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- Please mute your audio when not speaking
- Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- Please turn on video, especially during discussions
- To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery"
- Please use the 'Raise Hand' if you wish to speak (click 'Participants' icon, then click 'Raise Hand' at the bottom of the participant list)
- Please use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact us at EHRCareCoordination@qualityforum.org



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

Web Meeting 4

March 21, 2022

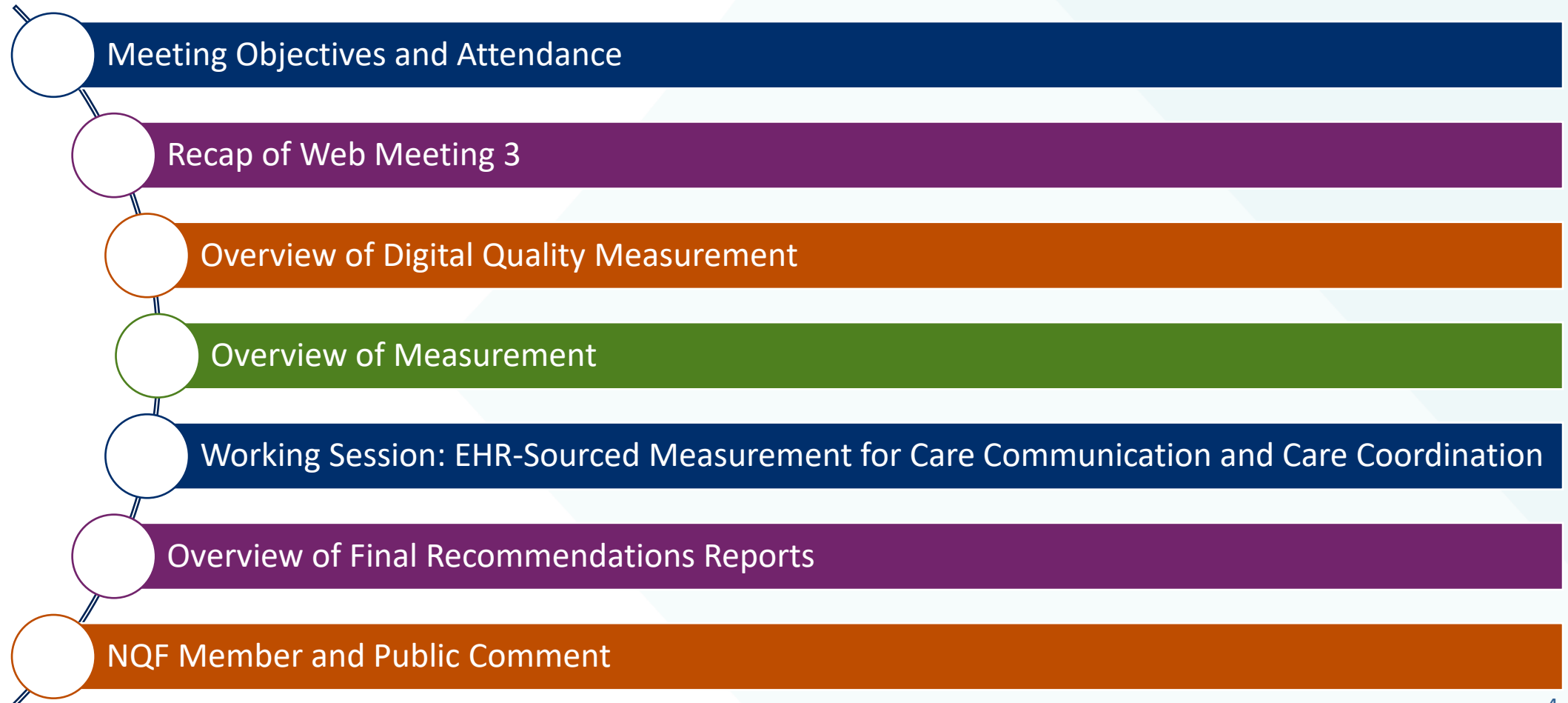
This project is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I – 75FCMC20F0004– Leveraging EHR Sourced Measures to Improve Care Communication and Coordination

