Electronic Clinical Quality Measures (eCQM) Design Group
Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
March 28, 2017	10:00 am – 11:30 am	**Webinar link:** https://zoom.us/j/159823584 **Telephone**: (408) 638-0968 Meeting ID: 159 823 584

Design Group Members					
Patricia Checko, DrPH, MPH	x	Michael Hunt, DO	x	Nitu Kashyap, MD	
David Fusco, MS	x	Robert Rioux, MA		Craig Summers, MD	x
Tom Woodruff, PhD	x	Nicolangelo Scibelli, LCSW	x		
Design Group Support					
Karen Bell, MD, CedarBridge	x	Wayne Houk, CedarBridge	x	Sarju Shah, HIT PMO	x
Carol Robinson, CedarBridge	x	Betsy Boyd-Flynn, CedarBridge	x	Faina Dookh, SIM PMO	x
				Allan Hackney, SIM PMO	x

Summary	
Discuss Updated Graphic and Validate Scope of Design Group's Charge	The updated diagram of a conceptual model of a statewide eCQM system (slide 8) was discussed. It was noted that phasing was removed from the slide to focus on data sources. It was explained that claims data is a unique data set that is well structured and the claims data icon is now in a differentiated color to indicate this. The title of slide 8 was changed to "Statewide Quality Measurement System" as data will not be from clinical sources only. Examples of "Other Providers" on this slide were noted to be Long Term Post-Acute Care providers, Behavioral Health providers, and free-standing imaging centers with data not sent through Electronic Health Records (EHRs). It was recommended that this icon indicate "structured data from other systems." The reporting section of slide 8 was recommended to be altered to reflect quality outcome measurement and that "interactive" be added before the word "feedback." It was suggested that the concept of "insight" be added to the feedback section of the slide as well. It was noted that the statewide quality measurement system, as it incorporates more types of data, has the potential to create knowledge that can lead to greater innovation and transformation in both health and healthcare. It was discussed that the EHR is a medical legal record, and the goal of a clinical quality measurement system is to make data available to help make better decisions at the point of care. It was recommended that data provenance be added to slide 10 ("Validate and Organize Components").
Consider draft functional requirements for a statewide eCQM system	Design Group member feedback on draft functional requirements for a statewide quality measurement system was reviewed on slides 13-19. <u>Data Collection (slide 13)</u> The following changes were recommended: • That "mature" and "cost-effective" be added to the first Data Collection requirement.

- That "age, gender, and zip code" be added to the third Data Collection requirement.
- That Application Program Interfaces (APIs) and specific cyber security standards be added to the fourth Data Collection requirement.

No changes were recommended for the second Data Collection requirement.

Data Collection, continued (slide 14)

The following changes were recommended:

- That the phrase "as available" be added to the fifth Data Collection requirement.
- That the phrase "as available" be added to the sixth Data Collection requirement.
- That the phrase "patient-reported data" be added to the ninth Data Collection requirement.

No changes were recommended for the seventh and eighth Data Collection requirement.

Data Transport (slide 15)

- It was recommended that "via push *and pull*" be added to "receive data" on the first Data Transport requirement.

Data Validation (slide 16)

The following changes were recommended:

- That "Production systems" be added to the first Data Validation requirement.
- That "Production systems" be added to the second Data Validation requirement.
- That the fourth and fifth Data Validation requirements be combined and remain agnostic as to stakeholder type.

No changes were recommended for the third Data Validation requirement.

Data Attribution (slide 17)

- It was discussed that the sophisticated logic referred to in the first Data Attribution requirement should have a positive impact in the marketplace and not lead to anti-competitive business practices. It was noted that the logic may need to have the capability to securely reconcile different attribution methods.
- It was also recommended that other specialties be included in the second Data Attribution requirement.

Data Aggregation and Normalization (slide 18)

The following changes were recommended:

- That "data on social determinants of health" be added to the first Data Aggregation and Normalization requirement.
- That "public health" be added to the second Data Aggregation and Normalization requirement.

	• It was recommended that "normalization" be defined in the third Data Aggregation and Normalization requirement. Data Measurement (slide 19) The following changes were recommended: • That language in the first Data Measurement requirement be added to indicate that the system will support end users at the individual patient level, and that definitions for gaps in care and poor outcomes should be identified as a responsibility of the governance group. • That reference to the quadruple aim be made in the second Data Measurement requirement. It was noted that the remainder of the functional requirements would be reviewed at the next eCQM Design Group meeting on Tuesday, April 4, 2017.

Action Item	Responsible Party	Due Date
Send business requirements document	CedarBridge Group	3/31/17
Update functional requirements document	CedarBridge Group	3/31/17
Finalize critical components slides	CedarBridge Group	4/03/17