

Clinical Quality Workgroup
Draft Transcript
February 16, 2012

Operator

Lines are bridged Ms. Deering.

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

Thank you very much. Good afternoon, this is Mary Jo Deering of the Office of the National Coordinator for Health IT and this is a meeting of the Health Information Technology Standards Committee Clinical Quality Workgroup. I'm going to begin by taking the roll. Jim Walker?

Jim Walker – Geisinger Health System

Here.

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

Karen Kmetik? David Baker? Keith Boone? I think I heard you here. Anne Castro?

Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect

I'm here.

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

Chris Chute?

Christopher Chute – Mayo Foundation for Medical Education and Research

Present.

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

Jason Colquitt?

Jason Colquitt – Executive Director of Research Services - Greenway Medical Technologies

Present.

Keith Boone – GE Healthcare

Yes, Keith is here, sorry I was on mute.

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

Okay. John Derr? Bob Dolin?

Bob Dolin – President & Chief Medical Officer – Lantana Consulting Group

Here.

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

Floyd Eisenberg?

Floyd Eisenberg – Senior Vice President of Health Information Technology – National Quality Forum

Here.

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

Rosemary Kennedy?

Rosemary Kennedy – Vice President for Health Information Technology – National Quality Forum - Thomas Jefferson University

Here.

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

David Lansky? Brian Levy?

Brian Levy – Chief Medical Officer - Health Language, Inc.

Yes.

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

Rob McClure?

Robert McClure – Chief Medical Officer - Apelon, Inc.

Here.

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

Chip Masarie? Galen Murdock? Gene Nelson? Eva Powell?

Eva Powell – National Partnership for Women & Families

Here.

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

Phil Renner?

Philip Renner – Kaiser Permanente

Renner, here.

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

Danny Rosenthal?

Danny Rosenthal – Director of Healthcare Intelligence - INOVA Health System

Here.

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

Joachim Roski? Randy Woodward?

Randy Woodward – Director of Business Intelligence Systems - Healthbridge

Here.

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

Okay. Are there any other members that I may have missed? Okay, Jim over to you.

Jim Walker – Geisinger Health System

Thanks Mary Jo. Welcome everyone. This is an exciting meeting. We, as all of you know who have been on the Workgroup before the Workgroup has accomplished lots of really high quality work very rapidly and now we're in a situation where I think our work is going to be revitalized with more attention to the kind of things we need to do from ONC with some new members who bring really valuable new perspectives and skills to the work. And so I just welcome you all and I encourage you to fasten your seatbelts, and we'll get going. So, I think I've given you some time back Mary Jo. You're going to introduce the members?

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

No we just took the role, but I think if you would like to introduce the new members, that would be good.

Jim Walker – Geisinger Health System

I'm not sure I have that in front of me.

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

Okay.

Jim Walker – Geisinger Health System

I apologize.

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

Okay or Jacob if you want to introduce them because I think these are including Randy Woodward.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Sure. Well, let's have them introduce themselves because they know themselves better than we do. So maybe just a short, I'll give an example since I'm also new to this Workgroup. I'll give a short example and then maybe we can go west coast to east coast and I'll let you guys figure that out.

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

Maybe perhaps all of the members should give a description.

Jim Walker – Geisinger Health System

Yes, that's actually a good idea.

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

Yeah, so that everybody can know each other.

Jim Walker – Geisinger Health System

So, maybe just sort of where we're from and maybe just a couple of words about our perspective or our interest and Mary Jo maybe we could just go back through the role so that we have too much...

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

Okay, good we'll do it alphabetically. So, well, Jim I'm going to take you just because you care.

Jim Walker – Chief Information Officer - Geisinger Health System

Oh, all right. So, I'm Chief Health Information Officer at Geisinger Health Systems, interested in how we have measures that really function to inform care processes and also reflect the performance of those processes.

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

Keith? Keith Boone, if you're not on mute would you like to say a word about yourself?

Keith Boone – GE Healthcare

Yes, not that I've unmuted, sorry. Keith Boone with GE Healthcare. I'm a standards geek. I represent GE to HL7, IHE and to the S&I Framework initiatives.

Jim Walker – Chief Information Officer – Geisinger Health System

Great thanks.

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

Anne Castro? Are you on mute Anne?

Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect

Yes, I was, I'm sorry. Hi, I'm Anne Castro and I work at Blue Cross and Blue Shield of South Carolina. I have the least clinical knowledge of anybody here but hope to contribute with an IT perspective.

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

Excellent. Thank you very much.

Anne Castro – BlueCross BlueShield of South Carolina – Chief Design Architect

Thank you.

