Leveraging Electronic Health Record (EHR)-Sourced Measures to Improve Care Communication and Coordination

Final Recommendations Report, September 19, 2022

Public Comments and Committee Responses

On July 1, 2022, National Quality Forum (NQF) posted the Final Recommendations Report and Shortened Final Recommendations Report on the project webpage for a 21-day review and commenting period. NQF sought general feedback on both reports as well as each report's effectiveness in conveying the information to the intended audiences.

Public Comment Prompts

1. The Shortened Final Recommendations Report is intended to convey the Committee's recommendations to an audience of change-makers, policy and legislative professionals, and healthcare executives. Please provide any general feedback on this report.

2. The Final Recommendations Report is intended to convey the Committee's recommendations to measure developers, EHR vendors, and other technical stakeholders. Please provide any general feedback on this report.

3. Please provide any comments or general feedback on the recommendations related to effectively facilitating care communication and care coordination with EHRs.

4. Please provide any general feedback on the recommendations related to leveraging EHR-sourced measures to improve care communication and care coordination.

5. Please provide any comments or general feedback on the additional considerations for advancing EHR-sourced measurement.

COMMENTS RECEIVED

Prompt:

The Shortened Final Recommendations Report is intended to convey the Committee's recommendations to an audience of change-makers, policy and legislative professionals, and healthcare executives. Please provide any general feedback on this report.

COMMENTER: ERIN O'ROURKE, AMERICA'S HEALTH INSURANCE PLANS (AHIP)

AHIP appreciates the opportunity to provide feedback on this report. We agree that health information technology holds promise to improve care transitions and care coordination. Improving the flow of data and enhancing interoperability will be key to addressing the information gaps that can lead to poor care transitions and negative impacts on the patient. As the Committee finalizes its recommendations and report, we ask you to consider the role of health insurance providers in advancing care coordination and using EHR-sourced data and measures to drive improvements. The current CMS and ONC Interoperability policies do not broadly require healthcare providers to share data with health insurance providers, but rather with third-party applications at the direction of individuals for consumer access. By filling this gap, ONC and CMS could help health insurance providers get the clinical data they need to support members through care transitions. Health insurance providers have a unique perspective on care transitions and are a constant as members transition across providers and settings. With improved access to EHR data, health insurance providers could better understand where breakdowns in communications may occur, when members are not receiving necessary follow-up care, and where might be the best site to receive care. Completing this data sharing loop could also allow health insurance providers to address a member's social needs and minimize the number of times a member may be asked to provide sensitive information on social needs and risks. Finally, filling this gap would allow health insurance providers to more easily implement digital quality measures to help drive improvements in care coordination and care transitions.

> **COMMITTEE RESPONSE**
> Thank you for your comments. The Committee acknowledges that CMS and ONC interoperability policies are evolving, and health insurance providers have the potential to contribute to improving outcomes that are dependent upon high quality care communication and care coordination, such as timely review of prior authorization requests and access to indicated resources. The Committee also acknowledges that health insurance providers should participate in bidirectional, interoperable data flow when used directly in patient care activities. However, the Committee also highlights that patients and their caregivers should have control over the use of their data and their data should not be shared without their permission. The Final Recommendations Report has been updated to reflect this addition.

COMMENTER: KEVIN HUMMEL, BOSTON CHILDREN'S HOSPITAL

The report is comprehensive in its recommendations related to effectively facilitating care communication and coordination with EHRs. The report successfully makes the effort of centering care around patient and community goals with its recommendations to develop EHR-sourced measures of specific patient goals that can create a standard framework for measuring success via the EHR, without necessarily all outcomes being prescriptive, but rather increasing the precision of measurement to specific patients (or cohorts of patients). What remains unclear, and may be beyond the goals of this report, is the incentives from policy or payers to healthcare systems or EHR vendors to drive this change. Without alignment of incentives (for example, to prioritize and encourage achieving specific patient goals, or integrating patient-reported outcomes into EHR sourced materials), there remains a burden of cost and effort on the vendor and subsequently to the system (and eventually back to the patient). This creates a residual barrier in the steps recommended, as admirable as the recommendations are.

COMMITTEE RESPONSE

Thank you for your comments. The Committee agrees with the importance of aligning incentives to advance the recommendations and are encouraged by ONC efforts on the new USCDI+ standards to provide an improved framework for developing additional incentives. Although incentives related to care communication and care coordination are not directly within the scope of this report, the Committee identified additional incentive opportunities, and these opportunities have been added to the Final Recommendations Report.

Prompt:

The Final Recommendations Report is intended to convey the Committee's recommendations to measure developers, EHR vendors, and other technical stakeholders. Please provide any general feedback on this report.

