

Quality Alliance Steering Committee, Measures Implementation Strategy Work Group  
May 17, 2010 – Conference Call Notes

The following is a high-level review of the discussion points that were touched upon during the MIS work group's conference call on Monday, May 17.

Adam Wilk of Brookings and one of the work group's co-chairs Lew Sandy welcomed participants to the call and walked through the call's agenda, which included updates from three initiatives of the High-Value Health Care (HVHC) project. Lew asked Joachim Roski of Brookings to provide some comments regarding the changing role and responsibilities of the QASC in the aftermath of the health care reform law's passage. After Joachim addressed Lew's question, he stood in for Kalahn Taylor-Clark and reviewed the content of the working group paper emerging from the HVHC Racial/Ethnic Health Care Equity Initiative's (REHEI) Health Disparities Conference in March, asking the work group for their input. Following that discussion, Mark Legnini of Brookings solicited the work group's feedback on two issue briefs containing key recommendations derived from the HVHC project's data integration activities. Aparna Higgins of AHIP also updated the work group regarding the HVHC Data Aggregation Efforts led by the AHIP Foundation (AHIPF).

#### Shifting Focus of the QASC

- Joachim Roski noted that, since the passage of the health care reform legislation, numerous federal agencies and administration authorities have begun grappling with the difficult work of implementing the law and meeting its requirements. As they do so, they will look to the examples and experience that private sector entities have to offer. As such, there will be many opportunities for organizations like the QASC to have a role in influencing key policymakers and organizations and to inform the structures health care reform implementation takes in the coming months and years. Joachim also noted that to date the majority of the QASC's activities have pertained to the formulation and development of methods that can be used to promote and improve performance measurement activities. In light of the QASC's new focus on implementation, many of its activities will shift likewise. For example, the cost-of-care and REHEI activities of the HVHC project will likely be expanded to include collaborations with regional organizations to pilot-test the methods they have developed previously.

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

- Following the March 25 Racial/Ethnic Equity Conference in Washington, D.C., Brookings convened a working group with the goal of preparing a white paper that would address the key discussion points of the conference related to the collection and use of race and ethnicity data. The paper would include recommendations relative to the collection and use of these data by local stakeholders and stakeholder groups as well as the public sector, and it would seek to touch on some of the most promising, practical approaches for using these data as well as some of the potential unintended consequences of other approaches. Joachim Roski noted that the report is expected to be complete in June. An outline of the paper was shared with the MIS work group in preparation for this call, and so Joachim asked for the work group's input on it.

- One work group member asked whether it was realistic to discuss the roll-out of these data collection and use methodologies as possible within the next few years. Joachim noted that with the roll-out of funds to support the uptake of electronic health records systems over the next three years, it will become increasingly likely that a given provider organization will have the hardware and software capabilities to support these activities. The process of training providers, office staff, and other data users to collect and report out these data will take time too, and the same can be said for promoting consistency and standardization in the practices of data collection and reporting. Furthermore, it will take longer to bring some individual clinics and practices on board than others. Still, today it is possible to engage in many of these recommended activities at a population level and to make meaningful progress toward finer levels of measurement.

#### Update on Data Integration Activities

- Mark Legnini reminded the work group of the key components of the HVHC project's collaborative efforts with the American College of Cardiology (ACC) – to develop new performance measures and test them using UnitedHealthCare (UHC) claims and ACC clinical registry data – and Society of Thoracic Surgeons (STS) – to refine previously developed measures and test them using WellPoint claims and STS clinical registry data. Toward the end of these projects, core working groups of project participants and stakeholders were convened and asked to address three key questions:
  - a. What is the utility of these methods and its resulting measures?
  - b. Is the methodology feasible, and could it be easily replicated by other like organizations?
  - c. Is the methodology financial viable over the longer term?
- The key conclusions of these discussions will be incorporated into a “Data Integration Issue Brief” to be released within the next 1-2 months. Among the items discussed is the consideration that voluntary registries weigh when deciding whether or not to engage in data integration projects, particularly those projects involving performance measurement: will participation slacken as a result? Because the value of the registries is, in part, built on their coverage and universality, such registries may often tread lightly in these areas as a result. A second item discussed is that the applications of HIPAA to such projects are commonly misinterpreted, and so some organizations may opt to avoid these projects rather than explore HIPAA's relevance and potentially incur unknown risks. It has even been asserted that some organizations use HIPAA as an excuse to avoid certain activities they find unappealing.
- Mark Legnini also touched on a separate but related effort through which Brookings is preparing a white paper that provides high-level discussion of several key technical issues affecting data linkage activities (such as those performed in the ACC and STS projects). The paper will also identify future considerations for the design and use of registry systems. This white paper is currently undergoing final revisions and is expected to be related within one month.
- One work group member asked for some clarification regarding the shortcomings of current national registries. Mark Legnini identified two of these shortcomings as, in some cases, transparency – some registries allow only limited access to their data – and timeliness. Because of the concerns around the timeliness of the data, some private

