



Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Committee Web Meeting #2

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 April 12, 2021.

Agenda Topics for Discussion

- Welcome, Introduction, Disclosures of Interest, and Meeting Objectives
- Review updates to current draft of Literature Review and begin prioritizing findings for Environmental Scan Report
- Obtain feedback on existing EHR-sourced tools and measures for care communication and coordination
- NQF Member and Public Comment
- Next Steps

Welcome, Introduction, and Meeting Objectives

Chelsea Lynch, NQF Director, opened the web meeting with welcome remarks and housekeeping reminders. She thanked the Committee for their attendance and acknowledged CMS as the funder of the work. Gerri Lamb and Richard Antonelli, Committee Co-chairs, offered additional welcoming remarks and highlighted the importance of the project. Chelsea Lynch proceeded to provide an overview of the meeting agenda and introduce the NQF project staff. Udobi Onyeuku, NQF Analyst, called roll and reminded Committee members to disclose any potential conflict of interests not previously mentioned. Udobi Onyeuku then invited Federal Liaisons on the call to announce their presence as well.

Chelsea Lynch also provided a brief overview of the project goals, objectives, and timeline and provided details regarding 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, high-level, 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.

Chelsea Lynch highlighted the web meeting objectives, which included reviewing updates to the Literature Review, beginning to prioritize findings for the Environmental Scan Report, and obtaining feedback on existing EHR-sourced tools and measures for care communication and coordination. These Literature Review and Environmental Scan Report updates include the definition of care communication and coordination, relationships between care communication and coordination, EHRs and improved health outcomes, the impact of SDOH, and advantages and challenges of measuring care communication and coordination.

Literature Review Updates Based on Committee Feedback

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 expressed NQF's appreciation for Committee feedback on the Literature Review, Measure Scan, and Environmental Scan Strategy. She reminded the Committee that they would receive an update of the Literature Review and early draft of the Environmental Scan Strategy in May.

Care Coordination/Communication Definition Update

Chelsea Lynch began her presentation on the latest updates to the Literature Review and feedback from Committee. An update to the proposed definition of care communication and coordination came from previous feedback provided during Web Meeting One. Both definitions for care communication and coordination come from NQF's 2014 Framework with Committee preference for the shorter of the two definitions. The new proposed definition of care communication and coordination states "Care coordination is the deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients' and families' needs and preferences for healthcare and community services are met over time." This definition highlights aspects of care coordination discussed during the last meeting, including communication, care planning, community-based care, cross-continuum care, cross-sectoral coordination, integration, patient and family engagement, risk assessment, shared decision-making, and transitions of care. Feedback from the Committee highlighted the need to link, but not conflate, care coordination and communication.

Patients/Family/Caregivers Perspective

Another takeaway from the Committee's feedback was that the continuum of care should be taken into consideration for all settings, including ambulatory, inpatient, and community. Also, providers should take patient preferences into account and include those preferences in care plans to promote patient and caregiver engagement. Additionally, while patients can have multiple caretakers, communication and coordination among the various caretakers can lead to better outcomes.

Uses of EHRs for Care Coordination

From the patient perspective, patient portals are helpful in coordinating patient treatment and communicating patient data, however there are concerns about the accuracy of the patient information in EHRs and the limited ability for patients and caregivers to review or revise data.

Some of the EHR data limitations that NQF was able to pinpoint from a provider and measure developer perspective were the limited capture of non-billable care team members. Through NQF's expert interviews, staff was able to learn that some EHR third-party tools offer limited functionality for linking community partners and resources to the EHR. EHRs also have data structure issues that hinder measure development. For example, for a cancer screening, a provider might see a screening scheduled but will have difficulty seeing results or follow-up data. There is also a lack of interoperability between EHR tools. This has a negative impact on care communication and coordination as patient data is often spread across multiple data systems or EHRs. In some cases, providers must log into various systems to access comprehensive patient data.

Social Determinants of Health (SDOH)

Feedback from the Committee on SDOH highlighted the lack of standardized data elements for SDOH data and the need for explicit mention of health equity either in the Environmental Scan Report and/or Literature Review. The Committee also mentioned the use of EHRs to conduct screenings for SDOH,

clinical decision support for SDOH, tracking social risk scores, establishing data standards, referrals and communication with social services, and resource allocation, surveillance, and outreach.

Additional Definitions

Before opening the call for discussion, Chelsea Lynch reviewed additional terminology that will be added to the Literature Review to provide context for the non-technical reader. She provided definitions on electronic health records (EHR), electronic medical records (EMR), personal health records (PHR), EHR-sourced measures, and electronic clinical quality measures (eCQMs).

Committee Discussion on Literature Review Updates

Gerri Lamb, Co-chair, began the discussion on the Literature Review updates with the Committee.

Care Communication and Coordination Definition

The discussion began with Committee feedback on the new proposed definition. Committee members expressed the need to link the definition of care coordination and care communication, emphasizing how they work together. Further feedback included building on the longitudinal view of the definition, paying attention to time, setting, and continuum of care throughout a patient's lifetime, and 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. According to the Committee, the definition as it stands needs to elaborate on collaborative efforts between the healthcare system and community organizations. The Committee also suggested using the term "caregivers" instead of, or in addition to, "family" in the definition, as caregivers are not always family members. Additionally, Committee members highlighted a need to elaborate on the "met over time" piece of the definition to address acute coordination and timely met needs. Another Committee member reiterated the need to be more explicit in mentioning the patient, refraining from using the term "care recipients" as well as the need to be more considerate of caregiver needs.

