



eCQM Design Group

March 7, 2017

10:00 am – 11:30 am



CEDARBRIDGE
GROUP

Agenda

Welcome / Roll Call / Comments on 2/28/17 Summary	Karen Bell, MD	10:00 AM
Meeting Objectives	Karen Bell, MD	10:10 AM
Topics and Timeline: Update	Karen Bell, MD	10:15 AM
Value Proposition Matrix: Summary	Design Group members	10:30 AM
Clinical Data Types and Sources: Discussion	Design Group members	10:50 AM
Requirements of a CQM system: Introduction	Karen Bell, MD	11:15 AM
Use Case Development: Introduction	Karen Bell, MD	11:20 AM
Meeting Wrap-up and Next Steps	Karen Bell, MD	11:25 AM

eCQM Design Group Workflow

Validate Stakeholders

Validate Value Propositions

Roadmap a Quality Measurement System

Identify Clinical Measure Data Requirements and Sources

Validate Components of an eCQM System

Recommendations for Business and Functional Requirements

Recommendations for Future Planning Needs (Governance, Sustainability, Other)

Meeting Objectives?

- Review and validate Value Propositions Summary
- Consider Quality Measure System Roadmap
- Validate electronic data types and sources for clinical quality measurement
- Introduce requirements for a secure, effective, efficient, and timely Quality Measurement System
- Introduce Priority Use Case Categories

Proposed Timeline?

Milestones and Deliverables	Planned Dates
Validate value proposition summary Validate clinical electronic data sources necessary for clinical quality measures Review components of a statewide eCQM system and priority use case categories	3/07/17
Review preliminary themes from Environmental Scan Validate priority use case categories for statewide eCQM system Validate progress report to 3/16 Health IT Advisory Council Consider details around the components of a statewide eCQM system	3/14/17
Consider draft business and functional requirements for a statewide eCQM system	3/21/17
Review synthesis of input and validate recommendations for business and functional requirements for a statewide eCQM system	3/28/17
Consider governance, sustainability, and additional component areas requiring ongoing stakeholder planning for a statewide eCQM system	4/04/17
Review synthesis of input and validate recommendations for an ongoing planning approach for inclusion in the recommendations to Health IT Advisory Council Review and finalize the Design Group's recommendations for a statewide eCQM system	4/11/17
Present Final Report and Recommendations to Health IT Advisory Council	4/20/17

Validating Value Propositions of a Statewide Electronic Clinical Quality Measurement System

When estimating the potential value that could be realized by various users of a statewide eCQM system, would you agree with the following statements?

- Value won't necessarily be attributed equally to all system users.
- Value won't be attributed to each system user on the same timeline.
- In many cases, the value propositions for system users won't be fully realized until clinical data is integrated with other e-health data sources.
- The path to the highest value, where care is measured through a patient-centered focus, is through composite measures that are pulled from all sources where the patient has received care.

Central Value Proposition?

A statewide system for electronic clinical quality measurement will enable providers and encourage payers to successfully participate in value-based payment models.

