specific
15 expectations that we help define. Two is, no,
16 we're going to rely upon external activities. We
17 may say that there's some external activities
18 that we don't see that we'd like to see. But,
19 we're not, if those things don't exist, we're not
20 going to do them. We're only going to do these
21 other things. So is that a good restatement of
22 Question 1? Can we stop with Question 1? I know

1 that I have a lot to say about what those things
2 might be that you would expect to see occur.
3 Again, I think you've got an idea that you're
4 using the word submitted for that may not be
5 exactly lining up with what we do in VSAC.
6 MR. GOLDWATER: Okay.
7 MEMBER MCCLURE: And then there's some
8 missing things, particularly this issue around
9 expired and stuff like that. So I'd like to
10 answer that first one and then we can go and deal
11 with the second one.
12 MR. GOLDWATER: Go ahead.
13 MEMBER MCCLURE: So I agree with 1,
14 which is that, yes, that makes sense that you
15 would look to some external thing. We just have
16 to be really clear about what those external
17 things are. But, absolutely, that you would be
18 able to do that. And then if a measure that has
19 been submitted does not meet those criteria,
20 you'd bump it back before you moved it on. And
21 we've already talked about that because that was
22 at those other bullets where we said we felt --

1 those three.
2 One, that if it's a published measure,
3 it should have published value sets. And so,
4 here we're talking before that measure is
5 endorsed and published. So point one would be,
6 yes, they could be published, but they don't have
7 to be. And then two is, there's this expectation
8 that there would be the possibility for review,
9 which probably is in here, but, right, that's
10 where that would go? That's one of those things.
11 Okay. So, yes, I'm a yay for Number 1 --
12 MR. GOLDWATER: Okay.
13 MEMBER MCCLURE: - the idea of review,
14 of doing this thing before passing it on.
15 MR. GOLDWATER: Okay. Right. Next
16 slide. So the use of eCQMs in CMS programs. It
17 would rely on the endorsement process to check
18 for the use of high quality sets and value set
19 harmonization issues. So there would not be an
20 external process that CMS would have to employ.
21 Much as they rely on NQF endorsement to be the
22 quote/unquote gold standard for measures, they

1 would rely on NQF endorsement to also say, we
2 have checked for high quality value set.
3 If the measure's been approved for
4 endorsement, which means it has gone through the
5 standing committee, through our CSAC, through our
6 Board of Directors, and then it has finally been
7 approved and given the NQF number, then it has
8 met and fulfilled the criteria to be a high
9 quality value set, as well as a process to be
10 established later of what value set harmonization
11 would be. This prevents reevaluating
12 acceptability of value sets, instead of whether
13 or not the eCQM is a good fit for a program.
14 Kevin?
15 MR. LARSEN: So I'm just going to ask
16 some clarifying questions. You talk about
17 endorsement of value sets, but I think you're
18 talking about endorsements of measures. And what
19 would happen is measures would be endorsed and,
20 therefore, any of the value sets that came
21 through the review process would ultimately get
22 endorsement from their measure endorsement

1 process. Is that --
2 MR. GOLDWATER: Right.
3 MR. LARSEN: -- correct?
4 MR. GOLDWATER: That's correct. Right.
5 Rob?
6 MEMBER MCCLURE: That was -- I had the
7 same question. Because, again, words matter to
8 this group. They should matter to everybody.
9 And that's not what this says. So it would be
10 really important that we distinguish -- what we
11 just talked about a second ago was, is that you
12 say here, I'm going to throw up some roadblocks
13 to make sure that the value sets that I'm going
14 to pass on meet some criteria, right? And,
15 again, while we just went past that slide, what
16 the literal words are on that last slide, I don't
17 agree with. So we have to change those.
18 But the fact is that you're going to
19 have a bar that people have to go through. And
20 then that measure goes through the endorsement
21 process. And what you then get to say is that
22 the measure's endorsed and the measure includes

1 the value sets, so those value sets have met the
2 criteria for measure endorsement. I don't know
3 that I would necessarily say that you get to say
4 anything about the value set specifically, but
5 they're fit for purpose in the context of that
6 measure.
7 MR. GOLDWATER: That's correct. Right.
8 MEMBER MCCLURE: And then the second
9 bullet, I've read it now four times, I have no
10 idea what it means.
11 MR. GOLDWATER: Right.
12 MEMBER MCCLURE: It is words.
13 (Laughter.)
14 MR. GOLDWATER: So that was one Chris
15 wrote, which I wish he were here to describe. Go
16 ahead, what's that?
17 MS. SKAPIK: He's on a call.
18 MR. GOLDWATER: All right. So I think
19 what we are -- I'm assuming what he was trying to
20 imply here is rather than the value sets be
21 evaluated independent of the measure, so there's
22 not two evaluation processes. There's not one

