2023 AE/MCO ECDE Subgroup Charter and Meeting Plan

Background: The Quality Reporting System (QRS) is an aggregator of EMR data that aims to support several quality initiatives using a single source of data. It was designed to:

- support aggregate level quality reporting at the AE level,
- reduce the amount of data requested from practice sites by multiple entities,
- reduce chart audit requirements for standard supplemental data for health plans and
- facilitate data exchange between the QRS and other data sources (such as CurrentCare).

All AEs have established connectivity with the QRS, but there are two key issues that must be resolved:

- there are limited standards that identify what regular activities practices must conduct to ensure their data are being transmitted to the QRS properly and
- the quality of clinical data in the QRS is poor[1], which prevents the QRS from achieving its intended goals.

Subgroup Goal: EOHHS is convening this ECDE Subgroup to discuss these issues with the ultimate goal of improving and maintaining high-quality data in the QRS.

Charges of the Subgroup: EOHHS anticipates that the Subgroup will meet roughly 4-5 times over the course of Spring 2023 to answer the following questions:

1. Goal: Maintain high-quality data in the QRS
    a. What ongoing measure validation activities, including but not limited to primary source verification, will practices need to conduct to maintain high-quality data in the QRS?
    b. When and how should practices notify IMAT about changes to their data collection processes (e.g., switching EHR vendors)?
    c. What data needs should practices include in contracts with EHR vendors to ensure they have the necessary data to send to the QRS?
2. Goal: Improve quality of clinical data in the QRS
    a. How can practices improve clinical data collection and transmission to the QRS, especially for measures such as *Screening for Depression and Follow-up Plan* and *SDOH Screening*?
    b. What activities can IMAT take to support practices make this transition?
    c. What further data and/or reports are needed to support AEs in quality improvement activities?

[1] By "poor," we mean that ECDE data cannot reliably be used to generate quality measure rates because clinical data fields are not always being correctly populated in the QRS.

Meeting plan (subject to change):

Meeting #	Lead Staff	Tentative Agenda
1	Liv, Bre	Discuss Subgroup goals and current challenges Review Subgroup meeting plan Review findings from DAV and discuss PSV expectations
2	Kash, Adrian	Discuss ongoing activities needed to maintain data quality, including practice communication with IMAT and PSV requirements (brainstorming sessions) Develop a draft recommended minimum standard set of activities with expected frequency
3	Kash, Adrian	Finalize recommended minimum standard set of activities Discuss data needs practices should include in contracts with EHR vendors
4	Adrian	Discuss current challenges in using ECDE for *SDOH Screening* and *Screening for Depression and Follow-up Plan* measures Discuss ways for practices to standardize collection and/or transmission of clinical data to reduce reliance on AE self-report
5	Liv, Adrian	Review and finalize Subgroup recommendations on data validation activities and clinical data measure transmission