Welcoming Remarks

Richard Antonelli, EHR Care Coordination Committee Co-chair

Gerri Lamb, EHR Care Coordination Committee Co-chair

Agenda



Meeting Objectives and Attendance

Chelsea Lynch, Director, NQF

Debbie Olawuyi, Analyst, NQF

Project Timeline



*WM = Web Meeting

Meeting Objectives

- Review current approaches to digital quality measurement
- Discuss how existing and future development of EHR-sourced measures can be leveraged to improve care communication and care coordination
- Identify measure topic areas from which measure concepts could be developed for EHR-based 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
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- 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
- **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, Measurement Science & Application
- **Debbie Olawuyi**, MPH, 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, Interim TO COR, CCSQ, CMS

Ground Rules

No rank in the room

Participate

Share your experiences

Be respectful

Refrain from political
comments

Learn from others

Recap of Web Meeting 3

Chelsea Lynch

Web Meeting 3 Overview

- Reviewed and assessed social determinants of health (SDOH) domains within the Gravity Project
- Discussed the impact of SDOH data on EHR-based care communication and care coordination
- Developed recommendations for how SDOH data can be used for care communication and care coordination quality measurement

Gravity Project Overview

- HL7 FHIR Accelerator project that addresses the needs for both semantic and structural level interoperability of electronic SDOH data
- Launched as a multistakeholder public collaborative with the goal to develop, test, and validate standardized SDOH data documented within EHRs using identified coded data elements
- For all 18 social risk domains, terminology workstreams will create consensus-based representative data sets across four clinical activities:
 - ▣ Screening
 - ▣ Diagnosis
 - ▣ Goal Setting
 - ▣ Interventions

Web Meeting 3 Discussion Recap

- Held working session on the development of recommendations related to how SDOH data can be used for care communication and care coordination quality measurement using the following prompts:
 - ▣ Impact the Gravity Project could have on EHR- based care communication and care coordination
 - ▣ Data collection considerations when implementing these definitions in the EHR
 - ▣ Determining how these data sets could be used for care communication and care coordination quality measurement
 - ▣ Other SDOH data not identified in the Gravity Project that could be used for care communication and care coordination quality measurement
- Key discussion themes included:
 - ▣ Building trust between patients and the healthcare team
 - ▣ Standardizing SDOH data elements to allow interoperability
 - ▣ Improving performance measures with SDOH data
 - ▣ Having an efficient data collection process is essential

Overview of Digital Quality Measurement

Joel Andress, Centers for Medicare & Medicaid Services (CMS)

Kyle Cobb, Office of the National Coordinator for Health Information Technology (ONC)

