ECDE Subgroup

July 19, 2023

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Agenda

1. Recap of June 15, 2023 Meeting
2. Objectives for Today's Meeting
3. QRS Data Requirements Model
    - EHR Data Sharing and Export Capabilities
    - Cures Act
4. Discuss Possible Directions for QRS Data Requirements Model
5. Next Steps

Recap of June 15th Meeting

- PSV
  - Tricia Stewart reviewed the purpose and process for conducting PSV and shared PSV documentation requirements.
  - Tricia indicated that IMAT could conduct PSV on a year-round basis, but provider offices have been non-responsive to requests.
  - The Subgroup discussed opportunities to conduct year-round PSV and associated corrective actions (e.g., video calls, developing a PSV Standard Operating Procedure).
- IMAT Element Request List
  - Tricia Stewart discussed the current list of required data elements as part of IMAT's onboarding process and highlighted specific elements that are targeted for improvement or inclusion.
  - Tricia asked Subgroup members to review the data element request list and encouraged individuals to contact IMAT with any questions and suggestions.

Review ECDE Subgroup Meeting Objectives

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Meeting Objectives

1. Discuss the need and opportunities for a revised QRS Data Requirements Model
2. Share technical and regulatory requirements that impact QRS data completeness
3. Review the current IMAT data extraction requirements
4. Gain the Subgroup's input for improving the QRS Data Requirements Model

QRS Data Requirements Model

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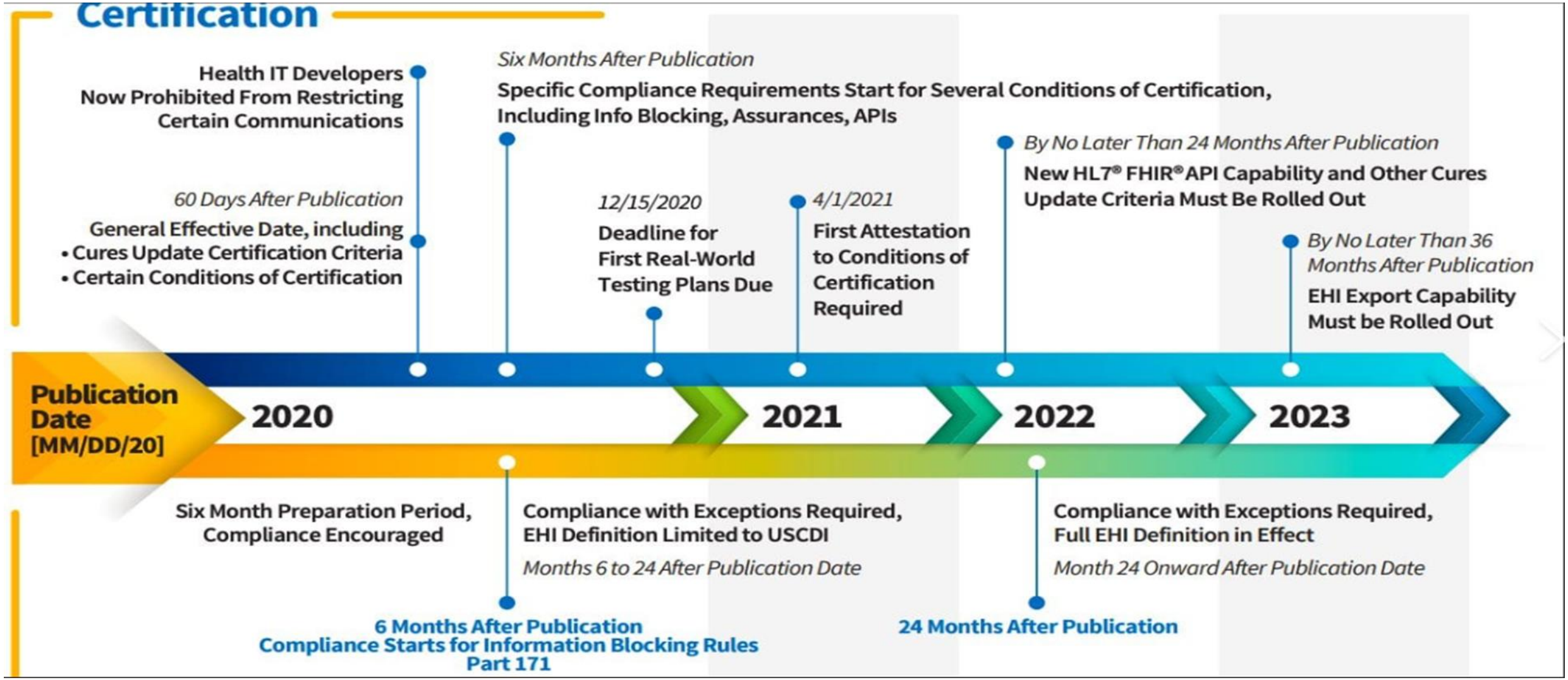
EHR Data Sharing and Export Capabilities – Background