Arthur Davidson – Denver Public Health Department

Chris Chute?

Christopher Chute – Mayo Foundation for Medical Education and Research

I'm an Internist Epidemiologist with former Chair of Informatics here at Mayo Clinic. I'm very involved in standards activities, Vice Chair of Data Governance here at Mayo Clinic. I chair the ISO Technical Committee and also Chair the On Health Informatics and also Chair the ICD-11 Revision for the World Health Organization.

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

That's great. How about Jason?

Jason Colquitt – Executive Director of Research Services - Greenway Medical Technologies

Jason Colquitt, Executive Director of Research Services at Greenway Medical Technologies. I come from a technical background. I oversee at Greenway specifically our spaces in the ambulatory environment, so all public health endeavors that we are involved in, quality endeavors and also research.

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

Thank you Jason. John Derr have you joined? I didn't think so. Bob Dolin?

Bob Dolin – President & Chief Medical Officer – Lantana Consulting Group

Hi, good morning everyone. I'm the President and Chief Medical Officer at Lantana Consulting Group and the past Chair of HL7. My interest here has to do with some of the contract work we're doing. I'm the principal investigator on two CMS contracts. One is the eQuality Contract where we're charged with building tooling and infrastructure support for the end-to-end quality reporting and also with the...contract which is charged with developing hospital-based e-Measures.

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

Thank you very much. Floyd?

Floyd Eisenberg – Senior Vice President of Health Information Technology – National Quality Forum

Hi, I'm Senior Vice President of Health Information Technology at National Quality Forum. We've been involved in helping with retooling measures in 2010 and 2011. We also work with the quality data model and have been working with many others on this call around the HQMF and will be working as well on the QRDA, the output that Bob was just talking about.

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

Thank you, Floyd. Rosemary Kennedy?

Rosemary Kennedy – Vice President for Health Information Technology – National Quality Forum - Thomas Jefferson University

Hi, this is Rosemary Kennedy I'm Vice President for Health Information Technology at the National Quality Forum and also Faculty at Thomas Jefferson University in the School of Informatics.

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

David Lansky did you join? Okay, Brian Levy?

Brian Levy – Chief Medical Officer - Health Language, Inc.

Yes, hi, I'm the Chief Medical Officer at Health Language and I've been focusing on terminology and standards related issues for the last 12 or so years and I'm also a practicing hospitalist every once in a while to keep my hands in the real world of medicine.

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

Thank you. Rob McClure?

Robert McClure – Chief Medical Officer - Apelon, Inc.

I'm Rob McClure. I'm a med deeds guy, no longer practicing. I'm the Chief Medical Officer at Apelon. Also a terminology oriented company with professional services activities. I've been involved in terminology and standards for a couple of decades and I've also been working with HITSP and others on implementation of quality measures using HQMF and QRDA, and also now doing the S&I Framework work.

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

Okay. Chip have you joined? Galen have you joined? Gene Nelson? Eva Powell?

Eva Powell – National Partnership for Women & Families

Hi, I'm Eva Powell; I'm the Health IT Program Director at the National Partnership for Women and Families which is a consumer advocacy organization. I've been working on Health IT issues as they relate to consumers for over four years with the partnership and serve on various committees with NQF and eHI and the HIT Policy Committee and various others in trying to bring the consumer voice to these conversations. I also lead a consumer coalition called the Consumer Partnership for e-Health that is comprised of about 50 states and national consumer and patient organizations that offer their perspectives on these issues.

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

Thank you, Eva. Phil Renner?

Philip Renner – Kaiser Permanente

I'm Phil Renner; I'm a Principal Consultant at Kaiser Permanente's Care Management Institute. I work on metrics for quality improvement and internal reporting here, but I also spent nine years at NCQA leading the metrics team and worked with Bob and Floyd, and others on the e-Measure HQMF standard.

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

Thank you, Phil. Danny Rosenthal?

Danny Rosenthal – Director of Healthcare Intelligence - INOVA Health System

Hi, this is Danny Rosenthal. I am a practicing Internist. I am the Director of Healthcare Intelligence at INOVA Health System over here in Virginia. I'm interested in the group because I started a lot of this work under Floyd's guidance at the National Quality Forum and looking forward to carrying the excellent work forward.

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

Thank you. Joachim Roski did you join? Randy Woodward?

Randy Woodward – Director of Business Intelligence Systems - Healthbridge

Hi, this is Randy Woodward, I'm the Director of Business Intelligence Systems at Healthbridge, we're a Health Information Exchange in Cincinnati, Ohio and formerly I was the Informatics Manager at Cincinnati Children's Hospital. My interests are in using data to support quality improvement and population health and standards based interoperability.