Federal Data Standards: ONC and CMS Key Work



Joel Andress,
EHR Technical Advisor, CMS

Kyle Cobb,
Tools & Testing Branch Chief, ONC

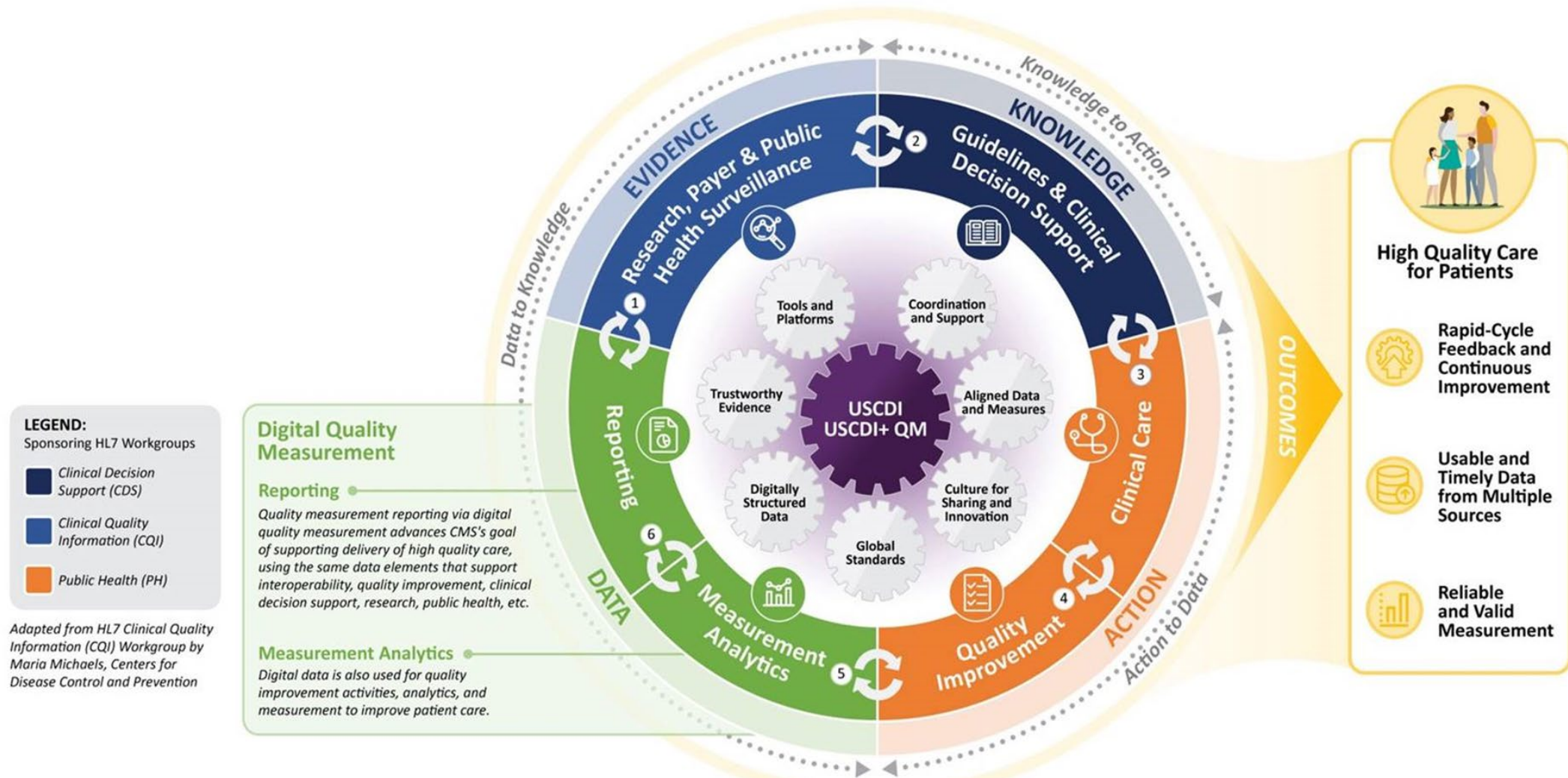
March 21, 2022

Learning objectives

- Outline how CMS and ONC are coordinating to ensure data sets are harmonized across national standards
- Explain the importance of creating a complete data set of elements for CMS quality measurement
- Give example of the ONC's United States Core Data for Interoperability (USCDI) as a standardized data set for nationwide, interoperable health information exchange and USCDI+ program

Learning health systems use data to drive health care

Digital Quality Measurement in the Learning Health System



ONC and CMS are committed to data standardization

ONC

- Is developing and harmonizing health data standards to advance interoperability
- Developed a standardized set of health data classes and constituent data elements – the USCDI
- Recently launched the USCDI+ program and is committed to facilitating harmonization across federal use cases and data sets to reduce data silos

CMS

- Is transitioning to digital quality measurement
- Aims to enhance interoperability through use of high-quality standardized data for measurement, including through the use of FHIR®
- Is collaborating with ONC to support advancing data for digital quality measurement and other uses cases through data standardization

Why data standardization?

