



eHEALTH INITIATIVE
Real Solutions. Better Health.

Data & Analytics Council

Data Acquisition & Quality Measurement

Friday, April 18, 2014

11:00am-12:00 pm ET

Reminder:

- Please mute your line when not speaking (* 6 to mute, *7 to unmute)
- This call is being recorded

Agenda

- Welcome and introduction
- Speakers
 - Maggie Lohnes, Director, Quality and Regulatory Programs, McKesson Strategic Intelligence
 - Micky Tripathi, PhD, President & CEO, Massachusetts eHealth Collaborative
- General Discussion

National Council on Data & Analytics

The Council is chaired by:

- **Deborah Bulger, CPHQ**
Executive Director, Product Management
McKesson Enterprise Intelligence



Electronic Quality Measurement Data and Measure Standards

Maggie Lohnes, RN
Director, Quality and Regulatory Program
Strategic Intelligence
McKesson Corporation



Maggie Lohnes, RN

Director, Quality and Regulatory Programs

McKesson Strategic Intelligence

Work Experience

- Registered Nurse, Critical Care (Los Angeles County/USC)
- Nursing Informatics (Huntington Hospital, Pasadena, CA)
- Healthcare Administration (MultiCare Health System, Tacoma, WA)
- Government Agency Support (MITRE Corporation, Washington DC)
- Vendor (McKesson Corporation, Fox Island, WA)

Volunteer

- HIMSS Public Policy and Quality Cost Safety Committees
- National Quality Forum Supplier Industry Council and Quality Data Model Task Force
- eHealth Initiative

Learning Objectives

Describe how organizations

- create quality datasets
- extract measures, report on them, then use the measures to actually improve care
- standardize disparate information streams to create the datasets
- align the various quality reporting requirements to avoid process repetition as measures change or new reporting requirements are added
- navigate the multiple and varied reporting requirements of different programs

Focus

- Electronic Clinical Quality Measures (eCQMs) originated with HITECH Act – ARRA 2009
- Current Standards and Specifications
- Future plans

CMS Program Categories

1. Pay-for-Reporting

- Provider incentives to report information

2. Pay-for-Performance

- Provider incentives to achieve targeted threshold or clinical performance

3. Pay-for-Value

- Incentives linked to both quality and efficiency improvements

CMS Performance Reporting Programs

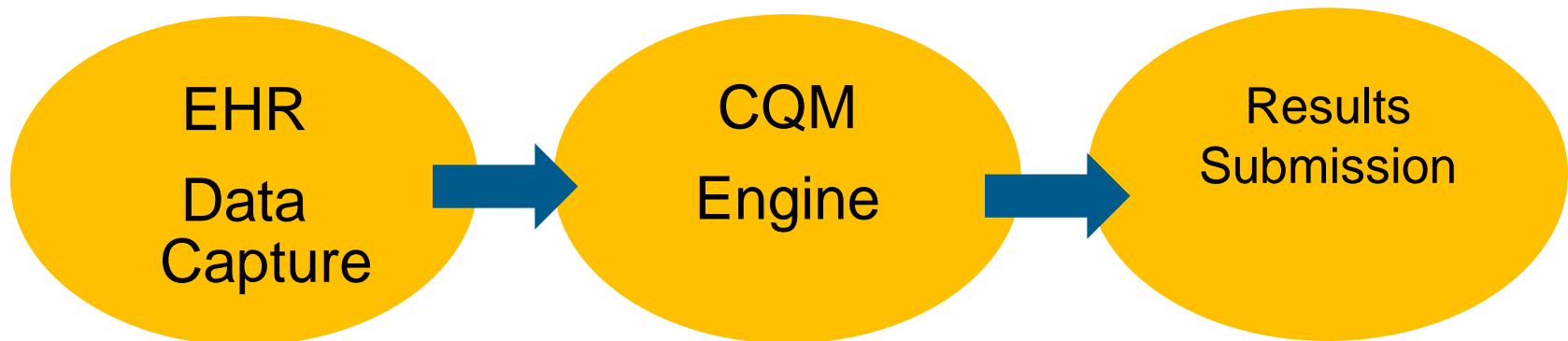
Connected Care & Analytics

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PPS-Exempt Cancer Hospitals • Inpatient Psychiatric Facilities • Inpatient Quality Reporting • HAC reduction program • Readmission reduction program • Outpatient Quality Reporting • Ambulatory Surgical Centers 	<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PQRS • eRx quality reporting 	<ul style="list-style-type: none"> • Inpatient Rehabilitation Facility • Nursing Home Compare Measures • LTCH Quality Reporting • Hospice Quality Reporting • Home Health Quality Reporting 	<ul style="list-style-type: none"> • Medicare Shared Savings Program • Hospital Value-based Purchasing • Physician Feedback/ Value-based Modifier* • ESRD QIP 	<ul style="list-style-type: none"> • Medicaid Adult Quality Reporting* • CHIPRA Quality Reporting* • Health Insurance Exchange Quality Reporting* • Medicare Part C* • Medicare Part D*

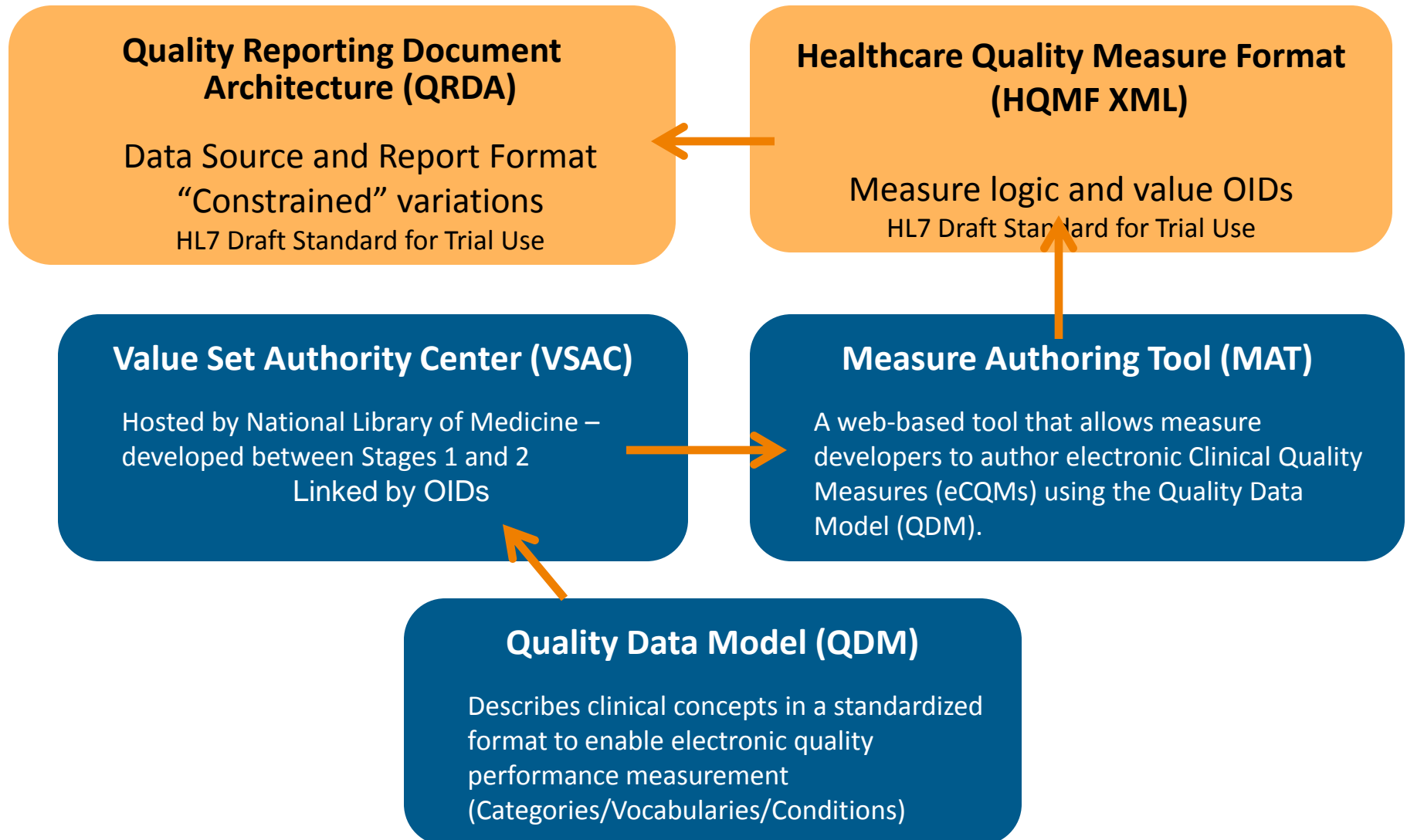
* Denotes that the program did not meet the statutory inclusion criteria for pre-rulemaking, but was included to foster alignment of program measures.

