Strawman Groupings of Brainstorming and Voting / Priorities

Categories		
A	Vision	
B	Knowledge Management	This includes the creation, transfer and governance of knowledge
C	Quality / IT Intersection	
D	Educational Role	
E	Definition of Quality / Value	
F	Ties to P4P	Includes payments, incentives, programs
Z	Other	

Data from Retreat

Orig #	# Votes	Category	Category Name	Statement
8	5	A	Vision	NCVHS can be the "keeper of the vision" and can find the gaps (Detmer)
16	5	A	Vision	Continuum of aims from accountability <> learning. Need to design for the whole continuum, and from the right end.
56	5	A	Vision	Need to look at patient-centeredness and impact on metrics, etc.
12	3	A	Vision	The vision needs to lay out a *minimum* need as well.
15	3	A	Vision	Use IOM information [dimensions] to create a balanced approach
17		A	Vision	What do we want in 10 years?
19		A	Vision	"We are what we routinely do. Excellence is a habit." (Aristotle)
48		A	Vision	Focus on quality improvement.
51		A	Vision	Seems to be a void for pulling this all together; and there's no competiton here.
26	5	B	Knowledge Management	There is a key distinction between knowledge management and infrastructure. We need the former just as much.
40	4	B	Knowledge Management	How do we maintain/reconcile metrics?
41	4	B	Knowledge Management	Who sets the measurement priorities, and how?
5		B	Knowledge Management	The appropriateness/accuracy of measures is *critical* before they get used. We don't have them today.
18		B	Knowledge Management	Paradigm shift: metrics are not just about reporting; they need to be designed into the *fabric*, embedded into the flow. A learning system.
21		B	Knowledge Management	A conceptual model: Intermediate metrics > outcomes [linkages, science]. Shared knowledge
28		B	Knowledge Management	Pay attention to: audit, integrity, reliability
34		B	Knowledge Management	We will have competing metrics emerge; will need a way to handle this.
35		B	Knowledge Management	EHR is really collecting data. Much work to be done to continue to create/monitor/learn new metrics.
42		B	Knowledge Management	Look at the distinction between Baldridge approach vs. disease by disease.
45		B	Knowledge Management	Need for [our role?] a call for a National Coordinator of Quality to avoid the tower of Babel, handle unsustainable volume
50		B	Knowledge Management	"Bundles" concept: process and outcomes, knowledge management, integrated, self-reinforcing
53		B	Knowledge Management	The idea of metrics as a "software module" to EHRs
58		B	Knowledge Management	ID areas for research (ERR vs. EHR)
20	8	C	Quality / IT Intersection	Quality-IT intersection
1		C	Quality / IT Intersection	Dr. Halamka: the community utilities in his system have no "roadmap for quality," a huge gap.
2		C	Quality / IT Intersection	Could be a crosswalk between quality and EHR
4		C	Quality / IT Intersection	Nothing in EHR that is "systematic." It's a partial view of quality.
6		C	Quality / IT Intersection	Quality/IT interface is about how we want to ~~*deliver*~~ it to policymakers, program managers, etc.
25		C	Quality / IT Intersection	EHR is necessary but insufficient for producing quality.
27		C	Quality / IT Intersection	Pay attention to the requirements of decision support systems.
46		C	Quality / IT Intersection	Registry function is missing in EHR.
44	3	D	Educational Role	There is a role in explaining and educating on: vision, value, need
55	3	D	Educational Role	Cultural readiness among clinicians, patients, etc. (relates to education issue -- creating a receptive environment among stakeholders)
7		D	Educational Role	We asked what *we* can contribute.
9		D	Educational Role	Relates to our matrix because stakeholders have different perspectives and needs.
14		D	Educational Role	NHII report came through a good process: Got testimony. Created a vision. Held regional hearings for feedback
33		D	Educational Role	We have a role in education – translating successful experiences.
54		D	Educational Role	Finding ways to clone/educate on the Northern NE Cardiovasc. Study Group
57		D	Educational Role	Opportunities to look at analogous industries and situations, e.g., airlines, education, team training/IHI, escue teams
3	4	E	Definition of Quality / Value	What is "quality" – how do you measure? Is it "value," multidimensional? How does it change over time, check back? How do you align this with incentives?
30		E	Definition of Quality / Value	We need to make sure there is consistency between data sets, especially as they are used for various purposes.
32		E	Definition of Quality / Value	Can we equate all this to better care?
37		E	Definition of Quality / Value	Look to tie mortality and morbidity.
38		E	Definition of Quality / Value	Enhance collection of functional status data, regularize "taxonomies" so definitions are the same.
22		F	Ties to P4P	Need to link quality to pay for performance.
23		F	Ties to P4P	Care about bridge between now and where we're going.
24		F	Ties to P4P	Align incentives so we don't mess things up.
39		F	Ties to P4P	The need to also reward excellence .
49		F	Ties to P4P	Reconcile systems thinking with scorecards and ranking
10		Z	Other	Some of these are in opposition to or contradict each other.
11		Z	Other	We can put "mode of capture" to rest. The administrative systems can capture some.
13		Z	Other	More opportunity to focus on RHIOs. ROI on HIPAA is large. Incentives can be looked at to be aligned.
29		Z	Other	Don't stop things to do only EHR; other things are important to get us there.
31		Z	Other	What is the ROI on new data? is a chicken-egg question.
36		Z	Other	It's time to do ICD-10.
43		Z	Other	Have indicators that *predict* future performance.
47		Z	Other	Measurement is a by-product of the care process.
52		Z	Other	Keeping metrics for the transformation itself

