eCQM Design Group Kickoff

February 16, 2017

8:30 am – 10:00 am

Welcome

- Allan Hackney, Health Information Technology Officer for the State of Connecticut

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Agenda

Welcoming remarks **Meeting Overview & Objectives**	Allan Hackney Karen Bell MD	8:30 AM
Introductions • **2-minute introductions of name, job (organization and title), brief summary of the role on Design Group and the sector perspective being represented by members**	All Design Group members and support staff	8:40 AM
Charter • **Walk-through of eCQM Design Group draft charter;** • **Request approval of charter by group**	Karen Bell MD	9:00 AM
Value Propositions • **Discuss value propositions for stakeholder constituencies**	Karen Bell MD	9:20 AM
Discuss planning process • **Proposed meeting schedule** • **Proposed timeline of meeting topics** • **Proposed process to make decisions** • **Support staff responsibilities** • **Member responsibilities**	Karen Bell MD	9:40 AM
Meeting wrap-up	Karen Bell MD	9:55 AM

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Meeting Objectives

- Approve the draft Charter

- Discuss Value Propositions for various stakeholder constituencies

- Establish meeting schedule

- Establish shared understandings of planning process

- Reach consensus on decision-making process

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Design Group Structure and Roles

Executive Sponsor

Allan Hackney, Connecticut's Health Information Technology Officer (HITO)

Project Oversight

Health IT Advisory Council   Member Listing

Members:

- Patricia Checko D.Ph. MPH (Consumer role)
- David Fusco MS (Commercial payer role)
- Michael Hunt DO (Clinician role)
- Nitu Kashyap MD (Hospital System role)
- Nicolangelo Scibelli LCSW (Behavioral Health role)
- Robert Rioux MA (FQHC role)
- Tom Woodruff (OSC role)
- DSS Designee – TBD (Medicaid role)
- Dr. Quaranta Designee – TBD (Clinician role)

Support Staff:

Office of the HITO:
Sarju Shah (Analyst, Project Manager)

SIM Program Office:
Faina Dookh (Analyst, Project Manager)

CedarBridge Group LLC

- Karen Bell MD (Facilitator / SME)
- Carol Robinson (Co-Facilitator / SME)
- Betsy Boyd Flynn (Consultant/ Technical Writer)
- Michael Matthews (SME)
- Chris Robinson (Consultant/ Policy Analyst)
- Wayne Houk (Project Manager)

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Key Definitions

- **Electronic Clinical Quality Measures (eCQMs):** Measures of structure, process, outcomes, access, and patient experience to assess the capability and quality of care provided by physicians and other healthcare professionals. eCQMs are derived directly from electronic health record (EHR) systems or registries, where standardized data must be housed and extracted via widely adopted standards, including the Health Level Seven (HL7) standard known as the Health Quality Measures Format (HQMF), which represents a clinical quality measure as an electronic Extensible Markup Language (XML) document that can be sent or shared electronically from an EHR.

- **Quality Measures:** Tools that measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structures that are associated with the ability to provide high-quality healthcare, or that relate to one or more healthcare quality goals

- **Health IT Enabled Quality Measurement:** Technology tools that allow for electronic reporting of clinical quality measures or data from EHRs and other technology systems, for purposes of measurement and delivery of analytic results for individuals or an aggregate population.

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Key Definitions, continued

- **Use Case:** A list of actions or steps, typically defining the interactions between a role and a system, to achieve a goal. In healthcare, this might describe a particular interaction or episode, or function in a healthcare system.

- **Alternative Payment Models:** A type of payment model based on quality and cost of care, and meeting patient needs rather than a traditional fee-for-service reimbursement. Providers or provider organizations may be eligible for incentive payments or financial risk-sharing arrangements. Several value-based payment modalities fall under this category, including pay for performance, bundled payments, shared savings, and global payment.

- **The Medicare and CHIP Reauthorization Act of 2015 (MACRA):** This legislation included a permanent "Doc Fix" to address a structural problem with physician reimbursement in Medicare; it also incorporated significant changes to the EHR Meaningful Use program (effectively replacing it) and updated quality measurement reporting requirements from the PQRS program.

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Design Group Charter: Review

- Problem Statement and Project Purpose
- Project Goals and Objectives
- Project Scope
- Critical Success Factors
- Assumptions
- Constraints

- Funding Authority
- Project Oversight Authority
- Major Project Milestones
- Project Structure
- Roles and Responsibilities
- Project Facilities and Resources
- Glossary

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Purpose of this Design Group

Identify and recommend the objectives and requirements of an efficient, shared, statewide health IT-enabled eCQM solution in the context of Alternative Payment Models (APMs)

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Project Goals and Objectives

- Identification of value propositions of a shared health IT-enabled eCQM solution

- Identification of priority use cases that can be enabled by a shared eCQM solution

- Identification of a set of clearly defined business requirements associated with the priority use cases