Gathering data-Calculating measures-Results

- Capture and export: Electronic Health Record
- Import and calculate: CQM calculation system
- Report: Electronic submission QRDA – Quality Net or other



Current Standards and Tools

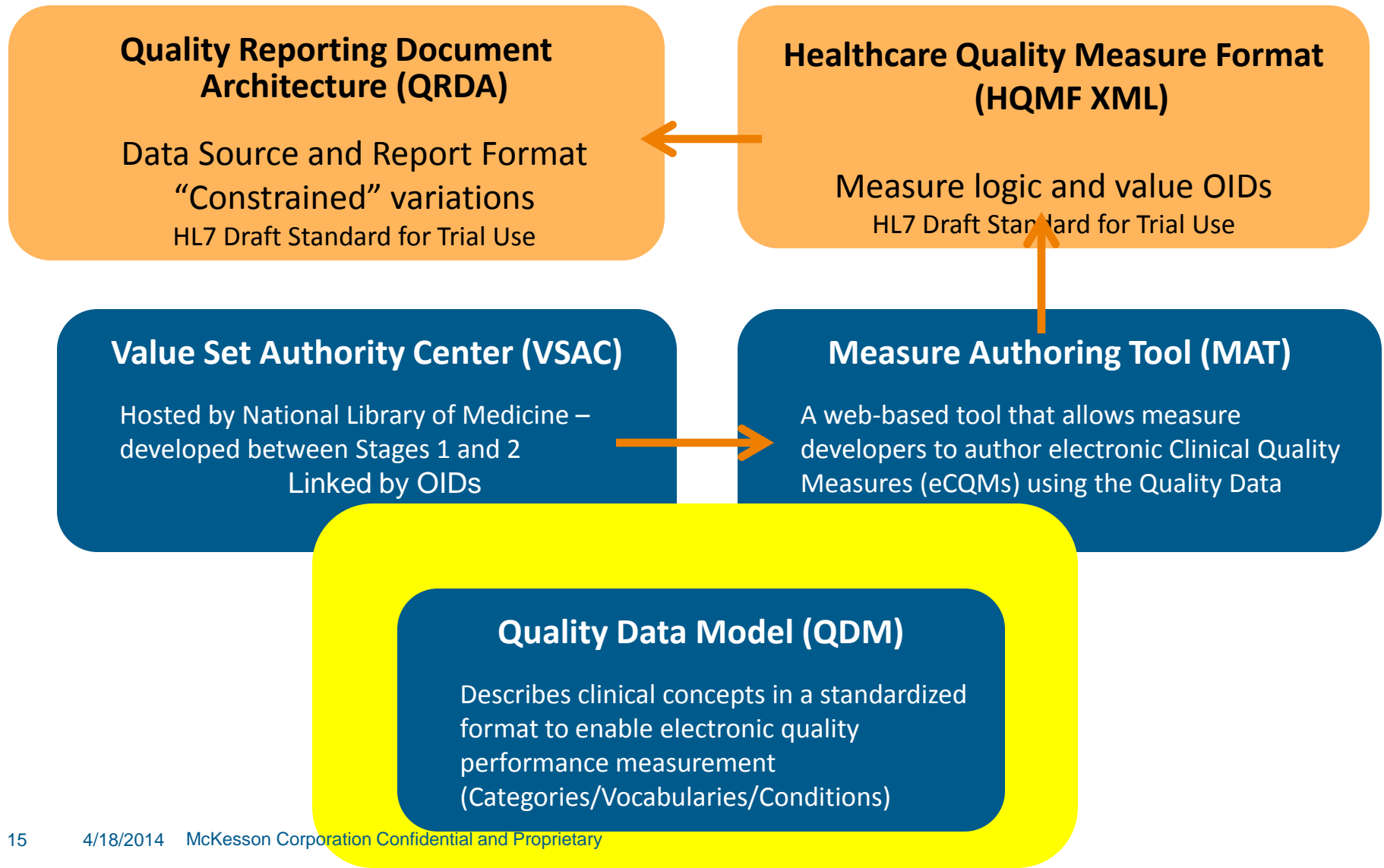


Electronic Report – QRDA Category 1

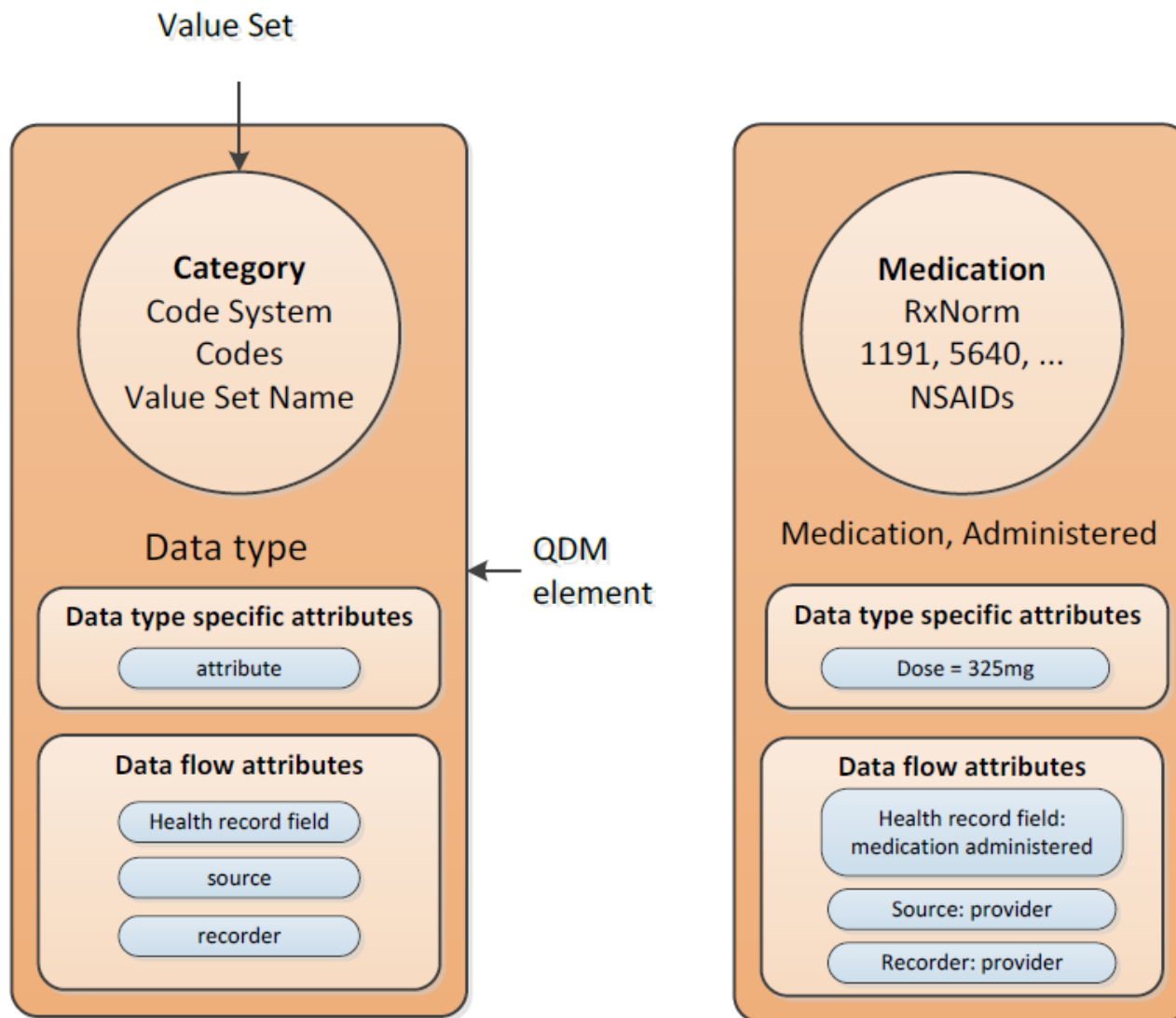
```
<?xml version="1.0" encoding="utf-8" standalone="no"?>
<?xml-stylesheet type="text/xsl" href="cda.xsl"?>
<!--
Date: October 31, 2012
Disclaimer: These QRDA sample files are designed to provide a file that is valid for errors against the CDA.sdtc schema and QRDA
documents may not have "clinically" consistent data. Additionally, the files are valid against the referenced eMeasure to provi
criteria are "or", the QRDA documents may not have all of the Quality Data Elements data criteria specified in the eMeasure. The
narrative block may not consistently agree with the entries. The narrative block does not reflect the dates/times present in th
-->
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-org:v3 CDA/infrastructure/cd
  <!-- QRDA Header -->
  <realmCode code="US"/>
  <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <!-- US Realm Header Template Id -->
  <templateId root="2.16.840.1.113883.10.20.22.1.1"/>
  <!-- QRDA templateId -->
  <templateId root="2.16.840.1.113883.10.20.24.1.1"/>
  <templateId root="2.16.840.1.113883.10.20.24.1.2"/>
  <id root="f2d5f971-d67a-4456-8833-213f01331ca33"/>
  <!-- QRDA document type code -->
  <code code="55182-0" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Quality Measure Report"/>
  <title>QRDA Incidence Report</title>
  <effectiveTime value="201212310000-0400"/>
  <confidentialityCode code="N" codeSystem="2.16.840.1.113883.5.25"/>
  <languageCode code="en-US"/>
  <setId extension="111199021" root="2.16.840.1.113883.19"/>
  <!-- the original -->
  <versionNumber value="1"/>
  <recordTarget>
    <patientRole>
      <!-- HIC number -->
      <id extension="12345" root="2.16.840.1.113883.4.572"/>
      <addr use="HP">
        <!-- HP is "primary home" from codeSystem 2.16.840.1.113883.5.1119 -->
        <streetAddressLine>17 Daws Rd.</streetAddressLine>
        <city>Blue Bell</city>
        <state>MA</state>
        <postalCode>02368</postalCode>
        <country>US</country>
        <!-- US is "United States" from ISO 3166-1 Country Codes: 1.0.3166.1 -->
      </addr>
      <telecom use="HP" value="tel:(781)555-1212"/>
      <!-- HP is "primary home" from AddressUse 2.16.840.1.113883.5.1119 -->
    </patientRole>
