eCQM Design Group

March 28, 2017

10:00 am – 11:30 am

CEDARBRIDGE GROUP

Agenda

Welcome / Roll Call **Approve 3/21/17 Meeting Summary**	Karen Bell, MD	10:00 AM
Today's Meeting Objectives	Karen Bell, MD	10:05 AM
Discuss Updated Graphic and Validate Scope of Design Group's Charge	David Fusco / Karen Bell, MD	10:10 AM
Consider Draft Functional Requirements for a Statewide Quality Measurement System	Design Group Members	10:25 AM
Meeting Wrap-up and Next Steps	Karen Bell, MD	11:25 AM

Meeting Objectives?

- Validate Scope of Design Group's charge
- Consider draft functional requirements for a statewide quality measurement system
- Outline upcoming meetings

Design Group Workflow

Roadmap for the Development of a Clinical Quality Measurement System

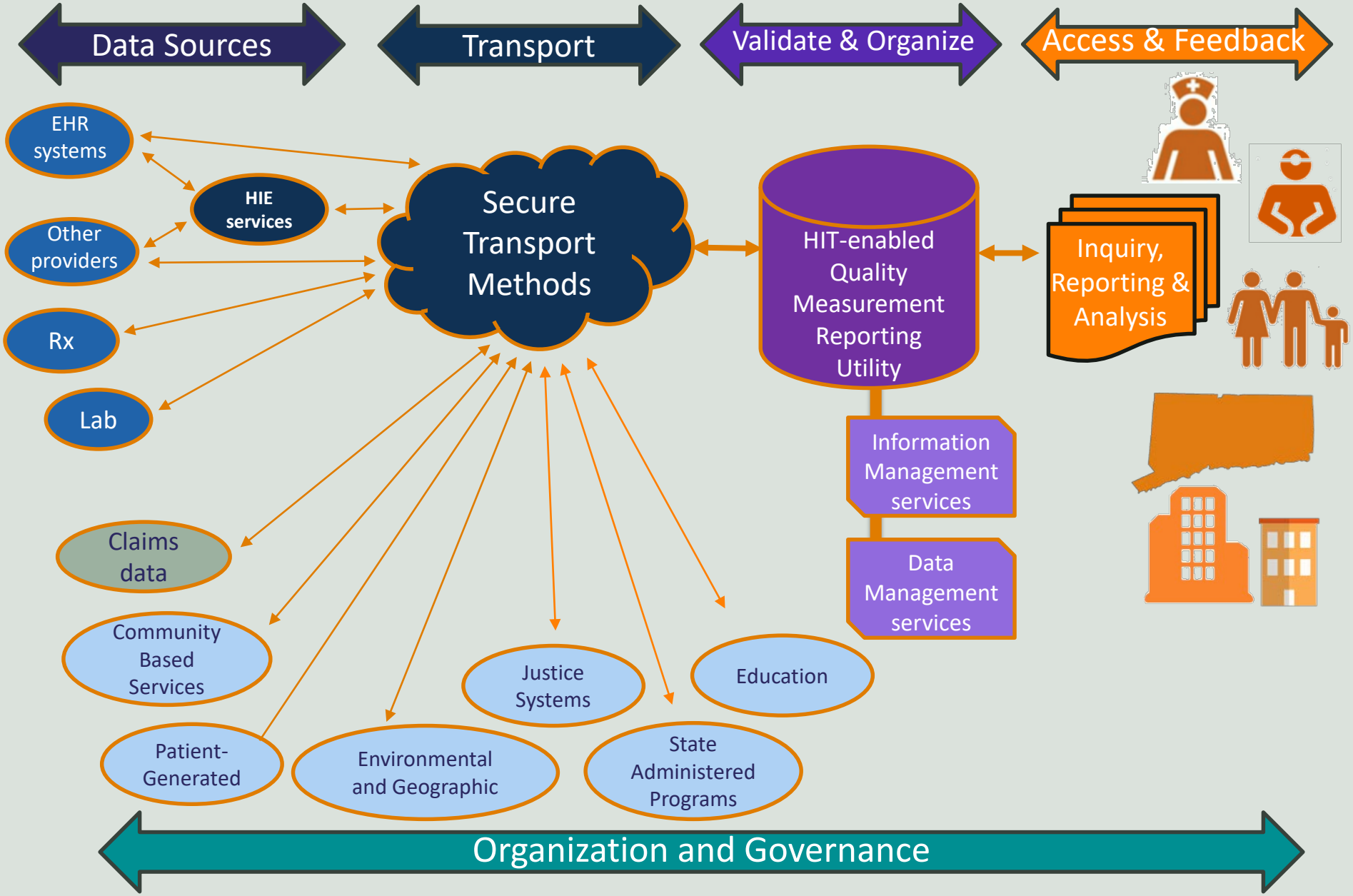
- Validate Stakeholders and Value Propositions
- Identify Clinical Data Sources and Data Flows
- Validate Components of a Clinical Quality Measurement System and the Scope of Design Group Work
- Confirm Business and Functional Requirements to Meet Needs of Priority Use Cases
- Discuss Future Planning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

