



JULY 2023 ECDE SUBGROUP MEETING

Wednesday, July 19, 2022 (11:00 am – 12:00 pm)

Via Microsoft Teams

FACILITATOR: LIV KING, ADRIAN BISHOP AND KASH BASAVAPPA

AGENDA ITEM	KEY DISCUSSION POINTS	NEXT STEPS
1. INTRODUCTION	<ul style="list-style-type: none"> Adrian Bishop welcomed the group and reviewed the meeting agenda. He summarized the discussion from the June 15, 2023 meeting and described the objectives for today’s meeting. 	
2. QRS DATA REQUIREMENTS MODEL	<ul style="list-style-type: none"> Adrian explained that prior to 2015, most EHRs had rudimentary data sharing capabilities. The implementation of Meaningful Use in 2015-2017, followed by the Cures Act in 2020, introduced standards to improve data sharing and interoperability as well as prevent information blocking. Adrian added that the Cures Act established new EHR certification requirements and broadened use of eCQMs. Adrian explained how the USCDI standards have evolved over the last three versions. EHR vendors in Rhode Island are currently meeting USCDI v1. Adrian then reviewed the IMAT data element request list and noted that several of the elements overlap with the USCDI requirements. 	
3. DISCUSS POSSIBLE DIRECTIONS FOR QRS DATA REQUIREMENTS MODEL	<ul style="list-style-type: none"> Adrian outlined two possible directions forward to align QRS efforts with the Cures Act and USCDI standards, including to align the list of required data elements and codes with the list of USCDI standards and to align the data extraction format with the Cures Act CDA export. He outlined several questions for the Subgroup to consider. Mark Marinello agreed with the emphasis and prioritization of data quality standardization. He added that his preference was to align with any standard. Mark expressed concern with how to identify the population and cohorts that will be shared with IMAT. <ul style="list-style-type: none"> Tricia Stewart commented that IMAT has been receiving more measure-specific populations for Coastal, whereas other systems may not be setting these limitations. Liv King said that EOHHS cannot make these decisions for organizations. EOHHS issued a formal letter in 2020 with recommendations, which MCOs signed, but it will not implement a requirement at this time. Organizations, however, still chose what data they wished to share with the QRS. Liv explained that EOHHS is trying to develop more concrete recommendations by aligning with USCDI. Stacey Aguiar noted that one issue with only sending measure-level data is that it may exclude select members that should be part of the denominator but are not flagged with a retrospective lookback. Tricia noted there were concerns in 2020 around sharing sensitive data (e.g., substance use). Liv explained that EOHHS has the capability to receive and store sensitive data in a way that limits who can access these data. 	<ul style="list-style-type: none"> EOHHS will share the 2020 letter around what data to share with the QRS.

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	<ul style="list-style-type: none"> • Leigh Nyahe asked which USCDI versions AEs would use for data transmissions and whether there would be an increase in fees for practices to update to those versions. <ul style="list-style-type: none"> ○ Liv King said EHR vendors are held to a federal timeline for when they need to be compliant with each version of USCDI. Unofficially, however, whether an individual practice has updated to the most recent version of the EHR that is in compliance varies. She noted that NextGen settled with DOJ for \$30m recently because it made false claims about being in compliance with several ONC-required features. Liv added that over time there may be some cost to practices to stay up-to-date, but there are many reasons to do so, including increasing pressure from other programs to maintain current USCDI standards. She said this is one reason why EOHHS is asking for feedback on the timeline for moving to USCDI and aligning with updated USCDI versions. ○ Jonathan Hinesly said many EHR vendors are migrating to the 12/31/22 USCDI standards. He said there are some vendors that haven't migrated to version 1. Jonathan noted that there are HEDIS measures that IMAT cannot be compliant with without adhering to USCDI v3 standards, which includes more health equity and SDOH-focused standards. • Jonathan Hinesly advocated for moving away from supplemental flat files. He said API bundles are ideal, but CCDs are what are currently being used for patient treatment and quality measurement. He said EHR vendors are adhering to USCDI v1 standards, but are sprinkling in components of the v2 and v3 standards to ensure that providers are receiving the required data fields. • Liv King noted that if the Subgroup agrees with aligning with USCDI standards, it will change how RI implements the <i>SDOH Screening</i> measure. For example, there may be a case to align with USCDI's guidance for how to capture SDOH screening data rather than using homegrown S codes. • Jonathan Hinesly advocated for migrating to v3 as soon as possible because it is in CMS' proposed rule. He said this would also help payers understand where data live before payers ingest data into their HEDIS engines. <ul style="list-style-type: none"> ○ Kash Basavappa said the timeline for adhering to USCDI depends on how quickly EHR vendors can migrate to newer USCDI versions. He acknowledged that moving away from supplementary flat files will take time. ○ Jonathan Hinesly said this comes down to education and ensuring the same information is being shared from payers to providers. He said flat files exclude key information from written clinician notes, which include important information required for quality improvement programs. ○ Joseph Carnevale indicated in the chat the need to start somewhere, as well as the time, effort and cost involved in moving to a new process. • Adrian Bishop outlined some potential next steps to prove proof of concept, including potential pilots and areas for future research. <ul style="list-style-type: none"> ○ Tricia Stewart noted several potential testing opportunities, including some additional Prospect practice sites that will be onboarded in the near future as well as PCHC's and Coastal's migration to Epic. • Liv King shared that she met with someone from IMAT about reaching out to individual EHR vendors with significant volume in RI (e.g., Epic, NextGen, Athena, eCW) to support providers in this effort. She re- 	

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	<p>emphasized EOHHS’ desire to standardize data collection and sharing, and the benefits of having united support across EOHHS and providers when speaking with EHR vendors. Liv added that there could be a minimum threshold in place for these standards, similar to the 1,000 attributed lives threshold for the phase-out of AE self-report requirement that EOHHS has in place.</p> <ul style="list-style-type: none"> • Liv King indicated that EOHHS wants to be thoughtful around the timeline for making this change and requested that provider organizations begin discussing the level of effort required for making this change with EHR vendors. She noted that EOHHS would find these data points to be helpful to ensure it is not setting any unrealistic timelines. • Joe Carnevale said it would be helpful to have an inventory of participants on the Subgroup as well as the status of moving to the new standards (e.g., Are they having discussions with their organizations? Are they already moving to this new standard?) He said these data can help assess how well providers can generate the required data for specific measure approaches. • Liv King said it would be helpful to gather more information from provider organizations on the effort required to move to USCDI v3. She noted that the Subgroup to date has not weighed in on whether providers are using EHRs appropriately to record data, but rather the technical details around how EHRs are configured to collect data in a standard way. She shared that CTC has a separate effort focused on helping primary care practices improve demographic data collection. 	
4. NEXT STEPS	<ul style="list-style-type: none"> • The ECDE Subgroup will next meet on August 10th. 	<ul style="list-style-type: none"> •