

Quality Measures Workgroup
Draft Transcript
February 3, 2012

Operator

Ms. Deering all lines are bridged.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Thank you operator. Good morning. This is Mary Jo Deering in the Office of the National Coordinator for Health IT and this is the HIT Policy Committee Quality Measures Workgroup. It is a public meeting and there will be an opportunity for public comment at the end of the call. I'll start by taking the roll. David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO

Yes, here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Peter Basch? Christine Bechtel? Tripp Bradd?

Tripp Bradd – Skyline Family Practice, VA

Present.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Russ Branzell? Helen Burstin? Neil Calman? Carol Diamond? I have Meredith Taylor is that it for Carol Diamond?

Meredith Taylor – Markle Foundation

Yes, that's correct.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Timothy Ferris? Patrick Gordon? David Kendrick? Charles Kennedy? Karen Kmetik? Robert Kocher? Norma Lang? Marc Overhage? I heard you on Marc, must be on mute.

Marc Overhage – Siemens Healthcare

Yes, here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay. Laura Petersen? Sarah Scholle? Cary Sennett? Jesse Singer? Paul Tang?

Paul Tang – Palo Alto Medical Foundation

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Joachim Roski?

Joachim Roski – Brookings Institution

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Jim Walker? Paul Wallace? And are there other members whose names I haven't called?

Mark Weiner

Mark Weiner.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay.

Richard Bankowitz, MD, MBA, FACP – Chief Medical Officer – Premier, Inc.

Richard Bankowitz is on.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Would you spell your last name for me Richard?

Richard Bankowitz, MD, MBA, FACP – Chief Medical Officer – Premier, Inc.

Hi, B as in boy, a-n-k-o-w-i-t-z.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

All right and I do apologize for asking and what is your organization?

Richard Bankowitz, MD, MBA, FACP – Chief Medical Officer – Premier, Inc.

Premier.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

You're with Premier, good. Okay. Anyone else? Well, thank you then I'll turn it over to you David.

David Lansky – Pacific Business Group on Health – President & CEO

Okay, thanks Mary Jo. Thank you all for making time to join us. This may be a little bit shorter call than originally planned, but we'll see how it goes. See if you have a copy on the on-line feed. The agenda today, we're very fortunate to have Patrice from CMS to give us an update on what's happening with the development of measures in the areas that we've all been talking about, so we'll hear that in just a minute and a chance for our own discussion and comments about how that is going. And then we'll have two of the initial de novo measures that are in the pipeline and we'll have some updates on those two, one is the adverse drug event measure that we had a preliminary conversation about on our last call. And the second is the initial work on functional status measures, initials around total knee replacement as a test case and we'll have a short discussion about where we are with that. And then lastly, we can do an update on the work ahead. I think this is about the last call of our quiet period. After this I suspect that from our next call going forward we'll have a lot of heavy lifting work to do because we're all expecting the NPRM to be released and it'll have a proposal for the Stage 2 approach to quality measurements and we're expecting that this group will want to have a conversation about whatever is in that document and comments if any we wish to make any on it.

So, I think starting with the rules of the NPRM will be an opportunity for this group to really put its heads together again and respond to the direction that we're taking and then we'll have public comments at the end. So, without further adieu I think you probably received in your materials a slide deck from Patrice and then we have it also on-line. So, with that, Patrice are you on the line?

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Yes I am David, thank you.

David Lansky – Pacific Business Group on Health – President & CEO

All right, thanks very much for joining us today we really appreciate it. Patrice Holtz from CMS.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Thank you very much. I'd like to present to you today an overview of CMS's work in progress on clinical quality measures, status of the NQF 113 measure set that was requested I believe at the last meeting, and just a brief overview then of the Stage 2, Stage 3 targeted measures that both CMS and ONC are working on. Next slide please, and you can go to the next one. Thank you.

So CMS has awarded three contracts in 2011 to retool and develop measures for potential inclusion in Meaningful Use. One contract is specifically targeted at EP measures. This was awarded in June of 2011 and it has 2 option years, so we're getting up to the first option year this coming June, and the main task associated with this contract was for mathematica policy research to retool and eSpecify measures for potential inclusion in Meaningful Use Stage 2 and to develop de novo measures for potential inclusion in Stage 3. We are very excited. We've started development on two de novo measures through the annual wellness visit measures and we're also looking at developing for Stage 3 a number of outcomes, measures which we hope to get input from our TEP as far as what areas are needed to be addressed and are not currently in Meaningful Use 1 or Meaningful Use 2. Next slide please.