1 for value sets, there's not one for measures.
2 It's a measure evaluation for endorsement, the
3 same process that we have been employing and
4 using for 15 plus years at this point, and by
5 accepting the measure as endorsed, then by
6 default, you're accepting that the value sets met
7 that high quality threshold and are then --
8 what's that?
9 MEMBER CHUTE: Foul.
10 MR. GOLDWATER: Foul?
11 MEMBER CHUTE: I'm crying foul.
12 (Laughter.)
13 MEMBER MCCLURE: Yes.
14 MR. GOLDWATER: Okay.
15 MEMBER MCCLURE: Yes, I agree. That's
16 what I said before is that I think you need to be
17 really cautious about saying --
18 MR. GOLDWATER: Okay.
19 MEMBER MCCLURE: -- that the value set
20 is endorsed independent of the measure when
21 you're evaluating it in the context of the
22 measure. It's not an improper thing to assume

1 might be true, but I think we need to be really
2 cautious about saying it explicitly --
3 MR. GOLDWATER: Okay.
4 MEMBER MCCLURE: -- because it's not
5 true explicitly.
6 MR. GOLDWATER: Okay.
7 MEMBER MCCLURE: I think doing value
8 set assessment independent of measures, which
9 gets to some of our pie in the sky desires,
10 requires a different kind of analysis that you're
11 not suggesting occur. And it's fine. It's fine
12 to actually say, it works here. And that's good.
13 Just don't say it works everywhere yet.
14 MR. GOLDWATER: Right. I think we
15 would only say it works in the context of the
16 Quality Measure. Right. Anything else? I think
17 what the point was, there wouldn't be -- if the
18 measure was reviewed and accepted for
19 endorsement, then the value set is accepted as a
20 fit for purpose. Okay. There wouldn't be
21 another independent process. Yes, Kevin?
22 MR. LARSEN: So I'm just picturing that

1 there's a measure that has 20 value sets and 18
2 of them had the high quality score and two of
3 them didn't and it gets to the committee and the
4 committee says, yes, we've done the whole --
5 think this whole thing is okay to pass forward.
6 What does it mean about the two that didn't hit
7 the bar?
8 MR. GOLDWATER: So we would see that,
9 Kevin, before it got passed to the committee. So
10 what we're checking for -- again, and I want to
11 be clear about this, we're not judging. It's
12 just basically assessing, did they do what they
13 were supposed to do? Like, here's the criteria,
14 have they met that? If we find that there are
15 two value sets where there's not enough detail in
16 the application form to suggest that they've met
17 that, we have to go back to the developer and
18 say, what did you mean by this? Did this -- is
19 there more you can add? Is there something that
20 was left out?
21 I mean, that's the same thing we do
22 with feasibility. When there's a feasibility

1 scorecard that's submitted and there are scores
2 and we can't see the justification, it doesn't
3 often mean that the measure itself is not
4 feasible, it just meant that they wrote something
5 and we just need more detail. Not for our
6 purposes, but really for the purposes of the
7 committee. Cindy?
8 MEMBER CULLEN: How is this differing
9 from what your current process is for evaluation
10 of value sets?
11 MR. GOLDWATER: So the only thing we do
12 with value sets right now is, are they published?
13 That's the only thing. So basically we go
14 through the XML, we pull out the value sets, we
15 check them in the VSAC, does it say published?
16 It does? Okay.
17 MEMBER CULLEN: Exclusive of -- even
18 outside of eCQMs, what type of check on the list
19 of codes is done?
20 MR. GOLDWATER: I don't believe there's
21 anything we do outside of that.
22 MEMBER CULLEN: No?

1 MS. PHILLIPS: All we look to see is if
2 they're published in the VSAC or not --
3 MR. GOLDWATER: That's right.
4 MS. PHILLIPS: -- with the assumption
5 that they --
6 MR. GOLDWATER: Right. So, Cindy, I
7 don't think we do non-eCQM analysis.
8 MEMBER CULLEN: So basically this is
9 putting some structure into NQF's processes?
10 MR. GOLDWATER: That's correct. So
11 basically we're expanding what we do with value
12 sets currently. So what we currently do, as
13 we've said, is we just check to make sure they're
14 published. If we were -- and, again, this
15 doesn't mean we're going to do this right after
16 this meeting, because we have to finalize the
17 framework, go through it with you all again, it's
18 got to go through our own internal processes,
19 then it's got to go through our CSAC and our
20 Board for approval. So, like the government,
21 this takes a while.
22 But it's expanding what we do, so we