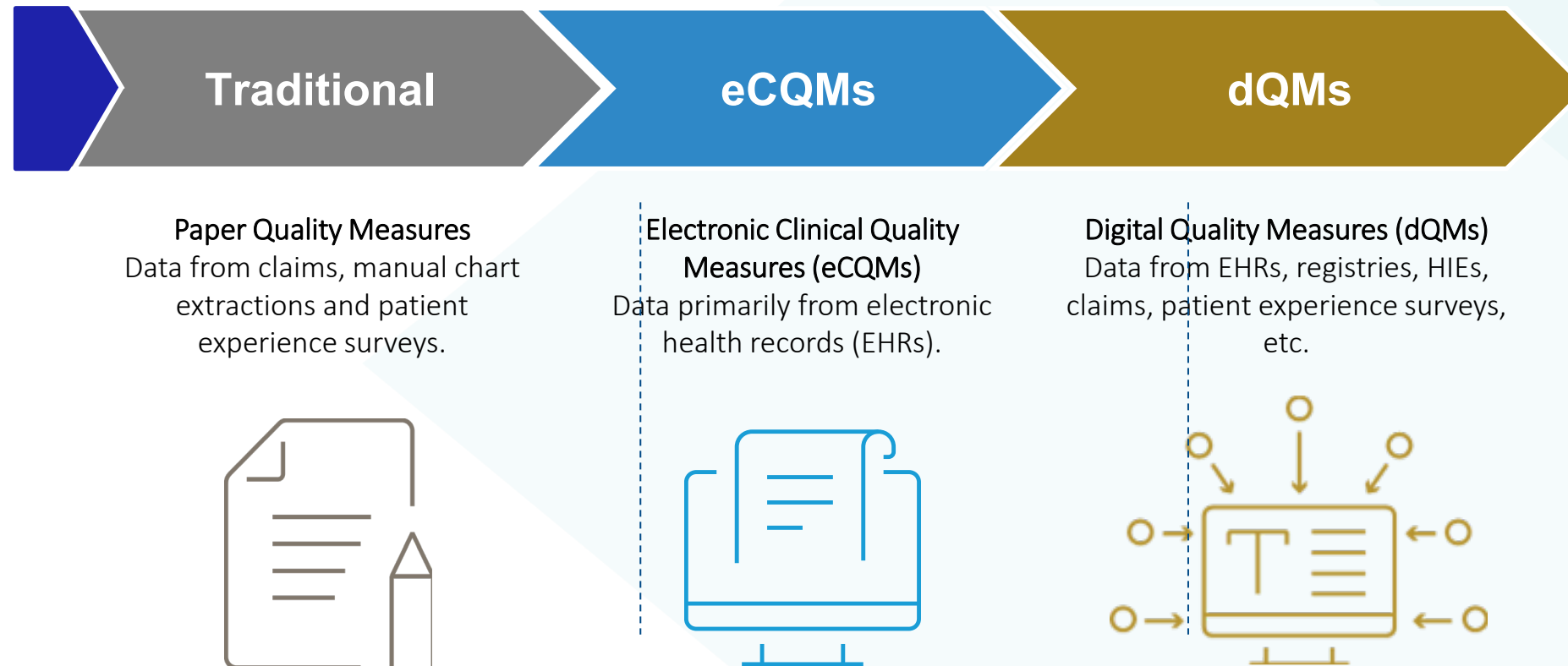
- We are contributing to the establishment of a functional learning health system
- Data are the staple of a functioning learning health system
 - **Learning health systems generate knowledge from data captured during routine care**
- Data standardization
 - **Transforms data into a common format**
 - **Ensures data quality**
 - **Allows for data flow**
 - **Supports program alignment**
- Standardized data could be used for multiple use cases, such as
 - **Patient health data access**
 - **Quality measurement**
 - **Big data analytics**
 - **Research**

Why the FHIR[®] standard?

- Reduces burden
 - **Align CMS eCQM reporting with industry clinical data exchange framework and clinical decision support (CDS)**
 - **Enable automated data retrieval from EHR and submissions of quality data through use of standards-based APIs**
 - **Provide near real-time feedback on quality measurement results to providers**
- Simplifies data mapping
 - **Single mapping to FHIR vs. mapping to HQMF and QRDA**
- Improves alignment between eCQMs & CDS
 - **Both use a common FHIR data model (FHIR QI Core)**
- Promotes interoperability
 - **Data exchange requirements for quality measurement are aligned with interoperability standards used in other healthcare exchange**

Federal Data Standards: A Look at CMS' Work

Evolution of quality measures: the journey from paper to digital



CMS has set the ambitious and critical goal of transitioning to digital quality measurement

CMS has set a new course for quality measurement aimed at contributing to a learning health system (LHS) to optimize patient safety, outcomes, and experience



Enable a future in which **care quality is only measured electronically**, using standardized, interoperable data



Reduce the burden of electronic health record (EHR) data transfer by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability**



