eCQM Design Group

April 11, 2017

10:00 am – 11:30 am

CEDARBRIDGE GROUP

Agenda

Welcome / Roll Call **Approve 4/04/17 Meeting Summary**	Karen Bell, MD	10:00 AM
Today's Meeting Objectives	Karen Bell, MD	10:05 AM
Validate Business Requirements and Use Case Matrix	Design Group Members	10:10 AM
Consider Governance, Operational, and Other Recommendations for a Statewide System	Design Group Members	10:30 AM
Discuss Outline of Final Report to Health IT Advisory Council	Design Group Members	10:50 AM
Identify Presenters of the Final Report to Health IT Advisory Council	Design Group Members	11:15 AM
Meeting Wrap-up and Next Steps	Karen Bell, MD	11:25 AM

Meeting Objectives?

- Validate Business Requirements and Use Case Matrix
- Consider Governance Needs for a Statewide System
- Discuss Outline of Final Report
- Identify Design Group Presenters for April 20 Health IT Advisory Council Meeting
- Clarify Next Steps Regarding Document Review and Validation

Design Group Workflow

Roadmap for the Development of a Clinical Quality Measurement System

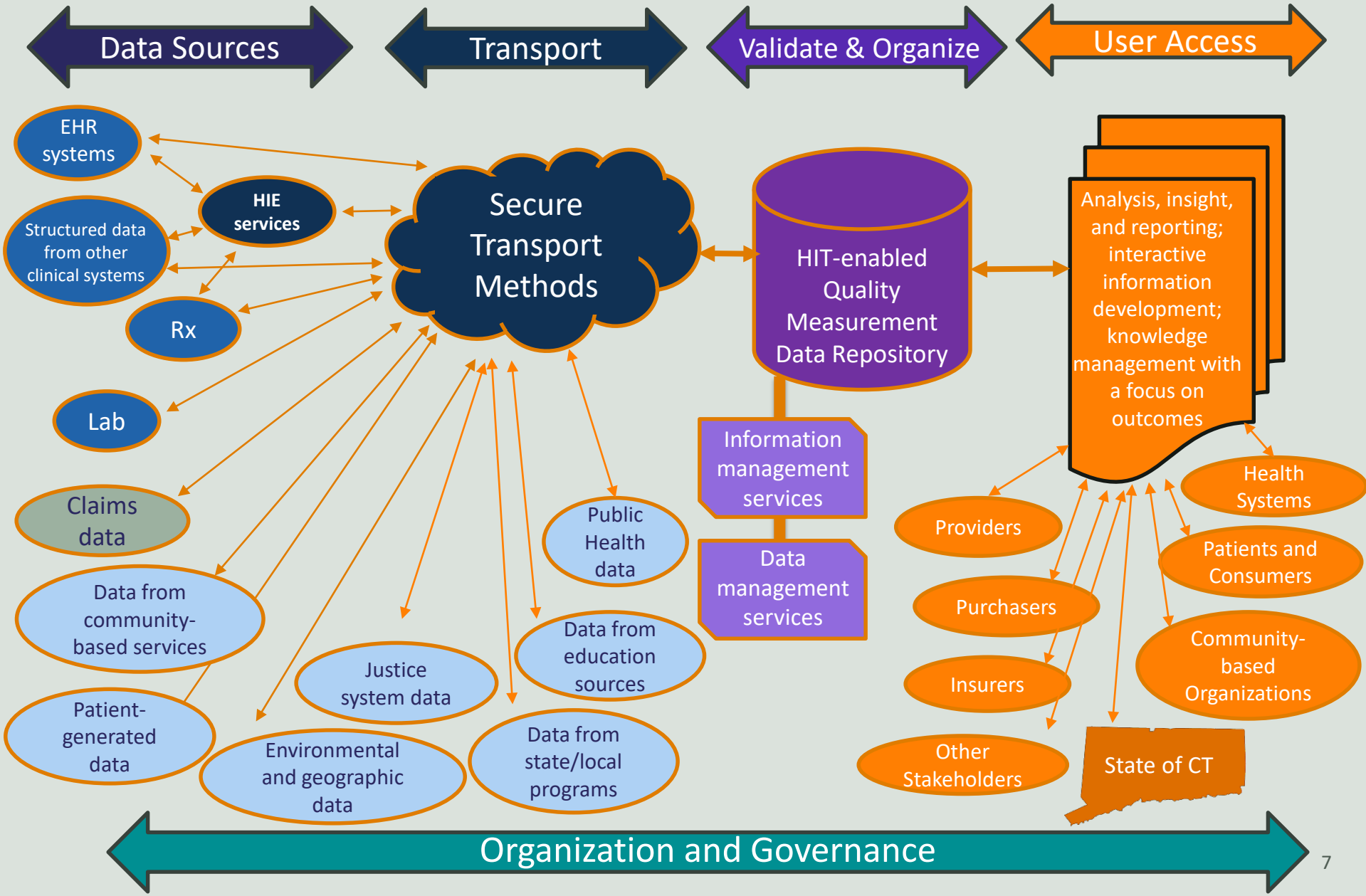
- Validate Stakeholders and Value Propositions
- Identify Clinical Data Sources and Data Flows
- Validate Components of a Clinical Quality Measurement System and the Scope of Design Group Work
- Confirm Functional and Business Requirements and Supporting Use Cases
- Discuss Future Planning Needs (Governance,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