The proposed annual wellness visit measures are two and they have begun development, one is risk assessment during the annual well visit and this is the percentage of patients age 65 years and older with an annual wellness visit who underwent evidence based assessment of risk for prevention or early detection of chronic disease. The other measure is risk management resulting from the annual wellness visit and it is the percentage of patient's age 65 years and older with an annual wellness visit whose risk was addressed during the measurement year based on evidence based guidelines. These are based on the annual wellness visit benefit within Medicare and components of the visit include measurement of height, weight, BMI, blood pressure, there is a review of risk factors for depression, a review of functional status and level of safety.

There is an establishment of a written screening schedule based on USPSPF recommendations and the advisory committee on immunization practices. There is also an assessment of furnishing personal health advice and referrals for health education or preventative counseling services or programs aimed at reducing identified risk factors and improving self management. Next slide please.

This slide is just giving you an overview of our development timeline for those measures and measures that we have not identified the concepts yet for Stage 3. We plan to develop the annual wellness visit measures over 18 months and have had two TEP meetings so far and we have another planned for April and additional new measures will be developed over a 30 month period with a measure concept brainstorming session in April of this year. Next slide please.

In case anybody was interested in who the members of the Technical Expert Panel were this slide shows you Dr. Shannon Sims from Rush University is the Chair for the Committee and Dr. Sims is also participating as a test site for the feasibility testing of all the measures both the retooled and the de novo development. Next slide please.

Our second contract that was awarded in 2011 is for the development of hospital measures, it's also a 3 year period of performance and it was to retool clinical quality measures for potential inclusion in Stage 2 and to develop up to 5 new measures for Stage 3. Debbie Krauss is the lead on that contract at CMS and they're looking right now at one of the de novo measures will be an adverse drug event monitoring of patients receiving IV respiratory depressants including conscious sedation and patient control of anesthesia. They're also going to be looking at outcomes measures to develop de novo for Stage 3 and they are testing all the CQMs both retooled and de novo, as is mathematica on the EP measures. Next slide please.

We also awarded a contract in September of 2011, a three year contract, to Lantana Consulting Group and this contract has a bit of everything in it. They are going to be retooling clinical quality measures for potential inclusion in Stage 2. Lantana will be defining a work flow for end-to-end CQM reporting. They will be developing a white paper for recommendations to develop outcomes measures using the EHRs as the data source. They are updating their current DSTU for category 1 QRDA patient level and developing an implementation guide to go with that for us as well as submitting both of these to HL7 for their ballot process. They're also working on updating the current HQMS DSTU specification and an implementation guide for that and they will submit that to HL7 as well. The measures that will be included in Meaningful Use 2 will reflect this updated HQMF we've have been working on it for the past year. And they'll be also testing retooled CQMs. Next slide please.

There was a question at the last meeting about the status of the original 113 measure set that was tasked to NQF under a contract with HHS to retool those measures and there is a lot of information here, but briefly three separate things happened over the course of last year, one was NQF established an e-Measure format review panel and they were tasked with looking at the 113 measures that had been retooled from the previous year, they were measures converted from paper to electronic format and then to review those measures looking to make sure that the original measure intent was consistent with the final e-Measure. Next slide please.

CMS also requested that NQF publish the 113 measures that were retooled by NQF for public comment and NQF collated all the comments from the public, they had about 600 of those and they also had additional reviews performed by Buccaneer and MITRE. Buccaneer is the PQRS contractor and MITRE is an ONC contractor that is covering popHealth. Next slide please.

So the milestones and deliverables that NQF delivered to CMS was that in December this year they completed their e-Panel measure review and collated those comments along with the public comments that they received, 646 were from the public, 403 were from the e-Measure panel reviewers and those comments were then submitted to the measure steward so that they could review and determine whether they should update the measures, revise the measures, and provide that input back to NQF, that happened between August and December of last year and then next slide please.

On December 21st this past year NQF delivered to CMS the 113 e-Measures. The e-Measures had been updated with all of the comments that the measure stewards felt should be done to change the measures and the measure stewards had to sign off on the final updated measures before NQF delivered them to CMS. The measure stewards are now responsible for updating those measures going forward in 2012 and what has happened is many of those measures have been turned over to both mathematica policy research and Abt Associates to make sure of their continued maintenance and updating in the next year. Next slide please.

This last slide was put together by both ONC and CMS and it's just to give you an overview of the CQM work in progress on de novo measurement development according to the six domains. So, as you see CMS has two annual wellness visit measures that we are developing and expect to complete development in 2013 and ONC is working with Booz Allen in the development of a blood pressure measure closing the referral loop, a measure on adverse drug event and respiratory depression concept, that's a CMS measure, and a functional status assessment for knee, hip and chronic conditions. Are there any questions?

Tripp Bradd – Skyline Family Practice, VA

Patrice, this is Tripp Bradd, hello.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Hi, how are you?

Tripp Bradd – Skyline Family Practice, VA

Fine, thank you. On, I think it was slide 7, the Abt Associates.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Yes.