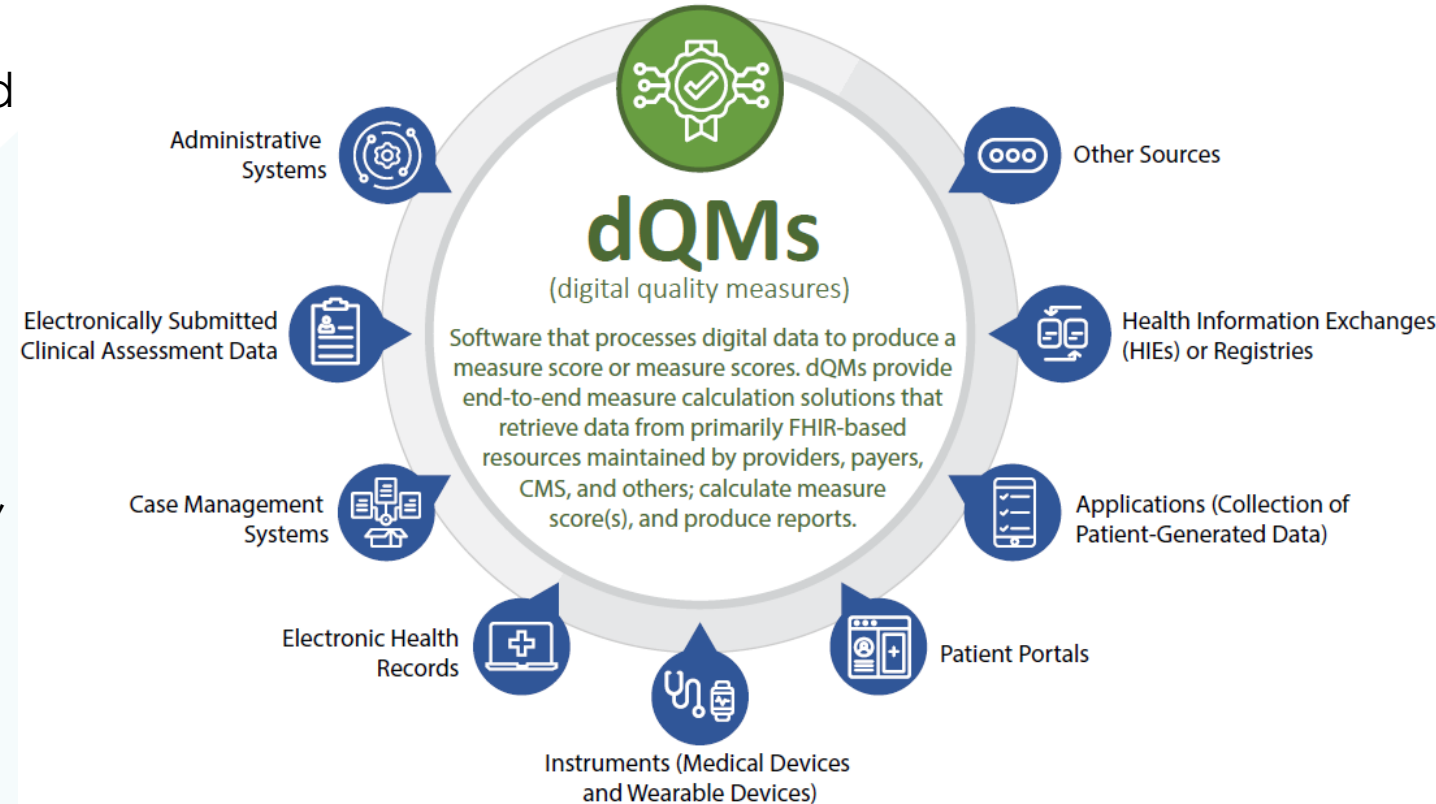
Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement



Produce reliable and valid measurement results common across multiple programs and payers

Digital quality measures (dQMs) defined

- dQMs are quality measures, organized as self-contained measure specifications and code packages, that use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems
- Potential data sources for dQMs include EHR data, patient-generated health data, registry data, among others
- dQMs will leverage advances in technology (e.g., FHIR APIs) to access and electronically transmit interoperable data for dQMs



Advancing Digital Quality Measurement

STRATEGIC ROADMAP



Reduce collection burden with structured, standardized data

CURRENT STATE

Providers' struggle to implement current eCQMs

- Limitations and slow adoption of current standards
- Lack of provider data mapping and quality assurance (QA) of required data
- Required changes to clinical workflows