Design Group Timeline

Milestones/Deliverables	Date
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
Continued review of synthesis of input and validate recommendations for business and functional requirements for a statewide system	4/04/17
Validate stakeholder business requirements and supporting use cases **Consider ongoing planning for operational components and governance of a statewide system**	4/11/17
Validate the Final Report and Recommendations to the Health IT Advisory Council	4/18/17
Present Final Report and Recommendations to Health IT Advisory Council	4/20/17

Review Final Version of Components Graphic

Conceptual Model of a Statewide Quality Measurement System



Validate Business Requirements and Use Case Matrix

Validate Business Requirements and Use Cases

Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-source Data Use Cases
Measures and data using clinical data from Electronic Health Records (EHRs), registries, laboratories, pharmacies, etc. (includes basic demographic data) ***Unique features: Close to real-time availability and includes data on clinical outcomes***	*Measures and data using currently available claims data (with lag period from time of care) integrated with clinical data* ***Unique features: Includes a full picture of who has provided what healthcare services, when, and where***	*Measures and data from community services, environmental sources, social determinants, and patient-generated data, where possible (includes basic demographic data)* ***Unique features: Includes data that influences use of healthcare services that is not captured by either claims or clinical sources***

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Clinical quality improvement activities (providers) • *Required by the Medicare Access and CHIP Reauthorization Act (MACRA) for enhanced payments* • *May be required by other certifying bodies [The Joint Commission and National Committee for Quality Assurance (NCQA) for Patient-Centered Medical Home (PCMH) Certification]* • *Planning for quality improvement initiatives as new measures are adopted*	**Identify *true* gaps in care and outcomes** *based on assessing the care patients have received from all providers and settings*	**Identify where care has been received outside of attributed network** **Identify opportunities to develop clinical quality improvement programs** *based on complete cost and quality data for each attributed patient*	**Identify contributing factors (social, environmental, and other factors) impacting the health of the patient population targeted for improvement**

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Care coordination and management of specific patient cohorts (multiple stakeholders) • *Decrease costs associated with preventable emergency room visits* • *Decrease costs associated with preventable hospital admissions* • *Improve health outcomes, patient quality of life and functional*	**Track clinical outcomes on all patients with specific chronic conditions** *including through care received outside of the attributed network*	**Identify high risk patient cohorts** **Identify where care has been received outside of the attributed network**	**Identify patients at high risk for poor outcomes** *attributable to social issues* **Identify patients who may benefit from community-based interventions** *available in the community (e.g. Prevention Service Agencies, described in the SIM Population Health Plan)*

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Integration of care between physical health and behavioral health (multiple stakeholders including consumers) • *Improve health outcomes in patients with chronic medical and Behavioral Health conditions* • *Decrease total cost of care in patients with chronic medical and Behavioral Health conditions*	**Monitor outcome measures (e.g. Hgb A1c, episodes of depression) in patients with co-morbid conditions**	**Analyze patterns of care in patients utilizing behavioral health and physical health services** *Can be used for predictive modeling and to plan treatment*	**Monitor composite outcome measures (e.g. quality of life and functional assessments) in patients with co-morbid conditions** **Identify patients who may benefit from community-based interventions**

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Development of value-based contracts with a high-quality and lower-cost network of providers (payers) • *Increase market share by offering purchasers of health plans (employers and individuals) high-value networks of providers* • *Maintain high-value network for NCQA certification*	**Provide aggregate outcome measures on all of a given providers' patients** **Provide composite outcomes for clinical measures on a payer's full membership**	**Integrate clinical and claims measures electronically as needed for reporting purposes** **Aggregate provider-specific quality measures using both clinical and claims data on all of a given provider's patients**	

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Accurate calculation of performance measures related to incentive reimbursement (providers) • *Accurate adjudication of performance incentive payments may increase reimbursement* • *Decrease administrative burden associated with rectification of measure disparities*	**Identify true data gaps related to outcome measures** *by providing information on care that may occur outside of the provider-attributed network*	**Identify where and when care has been received outside of the attributed network**	

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Transparency of healthcare quality measures (multiple stakeholders including consumers) • *Access to benchmark data identifies improvement opportunities (providers)* • *Efficient access to complete data on providers and populations (all stakeholders)*	**Report accurate outcome quality measures based on clinical data to a public-facing website**	**Report accurate process and outcome quality measures based on clinical and claims data to a public-facing website**	

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Transparency of healthcare costs (multiple stakeholders including consumers) • *Consumers need to know what care will cost them* • *Complicated by different co-pays, deductibles, and reimbursement rates across providers*			