Tripp Bradd – Skyline Family Practice, VA

It mentioned patient controlled anesthesia, was that patient controlled analgesia? I mean I can't imagine that patients are.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

It probably is. I'm going to say, yes. Sorry.

Tripp Bradd – Skyline Family Practice, VA

Yeah, let me put myself under gas anesthesia.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

No it probably is.

Tripp Bradd – Skyline Family Practice, VA

Okay, that's good, all right.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

That's not my contract, but I think you're correct.

Tripp Bradd – Skyline Family Practice, VA

Okay. Thank you.

Paul Tang – Palo Alto Medical Foundation

I have a question, it's Paul.

David Lansky – Pacific Business Group on Health – President & CEO

Paul, sure.

Paul Tang – Palo Alto Medical Foundation

Questions on the new measures for the wellness Medicare and wellness visit. It sounded like, and I don't have the slide in front of me, but it sounded like the two measures you talked about could end up looking like check list measures. Are those just concepts and they are going to be developed into something more specific? We're trying to shy away from check list measures. We just found it a little bit like in that direction. So, maybe it's just the wording.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Yeah, it may be the wording. We actually are in the early development stage and so the information that I provided to you today is what I know of right now. We're having our technical expert panel meeting in April and they'll be further discussed and flushed out. But, the Medicare benefit, the annual wellness visit benefit does include a specific list of things that should happen during an annual wellness visit. So some of those components that I provided like measuring the height, the weight, the blood pressure, the BMI, looking at a review of risk factors for depression, establishing, you know, an immunization schedule, things like that. So, these are things that a doctor should do during that visit.

Paul Tang – Palo Alto Medical Foundation

So, the concern is that, yes here's a list of things you should do and there would be a check I did those things or looking at something and you could even pick let's say immunizations and preventions, how

many of the people had this, the flu vaccine or Pneumovax or something like that, a little bit more in a concerted area other than the check list kind of "I did such and such."

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

I'm not sure that, you know, the format of whether it would be a check list, I think more importantly is that those activities would actually be performed during the visit and that, that type of measure may serve to eliminate many of the process measures that we have right now, did you perform a mammogram, did you take a blood pressure, did you give a flu shot and things like that. The second measure is also, you know, looking at those patients who had the visit whose risk was addressed during the measurement year. So, it's following did you do the visit and were these things completed and was there a plan of care in essence and then for those that were identified as having risk was that addressed during that measurement year.

David Lansky – Pacific Business Group on Health – President & CEO

Patrice this is David, let me add onto I think where Paul is headed. I know in the initial work that we've seen from some of the other process there is continuously a question as to whether the intent of the original Tiger Teams and this Workgroup, and the Meaningful Use Workgroup is going to be realized either in Stage 2 or Stage 3 and I think that people on this committee, at least a number of us, want to have some mechanism in place to continue a dialog with the contracting process so that in order to make sense we can have a chance to make comments of the kind Paul just made as these things go through the pipeline and I don't know if you can or Josh or others can recommend to us, I noticed that, I don't think anyone from this committee is actually on the TEP for the EPs and I don't know if there is a TEP for the hospitals, I don't think that was mentioned. So, I guess another question I'd raise is what's the best mechanism we could look forward to over this period of these contracts by which this group could have a chance to understand what's happening in the technical contracting work and then add their comments if they feel that there is an opportunity to strengthen the measures.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Absolutely. So, what I would suggest and I can talk to Josh about this, but we're happy at CMS to have your input from the committee and as we get further along with the measure itself I'd be happy to bring back the SMEs that are developing this measure for us and have them present it to you and you can provide us your feedback.

David Lansky – Pacific Business Group on Health – President & CEO

Yeah, that would be great. So, maybe we should think about looking at that and developing a timeline you had and, you know, maybe another level of detail laying out what those appropriate opportunities would be that would make sense within the development cycle that this group could have a chance to comment.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Absolutely. I think just having our TEP, which hasn't had a real sit down and detailed review of the intent of the measure, that's going to meet in April, probably sometime after we get their feedback I'd be happy to bring this back to you and then we can also tell you what our TEP advised us.

David Lansky – Pacific Business Group on Health – President & CEO

Okay, let me see if others on the phone have questions based on the presentation Patrice gave us.

Jonathan White – Agency for Healthcare Research & Quality (AHRQ)

Hi, this is Jon White, can you hear me?

David Lansky – Pacific Business Group on Health – President & CEO

Hi, Jon, sure.

Jonathan White – Agency for Healthcare Research & Quality (AHRQ)

Hello. Hey, Patrice, in the presentation, which was excellent, thank you, you mentioned HL7 balloting as some of the work that some of your contractors are doing?

