NATIONAL QUALITY FORUM
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Meeting Summary

Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Committee Web Meeting #1

The National Quality Forum (NQF) convened a multistakeholder Committee for the Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Project on March 9, 2021.

Agenda Topics for Discussion

- Welcome, Introduction, Disclosures of Interest, and Meeting Objectives
- Project Overview and Timeline
- Overview of Roles and Responsibilities
- Discussion on Care Communication and Coordination Definitions
- Discussion on Literature Review and Measure Scan
- NQF Member and Public Comment
- Next Steps

Welcome, Introduction, Disclosures of Interest, and Meeting Objectives

Chelsea Lynch, NQF Director, opened the call by thanking the Committee for their attendance and acknowledging CMS as the funder of the work. Sheri Winsper, NQF Senior Vice President, provided additional welcoming remarks, emphasizing the importance of the project, followed by Gerri Lamb and Richard Antonelli, Committee Co-chairs. Chelsea Lynch proceeded to provide an overview of the meeting agenda and introduced the NQF project staff. Wunmi Isijola, NQF Senior Managing Director, led introductions and invited Committee members to disclose any conflicts of interests. Udobi Onyeuku, NQF Analyst, then invited the Federal Liaisons to introduce themselves.

Chelsea Lynch highlighted the meeting objectives, which included discussing the scope and purpose of the work and outlining the roles and responsibilities of each stakeholder group. Additionally, NQF and the Committee would discuss existing definitions of care communication and coordination and discuss the Environmental Scan Strategy, Literature Review, and Measure Scan.

Project Overview and Timeline

Chelsea Lynch outlined ground rules for conducting a respectful and insightful discussion before continuing with an overview of the project's objectives and timeline. Chelsea Lynch shared that the work will be divided into a Base Year, which began in September 2020, and an Option Year, which will be contingent upon CMS awarding additional funding. If awarded, the Option Year will begin in September 2021. Chelsea Lynch then shared NQF's approach to this project, which involves convening a multistakeholder Committee and Federal Liaisons for a series of four, two-hour web meetings. NQF will also facilitate expert interviews and may conduct focus groups and/or administer surveys to collect supplemental information as needed. The information gathered from these activities will be used to inform the development of NQF reports and recommendations.

Chelsea Lynch continued presenting the project overview by providing information on the dates and objectives of the remaining three Committee web meetings. She also detailed the NQF reports that will be developed during the project. Chelsea Lynch shared that during the Base Year, the Committee will focus on the Environmental Scan Report, which will be a 10-page, non-technical document. The report will aim to define care communication and coordination, examine the relationship between care communication and coordination and electronic health records (EHRs) and examine the impact of social determinants of health (SDOH) on care communication and coordination and measurement. Additionally, it will explore the advantages and challenges of leveraging EHRs to measure and improve care communication and coordination. During the Option Year, NQF will develop an extensive, technical recommendation report as well as a more succinct, non-technical recommendation report outlining how EHRs can better facilitate care communication and coordination, how existing and future EHR-sourced measures can be leveraged to improve care communication and coordination, how EHRs collect SDOH data as it relates to care communication and coordination, and possible EHR-sourced measures related to care communication and coordination.

Overview of Roles and Responsibilities

Erin Buchanan, NQF Manager, provided an overview of the roles and responsibilities for each stakeholder group. Erin Buchanan shared that the Committee would serve as subject matter experts and will be responsible for participating in Committee meetings, steering the development of project deliverables, responding to public comments submitted during review periods, and providing additional feedback and input as needed throughout the project. The Co-chairs will assist the NQF team by serving as leaders and facilitators of the Committee, driving the Committee to consensus and directing the focus of the discussions to meet project goals. The Federal Liaisons will serve as a resource to supplement Committee discussions by providing insight on federal programs. The NQF team will manage the logistics of the Committee meetings, facilitating and encouraging communication, drafting and editing reports, responding to NQF member and public comments, and maintaining documentation of project activities. Finally, CMS has defined the scope of the work and will continue to support the work by providing input on project deliverables, coordinating federal agency engagement, and assisting with the development of mitigation strategies for any identified risks.

Discussion on Care Communication and Coordination Definitions

Terra Greene, NQF Director, began by reiterating that one of the primary objectives of the work is for the Committee to achieve consensus on a comprehensive definition of care communication and coordination. This definition will be foundational to the exploration of how EHRs are used to facilitate, document, and measure care communication and coordination. Terra Greene noted that many organizations have developed various versions of the definition, which have evolved over time as stated in the Draft Literature Review. She proceeded to share some of the existing definitions identified by NQF staff. She noted that one of the definitions was developed in 2007 as part of a study funded by the Agency for Healthcare Research and Quality (AHRQ) that reviewed more than 40 definitions of care coordination and remains widely used today. The remaining definitions highlighted were developed by New England Journal of Medicine Catalyst (2018), Families USA (2019), and World Health Organization (2018).

