

INTERNAL DOCUMENT – NOT FOR PUBLICATION

National-Regional Implementation Workgroup Conference Call Notes
September 8, 2009

The following is a high-level review of the discussion points that were touched upon during our August 10 National-Regional Implementation (NRI) Workgroup conference call.

Joachim Roski and Niall Brennan of Brookings welcomed the call's participants and noted that Shannon Robshaw, one of the workgroup's co-chairs, would be unable to participate on the call. Jim Chase, the workgroup's other co-chair, also greeted the workgroup.

Jim Chase led the workgroup's discussion of the latest version of a memo that would be presented to the Quality Alliance Steering Committee at its meeting on September 16. This memo discusses four recommendations the QASC might endorse to help regional initiatives fulfill their potential to serve as local coordinators and agents of performance measurement and quality improvement in health care. He also highlighted the changes that had been made to the memo since it was last viewed by the workgroup in August. Jim provided the workgroup with an opportunity to provide further comment on the document.

- One workgroup member opened the discussion by suggesting that stronger language could be used to open the document. Such language could indicate that regional collaboratives currently are not meeting their full potential but could do so with the support of the QASC and its stakeholders.
- A workgroup member asked, when the document discusses regional efforts to integrate and calculate performance measures using a variety of data sources, whether it is implied that these data sources include Medicare and Medicaid data. Other members of the workgroup confirmed that while in some instances regional efforts have experienced difficulties with integrating these public data sources with their local private data sources, the intent is that these efforts should incorporate "all available data."
- It was suggested that it might be appropriate to combine the second and third recommendations (discussing stakeholder engagement and linking performance measurement to quality improvement, respectively), given that the two are very closely linked. The workgroup agreed that since efforts at stakeholder engagement truly are a means to an end – translating measures into real quality improvement locally – it would be reasonable to combine the two recommendations provided the emphasis remains on quality improvement.
- Niall Brennan thanked the workgroup for its feedback and noted that their suggested changes would be incorporated before the document would be presented to the QASC.

Joachim Roski reintroduced to the workgroup the concept of the nationwide measurement pilot network, which QASC staff members propose would work with 12-15 designated pilot sites to identify best practices in data collection and aggregation that would consistently produce comparable performance results, even using a wide variety of data sources. Since several changes had been made to the proposal document since it was last reviewed by the workgroup, Joachim invited them to provide additional feedback on it before it was presented to the QASC.

- Jim Chase indicated that this proposal resonated with him given the experiences of a few physician groups near the Minnesota-Wisconsin border who were asked to submit data for the same NQF-endorsed performance measures. However, since the two state's data collection entities used different data submission protocols, the physician workgroup had

to go through the data submission process twice. This example highlights the inefficiencies associated with varying data collection methods and motivates asking the question as to whether the information submitted by those practices to the two states was effectively equivalent, despite the different data submission protocols. Joachim expressed appreciation for Jim's comment and suggested that he would use this example in illustrating the proposal's value going forward.

- One workgroup member pointed out that the goal of such a pilot should be to facilitate the comparison of performance results both between two providers within the same region and between two providers in different regions, ideally. To the extent regional initiatives such as CVEs and other regional initiatives can play a role in promulgating the consistent use of standard data collection and aggregation methods, it may be easier to ensure that the results produced by two providers in the same region are comparable.
- One workgroup member suggested that to help facilitate nationwide comparability, it might be ideal to identify 2-3 comparable methods and to promote their use. Another workgroup member suggested that to accommodate the wide variety of data sources currently in use by different providers nationwide (e.g., EHRs, PHRs, integrated health system's records, registries), it may be necessary to identify 5 or 6 comparable methods for a given measure.
- A workgroup member suggested that one potential deliverable that could emerge from this pilot network would be a typology of the different data collection and aggregation methodologies currently in use across the country. This might be illustrative of the diversity of methods currently in use, and, provided the network can affirm the methodologies produce comparable results, it might help newly established regional efforts to identify data collection strategies that would be more easily operationalized or less resource-intensive than others they are considering.
- Joachim and Jim discussed the initiative's potential first steps, which would be to conduct a planning session with key participants on the QASC's MIS and NRI workgroups and other subject matter experts and to take steps to secure longer-term funding for the pilot sites' planned efforts.