 Breakout Room Worksheet

# Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Option Year

# Web Meeting 2

The Base Year of the Leveraging Electronic Health Record (EHR) Sourced Measure to Improve Care Communication and Coordination project described the current state of using EHRs to measure and improve care communication and care coordination. The Option Year will build on this work to develop recommendations for facilitating and improving EHR-based care communication and care coordination measurement in an all-payer, cross-setting, and fully electronic manner to drive quality improvement and outcomes. Recommendations will be provided for:

1. How EHRs could better facilitate care communication and care coordination
2. Addressing social determinants of health (SDOH) data collected by EHRs as it relates to care communication and care coordination
3. How existing and future development of EHR-sourced measures can be leveraged to improve care communication and care coordination
4. Possible EHR-sourced measure concepts related to care communication and care coordination

These recommendations will be conveyed in two Final Recommendations Reports (a long, technical version and a shortened, non-technical version).

## Effectively Facilitate Care Communication and Care Coordination with Electronic Health Records

Interoperability (the secure exchange of health information electronically from one user to another) is foundational for EHRs to be functional for improving care communication and care coordination. EHRs must also be usable (e.g., have specific functions/capabilities and capacities) to facilitate and improve care communication and care coordination. The Base Year themes discussed at Web Meeting 1 were streamlined into themes related to how to effectively facilitate care communication and care coordination with EHRs. These themes were derived from the environmental scan and include updates based on Committee feedback, Web Meeting 1 discussions, and responses to surveys sent after the meeting. For each theme, there are sets of recommendations. **The intent of Web Meeting 2 (January 13, 2022) will be to refine and finalize this list as recommendations for how EHRs could better facilitate care communication and care coordination.** Please note, this discussion will focus on EHR functions/capabilities and capacities with consideration to three stages of interoperability: *early* (e.g., improving interoperability of existing health IT networks, scaling existing approaches to exchanging information across platforms, standardizing vocabulary), *intermediate* (e.g., expanding the information exchanged and number of participating providers, integrating multi-payer claims data and registries, aggregating data across entities to manage quality and equity, refining standard vocabulary), and *advanced* (e.g., continuously learning and improving functionality, using aggregated data with local data to create targeted clinical decision support).

### Collect and Share Data

* Intake data from other systems where patients receive care
* Transfer data to local health information exchanges (HIEs)
* Communicate seamlessly to applications that contain healthcare related information (e.g., SDOH data, wearables, other coordination services, community-based care)
* Import and export care plans to other EHRs or HIEs
* Export a standard set of data for all care transitions
* Enable standardized collection of SDOH data and race, ethnicity, language, and disability status information and communicate this information to other EHRs and HIEs (could involve SDOH Z-codes)
* Ensure the update of dynamic data (e.g., SDOH data) periodically as appropriate to ensure that it is correct and relevant
* Allow patients to control the sharing of their information with other providers

Optimize Usability for Clinicians and Patients

* Summarize specific data elements for clinicians in an easily accessible and user-friendly manner (e.g., recent visits, medications, problem list, procedures, SDOH, care team)
* Present visualizations of patient data for clinicians that allow for the easy identification of care gaps
* Allow clinicians to search for relevant data in a user-friendly manner (i.e., google the chart)
* Highlight for clinicians when a recommended test or treatment was not obtained (e.g., a medication was not filled, a follow-up appointment was missed or not made)
* Reduce clinician burden in duplicative data entry by sharing common information between systems

### Document Performance of Care Communication and Care Coordination Activities

* Allow clinicians to create customized alerts for specific clinical results and/or actions
* Permit the development and implementation of customized care plans for patients
* Easily access advanced directives and notify clinicians when advanced directives are updated
* Allow for real-time Health Insurance Portability and Accountability Act (HIPAA) secure communication between patients and clinicians
* Identify care teams, and allow for real-time HIPAA secure communication between clinicians and clinicians
* Permit the creation of and assess the compliance with evidence-based pathways to ensure care standardization and quality

### Assess the Quality and Performance of Care Communication and Care Coordination Activities

* Assess whether care plans are created as well as being followed, and notify clinicians when care deviates from a plan of care
* Report the level of patient engagement with their EHR portal or data
* Allow for the monitoring of care quality through customized queries and measure output with specific numerators and denominators, in real-time and for accountability measures

## Discussion Questions

In breakout groups during Web Meeting 2, the questions below will be used to help facilitate the discussion. **Prior to the meeting, please consider the following questions and come prepared to share your responses.**

| Question  | Responses  |
| --- | --- |
| Are any EHR functionalities/capabilities and capacities missing from the list of recommendations? | *Please include ideas here* |
| Which recommendations should be refined or excluded?  | *Please include ideas here* |
| For *early* interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?  | *Please include ideas here* |
| For *intermediate* interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?  | *Please include ideas here* |
| For *advanced* interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?  | *Please include ideas here* |