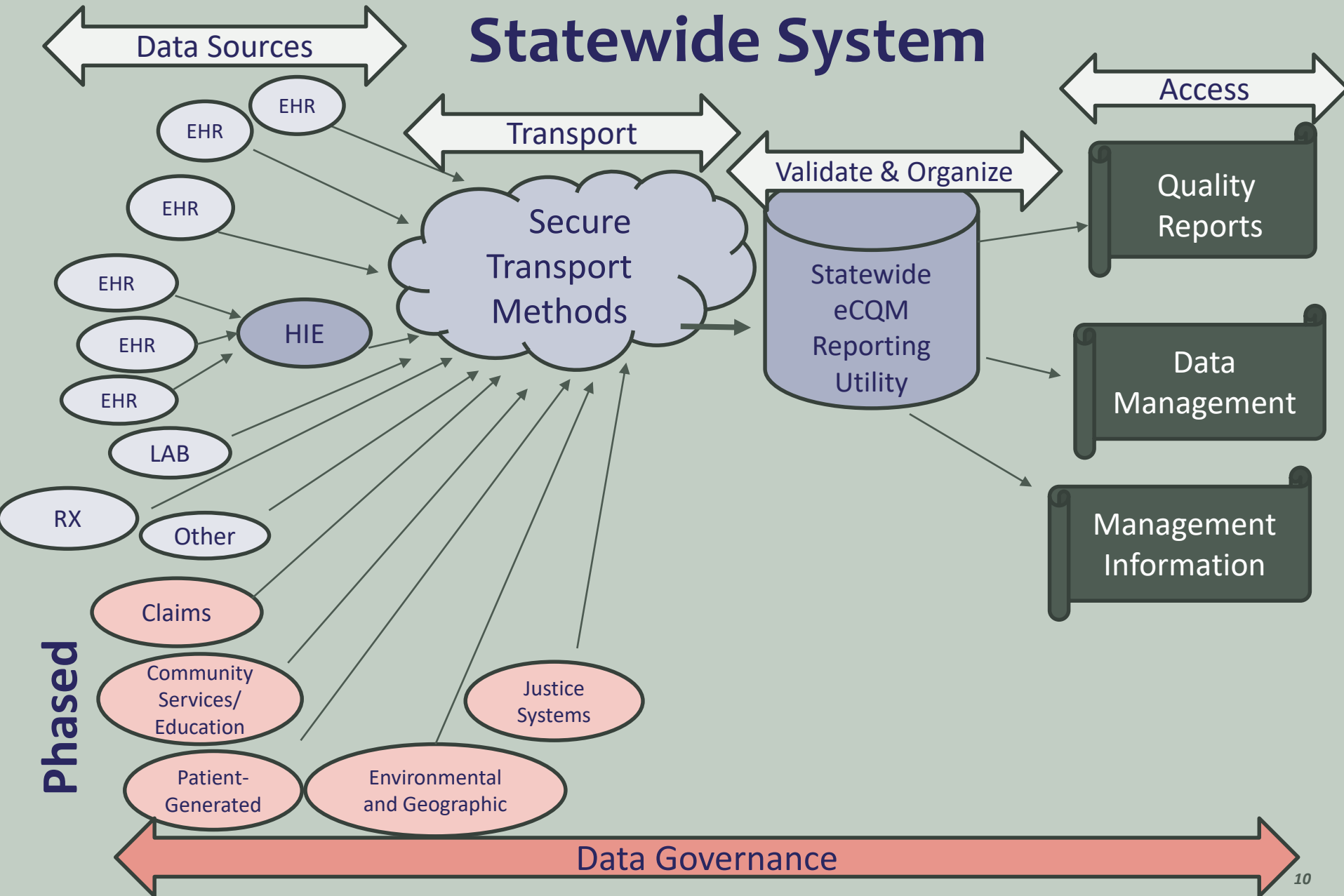
Over time, a robust healthcare delivery system of high-performing organizations will thrive in a value-based payment environment, and will help Connecticut achieve the triple aim of better health, better care, and lower costs.

Value Proposition Summary?

Value Propositions	Potential Recipients of Value	Agree?
Data to support clinically-based quality measures for use in value-based payment contracts	Payers, providers	
Data to support research and program evaluation	Payers, purchasers, ACOs, hospitals and provider practices, governments (federal, state, local), policymakers, philanthropies, community organizations	
Data to support delivery system quality improvement activities	Payers, ACOs, hospitals and provider practices	
Data to support more transparency of healthcare costs and quality performance	Payers, purchasers, consumers, policymakers	
Data to inform community needs assessments and resource planning	Governments (federal, state, local), policymakers, philanthropies, community organizations	
Data to better calculate financial risk and improve providers' ability to successfully participate in value-based care models	Providers, ACOs, hospitals	
Data to improve patient care and care coordination activities by identifying gaps in care	Patients and families, employers, providers, ACOs, hospitals	
Increased efficiency and decreased administrative burden by streamlining reporting of quality measures to a central source	All organizations reporting to quality measurement programs	
Trust formed between participating organizations for a neutral third party to collect and compare disparate data from multiple sources for agreed-to purposes and with agreed-to governance	All organizations reporting to quality measurement programs	

