Electronic Clinical Quality Measures (eCQM) Design Group
Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
March 21, 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	Michael Hunt, DO	x	Nitu Kashyap, MD	x
David Fusco, MS	x	Robert Rioux, MA	x	Craig Summers, MD	x
Tom Woodruff, PhD	x	Nicolangelo Scibelli, LCSW	x		
Design Group Support					
Karen Bell, MD, CedarBridge	x	Wayne Houk, CedarBridge	x	Sarju Shah, SIM PMO	x
Carol Robinson, CedarBridge	x	Betsy Boyd-Flynn, CedarBridge	x	Faina Dookh, SIM PMO	x
		Allan Hackney, OLG	x	Mark Schaefer, SIM PMO	x

Summary	
Progress Report to Health IT Advisory Council	The Progress Report that was given to the Health IT Advisory Council on March 16, 2017 was discussed by the Design Group members. It was noted that the report was well-received and that there was consensus about keeping patients at the center of the work being done. It was noted that there will need to be follow up with the Health IT Advisory Council for further discussion, as there was much information to take in and not enough time for robust discussion. A final progress report that will include recommendations and findings will be developed for the April 20, 2017 Health IT Advisory Council meeting. The announcement made by the Connecticut State Medical Society (CSMS) at the Health IT Advisory Council meeting was discussed. It was proposed that a discussion around the CSMS solution be further explored during a future design group meeting.
Validate Central Value Proposition	The Central Value Proposition as seen on slide 6 as edited based on previous meeting discussions was reviewed. There were no comments and the Central Value Proposition was validated.
Validate critical components of a CQM system and Design Group responsibilities	Critical components of a CQM system were discussed by Design Group members, including which components are in and out of scope for the group. It was noted that components currently listed out of scope are still important for planning purposes prior to launching a CQM system, but out of scope components will be recommended to be considered through a different process than the present Design Group. On slide 9, it was recommended that “Locus of data aggregation (locally, intermediaries, and central)” and “Technical assistance framework” be included in Design Group discussions. On slide 10, “System performance and auditing capabilities,” “Attribution (patients to providers),” “Secure data exchange (Direct, query/retrieve, HL7 v2.x),” “Content standards (claims, clinical, etc.),” and “Security standards” were discussed in terms of scope inclusion. It was discussed that technical standards may not be in scope for the Design Group, and that emphasizing the need for applicability to best practices and the latest industry standards may be better than specifying exact technical standards.

	It was noted that attribution is a frustration for provider groups and payers, and that a statewide solution would need to meet the needs of providers. It was noted that payers may have high turnover of their population and therefore attribution will be important to consider. It was also noted that there must be an acute understanding of HIPAA and the effects of the standards on the data within a Master Patient Index. It was discussed that there will be challenges to the results of a CQM system, therefore management of exact specifications of data received to ensure accuracy is paramount. On slide 11, it was mentioned that when considering "Data normalization" and "Data integration," the validation of data should be fleshed out in functional requirements. It was noted that if there is effective normalization, the data should come back as true and believable in terms of the measurement given to providers. On slide 12, it was noted that "Notifications" refers to operational notifications. It was recommended that that this list be referred to as the group considers functional requirements for a CQM system. Many of the items listed on slide 12 ("Reporting Services") will require governance discussions. The example of consumer tools and score cards were raised to illustrate the need for trust to be built with how the system is performing. It was discussed that "Reporting Services" may be too narrow a term, and that the four components slides (slides 9-12) be reformatted for ease of understanding as a stand-alone document.
Validate Priority Business Requirements (Use Case) Categories	Business Requirements (Use Case) Categories were reviewed by Design Group members. It was recommended that population health be considered in phase one, to gain insight into the regionalization of health data. Definitions of phasing were discussed. It was discussed that phase one should include testing and validation before going live with feedback to providers and reporting. It was recommended that the list of business requirements be assessed by necessary data elements and the ease of accessing those data elements. Another recommendation was that more granularity in describing these data element would help to identify phasing more clearly and the least onerous activities could be more easily identified. It was also recommended that "transparency in cost" and "transparency in quality" be separated on slide 15. Fraud detection was discussed as a business requirement. It was discussed that analytics will offer opportunities for assessing fraud later the roadmap. It was recommended that fraud detection be moved to needed governance discussions instead of business requirements.
Consider draft functional requirements for a statewide eCQM system	Draft functional requirements for a statewide eCQM system were reviewed by the Design Group. It was noted that ultimately the functional requirements must meet a broad set of needs and the degree to which conceptual models are exercised will be phased. A request for proposal (RFP) would require a vendor to create a solution that addresses all requirements, and these requirements should be connected to the broader landscape. It was noted that a RFP would allow vendors providing technical services to commit to the broader roadmap and vision, and these expectations should be set early in the RFP process. It was discussed that in the data flows that were sent by Design Group members, electronic health records (EHRs) are reporting measures, but are not reporting structured data that build those

	measures. It was noted that early on, measures will be reported, and subsequently structured data will be reported. It was noted that there will be phased implementation, but vendors will need to know all functionality needed on the roadmap. It was noted that functional requirements are meant to provide enough guidance for any vendor to understand the scope of the type of data that would be expected to come into the system over time. The "excel file" functional requirement was explained as meeting providers in their current technology with the room to develop further functionality. It was discussed that it is a challenge to define the suitable data elements needed to achieve the vision of the Design Group. It was recommended that more granularity than the standard reporting formats will be needed, as, for example, EHRs will record the coding of Asthma differently. It was stated that a Functional Requirements document would be sent to the Design Group members for more feedback. A question was raised regarding the first functional requirement referring to a standalone eCQM system, and that it is not yet clear how this will relate to a broader heath information exchange solution. A question was also raised regarding EHRs not reporting data elements but reporting only measurements currently, which would limit what could be done in phase one. It was clarified that for the Quality Reporting Data Architecture (QRDA) form, actual data elements are currently being reported.

Action Item	Responsible Party	Due Date
Send functional requirements document	CedarBridge Group	3/24/17
Reconfigure critical components slides	CedarBridge Group	3/24/17