FUTURE STATE

dQM implementation is seamless and at the push of a button

- Focus on **standardized data** – FHIR, USCDI, and supplemental standards (i.e., USCDI+) that enable automated extraction
- Standardized and automated data collection facilitates **valid and reliable data mapping** and streamlined auditing processes
- Eliminate workflow changes required only for measurement and focus on measures that also **align with quality improvement priorities**



Federal Data Standards: A Look at ONC's Work

USCDI: core principles



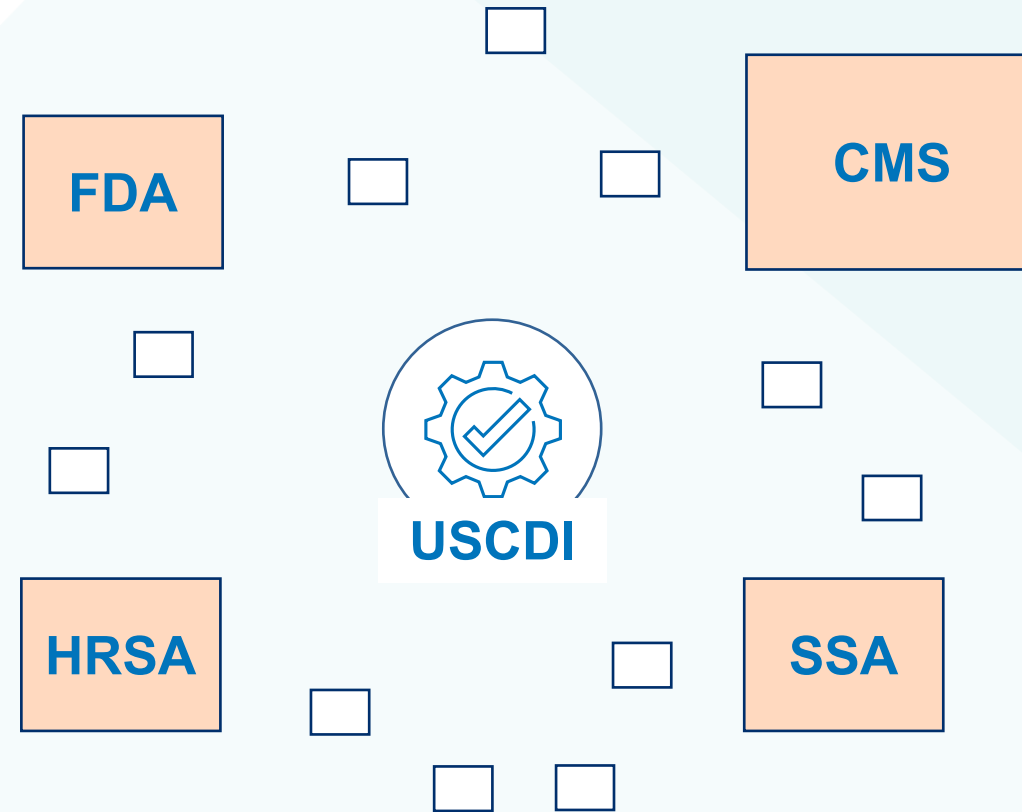
Comprises a core set of data needed to support patient care and facilitate patient access using health IT.

Establishes a consistent baseline of harmonized data elements that can be broadly reused across use cases, including those outside of patient care and patient access.

Expands incrementally over time via a transparent, established, and collaborative process, weighing both anticipated benefits and industry-wide impacts.

Current state: data sets needed beyond USCDI

- Unique agency or program-specific data systems and requirements not fully met by USCDI
- Agencies pursue ad hoc approaches to additional data needs
- Creates increasing drift from USCDI, which presents lifecycle maintenance issues, industry resistance, fewer opportunities for synergies across agencies



ONC has launched a new initiative call USCDI+

- Announced October 2021 in the Health IT Buzz Blog: <https://www.healthit.gov/buzz-blog/health-it/thinking-outside-the-box-the-uscdi-initiative>
- USCDI+ is a service that ONC provides to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI in order to meet agency-specific programmatic requirements
- USCDI+ allows ONC to better serve federal partners, assure that extensions build from the same core USCDI foundation, and create the opportunity for aligning similar data needs across agency programs
- USCDI+ for Quality Measurement and Public Health are beginning with CMS and CDC partners



