



# ECDE Subgroup

---

April 13, 2023

**RHODE  
ISLAND**

# Agenda

---

1. Background
2. Discuss Subgroup current challenges and goals
3. Review Subgroup meeting plan
4. Review findings from DAV and discuss PSV expectations

# Background



# Background

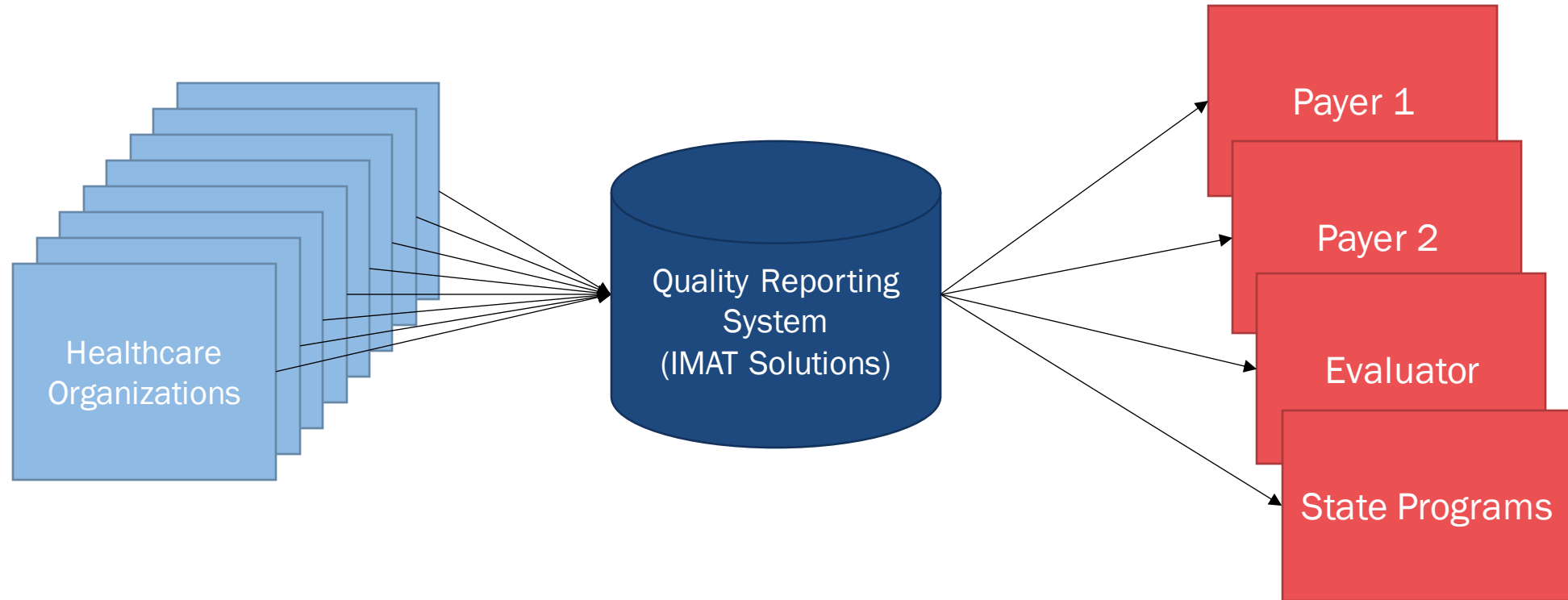
---

**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)

# Quality Reporting System

We can leverage statewide infrastructure to reduce provider burden, create efficiencies, save money, and support many use cases.



# Subgroup Current Challenges and Goals

---

# Current Challenges

---

**Current Challenges:** 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 is being transmitted to the QRS properly and
- The clinical data in the QRS currently cannot be reliably used for quality performance measurement, which prevents the QRS from achieving its intended goal

What other challenges or barriers are you experiencing with ECDE?

**Objective 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.

# Goals

---

## 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 their 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* and *SDOH Screening*?
- b. What activities can IMAT take to support practices making this transition?
- c. What further data and/or reports are needed to support AEs in quality improvement activities?



