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Meeting Summary

Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Committee Web Meeting #3

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 May 27, 2021.

Agenda Topics for Discussion

- Welcome, Introduction, Disclosures of Interest, and Meeting Objectives
- Review and provide feedback on updates to the Literature Review and the Environmental Scan Report
    - Finalize a consensus definition of care communication and coordination.
    - Review themes from the Expert Interviews.
    - Provide feedback on how existing information from the Literature Review can be prioritized in the Environmental Scan Report.
- Present and discuss clinical quality measures (CQMs) and EHR-based tools for EHR-sourced measure development
- 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 Centers for Medicare and Medicaid (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. Victoria Freire, NQF Analyst, called roll and reminded Committee members to disclose any potential conflict of interests not previously mentioned. Victoria Freire then invited Federal Liaisons on the call to announce their presence as well.

Chelsea Lynch highlighted that the web meeting objectives will be achieved over two discussions. The first discussion revolving around the draft Environmental Scan Report, prioritizing information from the Literature Review, and reviewing the intent of the Report. She described that the discussion would also focus on refining the consensus definition of care communication and coordination, discussing how these concepts are related, and reviewing example care communication and coordination activities to include while also touching on the themes from the expert interviews performed to date. A second discussion would include a conceptual exercise to look at existing clinical quality measures and EHR-based tools that may be useful for measure re-specification within EHRs. The goal of the discussion would not be to start re-specifying these measures, rather to review existing measures to anchor the discussion on how EHRs can be leveraged to improve care communication and coordination measurement.

Literature Review and Environmental Scan Updates

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 and reminded the Committee that it is unlikely that all meeting topics would be covered within the set time, and that written feedback is always welcome.

Chelsea Lynch highlighted the project's overall goal of identifying best practices to leverage EHR-sourced measures to improve care communication and coordination quality measurement in an all-payer, cross-setting, fully electronic manner. She proceeded to review the project timeline and current state of the project's first year.

Project Timeline

In the first year, focus has been to determine the current state of the landscape of EHR-based care communication and coordination measurement before moving into recommendations, which will occur in the second year of the project. The current state is described in detail via the Literature Review and Measure Scan as well as summarized in a high-level, non-technical Environmental Scan Report. Each deliverable has been developed separately but will be combined into one document in the next draft of the Environmental Scan Report. Committee input into these deliverables has been extremely valuable and feedback provided by June 1, 2021, will be incorporated into a combined updated draft Environmental Scan Report. That draft will be also placed into a more visually appealing layout and will be posted for public comment in July. Committee members will be able to provide feedback via the public comment tool or directly to the NQF project team during this time. During our next web meeting in August, there will also be opportunities to review public comments received and make any final updates to the report. The final report will be submitted to CMS in early September and then posted on the NQF website in late September.

Care Communication and Coordination Definition

Chelsea Lynch began the presentation with the consensus definitions of care communication and care coordination. Updates to these definitions were made based on Committee feedback, including a separate definition of care communication to show that communication and care coordination are individual concepts. Minor modifications were also made to the shorter 2014 NQF definition for care coordination, wanting to convey patient-centeredness as well as include the idea of coordinated care as being longitudinal and not just an acute need.

The updated consensus definitions are as follows: care communication refers to the transfer of information about an individual's care. Care coordination is the deliberate synchronization of activities and information to improve health outcomes and ensures that patients' and families' needs and preferences for healthcare and community services are met during acute medical issues and over the course of their care.

Additionally, a list of care communication and coordination activities was compiled using the feedback from previous meetings. These activities exemplified the concepts of care communication and coordination and have been refined to include improving patient and caregiver engagement, implementing a care plan, enhancing transitions of care, promoting cross disciplinary coordination, utilizing closed-loop communication, deploying risk assessments and stratification, participating in case management, and encouraging patient navigation and advocacy.

Care Communication and Care Coordination (Visual)

To facilitate the later discussion on the relationship between care communication and coordination, three draft figures were created, and Committee members were encouraged to provide their feedback on the one that best visualizes the care communication and coordination relationship.

The first figure had a large care communication circle with a smaller care coordination circle housed within it with the list of care communication and coordination activities. This visualization was not identifying care communication as more important, rather depicting care communication as a larger concept and care coordination as a piece of it.

