# eCQM Design Group

March 21, 2017

10:00 am – 11:30 am

CEDARBRIDGE GROUP

# Agenda

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|---|---|---|
| **Welcome / Roll Call**<br>**Approve 3/14/17 Meeting Summary** | Karen Bell, MD | 10:00 AM |
| **Report Back: Progress Report to Health IT Advisory Council** | Dave Fusco, Pat Checko, Rob Rioux, Nic Scibelli | 10:05 AM |
| **Today's Meeting Objectives** | Karen Bell, MD | 10:15 AM |
| **Validate components of a CQM system and scope of Design Group responsibilities** | Design Group Members | 10:20 AM |
| **Validate Priority Business Requirements (Use Case) Categories** | Design Group Members | 10:35 AM |
| **Consider draft functional requirements for a statewide eCQM system** | Design Group Members | 10:45 AM |
| **Meeting Wrap-up and Next Steps** | Karen Bell, MD | 11:25 AM |

# Meeting Objectives?

- Validate components of a CQM system and Design Group scope of responsibilities

- Consider phasing of priority business requirements (use cases) and discuss draft functional requirements for a statewide eCQM system

# eCQM Design Group Workflow

Roadmap for the Development of a Health IT-enabled Clinical Quality Measurement System

- Validate Stakeholders and Value Propositions
- Identify Clinical Data Sources and Data Flows
- Validate Components of an eCQM System and the Scope of Design Group Work
- Confirm Business and Functional Requirements to Meet Needs of Priority Use Cases
- Discuss Future Planning Needs (Governance, Sustainability, Other)

# Proposed Timeline

| Milestones/Deliverables | Planned Dates |
|---|---|
| Validate value proposition summary<br>Validate clinical electronic data sources necessary for clinical quality measures<br>Review components of a statewide eCQM system and priority use case categories | 3/07/17 |
| Review preliminary themes from environmental scan/ stakeholder engagement<br>Validate priority use case categories for statewide eCQM system<br>Validate progress report to 3/16 Health IT Advisory Council<br>Consider details around the components of a statewide eCQM system | 3/14/17 |
| **Consider draft business and functional requirements for a statewide eCQM system** | **3/21/17** |
| Review synthesis of input and validate recommendations for business and functional requirements for a statewide eCQM system | 3/28/17 |
| Consider governance, sustainability, and additional component areas requiring ongoing stakeholder planning for a statewide eCQM system | 4/04/17 |
| Review synthesis of input and validate recommendations for an ongoing planning approach for inclusion in the recommendations to Health IT Advisory Council<br>Review and finalize the Design Group's recommendations for a statewide eCQM system | 4/11/17 |
| Present Final Report and Recommendations to Health IT Advisory Council | 4/20/17 |

