

## Discussion Guide Use Instructions

### HOW TO USE THIS DISCUSSION GUIDE

This discussion guide is intended to assist you in reviewing and finding information related to the measures under consideration for pre-rulemaking.

There are four sections within this document:

- Agenda
- Preliminary analysis of the measures under consideration
- Specifications of each unique measure
- Summaries for each federal program being considered

### NOTE:

This document is designed to be viewed in electronic format, and should be usable on many devices (laptops or tablets, PCs or Macs, iPads, phones). When viewed electronically, it will contain links that allow you to find additional and more comprehensive information. It can also be viewed offline by saving the file to your computer (laptop) or using the reading pane (iPads).

While the document format will allow printing, we strongly discourage printing the document. The document will be very long, and will be difficult to move between different types of information.

To view this document offline, please save it on a local drive. For Apple users, please utilize your “Reading Pane” function for offline viewing,

For technical assistance, please email [measureapplications@qualityforum.org](mailto:measureapplications@qualityforum.org)

To access each section, click the links on the top right side.

[Agenda](#) | [Analysis](#) | [Measures](#) | [Programs](#)

**NQF**

## Measure Applications Partnership Clinician Workgroup Discussion Guide

*In-person meeting dates:* December 15-16, 2014  
National Quality Forum Conference Center  
1030 15th Street NW, 9th Floor, Washington, DC 20005

**Meeting Objectives**

- Review and provide input on measures under consideration for federal programs applicable to clinician settings
- Identify high-priority measure gaps for each program measure set
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs

**Agenda**

Day 1

8:45 am Welcome, Review Meeting Objectives, and Pre-Rulemaking Approach  
Mark McClellan, MD, PhD, Workgroup Chair  
Reva Winkler, MD, MPH, Senior Director, NQF

9:00 am Follow-up from October web meeting  
Dr. McClellan

9:30 am Discussion of eMeasures and cost measures  
CMS

9:50 am Overview of Pre-Rulemaking Approach  
Dr. Winkler

10:00 am **Consent Calendar 1: Care Coordination**  
Four process measures are under consideration for PQRS based programs; three are also under consideration for the EHR incentive program ("Meaningful Use"). All measures are still in development. For 2015 PQRS has finalized only two process measures and one outcome measure in the priority area of care coordination.  
Lead discussant(s): Rachel Grob, Robert Krughoff

- Closing the Referral Loop - Critical Information Communicated with Request for Referral (MUC ID: X3283)  
Consent Calendar 1: Care Coordination - Critical Information Communicated with Request for Referral (MUC ID: X3283)

To return to previous section, use the back button on your browser or press the backspace button.

To review the program summary of the program being discussed, click the highlighted program name under each consent calendar (located within the agenda) or by clicking on “Program” on the panel on the upper right corner and selecting the program summary you would like to review:

9:50 am Overview of Pre-Rulemaking Approach  
Dr. Winkler

[Agenda](#) | [Analysis](#) | [Measures](#) | [Programs](#)

---

10:00 am Consent Calendar 1: Care Coordination

Four process measures are under consideration for PQRS based programs; three are also under consideration for the EHR incentive program (“Meaningful Use”). All measures are still in development. For 2015 PQRS has finalized only two process measures and one outcome measure in the priority area of care coordination.

Lead discussant(s): Rachel Grob, Robert Krughoff

- Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)
  - Description:* DRAFT: Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history ([Full Measure Specifications](#))
  - Programs under consideration:* [PQRS](#); [Physician Compare](#); [Physician Feedback](#); [VBPM](#)
  - Preliminary analysis summary:* Care coordination measure specific for EHRs that uses Clinical Document Architecture (CDA) that specifies how critical data elements should be encoded for exchange and interoperability. ([Full Preliminary Analysis](#))
  - Preliminary analysis result:* Encourage continued development
- Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)
  - Description:* DRAFT: Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history ([Full Measure Specifications](#))
  - Programs under consideration:* [Medicare and Medicaid EHR Incentive Program for Eligible Professionals](#)
  - Preliminary analysis summary:* Aligns with PQRS. ([Full Preliminary Analysis](#))
  - Preliminary analysis result:* Encourage continued development
- Coordinating Care - Emergency Department Referrals** (MUC ID: X3466)
  - Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission), whose emergency department provider attempted to communicate with the patient's primary care provider or their specialist about the patient's visit to the emergency department. ([Full Measure Specifications](#))
  - Programs under consideration:* [PQRS](#); [Physician Compare](#); [Physician Feedback](#); [VBPM](#)
  - Preliminary analysis summary:* Care coordination measure of ED provider attempting to contact patient's primary care provider or specialist after a patient is seen with with asthma or chest pain. ([Full Preliminary Analysis](#))
  - Preliminary analysis result:* Encourage continued development

Similarly, there are links to the preliminary analysis and measure specifications, which work similarly. If there are any challenges in using the document, please contact the program staff and they will help with technical assistance.