Proposed Timeline

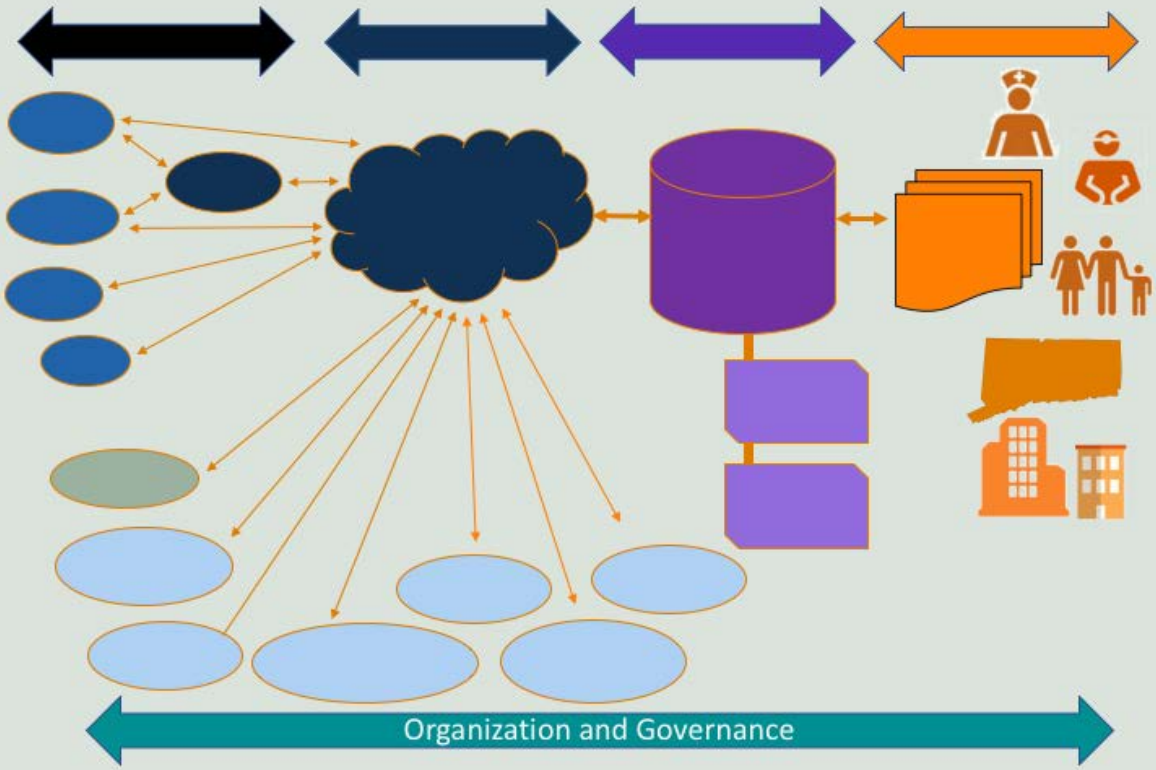
Milestones/Deliverables	Planned Dates
Validate value proposition summary Validate clinical electronic data sources necessary for clinical quality measures Review components of a statewide system and priority use case categories	3/07/17
Review preliminary themes from environmental scan/ stakeholder engagement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