The second figure reversed the circles with a large care coordination circle with the list of activities and a smaller care communication circle within it. This depicted that care communication is a subset of care coordination. This visualization was not indicating that care coordination was larger because it is more important, rather it depicted care coordination as the larger concept and care communication as a piece of it.

The final figure was a Venn diagram with care communication on the left and care coordination on the right. The arrow pointing to the middle of the diagram includes the care coordination and communication activities. This visual represented that there are aspects that are solely care communication while others are solely care coordination but also share features within the overlap of the Venn diagram.

Expert Interviews Themes

To conclude the presentation before starting the discussion, Chelsea Lynch provided an update and themes gathered from the Expert Interviews conducted to date. Interviews with five experts have been conducted so far including measure developers, professionals working in care coordination for specialized populations (complex patients), post-acute and long-term care, social work, and emergency medicine. The experts have provided insights into how EHRs are used for both care communication and coordination measurement and activities.

The NQF team heard from multiple experts that health information exchanges (HIEs) and how interoperability can be very valuable for treating patients but are not always available. However, in some communities, the EHRs, or other EHR-based or non-EHR IT-based tools, can connect the healthcare side with community services which supports patient care and facilitates access between different resources (e.g., food banks and housing). EHRs are shifting to be more than just medical records. They also include collaboration tools, secure talk, voice messaging, and text messaging. Another theme is that the level and types of data can vary by setting, especially in post-acute and long-term care.

Four Expert Interviews remain to be scheduled in the coming weeks with an ONC official, a patient advocate, a chief medical information officer (CMIO) and a chief Nursing information officer (CNIO).

Literature Review and Environmental Scan Updates Committee Discussion

Gerri Lamb, Co-chair, began the discussion on the Environmental Scan Report with the Committee providing initial thoughts and feedback on the latest draft.

Environmental Scan Report Feedback

Committee members agreed that the Report was clear, concise, and readable to a broad audience. However, the Report was still tailored more towards policy makers or administrators. Overall, there was

consensus that the Report successfully emphasized the importance of why care communication and coordination matter and the important role that EHRs can play in facilitating and measuring it but did not include enough about patient engagement.

One Committee member shared a recent personal experience that a loved one had undergone repeat medical procedures at two separate hospitals due to a lack of care communication and coordination. This exemplified the benefit of including patient vignettes or case studies in the Report to illustrate the importance of care communication and coordination.

Focusing on patients and caregivers, Committee members noted that if the Report is intended for those receiving care, then patient/family specific resources could be included in the Report (e.g., who patients or families can contact in case of issues with care communication and coordination). Committee members also raised concerns about how a patient might access this Report. NQF staff clarified that the Report will be available on the NQF website and is not intended to be distributed in a clinical setting. A Committee member noted that despite the shorter length of the Report, it could still be difficult for patients or caregivers to find time to read it.

Discussion on Definition of Care Communication and Coordination

Several Committee members voiced concern over the use of the words "acute medical issues" in the revised definition and what that means for patients with chronic illnesses. This phrasing limits care coordination to a patient as they go through a certain procedure but is not encompassing lifetime care. The Committee also noted that the definition connotes care coordination as passive participation of a patient and family versus active. One suggestion was to add facilitation along with synchronization to demonstrate the act of coordinating care. One Committee member spoke at length about their experience as a caregiver in a rural setting and the challenges to coordinate care in rural communities. Another Committee member was concerned about the use of "met" in the definition preferring it to be replaced by "considered" or "valued." The Committee member noted that there are times when the needs and preferences of families do not contribute well to the needs of the patient (i.e., the patient is brain dead, and the family insists on indefinite treatment).

Discussion on Care Communication and Care Coordination Visuals

Gerri Lamb shifted the discussion to the three draft figures to represent a visualization of the relationship between care communication and coordination. The Committee agreed that the takeaway should be that there is not care coordination without care communication. Several members suggested including the patient as part of the visual and agreed with keeping the list of care communication and coordination activities. The second figure received positive feedback from Committee members but there was not a consensus on the best visual to incorporate in the Report.