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Yes.

Jonathan White – Agency for Healthcare Research & Quality (AHRQ)

So, I just want to mention an issue that has come up in some work that AHRQ has been doing with CMS around HL7 and I'm not sure how this works out for you in particular, but basically the issue is that when something is HL7's intellectual property there is a licensing requirement that folks have to agree to, to look at the information. It's not sure if we're owners but there is a step to kind of go through and we've just been kind of having an ongoing discussion with HL7 around what that means and who can access it. In particular this is for a product under CHIPRA and, you know, what I've been struggling with is, you know, AHRQ's responsibility to be very transparent about the products that it has and that everybody is using and, you know, the requirement is not that onus if you are, you know, looking just to look at it and comment on the products, but to the extent that it gets used or incorporated into an actual something that you sell whether it's an EMR or whether it's something that, maybe it's analytic software, the people who get commercial redeem from that product are supposed to be HL7 members, which means...members.

One, I don't know how that crosses with CMS's desires to be transparent about these products and very accessibility to the public, but two, I also note since we're not necessarily just talking about, you know, EHRs, but we're potentially talking about, you know, different types, you know, of software to analyze quality you may want to consider that as you work with your processors and just be clear about it before you go through the HL7 balloting process. It's a topic that we have an ongoing discussion with Doug Fridsma about. I just wanted to kind of, you know, raise the issue for you now so you didn't get to the end point and go "wait a minute what did we just do?"

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Okay. I will certainly communicate that back and maybe you and I could have a further discussion about that.

Jonathan White – Agency for Healthcare Research & Quality (AHRQ)

Sure.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Okay. I appreciate the comment. I also wanted to mention that, and I think David mentioned this, that the hospital e-Measure contractor with Abt Associates also has a technical expert panel if you all are interested in reviewing the members of that TEP as well I can certainly get them for you.

David Lansky – Pacific Business Group on Health – President & CEO

Sure, that would be good to circulate, thanks. Other questions or comments? Patrice you described in a number of these that some of them are intended to be available for Stage 2 and I think we all understand that we're likely to see the NPRM for Stage 2 this month, which I don't know how we'll handle it whether it will be agnostic or generic or what about some of the potential new measures that we're discussing for Stage 2. Can you just give us a flavor for what process will be in place over the next few months to resolve which of these measures in development could still be included in Stage 2?

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

CMS is not working on any de novo measures right now.

David Lansky – Pacific Business Group on Health – President & CEO

Okay.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

So, the annual wellness visit measures are being targeted for Stage 3 or later.

David Lansky – Pacific Business Group on Health – President & CEO

Okay.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

So, Josh, do you have any comments on that?

Josh Seidman – Office of the National Coordinator

So, I mean the process is that there are certainly some measures that it is our intention to do whatever we can to get them ready for Stage 2 and between now and when the final rule comes out we hope that enough work will have been done related to not only development of the e-Specifications, but testing and validation particularly around the feasibility testing to ensure that these measures actually produce from the EHR the data that is needed for the numerators and denominators to actually make measures work and so that, you know, is also part of our intent. And obviously, we have a timeline and are working towards that, but we won't know for a while.

David Lansky – Pacific Business Group on Health – President & CEO

It might be worth just a second look at that last slide in Patrice's deck with the wheel that we have used for about a year, I mean it is gratifying and encouraging to see that there is beginning to be measures populating the different segments of that wheel. I'll just ask this group to take a second look at that and say is there anything implied by the state of progress on this wheel and how we want to take this into account in our work in 2012? So, for example the efficiency box doesn't have anything actively marked here. I don't know if that implies, Josh, that for Stage 3 even, which is really where a lot of the attention is going to shift now, do we need to take up additional thinking and activity around that box that doesn't have much in it and maybe.

Josh Seidman – Office of the National Coordinator

Sorry, are you talking about the efficiency box?

David Lansky – Pacific Business Group on Health – President & CEO

Yeah, but even more broadly in general is kind of an update gap analysis and say okay now that we are where we are on the contractor work and now that we can look at the timeline going up to Stage 3, do we need to be proposing, advocating, you know, researching other avenues for measure development?

Josh Seidman – Office of the National Coordinator

Yeah, two parts to that answer. So, one is specifically on the efficiency. There is a sort of separate set of efficiency measure development work that our office of economic analysis and modeling has been doing through a contract with Rand that is specific to some of those measures and their group is going to be meeting over the next month or two and is going to present to the Quality Measures Workgroup some time probably at the April call so two months from now and that is Stage 3 development and stuff.

The other thing is that there are some additional things that would fit into this that are in our contract work around Stage 3 that are not reflected here because honestly our contract, the ONC contracts, are focused pretty exclusively right now on the Stage 2 work just trying to push through whatever we can there. So, there are some additional things which we will come back to the Workgroup, which reflect the Workgroups priorities from last year and we will come back to the Workgroup for input on those as we go further along.

