Meeting Summary

Leveraging Electronic Health Records (EHR) Sourced Measures to Improve Care Communication and Coordination Option Year Web Meeting 1

The National Quality Forum (NQF) convened a multistakeholder Committee web meeting for the Leveraging Electronic Health Record (EHR) Sourced Measures to Improve Care Communication and Coordination Project on November 8, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chelsea Lynch, NQF Director, welcomed participants to the web meeting and reviewed housekeeping reminders. Ms. Lynch introduced Dr. Dana Gelb Safran, NQF President and CEO, who provided welcoming remarks. Dr. Safran expressed NQF's enthusiasm to continue the collaboration with the Committee and the Centers for Medicare & Medicaid Services (CMS) to advance the use of EHR-sourced measures to facilitate and improve care communication and care coordination. Ms. Lynch introduced the Committee Co-chairs, Dr. Richard Antonelli and Dr. Gerri Lamb, who also provided welcoming remarks. Dr. Antonelli and Dr. Lamb expressed their gratitude for the opportunity to continue the project's work and their appreciation for the Committee members as well as NQF and CMS staff for their support. Ms. Lynch reviewed the meeting agenda and the following meeting objectives:

- Reintroduce the goals of the project Option Year
- Obtain feedback on themes from the Base Year discussions, Environmental Scan Report, and Literature Review
- Discuss recommendations related to how EHRs could better facilitate care communication and care coordination

Ms. Lynch introduced the NQF project team and CMS staff before reviewing meeting ground rules for conducting a respectful and insightful discussion.

Attendance and Disclosures of Interests

Ms. Lynch reviewed the purpose of disclosing potential conflicts of interests and requested Committee members to acknowledge and disclose any potential conflicts (e.g., research funding or engagements with project sponsors) during their introductions. Victoria Freire, NQF Analyst, took attendance and facilitated Committee member introductions and disclosures as indicated. Ms. Freire then invited Federal Liaisons on the call to announce their presence as well.

Overview of Project, Timeline, and Roles and Responsibilities

Udara Perera, NQF Senior Manager, provided an overview of the project, including key deliverables from the Base Year and Option Year. The project's overall purpose is to identify best practices to leverage EHR-sourced measures to improve care communication and care coordination quality measurement in an all-payer, cross-setting, and fully electronic manner. Ms. Perera noted that the Base Year resulted in an environmental scan that describes current practices in use by a variety of stakeholders (e.g., clinicians, organizations, payers, patients, and health information technology companies) to leverage

EHRs to both measure and improve care communication and care coordination. The Option Year will build on the foundational work established in the Base Year to develop recommendations for facilitating and improving EHR-based care communication and care coordination quality measurement. These recommendations will be presented in two final recommendations reports, a technical version, and a shortened, non-technical version.

Ms. Perera provided an overview of the project's Option Year timeline, including upcoming web meeting dates and submission dates for drafts of the final recommendation reports. Ms. Perera also described the roles for Committee members, Committee Co-chairs, Federal Liaisons, NQF staff, and NQF membership and the public.

Base Year Themes Overview and Discussion

Ms. Lynch emphasized that the Committee's discussions during the web meetings will be essential for the development of the final recommendation reports. To maximize the Committee's opportunities for participation and engagement during the web meetings, discussion guides will be sent before the web meetings and virtual breakout rooms will be used to assist in the facilitation of the discussions and the development of recommendations. Ms. Lynch reiterated that Committee members could provide feedback to the NQF project team verbally or through the WebEx chat feature at any time during the web meeting as well as via email after the web meeting.

