Welcome and Housekeeping Reminders

- Please mute your audio when not speaking

- Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)

- Please turn on video, especially during discussions

- To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery"

- Please use the 'Raise Hand' if you wish to speak (click 'Participants' icon, then click 'Raise Hand' at the bottom of the participant list)

- Please use the chat feature to communicate with NQF staff

- If you are experiencing technical issues, please contact us at EHRCareCoordination@qualityforum.org

NATIONAL QUALITY FORUM
Driving measurable health improvements together

Leveraging Electronic Health Record (EHR) - Sourced Measures to Improve Care Communication and Coordination Option Year

Web Meeting 5

May 24, 2022

Welcoming Remarks

Richard Antonelli, EHR Care Coordination Committee Co-chair

Gerri Lamb, EHR Care Coordination Committee Co-chair

Agenda

- Meeting Objectives and Attendance

- Recap of Web Meeting 4

- Overview of Final Recommendations Reports

- Recommendations to Leverage EHR-Sourced Measures to Improve Care Communication and Care Coordination

- Working Session: Prioritizing Measure Concepts and Identifying EHR Data Elements

- Opportunity for NQF Member and Public Comment

- Next Steps

Meeting Objectives and Attendance

Chelsea Lynch, Director, NQF

Debbie Olawuyi, Analyst, NQF

Project Timeline

November 2021: WM #1 – Orientation, Develop recommendations

→ January 2022: WM #2 – Develop recommendations

→ February 2022: WM #3 – Develop recommendations

→ March 2022: WM #4 – Develop recommendations

April 2022: Drafts submitted to CMS

→ May 2022: Committee reviews drafts; WM #5 – Feedback on Drafts

→ June 2022: Update drafts based on Committee feedback

→ July 2022: Public Comment

August 2022: WM #6 – Adjudicate public comments and finalize drafts

→ September 2022: Final Reports Posted

*WM = Web Meeting

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Meeting Objectives

- Refine recommendations for approaches to using detailed EHR data to improve the measurement of care communication and care coordination by
  - Prioritizing possible EHR-sourced measure concepts to improve care communication and care coordination
  - Identifying specific EHR data elements needed to measure care communication and care coordination

Roster

- **Richard Antonelli, MD, MS (Co-Chair)**
- **Gerri Lamb, PhD, RN, FAAN (Co-Chair)**
- Kathleen Balestracci, PhD, MSW
- David Burianek
- Brian Buys, RN, MBA
- Sherri Costa, MS, RN, AOCNS
- Cynthia Cullen, MS, MBA, PMP
- Keith Horvath, MD
- Joseph Kunisch, PhD, RN-BC, CPHQ
- Russell Leftwich, MD
- Michael Lieberman, MD, MS
- Brent Peery, DMin

- Rebecca Perez, MSN, RN, CCM
- Ann Polich, MD, MPH, MBA
- Walter Rosenberg, MSW, MHSM, LCSW
- Stacie Schilling, MPH
- Suellen Shea, MSN, RN, LSSGB, CPHQ, CPPS
- Colleen Skau, PhD
- Alexis Snyder
- Maurine Stuart
- Jason Wiesner, MD, MBA
- Dorothy Winningham
- Kim Yu, MD, FAAFP
- Andrew Zinkel, MD, MBA

Federal Liaisons

- **Joel Andress, PhD**, Centers for Medicare & Medicaid Services

- **Kyle Cobb, MS**, Office of the National Coordinator for Health Information Technology

- **Chris Dymek, EdD**, Agency for Healthcare Research and Quality

- **Tara McMullen, PhD, MPH**, Department of Veterans Affairs

- **Carly Medosch, MBA, PMP**, Centers for Medicare & Medicaid Services

- **Francine Sandrow, MD, MSSM, FAMIA**, Department of Veterans Affairs

- **Kenneth P. Yale, DDS, JD**, Department of Defense

NQF Project Staff

- **Chelsea Lynch,** MPH, MSN, RN, CIC, Director, Emerging Initiatives
- **Udara Perera,** DrPHc, MPH, Senior Manager, Emerging Initiatives
- **Monika Harvey,** MBA, PMP, Project Manager, Program Operations
- **Debbie Olawuyi,** MPH, Analyst, Emerging Initiatives
- **Jesse Pines,** MD, MBA, NQF Consultant
- **Alejandra Herr,** MPH, Senior Managing Director, Emerging Initiatives

Additional Support:
- **Chuck Amos,** MBA, Senior Director, Emerging Initiatives
- **Carol Sieck,** PhD, RN, Director, Emerging Initiatives
- **Maura Walsh,** Manager, Program Operations

CMS Staff

- **Kimberly Rawlings,** TO COR, CCSQ, CMS

- **Gequincia Polk,** IDIQ COR, Interim TO COR, CCSQ, CMS

Ground Rules

No rank in the room	Participate	Share your experiences
Be respectful	Refrain from political comments	Learn from others

Recap of Web Meeting 4

Chelsea Lynch

Web Meeting 4 Objectives

- Reviewed current approaches to digital quality measurement

- Discussed how existing and future development of EHR-sourced measures can be leveraged to improve care communication and care coordination