# Validated: Central Value Proposition

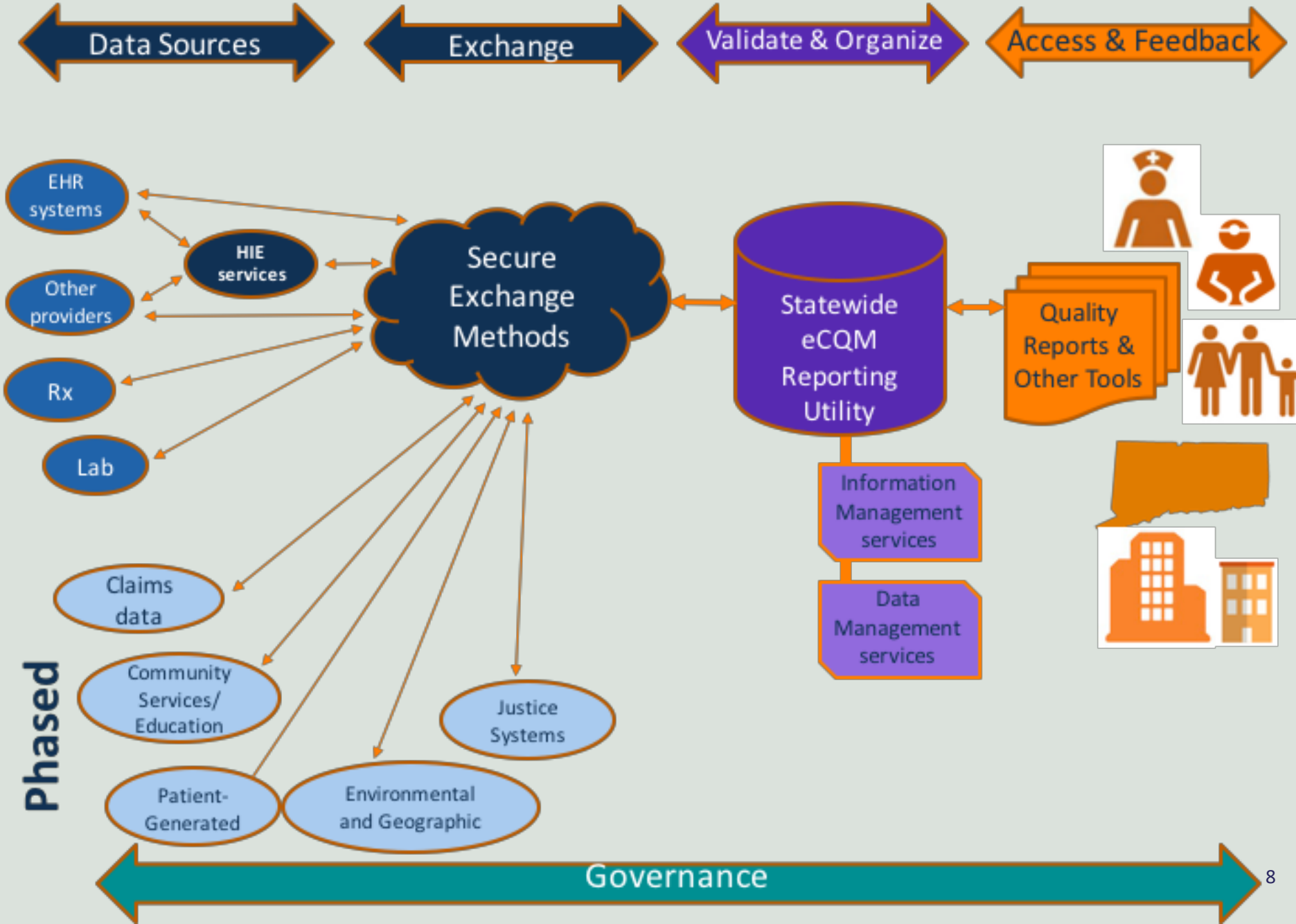
A statewide system for electronic clinical quality measurement will enable providers and encourage payers to more efficiently participate in successful value-based payment models through:

- Person-centric measures that reflect the clinical care referable to a measure that has been received from all providers, included those who are outside specified networks of providers
- Trusted data and information from a third party with a state-of-the-art security infrastructure; quality assurance program; data governance system that focuses on data integrity, reliability, timeliness; and an overall governance system that is inclusive of stakeholder needs and priorities
- A goal of decreased administrative burden for providers by enabling a system that could allow data senders to submit standardized data and measures once to a single entity, and could eliminate the need for data and measure users to collate and recalculate data and measures from multiple sources