Ms. Lynch reviewed the following Base Year themes and noted that she would provide a more in-depth overview of each theme as the Committee discussed each one:

- Availability of Data in EHRs
- Sharing EHR Data
- Barriers in Using and Sharing EHR Data
- Equity Considerations
- Need for a Single/Overall Care Plan
- Role of EHR-Based Tools
- Measurement Considerations
- Measure Endorsement Barriers
- Need for Standardizing Social Determinants of Health (SDOH) Data Collection
- Considerations for Machine-Learning Algorithms

These themes were identified from previous discussions during Committee web meetings, the Environmental Scan Report, Literature Review, and measure scan. These themes, and any updates based on the Committee's discussion, will serve as the basis for future web meeting discussions to assist in the development of recommendations for the final recommendation reports. Ms. Lynch highlighted potential discussion questions for the Committee to consider as they review each theme:

- What are the gaps in the base year themes presented?
- Which themes should be refined or expanded?
- Which topics should be prioritized for recommendation development?
- Which themes are overarching and should be considered across all recommendations (e.g., equity, patient-centeredness)?
- What are some recommendations related to the themes?
- What additional topics not currently identified should be included for recommendation development?

Availability of Data in EHRs

Ms. Lynch provided an overview on the theme related to the availability of data in EHRs, focusing on the importance of how data can be incorporated into the EHR from various sources such as clinicians, mobile devices, and wearables; how to capture care communication and care coordination activities for roles that do not document within an EHR as well as how to capture community-based activities; how to identify all team members involved in a patient's care; and how to create a standard data set to include the necessary information for transitions in care. Dr. Antonelli facilitated the Committee discussion on availability of data in EHRs, reminding members of the discussion questions mentioned earlier.

A Committee member asked which definition of an EHR the Committee should consider when discussing this theme. Ms. Lynch clarified that for the purposes of this discussion, an EHR is defined as an electronic record of patient data kept by a healthcare facility. The member expressed that definition was narrow and asked about health information exchanges (HIEs), which span organizations and act as an aggregated health record for individuals. The member noted that HIEs, like EHRs, are used by clinicians and are used at the point of care. The member also noted that as patient care becomes more complicated, a patient's data will span multiple EHRs and organizations. Dr. Antonelli thanked the member for highlighting the importance of data integration.

Another Committee member agreed with the importance of data integration from all sources of the EHR, including the use of HIEs. The member also noted that quality of patient data is important but expressed understanding that accuracy of data should not be the burden of the clinician or healthcare organization. The member noted that the cost associated with availability of EHR data is another aspect that should be added to the base year theme. The member highlighted that the cost of what an EHR vendor or an HIE system will charge should be shared with clinicians and the burden of that cost should be considered in the discussion.

A Committee member agreed with the importance of data quality and current issues surrounding the topic. The member noted personal experience working with the Veterans Health Administration (VHA) and experiencing problems with mismatched patient data or incorrectly coded information.

Availability of Data in EHRs – Recommendations Discussion

Dr. Lamb began discussing Committee recommendations on availability of data in EHRs. A Committee member noted that EHRs are part of a larger health information technology (IT) class and therefore the definition of EHRs should include the other classes (e.g., telehealth, HIEs, etc.). Another Committee member agreed with this broader definition of EHRs as this would allow the Committee to be more inclusive when developing recommendations. One Committee member also highlighted the importance of having consistent language across health IT platforms. Another recommendation from the Committee was to ensure health systems and hospitals can share information with care teams in the community.

Sharing EHR Data

Ms. Lynch provided an overview on the theme related to sharing data from EHRs, focusing on topics such as the lack of interoperability to share and access data within an EHR, including across different healthcare systems or with independent organizations. Ms. Lynch also noted that this theme included examining the impact of HIEs, ensuring integration with the rapid innovation that occurs within health IT, and being able to connect and track the activities of social service providers within the EHR. Dr. Antonelli began the Committee discussion on sharing EHR data.

A Committee member noted cost associated with the sharing of data between health systems, even within the same EHR vendor. The member noted cost between $50,000 and $200,000 to purchase additional modules for EHRs to increase interoperability. The cost is especially prohibitive for smaller healthcare facilities (e.g., private clinical practices) or healthcare facilities in lower income areas.

A Committee member stated it is not feasible to move all patient data into one EHR system as there are too much important health data kept outside of EHRs and those data are distributed across too many systems.