organizations have resolved to develop their own internal registries that report information on a daily basis (rather than rely on the national registries' quarterly or semi-annual reporting) so as to support care coordination, patient monitoring, and quality improvement more effectively and efficiently. It was agreed that observations like these could be very useful if made available in time to inform efforts to comment on proposed HITSP rules.

- Another work group member asked about the deliverables' conclusions regarding the financial viability of data integration efforts and registry systems. Mark Legnini clarified that the financial viability of these systems will be directly correlated with their utility and applications. If it can be determined that their applications are useful and beneficial, the financial case will be made.
- One work group member suggested that the provider community hopes the measures developed through efforts like these would go through a national endorsement process such as NQF's. Mark Legnini noted that the 9 measures developed through the ACC collaboration are currently on the path to be submitted to NQF.
- One work group member asked about efforts being made to validate the data in national registries. Mark Legnini observed that while current auditing is relatively limited, it will likely be a significant added cost to organizations maintaining registries to enhance the data validation processes, such as may be required to support future efforts to use these data for payment or public reporting.
- Mark Legnini also updated the work group regarding a recently concluded collaboration with Virginia Health Information (VHI) and the Agency for Healthcare Research and Quality (AHRQ) to enhance hospital discharge data with lab results and present-on-admission indicators. In particular, these data were used to test the impact of their inclusion in risk adjustment models for hospital outcome measures. The results of the pilot led to the conclusion that the risk adjustment models for these measures were improved materially (in terms of their predictive power) for all measures tested. Brookings is now preparing an issue brief highlighting this effort and its methods, its importance for improving the measures' credibility among providers, key best practices and lessons learned from piloting the methods in Virginia, and conclusions regarding the feasibility of similar efforts in other states or regions. Min Gayles Kim of Brookings clarified that at the present time, there have not been any indications from AHRQ that they plan to expand this pilot to other states.
- One work group member commented that one potential issue is the variability of hospital coding practices and standards as well as their ability to capture lab results for labs completed in ambulatory settings. The work group member also noted that the Office of the National Coordinator for Health Information Technology (ONCHIT) may provide some guidance around Meaningful Use that addresses this issue in part. Min Gayles Kim commented that another Brookings-staffed initiative, the Advanced Measurement Best Practices Project, is taking a closer look at data collection and aggregation practices to identify best practices in these areas. Results from this effort may be shared with the MIS work group during future discussions.

## 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. The AHIPF Hub has received health plan data and has completed its physician crosswalk. NCQA is currently in the process of completing its quality assurance efforts, validating the AHIPF methodology and its implementation. Aparna noted that as a result of this process, there have been a few occasions where AHIPF requested health plans to resubmit their data. Reprocessing these data should take approximately one week. Data from Blue Cross Blue Shield of Florida will also be added at this stage.
- Additionally, AHIPF continues to maintain communications with local medical societies and associations in both states to help engage and inform local physicians about the effort. In fact, the state medical society in Colorado has agreed to sign a letter to the state's physicians to support those efforts. In addition, the AHIPF team is preparing a document summarizing many of the project's key lessons learned with respect to their technical solution as well as other data-related issues. The project is scheduled to be completed by the end of June.