# ECDE Subgroup Meeting Plan

---

# Meeting Plan (subject to change)

Meeting #	Tentative Agenda
1	Discuss Subgroup goals and current challenges Review Subgroup meeting plan Review findings from DAV and discuss PSV expectations
2	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	Finalize recommended minimum standard set of activities Discuss data needs practices should include in contracts with EHR vendors
4	Discuss current challenges in using ECDE for <i>SDOH Screening</i> and <i>Screening for Depression and Follow-up Plan</i> measures Discuss ways for practices to standardize collection and/or transmission of clinical data to reduce reliance on AE self-report
5	Review and finalize Subgroup recommendations on data validation activities and clinical data measure transmission Discuss next steps and how to improve value of the QRS for providers

# Lessons Learned from Data Aggregator Validation

---

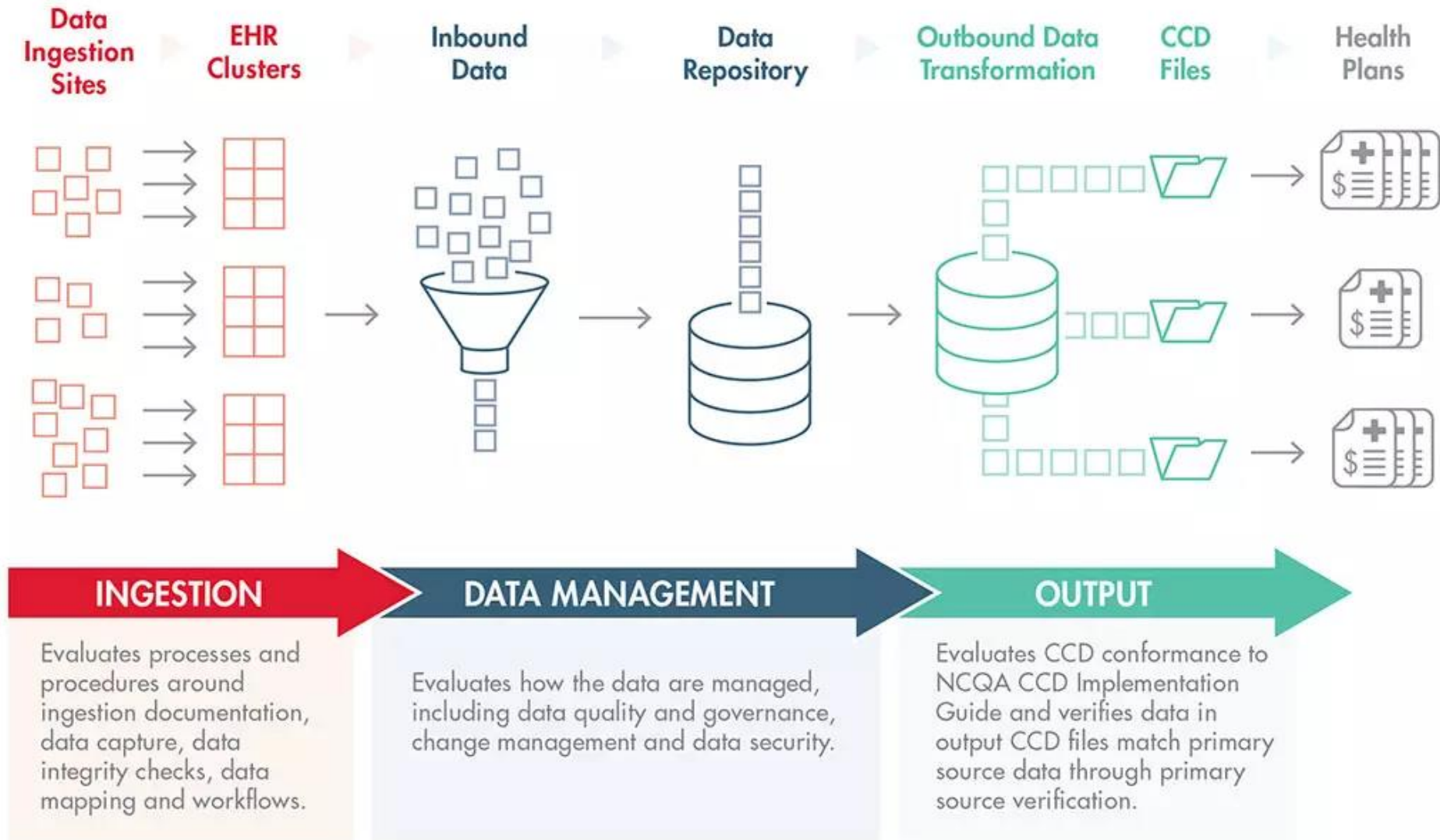
# What is Data Aggregator Validation?

