Electronic Clinical Quality Measures (eCQM) Design Group
Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
April 11, 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	
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, HIT PMO	x
Carol Robinson, CedarBridge	x	Betsy Boyd-Flynn, CedarBridge	x	Faina Dookh, SIM PMO	x
		Mark Schaefer, SIM PMO	x	Allan Hackney, HIT PMO	x

Summary	
Validate Business Requirements and Use Case Matrix	The matrix of a clinical quality measurement system's business requirements and accompanying use cases was reviewed and discussed by the Design Group and changes were recommended as follows: <u>Use Case Definitions (slide 9)</u> • Group members recommended that the integration of claims and clinical data definition be modified to reflect that claims data is already in use, that this system will not be designed to supplant what is already in use, and that the added value of claims in the system comes from the ability to integrate them with clinical data. • It was clarified that multi-use data sources refer to data not captured by clinical or claims data that influence care including outcome measures that are more patient-specific. <u>Clinical Quality Improvement Activities (slide 10)</u> • The level of granularity needed on the Clinical Quality Improvement Activities use case was discussed by the Design Group. It was recommended that language be modified to be more conceptual than specific to allow for future needs of stakeholders. It was recommended that the phrase "for example" be added before listing The Joint Commission and National Committee for Quality Assurance (NCQA) be listed after the phrase, and that language be modified to reflect "certifying bodies, current and future." • It was recommended that the word "clinical" be added in the clinical data column wherever the word "outcomes" is used to differentiate these outcomes from others. No changes were recommended for business requirements "Care Coordination and Management of Specific Patient Cohorts" (slide 11) or "Integration of Care Between Physical Health and Behavioral Health" (slide 12). <u>Development of Value-Based Contracts (slide 13)</u> • It was recommended that the business requirement on Value-Based Contracts be re-worded to reflect efficient access to data sources and efficient access to full data sets on

	any given metric on all providers or membership. It was decided that Dr. Bell and Mr. Fusco would work to revise this use case after the Design Group meeting. No changes were recommended for the business requirements "Accurate Calculation of Performance Measures Related to Incentive Reimbursement" (slide 14) or "Transparency of Healthcare Quality Measures" (slide 15). <u>Transparency of Healthcare Costs (slide 16)</u> • It was discussed that there are no specific use cases to apply to this business requirement at this time, but when the system has been set up and has established trust with the validity and accuracy of the data, the development of public-facing transparency use cases could be moved forward. • It was discussed that while cost transparency is a goal, definitions will need to be developed regarding healthcare costs to avoid the consequence of a misplaced economic indicator that is easily misinterpreted. It was confirmed that the concept of transparency is one of strong interest to consumers, including how pricing is calculated. It was noted that there is a distinction in understanding the total cost of care and what cost of care that is passed on to consumers. • It was mentioned that lack of transparency is a problem that contributes to issues in contracts, as physicians have difficulty knowing costs of specialties they are referring to. It was recommended that this business requirement be kept, but that there be a broader conversation in the future about how data is sanitized. • The possible role of the All Payer Claims Database (APCD) in cost transparency was also discussed. It was recommended that this linkage be revisited in the future, and that this be added as a discussion in the final report to the Health IT Advisory Council. No changes were recommended for the business requirement "Development of Targeted, Effective, and Efficient Public Health Programs" (slide 17). <u>Administrative Efficiency (slide 18)</u> • It was discussed that an additional use case be developed for this business requirement. No changes were recommended for the business requirements "Research on Public Health Programs and Health Services, and Program Evaluation at All Levels" (slide 19) or "Patient and Consumer Engagement" (slide 20).
Consider Governance, Operational, and Other Needs for a Statewide System	Governance, operational, and general recommendations for the eCQM Design Group Final Report and Recommendations were reviewed and discussed by the Design Group and changes were recommended as follows: <u>Governance Recommendations (slide 23)</u> • It was recommended that the following be added to governance recommendations: o Authority to be embodied in a governance group be addressed. o Decision-making processes be addressed o Public good brought about by the group's work

	o Maintenance of policy framework o Enforcement of authority o The Quadruple Aim as the standard for which any process or opportunity is considered <u>Operational Recommendations (slide 24)</u> • It was recommended that the operational needs be addressed in greater detail in the final report. <u>General Recommendations (slide 25)</u> • It was recommended that keeping the patient as the "North star" be included in general considerations. • It was recommended that quality of data be addressed in the final report, and that here should be a mechanism that allows data to be interrogated and validated, so providers can understand where they not capturing data. • It was recommended that level of readiness of all EHRs in the state to interface with this system be addressed in the final report. It was noted that there are seven different EHRs in the FQHCs in Connecticut and that there have been challenges in interoperability between them. • It was recommended that sustainable funding be added to general recommendations, and that that the value of this system is not going to be available to all stakeholders at the same time.
Next Steps	Drafting, reviewing, and validating the eCQM Design Group Final Report and Recommendations was discussed and it was noted that the first draft of the report would be sent to Design Group members on Friday, April 14, 2017, and validated at the final eCQM Design Group meeting on Tuesday, April 18, 2017.

Action Item	**Responsible Party**	**Due Date**
Send draft of Final Report and Recommendations	CedarBridge Group	4/14/17
Identify eCQM Design Group presenters to Health IT Advisory Council	Karen Bell, MD	4/14/17
Finalize Value Based Contracts use case	Karen Bell, MD David Fusco	4/17/17