David Lansky – Pacific Business Group on Health – President & CEO

Okay, great.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

And we can also, at CMS, inform you of the measures that we'll be developing as we get our TEPs in line and they provide suggestions to the gaps that are identified and looking here efficiency does appear to be one of the gaps. So, we will have additional measure development beyond the annual one visit measures going forward as well in the next two years.

David Lansky – Pacific Business Group on Health – President & CEO

Great. So, I think maybe a task for midyear for us would be to, after the Stage 2 work is put to bed, come back to this last set of suggestions from Josh and Patrice and do update on gap analysis so that we don't lose the window of introducing any additional work before the Stage 3 pipeline starts getting in gear.

Jonathan White – Agency for Healthcare Research & Quality (AHRQ)

David, its Jon White, just to quickly mention I'm on the TEP for the Efficiency Workgroup contract.

David Lansky – Pacific Business Group on Health – President & CEO

Good, thanks. Okay, any additional questions or comments?

Mark Weiner

This is Mark Weiner, one of the issues we struggle with is getting a handle on who our true denominator of patients are and I think a lot of these measures include some notion of the patient being seen in the last year, the last reporting period or the last two years, but not everyone who falls into that category really is truly in our clinic so to speak. And I was wondering if, and this may be more of a logistical issue than an EMR issue, but some process of getting a handle on who really belongs in the clinic and the benefit of doing that is it also sort of gives you a handle on who may be falling through the cracks.

David Lansky – Pacific Business Group on Health – President & CEO

So, let me see, I don't know if Josh or Patrice or others have a follow up on the methodology question that Mark is posing for defining denominators and potentially either exclusions or attributes?

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

Well, for CMS it's according to the quality program that they're reporting for. So, right now EPs who are reporting under the Meaningful Use Stage 1 are reporting those patients who they've seen for an encounter within the measurement year. We are looking and performing an analysis right now of all the measures that we've identified for potential inclusion in Meaningful Use 2 to see if that would stand up, because we recognize the fact that not all measures relate to a specific encounter, some, the denominator includes patients who are on a specific medication, and hopefully we'll be coming out with some kind of policy for which patients and EP can report on for the quality reporting programs.

Sarah Scholle – National Committee for Quality Assurance

This is Sarah Scholle. We've been struggling with this in some measure development work we're doing under a grant and some of our providers in our provider level recognition programs at NCQA we've tried to mirror the language of a continuous enrollment in a health plan to think about that accountability language for a provider and the way we do it is by looking to see if the patient has been under the care of the provider for at least a year. So, it's not just that they had a visit during the year, but that if you went back you could find a visit 12 months before so that you really could define a 12 month period where that person was under that provider's care, that's an issue.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

I think that it is an issue because for some populations we would never get the patient in. So, for a Medicaid population where they frequently change providers that may pose some barriers to have those patients included in reporting.

Sarah Scholle – National Committee for Quality Assurance

And that has definitely been a concern that has been raised about our continuous enrollment criteria, it really depends on whether you're representing the whole population or whether the measure, you're making fair comparisons across different providers and how much responsibility you assign to that provider to keep people enrolled or, you know, coming back to their care.

Marc Overhage – Siemens Healthcare

This is Marc Overhage, on the specific issue we in our quality health first program in Indiana did exactly what you described, which is did sort of populate, it's essentially did the patient get the right care, because if you don't as you said you have huge, and we can give you specific numbers, you get a huge proportion of people who fall through the cracks and aren't going to get captured. So, I think that's a really important point about how that denominator gets constructed, but I thought for a minute, Mark, you were going to go someplace different and Paul I suspect you were thinking about this as well, the issue of individualizing these things, of sort of risk stratification, one of the concerns that I think you could have about a measure that says essentially the denominator is every patient, you want every patient to have an annual wellness visit, you know, I don't think you can bring strong evidence to bear for that, I mean for some of the interventions you can, but for having a wellness visit, you know, there may be other vehicles for doing those interventions without having a visit and in fact you may want to target much more specifically the patients that get that visit as opposed to those where you're just trying to make sure the actions get done. And, Paul I don't know if that's what you were talking about when you were alluding to more outcomes based sorts of things. So, in other words, we're trying to say how it gets done as opposed to what should get done.

David Lansky – Pacific Business Group on Health – President & CEO

Paul are you still on? Do you want to comment on that?

Paul Tang – Palo Alto Medical Foundation

Yeah, I'm actually attending a meeting, trying to multitask here. But, yes, I think that it's very important to look at what ends up being done and I also think the denominator problem is a real issue and if we look only at, well especially for conditions, where if you look for encounters that have a specific diagnosis and they have to have two of these in the reporting year it becomes a self-fulfilling prophesy, you only concentrate on people who you deliberately decide you're going to work on and almost invariably exclude the people who you need to reach out to the most.