Sharing of EHR Data – Recommendations Discussion

Dr. Lamb began discussing Committee recommendations on the sharing of EHR data. A Committee member noted that data are shared in multiple types of formats, which highlights issues related to interoperability. The member recommended legislation or standards for EHRs to share data across platforms.

Another Committee member agreed with the recommendation for legislation related to EHR data standards and noted the existence of Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR) which sets standards for the exchange, integration, sharing, and retrieval of electronic health information. These standards define how information is packaged and communicated from one system to another, setting the language, structure, and data types required for seamless integration between systems. A Federal Liaison noted that CMS is working on standardizing data requirements for electronic clinical quality measures (eCQMs) via the use of the United States Core Data for Interoperability (USCDI) and highlighted the leverage for accomplishing this is through the Office of the National Coordinator for Health Information (ONC) Certified Electronic Health Record Technology (CEHRT) program. Additionally, the initial structure of USCDI included core clinical concepts but lacked administrative data such as patient and provider identifiers, clinical encounter information, medication information, and setting-specific data (e.g., post-acute or long-term care). These administrative data are key capacities for attribution, coordination, and interoperability.

The Committee also discussed that a patient-owned repository of interoperable systems of entities that provide, and record patient care could be beneficial. However, one Committee member noted that healthcare data are not equal, and most data are not relevant forever. One recommendation was to have a resource of consistent, relevant data (e.g., demographics, health history) with some recent, valuable data to add context to immediate healthcare needs. Additionally, a Committee member noted the importance of considering provider burden related to data collection, especially with insufficient staffing ratios and limited resources. A Federal Liaison concurred with this concern and shared organizations have already identified the burden related to the need for duplicate data entry for some eCQMs that require aggregation of multiple data sources (e.g., EHRs and insurance claims). Another Federal Liaison also highlighted that there is a lack of data captured outside of EHRs and there is not a current solution for integrating those data requirements without replicating them within EHR requirements.

A Committee member stressed that data sharing should be equitable, fair, low cost or free, with high-quality data that is provided in a timely manner to ensure more efficient care communication and care coordination.

The Committee noted the previous discussions and related recommendations are foundational for multiple themes. The Committee also requested additional background information related to current practices and plans for data standardization and interoperability.

Equity Considerations

Ms. Lynch provided an overview on the theme related to equity considerations in EHRs, in terms of how items like social determinants of health (SDOH) data can be collected within the EHR and used for measurement as well as the impact of specific equity issues, including the digital divide. Dr. Antonelli facilitated the Committee discussion on equity considerations.

The Committee discussed that equity is cross-cutting and should be a consideration for all recommendations. A Committee member noted that EHRs lack a place to capture data related to gender identity and sexual orientation. The member also noted EHRs inability to gather SDOH-related Z codes (diagnoses codes unrelated to known health disorders). Another member noted that birth gender, gender identification, and gender preference are all important data that can have an impact on care. A Committee member noted their experience with a local Cerner EHR system that allowed for nonbinary gender choices.

A Federal Liaison noted CMS' support for the Gravity Project in its efforts to expand SDOH data standards and noted ONC is also prioritizing SDOH and related data standards for the next version of USCDI. A Committee member noted there should be equity in the measures and metrics (e.g., patients should be able to have equal access to portals and other EHR-based tools for care coordination).

Ms. Lynch thanked the Committee for the robust discussion on themes and initial recommendations. She also noted that since all topics on the agenda were not able to be covered during the web meeting, NQF will send a follow-up email for additional comments and feedback prior to the next web meeting.

Member and Public Comment

Ms. Lynch opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Freire reminded the Committee that any additional input on the base year themes and ideal capabilities and capacities of EHRs could be shared via email to EHRCarecoordination@qualityforum.org. Ms. Freire also noted that the next web meeting will be held on Thursday, January 13, 2022. Ms. Lynch, Dr. Lamb, and Dr. Antonelli offered final remarks and concluded the call.