Terra Greene proceeded to discuss the recommended definition of care coordination and communication. This definition was developed by the 2014 NQF multistakeholder Committee on Care Coordination. It reads “ Care Coordination is a multidimensional concept that encompasses the effective communication between patients and their families, caregivers, and healthcare providers; safe care transitions; a longitudinal view of care that considers the past, while monitoring the delivery of care in the present and anticipating the needs of the future; and the facilitation of linkages between communities and the healthcare system to address medical, social, educational, and other support needs, in alignment with patient goals." Terra Greene noted that NQF recommends this definition due to its comprehensive nature and inclusion of the concept of SDOH and highlights patients and family members as part of the care team.

Richard Antonelli, Committee Co-chair, began a discussion on the definition of care communication and coordination, noting that care communication and coordination are related but are two distinct concepts. He then invited the Committee to provide feedback on a series of discussion questions addressing which elements of care communication and coordination, if any, are missing from the proposed definition, what other topics around care communication and coordination should be defined in the Literature Review, whether or not the definition lends itself to measuring care communication and coordination, and whether there any definitions that should be included in the list of definitions identified by NQF.

The Committee's discussion focused on concepts that might be included in the definition to ensure that it is comprehensive and can be built upon to be operationalized. The concepts raised by the Committee to be included in the definition were related to patient engagement, care planning, synchronization, risk assessment, integration, and health equity.

In addition to noting that the definition should emphasize the importance of patient-centered goals, including individualized preferences, values, and needs, the Committee suggested expanding the definition to make it clear that the purpose of care coordination is to improve the patient's quality of life and meet their needs in a well-coordinated manner. In further discussion around patient engagement, the Committee stated that the definition should include more context around how the patient is engaged longitudinally throughout the care coordination journey rather than limiting the focus to health plans and providers. Additionally, Committee members raised the question of which stakeholders are included in the health care system and discussed that based on the notion of patient-centeredness, the team, or system, is subjective and is defined by the patient. The Committee then raised the point that the definition should include the concept of working synergistically with families and caregivers. This addition would lend itself to a definition that is inclusive of patients who are cognitively impaired or rely heavily on family members as their primary source of care.

Following this discussion, the Committee proceeded to explore the concept of information exchange and integration. Committee members highlighted the idea that information exchange and integration cannot be limited to EHRs, as data points related to patient care are often stored in various information systems, including phone applications, wearable devices, and remote monitoring systems. They asserted that effective care coordination is dependent upon the exchange of this information across the continuum of care. They also noted that the report should highlight that effective care coordination is critical to achieving health equity for patients and communities. Additionally, the Committee suggested that the inclusion of psychosocial needs in the definition would be beneficial, as it is an important aspect of identifying barriers that interfere with successful coordination of care.

During their discussion on the definition of care coordination and communication, the Committee explored the distinctions between care management and case management. They noted that care management can be defined as a function of professionals who perform care management activities across the continuum of care, whereas case management often focuses on care coordination related to a particular episode of care. Tying these points back to the definition, the Committee noted that the definitions do not mention the impact of sharing and reconciling care plans and that the identification of the care team is critical in facilitating communication. Additionally, the Committee discussed the need to include the concept of well-being in the definition, as care is often given outside of the healthcare setting and patients, caregivers, and families often hold information regarding their overall sense of health that cannot be fully captured in EHRs. Committee members also highlighted the need to emphasize psychosocial needs as part of overall well-being to address the psychological distress patients often experience. In concluding the discussion, the Committee agreed that the definition has enough breadth and depth but can be anchored in the core concepts of patient engagement, care planning, longitudinality, synchronization, health equity, and integration.

Discussion on Literature Review and Measure Scan

Chelsea Lynch transitioned to a discussion on the Literature Review and Measure Scan and provided a brief overview of the purpose and structure of each. Chelsea Lynch shared that the Literature Review is intended to assess the body of literature related to leveraging EHRs to improve care communication and coordination and identify those articles most relevant to this initiative. The Measure Scan outlines existing measures related to care communication and coordination, both those that have EHRs as a data source and those that do not. Additionally, NQF is conducting Expert Interviews with experts in fields related to EHR-sourced measures and care communication and coordination. The expert feedback will be provided during the targeted discussions during the Committee web meetings. Chelsea Lynch noted that feedback provided by experts will be particularly important in understanding the current state of measuring care communication and coordination with EHR-sourced measures. Chelsea Lynch proceeded to provide more detail around each report. She noted that the Literature Review focuses on outcomes, how EHRs can assist with facilitating care communication and coordination across settings, assessing the ability to capture elements of SDOH within the EHR, and understanding advantages and challenges associated with the use of EHRs, including challenges related to interoperability.

