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

Web Meeting 2

January 13, 2022

This project is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I –75FCMC20F0004– Leveraging EHR Sourced Measures to Improve Care Communication and Coordination

Welcoming Remarks

Richard Antonelli, EHR Care Coordination Committee Co-chair Gerri Lamb, EHR Care Coordination Committee Co-chair



Agenda

Meeting Objectives and Attendance

Background Resources

Working Session: Effectively Facilitate Care Communication and Care Coordination with EHRs

NQF Member and Public Comment

Next Steps

Meeting Objectives and Attendance

Chelsea Lynch, Director, NQF Victoria Freire, Analyst, NQF



Project Timeline





Meeting Objectives

- Review and provide an overview on select background resources
- Refine and finalize recommendations for how EHRs could better facilitate care communication and care coordination



Roster

- Richard Antonelli, MD, MS (Co-Chair)
- Gerri Lamb, PhD, RN, FAAN (Co-Chair)
- Kathleen Balestracci, PhD, MSW
- David Burianek
- Brian Buys, RN, MBA
- Sherri Costa, MS, RN, AOCNS
- Cynthia Cullen, MS, MBA, PMP
- Keith Horvath, MD
- David Key
- Joseph Kunisch, PhD, RN-BC, CPHQ
- Russell Leftwich, MD
- Michael Lieberman, MD, MS
- Brent Peery, DMin

- Rebecca Perez, MSN, RN, CCM
- Ann Polich, MD, MPH, MBA
- Walter Rosenberg, MSW, MHSM, LCSW
- Stacie Schilling, MPH
- Suellen Shea, MSN, RN, LSSGB, CPHQ, CPPS
- Colleen Skau, PhD
- Alexis Snyder
- Maurine Stuart
- Jason Wiesner, MD, MBA
- Dorothy Winningham
- Kim Yu, MD, FAAFP
- Andrew Zinkel, MD, MBA



Federal Liaisons

- Joel Andress, PhD, Centers for Medicare & Medicaid Services
- Tiffany Gillis Brown, JD, Health Resources and Services Administration
- Kyle Cobb, MS, Office of the National Coordinator for Health Information Technology
- Chris Dymek, EdD, Agency for Healthcare Research and Quality
- **Tara McMullen, PhD, MPH**, Department of Veterans Affairs
- Carly Medosch, MBA, PMP, Centers for Medicare & Medicaid Services
- Francine Sandrow, MD, MSSM, FAMIA, Department of Veterans Affairs
- Kenneth P. Yale, DDS, JD, Department of Defense



NQF Project Staff

- Chelsea Lynch, MPH, MSN, RN, CIC, Director, Emerging Initiatives
- Udara Perera, DrPHc, MPH, Senior Manager, Emerging Initiatives
- Monika Harvey, MBA, PMP, Project Manager, Program Operations
- Victoria Freire, MPH, CHES, Analyst, Emerging Initiatives
- Jesse Pines, MD, MBA, NQF Consultant
- Maha Taylor, MHA, PMP, Managing Director, Emerging Initiatives

Additional Support:

- Chuck Amos, MBA, Senior Director, Emerging Initiatives
- Carol Sieck, PhD, RN, Director, Emerging Initiatives
- Maura Walsh, Manager, Program Operations



CMS Staff

- Kimberly Rawlings, TO COR, CCSQ, CMS
- Gequincia Polk, IDIQ COR, CCSQ, CMS



Ground Rules



Background Resources

Udara Perera, Senior Manager, NQF



Dependencies of EHR Attributes

Interoperable Data in EHRs (Stages: Early, Intermediate, or Advanced)

EHR Functionality for Care Communication and Care Coordination

EHR Usability by Stakeholders to Facilitate Care Communication and Care Coordination

Effective EHR-Based Care Communication and Care Coordination



Dependencies of EHR Attributes (continued)

Interoperable Data in EHRs (Stages: Early, Intermediate, or Advanced)

EHR Functionality for Care Communication and Care Coordination

EHR Usability by Stakeholders to Facilitate Care Communication and Care Coordination

Effective EHR-Based Care Communication and Care Coordination



Stages of Interoperability

Early

- Improving existing health information technology networks
- Scaling existing approaches to exchanging information across platforms
- Beginning to standardize vocabulary

