 Breakout Room Worksheet

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

# Web Meeting 4

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).

## Using EHR-Sourced Measures for Care Communication and Care Coordination

Interoperability (the secure exchange of health information electronically from one system to another) is a necessary feature of EHRs to be optimally functional to facilitate care communication and care coordination across settings. In addition, EHRs must have specific functions/capabilities and capacities for effective care communication and care coordination and these functions must be intuitive and easy to use for end-users including clinicians, other team members, patients, and their families.

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 came from the environmental scan and updates based on Committee feedback, Web Meeting 1 discussions, and responses to surveys sent after the meeting. *Web meeting 2* focused on obtaining feedback on recommendations for the specific EHR functions, capabilities, and capacities for effective care communication and care coordination from the Committee. Based on this feedback, the recommendations are being updated and will be shared with the Committee for additional feedback in May. *Web meeting 3* focused on how EHR data on social determinants of health (SDOH) can be used to improve care communication and care coordination. The Committee reviewed the work of the Gravity Project which aims to standardized EHR data for SDOH and provided recommendations for how SDOH data can be used to improve care communication and care coordination and in quality measurement. Recommendations are being developed from this meeting for addressing SDOH data and will be shared with the Committee for feedback in May.

The intent of **Web Meeting 4 (March 21, 2022)** will be to discuss how **existing and future development of EHR-sourced measures can be leveraged to improve care communication and care coordination** and to develop possible measure concepts (novel or re-specified from already developed measures). Conceptually, EHRs have more detailed data from which it may be possible to create new measures or respecify existing measures to improve them.

Definitions are provided for key concepts below:

* [*Measure*](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures#:~:text=Quality%20measures%20are%20tools%20that,quality%20goals%20for%20health%20care): A fully developed metric that includes detailed specifications and are tools to quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care
* *Measure concept*: An idea for a measure that is not fully specified or tested
* [*EHR-sourced measure*](https://www.qualityforum.org/Publications/2020/12/Electronic_Health_Record_Data_Quality_Best_Practices_for_Increased_Scientific_Acceptability_-_Final_Report.aspx): Quality measure that relies on data that originally comes from an EHR. EHR-sourced measures may be evaluated outside of the original EHR system from which the data were collected, such as a registry, data warehouse, or other separate system. These data elements may include, for example, clinical results, encounters, or comorbidity information.
* Electronic clinical quality measures ([eCQMs](https://ecqi.healthit.gov/ecqms)): Quality measures that use data electronically extracted from EHRs and/or health information technology systems to measure the quality of healthcare provided. CMS uses eCQMs in a variety of quality reporting and value-based purchasing programs.
* *Claims-based measure*: Quality measure that uses billing or claims data to calculate performance on the measure.

For additional background information on quality measurement, please review these resources:

* [The ABCs of Measurement](https://www.qualityforum.org/measuring_performance/abcs_of_measurement.aspx)
* [Quality Measures: How They Are Developed, Used, & Maintained](https://www.cms.gov/files/document/blueprint-quickstart.pdf)

**Group 1 Members** please [click here](#_Group_1:_Exploring) or scroll to page 3.

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* David Buriank
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* Cynthia Cullen, MS, MBA, PMP
* Keith Horvath, MD
* Russell Leftwich, MD
* Rebecca Perez, MSN, RN, CCM
* Suellen Shea, MSN
* Maurine Stuart
* Jason Wiesner, MD, MBA
* Dorothy Winningham
* Kim Yu, MD, FAAFP
* Andrew Zinkel, MD, MBA

**Group 2 Members** please [click here](#_Group_2:_Advancing) or scroll to page 6.

* Richard Antonelli, MD, MS
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* Brian Buys, RN, MBA
* Joseph Kunisch, PhD, RN-BC, CPHA
* Michael Lieberman, MD, MS
* Brent Peery, Dmin
* Ann Polich, MD, MPH, MBA
* Walter Rosenberg, MSW, MHSM, LCSW
* Stacie Schilling
* Colleen Skau, PhD
* Alexis Snyder

## Group 1: Measure Topic Areas for EHR-Based Care Communication and Care Coordination

*Group Members*:

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* Andrew Zinkel, MD, MBA

*Instructions*: **Prior to the meeting, please review the content and discussion questions below. Please come prepared to share your responses to the discussion questions that will be used to help facilitate the conversation.**

### EHR-Based Data vs. Claims-Based Data by Data Category

Review the differences between EHR-based data and claims-based data by data category in the table and then consider the discussion questions.