1 would then check, are the value sets published?
2 Unless somebody thinks we shouldn't be doing
3 that. Then, after that is, we have a set of
4 criteria, did the developer write how these value
5 sets meet these criteria? They did? Great. Did
6 they meet all of these? Can we see that they can
7 justify what they're saying off the basis of what
8 we're seeing? Yes. Okay, then we send it to the
9 committee for review.
10 If we find that there's something
11 incomplete or lacking, like we would do with any
12 other measure submission, we would call you back
13 and say, Cindy, I don't understand these last two
14 value sets, some of this information is
15 incomplete, can you explain this to me? And then
16 we would get into a discussion, you would revise
17 it, we'd open it back up, you'd resubmit, and
18 then we would send it on up.
19 MS. PHILLIPS: And I think the kinds of
20 things we're looking for is, are your purpose
21 statements complete? Because there are many,
22 many value sets that are published out there that

1 don't have completed purpose statements. And
2 they're not clear to what they're really intended
3 for. So it's almost asking us to do one other
4 step. But it also sets the expectation that we
5 are going to do that.
6 MR. GOLDWATER: Rob? And then Kevin.
7 MEMBER MCCLURE: So I just want to be
8 careful about using the examples that you just
9 talked about. Because it may be more than just
10 simply -- first off, we've already said, it's not
11 about being published, because they might not be
12 published. So secondly, it also may not simply
13 be that the purpose statement is filled out. It
14 may be some other things that are --
15 MR. GOLDWATER: Right.
16 MEMBER MCCLURE: -- a definition of
17 high quality. So just be really careful about
18 the way you characterize what you think you're
19 going to be doing, because we haven't decided
20 that yet.
21 MR. GOLDWATER: No, we haven't.
22 MEMBER MCCLURE: And we've talked about

1 some of these things, and there are a series of
2 things that we think are important --
3 MR. GOLDWATER: Right.
4 MEMBER MCCLURE: -- and the way you've
5 described it is wrong.
6 MR. GOLDWATER: Right.
7 MEMBER MCCLURE: So, it will be
8 different --
9 MR. GOLDWATER: Right.
10 MEMBER MCCLURE: -- than what you just
11 said.
12 MR. GOLDWATER: So we have not
13 discussed what the criteria would be. I don't
14 know if we're going to get to that today maybe,
15 just a brief discussion. But that will be
16 something we're going to have to work on
17 proposing and see what your comments are to that.
18 But it would have to be fairly broad criteria
19 because, again, I don't know how -- I mean, it's
20 up to really you. But I don't know how much
21 detail we could really get into through a measure
22 submission process.

1 MS. PHILLIPS: But I do think --
2 MEMBER MCCLURE: You just said some
3 things, right? We --
4 MR. GOLDWATER: Yes. No, no, no, I
5 mean, there's things --
6 MEMBER MCCLURE: I mean, don't walk
7 back from all of the hours that we just spent.
8 MR. GOLDWATER: No, no, no, no, Rob,
9 Rob --
10 MEMBER MCCLURE: Okay.
11 MR. GOLDWATER: -- we have plenty of
12 notes of things that you've said are in part of
13 -- but we have not specifically said, this
14 discussion is now about the criteria, let's talk
15 about that. Like I said, I agree with you, words
16 matter. So I haven't exactly framed that
17 discussion yet. We have plenty of things that we
18 can pull from these notes to say, this is what
19 you have suggested would be good criteria, which
20 is probably what we're going to do.
21 And then when we put that in the
22 report, you'll look and reflect and see if that

1 is adequately representing your thoughts. But,
2 no, it's not like we haven't discussed it in all
3 of this time, it's that we have not specifically
4 segmented a part of this conversation for that.
5 Next slide. And I think we're now back to the
6 beginning.
7 MEMBER MCCLURE: Because both -- I
8 worry a little bit about those objective
9 criteria. I mean, I'm all for figuring out what
10 objective criteria we can rely upon from the
11 VSAC.
12 MR. GOLDWATER: Okay.
13 MEMBER MCCLURE: And I don't know
14 whether -- both of those I worry a little bit
15 about. So proper technical use of code systems,
16 I think we clarified down the road. Didn't we
17 say that it had something to do with what code
18 system based on the recommendations of the
19 committee? Is that what that was?
20 MR. GOLDWATER: So it was initially the
21 recommendations of the ONC Advisory Committee --
22 MEMBER MCCLURE: Right.

1 MR. GOLDWATER: -- but there seemed to
2 be some resistance to that. So --
3 MEMBER MCCLURE: So this gets to this
4 issue of --
5 MEMBER SMITH: No, that was actually on
6 the subjective slide.
7 MR. GOLDWATER: Right.
8 MEMBER SMITH: Chris never really said
9 what proper technical use was.
10 MR. GOLDWATER: Well, here he is.
11 MEMBER MCCLURE: Here he is. But one
12 thing we can do, I mean, it's certainly
13 reasonable to communicate to the VSAC that one of
14 the things that the VSAC should be able to do is
15 say whether value set for -- so somehow be able
16 to say, okay, this value set's going to be used
17 for this Quality Measure -- I'm sorry, let's be
18 really specifically, this QDM element. And
19 there's an existing guide that says, all other
20 things being equal, chose from SNOMED as opposed
21 to LOINC, for example. And then be able to do an
22 analysis of that, right? To be able to say --