David Lansky – Pacific Business Group on Health – President & CEO

Well thanks Marc for raising that and I guess at this point we'll sort of relay our concern about that back to the technical process and I think an issue Paul raised initially about the check list versus outcomes is one that we're going to keep running into as this early stage of new measurements develop and progresses, but I'd like to thank Patrice. We'll have an opportunity to talk to the measurement development process as it goes forward and understand how they're addressing some of these things. All right, if there are no other questions on this update on the new measurement development and the contractor work, again I thank Patrice for joining us today; we appreciate your updating us.

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

You're very welcome.

David Lansky – Pacific Business Group on Health – President & CEO

And we'll turn to the next thing on the list which was the update on the adverse drug event measure. I don't know, Lauren do you want to just catch people up on where that work is now and our previous conversation?

Lauren Richie – Project Manager, Performance Measures – National Quality Forum

Sure, sure, good afternoon everyone, just a quick update on the development of the ADE measure. I think the last time we met we reviewed and discussed an option paper that was submitted by Booz Allen where they presented five different options of a potential development of the measure and at a high level

we briefly discussed each of the options and since then the measures developer or a contractor has moved forward on one of the options that being a measure on a clinical quality measure of outpatient medication monitoring for patients on chronic medications. So, based on their analysis and their input from subject matter experts this measure appeared to have the best chance of passing feasibility, reliability testing, etcetera.

And then per the initial recommendations of the Policy Committee this would be a measure that would assess appropriate lab tests ordered and performed at reasonable intervals for patients on medication such as warfarin, ACE, ARBs, diuretics and atypical neuroleptics. So, just a brief description of the measure, and it is still very much in the early stages in draft form, a brief description, a percentage of patients 18 years of age and older receiving outpatient chronic medication therapy who have the appropriate therapeutic drug monitoring during the measurement year.

So, we actually have a call scheduled today in fact, we've had a couple of the Workgroup members, thanks to Mark and Jon for volunteering their time, to provide some additional feedback and guidance directly to our contractors just to make sure that the work they have already begun to do is in alignment with the original recommendations. And then since then the contractor has already had pharmacy SME panels just to get input on the selected target medications that will be used in the measure and then also as recently as yesterday we had some input from senior management here at ONC to perhaps maybe narrow the list of medications to that of warfarin only or maybe just warfarin and diuretics being as though those medications have the greatest potential for adverse drug events.

A little bit of an update on the timeline, kind of given the unique nature of this measure, we're a little bit behind schedule because we've had to kind of go back to the drawing board if you will, but I think we are still on target for having the initial set of draft specifications with hopes to be included for Stage 2. So, that's basically where we are today and are there any questions? I know that it's still very much in the early stages and in draft form, but I'll be happy to take questions as best I can answer them.

David Lansky – Pacific Business Group on Health – President & CEO

Let me ask one question, Lauren, I don't know much about this area, so it's a naïve question. In the original specs that Booz put out for the proposal they said this could be a building block for an eventual ADE outcome measure and they noted that this is not at this point going to produce an ADE rate. Do you have any feeling; has there been discussion with them about how the building blocks are going to work? What we could expect if we put this into Stage 2, how that might get us to something closer to an outcomes measure for Stage 3?

Lauren Richie – Project Manager, Performance Measures – National Quality Forum

That's something we have had initial conversations about. I think, given the fact that we've had to kind of come back to the drawing board multiple times on this measure that is still very much on the focus, on the forefront. It's kind of too early to tell how this will be able to be turned into an outcome measures beyond Stage 2, but that's certainly something that our contractors, they know that we are aware and that is something that we would prefer them to work on and develop.

David Lansky – Pacific Business Group on Health – President & CEO

All right, okay. I also have known in the previous discussion I think there was still some attention at the hospital ADE around whether this administration of a corrected agent was an appropriate measure to use. Is there anything else further underway now on the hospital ADE side or are we leaving that off for this cycle.

Lauren Richie – Project Manager, Performance Measures – National Quality Forum

Again, that was something that we originally were looking at on the hospital side, but kind of giving the nature to try to get this done as quickly as possible and the feasibility of having getting this done, this is kind of like where we settled on the outpatient side.

David Lansky – Pacific Business Group on Health – President & CEO

Yeah, okay. So other questions or comments, or suggestions from the group? I don't know if any of you were involved in the original Tiger Team that developed the measure concept, if you have any thoughts on whether this is getting where we want it to go.

