Electronic Clinical Quality Measures (eCQM) Design Group
Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
March 7, 2017	10:00 am – 11:30 am	**Webinar link:** https://zoom.us/j/159823584 **Telephone**: (408) 638-0968 Meeting ID: 159 823 584

Design Group Members					
Patricia Checko, DrPH, MPH	x	Tom Woodruff, PhD	x	Michael Hunt, DO	
David Fusco, MS	x	Nitu Kashyap, MD	x	Robert Rioux, MA	
Craig Summers, MD	x	Nicolangelo Scibelli, LCSW	x		
Design Group Support					
Karen Bell, MD, CedarBridge	x	Sarju Shah, SIM PMO	x	Wayne Houk, CedarBridge	x
Carol Robinson, CedarBridge	x	Faina Dookh, SIM PMO	x	Betsy Boyd-Flynn, CedarBridge	x
Allan Hackney, OLG	x	Mark Schaefer, SIM PMO	x	Sandra Czunas	x

	Summary
Review of timeline	The eCQM Design Group timeline was reviewed and there was brief discussion on an eCQM system's relationship to a statewide Health Information Exchange (HIE) system. It was discussed that the overall picture of health interoperability services will include the exchange of data, but that the scope of the eCQM Design Group is to address the requirements of gathering clinical quality data.
Validation of Value Propositions	Various value propositions were reviewed. It was discussed that there is significant value in having a trusted third party in collecting quality measurements and therefore should be added to the list of value propositions. It was recommended that the central value proposition include a fourth aim that brings value for those who are providing care. It was also recommended that the central value proposition be clarified to address moving toward an eCQM system more efficiently, rather than implying dependence on an eCQM system to move toward value-based payment. It was recommended that adding the three goals of harmonizing measures, through a trusted third party, centered on the patient, be added to the central value proposition. It was recommended that "public health equity" be addressed more explicitly in the list of value propositions. It was also recommended that "costs" be clarified to better represent costs to users and costs to payers of care. It was discussed that a value proposition that focuses on patient care be made more explicit. It was also recommended that the use of an eCQM system as a tool to better integrate patient care be emphasized. It was recommended that the timeline in which an eCQM system is developed is itself a value proposition, as opportunities for the advancement of medicine and patient care are being missed without a functional statewide eCQM system. Claims data and the current All Payers Claims Database were also discussed.
eCQM Conceptual System Models	Various eCQM conceptual system models were reviewed and discussed. A question was raised regarding the status of a Master Patient Index (MPI). If was discussed that a MPI is a critical component of a fully functioning HIE, along with a provider directory.

	It was recommended that the first conceptual model in the slide deck be used as an orienting image for discussion with stakeholders. It was recommended that necessary claim data be described more explicitly on the slide. It was noted that the slide creates the vision for what an eCQM system could look like for both collection and use. It was recommended that an overarching goal of the system, and a more explicit visual on what it looks like to participate in the system, be added to the slide.
Clinical Data Sources	Clinical data sources were discussed, including encounters, laboratories, and medication sources. A discussion took place on what information from an electronic health record (EHR) would be submitted to an eCQM system. It was discussed that information from structured fields of an EHR would be included. It was requested that a list of examples of these structured fields be provided. It was discussed that a majority of providers in behavioral health customize their EHRs for reporting requirements. It was also discussed that content validation is one of the barriers facing the HIE industry today, as content may not be the same across EHRs. Data source flow vignettes were discussed, including an independent practice association (IPA) and two large group practices partnering with several community practices and hospitals.

Action Item	Responsible Party	Due Date
Updated central value proposition statement and list of subsequent value propositions	CedarBridge Group	3/10/17
Updated eCQM Conceptual System Model slide	CedarBridge Group	3/10/17
Circulate data flow templates to Design Group members	CedarBridge Group	3/10/17
Informational document on components of an eCQM system	CedarBridge Group	3/10/17