

# NATIONAL QUALITY FORUM

## **eMeasure Learning Collaborative**

Planning Committee Meeting and Worksession

Meeting Minutes

March 12, 2012

2:00-3:00 pm ET

The ***eMeasure Learning Collaborative Planning Committee*** met on Monday, March 12<sup>th</sup>, 2012.

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***Members Present:*** Dana Alexander, Zahid Butt, Jason Colquitt, Patty Craig, Kendra Hanley, Sharon Hibay, Ginny Meadows, Michael Mirro, Lori Nichols, Karen Nielsen, Ted Palen, Greg Pawlson, Christopher Snyder, Dave Stumpf

***Members Not Present:*** Dwight Brown, Delane Heldt, Jesse James, Louis Hochheiser, Liz Johnson, Amit Popat, Jacob Reider, Greg Sharpe, Aldo Tinoco, Ann Watt

***NQF Staff:*** Heidi Bossley, Floyd Eisenberg, Helen Imbernino, Rosemary Kennedy, Christina Mandzuk, Farhia Mussa, Danielle Sims

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**Welcome** – Rosemary Kennedy

**Minutes Approval Date:** March 26, 2012

### **Meeting Agenda**

1. Welcome/Introductions of Newly Appointed Members
2. Review Minutes from February 28<sup>th</sup> meeting (attachment)
3. Webinar March 15<sup>th</sup>: *eMeasure Implementation: Implications in Small Practice Settings*
4. Collaborative In-Person Meeting – April 26<sup>th</sup>: *Best Practices for eMeasure Implementation*
5. Action Items/Adjourn

**Welcome/Introduction** – All members present on the call (see list above))

### **Review of Meeting Minutes from February 28<sup>th</sup> (see slides)**

The Meeting Minutes from February 28<sup>th</sup> were reviewed and accepted.

### **Group Discussion**

Open Discussion – all members, led by Rosemary Kennedy and Floyd Eisenberg (*see slides*)

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## **Webinar March 15<sup>th</sup>: eMeasure Implementation: Implications in Small Practice Settings** (see slides)

1. The Collaborative will be hosting a Webinar on March 15<sup>th</sup>, titled “eMeasure Implementation: Implications in Small Practice Settings”, from 12:30 – 2PM ET. The purpose of this webinar is to provide information related to the eMeasure implementation within small practices (e.g., physicians, private practices and clinics).
2. The learning objectives include :
  - a. The importance of advancing eMeasures in small practice settings
  - b. Best practices in implementing eMeasures within ambulatory electronic health records (EHRs)
  - c. eMeasure implementation results, challenges, and future work
  - d. The mission of NQF’s eMeasure Learning Collaborative and its value to small practice providers (Rosemary Kennedy)
3. The speaker for this meeting will be Shawn Griffin, MD, Chief Quality and Informatics Officer, MHMD – Memorial Herman Physician Network. He was highly recommended by Dr. Shabot, also from MHMD. (Floyd Eisenberg and Rosemary Kennedy)

## **April 26<sup>th</sup> In-Person Meeting: Best Practices in eMeasure Implementation** (see slides)

1. The In-Person Collaborative Meeting will take place on April 26<sup>th</sup> at the NQF Offices from 8AM – 4PM ET. There is no charge to attend and in-person attendance will be limited to 100 people. (Rosemary Kennedy)
2. NQF will target certain organizations to ensure that those in attendance cover a broad spectrum. After key stakeholders are contacted, registration will be open to the public. Those not attending in-person will be able to attend via web conference. (Rosemary Kennedy)
3. Objective for this meeting will be to:
  - a. Advance knowledge and practice related to the development and implementation of eMeasures across all settings of healthcare;
  - b. Drive greater uptake of eMeasures and movement toward use of an electronic platform for quality measurement;
  - c. Promote awareness, provide education, and enable understanding of best practices with eMeasure implementation across various healthcare settings; and,
  - d. Allow knowledge sharing between all stakeholders involved in quality and performance measurement thereby expediting advancement in electronic quality measurement. (Rosemary Kennedy)
4. Stakeholders invited to this event will include associations, consumers, government agencies, medical specialty groups, providers, standards organizations and vendors.

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Insurance and pharmaceutical companies will also be contacted, but the main focus will be on the aforementioned stakeholders. (Rosemary Kennedy)