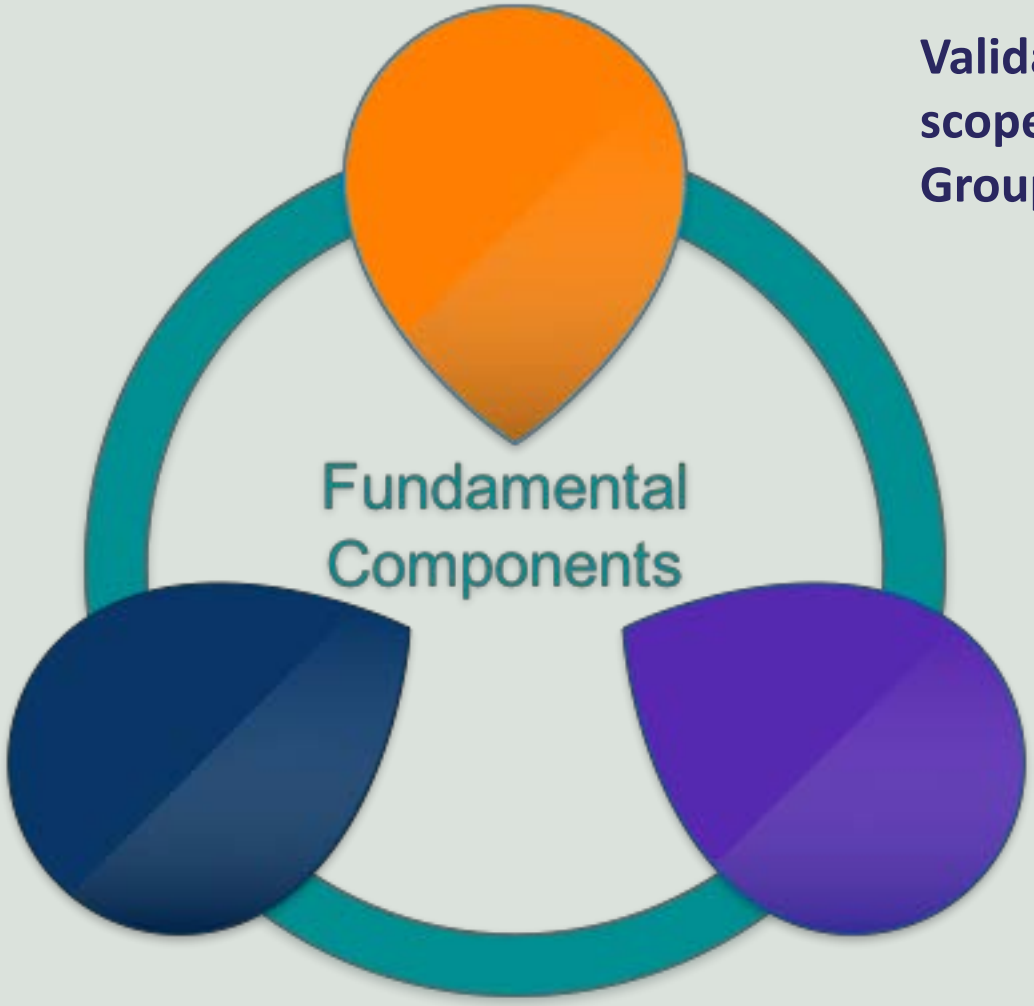
Over time, a robust healthcare delivery system of high-performing organizations will thrive in a value-based payment environment, and will help Connecticut achieve the quadruple aim of better health, better care, lower costs, and improved work life of healthcare providers.

