Meeting Summary

Digital Measurement Web Meeting 4

The National Quality Forum (NQF) convened a web meeting for the Digital Measurement Workgroup on September 23, 2021.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed Workgroup members to the fourth and final web meeting and invited the Digital Measurement co-chairs, Dr. Helen Burstin and Ms. Sheryl Turney, to provide welcoming remarks. NQF staff reviewed the antitrust statement and acknowledged that the 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 by organization and reviewed the meeting's objectives:

- Review the CQMC Digital Measurement Workgroup goals
- Key stakeholder presentations
- Discuss updates to the Digital Measurement Roadmap and progress to date
    - Working definition
    - Stakeholders
    - Simplified data flow
    - Implementation barriers and opportunities
- Discussion of additional considerations that should be incorporated into the Digital Measurement Roadmap

Digital Measurement Workgroup Overview

NQF provided a brief overview of the current Digital Measurement Workgroup tasks. The primary goal for this Workgroup is to create a strategy roadmap document for voluntary adoption for models that facilitate greater uptake of digital quality measures, including data capture and transmission for the CQMC core sets.

Key Stakeholder Presentations

NCQA's Digital Quality Roadmap Presentation

NQF staff introduced guest speaker Ben Hamlin, Senior Research Informaticist, National Committee for Quality Assurance (NCQA). Mr. Hamlin has been with NCQA since 2008 and was one of the members who originally developed the NCQA standards for digital measures in 2009. He has helped lead the development and evolution of NCQA's digital measurement roadmap.

Mr. Hamlin shared the challenges that currently exist in digital measurement and how the use of assisted technologies can help improve quality mea8ii9surement. Over the last few years, the

roadmap has evolved, leveraging standards, including the Fast Healthcare Interoperability Resources (FHIR) standards. Their use in clinical quality measures enhances our understanding of the opportunities to improve health quality at a specific level. Mr. Hamlin shared that more data could provide better measures for use in value-based payment or efforts to improve the overall quality and value.

Mr. Hamlin explained to the group that measurement could be burdensome, and there are requirements for abstracting information for clinical reasoning. The digitalization of measure specifications can help improve measurement accuracy and reduces the burden of implementing manual processes for quality measurement. He continued by stating that NCQA relies on digital quality measures (dQMs) and requires highly standardized measure algorithms to perform those tasks. Mr. Hamlin emphasized the importance of making measures more patient-specific and inclusive of a large number of patients. Current measures often exclude many patients from cohorts due to confounding variables.

Mr. Hamlin shared that the NCQA roadmap attempts to address and provide requirements for using emerging standards and specifications of digital measures. The use of technology should augment the ability to evaluate data and better understand data suitability. To conclude his presentation, Mr. Hamlin stated that leveraging this learning health system approach and agile knowledge engineering will lead to more relevant and robust data to guide effective clinical care. A Workgroup member asked about the steps required for health plans to use digital measures and the role of the CQMC. Mr. Hamlin responded that the CQMC can support stakeholder engagement and collaboration; moving towards digital measures will not be successful without input from different stakeholders at all levels of understanding. He expressed the importance of providing definitive requirements and how sharing lessons learned across stakeholders is key.

A Workgroup member asked if NCQA's roadmap focuses on reporting digital measures to NCQA using FHIR standards or on broader digital measurement across payers and providers. Mr. Hamlin stated they are taking a FHIR-based approach but also leveraging other standards. Mr. Hamlin stated that the measures are specified by Clinical Quality Language (CQL) and developed using the Observational Health Data Sciences and Informatics (OHDSI) tooling that is available for research and helps identify common core sets. The data validation program validates health information exchanges for a Continuity of Care Document (CCD) based architecture. Mr. Hamlin stressed the importance of finding the digital tools needed to create the cohesive roadmap strategy and to understand FHIR capabilities.

CMS Digital Quality Measurement Blueprint

NQF staff introduced the next guest speaker Dr. Joel Andress, Health Insurance Specialist, Centers for Medicare & Medicaid Services (CMS). Dr. Andress currently leads digital measurement work for all CMS quality programs.

Dr. Andress shared with the Workgroup that the initial background work involved understanding of FHIR application programming interface (API) standards as a technological vehicle for driving interoperability. He discussed the interoperability rules, ongoing efforts to drive forward FHIR standards for various cases including quality measurement, and internal CMS initiatives to prioritize

digital quality measurement. Dr. Andress provided an overview of their four overarching tasks as part of the blueprint, including improving data quality, advances in technology, data aggregation, and measure alignment. Dr. Andress noted that the lack of measure alignment drives measurement and reduces the efficiency of healthcare data systems. The blueprint aims to reduce data collection burden using structured, standard data. Dr. Andress noted that providers struggle to implement current Electronic Clinical Quality Measures (eCQMs). Dr. Andress shared the future goal of standardized requirements for formatting data but also for collecting data and making it available for use by healthcare providers. He discussed the process of structuring a set of use case-specific requirements that fit the United States Core Data for Interoperability (USCDI). To conclude his presentation, Dr. Andress noted that the quality measurement environment continues to evolve and there is a need for involvement from multiple stakeholder groups that play a role in digital measurement. NQF staff opened Workgroup discussion and invited members to ask questions or make comments.