Regarding the Measure Scan, Chelsea Lynch shared that NQF identified 210 measures, both directly or indirectly related to care communication and coordination. Out of these measures, 117 are process measures and 71 are outcome measures. A total of 109 measures were categorized as directly measuring care coordination activities or outcomes (e.g., care plans or medication reconciliation). However, only seven of these were classified as actual outcome measures and were related to the patient experience of care coordination. A total of 101 measures indirectly measure care coordination activities or outcomes, with readmissions being the most common. Of the 210 measures, 133 are currently used in federal programs and 45 use EHRs as a data source. Chelsea Lynch noted that measures related to care communication and coordination often lack sufficient evidence to link them directly to health outcomes. Thus, only some of the measures identified in the scan have been endorsed by NQF. Additionally, some measures present difficulties in measurement, such as poor feasibility and usability, and shifts in measurement have favored outcome measures over process measures. To respond to this shift, the Literature Review aims to identify and link outcomes to care coordination. Chelsea Lynch also noted that while widespread adoption of digital measures to reduce measurement burden is a priority, only 6 of the 210 measures identified are electronic clinical quality measures (eCQMs), further demonstrating the importance of this work.

Gerri Lamb, Committee Co-chair, proceeded to facilitate a discussion around how care communication and coordination are currently measured. The discussion focused on examples of effective ways EHRs have been used for measurement, existing EHR tools that positively impact care communication and coordination, evidence-based practices used for measurement, and existing measurement gaps related to care communication and coordination.

The Committee provided feedback related to gaps identified in the Literature Review, suggesting that it should explicitly highlight quality of life and patient satisfaction as outcomes. Committee members also noted that patient satisfaction can be improved by reducing obstacles and burdens placed on patients and caregivers throughout the care coordination process. Additionally, Committee members discussed the need to include information on increasing interoperability between EHR systems and ensuring that documentation is accurate and inclusive of the patient and family perspective. They also recommended that NQF review recent reports published by the Office of the National Coordinator for Health Information Technology (ONC) Intersection of Clinical and Administrative Data Task Force where such standards have been identified. Additionally, the Committee discussed reviewing the 2014 NQF report and identifying any measurement domains that should be included in the current report.

Proceeding with a discussion on the Measure Scan, the Committee noted the importance of a comprehensive, patient-centered measurement approach to care coordination that spans across the continuum of care and captures information stored in various systems. They then discussed that many existing measures look at care communication and coordination from a unidirectional standpoint. To address this, they suggested exploring measures that are based on unidirectional transmission of information and determining if those measures can be expanded to capture more of the patient perspective and measure whether transmitted information is received.

The Committee continued their discussion by highlighting the need to understand how care communication and coordination are executed differently across health care domains, such as behavioral health, pharmacy, and pathology. For example, pathologists depend heavily on the ability to communicate results to ordering providers. However, measurement around communication is limited because there is currently no action an individual can take to ensure that the receiver read the information transmitted. Developing measures to address this is difficult due to the challenge associated with asking providers to take additional action, thus increasing burden, while also avoiding unnecessary follow-up and alarm fatigue.

Committee members proceeded to discuss the idea of closed-loop communication, sharing that there is existing technology that allows community-based providers to alert other providers that they have received information that was sent to them. This technology also allows for community-based providers to open patient charts and directly input documentation. The Committee asserted that there needs to be a push for vendors to be accountable for measures related to closing the loop.

To conclude their discussion, the Committee examined the relationship between care plans and care communication and coordination, noting that sharing information regarding care plans can be challenging, as individuals often store information differently. They discussed that it will be important to understand which specific activities should be expected regarding care communication and coordination and how those activities can be measured without asking individuals to take additional action.

NQF Member and Public Comment

Udobi Onyeuku, NQF Analyst, opened the call to allow NQF members and members of the public to provide feedback on the discussion. No public comments were offered.

Next Steps

Udobi Onyeuku proceeded to outline key upcoming dates, sharing that NQF will hold the second, third, and fourth Committee Web Meetings on April 12, May 27, and August 17, respectively. She reminded the Committee that they will have the opportunity to provide feedback on the Environmental Scan Strategy, Literature Review, and Measure Scan to NQF staff via email by March 15. Chelsea Lynch, Gerri Lamb, and Richard Antonelli offered final remarks and concluded the call.