Discuss Various Models for a Central eCQM Reporting System

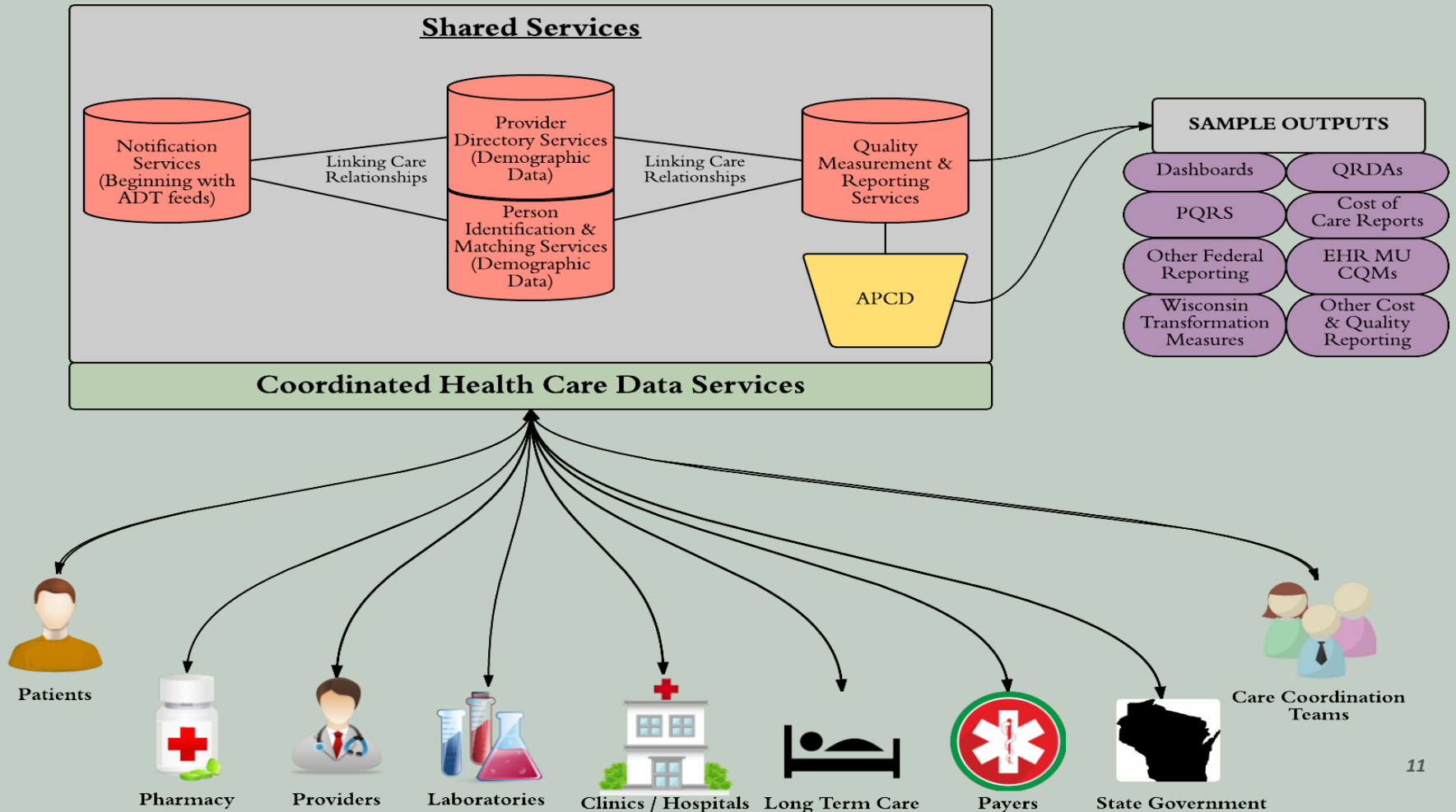
Conceptual Model of Statewide System