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

Excellent. Thank you, Jim I think that's the list.

Jim Walker – Chief Information Officer – Geisinger Health System

Okay, great thank you.

Karen Kmetik – American Medical Association

And this is Karen just letting you know I've joined.

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

Okay, well then Karen you have to say a couple of words about yourself to introduce yourself.

Karen Kmetik – Vice President - American Medical Association

Hi, everyone, this is Karen Kmetik, I'm Vice President at the AMA and with the Physician Consortium for Performance Improvement where we've developed a pretty large portfolio of quality measures and developed specifications to integrate those measures into EHRs and also test them at practice sites with different EHR's. Thanks.

Jim Walker – Chief Information Officer – Geisinger Health System

Okay. So now we're to the part of the agenda where we are going to review the charter. Jacob is going lead us through it. Do we have that up on the screen? In progress, okay. Jacob, maybe you want to talk to us while it appears?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Thank you, Jim. So, again I'll take the liberty of introducing myself because I'm new here too. So, I'm Jack Reider, I'm...and have been with ONC four months and three weeks having had a former life in the vendor world and before that leading EHR implementation for both hospital and clinical outpatient

practices. So, now we have it up on the screen and I think what's interesting is beyond the goal and I won't read it out loud, I think we get into our first hurdle that may merit some discussion or maybe some work, which are three terms that appear there, e-Measures are measures that are EHR feasible, enabled and sensitive. So, I suspect that a work stream for our group may in fact be to spell out some of those terms for definition. So, what do we mean when we say those things? Because I'm not sure that we all understand each other when we say those words. What is an EHR feasible? What is an EHR enabled and what is an EHR sensitive clinical quality measures? That might be a set of work to start with and I'll be quiet there and hear comments if there are any at this point early on.

Karen Kmetik – American Medical Association

This is Karen; maybe I'll just add a comment to that, Jacob. In our world when we've been making the transition from having measures that work in a claims environments to one that works in an EHR environment and that really leverages the data that now heretofore not available for quality measures in EHR environment, we use that term e-Measure in a very small definition way and that was taking the EHR specifications and turning it into an HTML format or turning it into a standardized format that is machine readable. And that is sort of the narrow definition that we've been using and I think thinking about it a little more broad now's this is a good time to do that. I think in our trajectory that we've all been on here and I'll look forward to getting thoughts from the group about beyond making it machine readable, what does it mean to be feasible, enabled and sensitive?

Floyd Eisenberg – Senior Vice President of Health Information Technology – National Quality Forum

And this is Floyd, I have a comment. I agree with everything Karen said and I agree in principle with your comment here. I wonder if for the purpose of the Meaningful Use Program and e-Measures, a measure that is EHR feasible, enabled and sensitive, but does that necessarily mean that every e-Measure will forever only be able to get data out of the EHR and there may not be some future way to still use that term for another purpose?

Jim Walker – Chief Information Officer – Geisinger Health System

This is Jim. I think that's a good point Floyd, it probably is worth saying what I think we mean which is that in this phase of development, e-Measures can focus on EHRs, but that in future phases it may well be that they derive information from other sources.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Great points and I think this gets us to some of the stuff that we at ONC have been looking to this group for, which is thoughtful guidance just like that, because as we look at where we are and where we're trying to get to we see the need for this kind of guidance and I'll start to step into the specific objectives that are in this charter. What we've seen is that there's an absence of criteria that define what a good, and I might put quotes around that, e-Measure is.

So, Karen, I think your group has done some great work along the lines of taking some measures and to use the term that Floyd has used, retooling them, and removing the ambiguity. But we've struggled with how to recognize the difference between a high quality one and a not so high-quality one, because we don't yet have clear metrics for how to measure those things. So we would like from this group to hear thoughts about what kind of standards or criteria might be applied to measures even toward the development of a tool, whether that's just a survey tool on a piece of paper or even a technical tool that one might apply that one could use to test a measure. So, again, I'll pause and hear thoughts. A, does one need clarification or even modification to this objective or are there questions about it?

Keith Boone – GE Healthcare

This is Keith. On the sort of the evaluation of the measure, I won't speak to the clinical issues, but I think one of the issues in evaluating e-Measures is in looking at how easy it is for the e-Measure to actually be implemented in an EHR environment. What does it actually take for a provider organization to make use of a particular measure? What additional data gathering might they need to do that they would not

normally or wouldn't necessarily have an in EHR versus what sorts of advantages does the measure actually take of data that is actually already gathered during the course of clinical care?