1 and we do, do that, we have been doing that.
2 So, I think that if that's what proper
3 technical use of code systems means, then it is
4 the sort of thing that could be a pass.
5 Remember, these are not black and white, but gray
6 things. Because one of the things that we've
7 also been talking about, as was mentioned, is
8 that there's a few things that the committee gave
9 guidance on, but there's a lot of situations
10 where other code systems really are already used.
11 I mean, and that's what we've actually got in our
12 measures. So they right off the bat do not align
13 with the recommendations because there are
14 nuanced differences. And that's what Stan was
15 communicating that was expected to occur.
16 And then, this other thing with
17 regards to value set purpose. Again, I think
18 there's some technical issues around this that
19 get to how VSAC has all of those different fields
20 and the confusion about what I put in what field
21 and that sort of stuff, that needs to be taken
22 into account. But those work and there may even

1 be some other things that we could come up that
2 could get reports that could be then reviewed.
3 MR. GOLDWATER: Okay.
4 MEMBER SMITH: Can I put words in
5 Chris's mouth? Okay.
6 (Laughter.)
7 MEMBER SMITH: I think proper technical
8 use of code systems is some of the things that
9 VSAC is already doing. Like, not human drugs,
10 not prescribable, it flags those so you don't
11 include them in your value set, inactive codes.
12 Is that the kind of checks you meant?
13 MR. MILLET: Yes.
14 MEMBER SMITH: Yes.
15 MEMBER MCCLURE: Yes, but what that
16 means is that there's -- somehow we have to
17 figure out what those checks for any single value
18 set should be, right? And so, now we're getting
19 to details into weeds, but it's not like I think
20 you're going to be able to just come and say,
21 check. Because I don't know that the VSAC is
22 going to be able to do all the work that you're

1 actually looking to analyze. I think what it
2 might be is that the VSAC might be able to
3 provide a series of reports, and then you have to
4 decide if that met what you wanted for each one
5 of the value sets. Do you see what I'm saying?
6 MR. GOLDWATER: Yes.
7 MEMBER MCCLURE: Okay.
8 MR. GOLDWATER: Kevin?
9 MR. LARSEN: Yes, I just wanted to kind
10 of bring this up a level and make sure we're all
11 okay with this. So essentially what we're
12 proposing is a gate of approval that only comes
13 through bringing it to the CDP committee. So a
14 consensus-based panel at NQF, which happens every
15 three years for measures or maybe a longer time
16 period. So this is not a real-time review, it's
17 not an annual review, it's a stage gate review at
18 a really particular important stage, which is the
19 NQF endorsement process. And I'm not arguing
20 that at all, I'm just sort of calling it very
21 clearly that the outcome of this group is at this
22 sort of high level final stage gate that the

1 recommendation would be. As opposed to making
2 any deeper recommendations about more frequent or
3 more annualized kind of stage gate reviews.
4 MR. GOLDWATER: Zahid? And then Ron.
5 CO-CHAIR BUTT: So I think the two
6 entry points for some governance that come to my
7 mind are obviously the one we're discussing in
8 the endorsement process, and the only other one
9 is whatever is put in place at the VSAC level.
10 So, whether that's the things that are already
11 described -- because they commented a little bit,
12 probably a little bit upstream. And so that's
13 one entry point. And the endorsement process,
14 actually the community already thinks that the
15 NQF does a lot more eCQM checking than is
16 currently happening even in the current process.
17 MR. GOLDWATER: So we do, do -- we are
18 pretty comprehensive with our tracking. And I
19 was like, oh, this looks perfect, sure. I mean,
20 hell, we can do that.
21 (Laughter.)
22 CO-CHAIR BUTT: So, no, but I think

1 that -- because I've sat through a couple of the
2 Steering Committees and gone through the whole
3 endorsement cycle, and there's a lot more review
4 of the scientific acceptability --
5 MR. GOLDWATER: Yes.
6 CO-CHAIR BUTT: -- and all those things
7 and --
8 MR. GOLDWATER: Right.
9 CO-CHAIR BUTT: -- the eCQMs, they just
10 go through it. And the two or three that came
11 through maintenance, I caught some code errors
12 and so forth in them. But I think this would
13 fill in that gap, I think.
14 MR. GOLDWATER: Rob? And then Kevin.
15 MEMBER MCCLURE: Yes. So I need to
16 make sure I understood what Kevin was saying.
17 Because my assumption -- that's why I kept
18 putting those words into these slides about this
19 is for NQF endorsement. And so, I'm not sure
20 that's what you said. Because I was worried
21 based on that bullet that none of us could
22 understand, it almost could be interpreted that