Gerri Lamb redirected the discussion to the care coordination components in the definition compiled by NQF from Committee feedback. Committee members recommended that there be clarification on integration, cross-sectoral, cross-continuum, communication, and the inclusion of referrals. There was also a call for action words to be included in the definition (e.g., patient engagement, provider engagement, and interventions).

Care Coordination and Communication, EHR, and Improved Health Outcomes

Gerri Lamb began the discussion on NQF's incorporation of health outcomes into the Literature Review. Gerri noted that NQF staff expanded health outcomes to patient and family and asked for additional feedback from the Committee.

Gerri Lamb suggested that the Committee look at team performance as a process measure and think about care coordination as a team effort. Because the healthcare team is essential in effective care communication and coordination, the Committee sees value looking at teams as an outcome.

The focus of the discussion shifted to the patient/family/caregiver perspective and using patient data for care coordination. The Committee noted that lack of interoperability continues to be an issue, as end users can find it difficult to manage multiple data systems. A provider needs to put in time and effort to put in current and accurate information for the benefit of the patient. Gerri posed to the Committee if they felt any implication from the federal mandate on patient data access, the 21st Century Cures Act.

The Committee noted that part of the act that went into effect last week related to information blocking so providers are not allowed to withhold information from the patient.

Social Determinants of Health (SDOH)

Gerri Lamb began the discussion by asking if there are additional ways that EHR can be utilized to address issues related to SDOH. The Committee agreed with prescriptive care to support the lack of standardized data. SDOH data element standardization would also be extremely helpful for risk adjusting other quality measures. Richard Antonelli, Co-chair, mentioned that data elements for Race Ethnicity Language and Disability status are not the same as SDOH data. It is important for care coordination teams to encourage caregivers to share SDOH information so that desired outcomes can be discussed and therefore, met. The current challenge of collecting this data comes from the time-consuming processes of using current EHR tools and there is little incentive for this type of meaningful data collection. The Committee agreed that a standardized patient survey would be beneficial in this data collection.

Measure Scan Update and Discussion on EHR-based Tools

Terra Greene transitioned to providing an overview on updates to the Measure Scan and background on EHR-based tools. During the last web meeting, the Committee had a high-level discussion regarding some of the challenges associated with measuring care communication and coordination and the current state of EHR-based tools.

Terra Greene went into detail on updates made to the Measure Scan. These updates included the addition of measures that have gone through the consensus development process (CDP) but were not endorsed and/or lost their endorsement status, the addition of typography to the group of measures, highlighting the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 as it pertains to post-acute care settings and quality measures, and additional measure concepts to consider adding. These measure concepts included: EHR audit log measure that captures care plan, implementation of closed-loop referrals, referrals to social service providers, SDOH screening, emergency department (ED)/urgent care visits, caregiver burden, and care integration as a patient-reported outcome (PRO).

NQF also updated the list of existing care communication and coordination tools that can be found in current EHRs. These include decision support tools, patient portals, Application Programming Interface (API), Mhealth, natural language processing, artificial intelligence/predictive analytics, dashboards, integration with secondary/community level data sources, flowsheets with discrete data points, and navigation software.

Discussion on Measures and EHR Tools

Richard Antonelli proceeded to facilitate a discussion around the updates to the measure scan, current EHR-based tools, and potential measure concepts to consider.

Regarding additional measures, the Committee noted that caregiver burden cannot be measured without also taking into consideration patient burden. They also mentioned adding readmissions to ED/urgent care visits. For transitional care management, admission, discharge, transfer (ADT) tools and notes from ED/urgent care visits that are generated from the EHR would be helpful for continuity of care.

Rich Antonelli presented to the Committee the question of whether care coordination that is truly patient-centered can that be reconciled with using care coordination to manage utilization. The Committee suggested that care coordination will often decrease overall utilization by decreasing readmissions or unnecessary ED visits. Similarly, poor care coordination will result in high utilization and costs. One Committee member spoke from the case management perspective about a spike in outpatient utilization to decrease emergency admission and inpatient/acute care services. This brings an increase in cost and resources but considers “good cost” versus “bad cost.”

Committee members pointed out that one challenge of existing EHR-based tools is that not every EHR will make their tools available to every provider. The Committee urged others to think about the point at which it become the responsibility of the practice versus the EHR company to provide these tools or if it is the responsibility of the providers pay for the use of the tools to provide adequate care? Another Committee member highlighted another tool, Mhealth and remote monitoring, and that it can be difficult to integrate with EHR or pull data from and the patient pool is very specific.

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 third, and fourth Committee Web Meetings on May 27 from 12:00pm – 2:00pm, and August 17 from 1:00pm – 3:00pm, respectively. She reminded the Committee that they will have the opportunity to provide feedback on an early draft of the Environmental Scan Report and updated drafts of the Literature Review and Measure Scan in May. Chelsea Lynch, Gerri Lamb, and Richard Antonelli offered final remarks and concluded the call.