Affinity Summary of Brainstorming and Voting / Priorities

Category Name	Orig #	Statement	# Votes
Vision			**21**
	56	Need to look at patient-centeredness and impact on metrics, etc.	5
	8	Don talked about being the “keeper of the vision” and finding the gaps	5
	16	Continuum of aims from accountability <> learning. Need to design for the whole continuum, and from the right end.	5
	12	The vision needs to lay out a minimum need as well.	3
	15	Use IOM information [dimensions] to create a balanced approach	3
	17	What do we want in 10 years?	
	19	“We are what we routinely do. Excellence is a habit.” (Aristotle)	
	48	Focus on quality improvement.	
	51	Seems to be a void for pulling this all together; and there’s no competiton here.	
Knowledge Management			**13**
	26	There is a key distinction between knowledge management and infrastructure. We need the former just as much.	5
	41	Who sets the measurement priorities, and how?	4
	40	How do we maintain/reconcile metrics?	4
	58	ID areas for research (ERR vs. EHR)	
	5	The appropriateness/accuracy of measures is critical before they get used. We don’t have them today.	
	28	Pay attention to: audit, integrity, reliability	
	34	We will have competing metrics emerge; will need a way to handle this.	
	35	EHR is really collecting data. Much work to be done to continue to create/monitor/learn new metrics.	
	21	A conceptual model: Intermediate metrics > outcomes [linkages, science]. Shared knowledge	
	18	Paradigm shift: metrics are not just about reporting; they need to be designed into the fabric, embedded into the flow. A learning system.	
	42	Look at the distinction between Baldridge approach vs. disease by disease.	
	45	Need for [our role?] a call for a National Coordinator of Quality to avoid the tower of Babel, handle unsustainable volume	
	50	“Bundles” concept: process and outcomes, knowledge management, integrated, self-reinforcing	
	53	The idea of metrics as a “software module” to EHRs	
Quality / IT Intersection			**8**
	20	Quality-IT intersection	8
	46	Registry function is missing in EHR.	
	2	Could be a crosswalk between quality and EHR	
	4	Nothing in EHR that is “systematic.” It’s a partial view of quality.	
	6	Quality/IT interface is about how we want to -deliver it to policymakers, program managers, etc.	
	1	John H. has no roadmap for quality. This is a huge gap.	
	25	EHR is necessary but insufficient for producing quality.	
	27	Pay attention to the requirements of decision support systems.	

Affinity Summary of Brainstorming and Voting / Priorities

Category Name	Orig #	Statement	# Votes
Educational Role			**6**
	55	Cultural readiness among clinicians, patients, etc. (relates to education issue -- creating a receptive environment among stakeholders)	3
	44	There is a role in explaining and educating on: vision, value, need	3
	57	Opportunities to look at analogous industries and situations, e.g., airlines, education, team training/IHI, escue teams	
	14	NHII report came through a good process: Got testimony. Created a vision. Held regional hearings for feedback	
	33	We have a role in education – translating successful experiences.	
	9	Relates to our matrix because stakeholders have different perspectives and needs.	
	54	Finding ways to clone/educate on the Northern NE Cardiovasc. Study Group	
	7	We asked what we can contribute.	
Definition of Quality / Value			**4**
	3	What is “quality” – how do you measure? Is it “value,” multidimensional? How does it change over time, check back? How do you align this with incentives?	4
	38	Enhance collection of functional status data, regularize “taxonomies” so definitions are the same.	
	30	We need to make sure there is consistency between data sets, especially as they are used for various purposes.	
	32	Can we equate all this to better care?	
	37	Look to tie mortality and morbidity.	
Ties to P4P			
	49	Reconcile systems thinking with scorecards and ranking	
	22	Need to link quality to pay for performance.	
	23	Care about bridge between now and where we’re going.	
	24	Align incentives so we don’t mess things up.	
	39	The need to also reward excellence .	
Other			
	52	Keeping metrics for the transformation itself	
	10	Some of these are in opposition to or contradict each other.	
	11	We can put “mode of capture” to rest. The administrative systems can capture some.	
	13	More opportunity to focus on RHIOs. ROI on HIPAA is large. Incentives can be looked at to be aligned.	
	29	Don’t stop things to do only EHR; other things are important to get us there.	
	31	What is the ROI on new data? is a chicken-egg question.	
	36	It’s time to do ICD-10.	
	43	Have indicators that predict future performance.	
	47	Measurement is a by-product of the care process.	
Grand Total			**52**