1 it meant that everything had to come through this
2 process if it was to be considered for inside a
3 CMS program, which I thought was, one,
4 presumptive and I don't know that you have that
5 power. But number two, I guess that wasn't
6 really what it meant, but it was really hard to
7 figure out. And then you said that and I'm
8 worried you meant the same thing.
9 So I think that it does make sense
10 that NQF would say, here's -- thank you, Panel,
11 for helping us figure out exactly what we need to
12 do in order to be doing our job better for an NQF
13 endorsement. And that makes a lot of sense.
14 And, quite honestly, as much as I'd like the
15 process to move more quickly, and if this is
16 every three years, I do worry about that, because
17 what I'd like to get is feedback on the process
18 through something that is regimented -- like what
19 NQF can do -- to see if the sort of criteria that
20 we're about to be defining do work in that
21 context. So that we could then turn that around
22 and begin to push that outside of the NQF

1 process. But to do it outside of the NQF process
2 first, I think is dangerous. So I'm willing to
3 be patient to see how this works, knowing that,
4 like so many other things, this is not a one shot
5 deal. That we --
6 MR. GOLDWATER: Right.
7 MEMBER MCCLURE: -- take that and learn
8 from it and then figure out how we can take
9 pieces of it out. So that --
10 MR. GOLDWATER: I think we're in total
11 concurrence --
12 MEMBER MCCLURE: Okay.
13 MR. GOLDWATER: -- with that.
14 MEMBER MCCLURE: And that's great.
15 MR. GOLDWATER: So what Kevin, I think,
16 was implying -- and then I'll let you talk, I
17 promise. So, for example, we've got several new
18 measure development projects in the pipeline that
19 are out. So, for example, one of them is
20 perinatal care and the measures are due in June
21 of next year. So, if someone submits, and we
22 fully expect that people will submit eCQMs, and

1 they'll either be brand new measures or they're
2 going to take existing chart measures and they're
3 going to respecify them into eCQMs, which by NQF
4 policy is a new measure. So they would have the
5 value sets.
6 If we have all of this worked out and
7 approved, we would do exactly as we've described
8 to you. Those measures would then be endorsed
9 and they would go into, potentially, CMS
10 programs, if they choose to. Those measures come
11 up for maintenance in three years from that point
12 in time. So we would then not be revisiting
13 those measures again until it comes to the
14 maintenance cycle. That's correct. But I'm
15 thinking, Rob, honestly, by the time we get to
16 that point in time where the perinatal measures
17 are up for review, we will have gone through this
18 process a number of times, we'll see the
19 advantages, and we'll probably have reworked it
20 by then, I'm thinking. So, Kevin?
21 MR. LARSEN: Yes. And the reason we
22 convened this group, it was not just to give

1 input into an NQF process, very much interested
2 and happy that, that's happened. But I want the
3 -- as we write a report, we could also suggest
4 that we think there should be other places or
5 other things, even if we don't have those very
6 fully formed.
7 If we think that, like we had a
8 discussion, we think a special society review
9 process would be good, we could call that out in
10 our final report and say, we didn't get to a
11 really specific recommendation around that, we
12 know there are a bunch of challenges to maybe how
13 it would work, but we would recommend pilots that
14 special societies would start to review value
15 sets using kind of term definitions that make
16 sense for them as a specialty group.
17 So I want to call out that this group
18 can help us not just say, here's the concrete one
19 recommendation for the sort of key finding, which
20 is fantastic, I'm glad we got there, but also we
21 think that this is really developmental, and here
22 are some other places that we in our

1 deliberations and opportunities and would
2 recommend not sort of fixed in stone processes,
3 but how can this continue to evolve.
4 MR. GOLDWATER: Sure. Hold on. Zahid?
5 And then Rob.
6 CO-CHAIR BUTT: So I think it would be
7 great if there is some kind of a common process
8 that no matter what specialty society is looking
9 at it, they could follow, because as long as they
10 can follow certain process, then it would be
11 desirable. And so I think the way it could work
12 also is that in the early development stages, the
13 measure developers are following the set of best
14 practices that they know they will -- especially
15 if they go through endorsement -- they're going
16 to have to show those things there. So,
17 hopefully, they will sort of incorporate a lot of
18 this as part of the normal development process.
19 But then there is some mechanism where if there
20 is a disagreement or if there is some need for
21 additional input, whether it is through this TEP
22 that is supposed to meet monthly, you were

1 saying?

2 MR. GOLDWATER: Monthly --

3 (Laughter.)

4 MR. GOLDWATER: Monthly or, I mean --

5 CO-CHAIR BUTT: Or --

6 MR. GOLDWATER: -- it'll probably be

7 longer than that.

8 CO-CHAIR BUTT: -- whichever group has

9 to meet more frequently could essentially be

10 plugged into that process of reconciling those

11 issues using some of the guidelines that are put

12 forth.

