ECDE Subgroup

September 7, 2023

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Agenda

1. Timeline for Aligning with USCDI Standards
2. Timeline for Adopting Revised Measure Data Collection and Transmission Approaches
3. Discuss Future Functionality of the QRS
4. Next Steps

Timeline for Aligning with USCDI Standards

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Reminder: ONC Certification Overview

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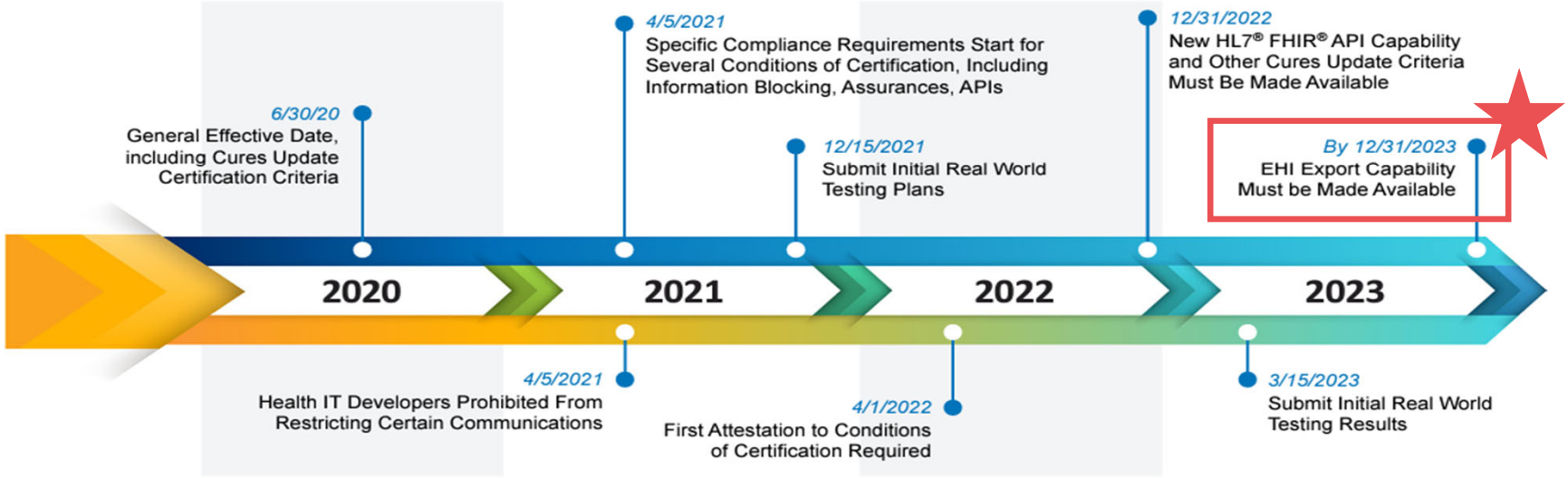
The Office of the National Coordinator for Health Information Technology

New Compliance Dates included in ONC Interim Final Rule

Information Blocking and the ONC Health IT Certification Program:
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

Certification



EHI = Electronic Health Information USCDI = United States Core Data for Interoperability