# Validate Critical Components of CQM System and Scope of Design Group

# Conceptual Model of Statewide System



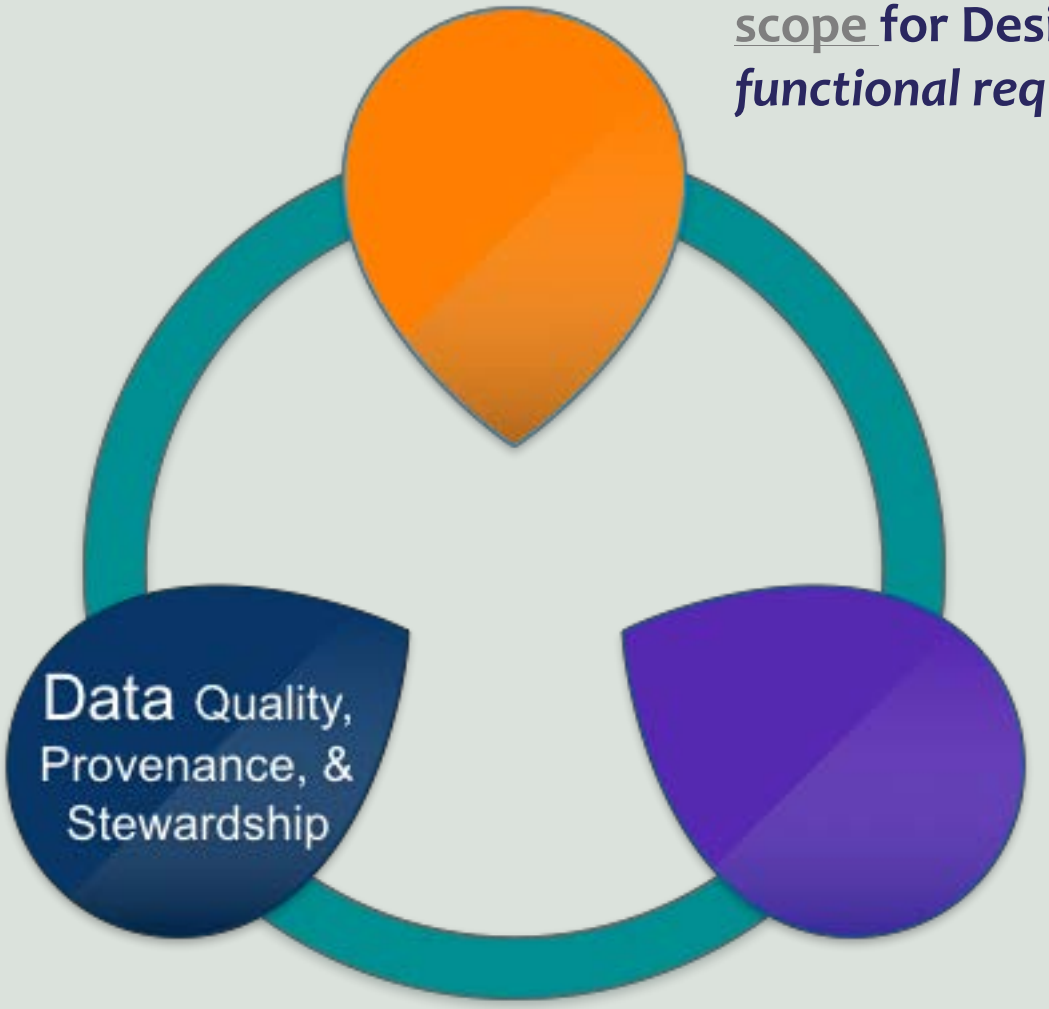
# Critical Components of an eCQM System




**Validate components that are in scope and out of scope for Design Group consideration**

- Organizational governance (business operations, policy & legal, accountable oversight & rules of engagement)
- Operations
- Sustainable financial model
- Locus of data aggregation (locally, intermediaries, and central)
- Technical assistance framework