A Workgroup member expressed appreciation for CMS' recognition of clinicians' struggles and the need for an automated process for quality measurement. Another Workgroup member stated that health system learning is vital to work across health systems. A Workgroup member asked how CMS defines hybrid measures versus digital measures. Dr. Andress stated that most of the early work will focus on eCQMs due to data standardization and technical infrastructure needs. He shared that hybrid measure data are more readily accessible because they can be validated and applied to a variety of purposes. Hybrid measures include multiple data sources and may include data from EHRs (e.g., for risk adjustment).

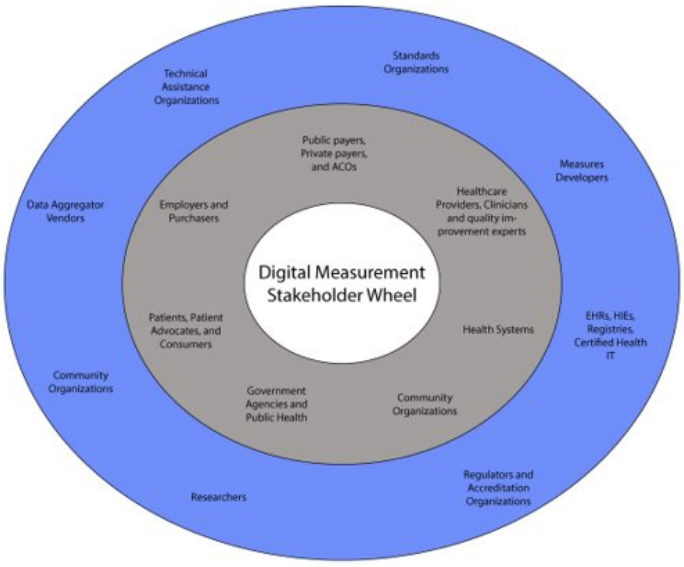
A Workgroup member asked about how the measure calculation tool will align with other reporting and calculation avenues (e.g., vendors). Dr. Andress shared that CMS continues to recognize the role that other data organizations. A Workgroup member asked CMS about the timeframe for implementing the digital measurement strategy and the development of the measure calculation tool. Dr. Andress responded that CMS expects to move towards fully digital measures by 2025 or 2030.

Digital Measurement Roadmap Work to Date

Definition, Stakeholders, and Simplified Data Flow

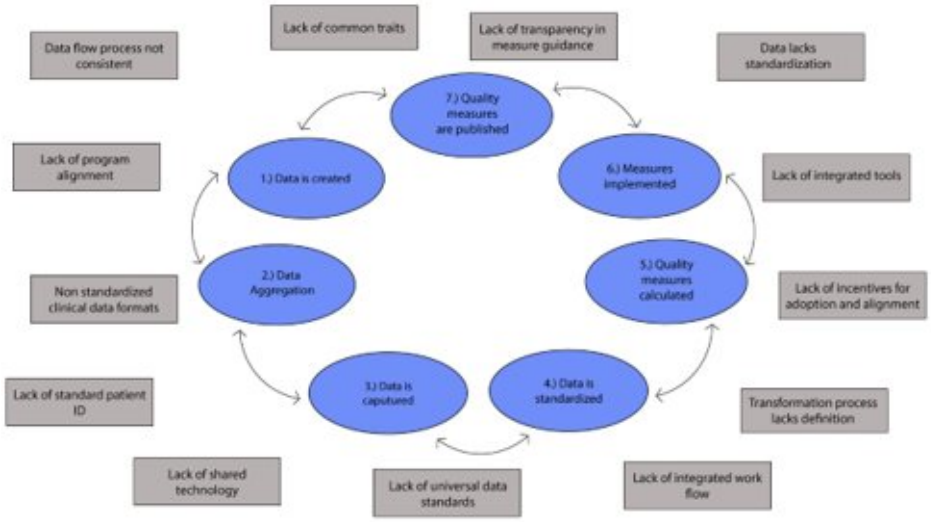
NQF staff and the co-chairs provided a high-level overview of the dQM definition, stakeholder wheel, and data flow that the Workgroup discussed to date. NQF staff shared with the Workgroup several discussion questions related to additional considerations to inform the CQMC's digital measurement strategy.

Figure 1. Digital Measurement/Measure Stakeholder Wheel



Data Flow Challenges and Barriers

Figure 2. Simplified Data Flow



NQF staff presented a figure (Figure 2) that depicts the simplified data flow, and thanked the Workgroup members who responded to the survey helping identify solutions to the barriers. A co-chair discussed each of the barriers (see Table 1). The co-chair noted that some barriers, like "lack of common traits" did not have any solutions currently identified.

