QRDA Cat I
Insights from 2015 and 2016 eCQM Data Submissions

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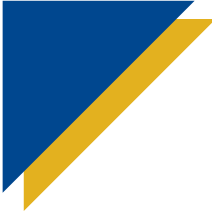The Joint Commission

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Eligible Clinician Programs no longer using QRDA Cat I

▶ Email sent by ESAC on Jan 4, 2017 concerning submission documentation states:

– "Only contains CMS QRDA-III reporting guidance for eligible clinician programs. *The QRDA Category I is no longer an accepted submission method in 2017 for eligible clinician programs*."

▶ Within the US, QRDA Cat I is primarily for hospital data starting with 2017.

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QRDA Cat I Insights

- Number of Episodes of Care in Single QRDA (XML) File
- Unique Encounter IDs
- Same Code in Multiple Value Sets
- Data Precision

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NUMBER OF EPISODES OF CARE IN SINGLE QRDA (XML) FILE

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Number of Episodes of Care in Single QRDA (XML) File

- QRDA supports the submission of multiple Episodes of Care (EoC) for a specific timeframe.
  - Hospital submission has defined this to be a calendar quarter.
  - So, one file can contain 1 to *N* EoC within a single QRDA XML file.

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Number of Episodes of Care in Single QRDA (XML) File

▶ Question

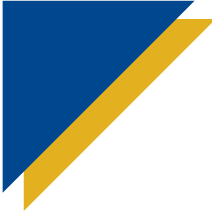– Does QRDA support the submission of a single EoC per QRDA file?

▶ *ASK*

– If no to above, add the ability of the data receiver to define that submitters must include one EoC per QRDA file.

– If yes to above, need documentation that specifically calls this out.
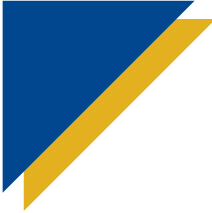
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UNIQUE ENCOUNTER ID

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Unique Encounter IDs

- Most patients transition through multiple hospital encounters during one EoC
  - e.g., ED, order to admit, inpatient, zero to many ICU encounters, etc
- The encounters can occur on the same day or on different days
- Multiple EoCs in the QRDA file increases the number of encounters

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Unique Encounter IDs

� **The data receiver needs to combine the encounters to uniquely identify each component of each EoC that occurred.**

– This requires temporal datetime evaluation.

– Temporal evaluation is not 100% accurate and requires resource intensive recursive programming logic to "connect the dots"

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Unique Encounter IDs

▪ Sometimes the vendors will submit unique Encounter IDs:

Description	Encounter ID	Start Time	Stop Time	Code	Code Description	ValueSetOID
Encounter Performed	2a620155-9d11-439e-92b3-5d9815ff4de1	2016-07-16 09:00	2016-07-16 10:00	4525004	Emergency department patient visit (procedure)	2.16.840.1.113883.3.117.1.7.1.292
Encounter Performed	2a620155-9d11-439e-92b3-5d9815ff4df1	2016-07-24 00:30	2016-07-24 02:45	4525004	Emergency department patient visit (procedure)	2.16.840.1.113883.3.117.1.7.1.292

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Unique Encounter IDs

▶ But more often they do not or we receive a "mix bag" of IDs:

Encounters

Description	Encounter ID	Start Time	Stop Time	Code	Code Description	ValueSetOID	
Encounter Performed	b526a4bf-e94c-43cd-ab8c-eb6bf4ea4b66	2016-06-04 02:46	2016-06-04 05:10	4525004	Emergency department patient visit (procedure)	2.16.840.1.113883.3.117.1.7.1.292	
Encounter Performed	98d173db-64e2-4e9c-949d-8947222c4963	2016-06-04 05:10	2016-06-08 11:33	183452005	Emergency hospital admission (procedure)	2.16.840.1.113883.3.666.5.307	
Encounter Performed	c9e49303-356e-477c-af39-8f73125df743	2016-05-29 10:52	2016-05-29 13:23	4525004	Emergency department patient visit (procedure)	2.16.840.1.113883.3.117.1.7.1.292	
Encounter Performed	98d173db-64e2-4e9c-949d-8947222c4963	2016-05-29 13:23	2016-06-03 16:50	183452005	Emergency hospital admission (procedure)	2.16.840.1.113883.3.666.5.307	