Karen Kmetik – American Medical Association

This is Karen and great point, just to share with the group and maybe we could bring this forward in a subsequent call, we're now doing some feasibility testing of measures intended for EHRs and asking those exact questions that you put out from practice sites of EHRs and saying, just like you said, does this require workflow changes if possible? What you need the vendor to do, etcetera? And we'd love to bring that to this table too because I think then question is so how do we interpret that, you know, to make than a judgment of well this is a high-quality e-Measure if practices do certain things or if the vendor does certain things and so how do we then prioritize what we are hearing back?

Brian Levy – Chief Medical Officer - Health Language, Inc.

Yeah, this is Brian Levy. I thought maybe a even higher level question and maybe the answer to this is obvious, but are these e-Measures different than, you know, some of the already defined clinical quality measures or are these simply intended to be electronic and computable versions of those already defined electronic measures of those measures?

Floyd Eisenberg – Senior Vice President of Health Information Technology – National Quality Forum

So this is Floyd. To make a comment historically, a few years of history, the way they were originally described is to try to, and that's where the term retooling came in, I believe it was CMS they claimed the term quoting Marty Rice from when he was there, it was to take existing measures and look for the same data, I find identical data that would be present instead in the EHR, as we go forward and from the learning, it seems as though they should really be addressing what is present and not think about claims data reconfiguring the EHR, but rethink the information that is needed so that they would be technically new measures. That's a thought. I would like to hear others comments.

M

Go ahead.

M

Is it this group then that would, are we starting with actually defining the measures or just defining the technical structure of those measures or some of both?

Jim Walker – Chief Information Officer – Geisinger Health System

This is Jim; I think almost entirely defining the structure rather than the content.

M

Okay.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

I would agree, this is Jacob, yes.

Robert McClure – Chief Medical Officer - Apelon, Inc.

Yeah, this is Rob McClure. So, part of what Floyd is alluding to was some of the trials and tribulations that a few of us and many others went through as part of the HITSP process began the path of retooling the existing measures and learning from that process and in our experience I think it became clear that the act of retooling changed the measure. I mean, clearly if you are trying to replicate the intent of the original abstraction-based measure, which is what most of these were, you could get close and certainly that's the path that we followed.

Our intent was to try to replicate them, but because of a variety of things that I think are in fact germane to this issue of what makes a good measure, what is our intent with creating quality measures that look at electronic health data, it became obvious that number one, they would end up being different and so for

one, comparing data based on an analysis of an institution from abstracted measures to that that might get created through an e-Measure would be an interesting study but it would not be appropriate to say well, you know, this abstracted number you were doing like this and now this number based on your e-Measure calculation you are doing like this, that means you've done better/done worse, they really, you know, need to be analyzed and probably compared in different ways.

But more importantly and again you're diagram that isn't showing yet on the displayed screen, but is in the charter, speaks to the close alignment between quality measures and clinical decision support and I think the other thing that we'll have to systematically figure out a way to address in this quest to have a good understanding of what makes a good quality measure an e-Measure in the context of a quality measure and what are we trying to accomplish, is that alignment between support for analysis, which is really what a quality measure is about, and it's interplay with the support for good practice, which is what a clinical decision support activity is about, and for me, most importantly about identifying what information is in the current work stream for EMR use and the care of patients.

And where do we want to try to push that? Because in a very real way, I see that as the biggest outcome from this activity, not necessarily just us, but this activity of doing quality measures and encouraging organizations to pay attention to quality measures in the context of EHR's. Because what we're going to be doing is we're going to be trying to insert processes into the workflow and not disturb that and perhaps improve it. There's a lot more to say there but I will stop.

Christopher Chute – Mayo Foundation for Medical Education and Research

Yeah, this is Chris. And among my other hats I'm also PI of one of the Sharp Grants on the secondary data use and one of the issues we're looking at, and Floyd of course has brushed against this with us at some length, is how can we define what we call phenotypes or characterizations of patients that emerge from electronic medical records that has a research application, but relevant to this discussion we see quality metrics as at the end of the day, a numerator and the denominator that are computed, and the algorithm, if you want to think of it that way, the phenotypic algorithm that comprises who belongs in the numerator and who belongs in the denominator, are in our little world phenotyping algorithms.

I agree with Rob that, you know, matching what was done manually and historically is going to be very difficult if possible at all. But I think we have to be realistic when we think that the specification of a numerator and a denominator for a quality metric is in fact, if it's done properly, a reproducible and executable algorithm that NQF or others can publish, but we're kidding ourselves if we think it's just tallying up people with a particular value set value, it's going to be more complex than that.