Review Components of Statewide System and Scope of Design Group

Conceptual Model of a Statewide Quality Measurement System



Critical Components of a Quality Measurement System



Organization and Governance Components

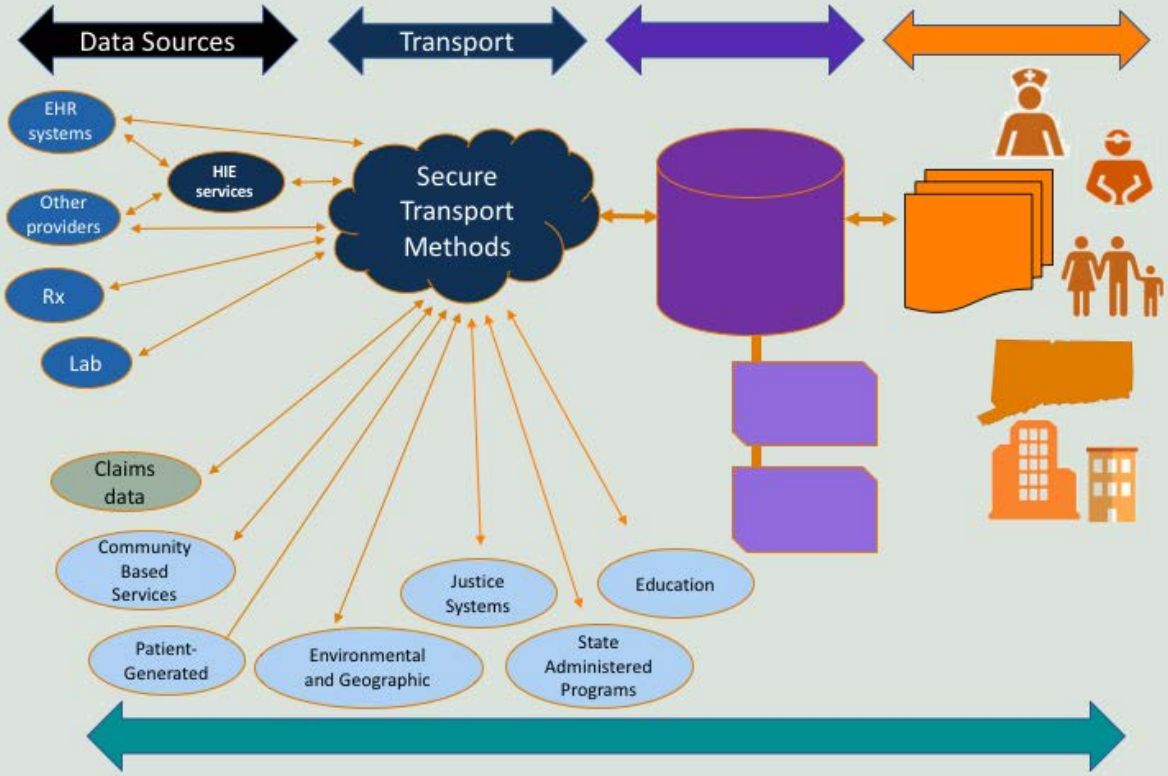
In scope for functional requirements:

- Locus of data aggregation (locally, intermediaries, and central)

Out of scope for functional requirements:

- Organizational governance (business operations, policy & legal, accountable oversight & rules of engagement)
- Operations
- Sustainable financial model
- Technical assistance framework

