

INTERNAL DOCUMENT – NOT FOR PUBLICATION

National-Regional Implementation Work Group Conference Call Notes
March 18, 2009

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

Plan for Developing a Report on the Unmet Needs of Regional Collaboratives

1. Niall Brennan indicated that much of this report, which will be presented to the QASC at their June meeting, will be based on materials already extant, including MARS survey data and AHRQ resource guides developed in support of CVE activities.
2. In addition, workgroup members agreed, it would be worthwhile to set up 30-minute discussions with any interested workgroup members to ensure their ideas and interests regarding the unmet needs of regional collaboratives are captured.
3. Next Steps:
 - Brookings staff will compile any additional relevant information collected through MARS survey and AHRQ resource guides. Based on this document they will conduct focused discussions with workgroup members individually to draft a more complete list of the “unmet needs” of regional collaboratives.
 - Resources permitting, Brookings staff may also survey other regional collaboratives or non-CVEs to elicit their input on unmet needs.
 - Brookings staff will plan to engage workgroup members for these interviews during the first 1-2 weeks of April to ensure there will be enough time to incorporate this information into the draft report.

Network for Regional Healthcare Improvement (NRHI) to serve as lead advocate for regional collaboratives

1. Jim Chase discussed the recent decision to designate NRHI as the organization that would represent the interests of regional collaboratives at the national level.
2. As one workgroup member pointed out, this is potentially a very significant development in the way regional collaboratives will be interacting with other national organizations.
3. Workgroup members identified several opportunities for collaborations across CVEs which could be coordinated through NRHI, including:
 - a. A white paper discussing the various local roles related to HIT dissemination, quality measurement, and improvement in care delivery processes, where they overlap, and where they can be effectively subdivided between different parties
 - b. A more thorough document including recommendations to the heads of particular federal agencies from the perspectives of regional collaboratives related to the distribution of federal funding (see below) and the greater role of regional

collaboratives in developing and rolling out HIT standards, promoting interoperability, and piloting initiatives nationwide

Opportunities for Regional Collaboratives vis a vis Stimulus Package Funding

1. Shannon Robshaw discussed her findings through other work with NRHI and AHRQ regarding potential opportunities for regional collaboratives to apply for funding through the stimulus package. Though they may not be available to all regional collaboratives/CVEs, much of this funding will be worth investigating by all who are interested. In her estimation, the best opportunities lie in the areas of Health Information Technology and Comparative Effectiveness. Related discussion points included:
 - i. The CVEs that are CMS EHR demonstration sites should be well poised to apply to become Regional Assistance Centers, given they are already working to support local providers in their adoption of HIT
 - ii. NRHI has nominated individuals to serve on the HIT policy Committee to help incorporate regional collaboratives' collective knowledge into these discussions (e.g., regarding ways to collect race and ethnicity data)
 - iii. NRHI is currently developing materials they will send to the relevant agencies and individuals so as to influence the way these funds are distributed and better support regional collaboratives.
2. Workgroup members identified key questions to follow-up on:
 - a. For each of the funding sources, who are the relevant points of contact (e.g., potentially Tom Valuck and Karen Milgate of CMS)?
 - b. Once these individuals are identified, what are the best ways of contacting them to help inform the plans for issuing RFPs and disseminating funds?
 - c. What can regional collaboratives do to ensure that when these RFPs and other potential sources of funding are released, they are informed about it?
 - d. Is there information available on the most effective ways to support provider to make EHR adoption feasible/successful?

QASC Efforts Related to Data Aggregation

1. Aparna Higgins presented the first half of the material she had presented previously to the full QASC on March 17. She will plan to complete her review of these activities during the next NRI workgroup meeting.
2. In response to a workgroup member's question, Aparna indicated that, depending on the particular needs of more sophisticated regional collaboratives, AHIP has been open to working with those collaboratives to test certain data hub substructures, such as the physician feedback interface.
3. Jim Chase suggested that much of what AHIP can achieve through their efforts will be most helpful to those areas of the country where there is no sophistication around quality

measurement or data aggregation. There may be aspects of what they are doing that would be worth integrating into current CVE efforts, but there may need to further efforts down the line to ensure compatibility between the two after these less sophisticated regions have achieved an initial level of activity.

4. Workgroup members also raised a few questions for technical clarification, e.g. related to the level of measurement (AHIP intends to measure at both the individual physician level and TIN level despite potential concerns around sample size at the individual physician level)