USCDI+ external engagement & partnership



Requirements

- Determine federal agency/stakeholder commitment
- Identify clear use case and need
- Develop robust implementation plans for agency stakeholders
- Assess regulatory, programmatic, or other requirements for use
- Define resources to support development/stewardship and sustainability of work



Outcomes & Benefits

- Nationally-recognized data set that advances program goals via interoperability
- Ongoing maintenance and stewardship of data set that can evolve with program requirements/technology landscape
- Repeatable process for creating robust data sets beyond the USCDI but still leveraging the USCDI core and process
- Harmonization across programs/use cases to reduce fragmentation and data-silos
- Harmonization across federal data sets to optimize investments in interoperability

Key takeaways

LESSONS

- True alignment of quality measures cannot be fully successful until we ensure the underlying data are consistent
- Much of the data needed for quality measurement exist in EHRs, so advancing USCDI+ QM will aid in the progress through alignment
- Driving consensus on and prioritizing interoperability of the digital data is necessary and incremental
- The standardized data could be other use cases beyond quality measurement

CHALLENGES

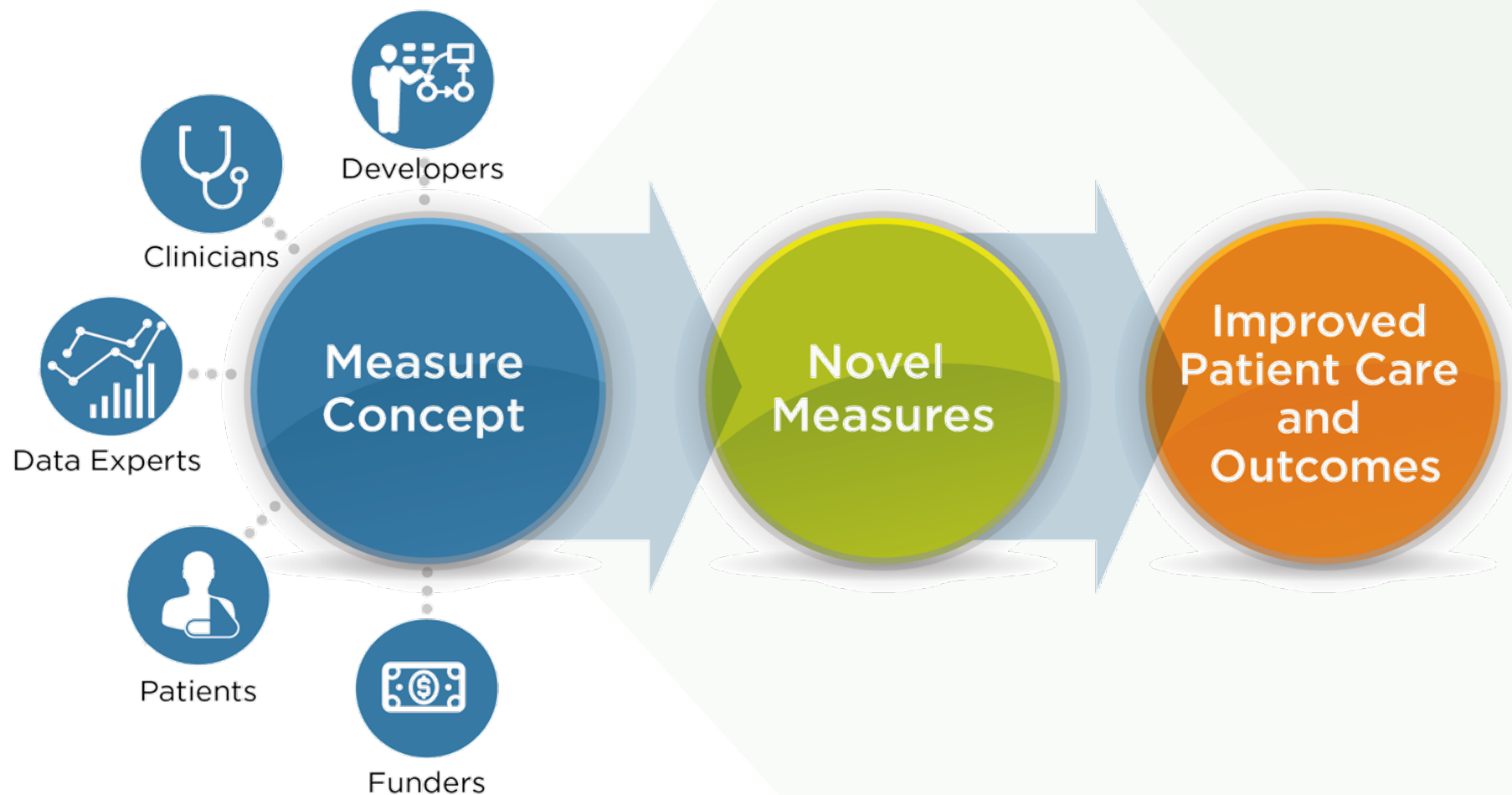
- Providers in different care settings vary in their readiness to collect data, standardize it in FHIR, and make it available for exchange through FHIR APIs
- A complete data set of elements for Federal quality measurement is one piece of the puzzle
 - **Alignment of measure concepts and specifications is another priority**
 - **Alignment must also consider state and private sector needs**