- Identification of a set of agreed upon functional requirements that augment and inform the business requirements, including considerations for:
  - Clinical data extraction approach likely to meet the needs of a provider community with varying level of readiness for data extraction (as distinct from eCQM extraction)
  - Secure data transport
  - Data validation methods, including patient attribution to providers and organizations
  - Desired feedback methods of aggregate and individual quality reports
  - Desired system performance reports and auditing capabilities
  - Other system user needs for health IT-enabled measurement
  - Desired technical assistance framework including targeted and prioritized provider categories, sequence, and prioritized topics (e.g., support with data extraction vs. data analytics)

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Project Goals and Objectives, continued

- Considerations for financial sustainability models

- Alignment of stakeholders around the above recommendations including Medicaid, commercial payers, accountable provider organizations, and consumers

- Recommendations that accommodate the Quality Council's recommended core set of quality measures, and other quality measures that present a value proposition to stakeholders

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Project Scope

Health IT-enabled quality measure capabilities and processes (e.g., extracting, aggregating, analyzing, reporting) and use cases as they relate to Medicaid, Medicare, and commercial APMs, including Shared Savings Programs (SSPs).

Health IT-enabled quality measure processes and use cases as they relate to the reporting efficiency opportunities and analytic needs of clinicians and provider organizations adopting APM arrangements within the next three years.

Health IT-enabled quality measure processes and use cases as they relate to the Connecticut State Innovation Model's public scorecard initiative and evaluation efforts.

All clinical data sources, including healthcare provider EHRs, clinical data registries, the APCD, Office of the State Comptroller data warehouse, and payer specific data repositories. The primary focus, however, is on extraction of clinical data contained within EHRs.

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Success Factors, Assumptions, Constraints

Success Factors

- Engagement and support of payer representatives, including Medicaid and commercial health plans
- Ability of stakeholders to commit to 90 minute meetings for 8 weeks
- Appropriate stakeholder community representation by design group members

Assumptions

- Assumes that appropriate data use agreements and financial sustainability options can be implemented
- Assumes that appropriate vendor selection and management will be determined
- Assumes that appropriate health IT architecture and standards will be developed

Constraint

- Meeting intensive timeline goals by the 4/20/17 final report milestone

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Proposed Milestones and Timeline

Milestone/Deliverable	Planned Completion Date
Kick-Off Meeting: Charter, Value Proposition, Roles and Responsibilities, Timeline	2/16/17
Develop the use case process; Identify provisional set of eCQM use cases	3/02/17
Examine business requirements of provisional use cases	3/09/17
Review preliminary environmental scan, begin to prioritize use cases; Present progress report to Health IT Advisory Council	3/16/17
Prioritize use cases, informed by preliminary data from environmental scan and stakeholder engagement interviews	3/23/17
Finalize prioritization of use cases; Consider draft functional requirements to meet use case needs;	3/30/17
Consider sustainability models and future workgroup needs	4/06/17
Finalize recommendations	4/13/17
Present Final Report and Recommendations to Health IT Advisory Council	4/20/17

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Design Group Charter: Request Approval

- ✓ Problem Statement and Project Purpose
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Value Proposition Discussion

From Charter:

- The healthcare system is transitioning from one driven by fee-for-service payment to paying for value through alternative payment models (APM)

- Successful execution of APMs requires measuring and monitoring performance reliably and efficiently

- The generation of electronic clinical quality measures (eCQMs) that draw from clinical data already contained in electronic health records (EHRs) and other clinical sources will support care of the highest quality in the APM environment

Questions for design group members:

1) In light of these statements, what are the value propositions for the stakeholder constituencies you represent in your role on the design group?

2) Are there other value propositions that a shared eCQM solution could bring to those constituencies?

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Proposed Meeting Schedule

- Schedule weekly virtual meetings - recurring until 4/13/17

    ☐ Review Doodle poll results and determine regular meeting times

    ☐ No meeting during week of HIMSS (2/20 - 2/24)

- 90 minutes per session

- Presentation to Health IT Advisory Council 4/20 (optional for design group members)

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Design Group Member Responsibilities

- Represent each stakeholder group, not individual interests

- Engage others from each stakeholder group to gain commitment in support of recommendations

- Read recommended materials in advance and join each meeting prepared for discussion

- Remain cognizant that all meetings are public

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Proposed Decision Making Process

- Strive for consensus

- Compromise when possible

- If no unanimity, recommendations should be made based on majority opinion

- Discussion of dissenting opinion to accompany all recommendations where consensus could not be reached

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Staff Support

- Provide access to website where all materials can be viewed and downloaded

- Minutes of each meeting provided within 48 hours after meeting

- New reading/background materials to be made available by end of day on the Friday prior to the next meeting

- PowerPoint slides setting stage for discussion will be available 24 hours before meeting

- Crafting of final reports and recommendations for Design Group review and sign off

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What gets measured gets managed.

Peter Drucker

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