



HIT Standards Committee Clinical Quality Workgroup and Vocabulary Task Force

Wednesday, August 17, 2011

**Jim Walker and Jamie Ferguson, Chairs
Karen Kmetik and Betsy Humphreys, Co-
Chairs**

Vocabulary Task Force

Chair: Jamie Ferguson Kaiser Permanente

Co-Chair: Betsy Humphreys National Library of Medicine

Members

Donald Bechtel Accredited Standards Organization X12

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Bob Dolin HL7

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John Halamka Harvard Medical School

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Clinical Quality Measures Workgroup

Chair: Jim Walker Geisinger Health System

Co-Chair: Karen Kmetik American Medical Association

Members

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|-------------------|--|
| David Baker | Northwestern University |
| Anne Castro | BlueCross BlueShield of South Carolina |
| Christopher Chute | Mayo Clinic |
| John Derr | Golden Living, LLC |
| Bob Dolin | HL7 |
| Floyd Eisenberg | NQF |
| Rosemary Kennedy | Thomas Jefferson University |
| David Lansky | Pacific Business Group on Health |
| Gene Nelson | Dartmouth University |
| Eva Powell | National Partnership |
| Philip Renner | Kaiser Permanente |
| Danny Rosenthal | Inova Health System |
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Aneel Advani, Indian Health Service, HHS
Patrice Holtz, CMS, HHS

Project Scope

- Assign minimum necessary vocabulary standards to the fundamental concepts in the NQF's Quality Data Model v3.0 (QDM) to enable effective expression of quality measures and interoperable electronic health record data elements

Foundation Concepts

- 1. Measures Development
 - Limit code sets used for measures.
 - Use of the code set may be limited to partial depth (e.g., a subset of ISO 639-2 for preferred language).
 - Future purpose-specific subsets of code sets will be needed.
- 2. HIT Certification
 - Certified HIT shall be able to process all legal codes in the code set for a given concept (e.g., Adverse Effect).
- 3. Meaningful Use (reimbursable)
 - Only code sets required in HIT certification shall be required for Meaningful Use reimbursement.
- 4. Interim Transition Plans
 - End state targets are recommended for measure purposes. Some transition plans will be needed, are yet to be developed and will be presented to HITSC (more on this later)

RECOMMENDED CODE SETS

- Adverse Drug Effect (allergy or non-allergy)
 - RxNorm for Medications (inactive ingredients to be added)
 - SNOMED CT for non-medication substances
 - SNOMED-CT for Adverse Effect

RECOMMENDED CODE SETS

- Patient Characteristics
 - ISO 639-2 for the patient's Preferred Language
 - CDC PHIN-VADS (HL7) for Administrative Gender
 - CDC PHIN-VADS Race and Ethnicity
 - LOINC for assessment instruments (including tobacco use)
 - SNOMED-CT for appropriate responses to instruments (including patient preferences and behaviors)
 - Socio-economic Status - referred to CMS for clarification of request (in the absence of widely accepted typologies)
 - Payer Typology of the Public Health Data Standards Consortium

RECOMMENDED CODE SETS

- Communication
 - SNOMED-CT
- Condition/Diagnosis/Problem (active and inactive)
 - SNOMED-CT
- Device
 - SNOMED-CT
- Non-laboratory Diagnostic Study
 - LOINC for specific study name
 - SNOMED-CT for appropriate findings
 - UCUM for specific units of measure
- Encounter—“Patient-Professional Interaction” (not limited to billable events)
 - SNOMED-CT

RECOMMENDED CODE SETS

- [Patient] Experience
 - LOINC for assessment instruments
 - SNOMED-CT for appropriate responses
- Family History
 - LOINC for assessment instruments
 - SNOMED-CT for appropriate responses
- Functional status
 - ICF (International Classification of Functioning, Disability, and Health) for categories of function
 - LOINC for assessment tools
 - SNOMED-CT for appropriate responses

RECOMMENDED CODE SETS

- Health Record Components (element of a health IT application)
 - LOINC for naming of the components and their relationships
 - HL7 for messaging among systems
- Intervention (forms one end of a spectrum with Procedures)
 - LOINC for interactions that produce an assessment or measurable results
 - SNOMED-CT for appropriate results and interventions that do not produce measurable results (e.g., counseling)
- Adverse Effect other than Allergy (intolerance)
 - RxNorm for medications and inert ingredients
 - SNOMED-CT for Non-medication substances

RECOMMENDED CODE SETS

- Laboratory tests
 - LOINC for test name and its results
 - SNOMED-CT for appropriate results
 - UCUM for units of Measure
- Medication (including vaccines)
 - RxNorm for medications
 - CVX for vaccinations as standard vocabulary (in some contexts vaccinations are treated as medications, in others they are treated separately)
- Physical Exam
 - LOINC for assessment instrument
 - SNOMED-CT for appropriate responses

RECOMMENDED CODE SETS

- [Patient] Preference
 - LOINC for assessment instruments
 - SNOMED-CT for appropriate responses
- Procedure
 - SNOMED-CT
- Risk Evaluation
 - LOINC for evaluation instruments
 - SNOMED-CT for appropriate responses
- Substance
 - SNOMED-CT

RECOMMENDED CODE SETS

- Symptom
 - SNOMED-CT
- System resources
 - LOINC for staffing resources
 - HL7 for EHR functions
 - SNOMED-CT for equipment
- Transfer
 - SNOMED-CT

Action

- Accept the recommended code sets for QDM concepts

Next Steps

- Transition Plans — to be presented at September 28th HITSC meeting, will address:
 - Interim use of code sets currently employed in quality measures
 - 6 concepts have code sets required in MU Stage 1 (3 of these would change with recommended sets – e.g., using ICD, CPT, HCPCS)
 - Transition time required for:
 - Testing of recommended code sets
 - Measure developers to incorporate new recommendations into existing, retooled, and *de novo* measures
 - Incorporation into certification criteria