Technical Breakout Session Notes

April 26, 2012; 10:45am – 2:00pm ET

Attendees: Aneel Advani, Mary Braman , Kathleen Charters, Cheng Che, Delane Heldt, Uzma Jilani, Melissa Manning, Jonathan Owens, Erik Pupo, Darrel Roberts, Chris Bontempi, Feliciano Pele Yu

NQF Staff: Floyd Eisenberg, Ahmed Haque, Chris Millet

Notable Challenges:

- If HMQF is not a good model, instead of creating a whole new model and starting over, let's expand and improve the existing model.
- Ad hoc scraping of EHRs for data is not possible right now.
- How to express attribution in HQMF

Vignette - Erik Pupo, Deloitte Consulting

- HQMF has challenges. No need to push HQMF, but how can it be improved? An improved HQMF may help improve adoption of NQF measures.
- HQMF should still be based on the RIM, but need to be simplified
- QRDA category 1 is better defined than 2 and 3
- Better alignment needed of CMS and NQF
- CEDD presented is very similar to the Quality Data Set (QDS).
    - There are limitations in HQMF and much work is needed to improve it. (Floyd Eisenberg)
    - Are there plans for Deloitte to prove if HQMF is queriable? (Aneel Advani)
- Eric says that there are translators being created to test HQMF.
    - HQMF is not a good format and that it should be replaced with something better.
    - Deloitte is being charged with creating a new version of HQMF in a very quick timeline.
- Creating a new model, other than HQMF, may cause confusion in the field. It will be esoteric – some people will use one format and others will use another model. If one particular model (HQMF) is not working well, the solution is not to go off and create a new model, but recommendation is to improve existing model. (Pele Yu)
    - Creating a new model is not a good solution (Aneel Advani, Kathleen Charter, Floyd Eisenberg)

    - A minimum dataset should be decided and then expand. How pragmatic is it now? Minimum requirements should be decided and grow from there. (Darryl Roberts)
    - Was the original intent of HQMF for quality measures to be executable in EHRs? (Chris Bontempi)
    - There is a whole business process that sits on quality measurement that must be discussed and implemented. (Delane Heldt)
        - It would be naïve to think that quality measures would be queriable in an EHR right out of the box. This is a whole process that is a business decision, requiring strategy and discussion. (Kathleen Charters and Delane Heldt)
- At the S&I, Query Health in-person meeting, it was discussed that ratio and continuous variable measures are difficult to construct in HQMF. (Chris Bontempi)
    - NQF 0059 was used to test HQMF. Deloitte wanted to prove that HQMF does not meet the model minimum to construct per direction from ONC. NQF 0059 was used because it was difficult to construct in HQMF. After the S&I in-person meeting, ONC asked Deloitte to document what other measures cannot be constructed due to HQMF limitations. (Erik Pupo)
    - The Deloitte team agreed with ONC to create a new model other than HQMF, but that requirements will need to come from ONC. During the May 2012 Standards Committee meeting, there will be a discussion regarding whether or not a new model is needed. (Erik Pupo)

Vignette- Floyd Eisenberg, NQF

- eMeasures are hard to create and understand – it's a very complex process.
- Although this morning Dr. Mostashari mentioned that some of the tools for eMeasures are complex, a complex and deep understanding of eMeasures is needed – this is the nature of the work.
- To Measure Developers: Is there a way to simplify measures so that they capture only the information that is needed by an EHR system?
    - In order to check to see if a measure is valid, all types of measures should be taken into consideration. The process, structure and outcomes are all needed for measures to be valid. (Darryl Roberts)
- There are standards present for the measures, such as HL7, but they are not always implementable. This is a challenge with eMeasures. (Floyd Eisenberg)
- The QDM needs to grow and expand from its current state.
    - QDM needs requirements for growth and enhancements. The requirements are best sent through use cases. What kind of elements the measure query needs to

consist – what's missing – and how can that be added in the QDM or improved. (Floyd Eisenberg)

- Ad hoc scraping of EHRs for data is not possible right now. (Aneel Advani)
- From a measure developer perspective, who treats a patient – the doctor or the physician group? How does attribution work in an EHR? In the future, attribution is what we will be looking at and improvement in HQMF is needed to include attribution. (Delane Heldt)
    - A patient may have a doctor, but often times a nurse helps the patient. How do you show attribution for quality measures? (Kathleen Charters)
- 'How do we say what we want to say' – this is the type of information we need from the field to improve the QDM (requested by Floyd)
- Need to move away from claims based data (Kathleen Charters)
- There must be a minimum criteria for eMeasure. Example is the Apple AppStore. Millions of apps in the store, anyone can develop and sell apps in the store, but all developers must meet the minimum standard before selling their app in the store. (Darryl Roberts)
- What is absolutely necessary in the QDM? How can we apply the minimum standard to the QDM?
- Flu reporting – New York City Health Dept. The need for minimum set started from this by Farzad.
- Using minimum data set phrase may be setting the field up for cutting corners. Aneel recommended using the term validated data set.
- In many ways the workflow related to electronic data record and the method of capturing data in the electronic record is mimicked from paper charts. (Darryl Roberts)