

NQF Report Makes Five Recommendations to Leverage Electronic Health Records (EHRs) to Measure, Improve Care Coordination

EHR-sourced measurement critical to improving healthcare quality by enhancing care communication and care coordination across healthcare settings

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Dana Gelb Safran, ScD, President & CEO, NQF today by the National Quality Forum (NQF) offers five recommendations for using Electronic Health Records (EHRs) to effectively facilitate, measure, and improve care communication and care coordination across multiple healthcare settings. Patients commonly interact with numerous providers in multiple healthcare systems and settings, resulting in medical information spread across various, often disconnected, sources. Efficiently communicating this information between patients, caregivers, clinicians, case managers, and other stakeholders would enable care teams to better coordinate different aspects of care and ensure they are aligned with patient goals.

"Fragmentation in healthcare is one of the most commonly cited frustrations among patients, and yet measuring and improving coordination and communication across care settings has remained largely intractable," said Dana Gelb Safran, ScD, President & CEO, NQF. "EHRs hold enormous promise for solving both the technical challenges of communication and coordination across settings, and the measurement challenges related to these critical dimensions of quality."

With funding from the Centers for Medicare & Medicaid Services (CMS), NQF convened a multistakeholder Committee to identify opportunities to measure and improve care communication and care coordination using EHRs. NQF's new report, Leveraging Electronic Health Record (EHR)-Sourced Measures to Improve Care Communication and Coordination, outlines the following five recommendations to make EHRs more useful in measuring and identifying areas for improvement:

- Collect and share standardized data
- Optimize EHR usability for patients and caregivers
- Optimize EHR usability for clinicians
- Develop novel EHR data elements to improve measurement
- Leverage EHR data to fill measurement gaps

The recommendations also are intended to promote greater accountability. Better use of EHR-sourced data is critical to measure and improve the quality of care in general, and also essential to promoting equitable health outcomes. Gaps in care communication and care coordination are more likely to negatively impact patients disproportionately affected by social determinants of health (SDOH) factors, such as food or housing insecurity, increasing their risk of worse outcomes.

Interoperability—the ability to share information within and between healthcare facilities and

Leveraging Electronic Health Record (EHR)-Sourced Measures to Improve Care Communication and Coordination

Shortened Final Recommendations Report SEPTEMBER 19, 2022

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Leveraging EHR-Sourced Measures to Improve Care Communication and Coordination

settings—is a cornerstone of care communication and care coordination. Since different health systems may be at different stages of achieving full interoperability and have different levels of technical functionality, the report outlines recommended actions that can be taken by organizations at different EHR maturity levels. It goes on to explore new measurement opportunities such as creating new standardized data elements that can be incorporated into EHRs, and gathering more data directly from patients. It also identifies high-priority EHR-based measures to be developed.

Two versions of the report are available. A <u>longer</u>, <u>more technical Final Recommendations</u> <u>Report</u> providing extensive detail about the recommendations is designed for measure developers, EHR vendors, healthcare providers, and other quality measurement stakeholders. A <u>shorter version</u> intended for changemakers, policy and legislative professionals, clinicians, patient advocates, and members of the public is also available.

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improvement strategies that lead to better outcomes and greater value. Learn more at www.qualityforum.org.

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