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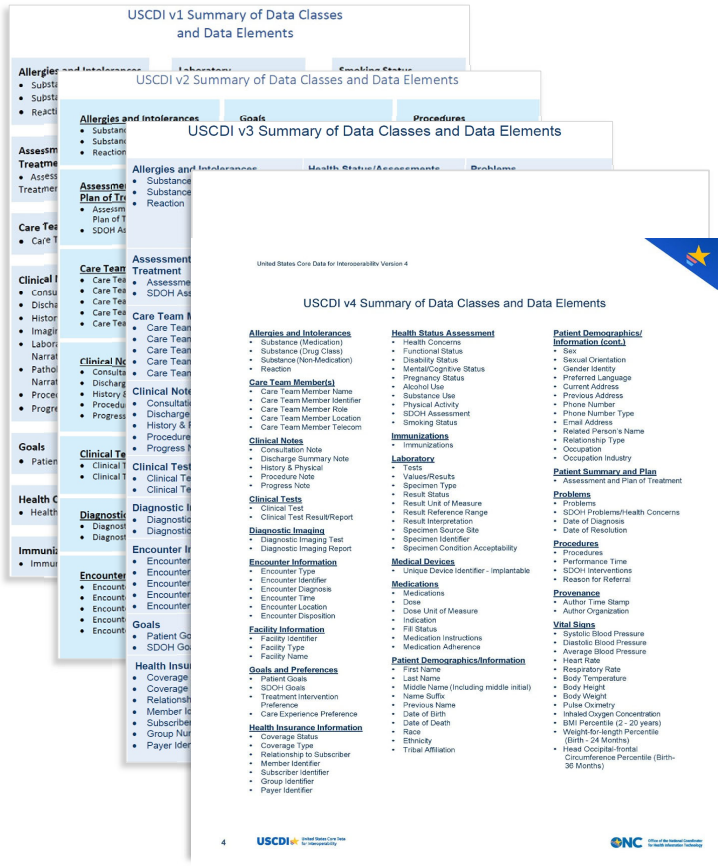
Reminder: USCDI Version Highlights

- USCDI v1 is required by Cures Act Final Rule. It includes data classes, clinical notes and provenance, and specific data elements (e.g., pediatric vital signs and address).
- USCDI v2 added three data classes and 22 data elements in support of advancing health equity (i.e., SOGI and SDOH).
- USCDI v3 added 24 data elements focused on factors promoting equity, reducing disparities and supporting public health data interoperability.
  - Proposed as new required version in Health Data, Technology, and Interoperability 1, with an effective date of December 31, 2024.
- USCDI v4 added data elements focused on alcohol and substance use assessments, physical activity, treatment intervention, care experience, preferences, and medication adherence.



Timeline for Aligning with USCDI Standards

Adopt a preferred standard for what AEs should use for a given performance year and a minimum set of standards in case AEs' EHRs are unable to comply with the preferred standard.

- EOHHS received minimal feedback on the timeline for adopting this approach, which indicated that **two years** is a reasonable timeline to comply with USCDI V3.
- EOHHS developed the following timeline for aligning with USCDI standards.

AE Compliance Date	Preferred Standard	Minimum Standard	Vendor Compliance Date for Preferred Standard (per ONC)
July 1, 2025	USCDI V3	USCDI V1 with a supplemental flat file	December 31, 2024
July 1, 2027	USCDI V5 (TBD)	USCDI V3	December 31, 2026 (TBD)

Implementation Considerations

- This approach is **applicable for all practices that meet the requirement for phasing out use of AE self-report for the AE quality program** (i.e., all primary care practices in non-network-based AEs and for primary care practices in network-based AEs with at least 1,000 attributed patients across MCOs).
- The **AE compliance date is always the following year after the vendor is required to comply with the preferred USCDI standard** (per ONC). Because of this additional time, EOHHS is confident that EHR vendors should be able to meet the July 1, 2025 AE compliance date for aligning with USCDI V3. However:
  - AEs may use the minimum standards for data transmission for the compliance year if EHR vendors are experiencing difficulties meeting the timeline for the preferred standard.
  - AEs should notify EOHHS if their EHR is unable to meet the timeline ASAP so that EOHHS can help triage similar issues across AEs.
  - EOHHS recommends you discuss these requirements with your EHR vendors regularly.

Timeline for Adopting Revised Measure Data Collection and Transmission Approaches

Screening for Depression and Follow up Plan

and *SDOH Screening*

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Recap from August 10th Meeting

- The Subgroup discussed the current state for two measures: *Screening for Depression and Follow-up Plan* and *SDOH Screening*.
    - As a reminder, EOHHS is phasing out use of AE self-report data for these measures beginning in 2025. Therefore, it is vital that AEs identify how to transmit clinical data for these measures electronically.
- The Subgroup reviewed the potential future state for how to transmit clinical data for these measures to the QRS, including by aligning data collection and transmission with USCDI v3.
- EOHHS received minimal feedback on the proposed approach, which overall supported aligning data collection and transmission with national standards and removing use of custom codes.

