



## Meeting Summary

### Digital Measurement Workgroup Web Meeting 1

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The National Quality Forum (NQF) convened the inaugural web meeting for the Digital Measurement Workgroup on July 6, 2021.

#### Welcome, Roll Call, and Orientation to Core Quality Measures Collaborative (CQMC)

NQF staff welcomed participants to the meeting and introduced the co-chairs of the Digital Measurement Workgroup, Dr. Helen Burstin and Ms. Sheryl Turney. The co-chairs provided welcoming remarks. NQF staff reviewed the antitrust statement and acknowledged that CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reminded the group that the roster includes both voting and non-voting members. Eleven voting member organizations and five non-voting member organizations were present at the meeting.

NQF staff provided an orientation to the CQMC as a public-private partnership designed to develop and recommend core sets of performance measures and measurement initiatives that should be prioritized for use across the nation. Staff reviewed the aims of the initiative which include identifying high-value, high impact, and evidence-based measures; aligning measures across public and private health insurance providers to achieve congruency; and reducing the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications.

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020:

- Updated eight original core sets, including ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, Obstetrics & Gynecology, Orthopedics, and Pediatrics
- Created two new core sets, Behavioral Health and Neurology
- Released documents including Approaches to Future Core Set Prioritization, Analysis of Measurement Gap Areas and Measure Alignment report, and the Implementation Guide

NQF staff also shared goals to build on this work in the 2020-2021 year by developing new guides on Measure Model Alignment and Digital Measurement; developing a new cross-cutting core set; updating the Implementation Guide; and performing ad hoc maintenance on the existing core sets.

## Digital Measurement Workgroup Overview and Discussion

NQF staff began this overview with a background leading to the formation of this Workgroup. Staff noted that as the healthcare system works to move towards interoperable data systems, digital measurement is becoming a more feasible option to reduce burden. Digital quality measures (dQMs) are captured from electronic data sources and can be transmitted through interoperable systems. However, potential challenges to implementation exist, including: current data standards that may not support the transmission of necessary elements for quality measurement; data systems that remain fragmented and disjointed; and costs and resources associated with upgrading IT infrastructure.

NQF staff also noted that there are numerous opportunities in digital measurement implementation. These include the streamlining of data reporting, aligning of how data is captured, and improving the completeness, accuracy, and consistency of digital data. Additionally, this includes using and learning from United States Core Data for Interoperability (US-CDI) and Fast Healthcare Interoperability Standards (FHIR) standards. NQF staff shared that the plan was to build upon current in the field, such as the [CMS Quality Measurement Action Plan](#), [National Committee on Quality Assurance \(NCQA\) Digital Measures Roadmap](#), and recent NQF work including [Electronic Health Record \(EHR\) Data Quality](#) and [EHR Care Coordination](#).

NQF staff shared the goals of this Workgroup based on the relevant background. The Workgroup will review publicly available literature gathered by the NQF team to inform a discussion around data capture, accuracy, barriers, incentives, feasibility, interoperability, data sources, specification changes, etc. Based off this review and discussion, the group will create a roadmap document, using recommendations for volunteer adoption for model(s) that facilitate greater uptake of digital measures (e.g., electronic clinical quality measures [eCQMs], registry measures) including electronic data capture and transmission for the CQMC core sets.

NQF staff shared the tasks required by the Workgroup to achieve the listed goals. These include:

- Review existing definitions and frameworks related to digital measurement to build pathways toward use of digital measures through the CQMC core sets across public and private payers
- Identify barriers/solutions and opportunities that can accelerate the shift to digital measurement and reduce reliance of claims data for CQMC core set measures
- Consider short-term and longer-term strategies to achieve these goals:
  - Support digital infrastructure (e.g., US-CDI) and data standards (e.g., FHIR) to accelerate use of digital measures.
  - Consider opportunities to partner with clinical registries and other digital repositories to support measurement and reporting of CQMC core sets.
  - Identify one clinical CQMC core set as a use case to identify the transition process to digital measurement.

Co-chairs noted that while the goal of the Workgroup is broad, it is not designed to create a de novo roadmap for measure implementation. Rather, the Workgroup will work to explore and synthesize other resources and tools on the topic. Additionally, they noted that the workgroup needs to look

beyond certified EHRs in the development of the Workgroup’s work.

