Quality Reporting System Data Submission Standards

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Background

- EOHHS is phasing out AE self-report for measures that require clinical data. This means that AE performance for measures in the AE Common Measure Slate will only be calculated using data that can be transmitted electronically.
- For some measures (e.g., *Developmental Screening in the First Three Years of Life*), this is relatively straightforward. For other measures, notably *Screening for Depression and Follow-up Plan* and *SDOH Screening*, this is much more complicated.

Future Approach

- Moving forward, EOHHS will adopt the following approach to data collection and transmission:
  - A **preferred standard** for what AEs should adopt for a given performance year (e.g., USCDI v3).
  - A **minimum set of standards** in case AEs' EHRs are unable to comply with the preferred standard (e.g., USCDI v1). In this circumstance, AEs would be required to provide additional data elements that are required for calculating the QRS Supported Measures in a supplemental flat file.
- EOHHS and IMAT engage in an annual update process for the QRS Supported Measures list and invite feedback from participating providers and payers each year.
  - Not all AE measures are suitable for the QRS.
  - The minimum required data set can be annually updated alongside the Supported Measures list to ensure it is up-to-date year over year.

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 the end of 2023, all stakeholders (e.g., patients, providers, payers) should be able to share all EHI (including unstructured data)

Why Is This Important to the QRS?

- 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

ONC Certification Overview

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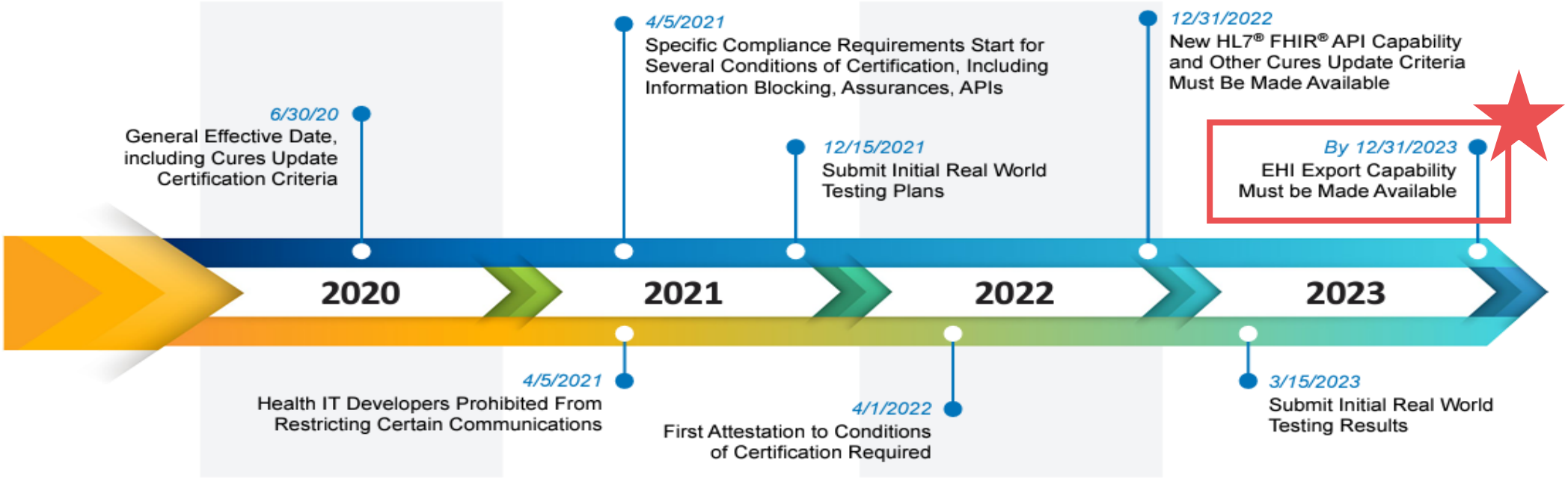
The Office of the National Coordinator for Health Information Technology

New Compliance Dates included in ONC Interim Final Rule

Information Blocking and the ONC Health IT Certification Program:
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

Certification



EHI = Electronic Health Information USCDI = United States Core Data for Interoperability