| Data Category | EHR-Based Data | Claims-Based Data |
| --- | --- | --- |
| Admission, Discharge, Transfer (ADT) | Real-time data transmission shared between providers/systems | Recorded as claims processed which may be delayed and is not shared between providers/systems |
| Care Plans | Viewed by different providers in directing care between providers/systems  | Captured as a Current Procedural Terminology (CPT) code or procedure |
| Care Team Members | Transparent to different providers/systems and the patient | Not captured in an organized way but may be observable through insurance claims; non-billing team members (e.g., social work, care management) are not in claims  |
| Demographics | Extensive list of demographic information as shared within the EHR | Name, address, gender, insurer are available with billing information  |
| Instances of Communication (e.g., did the communication occur) | Captured, including patient interactions | Not captured |
| Laboratory Results  | Transparent to different providers/systems and the patient | Captured as part of diagnosis, but not individual lab values |
| Medications | Transparent to different providers/systems and the patient | Captured in claims for outpatient medications, but not for inpatient |
| Method of Communications (e.g., email, telephone) | Various modes augmented by the reliance on EHR with bidirectional communication with patients and other providers | Inconsistent between providers and often not captured unless communication was a billable event |
| Patient-Reported Data (e.g., goals, functional status) | Transparent to different providers/systems and the patient | Not captured  |
| Problem List/Diagnoses  | Transparent to different providers/systems and the patient | Captured in diagnoses on each claim |
| Radiology Reports  | Transparent to different providers/systems and the patient | Captured in diagnosis on each claim but no detail included  |
| SDOH | Transparent to different providers/systems and the patient | Not captured  |
| Vital Signs (e.g., blood pressure, pulse, pain) | Transparent to different providers/systems and the patient | Not captured except if part of a diagnosis (e.g., a claim with a diagnosis of hypotension) |

#### Discussion Questions

1. Considering the differences between EHR-based data and claims-based data described above, how can the EHR-based data improve the measurement of care communication and care coordination?
2. What additional data categories would be important for measuring care communication and care coordination?

### Prioritizing Measure Topic Areas for EHR-Based Care Communication and Care Coordination

Considering the impact of using EHR-based data for quality measurement, review the measure topic areas related to EHR-based care communication and care coordination listed below by theme and consider the discussion questions. These measure topic areas are based on exiting measures as well as our previous Committee discussions.

####  Observable Outcomes of Poor Care Communication and Care Coordination

* Hospital readmissions within 30 days of discharge
* Unexpected return ED visits within 72 hours of discharge with hospital admission
* Frequency of duplicate, unnecessary testing (i.e., repeat imaging or laboratory tests)
* Frequency of follow-up care that was not completed with the recommended time frame
* Frequency of specific medical errors related to care communication and care coordination
* Example: multiple prescriptions from different providers for similar medications

#### Observable Outcomes of Effective Care Communication and Care Coordination

* Patient experience with care coordination / clinician communication / care integration
* Care delivered in-line with plan of care
* Utilization of patient portals, responsiveness of clinicians (this could be subsumed into patient experience)
* Improving health literacy, reducing food insecurity, etc. (SDOH) – improving outcomes of Gravity Project (measures related to Gravity Project domains)

#### Essential, Critical Clinical Actions for Effective Care Communication and Care Coordination

* Communication of critical test findings to the care team and patient (laboratory or radiology results)
* Appropriate handoff/communication performed between clinicians for high-risk transitions
* Creation of a care plan
* Use of a care plan
* Acting on SDOH problems (getting resources when there’s food insecurity, etc.)
* Positive screening rates on SDOH data
* How often a tool has been implemented per encounter
* Data used in an encounter where the information was not originally collected
* Tracking referrals
* Medication reconciliation

#### Discussion Questions:

1. What measure topic areas are most important to measure outcomes related to EHR-based care communication and care coordination?
2. What additional measure topics should be included to measure outcomes related to EHR-based care communication and care coordination?

## Group 2: Advancing EHR-Based Care Communication and Care Coordination Measurement

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#### Discussion Questions

1. Considering these differences, how can the EHR-based data improve the measurement of care communication and care coordination?
2. What additional data categories would be important for measuring care communication and care coordination?

### Advancing the Measurement of Care Communication and Care Coordination with EHR-Sourced Measures

Review the example of an existing measure related to a care communication and care coordination activity and consider the discussion questions. The discussion will use this measure to anchor the discussion about how EHR-based data could improve the measurement of care communication and care coordination activities.

[NQF #0326](https://www.qualityforum.org/QPS/0326) Advance Care Plan

* *Measure Steward*: National Committee for Quality Assurance
* *Measure Description*: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
* *Numerator Statement*: Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
* *Denominator Statement*: All patients aged 65 years and older.
* *Measure Type*: Process
* *NQF Endorsement Status*: Endorsed
* *Level of Analysis*: Clinician: Group/Practice
* *Data Source*: Claims

#### Discussion Questions

1. What EHR-based data would improve the measurement of this care communication and care coordination activity?
2. How care we use EHR-sourced data to move beyond the use of claims-based measures to measure care communication and care coordination?