Critical Components of a Quality Measurement System



Data Sources and Transport Components

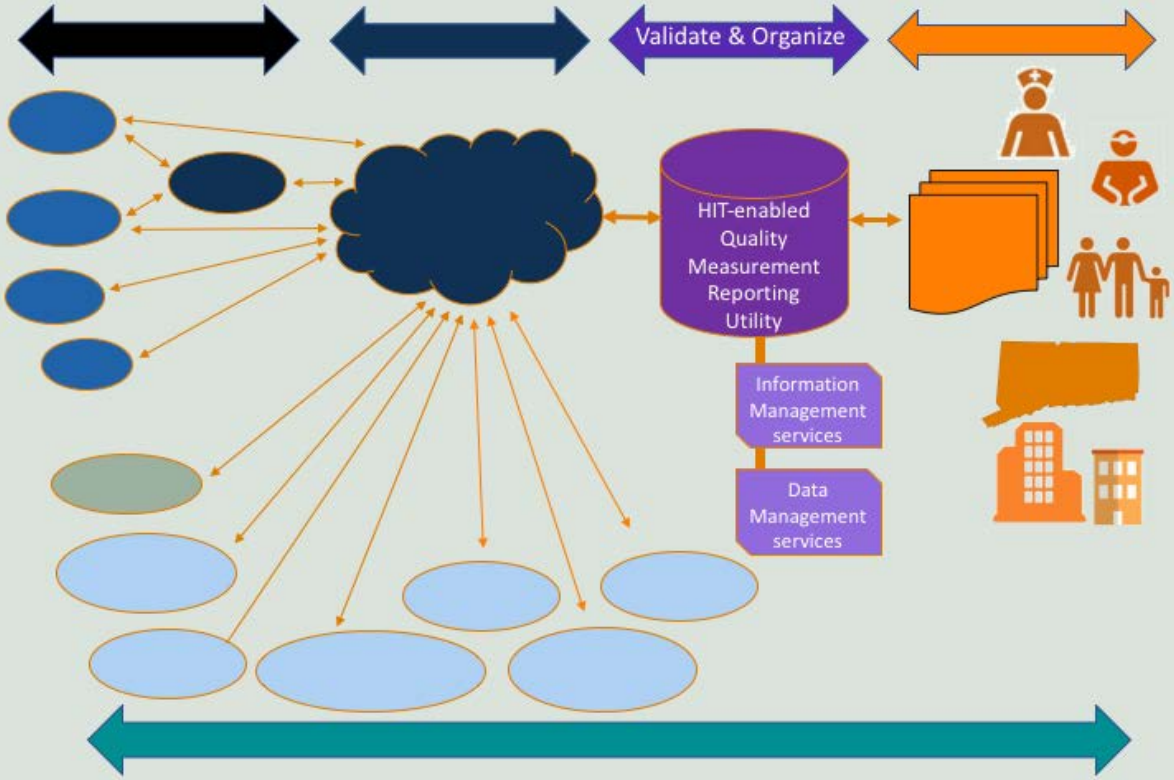
In scope for functional requirements:

- 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

Out of scope for functional requirements:

- Directories (Master Person Index, Master Provider Directory, and Authorized User Directory)
- HIPAA privacy requirements and consent framework
- Quality controls