---

The National Committee for Quality Assurance (NCQA) Data Aggregator Validation (DAV) program evaluates clinical data streams to help ensure that health plans, providers, government organizations and others can trust the accuracy of aggregated clinical data for use in Healthcare Effectiveness Data and Information Set (HEDIS®) reporting and other quality programs.

DAV certification happens on a “cluster” or data stream level (more later).

# What is Data Aggregator Validation?



# Fidelity vs. Completeness

---

- DAV is a measure of fidelity
- The data undergoes significant processing on its way to the MCOs
- **Fidelity assesses how well the data in the EHR matches what is sent to the MCOs**
  - “Does input match output”
- If the EHR is not capturing the information, if it is captured in the wrong format, or if it is not sent in the data submitted to QRS, it cannot be included in what is submitted to MCOs for performance measurement
- Completeness is required for clinical data to be usable and dependable for quality performance measures
- The data sent to the MCOs needs to not only match what is in the EHR... **it needs to match the clinical information available to the clinician during the encounter in order to be a reliable indicator of performance**
- *For example: colonoscopy results may be stored as an attached report from the specialist, and therefore available to the clinician, but not sent to the MCO in the submission to QRS*

# DAV Clusters

- Clinical practice site mapped to care setting and EHR version – multiple sites per cluster
- Defined list provided by NCQA
- Each cohort, list of clusters is agreed upon between state, EHR, and NCQA
- Example mapping:

Ingestion Site Name	Care Setting	Cluster Name
Atwood Medical Associates	Primary Care	Greenway - Intergy Outpatient Care
St Joseph Health Center	Primary Care	Athena - Clinicals Outpatient Care
St Joseph Health Center	Diagnostic - Lab	Athena - Clinicals Diagnostic - Lab
Thundermist Health Center of Woonsocket	Diagnostic - Lab	eClinicalWorks-Flat File Diagnostic - Lab

# 2021/2022 DAV Cohort Results

2021

Cluster ID	Cluster Name	Validation Status
CL01	AllScripts - Professional Diagnostic - Lab	Pass
CL02	AllScripts - Professional Outpatient Care	Pass
CL03	Amazing Charts Outpatient Care	Pass
CL04	Athena Diagnostic - Lab	Pass
CL05	Athena Outpatient Care	Fail
CL06	Care Tracker Outpatient Care	Pass
CL07	eCW Outpatient Care	Fail
CL08	EPIC - Ambulatory Diagnostic - Lab	Fail
CL09	EPIC - Ambulatory Outpatient Care	Pass
CL10	Greenway - Intergy Diagnostic - Lab	Pass
CL11	Greenway - Intergy Outpatient Care	Pass
CL12	Greenway - Prime Suite Outpatient Care	Pass
CL13	MedNet Diagnostic - Lab	Pass
CL14	MedNet Outpatient Care	Fail
CL15	NextGen - Enterprise Diagnostic - Lab	Pass
CL16	NextGen - Enterprise Outpatient Care	Pass

2022

Cluster ID	Cluster Name	Validation Status
CL01	Athena - Clinicals Diagnostic - Lab	Pass
CL02	Athena - Clinicals Outpatient Care	Pass
CL03	eClinicalWorks-Flat File Diagnostic - Lab	Fail
CL04	eClinicalWorks-Flat File Outpatient Care	Pass
CL05	eClinicalWorks-PHA Extract Diagnostic - Lab	Pass
CL06	eClinicalWorks-PHA Extract Outpatient Care	Pass
CL07	EPIC - Ambulatory Outpatient Care	Pass
CL08	Greenway - Intergy Diagnostic - Lab	Pass
CL09	Greenway - Intergy Outpatient Care	Pass
CL10	Harris - Amazing Charts Outpatient Care	Pass
CL11	Harris Care Tracker Diagnostic - Lab	Pass
CL12	Harris Care Tracker Outpatient Care	Pass
CL13	MEDITECH - Expanse Diagnostic - Lab	Pass
CL14	MEDITECH - Expanse Outpatient Care	Pass
CL15	NextGen - Enterprise Diagnostic - Lab	Pass
CL16	NextGen - Enterprise Outpatient Care	Pass

## Changes from 2021 to 2022

- MedNet cluster removed due to sites not participating in AE program this year.
- Removed EPIC Diagnostic Labs – Known data issues that are being addressed
- South County Medical submitted under new EHR, MediTech
- Coastal Medical – Split out into its own lab cluster
- Thundermist – Labs and Clinical broken out into their own clusters