Healthcare Data Services

Example Only: Model #1

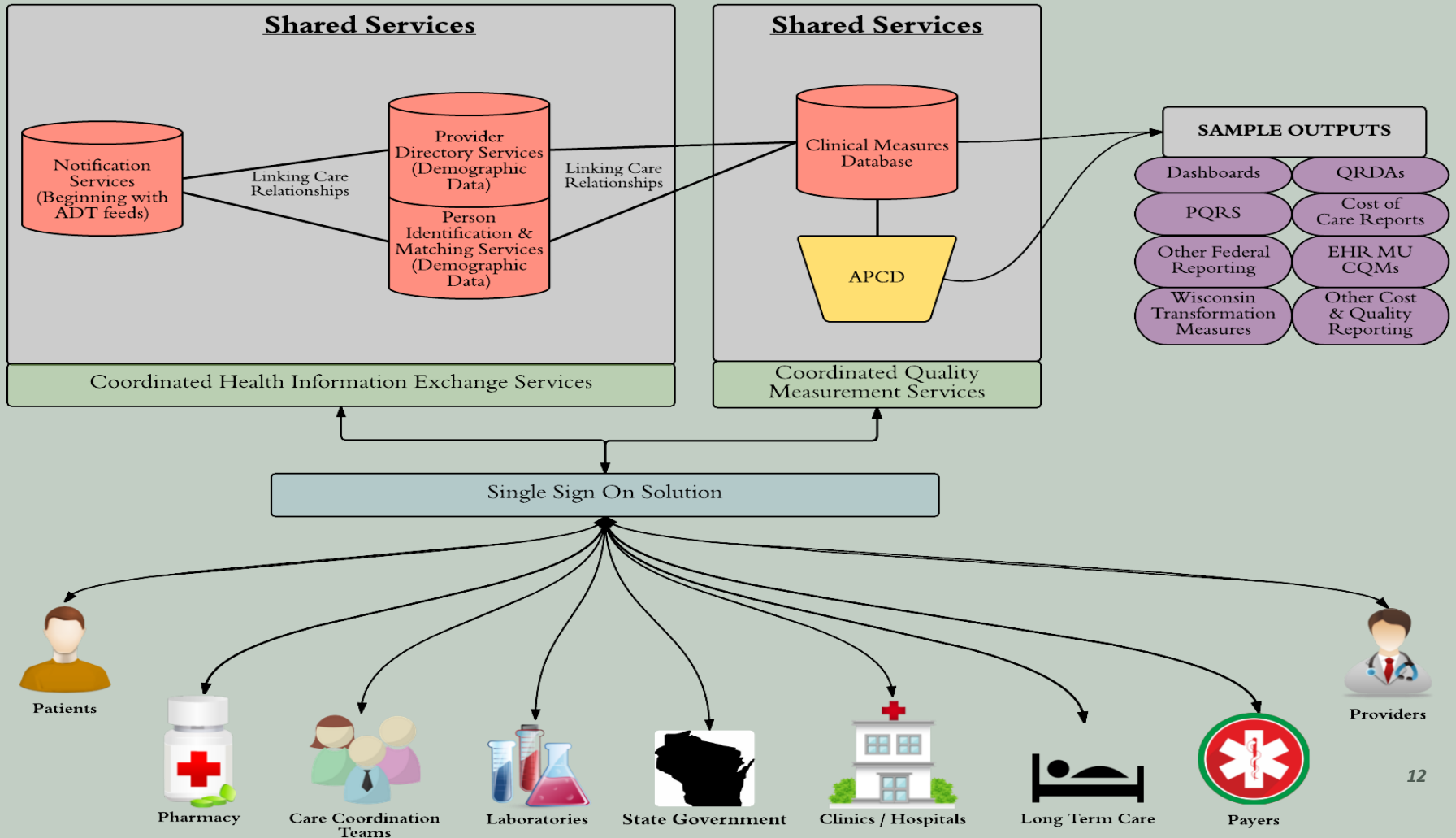
Coordinated Healthcare Data Services Model