Table 1. Simplified Data Flow Barriers and Solutions

Barriers	Solutions
Lack of Program Alignment	• Create transparency in the development phase to identify opportunities for alignment • Identify and coordinate advocates for CQMC within individual programs • Establish consensus on a standard measure set • Advocate for more outcome measures that are reflective of the continuum of care
Non standardized clinical data formats	• Improve technological process to interpret data (NLP) and standardize the information collected • Identify and unite in the application of common formatted standards, combining non-standardized formats with standardized formats ○ Allow these standards to be optional or downloadable and adaptable • EMR vendors should map data points to specific electronic codes or file formats as part of their basic packages or no longer offer products that don't standardize clinical data formats
Lack of standard patient ID	• Outsource person matching technologies to facilitating matching individuals across systems (e.g., Axiom) • Leverage federal and state authority of members to facilitate a new overall ID standard across regulator and clinical sites • Create state level MPI's or move towards a national MPI • Create standardization and specific instructions on patient data entry (e.g., Names with hyphens, use of initials, number of demographic elements required, and use of maiden, alias, or past names)
Lack of shared technology	• Incentivize the use of technology that utilizes standardized formats for data outputs • Encourage use of low-cost, widely available technology over proprietary and/or novel technology • Encourage organization and standardization of data input and data formatting within EMRs to ease and improve report generating (i.e. "garbage in, garbage out")
Lack of universal data standards	• Mandate for Medicaid/Medicare participation • Encourage CMS to commit to a standard to encourage and incentives developers/vendors to do the same • Leverage federal and state authority to facilitate a new overall ID standard across regulator and clinical sites • Establish voluntary models that incentivize stakeholders to adopt standardized formats • Establish expectations on how measures should be reported (e.g., claims based using billing data or CPT codes) and encourage EMR vendors to create the appropriate documentation pathway and formatting to collect information
Lack of integrated workflow	• Mandate for Medicaid/Medicare participation and encourage CMS to commit to a standard to encourage and incentivize developers/vendors to do the same • Leverage federal and state authority of members to facilitate a new overall ID standard across regulator and clinical sites • Voluntary models that use incentives to join standardized formats • Establish expectations on how measures should be reported (e.g., claims based using billing data or CPT codes) and encourage EMR vendors to create the appropriate documentation pathway and formatting to collect information

Barriers	Solutions
Transformation process lacks definition	• Create and use standardized data format, IDs, technology, and data standards to inform and create a definition • Encourage use of outcome measures that include provider and/or facilities across the care continuum. Measures should drive overall quality and satisfaction.
Lack of incentives for adoption and alignment	• Determine alternative approaches to encourage adoption, including increasing awareness. • Create penalties for non-cooperation on standardization • Make "the easy thing, the right thing" and continuously assess what the right and easy process is • Establish consensus and agreement between payers on the requirement of EMRs to meet CEHRT requirement levels to drive adoption • Create CMS pilot grants or bonus points
Lack of integrated tools	• Create guidelines and common language/terminology around the use of integrated tools • Document potential workflows and encourage vendors to identify which components they can provide and where their interpretations differ from consumers • Create standard data formats as a baseline requirement • Invest in a portfolio of tools with input from developers
Data lacks standardization:	• Use mandates
Lack of transparency in measure guidance:	• Clearly define the goals and target audience of the measure before creating universal guidance • Create penalties rather than incentives to motivate change • Avoid measures that are not transparent • Standardize measurement among payers to create consistency and less confusion on what to do and how to do it
Lack of common traits	• (none identified through the survey)
Data flow process not consistent	• Document potential data flows and how each of them work to understand and establish consistency across multiple data entry points • Create standard data flow processes, recognizing variability will likely always remain

A Workgroup member suggested that the dQM working definition should broadly describe the digital quality ecosystem. The Workgroup member explained that digitalization does not improve the reliability of the measures but reduces the burden and improves the accuracy of the standard data flow process. Another workgroup member suggested including the specific expectations for expanding usability so digital standards are compatible interoperable.

The Workgroup member also suggested that the goal of quality measurement in general be considering during digital measurement discussions. (e.g., How is this measure usable if working directly with a patient?). The member suggested building quality performance measures to support quality improvement measures.

A Workgroup member urged the group to start using digital measures and building the infrastructure rather than waiting for a “perfect solution” to overcome all barriers.

Next Steps

NQF staff shared that the Workgroup’s discussion will be summarized and shared with the Workgroup members. NQF staff will seek approval from presenters to share their presentation slides with the Workgroup. NQF staff will incorporate content from this meeting into the Roadmap Draft and share it for Workgroup input. NQF staff and the co-chairs thanked the Workgroup for their discussion and adjourned the meeting.