Brian Levy – Chief Medical Officer - Health Language, Inc.

So just, and once again maybe, this is somewhat of a basic question, but this will be the type of question that I think some of the vendors and providers out there will ask us and will ask me when I explain to them is, so a vendor or provider might say okay so does this mean I've got to report these clinical quality measures and also these other e-Measures as well or is our job just to make reporting of the clinical quality measures easier because we're going to do an electronic way?

Jim Walker – Chief Information Officer – Geisinger Health System

Who was that, sorry?

Brian Levy – Chief Medical Officer - Health Language, Inc.

I'm sorry, this is Brian Levy.

Jim Walker – Chief Information Officer – Geisinger Health System

Thanks.

Karen Kmetik – American Medical Association

This is Karen I'll maybe take a shot at that. So, the e-Measures are meant to be a way to make defined important quality measures workable in EHR's. So, I'm making the assumption that the quality measures, as Floyd said, that process of developing the quality measure is already evolving so that it tries to a

priority take advantage of what's in an EHR and the design of the measure. But what we're focused on is once we know what those measures are, how do we say whether it's properly structured, has proper standards so that it does work within an EHR environment?

M

Yeah, and Karen can I just add to that? I agree with all that and I think to also answer Brian's question, is the expectation that the output of the e-Measure is actually something that an EHR vendor could provide a button to push that creates an automatic query into the record to get all those data elements? So, it's not just what are they, but how can it be automated?

M

I think that's extremely helpful and I think it may be worthwhile putting some of what we just said into this goal and objective document, you know, to help sort of clarify what an e-Measure is and its relationship to the sort of already out there clinical quality measures.

Keith Boone – GE Healthcare

So this is Keith. One of the things that is of interest to me in this discussion is in looking at; we've been spending a lot of time talking about e-Measures and measurement. The purpose of measurement is really to ensure that you are executing a quality process and I think one of the important discussions that we need to have is to understand how measurement is incorporated into the quality processes so that we don't wind up with measurements that don't align with how those processes are executed. So the challenge of trying to compute a measure with an EHR often is that the measured is not well aligned with the way the EHR is being used to execute the process for which we're trying to measure the outcomes.

And so I think that the diagram that we saw in the charter that talks about starting all the way with clinical guidelines and moving to quality measure reporting at the end, and then cycling back on through, if we think about every process improvement initiative that I've ever been involved in, in an IT space it's, you know, you build measurement into the process and I would like to see some attention paid to how we think about building measurement into the guideline process so that we don't run into some of these sort of impedances mismatches.

Robert McClure – Chief Medical Officer - Apelon, Inc.

Yeah, this is Rob. I absolutely agree, that's kind of where I was going with the workflow and I wanted to get back to Karen on something that you said that concerns me little bit and it's reflected very much in what Keith was saying about the process of building what it is that we want to measure, and to some extent it's in this diagram. Luckily, that second arrow between the clinical guidelines and the translate guidelines is double-headed, because that's where I'm going here and I think that's where Keith and others are going.

You described and perhaps it was just, you know, serendipity but as saying that the guidelines are being developed kind of separate, which they certainly are by the measure developers, and that our job is to figure out how to translate those so that they can be operational in an EHR environment. And I feel pretty strongly, based on experiences that I've gone through so far, as well as the sort of things that Keith was talking about, which is really totally outside this particular situation, that we have to be a little bit more tightly bound and that's why it's great to have some of the members that are on this committee here.

What we want to see is, I'll even use this word transformation of the way that quality measures are developed so that they're done in a process that understands the kind of workflow and capabilities that EHR's have, that understand very much the sort of things that Keith was talking about that this is not about coming on way downstream and trying to measure, although I don't think that was ever a desire, it certainly was the outcome of the process.

And so part of what we need to try to do here is to figure out a way that we bring the processes more closely together, you know, Floyd has worked very hard to do that in the context of putting together the measure authoring tool and getting that hands of the measure developers so that they can learn and think about what is that that's really available so that we can use that as we devise what we measure.

And I think that's an important outcome of what we try and do.

Floyd Eisenberg – Senior Vice President of Health Information Technology – National Quality Forum

This is Floyd, can I add to that? I think I also heard Rob and Keith talking about the fact that the guidelines, not just changing, not really the measure itself but having the guidelines describe and think about the EHR and electronic data down to that level of specificity, because a lot of what measure developers traditionally have had to do is define that specificity to be able to measure what nodes or branches in the guideline are inherently measurable because they have sufficient data and how can they be part of the guideline crisis? So, question is how much of that is in scope for this group and how much is not?