- Identified measure topic areas from which measure concepts could be developed for EHR-based care communication and care coordination

Overview of Digital Quality Measurement

- CMS and the Office of the National Coordinator for Health Information Technology (ONC) outlined their commitment to data standardization and ensuring electronic data sets are harmonized across national standards
  - ONC developed the United States Core Data for Interoperability (USCDI), a standardized set of health data classes and constituent data elements to create baseline data elements for EHR interoperability, and recently launched the USCDI+ initiative to facilitate harmonization across federal use cases
  - CMS is transitioning to using digital quality measures (dQMs) and aims to enhance interoperability by using high-quality standardized data for measurement

- Key takeaways
  - Alignment on data standardization and prioritizing interoperability of digital data is necessary
  - The USCDI+ initiative will assist with defining and advancing interoperable datasets for specific use cases, including quality measurement

- Additional information can be found on the eCQI Resource Center website for Digital Quality Measures

Web Meeting 4 Discussion Recap

- Held working session on the development of recommendations for how to use detailed EHR data for care communication and care coordination quality measurement
  - Considered the differences between EHR-based data and claims-based data for quality measurement
  - Discussed how detailed EHR-based data could improve the measurement of care communication and care coordination
  - Identified additional data categories that could be important for measuring care communication and care coordination
  - Discussed measure topic areas that are most important to measure outcomes related to EHR-base care communication and care coordination
  - Discussed what EHR-based data could improve the measurement of specific care communication and care coordination activities

Web Meeting 4 Discussion Recap (cont.)

- Key themes from the discussion included:
  - Claims-based and EHR-based data are both important for quality measurement
  - EHR-based data is preferable as it is more granular, can potentially address social risks, and provide qualitative data
  - Care plans should capture patient priorities and goals
  - Additional priorities included closing the loop on referrals, attribution, and chronic illness management

- These discussions were synthesized into a series of recommendations to guide the use of EHR-sourced measure to improve care communication and care coordination for the Final Recommendations Reports

Overview of Final Recommendations Reports

Chelsea Lynch

Overview of Final Recommendations Reports

Element	Final Recommendations Report	Shortened Final Recommendations Report
Format	Detailed and technical	Nontechnical, engaging, and visually appealing
Audience	Measure developers, EHR vendors, healthcare providers, and other quality measurement stakeholders	Change makers, policy and legislative professionals, nontechnical healthcare professionals
Purpose	Support the evolution of EHR-based care communication and care coordination and performance measurement to drive quality improvement and equitable health outcomes	Educate a broad audience of individuals who may or may not have healthcare expertise about the importance of the topic area

Context for the Recommendations

- To develop practical recommendations for the current and future states of EHR development, the following were considered:
  - Interoperability: the ability to share information easily between different systems to facilitate effective care communication and care coordination and decrease burden
  - EHR maturity: the level of functionality within the EHR to support care communication and care coordination
    - How advanced an EHR system is in achieving the goals of interoperability, data standardization, usability, and other features
    - Ranges from simple (e.g., limited clinical documentation, basic communication with ancillary clinical systems) to more advanced functionalities (e.g., complete clinical document, communication with HIEs to share data) across a continuum.[1]
- Stakeholders should focus on achieving more advanced levels of EHR maturity within and across all healthcare settings

Recommendations to Effectively Facilitate Care Communication and Care Coordination with EHRs

- EHR maturity phases were used to organize the recommendations to allow stakeholders to both act on the recommendations with their current EHR system and plan for future advancements

- The recommendations were classified into three themes and include examples for each EHR maturity level:
  - Collecting and sharing standardized data for care communication and care coordination
  - Optimizing usability by patients and caregivers for care communication and care coordination
  - Optimizing usability by clinicians for care communication and care coordination

Please provide written feedback on these sections of the Final Recommendations Reports by May 27th.

Recommendations to Leverage EHR-Sourced Measures to Improve Care Communication and Care Coordination

Chelsea Lynch

Overview

- As EHR functionalities continue to evolve and advance, the resulting EHR-based data can facilitate care communication and care coordination for quality measurement

- Using EHR-based data in quality measures allows for development of new measure and the revision of existing measure to capture additional, relevant information

- A series of recommendations to guide the use of EHR-sourced measures to improve care communication and care coordination were grouped into three themes:
  - Priorities for leveraging EHR-sourced measures for care communication and care coordination
  - Additional EHR data elements needed to measure care communication and care coordination
  - Possible measure concepts (novel or respecified existing measures)

Theme 1: Priorities for Leveraging EHR-Sourced Measures for Care Communication and Care Coordination

- Four high priority recommendations that could be taken to advance the science of measure development for care communication and care coordination:
  - Development of standardized EHR data elements for patient engagement around care communication and care coordination
  - Improve the specificity of existing measures related to downstream care after an index visit
  - Development of an EHR-based care plan measure
  - Development of an EHR-sourced measure that identifies specific patient-oriented goals and whether they are being achieved

Theme 2: Additional EHR Data Elements Needed to Measure Care Communication and Care Coordination

- Data elements that would be beneficial for measuring effective care communication and care coordination include:
  - Care communication and care coordination actions (e.g., shared decision making, elements of care planning)
  - Goals of care that can be entered by clinicians and other team members, as well as the ability to identify tailored goals for the patient (e.g., to be able to attend a daughter's wedding)
  - Details for transitions in care across settings (e.g., due to problems in care coordination, a diagnostic error, a clinician or team member that is signing off a case)
  - Communication between clinicians and patients and their caregivers (e.g., at a transition in care, when critical test findings are communicated)

Theme 2: Additional EHR Data Elements Needed to Measure Care Communication and Care Coordination (cont.)

