

Rhode Island HIT Steering Committee

February 17, 2021

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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

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ONC and CMS Interoperability Final Rules

<https://www.healthit.gov/curesrule/>

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Quality Reporting System (QRS)

Data Aggregation Validation (DAV) Program

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Quality Reporting System (QRS) – Current State

Clinical Sites In Production (83 Total)

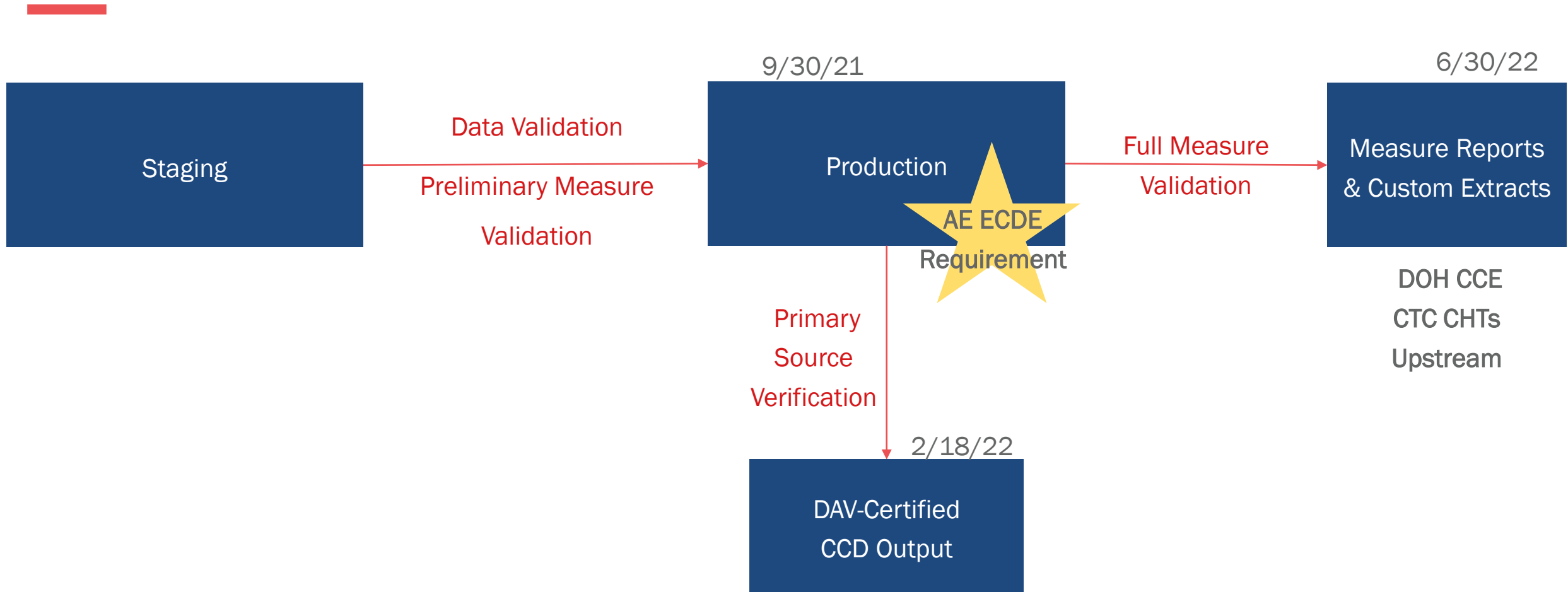
- Care New England Primary Care
- Comprehensive Community Action Plan
- East Bay Community Action Program
- Thundermist Health Center
- Providence Community Health Center
- CharterCARE Medical Associates
- Blackstone Valley Community Health Center
- Coastal Medical
- Tri-County Community Health Center
- South County Health
- WellOne
- Wood River Health Services