Christopher Chute – Mayo Foundation for Medical Education and Research

This is Chris Chute. I guess I strongly agree with Rob and Keith and I want sort of jump on that view in that I think a practical way to look at it is that measure developers should look at extant standards or the information that exists in electronic medical records in the sense of it being a menu and that they can pick from that environment. If there are things that they need to measure that are not on the menu and that will clearly be the case, than simply specifying a quality metric or for that matter even a guideline, that invokes something that is not available electronically is going to be a nonstarter and that what needs to happen in this kind of partnership and dialogue is to say, you know, the measure development community and the clinical community to, as Keith pointed out, to ensure the quality process moves forward, not measuring what is easily measurable, but a genuine measurement of things that are relevant to clinical quality, if those things aren't on the standards menu and are not readily available in electronic medical records, then that's, in my mind, what the HIT Standards Committee is all about to say, gosh, how do we interact with the S&I Framework community, how do we interact with standards development organizations to ensure that these kinds of concepts and use cases are on the menu so that metric developers and guideline developers can realistically build things that are executable and implementable. Because, otherwise everybody is just kidding themselves.

Eva Powell – National Partnership for Women & Families

This is Eva. That really gets at one of my concerns about the process and making sure that this group advances the notion that was discussed earlier about being able to base quality metrics on multiple data sources, because a lot of the measure development that needs to occur in areas like care coordination, patient engagement, those kinds of things that inherently will bring in those new data sources, and if we're not able, as the previous speaker was saying, if there aren't standards there but it's for the data representation as well as the exchange of that information, then we're not going to be able to get to that kind of quality measurement. And those are gaps that have been known for years and so it's time to stop talking about what the gaps are, because we know.

So, I see this group as one that is critically important to being able to fill those gaps and say, you know, not just what are the standards relative to quality measurement in EHR, but how are we going to get the data that we need from multiple EHRs or from an EHR and a PHR or other data sources that can really help us understand quality from the perspective that we need to be as opposed to what we can measure.

Jim Walker – Chief Information Officer – Geisinger Health System

Great discussion. This is Jim. I just want to do a quick time check. We're to the point we have about 11 minutes to talk about the work streams. I think, you know, one of the things we can do is continue this excellent discussion and plan on doing the word streams next meeting, but if we want to do them this meeting we probably should going ahead and flip. Any sense of the group about which choice we want to make? I think clearly the discussion we're having and going through the objectives is important. So, Jacob maybe my proposal would be we go ahead and go through the objectives and just acknowledge that in the 10 minutes left that's what we'll do and we'll come back to the work streams at our next meeting.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

One just logistical challenge there is that our next meeting is late in March and one of our thoughts was we may be able to get some of the smaller groups together between now and then to dig into some of these topics between now and then. So, I guess I would just ask, and I think it's great to keep going through objectives, if folks, we've kind of developed some ideas about who might want to be on which Tiger Team, but if you have a real affinity to one or the other as they are defined or if you have questions, please just e-mail us and you can just address an e-mail to me and my e-mail address is in the invites as one of the participants. If you want to be one of the two Tiger Teams please let me know because we may want to be able to get those groups together between now and the next all group meeting. Does that make sense Jim?

Jim Walker – Chief Information Officer – Geisinger Health System

That's fine, yeah. Is everyone else good with that? Okay. So, why don't we go on through the objectives and Jake I'm sorry to break in? So, if there was anyone...yeah.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

No, that was great and so we're on number two.

Jim Walker – Chief Information Officer – Geisinger Health System

If we could scroll the view on the WebEx back up to the objectives please?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

I'll read it at times since we're not, oh, there we go. So our thought next was we'd really like guidance on an approach to the standards related lifecycle and some of this came up in the preceding conversations. So, what are the standards that the e-Measures may be dependent on? What's the lifecycle of an e-Measure in particular and of the standards that it's dependent on? And how do we map that out and you can see the diagram that we just looked at that was on the screen a minute ago as an attempt to capture some of that, but we think that that diagram could be improved, it's really just a straw person and so this is another objective that ONC would find quite valuable if this group could give it's guidance on.

M

So, this gets back to, I think the point I was making.

Jim Walker – Chief Information Officer – Geisinger Health System

Who is that?

M

The diagram that we were looking at starts off with the clinical quality guideline and the quality measure calculation and development occurs thereafter, but it's really in the definition of the process of providing care where you have to decide what it is that is going to be measurable in order to see that you've got that quality process. So, I think you're absolutely right Jacob in saying, you know, this could be tightened up quite a bit if we looked at how to get measurement built back into the quality guidelines development process. I think that would vastly improve things.