Screening for Depression and Follow-up Plan

Before July 1, 2025

- Continue to use AE self-report or use LOINC codes from the CMS2V11 measure:
  - code "Adolescent depression screening assessment" ("LOINC Code (73831-0)")
  - code "Adult depression screening assessment" ("LOINC Code (73832-8)")
- IMAT will collect information on AE use of depression screening tools to inform its build of DSF-E (see right column).

By July 1, 2025

- Adopt required USCDI V3 data elements for this measure.
- Adopt and validate use of the value sets listed in the NCQA HEDIS version of this measure (DSF-E).
- Non-standard approaches/custom codes will not be accepted after this time.

SDOH Screening

Before July 1, 2025

- Continue to use AE self-report or the homegrown Z codes to report numerator performance:
  - Z04.89: SDOH screening completed
  - Z53.8: SDOH screening offered, but patient refused/declined to complete screen

By July 1, 2025

- Adopt required USCDI V3 data elements for this measure, which includes:
  - Coding SDOH questions as LOINC codes
  - Coding SDOH patient responses as SNOMED codes
  - Coding resulting problems as ICD-10 / SNOMED codes
- Non-standard approaches/custom codes will not be accepted after this time.

Summary Results of Use of LOINC Codes & Z Codes (Since Start of QRS)

Screening for Depression and Follow-up Plan

- 73831-0 only (Adolescent): 1 practice sending this code
- 73832-8 only (Adult): 2 practices sending this code

SDOH Screening

- Z04.89 (screening completed): 16 practices are sending this code
- Z53.8 (screening offered but refused): 14 practices sending this code

Discuss Future Functionality of the QRS

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Background

- As a reminder, EOHHS conceived of the QRS 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)

- Now that EOHHS, AEs and MCOs have several years of experience with the QRS, we are soliciting feedback on how the QRS can better support AE and MCO needs moving forward.

Discuss Future Functionality of the QRS

- In the past, AEs requested including measures that rely on claims data in the QRS so that AEs had timelier access to claims-based and hybrid measures. At the last meeting, EOHHS solicited feedback on which possible claims-based measures would be helpful to include in the QRS moving forward.
- Are there any additional measures that EOHHS should consider at this time?
  - Adult immunization measures (e.g., flu, COVID-19)
  - Eye Exam for Patients with Diabetes?
  - Cancer screening measures?
- Would it be useful to have unified gaps in care reports issued, perhaps on a monthly basis?
  - If so, for which measures?

Other Potential Ideas

- Executive dashboard
- FHIR/API enhancements
- Immunizations reports
- Survey capabilities

Next Steps

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Next Steps

Thank you for your engagement over the last six meetings!

- IMAT will be reaching out to AEs to complete this year's PSV cycle.
- EOHHS and IMAT will use the feedback and revised approaches for data collection and transmission discussed during this meeting series to update any relevant documentation and AE standards for PY7 onwards. EOHHS is working on developing a website to house QRS documentation.
- EOHHS will reconvene the ECDE Subgroup in spring 2024 to assess progress towards the July 1, 2025 deadline to align with USCDI v3 standards and troubleshoot any issues that may arise.

Appendix

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USCDI Standards Timeline

USCDI Version	Date Published (by ONC)	Vendor Compliance Date (per ONC)	Comments
V1	July 1, 2020	December 31, 2022	
V2	July 1, 2021	December 31, 2023	Initial SDOH data elements added
V3	July 1, 2022	December 31, 2024	
V4	July 1, 2023	December 31, 2025	

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.

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*
  - Z53.8: SDOH screening offered, but patient refused/declined to complete screen
    - *Original Definition: Procedure and treatment not carried out for other reasons*