    <patient>
      <name use="L">
        <!-- L is "Legal" from EntityNameUse 2.16.840.1.113883.5.45 -->
        <prefix>Mr.</prefix>
        <given>Adam</given>
      </name>
    </patient>
  </recordTarget>
</ClinicalDocument>
```

eMeasure Title	Aspirin Prescribed at Discharge		
eMeasure Identifier (Measure Authoring Tool)	100	eMeasure Version number	3
NQF Number	0142	GUID	bb481284-3
Measurement Period	January 1, 20xx through December 31, 20xx		
Measure Steward	Oklahoma Foundation for Medical Quality		
Measure Developer	Oklahoma Foundation for Medical Quality		
Endorsed By	National Quality Forum		
Description	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge		
Copyright	<p>Measure specifications are in the Public Domain.</p> <p>LOINC (R) is a registered trademark of the Regenstrief Institute.</p> <p>This material contains SNOMED Clinical Terms (R) (SNOMED CT(c)) copyright 2004-2010 International Health Terminology Standards Development Organization. All rights reserved.</p>		
Disclaimer	None		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	Aspirin therapy in patients who have suffered an acute myocardial infarction reduces the risk of adverse events and mortality. Studies have demonstrated that aspirin can reduce this risk by 20% (Antiplatelet Trialists' Collaboration, 1994). National guidelines strongly recommend long-term aspirin for the secondary prevention of subsequent cardiovascular events in eligible older patients discharged after AMI (O'Gara, 2013; Jneid, 2012; and Smith, 2011).		
Clinical Recommendation Statement	National guidelines strongly recommend long-term aspirin for the secondary prevention of subsequent cardiovascular events in eligible older patients discharged after AMI		
Improvement Notation	Higher score indicates better quality		
Reference	Anderson JL, Adams CD, Antman EM, Bridges CB, Califf RM, Casey DE Jr, et al. ACC/AHA 2007 guidelines for the		

Current Standards and Tools



Quality Data Model - 2013



Current Standards and Tools

Quality Reporting Document Architecture (QRDA)

Data Source and Report Format
“Constrained” variations
HL7 Draft Standard for Trial Use

Healthcare Quality Measure Format (HQMF XML)

Measure logic and value OIDs
HL7 Draft Standard for Trial Use

Value Set Authority Center (VSAC)

Hosted by National Library of Medicine –
developed between Stages 1 and 2
Linked by OIDs

Measure Authoring Tool (MAT)

A web-based tool that allows measure developers to author electronic Clinical Quality Measures (eCQMs) using the Quality Data Model (QDM).

