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Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability

TEP Web Meeting 7

November 10, 2020

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Agenda

- Welcome, Roll Call, and Meeting Objectives
- Final Report Draft 3 Public Comments
- Opportunity for Public and Member Comment
- Next Steps

Welcome, Roll Call, and Meeting Objectives

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Project Staff

- Kathryn Goodwin, MS, Director
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TEP Roster

- JohnMarc Alban, MS, RN, CPHIMS
- Zahid Butt, MD FACG
- Cindy Cullen, MS, MBA, PMP
- John Derr, RPh
- Karen Dorsey, MD, PhD
- Zabrina Gonzaga, RN
- Toby Heyn
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- Jamie Lehner, MBA, CAPM
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- Jacob Lynch, RN-BC
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- Shelly Nash, DO
- Shea Polancich, PhD, RN
- Stan Rankins, MSIT
- Mike Sacca

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Federal Liaisons

- Albert Taylor, MD
- David Kendrick, MD, MPH

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Scope and Data Quality

“Data Quality” for this project refers to:

- How well EHR data (structured and unstructured) supports clinical quality measurement, including eCQMs as well as other electronic measurement (such as standardized assessment tools used in PAC)

Data Quality for this project does NOT refer to

- How well EHRs collect data for the primary purpose of supporting delivery of care

“True north” statement:

- *The purpose of this Task Order (TO) is to establish a technical expert panel (TEP) to recommend best practices for improving EHR data in ways that support healthcare performance measures at all phases including measure development, measure endorsement, and implementation.*

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Project Timeline

Meeting	Date/Time
TEP Orientation	November 13, 2019, 1:30 pm – 3:30 pm ET
TEP Web Meeting 2	January 14, 2020, 11:00 am – 1:00 pm ET
TEP Web Meeting 3	March 31, 2020, 1:30 pm – 3:30 pm ET
TEP Web Meeting 4	April 29, 2020, 1:00 – 3:00 pm ET
Final Environmental Scan Report	May 19, 2019
TEP Web Meeting 5	June 11, 2020, 11:00 am – 1:00 pm ET
TEP Web Meeting 6	September 9, 2020, 11:00 am – 1:00 pm ET
TEP Web Meeting 7	November 10, 2020, 1:30 pm – 3:30 pm ET
Final TEP Findings and Recommendations Report	December 24, 2020

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Today's Meeting Objectives

- Review and respond to public comments on draft recommendations report with Technical Expert Panel
- Open discussion

Draft Recommendations Report Public Comments

Overview of Comments Received

- Comments were submitted by ten commenters from nine organizations, including:
  - American Academy of Physical Medicine and Rehabilitation (AAPM&R)
  - American Podiatric Medical Association (APMA)
  - Cerner
  - Federation of American Hospitals (FAH)
  - Lantana Consulting Group
  - Mercatus Center at George Mason University
  - MITRE
  - National Coalition for Hospice and Palliative Care (NCHPC)
  - National Hospice and Palliative Care Organization (NHPCO)

TEP Recommendations for Improving Use of EHR Data in Measures

- Measure Development
  - HHS should offer credit to providers and health IT vendors in federal programs for supporting measure development *(Supported by Cerner, NCHPC, APMA, NHPCO)*
  - HHS should create recognition programs around supporting measure development efforts *(Supported by NHPCO)*
  - CMS should consider developing more measures that align across multiple care settings across various programs *(Supported by NHPCO)*

TEP Recommendations for Improving Use of EHR Data in Measures

- Measure Endorsement *(generally supported by FAH and AAPM&R)*
  - NQF's Scientific Methods Panel should develop guidance specifically for EHR-sourced measures
  - NQF should determine if changes are needed to measure evaluation criteria
  - NQF should determine if changes should be made to measure evaluation process
  - NQF should provide updated criteria, guidance, and education to NQF committees and measure developers
  - NQF Standing Committee members should play a role in Scientific Methods Panel review

TEP Recommendations for Improving Use of EHR Data in Measures

- Measure Implementation
  - CMS should consider grants to fund dedicated full-time equivalents (FTEs) to provide support for vendors in understanding and incorporating measurement into their products in the PAC and other important care setting that were not supported under ARRA/Meaningful Use program funding *(Supported by NCHPC, LTPAC)*

TEP Recommendations for Improving Use of EHR Data in Measures

- Potential Areas for Further Consideration
  - Articulate the cost and return on investment for supporting measure testing
  - Utilize existing user groups *(Supported by Cerner)*
  - Create pilots using existing frameworks, models, and standards to make progress on urgent use cases
  - Revisit applicability of existing frameworks and guidance on assessing how EHR data is used in measures
  - Create measures that use manually abstracted data and electronically abstracted data

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Questions to Consider

- Is this comment relevant to the scope of the project and the draft recommendation report?
- Does this comment impact the recommendations as currently written in the report?
- If a new recommendation was suggested, should we include it in the report?
  - If so, please discuss rationale.

