



AUGUST 2023 ECDE SUBGROUP MEETING

Thursday, August 10, 2022 (1:00 pm – 2:00 pm)

Via Microsoft Teams

FACILITATOR: LIV KING, ADRIAN BISHOP AND KASH BASAVAPPA

AGENDA ITEM	KEY DISCUSSION POINTS	NEXT STEPS
<p>1. INTRODUCTION / RECAP OF AND NEXT STEPS FROM THE JULY MEETING</p>	<ul style="list-style-type: none"> • Liv King welcomed the group. Adrian Bishop summarized the consensus from the last meeting to align clinical data submission standards with the USCDI standards and align the data submission format with the CDA format. • Adrian Bishop shared that EOHHS proposes adopting a preferred standard for what AEs should adopt for a given performance year, as well as a minimum set of standards in case AEs' EHRs are unable to comply with the preferred standard. EOHHS requests that AEs follow up with their EHR vendors to discuss what is a feasible timeline is for making these changes. 	<ul style="list-style-type: none"> • AEs and MCOs should share any feedback on the proposed timeline for aligning with USCDI v3 with Kash by August 25th.
<p>2. DISCUSS HOW TO IMPROVE ELECTRONIC DATA COLLECTION FOR QUALITY MEASURES</p>	<p><u><i>Screening for Depression and Follow-up Plan</i></u></p> <ul style="list-style-type: none"> • Adrian Bishop summarized the current state of the <i>Screening for Depression and Follow-up Plan</i> measure, including the version of the measure included in the AE program as well as other versions of the measure in use by CMS and NCQA. Adrian summarized some of the challenges associated with capturing data for this measure, including use of non-standard data fields and/or codes to capture whether screening was performed and whether the screen was positive. • Adrian outlined EOHHS' potential future state for this measure, which includes aligning data collection and transmission with USCDI v3. In the interim, AEs can use LOINC codes to identify depression screening questions. Adrian and Deepti Kanneganti noted that these efforts will aid AEs as EOHHS phases out AE self-report for this measure and begins planning for the transition to using the NCQA measure in the future. Kash Basavappa indicated that EOHHS is moving away from using custom codes and approaches for electronic data collection and transmission. • Jonathan Hinesly said it would be interesting to learn how EMR platforms are currently storing this depression screening information. He said sometimes EMRs capture these data, but do not include the data in flat files, CCDs or other formats. Jonathan added that EMRs commonly include the PHQ-9 tool. • Dan McGuire said aligning with USCDI v3 makes sense from PCHC's perspective, but will reach out to his EMR vendor to confirm the transition is feasible. He added that PCHC is not using the proposed LOINC codes at the moment. • Deepti Kanneganti shared that EOHHS is open to creating alignment between the ECDE Subgroup and the measures used in the AE program. 	<ul style="list-style-type: none"> • AEs and MCOs should share any feedback on the proposed approach for the <i>Screening for Depression and Follow-up Plan</i> measure and <i>SDOH Screening</i> measure with Kash by August 25th. • Stacey Aguiar will share information on AE SDOH screening tools with EOHHS.

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	<p><u><i>SDOH Screening</i></u></p> <ul style="list-style-type: none"> • Adrian summarized the current state of the <i>SDOH Screening</i> measure, including the two homegrown Z codes that some AEs are using. He then shared national efforts, including the use of LOINC, SNOMED and ICD-10 Z codes as part of the USCDI v3 standards. He reviewed a crosswalk of LOINC, SNOMED and ICD-10 Z codes for the PRAPARE screening tool. • Garry Bliss shared that he dislikes the PRAPARE tool because it includes several questions at the beginning that could offend patients (e.g., income) before asking narrowly defined SDOH-focused questions. Adrian said he referred to the tool mostly to demonstrate how to approach coding and documentation for a given SDOH screening tool. • Liv said the current EOHHS measure specifies use of given domains, rather than use of a specific tool. She said EOHHS is trying to standardize how AEs report on screening outcomes, rather than how to ask questions for a given domain. Deepti noted that CMS' <i>Addressing Social Needs</i> measure follows a similar approach where providers are required to use validated screening instruments, which is evaluated based on whether there are LOINC codes associated with a given screening question. Providers have the flexibility to pick and choose specific questions from different tools to create their own screening tool, so long as the questions are validated. • Dan McGuire confirmed with Adrian and Liv that EOHHS aims to create alignment around what types of questions AEs ask and what data AEs receive. • Garry Bliss said he conceptually liked CMS' approach because it allows AEs to customize their screening tools but generate common results. He asked if EOHHS is moving towards this approach as well. <ul style="list-style-type: none"> ○ Liv agreed with Garry, noting that in behavioral health, providers often pick and choose who asks which questions (e.g., clinicians vs. front staff) based on what works best clinically. ○ Garry added that it's important that the proposed solution works across payers and added that Prospect has had better success with SDOH screening when it screens all patients. ○ Liv said moving towards USCDI would create alignment across payers because they use a standard set of codes across payers, whereas the current homegrown codes will not have the same meaning for non-Medicaid payers. Adrian agreed and noted that CMS is also requiring alignment with USCDI for Medicare Advantage plans. • Adrian shared that EOHHS proposes aligning with USCDI v3 standards for SDOH screening as well. He acknowledged that this change would take time. Deepti said AEs can share feedback on this proposal following today's meeting. • Stacey Aguiar offered to share a list of the screening tools/approaches that different AEs were using back in 2020 with EOHHS. 	
<p>3. IDENTIFY POSSIBLE CLAIMS MEASURES TO SUPPORT IN THE QRS</p>	<ul style="list-style-type: none"> • Liv King said the initial scope of the QRS was to improve transparency for AEs on measures where it's hard to collect data. She said this goal shifted a little as the electronic clinical data measurement landscape changed rapidly. She noted that EOHHS is interested in identifying possible claims-based measures to include in the QRS and gaps in care reports. Some potential measures could include cancer screening measures and/or immunization measures. 	<ul style="list-style-type: none"> • AEs and MCOs should share any feedback on which measures to program into the

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	<ul style="list-style-type: none"> • Dan McGuire said it would be helpful to have a flu vaccination measure, given the number of people who could administer a flu shot. <ul style="list-style-type: none"> ○ Liv said this measure could pull numerator information from the RIDOH immunization registry and the denominator from the AE patient registry. • Liv asked if it would be helpful to include a diabetes eye exam measure as well. <ul style="list-style-type: none"> ○ Garry Bliss and Dan McGuire supported this idea. Dan added that independent optometrists are not great about using CPT II codes to document diabetic eye exam assessments. • Dan McGuire shared that it would be helpful to also have data on COVID immunizations. • Liv requested that AEs review the measure list and share which measures would be helpful to program into the QRS. 	<p>QRS with Kash by August 25th.</p>
4. NEXT STEPS	<ul style="list-style-type: none"> • The next meeting will be on Thursday, September 7th. 	