Quality Data Model (QDM)

Describes clinical concepts in a standardized format to enable electronic quality performance measurement
(Categories/Vocabularies/Conditions)

Value Set Authority Center

McKESSON

Search the NLM Value Set Repository

Query: 2.16.840.1.113883.3.666.5.3011

Search

Search Results

Value Set Details

[Export Search Results](#)

Matched Value Sets

[Download](#) [View](#) [Toggle](#) [Clear](#)

Page 1 of 1

20

<input type="checkbox"/>	Name	Type	Code System	Steward	OID
<input type="checkbox"/>	Hospital Measures - AMI	Grouping	ICD10CM ICD9CM SNOMEDCT	OFMQ	<u>2.16.840.1.113883.3.666.5.3011</u>

[Download](#) [View](#)

Page 1 of 1

20

Value Set Members Expansion ID: 20130401

Expanded Code List

[View](#) [Toggle](#) [Clear](#)

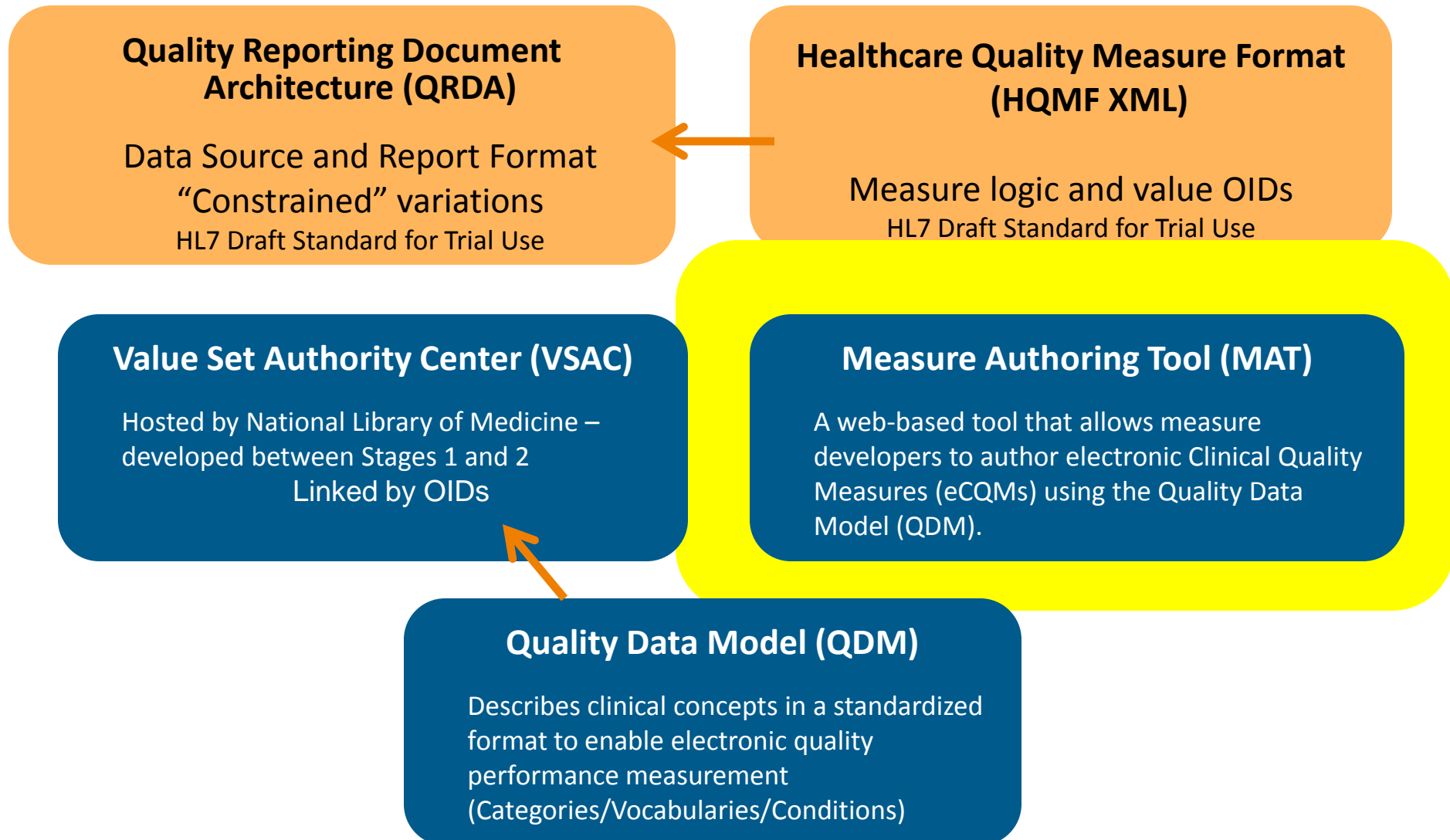
Page 1 of 4

20

View 1 - 20 of 67

Code	Descriptor	Code System	Version	Code System OID
10273003	Acute infarction of papillary muscle (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
15990001	Acute myocardial infarction of posterolateral wall (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
194798004	Acute anteroapical infarction (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
194809007	Acute atrial infarction (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
233825009	Acute Q wave infarction - anteroseptal (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
233827001	Acute Q wave infarction - anterolateral (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9
233829003	Acute Q wave infarction - inferior (disorder)	SNOMEDCT	2013-09	2.16.840.1.113883.6.9

Current Standards and Tools



Measure Authoring Tool

Measure Authoring Tool

Sign Out

UMLS Inactive

Value Set Archive

Measure Library

Measure Composer

MAT Account

UMLS Account

My Measures

Recent Activity

No Recent Activity

--Select--

Create

No Records Found

View: 50 | /

Measure Name	Version	Finalized Date	Status	History	Edit	Share	Clone	Export
Clear								

Current Standards and Tools

Quality Reporting Document Architecture (QRDA)

Data Source and Report Format
“Constrained” variations
HL7 Draft Standard for Trial Use

Healthcare Quality Measure Format (HQMF XML)

Measure logic and value OIDs
HL7 Draft Standard for Trial Use

Value Set Authority Center (VSAC)

Hosted by National Library of Medicine –
developed between Stages 1 and 2
Linked by OIDs

Measure Authoring Tool (MAT)

A web-based tool that allows measure developers to author electronic Clinical Quality Measures (eCQMs) using the Quality Data Model (QDM).

