

Electronic Clinical Quality Measures (eCQM) Design Group Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
March 14, 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	x
David Fusco, MS	x	Robert Rioux, MA	x	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, SIM PMO	x
Carol Robinson, CedarBridge	x	Betsy Boyd-Flynn, CedarBridge	x	Faina Dookh, SIM PMO	x
		Allan Hackney, OLG	x	Mark Schaefer, SIM PMO	x

Summary	
Environmental Scan review	<p>Michael Matthews, the stakeholder engagement lead, discussed the preliminary themes that have emerged from the stakeholder engagement and environmental scan. Design Group members provided their thoughts and feedback regarding thoroughness of the process and the themes presented.</p> <p>It was recommended that the preliminary theme regarding an electronic Clinical Quality Measurement (eCQM) system be expressed in two distinct themes of desire for harmonization of measures and efficiency in the reporting process.</p> <p>Design Group members discussed difficulties and challenges of the behavioral health community to participate in the Meaningful Use program. Additional issues that surfaced were that the quality measures for the behavioral health community are different than what are currently required for Meaningful Use standards.</p> <p>It was noted that the responsibility of Accountable Care Organizations (ACOs) to control cost is a challenge due to lack of cost transparency.</p>
Value Proposition Validation	<p>Value propositions were further discussed and validated. A question was raised regarding the scope the eCQM solution and it was recommended that the solution be referred to more broadly as a Health IT-Enabled Quality Measurement System. It was noted that eCQMs are a subset of a Health IT-Enabled Quality Measurement System.</p> <p>It was recommended that the Conceptual Model (slide 20) be used to create an orientation to the solution, and that this model be socialized to explain the vision for the solution.</p> <p>A question was raised regarding individual patient record versus population-centered records. It was recommended that the group continue to develop a vision to drive toward the outcomes needed, including individual patient records.</p> <p>The value proposition of decreased administrative burden was discussed. It was recommended that this value proposition be listed as an aspirational goal. Consent for the exchange of behavioral health information was discussed. It was recommended that language regarding appropriate consent processes be added.</p>

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Progress Report	The eCQM Design Group Progress Report was sent prior to the meeting. No discussion or questions were raised and the Progress Report was approved for distribution to the Health IT Advisory Council.
Clinical Measure Data, Requirements, and Sources	<p>Themes from the Clinical Measure Data, Requirements, and Sources worksheet were reviewed. It was noted that some electronic health records (EHRs) do the work of measurement itself and that there are entities that require submission through the EHRs or through a recognized clinical quality data registry.</p> <p>It was noted that while many behavioral health entities have EHRs, they do not all conform to the needs of the community due to several factors, including, but not limited to:</p> <ul style="list-style-type: none"> • Gaps in the functionality of EHRs systems to support behavioral health needs • Lack of training to capture clinical data in discrete fields of the EHR • Cost of EHR systems and/or cost of interfaces to allow for automated data exchange <p>The issue of consent for sharing of sensitive data was also discussed as an issue facing this specialty area. Additionally, manual entry is still necessary for data that needs to be sent to the state.</p> <p>It was noted that most lab data can now be obtained through EHRs, however public health labs are still mostly reliant upon fax and paper. It was also noted that some pharmacies do provide information on dispensed medication, however there may be a fee associated with this. Finally, it was noted that radiology may be an important component of clinical quality measures in the future.</p>
Components of Statewide CQM System	<p>Components of a CQM system were reviewed, including fundamental components; data quality, provenance, and stewardship components; data extraction, transformation, and aggregation components; and reporting services components.</p> <p>It was clarified that “Notifications” on the slide 26 refers to operational communication, not Alert/Discharge/Transfer notification (ADTs). It was recommended that “patient self-reporting data” be added to the list of components, as well as exclusion criteria.</p>

Action Item	Responsible Party	Due Date
Update central value proposition	CedarBridge Group	3/17/17
Circulate Functional and Business Requirements worksheet	CedarBridge Group	3/17/17