Lauren Richie – Project Manager, Performance Measures – National Quality Forum

And I'll be happy to update the group at our next call after we've had a chance to get some input from our volunteers on the Workgroup with our contractors to bring it back to the group to see if we're still on target.

David Lansky – Pacific Business Group on Health – President & CEO

Good, that would be great. All right. No other comments? All right, thanks again, Lauren for carrying us along and keeping us posted.

Lauren Richie – Project Manager, Performance Measures – National Quality Forum

Sure.

David Lansky – Pacific Business Group on Health – President & CEO

Next item up was the functional status measurement issues and I can give a very short update, it's still somewhat similar to Laurens' report I think, there is some work underway now and there was at least one meeting of a committee to think about the application of a functional measure for total knee replacement and total hip replacement in particular, and the proposal that came forward initially was again a little bit of a check the box approach, basically feeling that the only realistic approach for the immediate timeframe was to have a measure of whether or not functional assessment had been administered prior to a total knee or total hip replacement and whether one had been administered following a total knee or total hip replacement, but there was not proposed to be specificity around what instruments, what timeframe, how the data would be scored or how those scores might be captured in the EHR or used, it was really just whether or not these were being administered and I think the committee that was involved in it had raised some of these same questions, similar to Paul's earlier comment, of whether this would be getting us enough data in the EHR to provide real value and fulfill the goals that were originally suggested.

So, I think that is still as far as we've gotten, I think it's still in play. Essentially it raises this larger question, all these discussions do, of how fast can we go toward the goals that the Tiger Teams and this committee identified a year ago and what we can do identify better options and find evidence from the field where these things have been working that we can bring back into the process I think would be appreciated, but I don't if any others were involved in the functional measure project or if Josh or others want to comment on how that's going.

Josh Seidman – Office of the National Coordinator

This is Josh, I think that's a good summary. It's something that obviously is, you know, we were sort of trying to balance what can be done for Stage 2 and what we'd like to do. Clearly simply getting the inclusion of patient reported functional status data into, you know, electronically into the EHR would be I think an important step toward where we want to go and, you know, that's obviously the first step and then the question is how much else, how much more would we be able to do for Stage 2, we're obviously very interested in your feedback.

Tripp Bradd – Skyline Family Practice, VA

This is Tripp. I had a question, David or Josh, whomever, about falls risk assessment, particularly in the elderly since we know, particularly with hips, you know, we were looking at in the Safety Tiger Team how we might include that in some fashion either with an annual wellness visit or other measures. Has that been brought up in any realm?

David Lansky – Pacific Business Group on Health – President & CEO

I have seen some reference to it, but I honestly don't know where it stands in being considered. Josh do you have any knowledge on that?

Josh Seidman – Office of the National Coordinator

I'm not sure. Patrice do you know if there is anything in the annual wellness visit measures related to falls?

Tripp Bradd – Skyline Family Practice, VA

And specifically, you know...

Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services

In the annual wellness visit, let me see, it includes a review of functional status and level of safety, establishment of a list of risk factors for which primary, secondary, tertiary interventions are recommended or underway and a list of associated treatment options with the risk and benefits of each. So, that's all that I have right now.

Tripp Bradd – Skyline Family Practice, VA

Sure, you know, the reason why I brought it up and of course I appreciate the functional assessments part after the fact, but when you've prevented a fall you've prevented a hip replacement sometimes anyway, so that was my thought.

Marc Overhage – Siemens Healthcare

This is Marc. I think the safety assessment, if I remember this, that would be part of the safety assessment in sort of the home, you know, are there loose rugs, are there, you know, appropriate supports in the bathroom for them to get up and down, and then combined with the functional assessment, I think, I'm not a geriatrician, but I would think that would be most of the components of a fall risk assessment. I think that was the intent behind it anyway.

M

In our institution we ask, our fall risk assessment is more direct and it's are you afraid of falling and have you fallen in the last year with injury, and then, you know, if it's positive then we bring resources to bear on the situation, but when we tested it they haven't been all that successful.

David Lansky – Pacific Business Group on Health – President & CEO

So, have any of you had experience capturing that in the EHR and processing it in a way that might become a quality measure?

Tripp Bradd – Skyline Family Practice, VA

I know Peter Basch has that's why I bring it up I guess with his organization, they actually do that as part of their EHR risk assessment. So, I brought that up.

Jim Walker – Geisinger Health System

This is Jim Walker we do it routinely inpatient. I have a question, do we have a clinical trial showing that this improves outcome?

M

Yeah, that's an important question.

Jim Walker – Geisinger Health System

I'm not aware that we do. It's clearly, you know, a good thing to do, but I think we ought to make sure we've got the numbers things that we have a validated tool for doing the risk assessment and then evidence that acting on it changes outcomes.

