ECDE Subgroup

May 10, 2023

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Agenda

1. Review ECDE Subgroup Expectations
2. Review Current Measure Validation Activities
   - Primary Source Verification
   - Measure Validation
3. Discuss Potential Solutions to Systemic Issues
4. Next Steps

Review ECDE Subgroup Expectations

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AE/MCO ECDE Subgroup Charter (Extracts)

Goal

- Maintain high-quality data in the QRS.

Challenge

- There are limited standards that identify what regular activities practices must conduct to ensure their data are being transmitted to the QRS properly.

Questions to Consider

- 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?
- When and how should practices notify IMAT about changes to their data collection processes (e.g., switching EHR vendors)?
- What data needs should practices include in contracts with EHR vendors to ensure they have the necessary data to send to the QRS?

Review Current Measure Validation Activities

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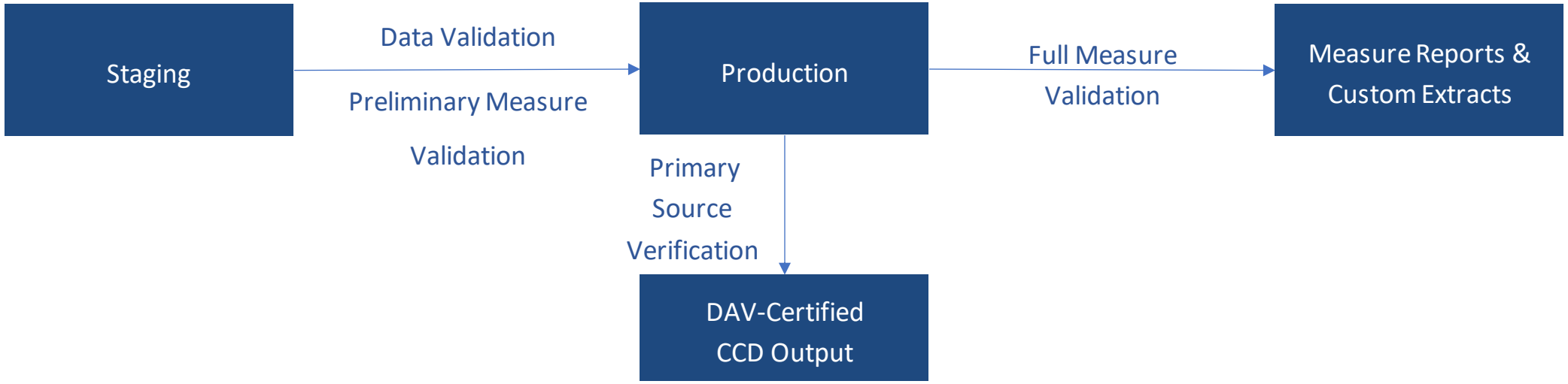
Data Validation

- IMAT have built and refined an auto-validation capability where expected data fields (CCD or flat file) are compared against actual data received. Missing / out of range data is identified by 'Traffic Light".
- Over the last 2 years a number of clinics (including FQHCs) have undergone "deep dive" data validation projects. This has included running identical (ONC certified) measures form both the EHR and the QRS on identical populations and identifying and correcting discrepancies.
- Data Validation Process – 2 parallel tracks, Primary Source Validation (PSV) and Measure Validation.



Fidelity vs. Completeness

- DAV is a measure of **fidelity**
- **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

PSV assesses fidelity.

- **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**

Measure validation assesses completeness.

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

Challenge: current reports only assess completeness for data that are transmitted from the EHR. They do not assess whether there are missing patients or encounters.

Primary Source Validation – Sample CCD Checklist

<table>
<tr><th>Stage</th><th colspan="2">Data Points</th></tr>
<tr><td rowspan="2">Selecting robust case</td><td colspan="2">NOTE: The robustness of the case MUST be checked in outbound CCD</td></tr>
<tr><td>Clinical Patient:
Patient Name
Patient DOB
Provider
Facility Name
Date of Service
Problems
Procedures
Vitals (blood pressure, height, weight, BMI, etc.)
Allergies (optional but preferred)
Social History (optional but preferred)</td><td>Lab Patient:
Patient Name
Patient DOB
Provider Name
Facility Name
Date of Service
Lab test
Code
Result
Description</td></tr>
<tr><td>CCD Checks in notepad</td><td colspan="2">Download CCD instead of copying and pasting
Check XML syntax
Blood pressure (count systolic and diastolic and those should be equal)</td></tr>
</table>

QRS Measure List

- Every year EOHHS publishes a priority build / update list of QRS Measures.
  - This build list is based on the AE reporting requirements but also includes measures requested by other stakeholders (e.g., RIDOH).
  - Most clinical quality measures are required to be updated on an annual basis.
- The measure list primarily includes HEDIS and CMS (eCQM) measures.
  - CMS (eCQM) measures are often used a “proxies” for the HEDIS measures as these often include claims or sampled data.

QRS Measure Validation

- A suite of CMS (eCQM) measures is included in all certified EHRs – these are a component of their certification requirements.
    - The preferred method of measure validation is to select an appropriate measure and report on a known population and time frame from the EHR.
    - Then using the QRS and the identical population and time frame a comparative report is generated. Discrepancies are identified and resolved at which time the reports are regenerated and again assessed.
    - This process continues until alignment between the EHR and QRS is achieved.
- As additional measures are selected and validated, the process progressively becomes simpler and quicker as measures are built on standard data requirements. Issues resolved with one measure will positively impact the performance on others.

Discuss Potential Solutions to Systemic Issues

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Summary of Systemic Issues

Issue	Affected Activity	Impact	Possible Resolution(s)
Missing encounters	PSV, measure validation	Incomplete data submitted to QRS and to health plans	Add a regular report to check for the volume of encounters
Missing patients	PSV, measure validation	Missing sub-populations. Unable to accurately calculate measure denominator	Remove filtering when submitting data to QRS
Missing encounter codes	Measure validation	Valid encounters are not counted as numerator hits in measures	Enhanced (auto) data validation, measure validation
Missing clinical values	PSV, measure validation	Lack of testing, labs, and immunization values impairs performance	Update clinic workflows, enhanced (auto) data validation, measure validation

Summary of Systemic Issues

Issue	Affected Activity	Impact	Possible Resolution(s)
Third-party code sets used in place of industry standard	PSV, measure validation	Cannot be utilized for measure calculation or for PSV	Configure EHR to send industry standard code sets
Custom mapping of data from practice EHRs to the QRS	PSV, measure validation	Not scalable to all practices/AEs because it is too time consuming to develop and maintain	Standardize CCD / flat file data requirements where possible, custom clinic / EHR / measure requirements managed using a supplementary flat file

Next Steps

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Next Steps

Next Meeting: June 15th from 1-2pm

- Review straw model proposal for how to address current systemic challenges and next steps for implementing potential resolutions
- Develop standard data specifications based on file format (i.e., CCD, flat file)
- Identify new opportunities and best practices for data transmission

Appendix

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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

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?

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 *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	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