Questions?

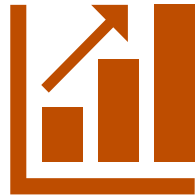
Overview of Measurement

Chelsea Lynch

Introduction to Measures and Measure Concepts



Potential Uses of Quality Measures



Quality Improvement



Accountability



Reporting

Key Terms

- **Measure:** 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
- **Measure Concept:** An idea for a measure that includes a description of the measure but is not fully specified or tested
- **EHR-Sourced Measure:** Relies on data that originally come from an EHR but may be evaluated outside of the original EHR system from which the data were collected (e.g., registry, data warehouse, other separate system)
- **Claims-Based Measure:** Uses billing or claims data to calculate performance on the measure

Measure Topic Area vs. Measure Concept vs. Measure Example

Blood Pressure Control

- **Measure Topic Area:** Blood pressure control
- **Measure Concept:** Percentage of patients with controlled blood pressure (e.g., blood pressure reading under a certain threshold)
- **Measure:**

Measure Specifications	Blood Pressure Control Measure
Description	Percentage of patients with adequate blood pressure control of $\leq 140/90$ mm Hg
Numerator	Patients with adequate blood pressure control of $\leq 140/90$ mm Hg during the 12-month period
Denominator	Adult patients aged 18 years and older who had at least 2 visits in the 12-month period
Exclusions	None
Stratification	Comorbidities: diabetes, CAD, HF, and/or kidney disease Social risk factors: limited access to pharmacies, food insecurity
Data Source(s)	EHRs
Level of Analysis	Clinician level
Setting	Ambulatory care

Working Session: EHR-Sourced Measurement for Care Communication and Care Coordination

Chelsea Lynch

Chuck Amos, Senior Director, NQF

Richard Antonelli

Gerri Lamb

Working Session: Purpose and Approach

Working Session: Purpose and Approach

- The working session will allow for more in-depth discussion on recommendations related to how existing and future development of EHR-sourced measures can be leveraged to improve care communication and care coordination and develop possible measure concepts
- Each Committee member will be assigned to a breakout group via the Zoom platform
- Committee members will have 50 minutes for brainstorming and discussion
- 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 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
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

Lead Discussant Working Session Report Outs

In seven minutes, share:

- A brief overview of your discussion, highlighting key takeaways

Overview of Final Recommendations Reports

Chelsea Lynch

Overview of Final Recommendations Reports

Element	Final Recommendations Report	Shortened Final Recommendations Report
Format	Detailed and technical	Nontechnical, engaging, and visually appealing
Audience	Measure developers, EHR vendors, healthcare providers, and other quality measurement stakeholders	Change makers, policy and legislative professionals, nontechnical healthcare professionals
Purpose	Support the evolution of EHR-based care communication and care coordination and performance measurement to drive quality improvement and equitable health outcomes	Educate a broad audience of individuals who may or may not have healthcare expertise about the importance of the topic area

NQF Member and Public Comment

Victoria Freire

Next Steps

Victoria Freire

Next Steps

- Submit any additional input on the measure concepts for EHR-based care communication and care coordination via email to the project inbox
- Next web meeting will be held on Tuesday, May 24, 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: EHRCareCoordination@qualityforum.org

THANK YOU.

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