COMMENTER: ERIN O'ROURKE, AHIP

AHIP appreciates the opportunity to comment on the final Recommendations Report. As noted in our comments on the shortened report, we encourage the Committee to consider the role of health insurance providers in advancing measurement addressing care coordination and care transitions. The Committee could consider recommending the development of measures that rely on electronic content and exchange standards and that can be implemented consistently across payers. Promoting policies to advance interoperability would foster public and private payers equally leveraging new EHR-sourced measures to advance care coordination and care transitions.

COMMITTEE RESPONSE

Thank you for your comments. The Committee acknowledges that health insurance providers have the potential to contribute to improving outcomes that are dependent upon high quality care communication and care coordination. The Committee agrees that policies and incentives to advance interoperability are needed and are encouraged by ONC efforts on the new USCDI+ standards. The Final Recommendations Report has been updated to reflect identifying health insurance providers as another key stakeholder in improving care communication and care coordination.

COMMENTER: DONALD CASEY

1. This report provides an excellent starting point for guiding the evolution of care communication and care coordination within standard EHR environments. The following is a list of additional new and evolving ideas that could further enhance this report.

COMMITTEE RESPONSE

Thank you for your comments.

COMMENTER: DONALD CASEY

2. More emphasis should be placed on improving facilitation of easy data capture transfer to EHRs from non-EHR digital devices used by patients. This should include devices that capture biometric data through sensorization, e.g., certified BP monitoring devices, Sleep apnea device monitors, Continuous Glucose Monitoring (CGM) Systems, wearable heart rhythm sensors, smart body weight scales, digital pill tracking for medication adherence, etc. (To name but a few.)

COMMITTEE RESPONSE

Thank you for your comments. The Committee acknowledges that healthcare data are growing more diverse as new devices, such as remote monitors for chronic diseases and smart watches, are adopted by patients and clinicians and agrees future discussions of care communication and care coordination must consider these inevitabilities. The Final Recommendations Report has been updated to reflect this additional consideration.

COMMENTER: DONALD CASEY

3. More emphasis is needed on improving ease of capture for data elements related to standardized patient-reported outcome and functional status measures, especially for health conditions that currently deploy these as standards of care (e.g., Heart Failure, Total Lower Extremity Joint Replacement, Cancer Care, Major Depression, End Stage Renal Disease, etc.). This includes improving functionality across the entire digital health spectrum, not just within the major common brands of EHRs.

COMMITTEE RESPONSE
Thank you for your comments. The reports currently discuss patient-reported outcomes (PROs) in a general manner, but we do agree that these measures have unique data requirements that are out of scope for this project. However, data related to PROs are discussed in other NQF publications, including **the Patient-Reported Outcomes: Best Practices in Selection and Data Collection - Final Technical Report** and the reports from the **Building a Roadmap from Patient-Reported Outcome Measures to Patient-Reported Outcome Performance Measures** project.

COMMENTER: DONALD CASEY
4. Focus on improving real time, interactive Clinical Decision Support Systems (CDSS) in accordance with published scientifically based clinical practice guidelines. This could include more effective use of reminder prompts via messaging tailored to specific patient perspectives and needs. The effectiveness and safety of CDSS efforts should be developed and evaluated in accordance with the general tenets put forth by the FDA Center for Devices and Radiological Health's (CDRH), which has shifted its focus to guiding development of sophisticated algorithms that incorporate Artificial Intelligence/Machine Learning (AI/ML) can increasingly improve people's health, quality of life, and wellness now being used in common practice in accordance with data mined from EHRs.

COMMITTEE RESPONSE
Thank you for your comments. The Committee agrees with the important role of CDSS in EHRs and acknowledges this functionality requires an advanced EHR maturity level. The Reports discuss this as part of the Advanced Maturity Level, and NQF has updated the report to reflect specific examples based on your comment. In addition, the updated Final Recommendations Report mentions CDC's Adapting Clinical Guidelines for the Digital Age, which is an integrated process to develop and implement narrative and computable guidance using Fast Healthcare Interoperability Resources (FHIR) to improve how clinical guidance is used in practice and can be disseminated through CDSS. The Committee noted that incorporating performance expectations for care communication and care coordination into clinical guidelines could be of potential value.

COMMENTER: DONALD CASEY
5. Accelerate the formal generation and evidence assessment of the impact, effectiveness, safety, and risk of bias of care communication and coordination Application Programming Interfaces (APIs) across the entire digital health spectrum. These assessments should occur at both the individual patient and population levels and rely on formal standard and scientifically sound evaluation methods. These assessments should also include the ability

to detect and monitor adverse and near-miss event rates related to both human and machine errors that most often occur through EHR and other digital health device usage.

COMMITTEE RESPONSE
Thank you for your comments. The Committee agrees with the important role EHRs can play in assessing and identifying risks and acknowledges this functionality requires more advanced EHR maturity levels. The reports discuss this as part of the advanced EHR maturity level, and NQF has updated the Final Recommendations Report to reflect specific examples based on your comment.