- Prior to 2015
  - Most EHRs had rudimentary capabilities to share data. Specifically, EHR vendors:
    - Concentrated on sharing data within their EHR networks
    - Often used unique, proprietary codes
    - Had custom interfaces normally used for data transfer
- 2015-2017 Meaningful Use (Stage 2 Modified, Stage 3)
  - Required the exchange of Summary of Care Record between different EHRs
  - Required EHRs to be certified as to their ability to export a Clinical Summary Document and a Transition of Care Document using HL7, C-CDA
  - Resulted in an increase in the threshold of patients provided with summary data between 2017–2020
- 2020 Cures Act – Final Rule
  - Major objectives include preventing information blocking and improving interoperability
  - By 2023, all stakeholders (e.g., patients, providers, payers) should be able to share all EHI (including unstructured data)

2020 Cures Act – Final Rule



Why Is This Important to the ECDE Subgroup?

- In the 4 years that the QRS has been active in RI, the “EHI World” has changed.
  - EHR vendors have complied with the Cures Act Final Rule by:
    - Meeting revised EHR certification requirements, including USCDI v1
    - Implementing HL7 FHIR API capability
  - Electronic Clinical Quality Measures and their stewards (e.g., CMS, NCQA) have become more complex and highly specified and are designed to run on standard code-sets.
  - Stakeholders are requiring submission of patient-level information that meet defined specifications and certification requirements (e.g., UDS+, DAV).
- In future years, these trends will continue and accelerate. For 2024, ONC will significantly upgrade the EHR certification requirements to:
  - Require alignment with UDSCI v3 standards
  - Expand use of Decision Support Interventions
  - Expand patient capability to manage PHI

Discuss Possible Directions for QRS Data Requirements Model

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Current Approach and Options Moving Forward

- As we discussed during the last meeting, IMAT currently uses a Data Element Request List as part of the QRS onboarding and data validation process.
    - One challenge with this approach is there is no required code for each data element or standard file format. This leads to inconsistences across EHR vendors, which in turn creates more work for practices and EOHHS as part of the data validation process.
- RI, however, may be able to leverage the significant national efforts over the last four years to develop a more standardized approach to QRS data validation. Specifically, we could:
    - Align the list of required data elements and required codes for the data validation process with the USCDI data standards (see USCDI matrix spreadsheet).
    - Align the data extraction format with the Cures Act CDA export.

Discussion – Possible Directions?

If RI aligns its QRS efforts with the Cures Act and the USCDI standards, it will need to address the following outstanding questions. Are there additional questions we should consider as a group?

Align the list of required data elements and codes with the USCDI data standards

- Which USCDI version should we adhere to?
- In what timeframe should we consider migrating to USCDI for data validation purposes?
- What is the frequency for aligning with updated versions of USCDI standards?

Align the data extraction format with the Cures Act CDA export

- How should we address other forms of data extracts, including:
  - Supplementary flat files and
  - Bulk APIs?

Discussion – Possible Directions?

RI would also need to pursue several next steps to ensure this revised approach is feasible. Are there any additional pilot activities we should consider?

Next Steps:

1. Solicit input from IMAT on the feasibility of the revised approach as well as any plans they may have to refine the data extraction process
2. Assess the CDA export capabilities of common EHRs (e.g., content, format, ease of export)
3. Pilot the new CDA export format, which aligns with USCDI data standards, with new onboarding clinics and clinics that are migrating to new EHRs

Next Steps

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