



# Clinical/Quality Measures

## Meeting Minutes:

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**SUBJECT:** CQM Workgroup April Minutes      **DATE:** April 7, 2016  
**ATTENDEES:** Susan Ault, Dr. Andrew Baron,      **LOCATION:** 650 W. State St.  
Denette Dresback, Dr. Chris      Boise, ID 83720  
Hahn, Janica Hardin, Rachel  
Harris, Linda Rowe, Chanda  
Sundara, Kathy Turner  
**Teleconference:** Matt Clark, Meg Hall, Dr. James  
Lederer, Kevin Martin, Amy  
Osborne, Ashish Virmani, Maggie  
Wolfe  
**Members Absent:** Yvonne Ketchum, Dr. Robert  
Polk, Mary Sheridan, Cynthia  
York  
**IDHW Staff** Burke Jensen, Taylor Kaserman,  
Casey Moyer, Kym Schreiber,  
Alexa Wilson  
**Office of the** N/A  
**Attorney General:**

**STATUS:** Draft May 2, 2016

## Summary of Motions/Decisions:

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**Motion:** Linda Rowe moved that the workgroup accept the CMS national standard #138, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, as the updated Tobacco Cessation Intervention SHIP measure.      Motion carried.

Susan Ault seconded the motion.

**Motion:** Linda Rowe moved that the workgroup update the SHIP Weight Assessment and Counseling for Children and Adolescents measure and use the CMS national standard #155, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, as the updated SHIP measure.      Motion carried.

Susan Ault seconded the motion.

**Motion:** Linda Rowe moved that the workgroup adopt the CMS national standard #122, Diabetes: Hemoglobin A1c Poor Control, and use it as the diabetes measure for SHIP instead of the Diabetes Comprehensive Care measure listed on the SHIP measure catalogue. Motion carried.

Susan Ault seconded the motion

**Motion:** Linda Rowe moved that the workgroup accept the recommendation to select Adult BMI Assessment as the fourth measure for this grant year and to update it to align with the CMS national standard #69, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan. Motion carried.

Susan Ault seconded the motion.

## Agenda Topics:

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### Opening Remarks, Introduce Members, Introduce Guests, Agenda Review – *Dr. Baron, CQM Chair*

- Dr. Chris Hahn thanked everyone for joining the meeting and asked for a roll call. The group went around and introduced themselves, identified who they represent, and explained their previous involvement in the Clinical Quality Measures (CQM) Workgroup.
- Dr. Andrew Baron briefly went over the agenda and reminded the group that the purpose of the meeting was to consider multiple recommendations from the Health Information Technology (HIT) Workgroup's Subcommittee regarding the clinical quality measures.

### Agenda Topics

#### Review CQM Catalog and Work Completed to Date – *Chanda Sundara, Co-Chair for the Data Element Mapping Subcommittee of the HIT Workgroup*

- Chanda Sundara provided an update on the work that has been completed by the HIT Workgroup's Subcommittee including the purpose for the creation of the subcommittee as well as the objectives the subcommittee is tasked with.
- The main purpose of the Data Element Mapping Subcommittee is to operationalize the 16 clinical quality measures for the SHIP project. Representation from several different groups have been chosen including the major hospital systems, payers, providers, and other stakeholders, as well as a few members of the CQM Workgroup. Additionally, several technical assistance contractors are involved on the subcommittee, including IHDE and HTS, Matt Clark from KMP/Verinovum, a subject matter expert on data mapping and health information exchange.
- The two main objectives of the subcommittee are; 1. To define the measures, and 2. To define the data transport method of moving clinical quality reporting data from the clinic's EMR, to the IHDE, and ultimately to HTS.
- Ms. Sundara reported that the subcommittee has focused on the four clinical quality measures being reported on during the first grant year. Three of those measures are required by the Center for Medicare & Medicaid Innovation (CMMI): 1. Tobacco Cessation Intervention, 2. Weight Assessment and Counseling for Children and Adolescents, and 3. Diabetes Care, with the fourth measure to be determined by this Workgroup.
- The subcommittee suggested that the measures be aligned with a nationally recognized CQM, PQRS, and NQF standards. Justification for this alignment include that the data mapping and logic are already completed, EMRs already conform to these standards for PQRS reporting, many of the clinics are already reporting on these measures, the national standards are constantly updating to align with new research, and national measures are written with the intent of data reporting.

**Health Information Technology Update for the SHIP – Burke Jensen, Co-Chair for the Data Element Mapping Subcommittee of the HIT Workgroup and SHIP Operations**

- Burke Jensen provided an update on the HIT Workgroup and its progress in accomplishing the work for two of the primary SHIP goals, Goals 2 and 5
- IHDE is in the process of conducting readiness assessments with each of the Cohort 1 clinics to determine the types of connections needed, as well as costs and timing for the connection builds. Discussions took place surrounding the number of clinics that are already connected to IHDE. Ultimately, the aim for the connections is allow the clinics to draw down data into their EMR, contribute data to the central data repository and to report on the SHIP clinical quality measures. A concern was brought forth to the group regarding a baseline definition for providers and practices so that they may begin reporting data. According to the SHIP operational plan, baselines for the clinical quality measures will be developed in Year 1 using the initial reports produced by the data analytics vendor.