M

One of the outcomes, if someone did screen positive to our fall risk assessment and not because of, you know, loose rugs in the home, but you know, a real imbalance or that kind of thing, you know, certainly we try to address the medical regiment, but a big part of it was a referral to physical therapy for gait training, which sounds like a good idea, but in reality, you know, the physical therapy groups weren't able to

handle the load and frankly a lot of insurance companies weren't covering the issues. So, it was an example of pursuing a worthwhile question without an actionable goal in mind.

M
Right.

M
Thank you.

David Lansky – Pacific Business Group on Health – President & CEO

That was very good, interesting. Okay, so any other comments on the phone on the functional status and measurement development work? All right, let me just give you a quick update on our tasks coming up for the year ahead. We talked about this some last time and it was again reviewed by the Policy Committee this week and so I think everybody understands what they would like to have us focus on this year and first up will be, what we just have been doing today, reviewing the quality measurement development process through the contractors and other and have found through the offices of ONC and CMS we'll have a chance to be updated regularly on how these new measures are developing and folks provide our own input to that process at appropriate times.

Secondly, the NPRM will be out in the next several weeks we hope and then I hope this group will give it a close read and we'll get together on a call and discuss how we wish to comment or respond if we do. So, my guess if that for the 60 day period following the release of hypothetically much of March and some April that'll be a primary task for this group to sort out our responses to that proposal. In parallel to that, the Standards Committee has the Clinical Quality Workgroup that Jim Chairs and we're going to spend some time this year making sure we're interoperating effectively with that committee and so that some of the policy considerations that we've been talking about here obviously need to be reflected in standards work and vice versa, we need to understand what's feasible in the field. So, I think we'll do some work to act cooperatively with, perhaps do some joint hearings with the Standards Committee Clinical Quality Group.

And then I think as we get to midyear we'll turn our attention to Stage 3 and as we've talked about before there are some broad strategic questions we want to have your input on including this idea of a measurement platform that Paul has been very active in proposing and we try to think of some better ways of getting measures computed and having a hardwired code in each vendors product and think about more of a plug and play capability nationally to generate as new measures emerge that they could be made computable through the EHRs without having to recode EHRs.

And then some work to be done on capture and quality measures for use by providers in terms of benchmarking and clinical decision support, and by the consumers on quality dashboards. So, we'll have those conversations this summer and probably into the fall. And then I think there is a recurring theme of how do we anticipate the needs of various users of quality measures, particularly in the context of health reform with ACOs and episodes and so on that we make sure that whatever we're doing in Stage 3 anticipate the informational requirements of these new models and we do our quality measurement work to build those capabilities looking toward the future.

And then lastly, as we talked about a little bit today, let's keep doing the gap analysis to make sure that the domains we've all worked on are being captured in the pipeline, so, probably will do a check in on that maybe once or twice in the year ahead. So, that's what we've got coming up. Any additional suggestions or comments about that workload? All right, well I very much appreciate everyone taking time today to get caught up on the quality measurement development process and where we are with these tracks. It's very gratifying to see that it's getting real and some real work products that are now coming out that will hopefully advance the field and advance the capability of the EHR platforms. So, we will, probably starting with the NPRM, really get our answers. Any last words? We need public comment I think. Mary Jo if we can open the lines.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Let me first ask you, if you don't mind David, would you like to anticipate a meeting before you convene to take a look at the NPRM, which will probably be sometime in March, or is there any need for a meeting before then?

David Lansky – Pacific Business Group on Health – President & CEO

I don't think there is, but I will defer to Josh or others who are closer to the pipeline questions.

Josh Seidman – Office of the National Coordinator

I believe that there is currently a call scheduled for March 2nd right?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Yes, you currently have one scheduled 12:00-2:00 on March 2nd.

Josh Seidman – Office of the National Coordinator

So, I think that seems about right.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay.

David Lansky – Pacific Business Group on Health – President & CEO

Yeah, okay, good.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, all right. Operator would you please open the lines for public comment?

Caitlin Collins – Altarum Institute

Yes, if you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comments at this time.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Thank you. David back to you then.

David Lansky – Pacific Business Group on Health – President & CEO

Thanks, Mary Jo. Thank you all for your time today and continued interest and we'll talk to you again at the beginning of March. Thanks everyone.

M

Thank you.

David Lansky – Pacific Business Group on Health – President & CEO

Good bye.

Public Comment Received During the Meeting

1. I would like to stress the need for final e-measure specifications as soon as possible for stage 2, it takes vendors months to develop the measure calculations into their systems and also time for hospitals/providers to implement. I am concerned that contracted work for specifications is still in process this late in the game. I would hope that the NPRM would contain specifications and that we do not need to wait until final rule to get specifications. It will be difficult to engineer measures, get them certified and get them implemented given current time frames for stage 2.