



Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability Technical Expert Panel (TEP) Web Meeting 7

The National Quality Forum (NQF) convened the Electronic Health Record (EHR) Data Quality Best Practices for Increased Scientific Acceptability Technical Expert Panel (TEP) on November 10, 2020 for the seventh 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 objective, and recited roll call of the TEP. The meeting objective included discussing public comments received on the draft recommendations report. NQF staff also reminded the TEP of the scope and definition of data quality as it relates to this task order. NQF received ten comments from nine organizations and one individual. Several comments warranted further TEP discussion. NQF staff reviewed the TEP recommendations in the report and the commenter dispositions regarding specific recommendations.

Discussion of Comments Received on Draft Recommendations Report

Following this, NQF staff provided a summary of comments and opened the discussion for input from the TEP.

Regarding the general comment about post-acute care (PAC) settings, the commenter suggested changing the phrase “post-acute care settings and other specialty areas” to “specialty areas” throughout the report. The TEP disagreed with this suggestion noting that the phrase “specialty areas” has a broad meaning. The TEP suggested removing the word “other” to further distinguish that PAC is not a specialty area, and to highlight that recommendations may be applicable to the PAC settings and to specialty areas. The TEP suggested adding footnotes to the report describing PAC areas and examples of specialty areas to distinguish the two areas.

As a response to recommendations related to measure development, a commenter suggested investing in tools to support eCQM development. The TEP noted that the recommendations listed in the report should be implemented prior to development of the tools as described in the comment (i.e., natural language processing (NLP)) as without seamless interoperability, this recommendation would be challenging. The TEP noted that while this recommendation could be important, it should not supersede the existing recommendations, due to not only the immediate benefit they offer but also because the TEP was unable to determine which organizational body should fund the work. NQF staff suggested adding the recommendation in this comment to the future considerations section of the report. The TEP agreed with a comment suggesting that measure testing include validation of files such as Quality Reporting Document Architecture (QRDA) or analogous file formats used in the future.

NQF received two comments related to recommendations on measure concepts and components. The first concept in one of the two comments involved “timely referral to hospice from a hospital, physician or post-acute care provider”. The TEP agreed with this suggestion. The second measure concept

described in a comment involved standardizing how EHR systems and EHR-sourced measures define seriously ill patients. While the TEP agreed that measure developers should not have to start from scratch when defining seriously ill patients in measures, the TEP did not agree that its role is to define the term seriously ill under the work of this task order, in large part due to the existing body of literature—including definitions—related to serious illness. The TEP discussed opportunities to help measure developers who are working in well-defined areas like serious illness through activities such as ensuring reusable components (e.g., Value Sets) are readily available. A measure's risk adjustment model can define terms like seriously ill and will depend on the measure developer. Another commenter recommended against hybrid measures of manually abstracted with electronically abstracted data, members of the TEP agreed, noting that it is important to move away from manual abstraction except for in cases of validating measures. The TEP briefly discussed the role of certification, including ensuring that decisions not be guided by certification programs that are no longer in use and that certification include opportunities for PAC and other settings that were not directly affected by historic programs.

The TEP discussed comments related to HHS providing incentives to providers and vendors. The TEP agreed with comments that vendors should be included in partnership with providers. The TEP also noted that any credit or benefits towards HHS benefits should be distributed to both providers and vendors as well.

Another commenter suggested that the Department of Health and Human Services should consider prizes in addition to grant funding. The TEP liked the idea of prizes but noted that a clear goal would need to be identified up front for this recommendation to be useful. The TEP noted that this suggestion could be applied to innovative areas such as NLP, since use of NLP in performance measurement is still in nascent stages. The TEP asked for clarification about a comment regarding eQIM measure testing including file creation. NQF staff clarified that the full comment was focused on end-to-end production of files to ensure measures are fully tested. The TEP was fully supportive of this idea and suggested that the phrase 'file creation' was more appropriate for the ideas in the comment since validation is important for measure submission.

Regarding a commenter's recommendation for NQF to offer more technical assistance to measure developers, NQF staff noted that technical assistance is currently offered to measure developers, but NQF could reevaluate messaging around this topic. Not all measure developers may be aware that this type of service or assistance is available from NQF. The TEP agreed to keeping this recommendation in the report.

One commenter did not agree that feasibility should be prioritized over the scientific acceptability of the measure. The TEP clarified that the intent of this section of the report is not to prioritize feasibility. The TEP agreed to keep this recommendation in the report unchanged. Another commenter suggested that the TEP expand the focus of the report beyond EHRs to health information technology more globally. The TEP acknowledged that while this suggestion is a good aspiration, it is not feasible nor within the scope of this specific task order.

Open Discussion

The TEP had no other comments it wished to discuss.

NQF discussed plans for dissemination which include dissemination through NQF newsletters, project alerts and social media. The report will also be disseminated through the CMS measures management system newsletters and the eCQI Resource Center. The TEP noted that the report would be posted

during the holidays and asked what other strategies would be used for promotion of the report. NQF will internally discuss communication opportunities for outside of the holiday timeframe.

Public Comment

No public comments were received.

Next Steps

NQF staff will update the report based on the comments received and TEP's responses. NQF may reach out to TEP members as needed for final input on the report. The final report will be available by December 24, 2020. Given that this was the final web meeting, NQF thanked TEP members and co-chairs for their time and effort spent towards this important work.