Feedback on Clinical Quality Measures (CQMs) and Electronic Health Record (EHR) – Based Tools for EHR-Sourced Measure Development

Prior to the discussion, Jesse Pines, NQF's consultant, presented the definitions for the following terms:

- Clinical quality measures (CQMs) are tools that help measure and monitor the quality of healthcare and the contribution of those healthcare services towards improved health outcomes.
- Electronic clinical quality measures (eCQMs) are tools that use data electronically extracted from EHRs and/or health information technology systems to measure the quality of healthcare

provided. CMS uses eCQMs in a variety of quality reporting and value-based purchasing programs.

- EHR-sourced measures are quality measures that rely on data that originates from an EHR. EHR-sourced measures may be evaluated outside of the original EHR system where the data was collected. EHR-sourced measures may be evaluated in the EHR system, registry, data warehouse, or other separate system.
- EHR-based tools are specialized modules within EHRs designed to facility patient care, communication, clinical decision making, workflow, etc.

NQF Measure #0326 Advanced Care Plan – Conceptual Discussion

Rich Antonelli, Co-chair, began the discussion by using NQF #0326 *Advanced Care Plan*, a measure that uses claims-based data to measure if an advanced care plan/directive (or discussion of) is in the medical plan for patients 65 years and older. The Committee was asked to take the existing measure and see if they could re-specify it as an EHR-based measure. In this case, moving a measure from simply communication into care coordination.

The Committee highlighted the point that this NQF measure uses claims-based data so re-specifying for EHR use would not necessarily be needed since the EHR could read the claim. However, building off previous conversations, the advanced care plan within an EHR could mean a provider just checking a box and would not indicate appropriate follow-up or actions taken by the provider. Given that the requirements of information to include in an advanced care plan or directive is not standardized state to state, throughout EHRs, there could be issues with how to ensure that the entire care team is aware of this document and current version in use. Some states use Physicians Orders for Life-Sustaining Treatment (POLST)or Medical Orders for Life-Sustaining Treatment (MOLST) while other states use advanced directives or other forms to identify a patient's decisions about end-of-life care. So, state to state, the documentation required to outline similar information are in different formats and cannot be easily communicated across EHR systems as they do not currently have the tools for this type of information transfer. One member highlighted this lack of EHR functionality based on their experience working to develop an advanced care planning eCQM.

NQF Measure #3188 30-Day Unplanned Readmission – Conceptual Discussion

Jesse Pines and Rich Antonelli switched to the NQF #3188 *30-Day Unplanned Readmission for Cancer Patients* measure, which looks at rate of unplanned readmission for adult cancer patients within 30 days of discharge. The Committee was asked "*what additional information could be brought to the table to make readmission measures better*"?

Committee members emphasized that this type of measure is important for the data that it can give back to providers. One way to re-specify this measure would be to look at the readmission component and the factors leading up to the readmission. Given the emergency department (ED) setting, the visit could appear to be a readmission for one medical condition when it is a new admission for something different. The Committee noted that there are already incentives and disincentives in place for readmissions including national, statewide, and bundled payment accountable care organization (ACO)-related reimbursements that are dependent on readmission rates. The Committee discussed the idea of the EHR as a place where risk assessments occur and determine if the readmission was unplanned or if there was a reoccurrence of an infection. Additionally, the EHR could flag this information for members of the care team in real-time. Use of EHR data could also develop metrics to pinpoint the impact of social determinants of health on readmission and target care coordination.

EHR-Based Tools and eCQMs

After reviewing the existing measures, Jesse Pines asked the Committee to think about how data from EHR-based care communication and coordination tools could be used to develop eCQMS. For example, are data from decision support, patient portals, or the integrations of data from secondary sources such as census data or community resources data to be used to assess the risk/need for interventions? NQF requested the Committee to share their thoughts about this via email after the meeting and will also discuss this further at a future web meeting.

NQF Member and Public Comment

Chelsea Lynch 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

Victoria Freire proceeded to outline key upcoming dates. The public comment period for the Environmental Scan Report will take place from July 12, 2021, to August 10, 2021, and NQF will host the fourth Committee Web Meeting on August 17, 2021, from 1:00 pm – 3:00 pm ET. She reminded Committee members that feedback on the Draft Literature Review and Environmental Scan Report was due on or before Tuesday, June 1, 2021, at 12 pm ET. She also shared with Committee members that future meetings would be hosted on the WebEx virtual platform. Chelsea Lynch, Gerri Lamb, and Richard Antonelli offered final remarks and concluded the call.