13 MR. GOLDWATER: Right. Rob?

14 MEMBER MCCLURE: Yes, so I want to --

15 I totally agree with what Kevin was saying in

16 that, I think it is -- having really hammered on

17 how important it is that we talk about this in

18 the context of the NQF endorsement process -- I

19 do think that it really would be important for

20 this final document to say, "and we think these

21 things can be implemented anywhere." Whereas,

22 maybe some of the things can't be, but some of

1 the things can.
2 So, again, one of things that we
3 learned through the pilot process and has, I
4 think, been reinforced with some of the other
5 things that have been said, is that it's
6 important to bring groups together that are
7 building measures that utilize common themes.
8 And, so, while I didn't put that in my list of,
9 here's criteria to get through the process,
10 because I think it's hard to go tell one entity,
11 here's a set of criteria. And that entity says,
12 you must go and meet with other groups. I think
13 that's not the proper place to put that.
14 But I think that the process that
15 describes that should be followed by an
16 organization that's attempting to get value sets
17 should do that. So, that's the sort of stuff
18 that it think that it's a part of what,
19 presumably, NQF is going to say it's going to do.
20 And then there should be in that list identifying
21 things that say, we feel these are things that
22 could be done and should be done anywhere value

1 sets are utilized.
2 MR. GOLDWATER: I agree. And I think
3 the long-term vision is, this should not live in
4 NQF forever, unless it's determined that's the
5 best process. But I think for the time being,
6 for the next few years, it should live here
7 because it can be an enforced standard. And as
8 we continue to evolve what versioning would look
9 like, what expired value sets would look like,
10 how to expand value sets with newer technology,
11 those can be incorporated into NQF rather
12 seamlessly to see what the effect of that would
13 be.
14 And then you can start developing sort
15 of these core principles that could be applied
16 anywhere and everywhere, and if it could live
17 outside of the NQF process so specialty societies
18 are able to create, validate, check their own
19 value sets and measures before submission, even
20 better. Or proven organizations, like NCQA or
21 PCPI. I think that's perfect. But I think for
22 the time being, the reason this was sort of

1 created was it could move in relatively easily
2 compared to another external process, and we can
3 enforce a certain standard that would just be
4 part of our normal process. It just expands what
5 we do already, which is I think what Kevin was
6 getting at when we discussed this initially. Go
7 ahead, Kevin.
8 MR. LARSEN: Yes. And I just wanted to
9 sort of give larger context and don't mean to
10 increase the scope here at this late hour. But
11 as we talk about this at HHS, in fact one of the
12 calls that I had to pull out for is called the
13 HHS Measurement Policy Council, where we talk
14 about how we do measures across the whole of HHS,
15 and where everyone's interested in this and I'm
16 going to be reporting out kind of the final
17 report to them, and this we put under the terms
18 of micro-alignment.
19 And micro-alignment is actually not
20 just an issue in eCQMs, it's an issue of cross
21 measures, anyone that looked at the Bailitt
22 Report of how the HEDIS measures got implemented

1 by states, knows there's incredible variance in
2 how measures at the micro level, at the code
3 level, the value set level, didn't get
4 implemented systematically across states. So
5 we're looking at how we think about this, use the
6 eCQMs as the sort of first place to look at and
7 start this work, but then start to think about
8 how these same kinds of processes could be
9 expanded appropriately.
10 I was reading, while we were talking,
11 through the RFP or the Request for Comment that
12 CMS had around their new groupers for Resource
13 Utilization Measures. Well, a grouper is just
14 another way to say a value set because the
15 grouper groups a set of claims codes together
16 that will define an episode that will define how
17 we count costs of care. So these things are just
18 going to continue to come out in new contexts and
19 we can inform this micro-alignment and we have.
20 And so, thank you very much.
21 MR. GOLDWATER: So while we have a
22 little bit of time left -- which, thank you by

1 the way, I didn't think we'd be at this point.
2 But while we have a little bit of time -- I'm not
3 going to ask you for anything dramatic --
4 (Laughter.)
5 MR. GOLDWATER: He gave me this look
6 like, oh, no. I know we have, over the course of
7 this conversation, really gone over some criteria
8 that are duly noted and I think clearly are
9 things that need to be evaluated when looking at
10 value sets. Apart from what we have discussed,
11 are there items that any of you feel are
12 important to be considered as we sort of
13 establish this and move it into a report? Yes,
14 Chris?
15 MEMBER CHUTE: Versions.
16 (Laughter.)
17 MR. GOLDWATER: Okay. I'll be sure to
18 --
19 (Laughter.)
20 MR. GOLDWATER: Okay. Any others? I
21 know Rob had a list and we've got that. Are
22 there any other items that people feel strongly