Healthcare Data Services

Example Only: Model #2

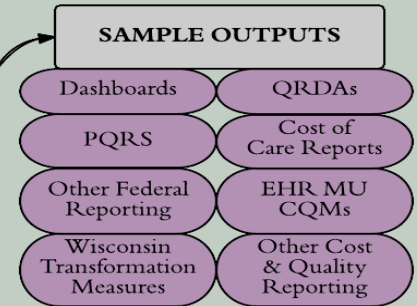
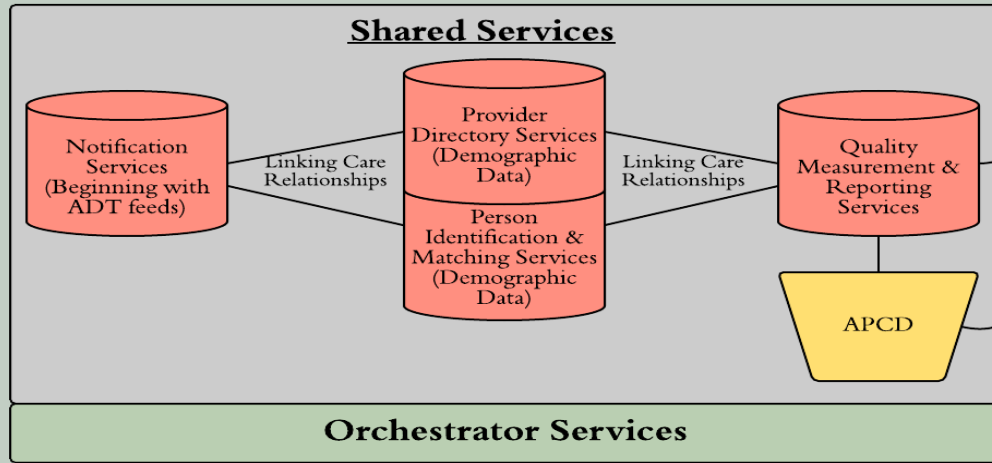
Dual Coordinated Services Model



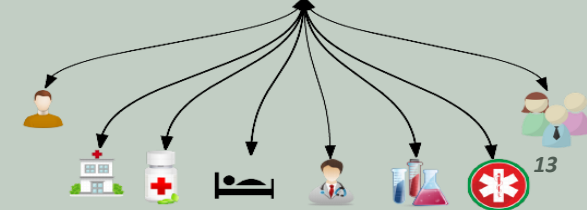
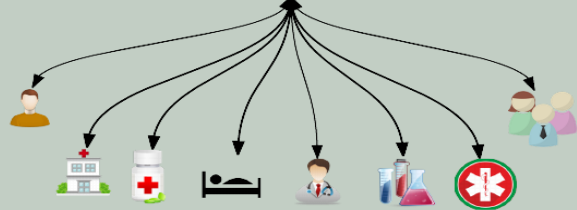
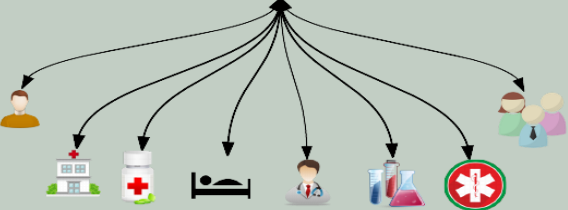
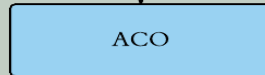
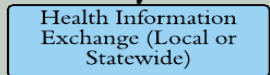
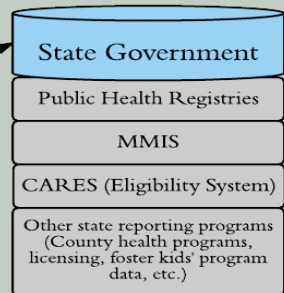
Healthcare Data Services