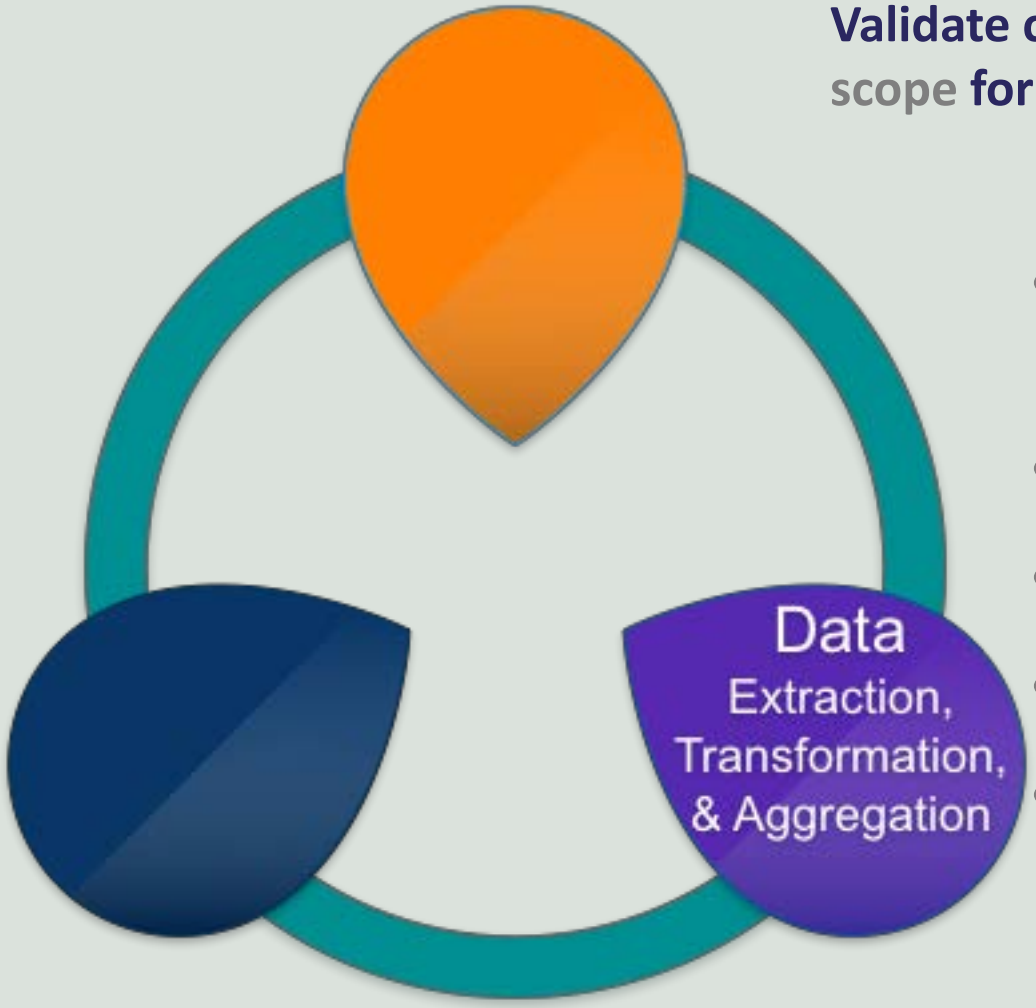
# Critical Components of an eCQM System




**Validate components that are in scope and out of scope for Design Group consideration of *functional requirements***

- System performance and auditing capabilities
- Attribution (patients to providers)
- Secure data exchange (Direct, query/retrieve, HL7 v2.x)
- Content standards (claims, clinical, etc.)
- Security standards
- Directories (Master Person Index, Master Provider Directory, Authorized User Directory)
- HIPAA privacy requirements and consent framework
- Quality controls

# Critical Components of an eCQM System




**Validate considerations that are out of scope for the Design Group**

- Technical requirements to enable:
- Data normalization
- Data integration
- Data analysis
- Risk adjustment

# Critical Components of an eCQM System


**Validate components in scope for Design Group consideration**

- Analytical tools
- Notification (bidirectional secure communication about operations and content of the system)
- Consumer tools (e.g., scorecard providers, track own blood pressure)
- Provider tools
- Feedback methods of aggregate and individual quality reports

# Definitions:
# Business and Functional Requirements

**Business requirements** are the critical activities that must be performed to meet organizational goals and objectives. Business requirements detail and document stakeholder needs and expectations. *Example: Provider organizations must conduct care coordination to decrease the costs associated with preventable hospitalizations.*

**Functional requirements** describe how a system will support the business requirements. They should be, as far as possible, expressed independently from any technology that will be used to implement the system. The functional requirements specify the system to be developed, so they may contain sufficient detail for the developer to build the correct product with only the minimal clarification and explanation from the business and its stakeholders. *Example: Care coordination is supported by a system that can identify appropriate cohorts, identify gaps in care or poor outcomes in those cohorts, and provide feedback to the clinician(s) of record.*

*Sources:*

- https://www.isixsigma.com/implementation/project-selection-tracking/business-requirements-document-high-level-review/
- Adapted from: Mastering the Requirements Process: Getting Requirements Right by Suzanne Robertson, James Robertson

# Discuss Priority Business Requirements/Use Case Categories

# Discussion:
# Phasing Business Requirements/ Use Case Categories

| Use Case / Business Requirements Categories | Phase | Key Value Propositions |
|---|---|---|
| **Informing Quality Improvement Activities** | | Identify opportunities for quality improvement<br>Provide feedback on cost and quality of care<br>Support program evaluation |
| **Improving Care Coordination and Identification/Management of Cohorts** | | Cohort identification and co-morbidities stratification<br>Risk assessment<br>Identification of care gaps |
| **Achieving Behavioral Health Integration** | | Addressing system requirements for consent<br>Evaluate use of services<br>Identifying co-morbidities and gaps in care |
| **Contracting by payers and purchasers for value-based care models and reimbursing accurately** | | Improve payment adjudication<br>Risk adjustment<br>Include and weight quality in value-based contracts |
| **Calculating accurate incentive payments for providers in value-based care contracts** | | Maximize reimbursement opportunities<br>Ensure all episodes of care are captured when measuring provider performance in value-based contracts |
| **Transparency in healthcare costs and quality** | | Website to rate providers on cost and quality |
| **Population Health** | | Support resource planning<br>Data for community and geographic assessments<br>Measure health equity |
| **Administrative Efficiency** | | "Report Once" to meet multiple program requirements |
| **Research** | | Identify opportunities to participate in research |
| **Fraud Detection** | | For discussion by Design Group |