5. Two keynote speakers have been confirmed, Farzard Mostashari, MD, ScM from ONC and Kate Goodrich, MD, from CMS. (Rosemary Kennedy)
6. Break out tracks have evolved from three tracks (technical, clinical data analytics, and implementation) to five tracks:
  1. Implementation *Acute*
  2. Implementation *Small Practice*
  3. Technical
  4. Clinical Data Analytics
  5. Innovation (Rosemary Kennedy)
7. The Methods for the break out tracks include:
  - a. Use cases showing how facilities apply eMeasures (or can state “are engaged in the eMeasure process” today)
  - b. Use cases describing how facilities are expanding beyond what they have today
  - c. Sharing of examples for the future (Rosemary Kennedy)
8. Each breakout will start with a vignette (use case) illustrating approaches, issues, results and opportunities. Breakout groups will discuss the questions set forth to identify the challenges, approaches, best practices that will be presented to the larger group at the summary session. During the Report Out portion of the meeting, each group will have the opportunity to present their key ideas, challenges and accomplishments, along with a best practice. It will not be possible to resolve all challenges at this meeting, but this will be a great time to identify challenges/issues and to receive recommendation on how to move forward. (Floyd Eisenberg and Rosemary Kennedy)
9. For the Clinical Data Analytics Tracks, Chris Snyder was able to share a use case and work that needs to continue in the future.
  - a. A main focus in Clinical Data Analytics is to look at the data and the process mapping that is being used. Chris is curious to see where QDM will lead this process. Usability and capability at the bedside to ensure quality will be key foci.
  - b. It is vital to see how the data is being collected and entered, and how it is being analyzed prior to the next level in the quality process (i.e. penalties, reimbursements).
  - c. Working with data is a learning process; when received from a vendor, there may be difficulties or no current capabilities in processing that data.
  - d. Workflow processes and standards are not well defined, and there needs to be a clearly defined method for transmitting this effort along the way. Chris and Floyd will further discuss this matter. (Floyd Eisenberg and Chris Snyder)

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10. There are five questions that the Collaborative will attempt to answer at this In-Person Meeting:

1. *What are best practices examples* related to the development and implementation of eMeasures in the acute and ambulatory settings (small practice settings)?
2. *What are the mechanisms to enhance data and workflow capability?*
3. *What are the recommendations* for future use of health IT and standards to enable performance measurement
4. *How can we “rethink”* what we are looking for? (Rosemary Kennedy)
5. PROPOSED *How can we enhance the data and workflow capabilities* with what we have today? *What would like to be doing or see* in the future?

These questions are to help guide discussion for each breakout track. The goal is for each track to have an interactive discussion that will help identify gaps and challenges. (Rosemary Kennedy)

11. Upon registration, each participant will need to indicate which track he/she would like to attend; there will be a disclaimer that this is subject to availability. Those who are unable to attend in person will still be able to listen to the meeting and participate in a breakout sessions via conference call. (Dana Alexander and Rosemary Kennedy)
12. Current Implementation tracks include those for Acute and Small Practices. Although many breakout topics are quite complex and involve multiple foci, it is impossible to split the tracks into further sub-topics. Having a Large Ambulatory track is not possible for this meeting. However a SharePoint site is being developed to foster an online community where ideas and discussion can be shared regarding the various thoughts regarding eMeasure Implementation. (Zahid Butt and Floyd Eisenberg)
13. Having a vendor as a presenter for each track would be a powerful approach in representing a solution improving core delivery. Special attention will made so that the vendor will not use this time to promote the sale of their product, but to educate and show a real-life example. However, in order to prepare people for Meaningful Use Stage 3, a non-traditional vendor may want to be considered. (Dana Alexander, Zahid Butt, Floyd Eisenberg, Ted Palen)
14. Travel for attendees and speakers will not be covered. This is the first year of the eMeasure Learning Collaborative and funding is limited. If this project continues into next year, there is hope for additional funding that could cover future meetings and presenters. (Floyd Eisenberg)
15. For Innovation track ideas, CMS has an Information Summit, and there were several presentations conducted at HIMSS that could be of use. To control and allow creativity for innovative ideas, this track could have a structured ‘open mic’ setup where attendees can come forward and share ideas, experiences, or challenges during a five

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minutes time limit. (Dana Alexander, Sharon Hibay, Rosemary Kennedy and David Stumpf)

16. Planning Committee members volunteered to lead the various breakout tracks. Once the tracks are staffed, meetings will be arranged for each group to meet separately to begin discussion on use cases and speakers for best practices. NQF will work on the slide decks and organizing all the information, but the track committees will be vital for input and leadership. (Rosemary Kennedy)
17. Invitations will be sent out no later than March 20th. NQF is aiming for an even representation of attendance from the health care community, therefore, key stakeholders will be the first to be invited, and then registration will open up to other stakeholders and the public. (Rosemary Kennedy)

## Action Items:

1. Breakout tracks to meet in small groups to further discuss vignette and surrounding questions – All
2. Finalize breakout track leaders – ALL
3. Finalize vendors or vignette examples - ALL
4. Finalize Agenda for the April 26<sup>th</sup> In-Person Meeting – Floyd/Rosemary
5. Send invitations and open registration for the April 26<sup>th</sup> In-Person Meeting – NQF

## ***Next eMeasure Learning Collaborative Conference Call:***

March 26<sup>th</sup> from 2:00pm to 3:00pm ET

A calendar invite has been sent to the group.

## **Parking Lot or Topics for a Future Meeting**

eMeasure Learning Collaborative Discussion –

- a) How to measure patient centered outcomes reporting metrics
- b) Each track to share vignettes around their breakout session
- c) Current eMeasures that support harmonization
- d) Patient Centered Reporting
- e) Further discuss “How can we enhance the data and workflow capability with what we have today?”
- f) Find organizations/individuals to share best practices
  - a. Mayo Clinic
  - b. Whatcom
- g) 5 breakout sessions
  1. Implementation *Acute*

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2. Implementation *Small Practice*
3. Technical
4. Clinical Data Analytics
5. Innovation