Intermediate

- Expanding the information exchanged and the number of participating providers
- Integrating multipayer claims data and registries
- Aggregating data across entities to manage quality and equity

Advanced

- Continuously learning and improving functionality
- Using aggregated data with local data to create targeted clinical decision support



United States Core Data for Interoperability (USCDI)

- Establishes a standard set of health data classes and data elements for nationwide, interoperable health information exchange through new public health application programming interfaces setting the foundation for broader sharing of electronic health information to support patient care
- First version was adopted as a standard in the Cures Act Final Rule



Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR)

- A set of international standards used to provide guidance with transferring and sharing data between multiple healthcare providers
 - Created by Health Level Seven International, a non-profit organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information
- Adoption of these standards supports clinical practice and the management, delivery, and evaluation of health services



Health Information Exchanges (HIE)

- Centralized databases or portals that combine EHR data from multiple sources to assist in data standardization and information sharing across settings
- There are three key forms of HIE:
 - Directed exchange: ability to send and receive secure information electronically between care providers to support coordinated care
 - Query-based exchange: ability for providers to find and/or request information on a patient from other providers, often used for unplanned care
 - Consumer mediated exchange: ability for patients to aggregate and control the use of their health information among providers



Application Programming Interfaces (API)

- Set of defined rules that explain how computers or applications communicate with one another
- Sit between an application and the web server, acting as an intermediary layer that processes data transfer between systems
- Enables entities to open their applications' data and functionality to external third-party developers, business partners, and internal departments.
- Allows services and products to communicate with each other and leverage each other's data and functionality through a documented interface.

Questions?

Working Session: Effectively Facilitate Care Communication and Care Coordination with EHRs

Chelsea Lynch

Chuck Amos, Senior Director, NQF

Richard Antonelli

Gerri Lamb



Themes

Collect and Share Data

Optimize Usability for Clinicians and Patients

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



Collect and Share Data

- Intake data from other systems where patients receive care
- Transfer data to local 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 Zcodes)
- 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

Working Session: Purpose and Approach



Working Session: Purpose and Approach (continued)

- The working session will allow for more in-depth discussion on recommendations related to how EHRs can effectively facilitate care communication and care coordination
- Each Committee member will be assigned to a breakout group via the Zoom platform
- Committee members will have 45 minutes to brainstorm and discuss the four sets of recommendations for how EHRs can effectively facilitate care communication and care coordination:
 - Collect and Share Data
 - Optimize Usability for Clinicians and Patients
 - Document Performance of Care Communication and Care Coordination Activities
 - Assess the Quality and Performance of Care Communication and Care Coordination Activities
- Each breakout group will provide a **brief** report out at the end of the working session
- Each breakout group will be joined by NQF project staff to help facilitate the discussion and troubleshoot any technical issues



Working Session Group Assignments

Breakout Room 1

Gerri Lamb, PhD, RN, FAAN David Buriank Sherri Costa, MS, RN, AOCNS 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

Breakout Room 2

Richard Antonelli, MD, MS Kathleen Balestracci, PHD, MSW Brian Buys, RN, MBA David Key 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

Transition to Working Session



Breakout Session Discussion Questions

- Are there EHR capabilities or capacities missing from the list of recommendations?
- Which recommendations should be refined or excluded?
- For early interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?
- For intermediate interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?
- For advanced interoperability, what EHR functionality is needed to facilitate care communication and care coordination? What are the EHR usability considerations?



Lead Discussant Working Session Report Outs

In seven minutes, share:

- 2-3 recommendations that should be refined or excluded
- 2-3 recommendations based on the interoperability stages
- Up to 3 EHR capabilities and capacities that are missing from list of recommendations

NQF Member and Public Comment

Victoria Freire

Next Steps

Victoria Freire



Next Steps

- Submit any additional input on the ideal capabilities and capacities of EHRs via email to the project inbox
- Next web meeting will be held on Tuesday, February 8, 2022, from 2:00-4:00pm ET
- Save the date for all web meetings
- Contact the project team with any questions, or if you did not receive any of the meeting invitations
- Project inbox: <u>EHRCareCoordination@qualityforum.org</u>

THANK YOU.

NATIONAL QUALITY FORUM

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