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Unique Encounter IDs

- The same Encounter ID for different encounters – in this case inpatient and ED.
- Two IDs for the same inpatient Encounter

Description	Encounter ID	Start Time	Stop Time	Code	Code Description	ValueSetOID
Encounter Performed	8d0c1c5b-97ff-4358-9e55-397b51d69885	2016-07-29 17:30	2016-08-04 00:22	32485007	Hospital admission (procedure)	2.16.840.1.113883.3.666.5.307
Encounter Performed	8d0c1c5b-97ff-4358-9e55-397b51d69885	2016-07-29 14:57	2016-07-29 17:30	4525004	Emergency department patient visit (procedure)	2.16.840.1.113883.3.117.1.7.1.292
Encounter Performed	2a1c3bee-9007-4c2e-829d-f5a1dbc5f68c	2016-07-29 17:30	2016-08-04 00:22	32485007	Hospital admission (procedure)	2.16.840.1.113883.3.666.5.307

Unique Encounter IDs

▶ Encounter ID is not submitted, so have to use datetime fields to recreate the EOC

Diagnosis

Description	Start Time	Stop Time	Code	CodeDescription	ValueSetOID
Diagnosis Active	2016-07-16 12:41	2016-07-16 12:41	195213000	Cerebellar stroke syndrome (disorder)	2.16.840.1.113883.3.117.1.7.1.247
Diagnosis Active	2016-07-24 12:41	2016-07-24 12:41	195213000	Cerebellar stroke syndrome (disorder)	2.16.840.1.113883.3.117.1.7.1.247

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Unique Encounter IDs

▸ Another example of Encounter ID not being submitted

Act

Description	Start Time	Stop Time	Code	CodeDescription	ValueSetOID
Discharge Medication	2016-07-20 12:00	2016-07-20 12:00	198466	Aspirin 325 MG Oral Capsule	2.16.840.1.113883.3.117.1.7.1.201
Discharge Medication	2016-07-31 12:00	2016-07-31 12:00	198466	Aspirin 325 MG Oral Capsule	2.16.840.1.113883.3.117.1.7.1.201

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Unique Encounter IDs

ASK

- Need unique Encounter IDs to identify each individual encounters within an EoC and across EoCs within the QRDA file

- Need events (e.g. diagnosis, procedures, medications, measure results) to reference the appropriate Encounter ID.

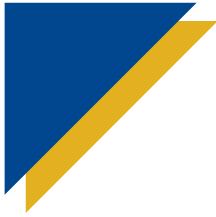- We do not believe this can be enforced within the Schema, so requesting documentation within QRDA standard

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Unique Encounter IDs

▶ *ASK*

    – Require the <entryRelationship> to be submitted for every template to provide the Encounter ID

```
<!-- Add Encounter Reference ID to identify the episode the medication administer is referring to -->
<entryRelationship typeCode="REFR">
    <!-- Encounter Reference -->
    <encounter classCode="ENC" moodCode="EVN">
        <!-- This id points to an already defined encounter in this document - 1st EOC inpatient encounter ID & extension-->
        <id root="2a620155-9d11-439e-92b3-5d9815ff4de8" extension="0001" />
        <!-- Encounter/Code is set to nullFlavor="NP" (Not Present). This means the value is not present in this part of the
        CDA document, (but IS likely present in the referenced encounter)  -->
        <code nullFlavor="NP" />
        <statusCode code="completed" />
    </encounter>
</entryRelationship>
```
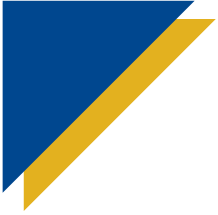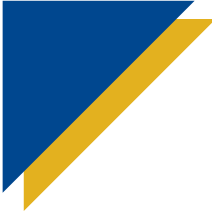
Unique Encounter IDs

ASK

– Document that the <entryRelationship> is required for each <component> of measure result.