Quality Data Model (QDM)

Describes clinical concepts in a standardized format to enable electronic quality performance measurement
(Categories/Vocabularies/Conditions)

- **Denominator Exceptions =**

- AND:

- OR:

- AND: "Medication, Administered not done: Hospital Measures - Hold" for "Hospital Measures-Aspirin " starts during "Occurrence A of Encounter, Performed: Encounter Inpatient"
 - AND NOT: "Occurrence A of Encounter, Performed: Emergency Department Visit" <= 1 hour (s) ends before start of "Occurrence A of Encounter, Performed: Encounter Inpatient"

- OR:

- AND: "Occurrence A of Encounter, Performed: Emergency Department Visit" <= 1 hour(s) ends before start of "Occurrence A of Encounter, Performed: Encounter Inpatient"
 - AND: "Medication, Administered not done: Hospital Measures - Hold" for "Hospital Measures-Aspirin " starts after start of "Occurrence A of Encounter, Performed: Emergency Department Visit"

- OR:

- OR: "Medication, Allergy: Aspirin Allergen"
 - OR: "Medication, Order not done: Medical Reason" for "Aspirin ingredient specific "
 - OR: "Medication, Discharge not done: Medical Reason" for "Aspirin ingredient specific "
 - OR: "Medication, Order not done: Patient Refusal" for "Aspirin ingredient specific "
 - OR: "Medication, Discharge not done: Patient Refusal" for "Aspirin ingredient specific "
 - starts before or during "Occurrence A of Encounter, Performed: Encounter Inpatient"

- OR:

- OR: "Medication, Discharge: Warfarin"
 - OR: "Medication, Discharge: Other Anticoagulants for AMI"
 - starts during "Occurrence A of Encounter, Performed: Encounter Inpatient"

Data criteria (QDM Data Elements)

- "Diagnosis, Active: Hospital Measures - AMI" using "Hospital Measures - AMI Grouping Value Set (2.16.840.1.113883.3.666.5.3011)"
- "Encounter, Performed: Emergency Department Visit" using "Emergency Department Visit SNOMEDCT Value Set (2.16.840.1.113883.3.117.1.7.1.292)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307)"

Current Standards and Tools

Quality Reporting Document Architecture (QRDA)

Data Source and Report Format
“Constrained” variations
HL7 Draft Standard for Trial Use

Healthcare Quality Measure Format (HQMF XML)

Measure logic and value OIDs
HL7 Draft Standard for Trial Use

Value Set Authority Center (VSAC)

Hosted by National Library of Medicine –
developed between Stages 1 and 2
Linked by OIDs

Measure Authoring Tool (MAT)

A web-based tool that allows measure developers to author electronic Clinical Quality Measures (eCQMs) using the Quality Data Model (QDM).

Quality Data Model (QDM)

Describes clinical concepts in a standardized format to enable electronic quality performance measurement
(Categories/Vocabularies/Conditions)

Electronic Report – QRDA Category 1

```
<?xml version="1.0" encoding="utf-8" standalone="no"?>
<?xml-stylesheet type="text/xsl" href="cda.xsl"?>
<!--
Date: October 31, 2012
Disclaimer: These QRDA sample files are designed to provide a file that is valid for errors against the CDA.sdtc schema and QRDA
documents may not have "clinically" consistent data. Additionally, the files are valid against the referenced eMeasure to provi
criteria are "or", the QRDA documents may not have all of the Quality Data Elements data criteria specified in the eMeasure. The
narrative block may not consistently agree with the entries. The narrative block does not reflect the dates/times present in th
-->
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="urn:hl7-org:v3 CDA/infrastructure/cd
  <!-- QRDA Header -->
  <realmCode code="US"/>
  <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <!-- US Realm Header Template Id -->
  <templateId root="2.16.840.1.113883.10.20.22.1.1"/>
  <!-- QRDA templateId -->
  <templateId root="2.16.840.1.113883.10.20.24.1.1"/>
  <templateId root="2.16.840.1.113883.10.20.24.1.2"/>
  <id root="f2d5f971-d67a-4456-8833-213f01331ca33"/>
  <!-- QRDA document type code -->
  <code code="55182-0" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Quality Measure Report"/>
  <title>QRDA Incidence Report</title>
  <effectiveTime value="201212310000-0400"/>
  <confidentialityCode code="N" codeSystem="2.16.840.1.113883.5.25"/>
  <languageCode code="en-US"/>
  <setId extension="111199021" root="2.16.840.1.113883.19"/>
  <!-- the original -->
  <versionNumber value="1"/>
  <recordTarget>
    <patientRole>
      <!-- HIC number -->
      <id extension="12345" root="2.16.840.1.113883.4.572"/>
      <addr use="HP">
        <!-- HP is "primary home" from codeSystem 2.16.840.1.113883.5.1119 -->
        <streetAddressLine>17 Daws Rd.</streetAddressLine>
        <city>Blue Bell</city>
        <state>MA</state>
        <postalCode>02368</postalCode>
        <country>US</country>
        <!-- US is "United States" from ISO 3166-1 Country Codes: 1.0.3166.1 -->
      </addr>
      <telecom use="HP" value="tel:(781)555-1212"/>
      <!-- HP is "primary home" from AddressUse 2.16.840.1.113883.5.1119 -->
    </patientRole>
    <patient>
      <name use="L">
        <!-- L is "Legal" from EntityNameUse 2.16.840.1.113883.5.45 -->
        <prefix>Mr.</prefix>
        <given>Adam</given>
      </name>
    </patient>
  </recordTarget>
</ClinicalDocument>
```


Data Exchange sources – multiple options

Quality Reporting Document Architecture (QRDA)

Data Source and Report Format
“Constrained” variations

HL7 Draft Standard for Trial Use

Fast Healthcare Interoperability Resources (FHIR)

New specification based on emerging industry approaches informed by HL7 v2, v3 and the RIM, and CDA

Continuity of Care Document (CCD)

XML-based markup standard to specify the encoding, structure, and semantics of a patient summary clinical document for exchange

