

NATIONAL QUALITY FORUM

eMeasure Learning Collaborative

Planning Committee Meeting and Worksession

Meeting Minutes

January 30, 2012

2:00-3:00 pm ET

The ***eMeasure Learning Collaborative Planning Committee*** met on Monday, January 30th, 2012.

Members Present: Jason Colquitt, Delane Heldt, Lori Nichols, Ted Palen, Amit Popat, Christopher Snyder, Ann Watt

Members Not Present: Dana Alexander, Tracy Enright, Liz Johnson, Greg Pawlson, Jacob Reider, Greg Sharpe, Aldo Tinoco

NQF Staff: Floyd Eisenberg, Beth Franklin, Ahmed Haque, Rosemary Kennedy, Christina Mandzuk and Poornima Nayak

Welcome – Rosemary Kennedy and Floyd Eisenberg

Minutes Approval Date: February 13, 2012

Meeting Agenda

1. Planning Committee Structure
2. Project Timeline
3. Review Minutes from the January 11th meeting
4. Discuss the Collaborative Face-to-Face meeting
 - a. Review Goals and Objectives
 - b. Discuss Proposed Agenda and Speakers
 - c. General Session
 - d. Break out Topics

Introduction – NQF member Rosemary Kennedy (*see slides*)

1. The meeting started with reviewing background information on the eMeasure Learning Collaborative. In summary, the eMeasure Collaborative is a public initiative convened by the National Quality Forum (NQF) to bring together diverse stakeholders from across the quality enterprise to:

NATIONAL QUALITY FORUM

- a. Promote shared learning across key eMeasure stakeholders including an understanding of major drivers and barriers; and
 - b. Advance knowledge and best practices related to the development and implementation of eMeasures.
2. The eLearning Collaborative Planning Committee Members were re-introduced (see table below).

Name	Organization	Title
Delane Heldt	AMA/PCPI	Project Manager
Aldo Tinoco, MD	NCQA	Physician Informaticist
Ann Watt	The Joint Commission	Associate Director, Department of Quality
Jason Colquitt	Greenway Medical Technologies	Director of Clinical Development
Amit Popat	EPIC	Interface Analyst
Dana Alexander	GE Health Care IT Solutions	Vice President; Chief Nursing Officer
Liz Johnson	Tenet Healthcare	Vice President, Applied Clinical Informatics
Ted Palen, MD	Kaiser Permanente	Internist
Chris Snyder, DO	Peninsula Regional Medical Center	Chief Medical Information Officer
Jacob Reider, MD	ONC	Senior Policy Advisor

NATIONAL QUALITY FORUM

Name	Organization	Title
Lori Nichols	Whatcom Health Information Network; Shared Care Plan	Director
Dr. Greg Pawlson	Blue Cross Blue Shield Association	Executive Director, Quality Innovations

3. Rosemary Kennedy also reviewed the project proposed deadlines:

- April 18th 2012 (tentative) – in person meeting
- March 1st – webinar #2
- August – in person meeting
- September – webinar #3
- October – final report to HHS: compilation of best practices and resources
- Ongoing – following each meeting/webinar resources will be posted to NQF's Website

Group Discussion

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

During the last meeting, the eMeasure Learning Collaborative provided insight regarding the domain of eMeasures and associated relationships to quality measurement. This feedback will be incorporated into the objectives of the 1st in-person meeting.

Initial thoughts regarding the 1st In-Person meeting and associated breakout sessions were led by Rosemary Kennedy and Floyd Eisenberg.

1. The morning session could include:
 - a. Keynote speakers on eMeasures and Meaningful Use;
 - b. Presentation on implementing meaningful use CQMs; and
 - c. Group brainstorming/ discussion session.
2. The afternoon session could include two breakout sessions:
 - a. One focused on implementation topics; and
 - b. The second focused on technical topics.

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3. The meeting will be held in Washington, DC, with a targeted audience of about 100 participants.
 - a. The targeted audience will include measure developers, providers, health information technology vendors, standards organizations, and other stakeholders involved with eMeasures. In addition, to ensure that all stakeholders have an opportunity to participate, the in-person meeting will be open to the public via webcast.

Based on topics discussed during the last Planning Committee meeting, the tracks for the first in-person meeting were divided into the following areas: implementation, technical, or both.

Implementation track break out session ideas generated during the January 11th session were discussed and included the following areas:

1. Methods, challenges, and opportunities related to the integration of data necessary for performance measurement within electronic point of care documentation
 - a. Data and workflow implications
2. Electronic measurement reporting (best practices, repeatable models, recommendations, challenges, and areas requiring future work).
3. Current use of central or federated models to manage data that are required to calculate performance measures. Also, how do organizations use data in EHRs that are standardized summary reports without the primary source data and related metadata? Further discussion is needed on this matter.
4. Methods to capitalize on moving forward based on what is already known, such as methods for getting data from primary sources. Determine how to credit a standard summary report on data and not use the primary data itself.
5. Methods and tools to help measure developers know if a concept is handled by an electronic health record.
6. Identification of a process/ momentum to propel the national agenda forward.

