

National-Regional Implementation Work Group
Conference Call Notes
June 3, 2009

The following is a high-level review of the discussion points that were touched upon during our June 3 National-Regional Implementation Work Group conference call.

Because of the richness of the discussion around the draft QASC 3-year workplan, the remaining items on the agenda were left for future discussions. Project staff will discuss the possibility of scheduling an additional call with the workgroup to discuss the update on ongoing Data Aggregation activities, the AHRQ resource guide, the summary of regional collaboratives' unmet needs as obtained through the MARS survey, and the update on NRHI's activities.

Review Draft QASC 3-Year Workplan Document

- Joachim Roski of Brookings walked through the draft QASC 3-Year Workplan presentation slides, the final version of which will be presented at the quarterly QASC meeting on June 19. As Joachim explained, this document's purpose is to lay out a plan for progress over the next three years as efforts are coordinated and implemented to support making quality and cost measures more widely available and useful nationwide. Because of the scope and detail of this presentation, Joachim asked the workgroup for their impressions of the presentation's clarity of strategic focus, areas where more or less detail might be warranted, opportunities to incorporate new examples or ideas being discussed that have not yet been incorporated, or ways to discuss the proposed pilot efforts in a more compelling way. Joachim also singled out a few of the workgroup's members and thanked them for their feedback and other support as he had been developing and revising this slide deck in recent weeks. Finally, Joachim mentioned that some of the workgroup's questions and comments could possibly be addressed through a somewhat more detailed white paper that will be developed based on the final approved version of the slides.
- One workgroup member suggested that it could be very important to add some discussion toward the beginning of the slide deck reviewing why the QASC is interested in furthering these efforts – these comments might make sense to include as early as slide 2. While the 4th subbullet there suggests that the key goal is to implement a data collection/reporting infrastructure, the real end goals are, among other things, informing policy discussions, informing discussions around the deployment of limited resources for HIT, offering best practices to groups who would be involved in the implementation stages of these efforts, and reducing the variability of cost and quality of healthcare provided nationwide. It could be said that the end goal is to support efforts to ensure quality of care while addressing cost control, “not just measurement for measurement's sake.”
- One of the workgroup's co-chairs, Shannon Robshaw of the Louisiana Health Care Quality Forum, noted that the next steps listed in the presentation, including pilot efforts, will require some federal funding. She asked where that funding would go, exactly? Joachim responded that this document does not address where exactly the funding would go because such language could be a non-starter when this document reaches legislators. While it is certainly possible that CMS, HHS, or even QASC could serve to help

distribute federal funds for pilot projects, the specifics of this cannot be specified at this time.

- David Shute of the Oregon Health Care Quality Corporation suggested that it may not be sufficiently explicitly discussed in the current presentation how the QASC's efforts reflect or relate to other ongoing efforts at healthcare reform or HIT dissemination. An additional slide may be necessary to capture or discuss some of these parallelisms. The recent publicity of the accountable care organization or accountable care generally could certainly be referred to in this context.
- Harold Miller of NRHI suggested that the presentation's emphasis is often on the development and adherence to national standards of quality measurement and its component parts (e.g., coding language, document formats, and emphasized measures). However, many local organizations like regional collaboratives or health systems have developed measures to address specific process improvements in care that are particularly relevant locally. As such, it should be important to emphasize the role of local organizations in innovating in this space, and it is certainly important to emphasize how the end goal of these activities is to improve quality of medical care.
- David Shute agreed with Harold Miller's comments and suggested that what was truly needed through this workplan, in addition to some data-sharing standards and pilot efforts to address technical questions, was a basis and set of standards with which to measure and compare local pilots and other regional efforts at improving quality and efficiency of care through accountable care structures or other delivery and payment reform models. David emphasized that much of the innovation at the local level should be supported and measured by the national standard-developing entity, instead of a situation where the national entity was responsible for innovating and asking regional groups to adhere. As Harold Miller mentioned, it would be appropriate to include some language in the presentation to the effect of "There is no one-size-fits-all approach" to measurement for quality improvement that could be developed federally and implemented locally everywhere.
- Harold Miller also noted that the presentation should at some point discuss how the data infrastructure developed through this workplan should both support nationally standardized performance/quality measurement activities and be functionally interoperable with clinical support tools and EHRs so that they can affect care decisions and quality of care in real time. For example, while national quality metrics may be produced annually, the quality improvement functionalities of this data stream requires continual/real time data feeds.
- One workgroup member suggested some of the need for integrating data systems and developing national standards could be demonstrated in a more compelling way through a simple example of the current fragmented data model's operations in the case of a single patient presenting with AMI, for example. Then, the presentation could illustrate how care patterns and data sharing activities in the ideal system would look. This example, if integrated into the document, should appear toward the front.