General Comments on Post-Acute Care (PAC) Settings

- [PAC is only one example of the disparities in the design of specialty systems with EHRs. Suggest making this more generic to "specialty systems" which don't necessarily structurally and semantically align with EHR data. Also suggest rephrasing from “post-acute care settings and other specialty areas” to “specialty areas”]. (MITRE, page 30 & 32)

Comments on Measure Development

- Recommendations for measure development
  - Investment of tools to support eCQM development
    - » “There are plenty of data in EHRs, but we are lacking the tools to be able to use that data to support eCQM measure development (e.g., tools to harness clinical narrative, which is a use case that has come up frequently for us). They mention machine learning/NLP in the few bullets before or after, but only to point to lack of standardization across EHRs and providers, which is a challenge yes, but can be overcome w/ some investments.” (Lantana, page 6)

Comments on Measure Concepts and Components

- Measure and measure component concepts for future consideration
  - Timely referral to hospice from a hospital, physician or post-acute care provider (Cerner, page 2, LTPAC, page 22 and NHPCO, page 24)
  - Standardizing how EHR systems and EHR-sourced measures define Seriously ill patients.
    - "The Coalition recommends standard mechanisms to identify the seriously ill (SI) population within EHR sources. Identification of SI individuals informs appropriate exclusion in some measures and may inform variation in quality outcomes or quality measures that are appropriate for this population. These mechanisms need to be considered further upstream in healthy and chronically ill populations to proactively identify when changes in health and wellness occur. " (NHPCO, page 23)

Comments on Measure Concepts and Components

- Cerner, page 4-5
  - Recommended against supporting hybrid measures that combine manually abstracted data with electronically abstracted data.
  - Only helpful if it's combining electronically abstracted EHR data with other electronically abstracted data like claims.
- Lantana, page 6
  - “Measure intent/rationale that is clear along with well-defined data could help locate and map the data residing in the EHR.”
  - “Consider all sources for extraction/abstraction where the data element may be housed” [data elements for reporting one measure were often not captured in the same fields for another measure].

Comments on Incentivizing Participation in Measure Testing

- ONC certification requires certifying support for individual eCQMs (Cerner, page 4)
- Vendors would appreciate a heads up when working with providers who use their products; Partnership should include vendors not just providers (Cerner, page 4)
- Would like to see eCQM measure testing include file creation (I.e. QRDA or FHIR) (Cerner, page 4)

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Comments on Incentivizing Participation in Measure Testing

- There should be an assessment of the prevalence of eligible provider reporting of MIPS through EHR before assuming this [MIPS credit] would increase EHR testing sites. “Many providers submit their MIPS quality measures through participation in their respective specialty society registry reporting program, or through their EHR vendor, and any credit would have to offset those reporting fees to be an incentive to providers”. (AAPM&R, page 25)
- HHS to consider prizes in addition to grant funding. “For financing innovation, we would urge that consideration be given to retrospective prizes, as opposed to prospective grants that often dictate to the innovator....goal is stated up front, and money is awarded retroactively to whomever achieves the goal first. Thus, central authorities do not need to guess ahead of time the identity of the best innovator, as they must with prospective grants”. (Mercatus Center, page 19)

Comments on NQF Measure Endorsement Criteria and Process

- Recommend NQF offer more technical assistance to measure developers (AAPM&R, page 25)
  - "eCQM feasibility assessments and a full measure review would occur prior to a standing committee considering a measure for endorsement. This process would allow NQF staff the time and flexibility to catch feasibility, reliability and validity concerns PRIOR to a full review and voting during a standing committee meeting".

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Comments on NQF Measure Endorsement Criteria and Process

- Do not agree that feasibility should be prioritized over the scientific acceptability of the measure (FAH, page 7)
  - » "While feasibility provides a snapshot on data availability and other feasibility components, the subsequent data element validity results provide valuable information on the degree to which the clinical concepts are represented in existing data derived from electronic health record systems"
  - » "Clarify intent and further distinguish how these two criteria should be assessed for eCQMs vs. EHR-sourced measures"
  - **[From EHR Data Quality TEP Recommendations Report] The TEP recommended considering the evaluation of feasibility earlier in the CDP process, such as the intent to submit period, prior to measure submission. This will facilitate timely feedback for measure stewards on whether, and how best, to use resources on a measure with significant feasibility concerns. Instead, developers could address these issues prior to investing resources in testing the measure for reliability and validity.**

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Other General Comments

- "…we also advise CMS to focus on ways to enable decentralized innovators to autonomously develop the means for improving the efficacy, efficiency, and proliferation of EHRs. This approach requires flexibility, interoperability, and a highly competitive environment, with both traditional and nontraditional agents offering innovations from the bottom up. Such an environment is well served by ensuring that patients and providers have the capacity to accept or reject products. This organic, evolutionary method contrasts with previous top-down approaches involving encyclopedic specifications and heavy- handed mandates." (Mercatus, page 20)
- "The TEP should consider expanding the report focus/scope beyond EHRs to Health IT more globally". "Activities within states and Medicaid programs to develop and use standardized data elements in health IT applications engage a broader set of providers and services who may not use EHRs but other applications that can support digital quality measures and reporting."(LTPAC, page 21)

Open Discussion

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Open Discussion Questions

- Are there other comments the TEP should discuss that impact the recommendations?
- Based on the comments, do any of the recommendations need to be refined?
- Are there recommendations the TEP should consider that have not been included in the report?

Opportunity for Public and Member Comment

Next Steps

Next Steps

- NQF staff to update the TEP Findings and Recommendations Report and may reach out to TEP members as needed.
- Final report available by December 24, 2020.
- NQF to post final version on its website as well as announce via:
  - NQF newsletters, project alerts, Twitter and LinkedIn
  - CMS Measures Management System newsletters and the eCQI Resource Center
- Question for TEP: are there additional suggestions for dissemination?

Closing Remarks

Adjourn

THANK YOU.

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