

# THINC RHIO, Inc.

Taconic Health Information Network and Community

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## *Quality & Clinical Committee*

### *March 26, 2009 1pm to 2pm*

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A meeting of the Quality & Clinical Committee of THINC RHIO, INC., a New York not-for-profit corporation (the “Corporation”), was held on March 26, 2009, beginning at 1:00 PM.

**COMMITTEE MEMBERS:** *Greg Spencer, MD, Committee Chair*; Walter Bielefeld; Gloria Bouvier; Mary Donnelly; Keith Festa, MD; Renee Golderman; David Hassoun; Lawrence Kadish, MD; Rainu Kaushal, MD; Lisa Kern, MD; Imtiaz Mallick, MD; Tom Murray; Cliff Omstrom, MD; Phil Renner; Jerry Salkowe, MD; Jesse Singer, DO; Alan Silver, MD; Philip Thomas; Cliff Waldman, MD.

**Non-Committee Members:** John Blair, III, MD; Susan Stuard; Asha Upadhyay; Allison Laquidara

### **I. APPROVAL OF January 2009 MEETING MINUTES**

A motion was made to approve the minutes of the January 2009 meeting. The motion was seconded and the minutes were unanimously approved.

### **II. IN PERSON COMMITTEE MEETING**

The date of June 22, 2009 was proposed for an in-person committee meeting. The tentative agenda items include, medical home office transformation work, project evaluation, an in depth discussion of project status, planning for 2010 and the future course of the project. The date was acceptable to the committee members and an email will be sent to confirm June 22, 2009 from 10:00am to 2:30pm for the meeting.

### **III. LETTER OF FINANCIAL COMMITMENT/ DRAFT PHYSICIAN LETTER**

As discussed at the January meeting, a letter of financial commitment regarding incentive payments was requested by March 13, 2009. To date THINC has only received responses from two of the six health plans. Susan Stuard noted that THINC is respectful of how challenging this task may be for some to move through their organizations, but reminded the committee of its importance noting that the commitment letters are essential to the project and its momentum. Susan Stuard noted that THINC has the opportunity to recruit more health plans into the project. Walter Bielefeld commented that the more health plans we have, the better the data will be and that this would benefit everyone. Susan Stuard informed the committee that she has been approached by one of the participating health plans noting that they need to use 2010 funds and will issue incentives payment in early January 2010. Susan Stuard asked the health plans to inform her of the status of the letter of commitment for their organization.

The committee turned to discussion of the draft physician letter. Some suggestions from the committee regarding the physician letter were changing the term “report card” to “profile”, as that is a more acceptable term in other parts of the country. It was also suggested to insert some conditional wording into the document (“plan on participating” instead of “commitment”) to protect THINC in the event that a participating organization can no longer take part in the project. Susan Stuard will send the committee an updated version of the letter prior to sending out to the physicians. Susan Stuard will send the letter to Paul Grundy to inform him that IBM is mentioned.

## **IV. EHR-BASED CLINICAL QUALITY MEASURES**

The 2009 profile is still slated to include the EHR-based clinical quality measures. Work on national standards for EHR-based quality reporting are underway, but will not be completed by the end of 2009. CMS has asked HITSP to complete work by the end of 2009 on specifications for quality reporting architecture. NQF is in the process of endorsing quality measures for EHRs. Preliminary measures are scheduled to be released in July; however, it is uncertain on how long it will take to finalize these measures. There will be a final process for comments on the draft before all the work is completed.

For the 2009 report card we will use non-standardized reporting from EHRs. THINC and MedAllies will work with one vendor (eClinical Works) to write custom reports for the clinical quality measures. Since we are working with one EHR vendor, we will not be able to cover all 500 physicians, but will capture a large majority. There will be a great deal to learn from the development of the custom report and this will inform automated quality reporting service. The proposed EHR measures from which we will select are: 1) Controlling High Blood Pressure 2) HbA1C Poorly Controlled 3) Blood Pressure Control/Management in Diabetes 4) LDL Cholesterol Level in Diabetics <130 5) Eye Exam in Diabetics 6) Urine Protein Screening. Anecdotal information suggests that data entry into the EHR may not be consistent. We anticipate the need to train and configure EHRs to address and raise documentation rates. More than likely, when the measures are run for the first time, the rates will be low because of inconsistent data entry. That said, the 2009 EHR-based clinical measures will be a significant learning experience for everyone. It was suggested to the committee to run the data, see how it looks and then make the decision whether or not to include on the profile. It was also suggested not to include the EHR-based clinical measures for the incentive payments for 2009.

Dr. John Blair asked Jesse Singer from NYCDOHMH which two measures from the six measures would he choose. Jesse Singer commented that doctors like to practice the way they are used to and use the EHR as a word processor. We need to teach them to use the EHR the right way from the start. NYCDOHMH just started getting cost and utilization data from EHRs. EHRs were built for ease of entry and billing not for quality reports. The measures he would choose would be Blood Pressure Control, Urine Protein Screening and Eye Exam in Diabetics. There are various ways to measure blood pressure: left hand, right hand, sitting, and standing. Training is critical to enable collection structured data. Alan Silver from IPRO said that they are seeing rates of zero in some current reporting efforts. He suggested that we should look at types of data. For Eye Exam in Diabetics, the information is scanned and gets lost and would need proper structured documentation to capture the information. Phil Renner said a lot of these are NCQA measures and he would love to work with THINC.

## **V. PROJECT UPDATE**

The Medical Home transformation work is off the ground and running. This will be discussed in detail at the June 22<sup>nd</sup> meeting. The Medical Council meets monthly and consultants are actively working in thirteen practices. A draft of the physician survey has been prepared by Cornell. Cornell has received some suggestions from the Commonwealth Fund on how to improve the survey tool which will be ready for review by the Medical Council shortly. The draft form of a separate patient survey will be submitted to the Medical Council soon. ViPS orders have been finalized and the remaining health plans are asked to execute their contracts to prevent our data analysis work from being pushed back.

Reviewed and Approved:

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Dr. Gregory Spencer, Committee Chair