Example Only: Model #3

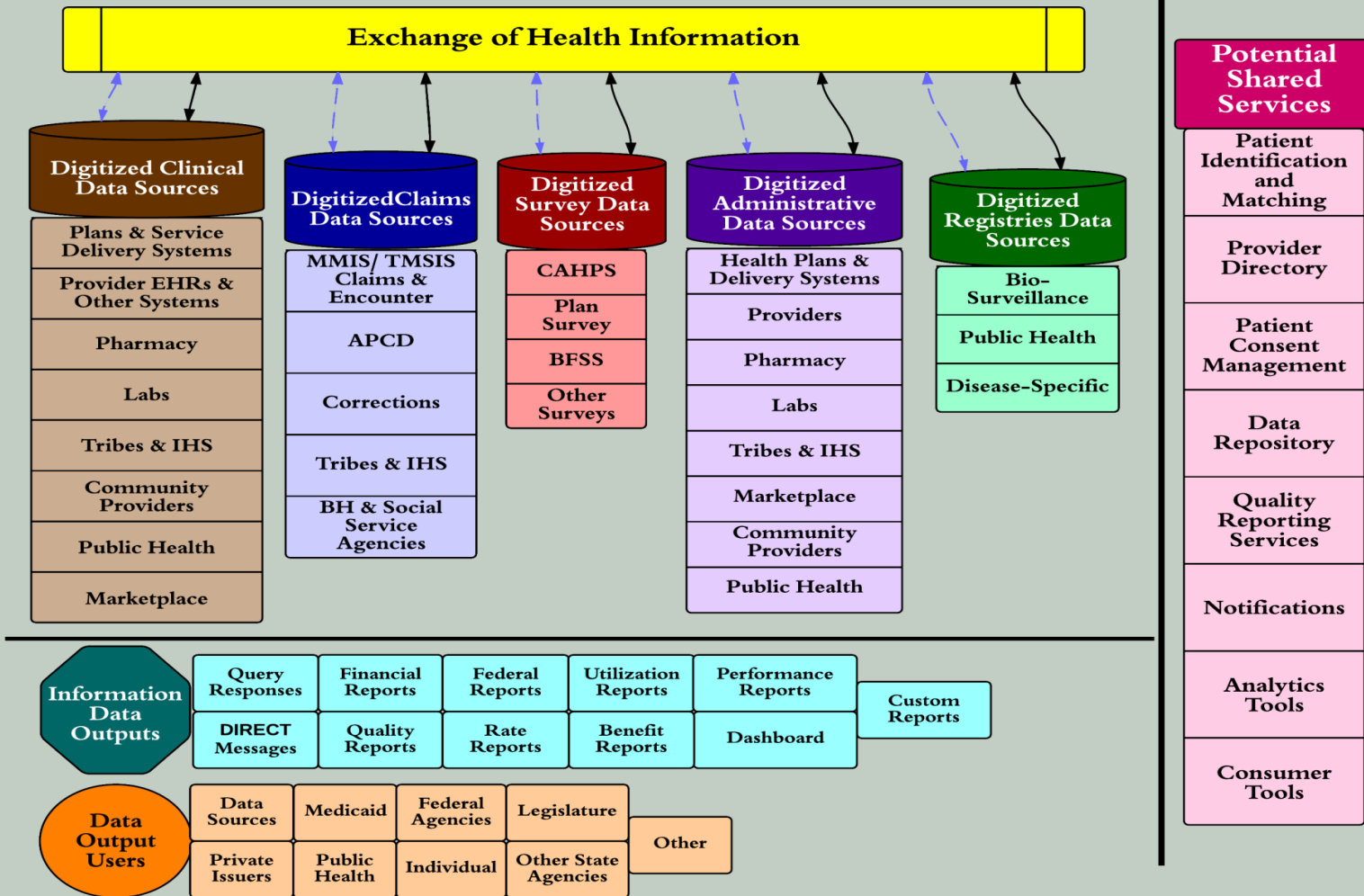
Orchestrator Model



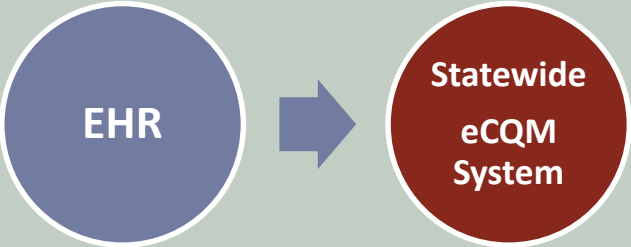
Individual Linkages for Specific Services



eClinical Data Sources (not comprehensive)