Members of the planning committee identified additional topic areas to be included in the 1st in-person:

1. An additional topic area focuses on patient engagement and patient reported data. Collaborative topics should not be limited to electronic health records (EHRs). Patient centered/patient reported data is also very important for measurement and can be found in EHRs and also other types of health information technology sources, such as personal health records (PHRs). (Rosemary Kennedy and Lori Nichols)
2. In regards to patient centered data, specifically when using an EHR summary, how does one know the source of this data (i.e. patient self-reported, device, another physician)? There are rules or methods that need to be in place when collecting this type of information. The

NATIONAL QUALITY FORUM

Collaborative could be a vehicle used to share differences and to discuss collection of self-reported data. (Floyd Eisenberg)

3. It is vital that data analysis be completed on various types of data using different methods. (Floyd Eisenberg)

Technical track break out session ideas generated during the January 11th session were discussed and included the following areas:

1. Methods for management of value/code sets necessary for quality measurement (and migration to future code systems such as ICD-9 to ICD-10 to SNOMED-CT.
2. Transformation of existing XML structures to formats from which current electronic health records (EHRs) can develop queries.
3. Identify how measure developers incorporate standardization within their scope of work. This knowledge is needed in order to understand and implement eMeasures. Also, an understanding of how data elements and concepts are harmonized is equally important. The discussion can include a review of a few eMeasures that currently support harmonization with recommendations to increase parsimony.
4. Determine criteria about what measures or concepts are appropriate for retooling as eMeasures. These criteria are vital to understand the impact on clinical decision support. (or implementation track, or both?)

Members of the planning committee identified additional topic areas to be included in the 1st in-person meeting:

1. The focus of meetings should be structured around the type of audience. An education portion of the meeting could include a lecture and Q & A session. This will help to provide facts to those who may not be as familiar with all the aspects of electronic quality measurement. The general session could be followed with break out session that are structured and guided with leaders for each session track (to keep the discussion focused). (Delane Heldt)
2. Is it possible to align the April 18th meeting with practical experiences or examples, and have the next face-to-face meeting take a more technical approach? Further discussion is needed. (Rosemary Kennedy)
3. For this meeting, the planning committee strongly encouraged NQF to invite a diverse group of participants: some who have varying degrees of experience with eMeasures, and others who are looking to enter the field or looking for advice on how to get started. (NQF)
4. Another topic for the meeting could be centered on the need for real-time data so clinicians can make timely decisions with clinical support. This topic could tie into another topic focused on the improvement of quality measurement. (Floyd Eisenberg and Lori Nichols)

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5. It would be beneficial for the break-out sessions to overlap since many focal points are cross-departmental. The two breakout groups could reconvene at the end of the day to share knowledge gathered from each session. Also, it is important to introduce the break-out session topics well in advance of the meeting to give participants time to prepare. (Rosemary Kennedy and Ted Palen)
6. There are potential gaps between the tools used for measurement and the process for gathering outcomes data (activities that occur in provider quality management departments). There is a need for interoperability between the tools used for electronic measurement and the actual tools/methods used day-to-day when gathering outcomes data from provider organizations. Getting input from people working in quality management departments (or similar types of departments) is very important. Getting analysts who work in these departments to attend the in-person session is important. They have experiences with methods related to the collection and cleaning of quality measurement data. (Chris Snyder)
7. The analytical piece of measurement work is crucial to discussions; perhaps an associate from Premiere can give a keynote. (Floyd Eisenberg)
8. Re-thinking the tracks for the meeting is a good idea; technology is needed, but there are also 'process' factors as well. Healthcare today is headed down the road where there is a need for better design to improve quality outcomes. (Lori Nichols)
9. The ability to share repeatable models at this meeting would be extremely beneficial, if there was a way to do this while still preserving intellectual property. EPIC may be able to share some best practices, but that would depend on the audience. Further discussion is needed (Rosemary Kennedy and Amit Popat)

Per the open discussion, there are three break-out session tracks proposed for the face-to-face meeting:

1. Implementation;
2. Technical; and
3. Data/Analytics (operational side of extracting quality data from repositories)

Action Items:

1. Additional physicians needed; gather names - All
2. List of possible keynote speakers and eMeasure Learning Collaborative Chairs/Co-chairs – Floyd
3. Discuss if the face-to-face meeting should have two or three breakout sessions - All
4. Decide face-to-face meeting target audience and invitees – Floyd/Rosemary
5. Further discuss the three proposed break out session tracks - All

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Next eMeasure Learning Collaborative Conference Call:

February 13th from 2pm to 3pm EST

A calendar invite has been sent to the group.

Parking Lot or Topics for a Future Meeting

eMeasure Learning Collaborative Discussion –

- a) Names of potential physicians to participate in the eMeasure Learning Collaborative
- b) eMeasures vs. Registries - content and structure
- c) Do we limit to what is certified/allowed in EHRs, or go beyond that scope
- d) Buckets of measurement (i.e. diagnosis, others)
- e) How to measure patient centered outcomes reporting metrics
- f) Current eMeasures that support harmonization
- g) Continue conversation/brain storming from February 13th Meeting
- h) Patient Centered Reporting
- i) EPIC sharing best practices
- j) Analytics