Bob Dolin – President & Chief Medical Officer – Lantana Consulting Group

Jacob, can I chime in on this picture too? This is Bob.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Of course.

Bob Dolin – President & Chief Medical Officer – Lantana Consulting Group

The picture, to me I still believe that there is this difference between process based measures an outcome based measures where a process based measure is relatively easy to couple to a decision support rule, whereas outcome measures just basically say look we expected that you'd have a 13%

mortality in your hospital but really you have a 20% mortality in your hospital after risk adjustment. So, I think that when we talk about these life cycles and the coupling to decision-support it may be worthwhile to kind of tease apart well how does that work for process measures versus how does that work for outcome measures?

Jim Walker – Chief Information Officer – Geisinger Health System

This is Jim, great point, Bob.

Philip Renner – Kaiser Permanente

This is Phil. I have a couple of observations. One, what just really jumped out at me is that this flow, in the diagram again, puts the quality measures and the sort of informatics pieces in a different order than we've been doing them for the last five years, that we had started with a measure and then tried to sort of jam the informatics into it. So, I like this flow and I think it's going to help us a lot. The thing that I'm less clear on is, is that it seems like there's two things going on in here. One, sort of along the top is about development and almost people type tasks and then I think it's in the lower right that the standards, the automated things are happening where data is being passed back and forth between the record and CDSS or measures, and, I mean, I guess A am I seeing that right, and B where does our task lie? Because I think our task lies, you know, once we've sort of laying out what do we think the expectations are around how do you pass data in and out of measures and CDS, and then making those expectations clear to the upstream steps. Am I kind of getting the scope right on the first two objectives or am I missing that? Or was that just completely unclear?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Well, if it was addressed to me, I would say I wasn't real clear Phil on the question that you are asking. So maybe the latter at least in my case. Can somebody else address Phil's question better than I can?

Philip Renner – Kaiser Permanente

Or maybe I can just restate it.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

And I'll respond with respect to the objectives. I think you did call out appropriately that what, you know, our objective for today is to review these objectives and to make sure that we understand them or frankly if you folks think that they should be modified let's modify them. Again, these were proposed objectives; they're not set in stone.

Philip Renner – Kaiser Permanente

So, I think the question I was asking is, is along the top through to approval it's a measure development flow and then in the lower right hand corner in the green boxes we have a measure calculation and more automated within the EHR and within the clinical encounter flow. And I'm just wondering, is our main focus going to be in trying to recommend standards and specifications that bridge the sort of measures development to the, you know, EHR in terms of what do you need to get it in out of the EHR? Or is there, you know, something different in there that we're looking for?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

So, I would say our goal here is to have this group give us, ONC, guidance on what the optimal path might be and an analogy might be to waterfall software development and I think you made some good observations about how things may have been done in the past five years that didn't seem to make sense, and waterfall software development might not make sense to many of us, whereas agile software development, fairly recent in the past decade, different model, has the arrow going both ways. So, that the work that starts at the beginning is informed by the goal at the end and they're two headed arrows at every place where you've got folks talking with each other as we iterate toward the end. And, so I think that's what we'd like more guidance on is what we see the right steps in this process, who are the right

players so that they converse with each other. Because, as you described if the measure developers create measures, and I think Chris expressed it really clearly, if measure developers create measures without any recognition of the platforms on which they are intended to be applied, then, you know, it's like so many blind people describing the elephant, they don't know what each other can see or do, or think.

So, I don't know if I'm answering your ambiguous question with another ambiguous answer, but it's trying to lay out the framework for who does what and where and who is accountable for what piece so that we can all rely on for those other players to leverage their expertise and yet not live in an ivory tower above the house. Was that more clear, Phil? Was that helpful?

Philip Renner – Kaiser Permanente

So, this isn't just a technical exercise around use this standard to pass data between, you know, sort of node one and node two, it's about also lining up all of the different players and clarifying the roles and expectations and, you know, almost kind of tools that they'll use.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Yes.

Philip Renner – Kaiser Permanente

Okay that actually helps me a lot. Thank you.

Rosemary Kennedy – Vice President for Health Information Technology – National Quality Forum - Thomas Jefferson University

And Jacob, this is Rosemary, just in looking at this, it's nice to see the EHR readiness moved up earlier in the cycle, but maybe in some respects, needs to be moved up even earlier, right after guideline development and vocabulary. So there's some sense of EHR readiness assessment before the approval box there in the right hand corner.

