Task Order 75FCMC20F0004: Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination

Background

Effective, high-quality care communication and coordination is essential to improving health outcomes and reducing avoidable costs of care. Measuring care communication and coordination has been challenging because of the heterogeneity of approaches and interventions, difficulties in measuring specific activities, and difficulties in generalizing program success and linking approaches to improved outcomes. One of the opportunities that has not been fully explored is leveraging electronic health records (EHRs) and EHR data to measure care communication and care coordination. Prior initiatives funded by the Centers for Medicare and Medicaid (CMS) and conducted by the National Quality Forum (NQF) have identified EHR systems as important tools for quality measurement as well as tools to deliver high-quality care. However, to date, EHR data have primarily supported patient care and billing and have not been fully realized, particularly in their ability to measure care communication and coordination. Within EHRs, technology tools and specific design features have been effectively deployed to help facilitate care coordination. This allows EHRs to serve to improve care coordination and provide a key data source for quality measurement. In this CMS-supported project, NQF will convene a multistakeholder Committee to identify best practices to leverage EHR-sourced measures to improve care communication and coordination quality measurement in an all-payer, cross-setting, fully electronic manner.

Committee Charge

The Committee will address this issue in two 12-month phases (Base Year and Option Year). In the Base Year, the Committee will work with NQF staff to perform an environmental scan. The environmental scan report will identify a consensus definition of care communication and coordination; establish the relationship between care communication and coordination and improved healthcare outcomes; and outline the challenges of measuring provider performance on care communication and coordination in an all-payer, cross-setting, fully electronic manner. A report detailing the findings of the environmental scan will be released for public comment. In a second Option Year, the Committee may work with NQF staff to provide recommendations for how EHRs could better facilitate care communication and coordination, how EHR sourced measures can be used to improve care communication and coordination, and possible EHR-sourced care communication and coordination measure concepts or specific areas of measurement within care communication and coordination. The recommendations identified by the Committee and how they may be applied will be documented in the Final Recommendations Report, which will also be released for public comment at the end of the second Option Year.

Committee Structure

No more than 25 individuals will be selected to serve on the multistakeholder Committee for an initial

term of 12 months, with an additional 12-month term expected to immediately follow.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the project, additional calls may be scheduled, or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Eight to 10 web meetings (up to two hours) over the course of the two 12-month terms for the Base and Option Year. Meetings for the first 12 months (Base Year) will be held:
  - March 2021
  - April 2021
  - May 2021
  - August 2021
- Web meetings for the second 12 months (Option Year) will be scheduled at a later date.

Preferred Expertise and Composition

Committee members are selected to ensure representation from a variety of stakeholders from across the healthcare delivery system (e.g., patients/consumers/caregivers, health plans, healthcare facilities, specialty societies, academia, purchasers, employers, patient advocacy groups, etc.). Because NQF attempts to represent a diversity of stakeholder perspectives, only a limited number of individuals from each of these stakeholder groups can be seated. Specifically, NQF is seeking nominees with expertise in care communication and coordination from a variety of disciplines (e.g., clinicians, case managers, social workers, community-based organizations, specialty societies, etc.); measure development for and implementation of EHR-sourced measures and/or electronic clinical quality measures (eCQMs); navigating the care for complex comorbidities (e.g., patients, caregivers, and patient advocates); EHR data standards and vocabularies (e.g., EHR vendors); building networks that facilitate data exchange or ensure data quality; data standardization and quality policies developed and implemented by federal, state, and local government agencies; and clinical informatics.

Please review the NQF conflict of interest policy **to learn about how NQF identifies potential conflicts of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

Consideration and Substitution

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so "substitutions" of other individuals are *not permitted.* Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process*.*

Application Requirements

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. Federal stakeholders who are interested in joining this Committee should reach out to the project team directly.

To nominate an individual to the EHR Care Coordination Committee, please submit the following

Nominations due by December 31, 2020, 6:00 pm ET

information:

- A completed online nomination form, including:
  - A brief statement of interest
  - A brief description of nominee expertise highlighting experience relevant to the Committee
  - A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
  - Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.

Deadline for Submission

All nominations *MUST* be submitted by **6:00 PM ET on December 31, 2020.**

Questions

If you have any questions, please contact EHRCareCoordination@qualityforum.org. Thank you for your interest.