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SAME CODE IN MULTIPLE VALUE SETS

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Same Code in Multiple Value Sets

A QRDA file contains data for:

- a single patient

- each EoC that occurs within a timeframe – for hospitals this is one calendar quarter

- each Encounter the patient transitions through within the EoC

- for one to many eCQMs that the patient falls into the IPP

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Same Code in Multiple Value Seta

▶ Hospital admission (procedure) snomed code 32485007 is contained:

  – STK: Encounter, Performed: Non-Elective Inpatient Encounter" using "Non-Elective Inpatient Encounter SNOMEDCT Value Set (2.16.840.1.113883.3.117.1.7.1.424)"

  – ED: "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307)"

Same Code in Multiple Value Sets

Duplicate encounter rows, same EoC, different values ets

Encounter Performed	2a620155-9d11-439e-92b3-5d9815ff4df8	2016-07-24 03:40	2016-07-31 12:40	32485007	Hospital admission (procedure)	2.16.840.1.113883.3.117.1.7.1.424
Encounter Performed	2a620155-9d11-439e-92b3-5d9815ff4df8	2016-07-24 03:40	2016-07-31 12:40	32485007	Hospital admission (procedure)	2.16.840.1.113883.3.666.5.307

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Same Code in Multiple Value Sets

▸ SCIP-INF-1 contains 8 Populations
  – IPP validates the patient had a major procedure and the Population validates which major procedure occurred:

------ **Population Criteria 2** ------

- **Initial Population =**
  ◦ AND: Age >= 18 year(s) at: Occurrence A of $EncounterInpatient
  ◦ AND: "Occurrence A of Procedure, Performed: General or Neuraxial Anesthesia" during Occurrence A of $EncounterInpatient
  ◦ AND: "Occurrence A of Procedure, Performed: SCIP Major Surgical Procedure (ordinality: Principal)" during "Occurrence A of Procedure, Performed: General or Neuraxial Anesthesia"
- **Denominator =**
  ◦ AND: Initial Population
  ◦ AND: "Occurrence A of Procedure, Performed: Cardiac Surgery Other Than CABG" satisfies any
    ▪ (ordinality: Principal) during "Occurrence A of Procedure, Performed: General or Neuraxial Anesthesia"
    ▪ (ordinality: Principal) starts after end of ("Occurrence A of Procedure, Performed: Scope Procedures" during Occurrence A of $EncounterInpatient)

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Same Code in Multiple Value Sets

- SCIP-INF-1 contains 8 Populations
  - Each population looks for other procedures requiring general or spinal anesthesia prior to or after the procedure of interest

  * Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay

  - Must be specified as 8 populations instead of 8 stratifications

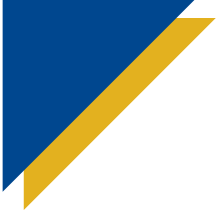The Joint Commission

Same Code in Multiple Value Sets

Duplicate encounter rows, same EoC, different values ets

Procedure Performed	2016-07-10 10:30	2016-07-10 19:30	021009C	Bypass Coronary Artery, One Site from Thoracic Artery with Autologous Venous Tissue, Open Approach	2.16.840.1.113883.3.117.1.7.1.2
Procedure Performed	2016-07-10 10:30	2016-07-10 19:30	021009C	Bypass Coronary Artery, One Site from Thoracic Artery with Autologous Venous Tissue, Open Approach	2.16.840.1.113883.3.666.5.694

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Same Code in Multiple Value Sets

▸ ***ASK***

– Patient data is submitted as it exists in the medical record and not duplicated due to eCQM value sets used in the same or different measures within a topic or across topics.

– Each code needs to contain all of the attributes required by each measure (principal, route, etc.)
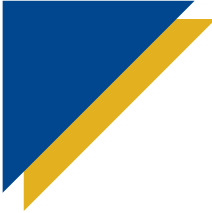
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DATA PRECISION

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Data Precision

▶ **Datetime fields**

- Each type of data stores datetime at different levels (day only, day/hour, day/hour/minutes, etc)
  - ➢ Not standardized across vendors
- Many eCQMs specify equations that require more granularity than 1 day
- Due to lack of standardization, the schema cannot validate each piece of data is at the correct level of data precision.

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Data Precision

▶ Sometimes the HQMF document utilizes the <qdm:temporalInformation precisionUnit="xxx"/> and other HQMF documents do not.

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Data Precision

▶ *ASK*

– Documentation that instructs that data be submitted as close as possible to the level of data precision required by the eCQMs the patient is a part of. Examples:

– If the measure(s) evaluates minutes, then submit day/hour/minute

– If the measure(s) evaluates hours, then minimally submit day/hour – minutes will not be rejected.

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CURRENT-STATE AND FUTURE VISION DISCUSSION

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