### **Digital Measurement Roadmap Discussion**

NQF staff introduced the discussion logistics. Staff shared that voting members will be recognized on each matter first, followed by non-voting members. Staff also reviewed the functions of the WebEx platform to encourage the use of raised hands. NQF staff then introduced the roadmap discussion. Staff noted that the discussion would begin with a focus on the desired audience and users for the roadmap and the remainder of the discussion would be used to discuss a proposed framework for the roadmap.

### **Roadmap Audience**

The discussion began with the question: “who will make the most use of the roadmap and why?” A co-chair noted that payers are a relevant audience, as they often set their own quality measures that can be specific to a care setting. The other co-chair noted that while much of the CQMC’s specified focus was on the ambulatory space, a lot of healthcare networks are sharing data as well. The discussion then opened to the larger workgroup.

A Workgroup member commented that a focus on EHRs as an audience may be too narrow. Health Information Exchanges (HIEs) and registries should be included to ensure the listed audience is appropriately broad. The Workgroup member also noted that employers were missing as an audience category, further sharing that many employers are self-insured and are stakeholders in the selection and use of digital measures. A Workgroup member inquired as to what “clinical community” intends to capture. NQF staff shared that clinical community includes all healthcare provider entities. Further discussion revealed the need to further separate clinical community into separate entities. NQF agreed and will make these updates.

A Workgroup member expressed concern with limiting the inclusion of EHRs to certified EHR technologies. The member noted that CMS has recently been expanding beyond certified EHRs in their work, and this Workgroup should explore that approach as well.

### **Roadmap Structure**

NQF staff then introduced the discussion of the proposed format for the roadmap. The co-chairs presented the four proposed sections:

- Section 1: Shared understanding of digital quality measures
- Section 2: Implementing digital quality measures – barriers, solutions, and opportunities
- Section 3: Selecting dQMs and use case example
- Section 4: Tools and resources

A Workgroup member commented that a specific timeline section would be helpful as a way to understand work yet to be done and future opportunities in digital measurement. The same member also noted that the roadmap should recognize how to ensure the clinical community can use digital measurement in a way that eases burdens, instead of creating new burden.



Another Workgroup member noted that the Workgroup is focused on measurement, not measures and that accordingly the roadmap should focus on the entire ecosystem, including each stakeholder's role.

Finally, it was shared that rather than a shared understanding of "digital quality measures," the Workgroup should decide on a clear definition. Individuals often define these measures based solely on their data sources rather than explaining what they are. A co-chair asked the Workgroup to share their definitions and resources so that NQF could work on proposing a common definition.

The co-chairs then began a discussion of each proposed roadmap section. For the first section on a common understanding of digital measurement, the workgroup expressed that they need to have a robust discussion about a clear definition. The co-chairs asked NQF to propose an example definition to be discussed by the Workgroup at the following meeting. Workgroup members shared resources in the WebEx chat to be compiled by NQF staff. One member also asked NQF to provide rationale for components included or not included in the proposed definition. They noted that providers often express frustration with varying definitions so it would be helpful to understand the rationale.

The co-chairs then began a discussion on the second roadmap section focused on digital measure implementation barriers and opportunities. One co-chair noted that measurement often occurs outside the natural clinical workflow and that it would be a helpful for measurement to fit into established workflow systems to reduce burden on providers.

A Workgroup member commented that the underlying architecture of digital measure development is more important than determining if a measure is good or bad. They noted that because data will be used for different purposes by different stakeholders, the system must be flexible and well-designed. Another Workgroup member concurred with this statement and acknowledged the difficulty of data collection for providers. The Workgroup discussed how natural language processing or machine learning can be used in digital measurement. While these topics are relatively unexplored within quality measurement at this time, artificial intelligence (AI) could make digital measurement easier in the future. A Workgroup member shared that not all providers can afford some of the electronic data equipment needed to collect, analyze, or report digital measures due to general resource constraints. Additional opportunities to explore could include work related to streamlining data collection for providers, as they are currently required to use varying collection methods and tools.