Improving Patient Outcomes

Manual v. electronic clinical quality measures

Manually Abstracted Clinical Quality Measures

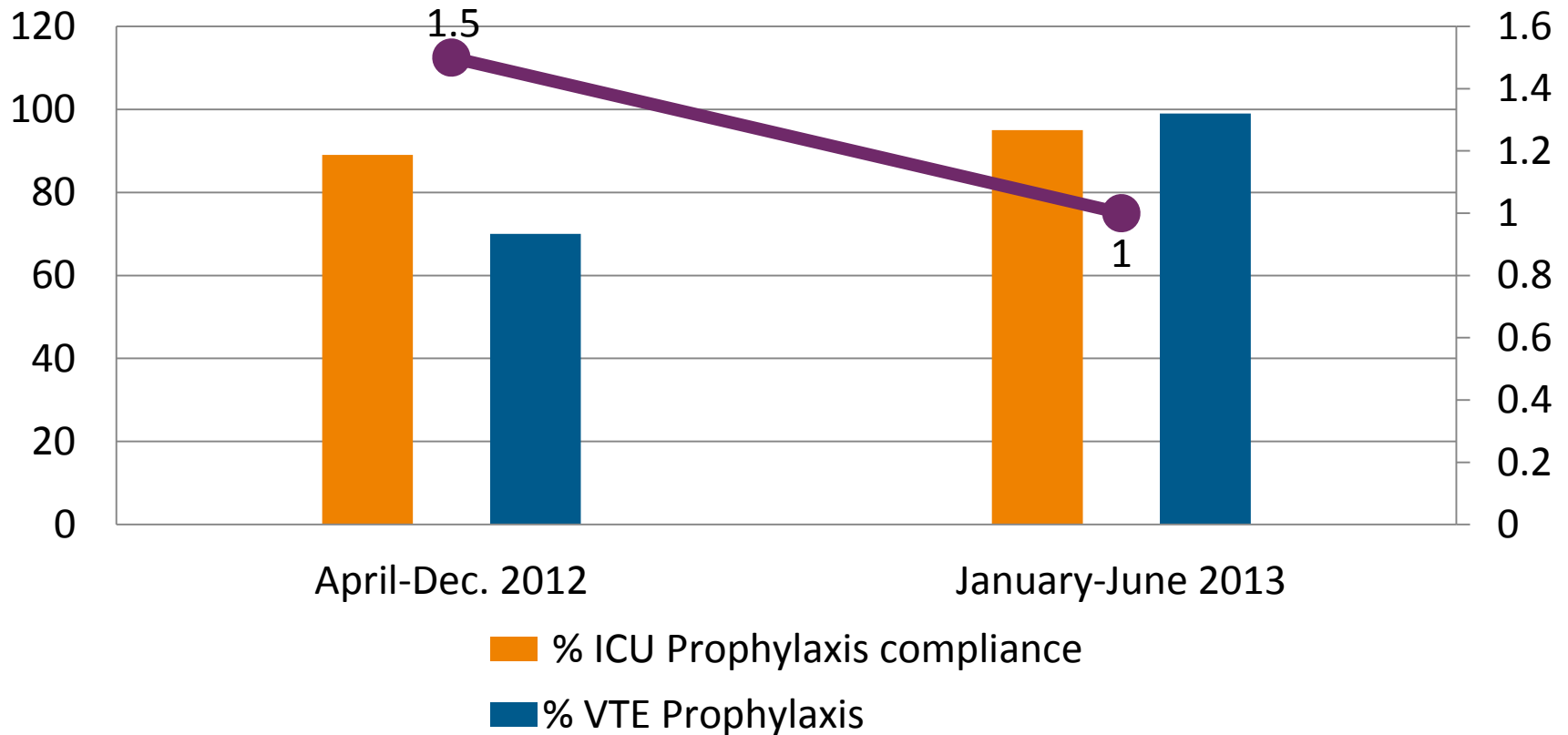
- Definition: Human Readable narrative definition
- Manual chart review allows data collection from any documentation
- Inconsistent provider documentation standards offset by use of manual abstraction coding staff
- Data elements not aligned with EHR requirements

Electronically Extracted Clinical Quality Measures

- Definition: CMS Measure eSpecification
- Certification requirements demand specific data coding per QDM category
- Consistent provider documentation required to assure accurate record tagging for analysis
- Data elements aligned with EHR requirements

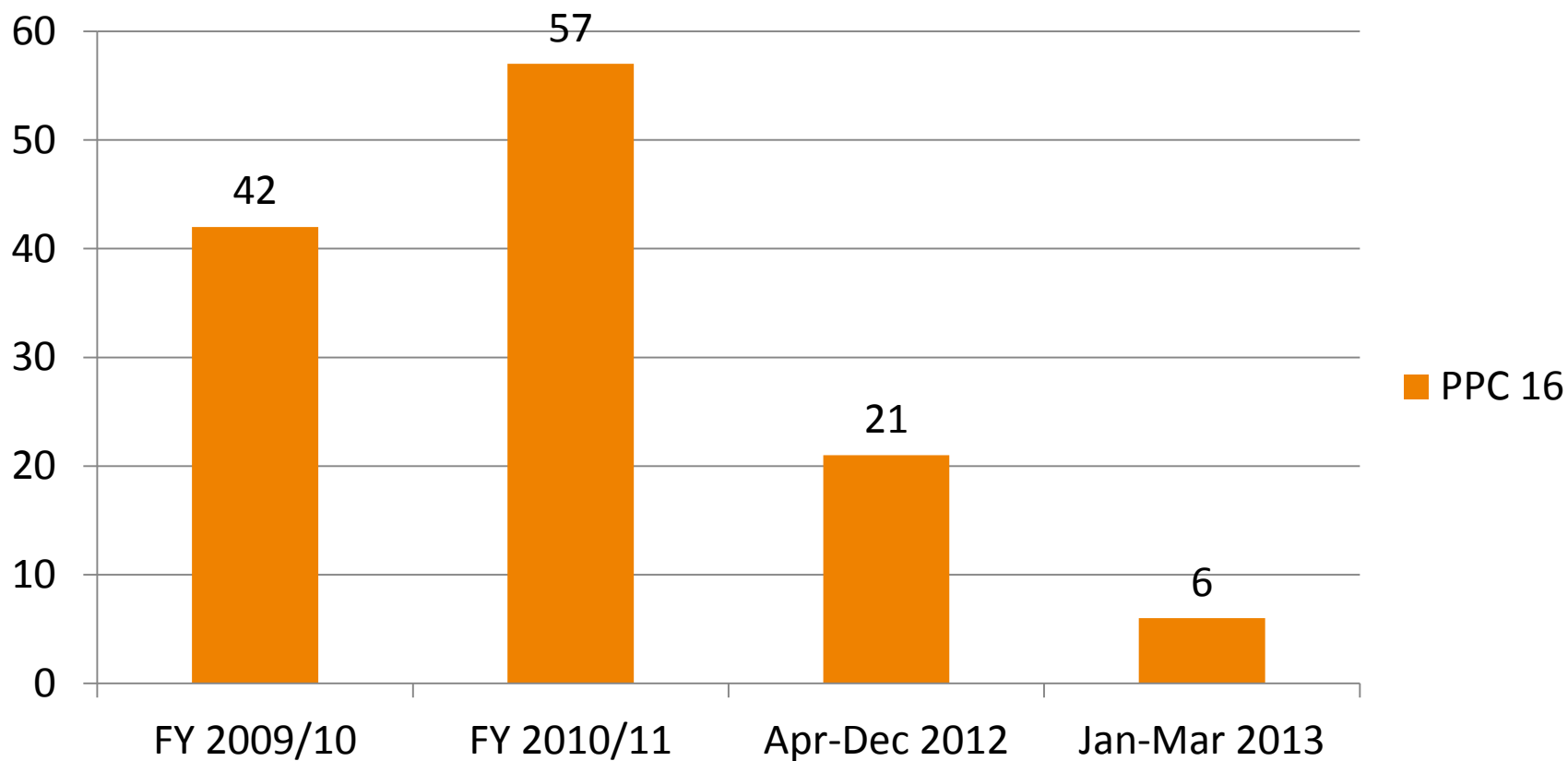
VTE Prophylaxis Compliance and VTE PPC/HAC per 1000 patients