Data will be sent from many systems and will be in many formats



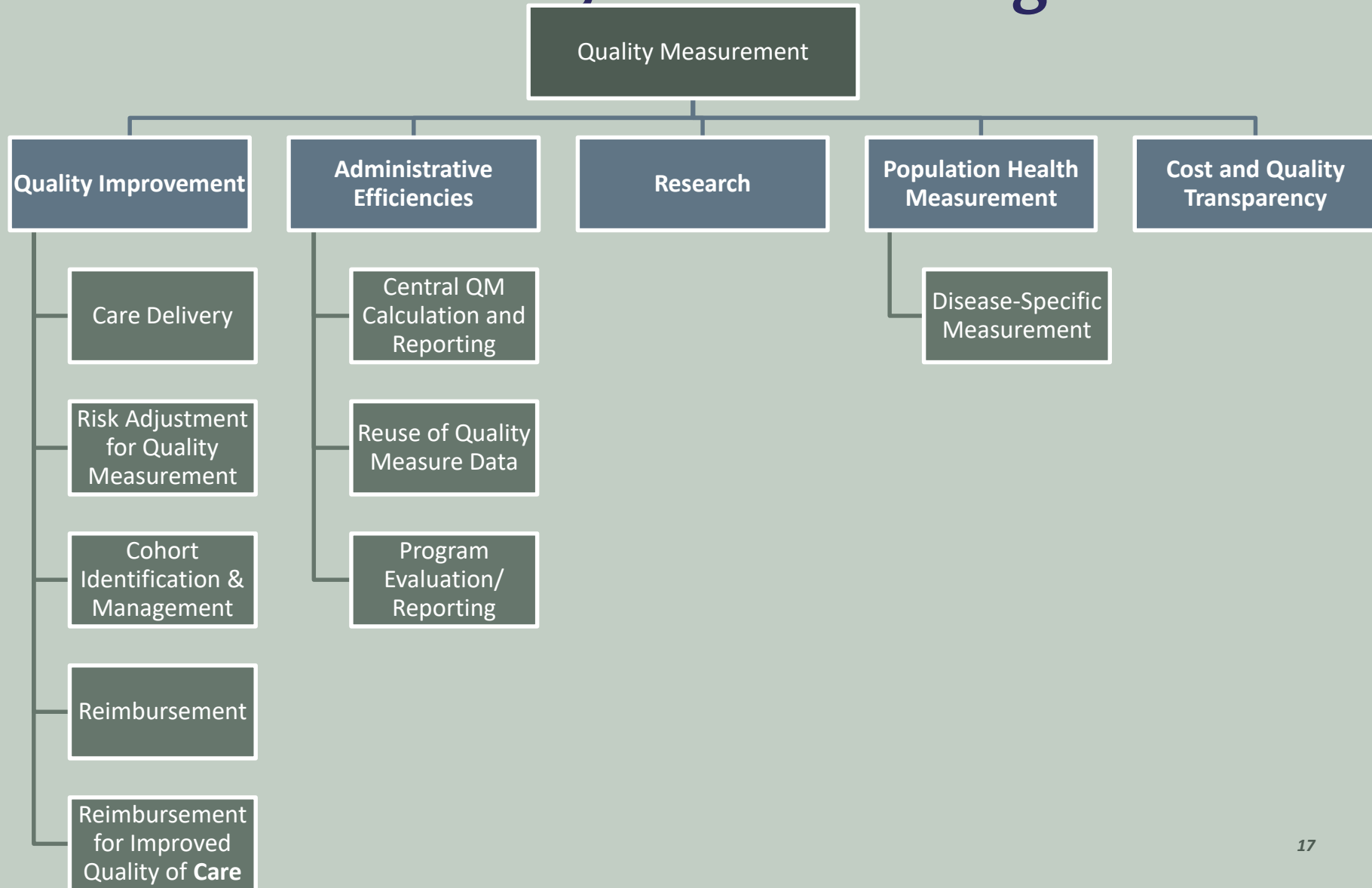
Intermediaries will need to be part of the plan



Next Meeting: Consider Additional Details on the Critical Components of an eCQM System

- Organizational Governance
- Data Governance
- Data Dictionaries
- Demographics: Master Person Index, Master Provider Directory, Authorized User Directory
- Attribution
- Data transport (Direct, query/retrieve, HL7)
- HIPAA requirements and consent framework
- Security standards
- Quality controls
- Risk adjustment
- Data normalization, integration, analysis
- Reporting services and tools
- Sustainable financial model

Next Meeting: Review Priority Use Case Categories



Next Steps

From CedarBridge by March 10th :

- Draft progress report
- March 6th meeting summary
- Background document on the critical components of a Clinical Quality Measurement System
- Definitions and examples of business and functional requirements

Work group members by March 14th meeting:

- Review background documents
- Seek constituency input, as possible
- Continue to be wonderful collaborators 😊



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