

Quality Alliance Steering Committee, Measures Implementation Strategy Work Group  
February 2, 2010 – Conference Call Notes

The following is a high-level review of the discussion points that were touched upon during the MIS Workgroup's conference call on Tuesday, February 2.

Niall Brennan of Brookings and workgroup co-chair Lew Sandy welcomed participants to the call. Niall walked through the call's agenda and introduced Kalahn Taylor-Clark of Brookings and Aparna Higgins of AHIP, who would be providing updates on their respective components of the High-Value Health Care (HVHC) Project.

Update on AHIPF Data Aggregation Efforts

- Aparna Higgins provided a general status update on AHIPF's efforts on the data aggregation pilots in Colorado and Florida. AHIPF staff completed "beta" runs of the health plans' data submission software with multiple participating plans – the few minor issues encountered through this testing process are currently being addressed. NCQA has completed validation of the AHIPF Measurement Utility the software tool used by the health plans to calculate the measures and perform the attribution. Health Plans are processing their data through the NCQA validated AHIPF Measurement Utility, and AHIPF has begun receiving data from plans. The provider portal is also being tested, and a provider-centric "FAQs" document is under development. AHIPF staff is currently undertaking more intensive outreach efforts to the various medical societies in Colorado and Florida.
- One workgroup member asked about the projected timeline for the project's completion. Aparna noted that the next steps in the process are to collect the health plans' final data submissions, aggregate and validate these data, and then to make the data available to physicians in Colorado in Florida in March 2010. The methodology for the project will be made available on the website as well. Lew Sandy clarified that this project is intended to serve as a "proof of concept." As such, with the uncertainty of health reform looming, it's difficult to say what is in store for the project and its related activities beyond Q2 2010.
- Paul Tang, the workgroup's second co-chair, also noted that ARRA and HITECH legislative language also may have implications for this work downstream. One workgroup member asked how the Beacon community demonstration project, the work of ONC, and other projects going on at Brookings interface with the Data Aggregation project. Other workgroup members noted that, to their knowledge, the Beacon and ONC efforts were not explicitly based on this work and that their scopes of work were in some cases only indirectly related. There may be a potential connection down the road between the Data Aggregation project and the other HVHC projects related to Data Integration to the extent the project's measurement capacities can be improved through the inclusion of clinical data.
- Another workgroup member asked to what extent AHIPF had reached out to individual physicians as a part of their outreach efforts. Aparna clarified that the outreach efforts had been directed toward the leadership of the various medical societies in the two states; the goal was to ask the leadership of these societies to assist with "getting the word out" to practicing physicians.

- Aparna also walked the workgroup through a PowerPoint presentation detailing the steps taken to validate the key software systems involved in the project: the Plan Solution (for calculating measures, attributing patients to physicians and preparing results for submission to AHIPF) and the AHIPF Hub Solution (for aggregating data, calculating aggregated quality measure results, and reporting results).
- Greg Pawlson of NCQA asked how transferable the validation practices established here would be under circumstances where hybrid measures (relying on administrative and clinical data elements both) were being calculated. It was clarified that the current Data Aggregation tool is not set up to collect and aggregate clinical data. Greg further noted that the validation efforts NCQA leads include the use of hybrid data to help benchmark the computed results. This may be a concept to pursue in the next iteration of this project.

#### Update on Racial/Ethnic Health Care Equity Initiative (REHEI)

- In the few minutes remaining on the call, Kalahn walked the workgroup through the current draft of the agenda for the March 25 Racial/Ethnic Equity Conference to be held at Brookings and asked for feedback regarding its structure and flow. The workgroup generally agreed that the agenda showed evidence of a lot of thought and that the conference looked to be very interesting and informative.