**Presentations, Discussions, and Motions Surrounding Recommendations from the Data Element Mapping Subcommittee of the HIT Workgroup – Dr. Baron, CQM Chair**

- Maggie Wolfe, from the Mercer contracting team, discussed the boundaries and guidance on CMMI requirements for clinical quality measures. Ultimately, CMMI is asking SIM Model Test states to use consistent measures, and so alignment with national measures is recommended. The previous set of SHIP measures had been approved by CMMI, but if we were to update or change them, the changes should stem from two possible reasons 1) to align with a national standard, or 2) due to inaccessibility of data needed to report on the measure.
- Recommendation for Measure #1: Tobacco Cessation Intervention
  - The Data Element Mapping Subcommittee recommended to the CQM Workgroup that they align the first measure (Tobacco) with the current national CMS standard #138, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention.
  - Linda Rowe motioned to agree with this recommendation. Susan Ault seconded the motion. The motion carried.
  - The workgroup recommended having the analytic visualization display the national standard, as well as having it broken down into two factors – the screening and the intervention. Burke Jensen mentioned he would discuss this with HealthTech Solutions, the data analytics partner for the SHIP, and would report back to the CQM Workgroup.
  - The workgroup also requested to have a visualization break down of this measure, specifically as it relates to the diabetes population.
  - UPDATE: HealthTech has notified the SHIP Operations team that they can produce these additional visualizations for the SHIP project.
- Recommendation for Measure #2: Weight Assessment and Counseling for Children and Adolescents
  - The measure description in the SHIP catalog for this measure is already aligned with the current national CMS standard, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents. The recommendation is to adopt the national CMS Measure to define the data elements and logic for the numerator, denominator and exclusions.
  - There was an extensive discussion revolving the initial patient population description, which includes having an “outpatient visit with a Primary Care Physician (PCP) or Obstetrician / Gynecologist (OB/GYN).” The concern was that this wouldn’t include Physician Assistants and Nurse Practitioners. During the workgroup meeting, the HIT Workgroup members were able to verify the data is collected based on procedures conducted rather than the type of provider.
  - The SHIP Operations team will include an asterisk (\*) next to “PCP,” in the measure description and will add clarifying text to notify everyone that it includes all providers such as Physicians, Physician Assistants, and Nurse Practitioners.
  - Linda Rowe moved to accept the national CMS standard in alignment with the Weight Assessment and Counseling for Children and Adolescents measure with the asterisk next to PCP referring back to clarifying text. Susan Ault seconded the motion. The motion carried.
- Recommendation for Measure #3: Comprehensive Diabetes Care

- The HIT subcommittee recommended aligning the diabetes measure with one or two of the related national CMS measures instead of using the Comprehensive Diabetes Care measure that was listed in the measure catalog. The subcommittee identified six related measurements: Diabetes: Eye Exam; Diabetes: Foot Exam; Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic; Controlling High Blood Pressure; Diabetes: Low Density Lipoprotein Control (LDL-C); and Diabetes: Hemoglobin A1c Poor Control.
- The workgroup discussed which measure would be best from a clinical perspective and took into account how easy it would be to collect the data. The workgroup agreed that on the Diabetes: Hemoglobin A1c Poor Control measure.
- Linda Rowe moved that the workgroup adopt the CMS national standard #122, Diabetes: Hemoglobin A1c Poor Control, and use it as the diabetes measure for SHIP instead of the Diabetes Comprehensive Care measure listed on the SHIP measure catalogue.
- Recommendation for Selecting Measure #4
  - The HIT subcommittee recommended that the fourth measure for this grant year be Adult BMI Assessment. This recommendation was based on the accessibility of data compared to many other measures.
  - The subcommittee also recommended to align the measure with the current CMS measure, #69, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan.
  - The CQM Workgroup agreed with these recommendation.
  - Linda Rowe moved that the workgroup accept the recommendation to select Adult BMI Assessment as the fourth measure for this grant year and to update it to align with the CMS national standard #69, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan. Susan Ault seconded the motion. The motion carried.
  - The Workgroup requested that the analytic visualization of the measure includes a breakdown of the measure into the two factors – documented BMI outside normal parameters and a documented follow-up plan. The workgroup also requested to have a visualization break down of this measure, specifically as it relates to the diabetes population.
  - Burke Jensen mentioned he would discuss this with HealthTech Solutions, the data analytics partner for the SHIP, and would report back to the CQM Workgroup.
  - UPDATE: HealthTech has notified the SHIP Operations team that they can produce these additional visualizations for the SHIP project.

**Wrap up, Next Steps – Dr. Baron, CQM Chair**

- Dr. Baron thanked the group for meeting and noted that the HIT Workgroup will work with the CQM Workgroup leadership to coordinate on the next meeting.
- Topics for next meeting's discussion will include adding a diabetic subset to the BMI and Tobacco measures, in addition to discussions surrounding the hypertension measure.

There being no further business, Dr. Baron adjourned the meeting at **3:02pm**