- Lack of standardized feedback from patients and caregivers is a major data gap within the EHR

- The development of standardized data elements entered by patients, family members, and/or caregivers regarding:
  - Engagement with care communication and care coordination (e.g., whether shared decision-making occurred and was effective, problems with care navigation)
  - Perceived correctness of clinical notes
  - Perceived alignment of care or patient participation in developing care plans
  - Self-management and activation
  - Perceived equity of care or trust in clinicians or providers
  - Perspectives on specific goals of care
  - Desires for specific care (e.g., advanced directives, no blood transfusions for Jehovah's Witnesses, details related to how blood is drawn such as with topical anesthetic or through ultrasound guidance)

Theme 3: Possible Measure Concepts

Category	Measure Concept
Outcome of poor communication and care coordination	- Hospital readmissions within 30 days of discharge - Unexpected return ED visits within 72 hours of discharge with hospital admission - Frequency of duplicate, unnecessary testing - Frequency of follow-up care that was not completed within the recommended time frame - Frequency of specific medical errors related to care communication and care coordination
Outcomes of effective care communication and care coordination	- Patient engagement with care coordination/clinician communication/care integration - Utilization of patient portals, the responsiveness of clinicians - Assessing whether care goals are met - Improving outcomes related to SDOH
Essential critical actions for effective care communication and care communication	- Closing the loop: communication of critical test findings to the care team and patient - Appropriate handoff/communication performed between clinicians for high-risk transitions - Care plan creation, availability, and use - Interventions to address SDOH problems

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Working Session: Prioritizing Measure Concepts and Identifying EHR Data Elements

Chelsea Lynch

Chuck Amos, Senior Director, NQF

Richard Antonelli

Gerri Lamb

Working Session: Purpose and Approach

- The working session will allow for a more in-depth discussion on to refine the recommendations for approaches to using detailed EHR data to improve measurement of care communication and care coordination by:
  - Prioritizing possible EHR-source measure concepts to improve care communication and care coordination
  - Identifying specific EHR data elements needed to measure care communication and care coordination

- Each Committee member will be assigned to a breakout group via the Zoom platform

- Committee members will have 60 minutes for brainstorming and discussion

- Each breakout group will provide a **brief** report out at the end of the working session

- Each breakout group will be joined by NQF project staff to help facilitate discussion and troubleshoot any technical issues

Working Session Group Assignments

Breakout Room 1
Gerri Lamb, PhD, RN, FAAN
David Buriank
Sherri Costa, MS, RN, AOCNS
Cynthia Cullen, MS, MBA, PMP
Keith Horvath, MD
Russell Leftwich, MD
Rebecca Perez, MSN, RN, CCM
Suellen Shea, MSN
Maurine Stuart
Jason Wiesner, MD, MBA
Dorothy Winningham
Kim Yu, MD, FAAFP
Andrew Zinkel, MD, MBA

Breakout Room 2
Richard Antonelli, MD, MS
Kathleen Balestracci, PHD, MSW
Brian Buys, RN, MBA
Joseph Kunisch, PhD, RN-BC, CPHA
Michael Lieberman, MD, MS
Brent Peery, Dmin
Ann Polich, MD, MPH, MBA
Walter Rosenberg, MSW, MHSM, LCSW
Stacie Schilling
Colleen Skau, PhD
Alexis Snyder

Transition to Working Session

Lead Discussant Working Session Report Outs

In **seven minutes**, share:

- A brief overview of your discussion, highlighting key takeaways and prioritized measure concepts

NQF Member and Public Comment

Debbie Olawuyi

Next Steps

Debbie Olawuyi

Next Steps

- Submit any additional input on both versions of the Final Recommendations Reports by May 27th

- Public Comment Period will start July 1, 2022 and end on July 22, 2022

- Next web meeting will be held on Tuesday, August 9, 2022, from 2:00-4:00pm ET to discuss public comments

- Contact the project team with any questions, or if you did not receive any of the meeting invitations

- Project inbox: EHRCareCoordination@qualityforum.org

THANK YOU.

NATIONAL QUALITY FORUM

http://www.qualityforum.org

References

1. Healthcare Information and Management Systems Society. *Digital Health Transformation: Your Blueprint for Digital Health Advancement: Medical Record Model*. https://www.himss.org/what-we-do-solutions/digital-health-transformation/maturity-models/electronic-medical-record-adoption-model-emram. Last accessed April 2022.