# ECDE Subgroup

August 10, 2023

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# Agenda

1. Recap of and Next Steps from the July 19, 2023 Meeting
2. Discus How to Improve Electronic Data Collection for Quality Measures
    - Screening for Depression and Follow-up Plan
    - SDOH Screening
3. Identify Possible Claims Measures to Support in the QRS
4. Next Steps

# Recap of and Next Steps from the July 19, 2023 Meeting

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# Recap of the July 19th Meeting

- The Subgroup came to consensus on aligning QRS efforts with the Cures Act. More specifically:
  - Align clinical **data submission standards** with the USCDI standards, including the list of required data elements and codes.
  - Align the **data submission format** with the CDA format.

# Recap of the July 19th Meeting

- Moving forward, EOHHS proposes adopting the following approach to data collection and transmission:
  - A **preferred standard** for what AEs should adopt for a given performance year (e.g., USCDI v3).
  - A **minimum set of standards** in case AEs' EHRs are unable to comply with the preferred standard (e.g., USCDI v1). In this circumstance, AEs would be required to provide additional data elements that are required for calculating the QRS Supported Measures in a supplemental flat file.
- EOHHS and IMAT engage in an annual update process for the QRS Supported Measures list and invite feedback from participating providers and payers each year.
  - Not all AE measures are suitable for the QRS.
  - The minimum required data set can be annually updated alongside the Supported Measures list to ensure it is up-to-date year over year.

# Next Steps from the July 19th Meeting

- EOHHS will propose a straw model and timeline for aligning with USCDI standards and adopting widespread use of CCDs during the September meeting.
- In preparation for this meeting, **EOHHS requests that AEs follow-up with their EHR vendors to discuss what is a feasible timeframe for aligning with USCDI v3 and exporting using the CCD format**.
- AEs should share any feedback on the proposed timeline for aligning with USCDI v3 with Kash Basavappa (Kash.Basavappa.CTR@ohhs.ri.gov) by August 25th.

# Discus How to Improve Electronic Data Collection for Quality Measures

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# Context

- EOHHS is phasing out AE self-report for measures that require clinical data. This means that AE performance for measures in the AE Common Measure Slate will only be calculated using data that can be transmitted electronically.
- For some measures (e.g., *Developmental Screening in the First Three Years of Life*), this is relatively straightforward. For other measures, notably *Screening for Depression and Follow-up Plan* and *SDOH Screening*, this is much more complicated.
- **One goal of the ECDE Subgroup is to discuss how to improve clinical data collection and transmission to the QRS for the purposes of calculating measure performance for these two measures.**

# *Screening for Depression and Follow-up Plan*: Current State

- EOHHS uses a slightly modified version of the CMS MIPS CQM version of this measure. EOHHS modified the CMS measure to include a standard definition of a positive depression screen that aligns with the NCQA version of the measure (at the AE/MCO Quality Work Group's request).
    - **Measure Description**: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.
- AEs and MCOs largely rely on AE self-report to report performance on this measure to EOHHS.
- EOHHS intends to transition to using the NCQA version of this measure, *Depression Screening and Follow-up for Adolescents and Adults (DSF-E)*, once we successfully phase out use of AE self-report.

# *Screening for Depression and Follow-up Plan*: Current State (Cont'd)

- FQHCs currently report the CMS eCQM measure (i.e., CMS2v11) as a UDS Measure.
- There is also MIPS Clinical Quality Measure (Quality ID#134).
- **The CMS eCQM2v12, MIPS (Quality ID#134) and DSF-E are similar measures, but all have detailed requirements:**
  - eCQM and MIPS measures require "manual" documentation of a positive screen and the associated score.
  - The NCQA version requires electronic capture of the assessment score and only allows manual input if this is not possible.

**DSF-E Instruments for Adults (18+ years) – *Adolescent Equivalents Also Available*.**

- Patient Health Questionnaire (PHQ-9)
- Patient Health Questionnaire-2 (PHQ-2)
- Beck Depression Inventory-Fast Screen (BDI-FS)
- Beck Depression Inventory (BDI-II)
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)
- Duke Anxiety-Depression Scale (DUKE-AD)
- Geriatric Depression Scale Short Form (GDS)
- Geriatric Depression Scale Long Form (GDS)
- Edinburgh Postnatal Depression Scale (EPDS)
- Total Score $\geq$10

# *Screening for Depression and Follow-up Plan*: Future State

- EOHHS proposes aligning data collection and transmission for the required data elements for this measure with USCDI v3.
- The value sets listed in DSF-E will become the only source of data associated with the measure.
  - DSF-E IMAT measure build
  - DSF-E reported data

  *(Of note, EOHHS may need to modify its approach to depression screening in the AE Common Measure Slate to align with these efforts. This may include updating the measure specifications to better align with the NCQA DSF-E specifications.)*
- If we pursue this approach, non-standard / custom codes will not be accepted.

