Electronic Clinical Data Systems Reporting (ECDS)

Digital Measure Reporting

> Over the next several years, CMS and NCQA will transition all HEDIS® quality measure reporting to digital formats. While current, traditional quality measure reporting methods include claims data processing, supplemental data imports, and medical record review, reporting quality measures in a digital format will help streamline reporting by improving data aggregation and standardizing reporting methods.
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> Electronic Clinical Data Systems (ECDS), a method of reporting digital quality measures, is the newest HEDIS® reporting method. The new ECDS reporting standard represents a step forward in adapting HEDIS® to accommodate the expansive information available in electronic clinical data sets used for patient care and quality improvement.
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> *Continue reading for more information about types of ECDS data, reporting requirements and measures required for reporting.*

What are Electronic Clinical Data Systems?

Electronic Clinical Data Systems (ECDS) are the coordination of data networks that contain a plan member's personal health information and records of their experiences within the health care system. The ECDS method of reporting places the member's information and experiences into a standard data file. Data in these systems are structured such that when queried, results are provided quickly and efficiently to the team responsible for the care of health plan members.

ECDS may also support other care-related activities including evidence-based decision support, quality management and outcome reporting.

What are the types of Electronic Clinical Data Systems?

1. Electronic Health Records (EHR) – EHR systems store clinically-relevant information collected directly from a patient such as medical and treatment histories as well as biometric information and clinical samples and findings (e.g., pathology and laboratory reports).
2. Health Information Exchanges (HIE) – HIEs include state HIEs, immunization information systems (IIS), public health agency systems, regional HIEs (RHIO), Patient-Centered Data Homes™ or other registries developed for research or to support quality improvement and patient safety initiatives.
3. Clinical Registries – clinical registries collect information about people with a specific disease or condition, or patients who may be willing to participate in research about a disease.
4. Case Management Systems – case management systems are shared databases that include information on member assessments, care planning, care coordination or monitoring of a member's functional status and care experience.
5. Administrative Claims Processing Systems – data from administrative claim processing systems for all services incurred during the period defined by each measures participation as well as member management files, member eligibility and enrollment files, electronic member rosters, internal audit files, and member call service databases.

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What are the data collection requirements?

To quality for ECDS reporting, data must use standard layouts, meet the measure technical specification requirements, and be accessible by the care team upon request. Each electronic data source used for ECDS reporting must have:

- Policies and procedures for establishing and maintaining database management systems.
- Standard layout requirements.
- An automated process for extraction, transformation, and loading of all data elements to the master file.

What ECDS measures are required for HEDIS® Measurement Year 2023?

- Breast Cancer Screening (BCS-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E)
- Social Need Screening and Intervention (SNS-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

ECDS quality measure documents outlining measure requirements available at healthplan.org/providers/patient-care-programs/quality-measures.

A complete NCQA approved code set list, including all traditional and ECDS HEDIS® quality measures, can be referenced in the coding guide on The Health Plan website at https://www.healthplan.org/providers/patient-care-programs/quality-measures.

For questions, please contact your practice management consultant. To identify your practice management consultant please refer to healthplan.org/providers/overview/meet-practice-management-consultant.

The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call 1.877.903.7504 and let us know what we can do to help your patient receive and adhere to your recommended plan of care.