Jim Walker – Chief Information Officer – Geisinger Health System

Yes. This is Jim, you know, the lifecycle graphic is hard to comment on because it's so complex, but, you know, if you just looked at the categories across the bottom, research, guideline development, informatics, some things that one or two other people said sometime earlier in the discussion is in terms of those domains, systems engineering probably needs to be a separate domain. Is the guideline that's being envisaged being designed actually executable in some real practice setting and it would inform lots of what goes on there and afterwards? So, I think at least that we ought to get in their systems engineering or process design, or workflow management, or, you know, whatever term we want to give it.

Karen Kmetik – American Medical Association

So, this is Karen. What I'm hearing then from this robust discussion is an agreement that this should be an objective of our group to further look at this, think about what we would recommend to ONC, be changed, cycles embedded within, but that this does seem like a worthwhile thing for us to comment on.

Robert McClure – Chief Medical Officer - Apelon, Inc.

Yeah, Karen, this is Rob. I can kind of answer that question with a hard yes, I think, at least what I've been saying and I think what others have also been saying is that this process of developing e-Measures needs to include the measure developers and kind of integrate in to that process. I know, I would suspect, I actually don't know, because I wasn't either developing measures in this context, but I know that when we look at the existing paper-based abstraction measures they very much take into account things that abstractors know about workflow, know about the process they're actually trying to measure. And so it's clear that the creation of those measures took a lot into account about the process that they were actually one, trying to measure and two, the process of actually doing the work of getting the measure, you know, going in and looking at the charts and things like that.

And, so what I'm saying is that we need to do the same thing here. And what Keith was saying is that in addition, we need to really, you know, learn from the past couple of decades of knowledge from GE and others about the importance of integrating measurement into the process of actually doing what it is that you want to improve.

Jim Walker – Chief Information Officer – Geisinger Health System

This is Jim. I'm sorry; we're one minute from public comment, so we probably really do need to address next a steps, Jacob.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Thank you, Jim. Well let's go down to the bottom. Tiger Team meetings after HIMSS, so this was our thought was that we would separate into two Tiger Teams as you see on the agenda, that is not on the screen now, and then we have tentatively scheduled a full Workgroup meeting for the end of March and I don't remember exactly what the date of that one is. And then at some point, as soon as we can pull all of this together, do a full report to the Standards Committee. So, I think along the lines of what Karen was saying, does that seem appropriate? Do folks want to make other recommendations or should we forge ahead in that way?

M

The one question I have on the Tiger Team Jacob is if there are any restrictions from somebody participating on both Tiger Teams? Because it makes sense for me, obviously, to participate in the tactical team just because of the work that I've been doing, but I'm very, very strongly interested in being involved in strategy as well.

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

I'll look to Mary Jo for a process comment?

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

In terms of how people join either of the subgroups?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Or both? There may be interest in folks being on both? My only thought would be as we can see from today; a large group can get challenging to stay on target in terms of our timing. So, that's part of why we wanted to split things up so we have smaller groups who can roll up their sleeves. If there is a process restriction Mary Jo?

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

No, there's no restriction whatsoever and people are certainly free to join both. The only thing that you're all, all too well aware of is the burden on your calendars, but you are certainly free to join both, you know, each meeting having a particular focus. And you might be able to follow up just by e-mail to confirm who wants to participate on which group. You could send out your straw man that I believe you had sort of preliminarily worked up and then people can confirm or switch or, you know, whatever works best?

Jacob Reider, MD – Senior Policy Advisor – The Office of the National Coordinator for Health Information Technology

Okay, we'll send out the straw man and folks can disagree or self nominate to switch.

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

And right now we only have identified one tentative next meeting which is tentatively on Monday, 26th of March 4:00 to 5:00 o'clock and so we'll need to start scheduling the two groups separately, but right now that's the one meeting that I think we just started to put on hold as of yesterday afternoon.

Jim Walker – Chief Information Officer – Geisinger Health System

And that's Eastern standard?

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

Eastern standard, right.

Jim Walker – Chief Information Officer – Geisinger Health System

Thanks.

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

So, we'll work with the chairs and in fact it would be critical to identify those subgroups and to assign a lead to each, because we'll obviously need to, you know, check calendars with whoever is leading each of those subgroups.

Jim Walker – Chief Information Officer – Geisinger Health System

Great. Are we going to public comment now Mary Jo?

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

If you're ready, operator would you open the lines please?

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

Okay, thank you, back to you Jim and Karen.

Jim Walker – Chief Information Officer – Geisinger Health System

Okay, well thank you all for an excellent meeting and we'll look forward to you joining in the Tiger Team and the full meetings as we go forward.

Karen Kmetik – American Medical Association

Thanks everyone. Great comments.