NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability Technical Expert Panel (TEP) Web Meeting 5

The National Quality Forum (NQF) convened the Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability Technical Expert Panel (TEP) on June 11, 2020 for their fifth web meeting.

Welcome, Introductions, and Review of Meeting Objectives

NQF staff welcomed the TEP Committee and participants to the web meeting. NQF staff provided an overview of the agenda, the meeting, and recited roll call of the TEP. The objective included having an in-depth discussion about the recommendations for the final report. NQF staff also reminded the TEP of the scope and definition of data quality as it relates to this task order.

Challenges Identified in Environmental Scan and Potential Solutions

NQF staff reviewed the challenges identified in the environmental scan and the solutions previously suggested by the TEP as a starting point to solidify best practice recommendations.

Recommendations for Measure Development Phase

The TEP recommendations to improve the Measure Development phase included multiple approaches to incentives for providers, vendors, and other stakeholders; the creation of a new taskforce; and suggestions to reduce the legal burdens around data.

NQF briefly highlighted the challenges related to the availability of data as discussed previously by the TEP. TEP members suggested that incentives could be woven into existing quality reporting programs. For example, the TEP previously recommended creating incentives for providers and vendors to support measure testing via Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability and ONC certification programs. A CMS representative explained the process of submitting new Promoting Interoperability measures and Improvement Activities. CMS holds a call for and is currently in the open submission period until July 1. Submissions received by CMS will be reviewed and any new measures that are proposed will go through formal rulemaking process. Another recommendation included creating a federal grant to cover the salary and benefits for vendors' staff dedicated specifically to supporting quality measure testing. The TEP explored different ways to provide incentives to the vendors and stakeholders involved in the measure development process using financial incentives and non-monetary incentives like recognition award programs. A TEP member challenged that incentives would have to differ depending on the stakeholder and the environment, for example incentive programs for hospitals and clinicians would have to be different from the incentive programs for vendors. Recognition might not be enough for EHR vendors because they are for-profit entities that will likely need to have some way to recoup their investments or a small margin of profit to cover the cost, but vendors might be incentivized if their work with measure developers is credited toward recertification. In light of the high cost of measure development, and particularly eCQMs, subcontract budgets could offset the costs through either direct funds or staffing supplements. Recommendations

from a post-acute care perspective include additional certification funding for providers which might be going to the EHR vendors themselves, incentives for participation in health information exchange (HIE) which would make a broader set of data available, and looking at a different set of measures that are more cross-cutting that would necessitate the interoperability that would be needed across settings.

One additional recommendation was raised, that would involve creating a quality measure-based task force with different providers where measures that are being considered will have to go through a formal rule making process.

Lastly, TEP members described the time-consuming and laborious process of going through the legal department within a health system for clearance on releasing data. A TEP member suggested creating a process for the data to be directly submitted to CMS for the measure developer's use, to bypass the prolonged legal, contract and privacy process; precedent might exist with the Office of Management and Budget (OMB) Paperwork Reduction Act Waiver contained within the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) and The Medicare Access and CHIP Reauthorization Act (MACRA).

Recommendations for Measure Endorsement Phase

The TEP described two potential recommendations for the Measure Endorsement Phase. The first recommendation involved educating the NQF Scientific Methods Panel (SMP) on the challenges and barriers associated with data element testing and feasibility assessments. The second recommendation was using decentralized aggregate data (e.g., registry data) as a data source to support reliability testing, validity testing, and the feasibility assessment.

Multiple TEP members agreed that it would be beneficial for the SMP to be aware of the challenges involved during the eCQM data acquisition process because measures that use electronic health records have a more intensive process involved compared to measures that use claims based data. There are different barriers that appear for electronic measures compared to other measures which can make it more challenging to test for reliability and validity. Another challenge that developers face is the recruitment of test sites that are willing to participate to meet the minimum number required for NQF endorsement. As a result of having a limited amount of testing sites, certain data elements might not be captured by the testing site and would be reflected as such in the feasibility scorecard

When exploring the concept of decentralized aggregate data, the TEP thought that the large scale data would help the developers with the measure scoring process by distinguishing the testing sites that use registry data compared to sites that don't use registries. The TEP also mentioned that although decentralized aggregate data can be used for non-registry measures, the cost to acquire that scale of data would be quite expensive and runs the risk of being misinterpreted. To support the data normalization process, the TEP suggested tracking the number of facilities that contribute to the data set to help with organization when the individual sites and aggregate data are separated.

Recommendations for Measure Implementation Phase

Staff outlined the three recommendations received thus far around measure implementation. One recommendation is to address the unrealized opportunities for expanded use of standard tools and formats (i.e. C-CDA, FHIR) to reduce unstructured data. Another recommendation is to improve tools for data capture from different applications. An additional suggestion received prior to web meeting 5 included providing support for EHR deployment and upgrades in PAC settings.

Discussion around the first recommendation included the current and potential capabilities of FHIR to address unstructured data, and the related opportunities to establish a standards body to oversee the use of those data definitions. The discussion then turned to the role of EHR vendors in the push to

improve EHR data. The TEP discussed the lack of standardization among EHR vendors for collecting unstructured data and the potential to improve this issue by addressing the EHR vendors' practice of customizing EHR fields to accommodate the individual organization. During the discussion around PAC settings, the TEP recommended engaging with a committee of EHR vendors that is part of the national association of long-term care. This committee could serve as a resource for further recommendations around improving EHR data in PAC settings.

Other Recommendations

In addition to the recommendations which fall into the measure development, endorsement, and implementation phase, the TEP made general recommendations in advance of the web meeting that were related to value sets, hybrid models, cross-setting measures, a pilot of a limited framework and model, and establishing guidance from standards-setting bodies. These recommendations were detailed on the slides that were sent to TEP members in advance, and they were also reviewed at a high level during the meeting.

The floor then opened for the TEP to discuss the above recommendations and additional solutions to address the challenges related to improving EHR data quality. There was a short discussion around the hybrid model, and the recommendation did not appear to resonate with the group, though the TEP noted the need to clarify the meaning of "hybrid measures" due to conflicting meanings. The TEP discussed interagency collaboration within HHS entities (e.g., the CDC and AHRQ) that are working in similar spaces. The TEP then shifted to a discussion about value sets that included a brief discussion of ongoing challenges, including difficulty working with medication measure that contain over 200 pages of detail coded in the spec and the importance of addressing this with the VSAC. These challenges were followed by recommendations related to the creation of explicit content definitions and the reduction of duplicative value sets by raising awareness of the need for value set owners to communicate and developing a method to facilitate communication or reuse value sets, as appropriate and necessary. Another recommendation is to build on the value set workgroup that is a subset of the CMS eCQM Governance group, including establishing standardized language for the metadata of value sets.

Public Comment

No comments were received during the member and public comment period.

Next Steps

A survey will be sent after Web Meeting 5 to prioritize recommendations. NQF may facilitate small group discussions about the recommendations with TEP members for follow-up, as needed. The TEP will reconvene on September 9, 2020 to review the draft recommendations report.