# *Screening for Depression and Follow-up Plan*: Next Steps

- In the interim, AEs can continue to report on depression screening annually using the AE self-report method that EOHHS has allowed for the AE/MCO quality program.
- As a next step, AEs can use LOINC codes to identify depression screening and the EHR could be configured to report LOINC codes automatically when screening is performed. Most certified EHR vendors use this approach with the CMS2V11 *Screening for Depression and Follow-up* measure as a standard report that is validated as part of the certification process.
  - code "Adolescent depression screening assessment" ("LOINC Code (73831-0)")
  - code "Adult depression screening assessment" ("LOINC Code (73832-8)")
- IMAT can validate use of the above codes and report any findings at the next meeting.
- In addition, a survey of depression screening tools in use may be useful to help inform which screening tools IMAT needs to incorporate into the DSF-E measure build.

# *Social Determinants of Health (SDOH) Screening*: Current State

- EOHHS currently uses a homegrown SDOH Screening measure.
  - **Measure Description**: Percentage of attributed patients who were screened for SDOH using a screening tool once per measurement year, where the primary care clinician has documented the completion of the screening and the results.
    - Please note that while EOHHS does not require use of a specific tool, the screening tool must be approved by EOHHS to count as meeting numerator requirements.
- AEs and MCOs largely rely on AE self-report to report performance on this measure to EOHHS. However, there are a few AEs that are using homegrown Z codes to report numerator performance:
  - Z04.89: SDOH screening completed
    - *Original Definition: Encounter for examination and observations for other specified reasons*
  - X53.8: SDOH screening offered, but patient refused/declined to complete screen
    - *Original Definition: Procedure and treatment not carried out for other reasons*

# *SDOH Screening*: National Efforts

- EOHHS updated its specifications to allow optional use of homegrown Z codes to document performance for this measure because, at the time, there were no national standards around SDOH data collection.
- The field, however, has advanced in the past few years. CMS is moving towards the following approach for collecting and transmitting SDOH screening data, which aligns with USCDI v3 standards, as outlined in its new measure proposed for public comment, Addressing Social Needs:
  - Using LOINC codes to document whether specific SDOH screening questions were asked
  - Using SNOMED codes to document responses to SDOH screening questions
  - Using ICD-10 Z codes to document positive SDOH needs
- PRAPARE (NACHC) has likewise updated its specifications to align with USCDI requirements.

# *SDOH Screening*: National Efforts (Cont'd)

- In 2023, CMS Medicare Advantage Special Needs Plans (SNPs) must include standardized questions on housing stability, food security, and access to transportation as part of their currently required health risk assessments. CMS intends to align the required standardized questions with the SDOH Assessment data element integrated in USCDI v2.
- The Gravity Project aims to standardize SDOH-related codes to facilitate the use of SDOH-related data in patient care, care coordination between the health and human services sectors, population health management, value-based payment, and clinical research. They maintain (a) standards to accelerate information exchange using HL7 FHIR and (b) value sets that payers and providers can use to capture SDOH needs.

# *SDOH Screening*: Future State

- EOHHS proposes aligning data collection and transmission for the required data elements for this measure with USCDI v3, as this is nationally where CMS and other organizations are moving.
- This would include:
  - Coding SDOH questions as LOINC codes
  - Coding SDOH patient responses as SNOMED codes
  - Coding resulting problems as ICD-10 / SNOMED codes
- For further information on UDSCI v3 please refer to: United States Core Data for Interoperability (USCDI) | Interoperability Standards Advisory (ISA) (healthit.gov)

# *SDOH Screening*: Future State (Cont'd)

- When standardized SDOH tools that are specified in accordance with USCDI v3 are available, EHR vendors will have to include them in their products to capture and report the data efficiently. Only when the data are being captured accurately in the EHR can it be exported to the QRS. Again, IMAT will have to build the tools into the QRS.
- EOHHS understands that aligning with USCDI v3 will take time (realistically a minimum of two years), but notes that is likely a standard that AEs and EHRs will be required to adhere to in the future.
- In the interim, AEs can continue to report on SDOH screening annually using the AE self-report method that EOHHS has allowed for the AE/MCO quality program.
- In addition, a survey of SDOH screening tools in use may be useful.

# Identify Possible Claims Measures to Support in the QRS

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# Cancer Screening Measures

- EOHHS is interested in identifying possible claims-based measures to support in the QRS.
- EOHHS identified the following cancer screening measures as potential options:
  - *Colorectal Cancer Screening*
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
- RIDOH requires providers to report cancer screening data, which are aggregated into a RI report. Using claims data from the QRS could greatly improve the time and accuracy for collecting and reporting measure performance for this purpose.

# Next Steps

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# Next Steps

- As a reminder, AEs should share any feedback on the proposed timeline for aligning with USCDI v3 with Kash Basavappa (Kash.Basavappa.CTR@ohhs.ri.gov) by August 25th.
- Our final ECDE Subgroup meeting will be on Thursday, September 7th from 11am-12pm.
- During this meeting, we will:
  - Finalize our data collection and transmission approach for *Screening for Depression and Follow-up Plan* and *SDOH Screening*.
  - Finalize the timeline for aligning with USCDI v3 standards and the CCD file format.
  - Discuss how the QRS can better support AE and MCO needs moving forward.