

June 28, 2023

Center for Outcomes Research and Evaluation (CORE)
Yale New Haven Health Services Corporation
195 Church Street, Fifth Floor
New Haven, CT 06510

Greetings,

On behalf of our 30 member companies, the HIMSS Electronic Health Record (EHR) Association appreciates the opportunity to provide feedback on the Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM).

As a national trade association of EHR developers, EHR Association member companies serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology.

We support the creation of an eCQM to better fulfill the unmet needs of patients through improved screening and coordination with local and community-based resources. We do, however, have questions and concerns regarding the proposed measure – including the proposed measure scoring. Our specific comments follow.

Sincerely,



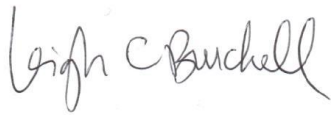
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Foothold Technology



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AdvancedMD	CureMD	Experity	MEDITECH, Inc.	Oracle Cerner
Allscripts	eClinicalWorks	Flatiron Health	Modernizing Medicine	PointClickCare
Altera Digital Health	Elekta	Foothold Technology	Netsmart	Sevocity
Athenahealth	eMDs – CompuGroup Medical	Greenway Health	Nextech	STI Computer Services
BestNotes	EndoSoft	MatrixCare	NextGen Healthcare	TenEleven Group
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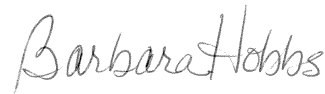
Leigh Burchell
Altera Digital Health



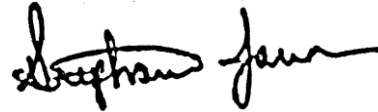
Cherie Holmes-Henry
NextGen Healthcare



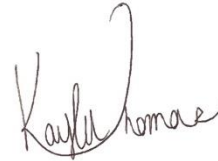
Ida Mantashi
Modernizing Medicine



Barbara Hobbs
MEDITECH, Inc.



Stephanie Jamison
Greenway Health



Kayla Thomas
Oracle Cerner

Established in 2004, the Electronic Health Record (EHR) Association is comprised of 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.

Electronic Health Record Association

Comments on the Addressing Social Needs (ASN) Electronic Clinical Quality Measure (eCQM)

ASN eCQM Domains

The domains included in the proposed ASN measure present discrepancies with other social measures hospitals are required to report – including the Joint Commission accreditation standards and CMS’s Inpatient Hospital Reporting (IQR) Program. The EHR Association encourages alignment wherever possible to reduce the burden of re-writing similar measures for each reporting group.

To achieve consistency with the existing IQR Program Social Determinants of Health measures currently deployed – SDOH-1 and SDOH-2 – the EHR Association recommends that Yale include the Interpersonal Safety domain. While it may be at times challenging to capture, we believe there is value in screening – value which CMS clearly identified when originally including this domain in IQR. The framework to capture Interpersonal Safety has been developed and there is no reason to go backward.

If CMS were to instead remove Interpersonal Safety from SDOH-1 and SDOH-2 to create cohesion and consistency in measurement, the EHR Association urges that timelines align with development cycles so that developers are not expected to make changes mid-year.

Preferred Nomenclature for Measurement

The EHR Association supports the inclusion of the Gravity Project-vetted LOINC and Z-Codes. Generally, we would support nomenclature usage as long as these codes are vetted and available in the Value Set Authority Center (VSAC) repository.

Encounter-based Measure

The EHR Association supports the ASN eCQM’s eligible admissions/discharges measurement over the patient-based measurement that the current SDOH measure is using. We find that screening per admission is more meaningful, as statuses can change over the course of the reporting year.

Denominator Population

The ASN eCQM defines the denominator (target population) as patients of all ages who are discharged from an acute care hospital or critical access hospital (CAH) during the measurement period. However, many of the screening instruments are not designed or tested for pediatric care. As such, the EHR Association suggests limiting the target population to patients 18.

Qualifying Screening Instruments for Each Domain

The EHR Association appreciates the flexibility of multiple screening tool options, but we caution that too many screening instruments can create added complexity. More tools create additional burden for hospitals and EHR developers to license and implement and for EHR developers to incorporate the data into their software.

Further, we strongly urge that once these screening tools are determined, it is crucial that they are not frequently changed, as coding and implementing new or different instruments creates an additional cascade of challenges.

Yale indicates that the instrument should be written in the preferred written language of the patient. The EHR Association agrees that this is desirable, but recommends some leniency should be given in this area, as it is not reasonable to expect all instruments to be available in all languages. In many cases, this information will be collected from the patient via paper as opposed to a digital device. Additionally, in-person interpreters can be used when necessary.

Proposed Scoring for ASN Measure

The EHR Association is concerned with the current point system for the ASN eCQM, as the points do not necessarily reflect the information the measure seeks to gather, and lacks an opportunity to mine granular data. We note that the scoring proposed in the ASN eCQM is not currently used in any existing eCQM. Upon moving to FHIR-based eCQMs, the capture of raw data will ultimately increase the diverse analytic uses of measurement data.

The grouped scoring as proposed allows for significantly uneven representation with limited insights. A hospital could have fewer patients with high scores and many patients with low scores and they would balance out. Or if one hospital has a high incidence of Food Insecurity and another has a high score for Housing Insecurity but they both have an average score of 20, it is impossible to know how they are performing in each domain.

To achieve greater nuance, we recommend that Yale consider adopting a methodology more similar to a standard eCQM measurement in which granular data helps to understand the nuance of a given population. eCQMs have proven to be very good at mining data and putting forth meaningful scores when the measures are written with the appropriate numerators, denominators, exclusions, and exceptions.

We recommend Yale consider a standard denominator and numerator style measure. This scoring method provides more precise screening and is familiar to developers and hospitals. The measures should include stratifications for each domain. Similar to the SDOH-1 (screened), SDOH-2 (screened positive), and a potential SDOH-3 (screened positive and followed up).

Example:

Measure 1 - Patients who are screened for ASN

- Denominator = total patients admitted (exclusion: patients who died or were transferred to another facility)(exception: patients who declined to screen)
- Numerator = patients who screened or have existing Z code identifying need

Measure 2

- Denominator = patients who were screened or have an existing Z code identifying need
- Numerator 1 = patients who screened positive

- Numerator 2 = patients not screened but have existing z code

Measure 3

- Denominator = patients in Numerator 1 and Numerator 2 (exception: for patients who declined follow-up)
- Numerator = patients who accepted follow up

These three measures broken down into denominators, numerators, exclusions, and exceptions would provide more meaningful data and evaluation of patient status and outcomes.

Exclusions: Services Unavailable

In communities that lack services to meet the qualifying follow-up needs of any given social domain, the EHR Association recommends an exception to prevent penalties to hospitals and providers who cannot offer what does not exist.

Exclusions: Screening Declined

Based on the current scoring, a hospital with a high-needs population and a large number of people who are not comfortable answering a screening question or have multiple encounters at which they refused to answer, would not have a score that accurately reflects the population it serves or the support it offers. The EHR Association recommends the measure include exceptions for refusal to answer. That exception could be used to indicate the frequency with which screening is not occurring.

Exclusions: Discharged Against Medical Advice

The EHR Association understands the need to avoid penalizing providers when patients are unwilling to participate in screening. However, we also feel that this exclusion may miss opportunities to include patients who were screened, and perhaps were willing to take information or services to assist them when discharged home even if they did not wish to stay in the hospital as advised. Patients unwilling to be screened could meet an exception for the measure thereby not penalizing the hospital while still allowing discharged AMA patients who did complete screening to be counted in the measure.