

Quality Alliance Steering Committee – Measures Implementation Strategy Workgroup
November 9, 2009
Key Discussion Points

Paul Tang and Lew Sandy welcomed the workgroup, provided introductory remarks, and walked through the agenda for the workgroup's discussion.

Aparna Higgins of AHIP walked through a brief presentation discussing the progress that has been made in recent weeks on the AHIPF Data Aggregation project. Among the details Aparna provided were:

- Signed agreements are in place with four large health plans in each of Florida and Colorado, the two states in which the planned pilot will be implemented
- Efforts have been ongoing with each of these health plans over the last few months to ensure that the data exchange protocols included in the pilot are fully understood and that the technical algorithms will be executed uniformly. A handful of important data quality and other technical issues have been identified and resolved through this process. Now AHIP and the health plans are engaged in a process of testing and validating the algorithms in place. It is expected that the plans may begin to submit their full datasets as soon as early December.
- In addition to the validation efforts underway at AHIP and the health plans, further validation efforts have been undertaken by NCQA, who was awarded this contract through a competitive bid process.
- Discussions are currently underway with CMS staff regarding the potential inclusion of Medicaid data in the pilot, and early steps have been taken to include Medicare data.
- Lew Sandy noted that John Tooker might be able to help facilitate some of the physician outreach activities in Florida and Colorado currently being discussed with the Robert Wood Johnson Foundation. John agreed to help in any way he could with members of the American College of Physicians.
- Paul Tang asked whether, given the current structure of the Data Aggregation project, it would be possible to uniquely identify patients for the purposes of linking to other datasets or measurement efforts. Aparna noted that because the distributed data model does not permit PHI to be transferred from its home site to other sites, it is a limitation of the current pilot that patients cannot be identified in this way.

Mark Legnini of Brookings discussed briefly the few projects currently underway with registry owners in the area of cardiovascular care (i.e., the American College of Cardiology and the Society of Thoracic Surgeons). Progress on these projects has been strong in recent weeks, as staff prepare for the final project discussions in early 2010.

In addition, Mark led discussion of the outline for a policy brief on issues affecting the future of clinical registries. In particular, Mark walked through a number of the key issues that are discussed in the document's current draft including, among others:

1. Inconsistent provider participation;

2. Increasing concerns regarding registries sustainability given the additional costs of robust audits that would be necessary to ensure the validity of any publicly available reports based on the data;
 3. The impact of perceived restrictions imposed by HIPAA on the participation of health plans and other organizations in studies involving the linkage of registry data to other datasets; and
 4. The likelihood that the responsibilities of owning and maintaining clinical registries may migrate to large provider organizations' EHR systems.
- Paul Tang asked whether the QASC Roadmap would be discussed in the policy brief and the role of registries in it as well as the impact of available stimulus funding and the work underway to define "meaningful use" of HIT. Mark agreed that much of what was to be discussed in the policy brief would be very timely given current efforts in the areas Paul raised.

Kalahn Taylor-Clark of Brookings provided an update on the ongoing Indirect Estimation Pilot in Massachusetts as part of the Racial and Ethnic Healthcare Equity Initiative (REHEI). She provided an overview of the project as well as its key goals and current strategies for disseminating information regarding the project's methods and outcomes.

- John Tooker asked for Kalahn's impressions of whether the bills currently being discussed in Congress addressed the issues of racial and ethnic healthcare equity in meaningful ways. Kalahn noted that some of the bills that had been discussed prior to the passage of the House bill did have some explicit language addressing data collection methods for racial and ethnic indicators. The bill that was passed discusses the importance of addressing disparities with respect to patient language, and some of the methods used in this context may be transferrable to the racial/ethnic issues her work centers around.