COMMENTER: DONALD CASEY
6. The HL7/FHIR Community needs to be actively included and evolved at the front end of future care coordination/communication guideline and measure and development and implementation initiatives and not just as an afterthought. CDC has been working diligently to promote its Adapting Clinical Guidelines for the Digital Age initiative to ensure that all stakeholders are at the table at every stage of the efforts espoused in the NQF Leveraging Electronic Health Record (EHR)-Sourced Measures to Improve Care Coordination and Care Communication Final Recommendations Report. The Committee members should take a much closer look at this work as a part of its future deliberations.

COMMITTEE RESPONSE
Thank you for your comments. The Committee agrees with the important role of HL7/FHIR in advancing the recommendations and appreciates the information about the CDC's work to promote Adapting Clinical Guidelines for the Digital Age initiative. This was integrated into the Final Recommendations Report with the example that such an approach could be extended to care communication and care coordination.

COMMENTER: DONALD CASEY
7. At the Battle of Waterloo, the Duke of Wellington is thought to have said, "Just because the message has been sent does not mean the message has been received." There must be an intense focus on assuring that interoperable EHRs not only result in a "hand shake" between patients and their clinicians (which is bi-directional, not unidirectional), but also then actionable interventions that have the highest likelihood of meaningful improvements in the health status of individuals and the communities where they reside and receive care.

COMMITTEE RESPONSE
Thank you for your comments. The Committee agrees with the importance of not only bidirectional communication but also the need for actionable interventions because of the communication which is captured in the reports. In addition, there is considerable discussion in the Final Recommendations Report regarding ensuring usability, which, by definition, involves bidirectional communication and closing the loop when important information is shared between clinicians and patients and/or caregivers.

Prompt:

Please provide any comments or general feedback on the recommendations related to effectively facilitating care communication and care coordination with EHRs.

COMMENTER: ERIN O'ROURKE, AHIP

AHIP agrees that better data flow can improve communication among a patient's care team and improve care transitions. We appreciate the Committee's consideration of how AHIP members can leverage EHR data to address a critical point in a patient's care journey as well as to consider a person's needs holistically by considering social risks and social needs. As noted above, we encourage the Committee to consider the role of health insurance providers to promote high quality care transitions and address social needs. Currently, health insurance providers often lack access to EHR data, limiting their ability to intervene in a timely manner when a member does not receive follow-up care or may need assistance addressing social needs. Health insurance providers may have experience and capacity to assist with social needs that health care providers do not have and could help fill a gap for the consumer. Moreover, by sharing data across the system, we could minimize the number of times consumers are asked to provide information. The Committee could encourage CMS and ONC to address the current one-sided interoperability regulations to ensure data flows to all stakeholders to improve both patient care and quality measurement. For example, CMS and ONC could require health care providers to share ADT feeds with health insurance providers to promote better care coordination as well as clinical data that could be used to ensure measures are fair and accurate.

COMMITTEE RESPONSE
Thank you for your comments. The Committee acknowledges that CMS and ONC interoperability policies are evolving, and health insurance providers have the potential to contribute to improving outcomes that are dependent upon high quality care communication and care coordination. The Committee also acknowledges that health insurance providers should participate in bidirectional, interoperable data flow to facilitate their role in coordinating care

and helping to improve patient outcomes. However, the Committee also highlights that patients and their caregivers should have control over the use of their data and recognize that permissions need to be secured before information is shared with health insurance providers to ensure privacy and trust in care communication. The Final Recommendations Report has been updated to reflect this addition.

COMMENTER: DONNA ZAZWORSKY

Having years of practice as a Case Manager and in leadership of case management in hospitals, primary care practices, and health plans, the ability to communicate with other providers and vendors through the EHR is critical and complex. It is helpful to be able to view what information is in the various EHRs. However, being able to communicate and update patient progress needs to include: 1) how the various providers would be notified and 2) the level of urgency related to the notification and action needed from the respective team member. Health Plan case managers manage over 100+ members or more at a time depending on the plan (Medicare, Medicaid, commercial). Receiving email notifications needs to be considered.

COMMITTEE RESPONSE
Thank you for your comments. The Committee agrees on the importance of bidirectional communication that enables the most updated information to exist within the EHR. The Reports discuss this as part of the advanced EHR maturity level, and NQF has updated the report to reflect specific examples based on your comment.

Prompt:

Please provide any general feedback on the recommendations related to leveraging EHR-sourced measures to improve care communication and care coordination.