Critical Components of a Quality Measurement System

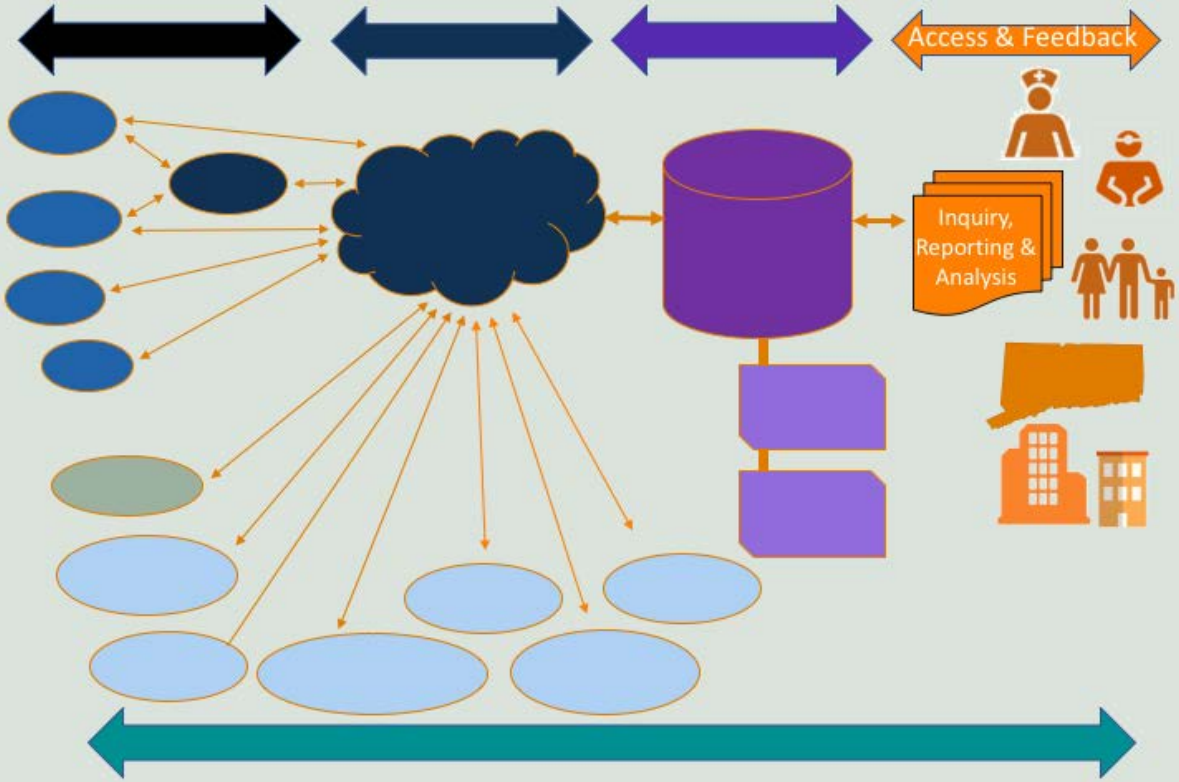


Validate and Organize Components

In scope for functional requirements:

- Data normalization
- Data integration
- Data analysis
- Risk adjustment

Critical Components of a Quality Measurement System



Access & Feedback Components

In scope for functional requirements:

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

Consider Draft Functional Requirements for a Statewide Quality Measurement System

DRAFT Functional Requirements: Data Collection

Data Collection	Changes Needed?
The System should be able to **query for, and retrieve (pull) data via nationally-recognized standards** including, but not limited to: HL7, version 2 and Fast Healthcare Interoperability Resources (FHIR).	
The System should be able to **receive data in flat files,** including in Excel and comma separated value (CSV) formats.	
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.	
The System should be **interoperable** with electronic health record systems (EHRs) and EHR interoperability modules, health information exchange (HIE) platforms, data warehouses, commercial labs, Connecticut's Public Health laboratory and registries, Surescripts, Connecticut Prescription Monitoring and Reporting System (CPMRS), and radiology systems.	

DRAFT Functional Requirements: Data Collection

Data Collection, cont.	Changes Needed?
The System should have the capacity to **incorporate socioeconomic indicators and other data that suggest social determinants of health** when data submitters collect those data as structured elements.	
The System should have the capacity to collect **race and ethnicity data** when available in standardized format in EHRs and other contributing data systems.	
The System must be **scalable and flexible** to allow for the ability **to add clinical data** for any future clinical measures agreed upon through a measures governance process, including measures that utilize custom specifications.	
The System must be **scalable and flexible** to allow for the ability **to add claims data** for any future cost and quality measures agreed upon by through a measures governance process.	
The System must be **scalable and flexible** to allow for the ability **to add other data (community, environmental, educational etc.)** for any future health status measures agreed upon by through a measures governance process.	

DRAFT Functional Requirements: Data Transport

Data Transport	Changes Needed?
The System should be able to **send data (push) or receive data (via push)** via web services, FHIR (APIs, messaging, etc.), or other standards such as Direct secure messaging (XDR/SMTP).	

DRAFT Functional Requirements: Data Validation

Data Validation	Changes Needed?
The System should include the implementation of non-Production **(test) instances** for testing (interface build, software updates, etc.).	
The non-Production System must have the electronic capability to **validate the data fields** collected (alphabetic, numeric, dates, URLs, etc.).	
The System must improve the t**imely and accurate adjudication of performance based incentive payments** to providers participating in value-based payment models.	
The System should allow **payers to audit or otherwise verify accuracy of measure calculations** at the patient level.	
The System should allow **providers to review and verify accuracy of measure calculations at the patient level and a process for correcting errors.**	

DRAFT Functional Requirements: Data Attribution

Data Attribution	Changes Needed?
The System must use sophisticated methods of **attribution logic, linking patients to providers,** can apply attribution and relationships established by payers, and must be able to access appropriate data for care received out of network.	
The System must be able to impose a complex set of **business rules** on incoming data feeds to a master patient index that can: - Attribute patient level data to an assigned primary care provider, regardless of submitting provider - Attribute patient level data to organizations, based upon submitting provider and/or attributed provider - Create a unique patient identifier to support accurate attribution - Ensure appropriate linkage of patient data across various message types and submitters - Assign patients to a payer based upon a defined reporting period	