Another Workgroup member commented that digital measures can and should go above and beyond eCQMs; eCQMs are a subset of dQMs. They indicated it is important to determine what makes a good governance system for data elements to be collected. The Workgroup could then determine different opportunities based on specific audiences of the roadmap.

The co-chairs then introduced the discussion for the third section, selecting digital quality measures/use case example. This section would include information on how to consider digital measures during the process of selecting existing measures and identifying new measures for the CQMC core sets. A co-chair noted that currently there is a predominance of claims-based measured in core sets. They noted that it would be helpful to look at the measures not being used due to

implementation barriers. Examining these measures would help identify the unique opportunities for proceeding under a digital measurement framework. Two other Workgroup members agreed that it would be helpful to have a range of measures to consider, including digital measures that were considered for the core sets and not included. They indicated that examination of these measures may help clarify barriers and obstacles to electronic quality measures. One of these members also indicated it would be helpful to identify measure categories that would lend themselves best to digital measurement.

The co-chairs introduced the fourth section, relating to tools and resources that could be part of the roadmap. The co-chairs and NQF staff asked that Workgroup members share additional documents and materials that would inform this initiative and review the linked materials in advance of the next meeting.

A Workgroup member indicated that it would be helpful to split this section into unique “resources” and “tools” sections. They indicated that this framing would better delineate written materials from systems and technologies that could be used in digital measurement.

### **Digital Measurement Definition**

NQF staff and the co-chairs invited the Workgroup to use the remainder of the discussion time to continue a discussion on a definition of digital measurement for the first section of the roadmap. NQF staff presented a draft definition of dQMs shared by a Workgroup member from NCQA:

Digital quality measures are expressed in a digital format using highly standardized language and definitions that enable sharing of the full technical specification electronically between systems.

dQMs:

1. Are specified in a standard interoperability format;
2. Use machine interpretable measure logic (e.g., Clinical Quality Language (CQL));
3. Use a common information model (e.g., FHIR); and
4. Incorporate the concepts/terms (e.g., value sets) required to obtain reliable and comparable results.

The same Workgroup member shared draft characteristics of dQMs to support the development of the definition:

- dQMs may utilize a broad array of data from multiple electronic sources including, but not limited to, EHRs, registries, case management systems, HIEs, wearable devices, and administrative data.
- Electronic clinical quality measures (eCQMs) use data derived from electronic medical records and are considered a type of dQM.

- A measure can be considered digital even if the electronic data it uses are originally generated through manual processes.

A Workgroup member commented that digital quality measures should not be defined by their data source. While the NCQA model lists example logics and models, these should not be used to limit the scope of the definition. Instead, digital quality measures should be defined by what it is and not what it does.

A co-chair asked the Workgroup if eQMs need to be specifically called out and differentiated as part of the digital measure definition. A Workgroup member shared that digital quality measures go beyond eQMs and supported the Workgroup focusing broadly.

A co-chair noted that digital quality measures always have specific purposes. They indicated that it would be helpful to include this fact in the definition to define scope. Both co-chairs also agreed it would be helpful to list out examples of data sources to define ways digital measurement could be used.

A Workgroup member commented that the definition should reflect that there are patients who can supply information but not in an electronic form. Patients who are low-income or low-resourced may not have access to electronic data tools. A co-chair agreed and noted that data should be able to be provided in a way that is most convenient to the patient and that this should not prohibit the data from being used in a dQM.

A Workgroup member commented that digital quality measures are a subset of quality measures. They noted that it would be important to note in the definition that digital data must be used in quality measurement to be included in this category. Finally, a Workgroup member asked if the Workgroup should specify the use of technologies within a measure or work to create a landscape and architecture that encourages these technologies. They noted it was important that “digital measurement” be distinguished from the software of which it is a part.

### Next Steps

NQF staff shared that the Workgroup’s discussion will be summarized and shared with the Workgroup. Additionally, NQF staff noted that they will use the discussion to create a draft definition of “digital quality measures” as well as other roadmap content for discussion by the Workgroup. Additionally, co-chairs asked that Workgroup members review shared materials before the next meeting and share relevant resources with the Workgroup and NQF staff. NQF shared that the next meeting will be held on Friday, July 30 from 3:00 pm to 5:00 pm EST. NQF staff and the co-chairs thanked the Workgroup for their discussion and adjourned the meeting.