COMMENTER: ERIN O'ROURKE, AHIP

Ongoing work by HL-7, such as the C-CDA and DaVinci Implementation Guides, can lay the groundwork for better exchange of the data needed to support digital measurement. However, the necessary standards and implementation guides must be sufficiently tested and mature before widespread implementation is possible. Testing and maturity of the standards will be essential to the scalability and feasibility of digital quality measurement. We encourage NQF and the Committee to work with HL-7 to ensure develop the necessary standards and implementation guides.

There is also a need for ONC and CMS to ensure certified EHR vendors build the data elements required for dQMs into their products. The Committee could consider encouraging ONC to leverage the Certified EHR technology program to advance digital quality measurement around care

transitions and care coordination. Additionally, ONC and CMS must also incent providers to share data with health insurance providers electronically to ensure feasibility and alignment across payers. Implementing aligned digital quality measures could reduce the burden of measurement and provide better information for consumers. ONC could leverage the Information Blocking roles to fill current gaps in data flow across the system.

We also encourage the Committee to explore the role the Trusted Exchange Framework and Common Agreement (TEFCA) could play in sharing data to improve care communication and care coordination and to advance measurement in this area. An interoperable national network would be a far more efficient means for data sharing—not just in terms of cost, but time-executing contracts, integrated technology, etc.— that could speed adoption and increase the number of use cases that could be addressed. Adding use cases of value to health insurance providers would also increase participation and strengthen the system as a whole.

> **COMMITTEE RESPONSE**
> Thank you for your comments. The Committee agrees with the importance of incentives and aligning with national interoperability standards. The Committee is encouraged by ONC efforts for UCSDI+ and appreciates the information about TEFCA. The Final Recommendations Report has been updated to reflect the information about TEFCA.

Prompt:
Please provide any comments or general feedback on the additional considerations for advancing EHR-sourced measurement.

COMMENTER: ERIN O'ROURKE, AHIP
AHIP supports the Committee's vision to leverage the transition to digital quality measures as a way to advance measurement of care coordination and care transitions. Digital quality measurement offers a unique opportunity to measure new concepts and gaps in quality that may not fall into traditional measures or current data streams. Technology holds promise to further reduce the burden of reporting quality data while enhancing the information on quality available to all stakeholders. Digital measures and the electronic exchange of information through formats such as APIs could reduce the time and resources required to extract data from patient charts, surveys, or other forms used to generate patient-reported outcome measures.

We also encourage NQF and the Committee to foster alignment on the adoption and approach to digital quality measurement across the industry. The Committee could consider the work of CQMC and health insurance providers to align the use of dQMs to advance care coordination and care transitions across public and private payers.

> **COMMITTEE RESPONSE**
> Thank you for your comments. The Committee agrees with the importance of aligning the adoption and approach to digital quality measurement across the industry and is encouraged by the ONC efforts related to USCDI+.

COMMENTER: JEFFERY WEXLER
Patient portals – Enhancing the usability, adoption, and accessibility

Patient portals are one of the major pillars regarding healthcare communication between providers, patients, and healthcare systems.

I know there is so much to do in standardizing data elements, data presentation, and data sharing, but in reviewing this final report, I am a little concerned on the lack of highlighting of the patient portal as the most effective and critical way to communicate with patients and caregivers, including patient family.

I have pulled out the minimal mentions of patient portals and the few suggestions of design or redesign following UX Design research efforts to standardize specifications for presenting data for disability, responsive design, presenting data in an understandable format, and to present actionable items for the patients and caregivers. I think the report really needs to address the lack of real efforts to fortify and elevate efforts and focus on patient communication through portals.

Setting common minimum requirements regarding communications on an actionable level to help in clearly relaying "what to do" and "what options" to convey to the patient or caregiver is vital.

I think a separate whole set of recommendations could focus on the presentation from a user perspective and on how such things as clinical decisions tools can be presented.

Elevating portal focus will significantly impact the adoption of the patient portal. I understand the varying levels of Early, Intermediate, and Advanced recommendations, but I think more pressure should be put on early mention and early stress to get patient portals finally right as a crucial component of EHRs as the patient communication tool.

Would love to explain further with some simple rectifiable examples from my own usage.

I have noted only 19 references out of 55 pages. I feel this is wholly inadequate, and I feel should be elevated if nothing else than a recommendation to have a separate document to focus heavily on patient and caregiver communication.

I am aware of SODH issues related to internet access, yet more and more is moving to mobile platforms i.e., even cell phones. That should not be a deterrent to making patient communication a vital part of your recommendations.

Thanks for allowing me to comment.
Sorry if I went a little long.

COMMITTEE RESPONSE

Thank you for your comments. Although patient portals were not explicitly prioritized within the scope of this project, the Committee agrees on the importance of patient portals as a critical component of both care communication and care coordination. The Final Recommendations Report directly addresses the importance of focusing future work upon patient portals, including user experience design, data collection, and presentation of information.