

## Meeting Summary

### Implementation Workgroup Web Meeting 2

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The National Quality Forum (NQF) convened a closed session web meeting for the Implementation Workgroup on March 12, 2020.

#### Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- Identify potential challenge for implementation
- Develop strategies to address challenges

#### Identify Potential Challenges for Implementation

The workgroup meeting began with a recap of the main implementation challenges discussed during the first meeting: interoperability and clinical data availability; multiple reporting mechanisms (e.g. eCQM vs registry); and timing of contracts and implementation. The workgroup added that small numbers are a problem, especially when trying to implement measures in specialty areas at the physician level. A workgroup member stated that existing measures don't always work well for complex patients with multiple issues. These patients may find measures that cross settings and are framed in the context of the patient to be more useful than more narrow measures.

NQF staff noted that much of the previous discussion focused on challenges of implementing individual measures and asked the workgroup if there are different challenges associated with the implementation of core sets of measures, particularly the CQMC core measure sets. Workgroup members stated that any issues that affect an individual measure in a core set also affect the usability of the set. In addition to concerns previously raised, the group stated it can be challenging to use quality current procedural terminology (CPT®) codes and that measures in the core sets are not always specified at the level of analysis needed for a given program. For instance, a stakeholder may want to hold a health plan accountable for an outcome, but the measure in the core set may be specified for physician measurement. Another member stated that measures within sets are sometimes related and/or competing, and it would not make sense to implement all of the measures.

The workgroup discussed process and outcome measures, indicating a preference for outcomes, while recognizing the challenges of outcome measures. Members stated it is difficult to get provider buy-in to adopt process measures that don't seem to improve outcomes. They stated it feels like there is too much focus on process (especially topped-out measures) and too little on meaningful outcomes. Provider members stated outcome information is the most helpful information they can receive and

that they don't often receive it. The group noted several challenges with outcome measurement including the need for robust risk adjustment, a lack of clarity around which entity is accountable for results, and limitations in the current state of the art in performance measurement.

Next, the workgroup briefly discussed the tension between harmonization and customization. Across the United States, members are seeing some areas where measure harmonization is embraced and alignment with CQMC core sets may be a natural next step. These areas may desire to have measurement that crosses locations and an ability to compare performance more broadly. Members are also seeing areas where there is a desire to customize measurement, giving a home-grown feeling and a sense of ownership. Core set adoption will be more challenging in these areas. Partial adoption with customization may be a useful approach.

## Develop Strategies to Address Challenges

NQF staff started the discussion with a brief recap of strategies identified during the first workgroup: right-sized information, increased transparency of core set methodology, and meaningful measures and sets. The workgroup supported the work the Office of the National Coordinator for Health IT (ONC) is doing in support of data interoperability. They called for more support for interoperability standards, increased pressure on electronic health record (EHR) vendors to make data available at a reasonable cost, and more data elements in structured fields. The group stressed that methods for obtaining and calculating measures must be feasible and that the data elements of a measure must be easy to report. They also noted the current challenge of moving data into reportable fields in the absence of a measure that uses the data.

The workgroup ended the meeting with a discussion of communication strategy. A member stated that they feel there is a tendency to focus on the technical part of measurement and underappreciate the communication around the measurement. The group discussed the possibility of endorsement from a key organization. They felt that this could build trust and credibility. They stated not to underestimate the impact of a strong leader or spokesperson.

## Next Steps

The next workgroup meeting on April 2<sup>nd</sup> from 2:00-4:00 pm ET will focus on reviewing and commenting on the draft implementation guide and closing any gaps in the guide.