## Changes for 2023

- Same cluster list as 2022 with the addition of EPIC Diagnostic Labs (17 clusters)



# What is Primary Source Verification?

- Primary source verification (PSV) replaces normal chart review from health plans
- Rather than doing it each time for each health plan, we do it once for all data flowing through QRS – reducing administrative burden for MCOs and AEs
- 1-5 cases are identified for each cluster throughout the year
  - A case is a specific patient encounter / visit
  - Practices provide a copy of the EHR encounter report and supplementary information as needed
  - IMAT matches the way the encounter looks in the EHR to the output data sent to MCOs

PSV =  
Chart Review

# 2022 PSV Case Numbers and Status

## Data Integrity Assessment or Primary Source Verification

Validation Status	Individual Cases	Clusters
Cases Requested for Review	46	16
Replacement Cases Used (na clusters)	0	n/a
Replacement Cases Not Used ( <i>subtracted from total requested</i> )	0	n/a
<b>Total Cases for PSV</b>	<b>46</b>	<b>16</b>

Reviewed Status	Individual Cases		Clusters	
	Count	Percent	Count	Percent
Failed - Unsubmitted	0	0%	n/a	n/a
Failed - Submitted	4	9%	1	6%
Pass	42	91%	15	94%

Validation Status Definitions	
Pass	All critical data elements in the output CCD were supported by the primary source documentation.
Fail	One or more critical data elements in the Output CCD but not found in, or do not match primary source documentation.
Replaced (na - Clusters)	Additional case reviewed due to case removal from a cluster with 6 or more ingestion sites.

# At Risk Clusters/Sites for Next DAV 2023

- MediTech Lab – Not sending correct LOINC codes. Sending “IMO Codes” (third party)
- MediTech Clinical – Not sending procedure codes at all, sending “allergy: substance” but not specifying the exact allergy.
- Athena Labs – Missing individual code/descriptions for individual labs included in panels.
- NextGen Clinical – Social history, minor discrepancy in vitals
- Greenway Intergy Clinical – Minor discrepancy identified, to be resolved
- Athena Clinical – Lacking in office procedures. For example, immunizations administered.
- EPIC Labs – No LOINC codes being sent. Actively working on this with Integra staff.

# Common Data Quality Issues

- Missing codes or the need to crosswalk proprietary or homegrown codes, particularly:
  - LOINC codes (lab codes)
  - Qualifying visits (encounter/CPT codes)
  - Orders and results
- Gaps in encounters sent to IMAT
- Race, ethnicity and language (REL) data primarily sent in text strings and not HL7 format

# Enhanced Data Validation Report

Field	Percent Completed	Required/Optional	Target Range	Notes
patient_date_of_birth	100.00%	Required	100	
ssn		Not Required	0	
patient_last_name	100.00%	Required	100	
patient_first_name	100.00%	Required	100	
patient_middle_name	80.4%	Optional	30+	
patient_given_name		Not Required	0	
suffix		Not Required	0	
patient_sex	100.00%	Required	100	
ssn4		Not Required	0	
multiple_birth		Not Required	0	
deceased		Not Required	0	
marital_status	0%	Optional	0	
patient_race	100%	Required	100	
patient_ethnic_group	100%	Required	100	
patient_language	0.00%	Required	100	
patient_religion		Optional	0	
mothers_maiden_name		Not Required	0	
patient_phone	0%	Required	60+	
patient_street_address	100.00%	Required	100	
patient_zip	100.00%	Required	100	
zip9		Optional	0	

Concepts	Type, code and description
Diagnosis	Needs work - IMO_ProblemIT, General SNOMED codes and CPT codes
Procedures	Needs work - IMO_ProblemIT and general SNOMED codes
Labs	Needs work - IMO
Medications	MGPI and MDID codes
Allergies	Needs work - incorrect values, codes and descriptions
Measurements	Looks good

# Example Expectations for Consideration

- Preferred data submission method is CCD with supplementary flat file.
  - We could develop a flat file specification with specific data elements that support more ambitious measures such as depression screening and SDOH screening.
- Practice should identify point of contact for Primary Source Verification who has EHR access and is ready to turn around chart review requests within a 1 week timeframe.
  - Point of contact should be trained on PSV requirements from NCQA manual.
  - Identify preferred time of year to complete PSV activities with IMAT.
- Review Enhanced Data Validation Report on a monthly basis for gaps in data.