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Development of targeted, effective, and efficient Public Health programs at the state, regional, and community levels (all residents of Connecticut)	**Identify relationships between demographic information and specific clinical outcomes** *to support community and geographic assessments, health equity programming, and resource planning*	**Calculate cost of care for specific populations and clinical outcomes**	**Evaluate equity across regions, conditions, and social determinants**

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Administrative efficiency (payers and providers) • *Decrease administrative burden of reporting to multiple quality programs*		**Function as a single reporting source for all required clinical quality measures** *(providers to multiple payers and payers from multiple providers)*	**Provide quality of care-related information from multiple data sources easily and efficiently**

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Research on public health programs and health services, and program evaluation at all levels (multiple stakeholders) • *Goal of an efficient and effective health system for the state of Connecticut that meets the Quadruple Aim*	**Perform program evaluation at multiple levels** *with respect to efforts to improve clinical outcomes*	**Multiple use case opportunities to partner with academic, commercial, and governmental entities** *for purposes of health services research*	**Multiple use case opportunities for partnerships with multiple stakeholders,** *including academic, commercial, and governmental entities, to conduct health services research in a knowledge management environment*

DRAFT Business Requirements and Use Cases

Business Needs in a Value-Based Payment Environment	Clinical Data Use Cases	Clinical and Claims Data Use Cases	Multi-Source Data Use Cases
Patient and consumer engagement • Improve patient activation • Improve adherence to treatment	**Provide patient views to comparable data on clinical outcomes for specific conditions**	**Provide a personal "scorecard" to each patient** *demonstrating a patient's alignment with recommended care*	**Provide health risk assessments to patients based on their alignment with recommended care, their clinical outcomes, and their social determinants of health**

Consider Governance, Operational, and Other Recommendations for a Statewide System

Governance Considerations

- Prioritization Processes
- Rules of Engagement
- Legal and Policy Considerations
- Sustainable Financing
- Technical Assistance Support

Governance of a Statewide Clinical Quality Measurement System Must Include….

Some ideas– what else?

- Accountability to stakeholders
- Transparency of decision-making
- Representative of constituencies
- Others?

Operational Considerations

- Linking to Healthcare Directories (Patient and Provider)
- Consent Framework
- Staffing Needs
- Quality Controls

Operations of a Statewide Clinical Quality Measurement System Must Include….

Some ideas– what else?

- Experienced management with strong skills in:
  - Operations
  - Technical
  - Security
  - Finance
  - Legal
- Nonprofit or quasi-governmental entity?
- Requirements to link to State IT systems?
- Others?

General Considerations

- Functional requirements to meet identified business needs and use cases should be included in any procurement or evaluation of a statewide clinical quality measurement system
- Specifications for aligned measure sets should be adopted as they become available nationally (AHIP, CMS)
- Provider-specific reporting systems data (Behavioral Health and LTPAC) should be integrated into the statewide clinical quality measurement system to the extent possible

Notes for Final Report Introduction

- Acknowledge current CQMs as predominantly process measures focused on care effectiveness (one of six Institute of Medicine attributes of quality care)
- Continue to focus on the patient as the “North Star,” adopting patient-reported outcomes as they become available

Discuss Outline of Final Report to Health IT Advisory Council

Outline of Final Report

- **Executive Summary**
- **Introduction**
  - Legislation Regarding Health IT in Connecticut
  - State Innovation Model Grant Deliverables
  - Expanding Value-Based Payment Environment
  - Chartering of Design Group
- **Stakeholder Representation and Membership of Design Group**
- **Process (Include Roadmap graphic)**
  - Nine Design Group meetings
  - Introduction of topics
  - Individual feedback off line and group discussion
  - Validation of documents
  - Recommendations to the HITO and Health IT Advisory Council
- **Key Deliverables of the Design Group**
  - Define Central value proposition of a CQM system
  - Define components of a CQM system
  - List Business Requirements of a CQM system
  - List Priority Use Cases of a CQM system
  - List Functional Requirements of a CQM system
  - Governance Recommendations
- **Summary and Closing Commentary**
- **Acknowledgements**
- **Appendix**
  - Business Requirements and Use Case Matrix
  - Functional Requirements

Identify Presenters of the Final Report to the Health IT Advisory Council

Next Steps

- **Friday April 14, 2017**
  - CedarBridge to send draft of Final Report and Recommendations
- **Monday April 17, 2017**
  - Design Group feedback on Final Report and Recommendations by EOD
- **Tuesday April 18, 2017 (10:00 – 11:00 am EDT)**
  - Validate Final Report and Recommendations
- **Monday April 20, 2017 (1:00 – 3:00 pm EDT)**
  - Final Report and Recommendations presented to Health IT Advisory Council

Karen Bell MD

Karen@cedarbridgegroup.com

Carol Robinson

Carol@cedarbridgegroup.com

www.cedarbridgegroup.com

CEDARBRIDGE GROUP