# Consider Draft Functional Requirements for a Statewide Quality Measurement System

# DRAFT Functional Requirements

| Functional Requirements |
| --- |
| Organizations collecting clinical data must be able to **send data** related to quality measures (eCQMs, other clinical data, patient-reported data, and process measure data) to a statewide quality measurement entity, and **receive data back** in a variety of formats, to serve providers at any level of technical maturity. |
| The system should **support users in preparing reports** that aid in evaluating the effectiveness of service and clinical programs represented in the data. |
| The Statewide Quality Measurement System must support clinical quality improvement activities with **individual and aggregate-level data, reports, and dashboards** that are easily customizable and can display data at the **patient level, provider level, practice level, ACO or organization level, payer level and statewide level,** in a variety of depths to meet the needs of the system users. |
| The system should be **interoperable** with electronic health record systems (EHRs) and EHR interoperability modules, health information exchange (HIE) systems, data warehouses, commercial labs, Connecticut's Public Health laboratory and registries, Surescripts, Connecticut Prescription Monitoring and Reporting System (CPMRS), and radiology systems, in Phase One. ***Requirements for interoperability with additional systems will be added in Phase Two.*** |
| The system should be able to **collect complete, accurate, and timely discrete data elements,** including but not limited to: lab results, prescription history, demographic data, including race and ethnicity, vital signs, diagnoses, immunizations, radiology reports, images, and socio-economic data, when available, in many formats including, but not limited to: CCDA, QRDA I, QRDA III, LOINC, SNOMED, RxNorm, and others. |
| The system should be able to receive and **send data in flat files**, including in Excel and CSV formats. |
| The system should be able to **collect data (pull) via HL7 v2.5 protocols or via Fast Health Interoperability Resources (FHIR) Application Program Interfaces (APIs).** |

# DRAFT Functional Requirements

| Functional Requirements |
| --- |
| The system should be **fully interoperable** with all data systems collecting quality measurement data from providers participating in The Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP), including for the Merit-Based Incentive Program (MIPs), the Medicare Shared Savings Program (MSSP), and Advanced Alternative Payment Models (APMs). |
| The system should have flexibility to **perform quality measure calculations** from a variety of standard quality measure sets including those recommended by The National Quality Forum and including but not limited to those established by The Joint Commission (JHACO), CMS (EHR Incentive Payment Program (MU), QPP, MSSP, and APMs), the Health Resources Services Administration Uniform Data Set (HRSA UDS), the NCQA Patient Centered Medical Home (PCMH), and the core measures outlined in the Connecticut Quality Council's report. |
| The system should be able to **securely build and perform measure calculations** on data received from many data senders. These sets of measures will be determined in partnership with the state and data submitters and contain only standardized measures that are pre-defined in detail |
| The system should be able to send data (push) or receive data (via push) through **secure internet protocols**, including Secure File Transfer Protocols (SFTP) and Direct secure messaging. |
| The system must improve the **timely and accurate adjudication of payments** to providers for care provided by combining claims and clinical data sets and producing summary reports. |
| The system should be initially **certified as a Qualified Clinical Data Registry (QCDR)** for XX priority measures and should increase the number of measures the system is certified for at an expected rate of XX per year. |
| The system must have the ability to conduct patient **population risk assessments** by identifying high risk patients and cohorts, including cohorts with co-morbidities such as behavioral/physical health diagnoses, and to support the stratification of the data by sub-populations of patients at the individual level, the practice level, the organization level, and over time, the community level. |

# DRAFT Functional Requirements

| Functional Requirements |
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| The system must use sophisticated methods of **attribution logic, linking patients to all of their providers**, and must be able to access appropriate data for care received out of network. |
| The system must support end users **with identifying gaps in care or poor outcomes** at the individual level, practice level, and organization level, track information on patients' **use of resources**, and **evaluate the effectiveness of integrated care on health outcomes** across stratified populations. |
| The system should support users **in identification of cohorts** of individuals using a variety of parameters, including **by race and ethnicity,** and should have the capacity to **incorporate socioeconomic indicators and social determinants of health** when data submitters collect those data as structured elements. |
| The system must adhere to stringent privacy and security standards, including the implementation of a **two-factor authentication** system for users logging into the system. |
| The system should include a **web-based quality measure feedback system to display results** of the quality measures calculated to a variety of end users, including a non-credentialed view that could be made available to consumers, after an appropriate level of system validation, and with access rights of all end users based upon policies established by the governing body. |
| The system should include the implementation of an appropriately **de-identified test system** for testing and training, and the testing system must include a vigorous process for ensuring that data coming into the system is deemed accurate in the each of the fields collected (alphabetic, numeric, dates, URLs, etc.). |


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