

**Electronic Clinical Quality Measures (eCQM) Design Group  
Meeting Summary**

Meeting Date	Meeting Time	Location – Zoom Web Conference
April 4, 2017	10:00 am – 11:30 am	<b>Webinar link:</b> <a href="https://zoom.us/j/159823584">https://zoom.us/j/159823584</a> <b>Telephone:</b> (408) 638-0968 <b>Meeting ID:</b> 159 823 584

Design Group Members					
Patricia Checko, DrPH, MPH	x	Michael Hunt, DO	x	Nitu Kashyap, MD	x
David Fusco, MS	x	Robert Rioux, MA		Craig Summers, MD	x
Tom Woodruff, PhD	x	Nicolangelo Scibelli, LCSW			
Design Group Support					
Karen Bell, MD, CedarBridge	x	Eva DeCesaro, CedarBridge	x	Mark Schaefer, SIM PMO	x
Carol Robinson, CedarBridge	x	Johanna Goderre, CedarBridge	x	Faina Dookh, SIM PMO	x
Michael Matthews, CedarBridge	x	Sarju Shah, HIT PMO	x	Allan Hackney, HIT PMO	x

Summary	
<b>Discuss updated Conceptual Model graphic and validate scope of Design Group’s charge</b>	<p>The updated diagram of a conceptual model of a statewide eCQM System (slide 7) was reviewed. The conceptual model now shows ovals for different stakeholder user groups. The discussion highlighted a need to designate public health functions outside of the state because Connecticut has a decentralized public health model where local public health entities generate data and would be a unique category of users of the System. A new blue oval for public health data should be added to the data sources. Community based organizations will be added as a separate orange oval. Patient users will be changed to “Patients/Consumers.”</p> <p>The Design Group validated the System components and discussed items that are in scope for development of functional requirements.</p>
<b>Consider draft functional requirements for a statewide eCQM System</b>	<p>Design Group member feedback on draft functional requirements for a statewide quality measurement system was reviewed on slides 13-25.</p> <p><u>Data Collection (slide 13-15)</u></p> <p>The following recommendations were made:</p> <ul style="list-style-type: none"> <li>• The ONC Interoperability Standards Advisory does <b>not</b> need to be specifically called out as the source for national standards. Language will remain as “nationally recognized standards.”</li> <li>• The System must be interoperable with API’s without further specifications.</li> </ul> <p>No other changes were needed and all updates were approved for slides 13 through 19.</p> <p><u>Measure Calculation (slide 22)</u></p> <ul style="list-style-type: none"> <li>• It was recommended that the following text be added to the first functional requirement in this category: “including behavior health measures as they become available.”</li> </ul> <p>The group discussed the potential value of a system that allows for custom-built measures for quality improvement activities. Individual users of the System will likely need the flexibility to modify existing measures or create new measures to deal with very local</p>

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quality improvement activities or to deal with issues that are specific to their patient population. This could be an add-on feature built at a later stage and potentially sustained financially through other means. This functionality is feasible but should not detract from making more immediate progress. Vendors could also be queried about this capability in a Request for Information (RFI). The functional requirement was modified as follows:

- The System should, over time, allow stakeholders to create measures customized for internal use.

Other recommendations for changes to functional requirements in the Measure Calculation category included:

- Add functional requirement: “The System should have the ability to represent different measure definitions for the same clinical concept as well as provide versioning and historical data retention.”
- Add the phrase “and data provenance” to the end of the existing functional requirement, “In calculating measures, the System must be able to address specific inclusion criteria, specific exclusion criteria, variable measurement periods...”
- Add to the sorting/filtering functional requirement the ability to exclude measures below a set minimum threshold number of attributed patients. It was recommended that the establishment of that minimum number would be a governance responsibility.

### Measure Reporting (slide 23)

- Change “other value-based payment models” to “other value-based payment models and payers.”
- It was recommended that the governing entity apply to CMS and secure approval of the System as a Qualified Clinical Data Registry (QCDR) with phasing in of test measures but requiring full calculation of all measures by some end date to be determined. It was further recommended that the time to full reporting capability be considered as part of the evaluation criteria.

### Results Dissemination (slide 24)

- Add language “including population health indices with respect to health equity and disparities in care” to the first requirement in this category.
- Add language to next functional requirement: “meet the needs of system users as defined by these users.”

### New Patient Consent Requirement

The group agreed on the need to draft a new functional requirement that addresses the need for a patient consent process.

No recommendations for changes were made for any other functional requirements in other categories.

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<p><b>Business Requirements and Use Case discussion</b></p>	<p>Dr. Bell introduced the discussion of Business Requirements and Use Cases by referring to the group’s prior discussion. The charge of this group includes the need to clarify and organize use cases and produce a final report on the business requirements of all stakeholders in the new environment of accountable care and value-based payment. The report will describe how an eCQM System could support these business requirements through the development of specific use cases.</p> <p>Dr. Bell emphasized that the starting point for thinking about Business Requirements and CQM Use Cases is the Central Value Proposition; this proposition describes value beyond what could be done by any individual stakeholder, through a trusted third party, to develop comprehensive patient-centered measures derived from all provider sources, with the ultimate goal to decrease administrative burden currently associated with quality measurement and reporting. She further pointed out that measures can be derived from multiple data types, and that the System would collect only that data related to quality measures. It was noted that this would not be a complete medical record of a patient’s care across the continuum of services.</p> <p>Dr. Bell further clarified, for the record and the final report, some of the unique features of the different data types: clinical data includes outcomes and is available in real time; claims data have lag periods of up to three months, but describe who has provided what clinical services to which patient, when, and where; and data from multiple other sources can be real time (loss of housing) or retrospective (vital statistics). Each, alone or in combination, can provide useful measures in support of various business requirements.</p> <p>Dr. Bell thanked the Design Group participants for providing feedback on the Business Requirements and Use Case Matrix. It was noted that the collated version will be reviewed with the Design Group members individually to complete the document such that each Business Requirement will be defined by its drivers and any Use Cases that could support it are included in the data categories listed. The document will be presented publicly on April 11 for validation.</p>
<p><b>Next Steps</b></p>	<p>The eCQM Design Group will meet on April 11<sup>th</sup> to review changes discussed today. The final meeting (either April 11 or April 18) will also be used to plan for the presentation to the Health IT Advisory Council. Members of the eCQM Design Group that do not already attend the Council meetings are welcome to speak at the presentation.</p>

Action Item	Responsible Party	Due Date
Update business requirements document	CedarBridge Group with Design Group members	4/11/17
Update functional requirements document	CedarBridge Group	4/07/17
Finalize critical components slides	CedarBridge Group	4/10/17