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 6

The National Quality Forum (NQF) convened the Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability Technical Expert Panel (TEP) on September 9, 2020 for their sixth web meeting.

Welcome, Introductions, and Review of Meeting Objectives

NQF staff welcomed the TEP 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 discussing feedback on the TEP Findings and Recommendations Draft Report and any additional recommendations. NQF staff also reminded the TEP of the scope and definition of data quality as it relates to this task order.

Feedback on TEP Findings and Recommendations Draft Report

NQF staff reviewed the outline for the draft report and opened the floor for TEP members to provide feedback. As an overarching comment, the TEP noted that the recommendations in the report were primarily for NQF, CMS or HHS, and there were a limited number of recommendations other stakeholders can control or be involved with. CMS and HHS' involvement is important because they implement the quality reporting and payment programs, and they are also the main users of those measures. The TEP suggested that the report should be updated to reflect that and NQF staff agreed. For the recommendation related to funding for implementation in PAC settings, the TEP noted that two or three years ago, CMS provided a grant opportunity for health care providers at academic centers, that already have the infrastructure for measure development, to provide funding to support measure testing. The opportunity has not been offered since then and the public is still waiting to see the measures developed through that opportunity. The TEP also noted that given how important the value-based agenda is to HHS, significant funding from HHS to support measure testing is necessary since measures are a critical component to the shift to value-based payment.

The TEP agreed that it is necessary for the report to acknowledge the burden of funding and resources needed to support measure testing. The TEP also discussed the misalignment of how much funding exists and how much funding is needed for measure testing. When funding is available, developers and vendors can be fully dedicated to the creation of new measures, but it can be difficult to recruit new developers without appropriate funding. The TEP discussed Medicaid as a potential funding source for testing efforts, but also suggested large health systems, registries, or the NQF Incubator as potential non-CMS funding sources. The measures developed and funded by large health systems are for their internal use and although large health systems have not historically developed eCQMs, they have been involved in custom measure development. Independent organizations could also be leveraged to support funding of measure testing. One TEP member provided the example of the American College of Emergency Physicians, which has a Qualified Clinical Data Registry (QCDR) under the MIPS program, where they convene a committee and the membership dues from the committee are used to fund the development of quality measures for the QCDR. Additionally, a TEP member suggested that more

complex measures will require a communication plan to get more buy in, while less complex measures need less buy in since they are easier to implement.

Additional Recommendations for Consideration

NQF staff reviewed additional recommendations for the TEP to consider. One recommendation suggested by the TEP during a previous web meeting is to identify a value proposition for participating in measure testing to communicate with health system Chief Financial Officers (CFOs). As discussed in prior web meetings, the TEP noted that supporting measure testing requires considerable resources from providers and vendors, and that cost can vary widely based on a number of factors (e.g., number of measures and the extent of manual data abstraction needed versus electronic data abstraction). The TEP suggested that it would be beneficial to collect information on the cost of supporting measure testing efforts to help executives plan and make decisions on when they can support measure testing efforts. The TEP mentioned that some clinicians will participate in testing based on good faith but not all. For example, clinicians may be more inclined to participate in testing and change their workflow if it makes clinical sense, such as with the national commitment to address the overuse of opioids. With this example, providers and vendors generally supported measurement and changes, as stakeholders agreed that changes needed to be made to address overuse of opioids. Addressing the opioids crisis is also widely supported because it was a national effort following the publication of the Joint Commission's revised Pain Assessment and Management Standards in 2016. The TEP noted that not only would a CFO need to be presented with the value proposition for participating in measure testing, the entire executive team needs to be supportive of the effort as decision-making may not lie solely with the CFO. The ability to qualitatively and, where possible, quantitatively demonstrate the value of these efforts could help leaders strategically advocate for testing resources within competitive organizational budgets. To counter, the TEP also suggested that it would be ideal to partner with organizations that are vested in the target measurement area who are interested in the measure organically.

For the recommendation to create a data element catalogue, the TEP noted that several data element catalogues already exist such as the Post-Acute Care Data Element Library (DEL) and the eCQI Resource Center data element repository. The TEP also cited the data element library as a potential platform for this recommendation with the addition of elements other than assessment tools. The TEP noted that a new repository owned by CMS may confuse users with existing CMS catalogues, but would not be advantageous if owned by different organization. The TEP also acknowledged potential resource challenges in the management of a CMS-owned data element catalogue but did not discuss in detail or expand upon this issue.

The TEP supported the recommendations to utilize existing user groups to address challenges with values sets and unstructured data, and to increase dialogue among vendors, health systems and other stakeholders who are implementing PROs or other assessment tools. The TEP identified several organizations that could take ownership of this effort including the Electronic Health Record Association, Healthcare Information and Management Systems Society, and Health Level Seven International (HL7). HL7 publishes a universal terminology governance process which the HL7 Vocabulary Work Group oversees.

Public Comment

One commenter asked when the report would be available for public comments and NQF staff informed them that public comment would open on September 30, 2020.

Next Steps

The TEP will provide feedback on the draft report by September 16, 2020. The report will be posted for public comment on September 30, 2020 and close on October 30, 2020. The TEP will reconvene on November 9, 2020 to review the public comments.