1 about that should definitely be part of any
2 criteria? Yes, Rob?
3 MEMBER McCLURE: I'm just wondering,
4 again, just so that I have this really right in
5 my head, when we asked what kind of a process --
6 I would say, maybe make two things. I don't
7 think anything's done by NQF on this, so that
8 would mean, what process do you encourage the
9 TEPs to do or the standing committees to do
10 around checking the value set content in your
11 current process? Because you were saying, for
12 eCQMs, all you do is look at published, which
13 we've now said is actually a little bit too high
14 of a bar, there should be a different kind of
15 bar.
16 MR. GOLDWATER: Okay.
17 MEMBER MCCLURE: But can you help me
18 understand what it is that you expect the
19 endorsement process to do with regards to the
20 content of the value sets now? Because I suspect
21 that I, at least, might have some recommendations
22 that you should tell the committee to do.

1 Because what we just talked about is, here's the
2 gatekeeping. So you're saying, here are these
3 things that we expect the value set to be, in
4 essence, well-formed before we pass it on.
5 But I would hope that we would say,
6 and we would expect the endorsement process would
7 do these things in order to make sure that the
8 quality of the value set in terms of its fit for
9 purpose, is good, even though you're not doing
10 that. So, can you give me any guidance? Do you
11 do any of that now? And, if not, then I think
12 some of the things that we talked about need to
13 be described in a way that it gets passed on to
14 the endorsement committee to consider and
15 potentially reject the measure, because that's
16 their kind of piece that they get --
17 MR. GOLDWATER: That's correct.
18 MEMBER MCCLURE: -- because that value
19 set doesn't meet some criteria.
20 MR. GOLDWATER: So the answer is, we do
21 not do that now. We do not, like I said, we
22 don't look at the -- what's that?

1 MEMBER MCCLURE: I find that
2 unfortunately amazing. I think I knew it was
3 true, but it just shows that how we've been doing
4 half a loaf stuff. Because without that, the
5 measure doesn't run.
6 MR. GOLDWATER: Right.
7 MEMBER MCCLURE: And we didn't have a
8 really good way of being sure that it was right.
9 MR. GOLDWATER: Right. So, and I think
10 we all agree, hence the reason why we're all here
11 to talk about this. In the past -- I don't know
12 what was done prior to this year, honestly. I
13 know for this year, really, Rob, the only thing
14 is -- as we've described many times -- it's just
15 to see if it's published. There was some
16 resistance to take draft or proposed value sets
17 initially. Now, we could revisit that, but it
18 was really to make sure the value sets were
19 published. And if that made that check, then we
20 passed the measure submission on to the
21 committee, as long as it met all of the other
22 criteria that we would have for any measure,

1 whether it's electronic or whether it's chart-
2 based.
3 So, generally, when we start enacting
4 these policies, they're not retroactive. So, for
5 example, measures that are already electronic
6 that are being used, we didn't go back on all of
7 them and check the value sets. We only did that
8 -- once the policy was established, it was those
9 measures moving forward. So that's more or less
10 what we would start doing now. Unless there was
11 some desire to go retroactive, but I think that
12 would cause a lot of chaos, which I don't --
13 MEMBER MCCLURE: No, no, I don't know
14 why -- if I said something that made you think
15 about retroactive, that was -- I apologize. I in
16 no way meant that.
17 MR. GOLDWATER: Okay.
18 MEMBER MCCLURE: I meant that I was
19 wondering if you were doing things that we could
20 use as guidance as to clarify whether we agreed
21 that sort of guidance, in terms of review, is
22 correct. It sounds like you've been giving zero

1 guidance --

2 MR. GOLDWATER: On value sets, that's

3 correct.

4 MEMBER MCCLURE: -- on how an

5 endorsement -- those involved in saying that a

6 measure is endorsed should look at the value set.

7 And so, again, I think that the things that we're

8 talking about that are criteria for gatekeeping

9 should be a lower bar, but that in some of the

10 things that I just mentioned in my list in

11 response to Kevin's request -- not necessarily

12 just this thing -- was a higher bar. And,

13 therefore, I think that there's the ability to

14 say, here's the bar for being able to pass this

15 on for review for endorsement, which, by the way,

16 just so that we're really clear on this, that

17 could be a draft status for a value set. That

18 doesn't mean that when that group then reviews

19 and finishes, when you say this measure is

20 endorsed, it must be published. So, in essence,

21 you could call that two gates. But so be it.