Major in-production milestones met for all Accountable Entities

Connected EHRs

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

Onboarding Flowchart

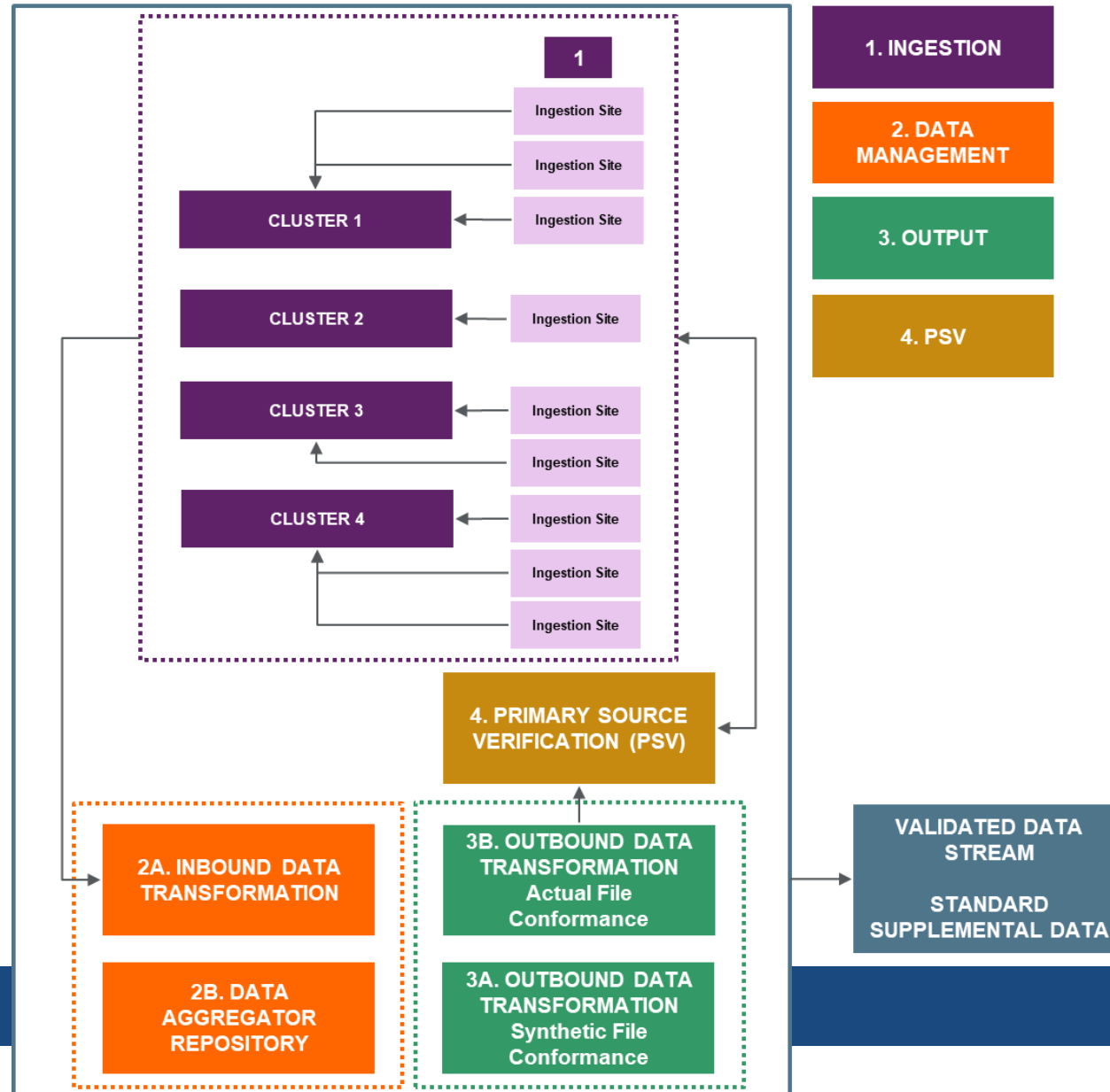


DAV Certification

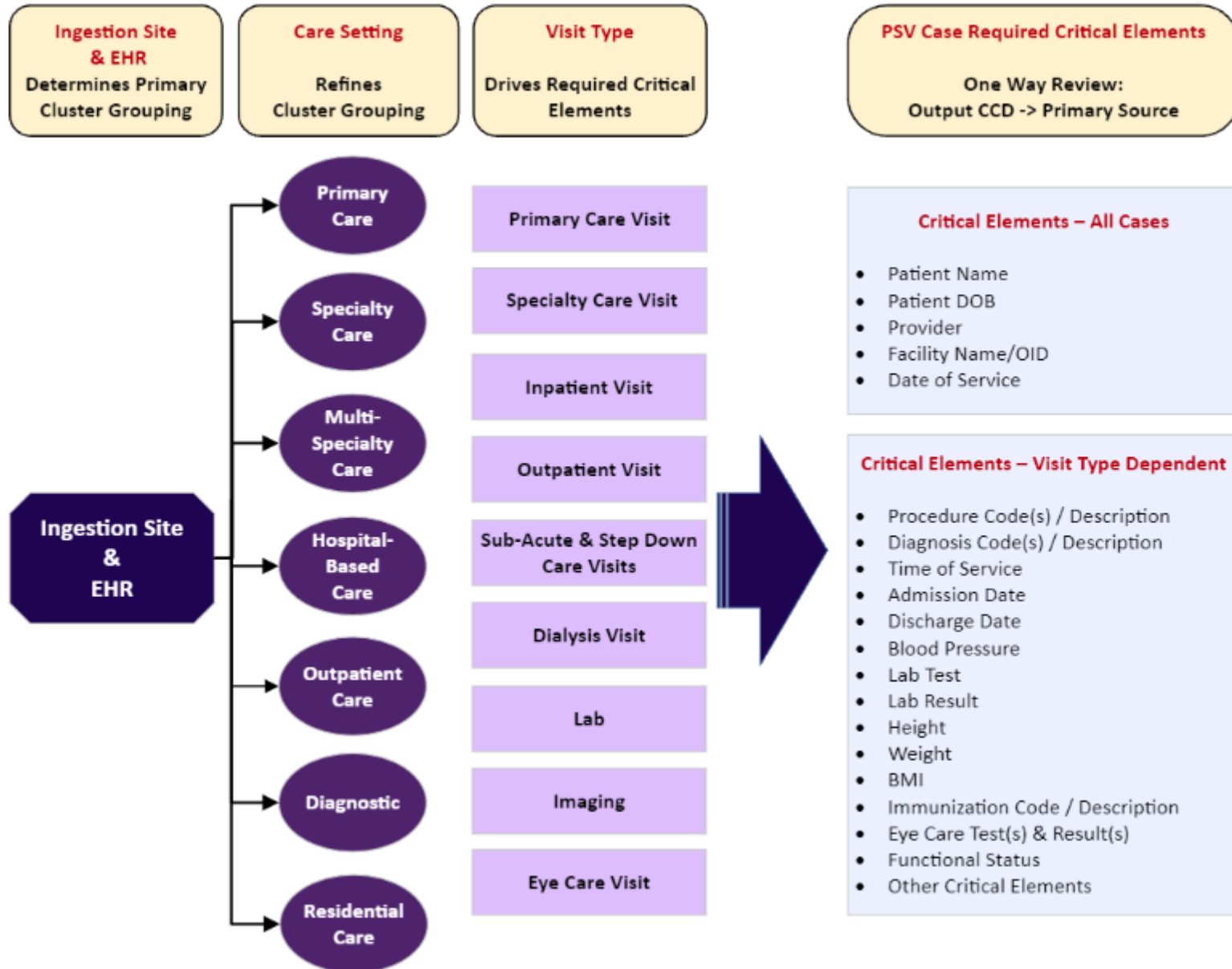
- NCQA's Validator vendor is QMetrics
- DAV certification time table was as follows:

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

DAV STREAM FLOW



Critical Data 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	Documentation Type	
	EHR	Output CCD
Purpose	Source of truth / original source for data validation	The demonstration of the data from the Input/EMR is ingested into the organization's systems via Outbound CCD.
Required Format	Screenshots OR EHR Printed Documents in PDF from the Ingestion Site	XML & Conforming to NCQA Implementation Guide
Required Data within Documentation		
Patient Name & DOB (should match across all documents, if not see below)	Yes	Yes
Facility Name (should match IGS, if not see below)	Yes	Yes
Provider Name	Yes	Yes
Signature Page of the Encounter/Procedure Report	Yes	No
Target DOS	Yes	Yes
All applicable Critical Data Elements based on the Visit Type	Yes, refer to the tables in Case Selection Table for guidance by Visit type	

- EHR screenshots or printed pdf documents must be legible up to 200% zoomed
- Each screenshot or pdf must include patient name, DOB, provider name, ingestion site or facility name, and date and time of service
- Do not delete or omit any section of the encounter report

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.

Community Resource Platform



Unite Us

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Moving Forward: Race and Ethnicity Data Standardization

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

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Appendix