DRAFT Functional Requirements: Data Aggregation and Normalization

Data Aggregation and Normalization	Changes Needed?
The System should support users **in identification of cohorts** of individuals using a variety of parameters, including **demographic, clinical, and cost data, as well as race and ethnicity** where such data is available in standardized format.	
The System should be able to **identify cohorts of high-risk patients using predictive modeling** algorithms and support stratification within the cohorts by clinician, practice, organization, and community levels.	
The System must be able to **normalize clinical data** across submitting organizations in order to increase comparability of data from disparate sources.	

DRAFT Functional Requirements: Data Measurement

Data Measurement	Changes Needed?
The System must support end users **by identifying gaps in care or poor outcomes** at the individual level, practice/facility level, and organization level.	
The System must **evaluate the effectiveness of integrated care on health outcomes** across stratified populations.	

DRAFT Functional Requirements: Measure Calculation

Measure Calculation	Changes Needed?
The System should be able to **securely build and perform measure calculations** on data received from many data contributors. 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 have flexibility to **perform quality measure calculations** from a variety of standard quality measure sets including those endorsed by the National Quality Forum (NQF) and including, but not limited to, those established by The Joint Commission, CMS (Advancing Care Information, MSSP, MIPS, and Advanced APMs), the Health Resources Services Administration Uniform Data Set (HRSA UDS), the NCQA (HEDIS) and Patient Centered Medical Home (PCMH), Medicaid EHR Incentive Payment Program (MU), and the core measures outlined in the Connecticut Quality Council's report.	

DRAFT Functional Requirements: Measure Calculation

Measure Calculation, cont.	Changes Needed?
In calculating measures, the System must be able to **address specific inclusion criteria, specific exclusion criteria, variable measurement periods,** including data that was collected outside of a measurement timeframe.	
The System must **allow users to build custom measures**.	
The System must have **sorting/filtering functionality** that includes, but is not limited to, filtering data by date range, organization, practice locations, individual provider, individual patients, patient morbidity and co-morbidity cohorts, race, ethnicity, gender, birth date ranges, etc.	

DRAFT Functional Requirements: Measure Reporting

Measure Reporting	Changes Needed?
The System must be **interoperable** with all data systems collecting quality measures and 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 Payment System (MIPS), the Medicare Shared Savings Program (MSSP), and Advanced Alternative Payment Models (APMs).	
The System should be approved by CMS as a **Qualified Clinical Data Registry (QCDR)**. Functioning as a QCDR, the System will provide a streamlined method of reporting to CMS on the QPP measures and at least **15** of the other CMS-approved measures at the time of system launch **(There are 30 CMS-approved measures for 2017).**	
The System will demonstrate improvement in meeting the QCDR reporting requirements for CMS-approved measure sets in **2018 and 2019, and will be expected to meet 100% of the QCDR measure reporting requirements by 2020.**	

DRAFT Functional Requirements: Results Dissemination

Results Dissemination	Changes Needed?
The System should **support users in preparing reports** that aid in evaluating the effectiveness of service and clinical programs represented in the data.	
The 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 system users.	
The System should include **consumer-facing web access to quality and cost reports**, the timing and details of which would be determined by a governance process.	

DRAFT Functional Requirements: System Access / Security

System Access/ Security	Changes Needed?
The System must conform to robust privacy and security standards, including the requirement for **two-factor authentication to validate user identity.**	
The System must support **role-based access** for a variety of end user roles.	
The System must **map all individual and organizational demographic data fields as closely as possible to a statewide provider directory system,** if such a system is determined to be part of a modular technical architecture for interoperable health IT systems in Connecticut.	

Next Steps

- **Tuesday April 4, 2017**
  - Finalize recommendations to the Health IT Advisory Council on the draft functional requirements
  - Review responses/reactions to Business Requirements template

- **Tuesday April 11, 2017**
  - Determine feedback methods for reviewing presentation to Health IT Advisory Council and assign presenter(s)
  - Discuss and finalize recommendations to the Health IT Advisory Council for addressing components of a healthcare quality measurement system that were out of scope for the Design Group

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