Chart Title



PPC/HAC VTE

PPC 16



Resource Links

- Monitor indicators of pending regulation – CMS and ONC list servs
- Monitor and analyze [QDM changes](#)
- Monitor [CMS.gov CQM site](#) for new measure notices
- Monitor [CMS.gov eCQM Library](#) for specs
 - Download zip file
 - Open each zip file – Review narrative, look for changes
- [Value Set Authority Center](#) – download value sets; look for changes
 - Perform Element Analysis – Global and by measure
 - Map to data capture source
- [Cypress Project page](#) – Google Groups: [Announcements](#) and [Talk](#)
- [QualityNet eSubmission Pilot site](#) for submission guidance
- Log issues in CMS [Jira Issues Tracker](#)

Thanks for your attention

Maggie Lohnes, RN

Director, Quality and Regulatory Programs

Strategic Intelligence

McKesson Connected Care and Analytics

maggie.lohnes@mckesson.com

253-389-3154

MAeHC Quality Data Center Overview

April 18, 2014



MAeHC founded in 2004 as a collaboration among 34 non-profit health care stakeholders in Massachusetts



MASSACHUSETTS
MEDICAL SOCIETY



BlueCross
BlueShield
of Massachusetts



- **Company launched September 2004**
 - **Non-profit registered in the Commonwealth of Massachusetts**
- **CEO on board January 2005**
- **Backed by broad array of 34 non-profit MA health care stakeholders**

MAeHC Pilot Program: 2005-2008

North Adams

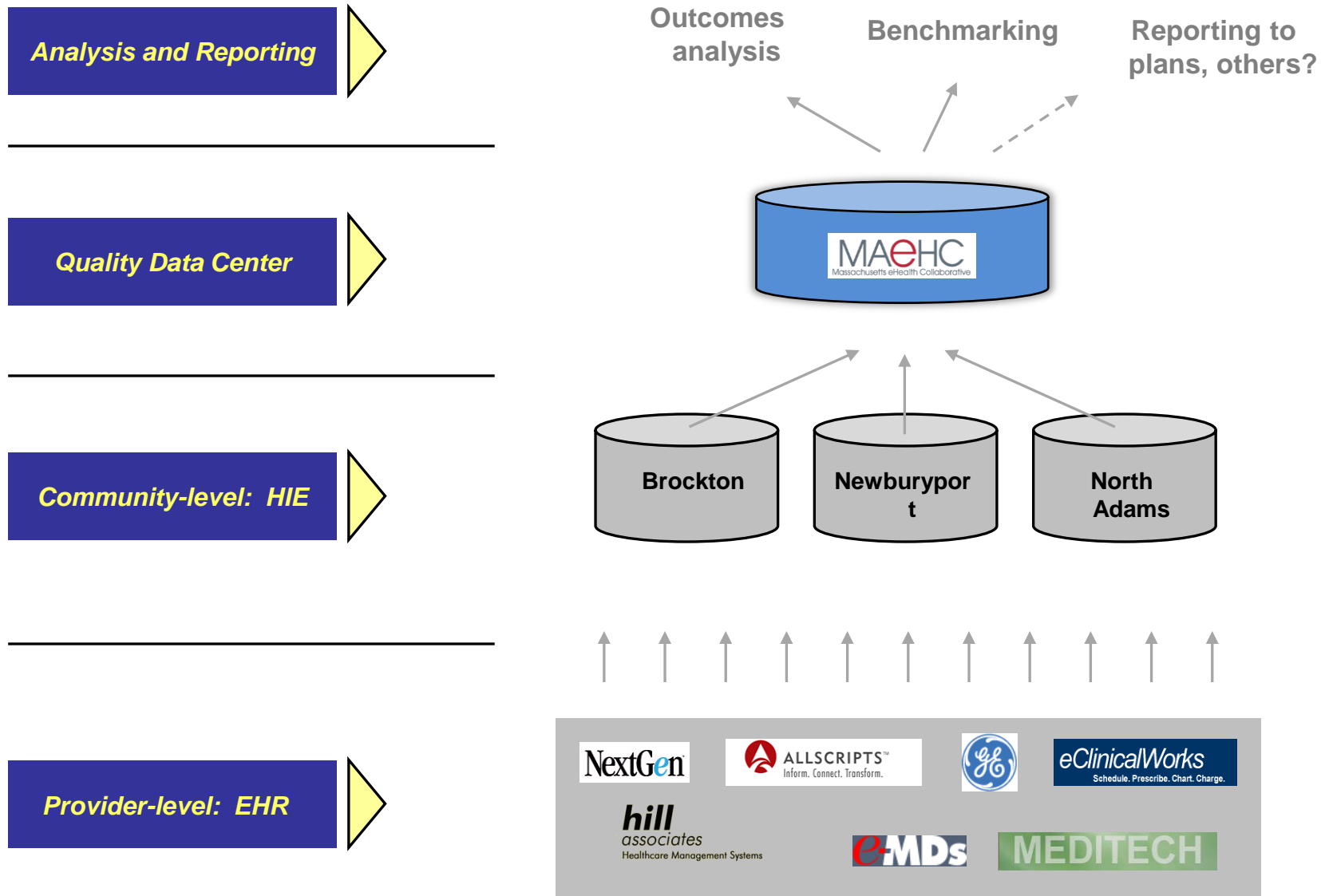
Newburyport

Brockton

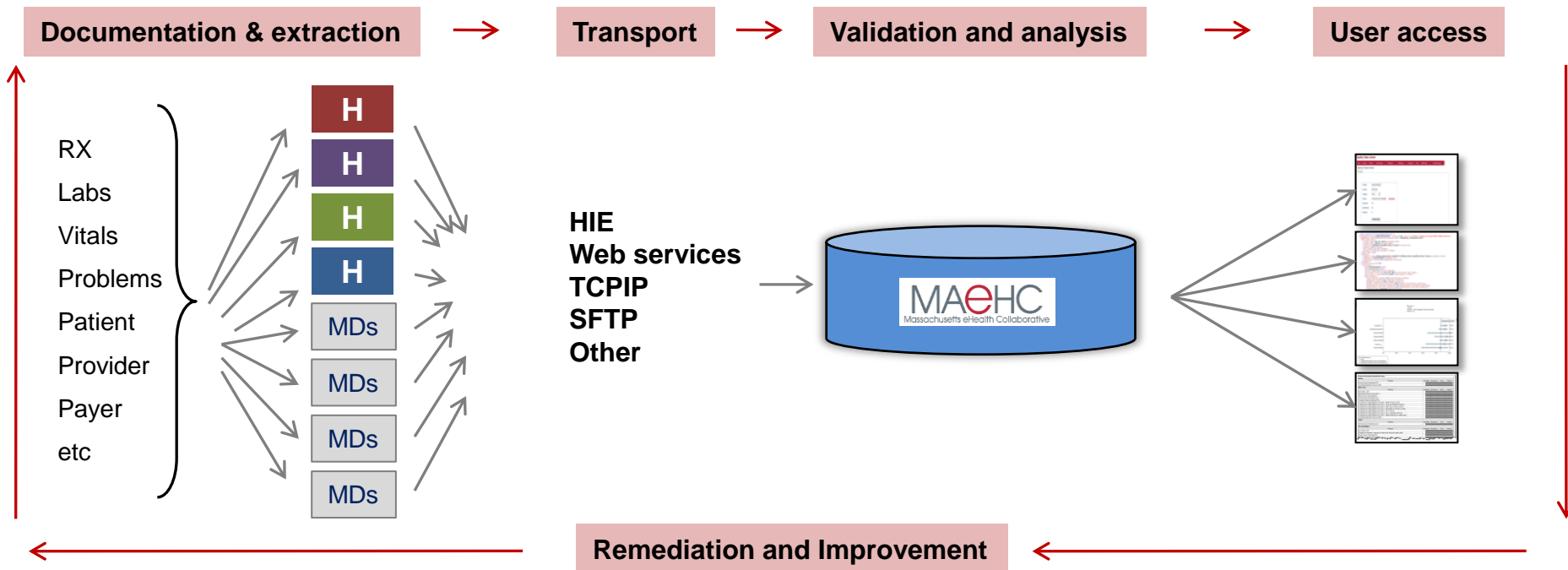
Pilot project accomplishments:

- Provider EHRs to ~600 clinicians practicing in over 200 office locations
- Created stand-alone health information exchanges connecting the physicians with each other and with the hospitals
- Established Quality Data Center to extract clinical data from EHRs to evaluate effectiveness and measure performance

MAeHC Pilot Project Architecture and Data Flows



Quality Data Measurement Is An End-to-End Process



EP and EH Certification for MU Stage 1 and Stage



Matching Product				<input type="checkbox"/> See Complete Products Only			
Certifying Body	Original Practice Type	Vendor	Product ▲	Product Version#	Product Classification	Additional Software Required	
CCHIT	Ambulatory	Massachusetts eHealth Collaborative (MAeHC)	Quality Data Center	3.0	Modular EHR		Add to Cart
CCHIT	Inpatient	Massachusetts eHealth Collaborative (MAeHC)	Quality Data Center	3.0	Modular EHR		Add to Cart

QDC Analytics Measure Inventory

Government



MU Stage 1 and 2
EP and EH

PQRS

Pioneer ACO

Commercial



TUFTS  Health Plan
No one does more to keep you healthy.



PCMH



Participating Organizations



Beth Israel Deaconess
Medical Center

Beth Israel Deaconess | CARE ORGANIZATION LLC



ADIRONDACK HEALTH INSTITUTE

CMIPA

Central Massachusetts Independent
Physician Association, LLC



Children's Hospital Boston



BRIGHAM AND
WOMEN'S HOSPITAL

Data Sources

Clinical



webOMR

eClinicalWorks



Epic



Claims



Workstreams and Timelines

Your Mileage May Vary



Phase	Months											
	m1	m2	m3	m4	m5	m6	m7	m8	m9	m10	m11	m12
Finalize requirements												
Extract EHR data												
Set-up QDC and load data												
Validate measures & reporting												
Ongoing reporting												

Base QDC cost is a fixed set-up fee plus annual subscription based on number of practices, providers, and clinical source systems and includes all base measures and user access options.

Optional services such as new measure development, project management, CCD/transport interface technical management, data analysis services, etc are also available.

Portal Screenshot

MAeHC Quality Data Center - Windows Internet Explorer

https://qdc.maehc.org/maehc-qdc-ahi/MURportsHomeNew.aspx

MAeHC Quality Data Center

MAeHC
Massachusetts eHealth Collaborative

Quality Data Center

Logged in User: ProvunitAdmin
[Logout](#)

Home | About Us | MAeHC | AHI Measures | AHI Reports | Helpful Links | Technical Support

AHI Reports

Measure Date: 10/31/2012
Attribution Period: Full Year
Provider Unit: AHI- Provider Unit
Pod: AHI Pod #2
Practice: Hudson Headwaters Health Network
Provider:
Category: Adult Diabetes
Measure: Adult DM: % of patients receiving at least one LDL-C test [Measure Description](#)
Payer: All
Numerator: 6
Denominator: 8
Percentage: 75%

Denominator Patients Numerator Patients
Missed Patients Exclusion Patients
Detail Report

MAeHC Quality Data Center - Version 2.0. Published Oct 1, 2011

Done Internet | Protected Mode: On 85%

BIDCO QDC Example

Beth Israel Deaconess | CARE ORGANIZATION LLC

Cumulative records 2013 YTD (828,339)

webOMR

576,765 records YTD

eClinicalWorks

231,218 records YTD

**ALTOS
SOLUTIONS**

20,356 records YTD



Current status:

- 5,611,698 care event C32 records
- Covers 614,829 unique patients
- Covers 2,506 unique providers



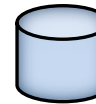
Electronic reporting

- MU, PQRS, AQC, etc



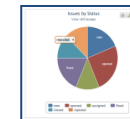
Data management

- Report viewing
- Case tracking



Data extraction

- Queries
- Pre-defined data marts



Management Info System

- User information
- Utilization analysis
- Other

Documentation & extraction

Transport

Validation and analysis

User access

Observations

Growth areas in 2014

- Claims-clinical integration
- Parameterization of risk stratification and attribution
- Expand data and output access

Key value proposition elements

- Execution is the highest value
- Buffer senders and receivers from market variations
- Meet the customer and their vendors where they are
- Focus on solving practical problems
- Remember that it's their data



www.maehc.org

**Micky Tripathi, PhD MPP
President & CEO**

**mtripathi@maehc.org
781-434-7906**

General Discussion

- What are best practices for healthcare organizations to align quality measurement requirements?
 - How can organizations better align measures across service areas to avoid “measure madness.”
- To what extent are the various quality measures themselves helping or hindering quality improvement?
 - How can quality measure development be improved?

Next steps

- Audio recording and slides will be available online at <http://www.ehidc.org/issues/data-and-analytics/data-and-analytics-council-materials>
- Next meeting: May 16, 2014



May 21-22, 2014 | Washington, DC

REGISTER NOW



What You Would Miss:

- [FREE Analytics Class for Registrants on DAY 1](#)
- **Networking Opportunities with Analytics Community**
 - **Unparalleled Participants & Data Experts**
- **Cutting Edge Data & Analytic Technologies & Practices**



eHEALTH INITIATIVE
Real Solutions. Better Health.



VitalSpring
TECHNOLOGIES

HEALTH LEVEL
uncommon insight

Take Advantage Now!

- **LIMITED SPECIAL OFFER - 50% Discount!**
For a limited time, eHI workgroup/council members can attend our upcoming [National Forum on Data & Analytics in Healthcare](#) for as low as \$287.50! Cut your cost in half and [register now](#) using coupon code: **DAFORUM50** before the deal expires on Friday, April 25th .



Thanks for participating!