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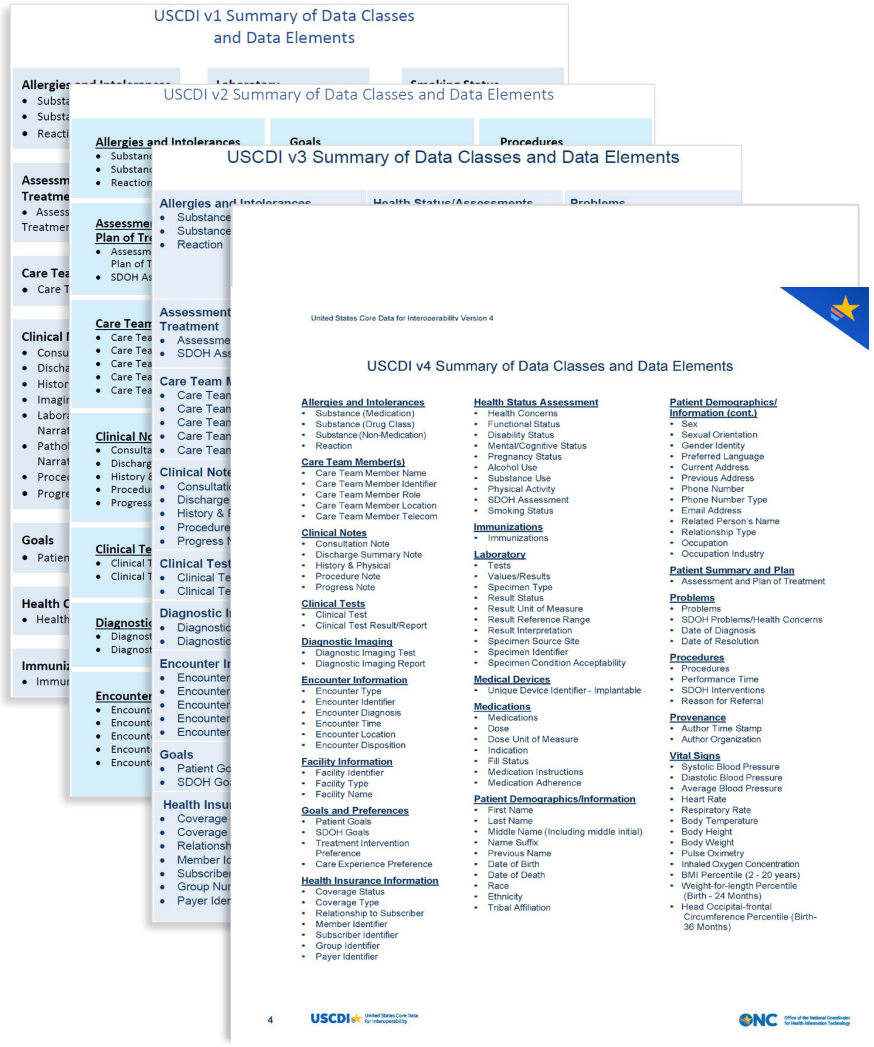
USCDI Version Highlights

- USCDI v1 is required by Cures Act Final Rule. It includes data classes, clinical notes and provenance, and specific data elements (e.g., pediatric vital signs and address).
- USCDI v2 added three data classes and 22 data elements in support of advancing health equity (i.e., SOGI and SDOH).
- USCDI v3 added 24 data elements focused on factors promoting equity, reducing disparities and supporting public health data interoperability.
    - Proposed as new required version in Health Data, Technology, and Interoperability 1, as the new baseline standard within the ONC Health IT Certification Program (Certification Program) with an effective date of December 31, 2025.
- USCDI v4 added data elements focused on alcohol and substance use assessments, physical activity, treatment intervention, care experience, preferences, and medication adherence.



Timeline for Aligning with USCDI Standards

Adopt a preferred standard for what AEs should use for a given performance year and a minimum set of standards in case AEs' EHRs are unable to comply with the preferred standard.

- EOHHS received minimal feedback on the timeline for adopting this approach, which indicated that **two years** is a reasonable timeline to comply with USCDI V3.
- EOHHS developed the following timeline for aligning with USCDI standards.

AE Compliance Date	Preferred Standard	Minimum Standard	Vendor Compliance Date for Preferred Standard (per ONC)
July 1, 2025	USCDI V3	USCDI V1 with a supplemental flat file	December 31, 2025
July 1, 2027	USCDI V5 (TBD)	USCDI V3	December 31, 2026 (TBD)

Implementation Considerations

- This approach is **applicable for all practices that meet the requirement for phasing out use of AE self-report for the AE quality program** (i.e., all primary care practices in non-network-based AEs and for primary care practices in network-based AEs with at least 1,000 attributed patients across MCOs).
- The **AE compliance date is always the following year after the vendor is required to comply with the preferred USCDI standard** (per ONC). Because of this additional time, EOHHS is confident that EHR vendors should be able to meet the July 1, 2025 AE compliance date for aligning with USCDI V3. However:
  - AEs may use the minimum standards for data transmission for the compliance year if EHR vendors are experiencing difficulties meeting the timeline for the preferred standard.
  - AEs should notify EOHHS if their EHR is unable to meet the timeline ASAP so that EOHHS can help triage similar issues across AEs.
  - EOHHS recommends providers discuss these requirements with EHR vendors regularly.