22 That's what I think -- that's I would

1 recommend. That you don't have to be published
2 to be reviewed, you have to be published to be
3 endorsed. And then, again, at the risk of
4 creating more work for ourselves, I do think that
5 it would really be valuable for you to be able to
6 at minimum give guidance to the committee and
7 say, these are the things that you should be
8 doing in order to assess whether the value sets
9 actually are fit for purpose.
10 MR. GOLDWATER: Agreed.
11 MEMBER MCCLURE: And that's a different
12 gate.
13 MR. GOLDWATER: I completely agree.
14 MEMBER MCCLURE: Okay.
15 MR. LARSEN: Yes, I agree too. And I
16 would say, Rob, I think that's what happened
17 before, I've been a part of a number of CDP
18 committees, is that -- it's not that this has
19 been ignored, it's just that the measure has been
20 treated holistically. And either the whole
21 measure works or it doesn't work. And we haven't
22 had a language to pull apart some of the pieces,

1 like a value set. And so, yes.
2 So, I think that this gives more power
3 to sort of pull apart the measure and say, in
4 these various ways of analyzing the measure and
5 these various components, here's the quality bar
6 for this component and we can now judge that
7 component on its own scale along with how does
8 the whole measure function in totality, which is
9 the ultimate goal of the CDP.
10 MR. GOLDWATER: Okay. All right. Any
11 other comments? All right. I'll talk about next
12 steps, and then we'll do public comments. So the
13 next steps are we're going to work on the report.
14 I think, like, well we have off tomorrow, so I
15 won't be working.
16 MR. LARSEN: You're not the government.
17 MR. GOLDWATER: No, we're non-profit,
18 even better. So --
19 (Laughter.)
20 MR. GOLDWATER: All right. So
21 Thursday, we will be -- we've already started on
22 the parts that we can start on -- so we will

1 start putting this together. The public comment
2 on the draft report, at least now, is scheduled
3 for the beginning of December. And we would put
4 the report out for public comment. We would
5 submit it to all of you, in addition, obviously,
6 to ONC. We would have it open for public comment
7 for 30 days, is that correct?
8 And then in a process I'm sure Kevin
9 and Julia are all too familiar with, we would
10 depose the comments and categorize them and then
11 we will have a call with all of you on the 21st
12 of January to go over the comments we've
13 received, get your feedback on them, address them
14 in the report if we feel we need to. And then
15 the report will go to ONC for final approval and
16 to CMS. And then we are finished. If we need to
17 have another interim call in between that point
18 in time, we will let you all know. I can't -- if
19 we do, it will be in early December because we
20 are now in the time where nobody works. So,
21 between Thanksgiving -- I mean, I've been here
22 long enough, between --

1 CO-CHAIR BUTT: Is that a non-profit
2 thing too?
3 MS. PHILLIPS: That is a D.C. thing.
4 (Laughter.)
5 MR. GOLDWATER: It is a non-profit
6 thing and an academic thing as well. So, yes,
7 between Thanksgiving and Christmas, it's quiet in
8 D.C., shall we say? So, we will be -- if we need
9 another call with all of you, we will do so. My
10 feeling is we will do most of this electronically
11 through email and ask you to respond to items by
12 just simply reviewing. And then we'll combine
13 your comments and address those. That's probably
14 the easiest way of doing things at this point.
15 So I want to thank all of you, this has really
16 been a joy, truly it has been. And I mean that,
17 Chris, sincerely, I do.
18 (Laughter.)
19 MR. GOLDWATER: We've really gotten a
20 lot out of this and I appreciate everybody's
21 commitment. As Stan has said, it's very hard to
22 get these groups together on a voluntary basis,

1 especially those of you that have had to travel
2 into town. So, I certainly don't want to speak
3 for Kevin or for Julia or for Al, but I do
4 realize that this is a commitment of time to do
5 all of this. We're very appreciative to all of
6 you and thank you for your participation. And we
7 will certainly share with you everything we do.
8 And there may be time when we're reconvening in
9 the future, and I will let you know if that
10 happens. So --
11 MS. STREETER: Operator?
12 MR. GOLDWATER: -- right, sorry. So
13 now we need to do public comments. Sorry.
14 MS. STREETER: Operator, can you open
15 the line for public comment.
16 OPERATOR: At this time, if you would
17 like to make a public comment, please press Star
18 then the Number 1 on your telephone keypad. And
19 there are no public comments at this time.
20 MR. GOLDWATER: What a shock.
21 MR. LARSEN: Yes, I'd like to thank you
22 all, too. This is Kevin from ONC. It's been

1 terrific and these are weedy topics, but they're
2 really important kind of infrastructure topics.
3 So thank you very much for you time and patience
4 and intelligence and creativity in helping us
5 move this forward. We really will get a lot
6 further because of your input, so thank you so
7 much.
8 MR. GOLDWATER: Yes. All right, guys.
9 Thank you so much. Safe travels back for those
10 that are traveling, and we'll talk to you all
11 soon.
12 (Whereupon, the above-entitled matter
13 went off the record at 4:11 p.m.)
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A

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C E R T I F I C A T E

This is to certify that the foregoing transcript

In the matter of: Value Set Harmonization Committee

Before: NQF

Date: 11-10-15

Place: Washington, DC

was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate record of the proceedings.

Court Reporter