Agenda

• Welcome

• Review of the Minutes

• 2021 Retrospective Review
  ○ Quality Reporting System (QRS) – Data Aggregation Validation (DAV) Program
  ○ Community Resource Platform (CRP) – Unite Us

• Discussion:
  ○ Moving Forward: Race and Ethnicity Data Standardization

• Next Steps and Next Meeting

• Public Comment
2021 Retrospective Review
ONC and CMS Interoperability Final Rules

https://www.healthit.gov/curesrule/
Quality Reporting System (QRS)

Data Aggregation Validation (DAV) Program
Quality Reporting System (QRS) – Current State

Clinical Sites In Production (83 Total)
- Care New England Primary Care
- Comprehensive Community Action Plan
- East Bay Community Action Program
- Thundermist Health Center
- Providence Community Health Center
- CharterCARE Medical Associates
- Blackstone Valley Community Health Center
- Coastal Medical
- Tri-County Community Health Center
- South County Health
- WellOne
- Wood River Health Services

Connected EHRs
- EPIC
- AthenaHealth
- eClinicalWorks
- Greenway
- NextGen
- Care Tracker
- Amazing Charts
- Meditech
- Intergy/Synergy/Sage

Major in-production milestones met for all Accountable Entities
DAV Certification

- NCQA’s Validator vendor is QMetrics
- DAV certification time table was as follows:

<table>
<thead>
<tr>
<th>#</th>
<th>Major Milestone</th>
<th>Week(s)</th>
<th>Start</th>
<th>End No Later Than</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Administrative Documents submitted</td>
<td>1</td>
<td>10/18/21</td>
<td>10/22/21</td>
</tr>
<tr>
<td>2</td>
<td>Kick-Off Call</td>
<td>1</td>
<td>10/18/21</td>
<td>10/22/21</td>
</tr>
<tr>
<td>3</td>
<td>PSV Training completed</td>
<td>1-5</td>
<td>10/18/21</td>
<td>11/19/21</td>
</tr>
<tr>
<td>4</td>
<td>Data Submission Log (DSL) completed</td>
<td>1-5</td>
<td>10/18/21</td>
<td>11/19/21</td>
</tr>
<tr>
<td>5</td>
<td>Validation Assessment Tool (VAT) and Document Request List (DRL) submitted</td>
<td>1-6</td>
<td>10/18/21</td>
<td>11/26/21</td>
</tr>
<tr>
<td>6</td>
<td>Virtual Review</td>
<td>4-12</td>
<td>11/08/21</td>
<td>01/07/22</td>
</tr>
<tr>
<td>7</td>
<td>PSV Cases submitted</td>
<td>6-12</td>
<td>11/22/21</td>
<td>01/07/22</td>
</tr>
<tr>
<td>8</td>
<td>Follow-Up PSV Information submitted</td>
<td>7-16</td>
<td>11/29/21</td>
<td>02/04/22</td>
</tr>
<tr>
<td>9</td>
<td>Final Report &amp; Validation status from NCQA</td>
<td>18</td>
<td>02/14/22</td>
<td>02/18/22</td>
</tr>
</tbody>
</table>
Critical Data Elements

Ingestion Site & EHR
- Determines Primary Cluster Grouping

Care Setting
- Refines Cluster Grouping

Visit Type
- Drives Required Critical Elements

PSV Case Required Critical Elements
- One Way Review: Output CCD -> Primary Source

Critical Elements – All Cases
- Patient Name
- Patient DOB
- Provider
- Facility Name/QID
- Date of Service

Critical Elements – Visit Type Dependent
- Procedure Code(s) / Description
- Diagnosis Code(s) / Description
- Time of Service
- Admission Date
- Discharge Date
- Blood Pressure
- Lab Test
- Lab Result
- Height
- Weight
- BMI
- Immunization Code / Description
- Eye Care Test(s) & Result(s)
- Functional Status
- Other Critical Elements
Case Selection for PSV

- Case criteria:
  - Specific to ingestion site (cluster is comprised of multiple ingestion sites)
  - Anchor date
  - Record start number is the number of records to start "looking" after the anchor
  - Then take three records and pick the single most robust record; if robust record is not found, look at next three
  - Robust record contains critical data elements from previous table

V-PSV Example:

The validator may identify for cluster 1, the **Anchor Date of Feb. 21st** and **Sample Record Start Count of 47**. For each ingestion site with assigned cases, the organization should search their data files for records received from the ingestion site for the first record received on or after Feb 21st, then move forward (chronologically later) **47** records and select the next three records (records 48, 49, & 50) for potential PSV submission.
### PSV Documentation

#### Documentation Guidelines

<table>
<thead>
<tr>
<th>Purpose</th>
<th>EHR</th>
<th>Output CCD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source of truth/original source for data validation</strong></td>
<td>The demonstration of the data from the Input/EMR is ingested into the organization’s systems via Outbound CCD.</td>
<td></td>
</tr>
</tbody>
</table>

#### Required Format

- **Screenshots OR EHR Printed Documents in PDF from the Ingestion Site**
- **XML & Conforming to NCOA Implementation Guide**

#### Required Data within Documentation

<table>
<thead>
<tr>
<th>Required Data within Documentation</th>
<th>EHR</th>
<th>Output CCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name &amp; DOB (should match across all documents, if not see below)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Facility Name (should match IGS, if not see below)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Signature Page of the Encounter/Procedure Report</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Target DOS</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>All applicable Critical Data Elements based on the Visit Type</td>
<td>Yes, refer to the tables in Case Selection Table for guidance by Visit type</td>
<td>Yes</td>
</tr>
</tbody>
</table>
DAV Lessons Learned

• Move annual DAV recertification to August cohort instead of October.
• Q Metrics recommended separating lab data into their own clusters.
  • Lab clusters should be easier next time.
  • Propose a volume threshold, so there aren't low-volume lab clusters.
• Identify PSV point of contact for each AE and provide training in advance.
• Determine case selection and preparation earlier.
• Establish process to monitor ongoing data gaps in CCD output and create reports.
Role of the HIT Steering Committee

What role do you see the committee playing in the Race and Ethnicity Data Standardization initiative?

A. Educational series with additional guest speakers
B. Convene a sub-committee working group
C. Produce a set of formal recommendations for voluntary alignment
D. Establish a consensus on key opportunities that could be communicated to state and federal partners
E. Something else (please describe in the chat)
F. No role
NEXT STEPS for the
HIT STEERING COMMITTEE

Next Meeting:  March 17th at 4:00 pm