NQF Process to Receive Comments on Common Formats
Meeting of the Expert Panel

September 16, 2009

Bethesda North Marriott Hotel
Rockville, MD

MEETING SUMMARY

Panel members present: David C. Classen, MD, MS (Co-Chair); Henry Johnson, MD, MPH (Co-Chair); John R. Clarke, MD; Peter L. Elkin, MD; Matthew Grissinger, RPh, MS; Mark A. Keroack, MD, MPH; David L. Knowlton, MA; Mary E. Krugman, PhD, RN; Arthur Levin, MPH; Lori Paine, RN, MS; Shannon C. Phillips, MD, MPH; Nancy Ridley, MS; Heather B. Sherman, PhD; Liaison Member: William Munier, MD, MBA;

Others present: Diane Cousins, RPh, Amy Helwig, MD, John Moquin, Debbie Perfetto, Ira Yanowitz (AHRQ).[1]

National Quality Forum (NQF) staff present: Peter Angood, MD; Eric Colchamiro, MPA; Melinda Murphy, RN, MS, NE-BC

PURPOSE

The purpose of this meeting was for the Expert Panel to become familiar with the work of the Patient Safety Organizations (PSOs) so that the Panel can continue its work of making recommendations to address comments received about Common Formats, Version 1.0 with a working knowledge of how the Expert Panel work articulates with that of the PSOs. In addition, the Expert Panel had discussions with Agency for Healthcare Research and Quality (AHRQ) staff in order to understand how AHRQ works with the Panel's recommendations and those of the federal partners, PSOs and others to continue to expand and refine the various components of the Common Formats.

WELCOME AND INTRODUCTIONS

Dr. Classen welcomed the Expert Panel and guests. He noted the importance of the Panel's work for PSOs, and asked that all introduce themselves.

The Panel was oriented to the day's agenda, and how they would review the Formats. Ms. Murphy then informed the Panel of its schedule for the remainder of the meeting, including the Panel's involvement with the AHRQ PSO meeting in the coming day.

In response to a Panel member question, Ms. Murphy stated that it is expected that the Expert Panel will continue its role with the comment formats into the future for as long as the process continues. Changes to the membership as attrition naturally occurs and particular expertise needs arise.

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[1] Others present in the audience for all or part of the meeting included: Rita Munley-Gallagher (ANA).

DISCUSSION AND RECOMMENDATIONS

OVERVIEW OF NQF ROLE WITH COMMON FORMATS

Dr. Classen began discussion by asking the Panel for comments on the AHRQ Annual meeting, which Panel members had attended that morning.

Dr. Keroack noted that the Common Formats will continue to be refined annually based on feedback post implementation, and that PSOs will have to continually adjust to the changes. He noted the value of getting feedback from the field about the Common Formats forms and event descriptions, particularly in terms of level of acceptance by users, and incorporating that into the Panel's future work. In response to a question from Ms. Murphy as to whether it could be incorporated into the current commenting tool, he added that comments received at least through Version 1.0 will be largely conceptual in that they Common Formats are not yet in use and that comments are likely to be by other than front line staff . Ms. Murphy agreed adding that concerns related to use should be reduced in future cycles of review as the tool is used. Dr. Classen added that much of the substantive comments would come from the Expert Panel, although PSOs should be expected to provide valuable input during the commenting period. The point was made that the perspective of the front-line staff is especially important and may be difficult to gain if front line comments are aggregated and/or filtered through the PSOs.

The concepts of schedule of releases and version control were introduced as important issues for PSOs and end users in terms of what is required to adapt both systems and users to new versions. The point was made that new versions should correspond to old versions in a way that facilitates adaptation of programs and people.

Dr. Johnson suggested that comments from both the PSOs and users will provide valuable and different perspectives on the content and usability of the Common Formats. He suggested that PSOs should consider encouraging their clients to utilize the commenting tool directly, as a means for receiving first-person comments about the effectiveness of the Common Formats.

Dr. Munier said that he has been pleased with AHRQ's partnership with NQF and the work of the Expert Panel. He reiterated the need for the approach to improving the Common Formats, including that of the Expert Panel, to be flexible and responsive. The fact that it has been thus far has helped move the process forward more quickly. Dr. Munier also said that he has encouraged all involved in this effort to utilize the commenting tool, and that while PSOs can play a role in gathering feedback; he hopes that individuals, including front-line reporters, can feel comfortable in providing comments.

A Panel member asked whether there is a mechanism in place to gauge whether people commenting were using the form that they provided comments on. Dr. Phillips agreed, but questioned whether information would be able to be collected from front-end users. In response, Dr. Munier said that the institutional policy should be left to institutional administrators and that the input of front-line reporters directly, through PSOs or through institutions is desired.

Another Panel member questioned how and whether the PSOs are using the Common Formats. Dr. Munier noted that comments about Version 0.1 beta were useful in terms of how the forms were being used; AHRQ is constrained by the annual release cycle, and additionally would not

want to enact usage mandates. The Panel member said that while his PSO is planning to use the Common Formats, it has been a time-consuming process to teach staff. He also noted that PSOs are not using the Formats exclusively, and are collecting a range of additional data; universal compliance with the Formats would be difficult to achieve.
A Panel member spoke about the Common Formats moving to an electronic format, noting that some institutions have already moved to paperless versions, ahead of AHRQ. In response, Dr. Munier said that the success of the Common Formats, in terms of collecting comparable information, involves as adhering to order even while trying to achieve harmonization and interoperability. There is very specific logic, order and fit (one form with the other) involved. The technical specifications are expected by the first quarter of 2010 and are what software vendors need to make the Common Formats interoperable and to enable uniform adoption. Mr. Grissinger suggested that the NQF commenting tool include a mechanism to identify who is submitting comments, and specifically whether they represent a PSO or an end user of the Common Formats. He also added that much of the responsibility of using the Common Formats, and correctly mapping the content, will fall to the PSOs. Dr. Munier concurred, adding that it will be important to ensure that mapping ensure reports can be matched from facility to the Network of Patient Safety Databases and added that the technical specifications will provide detailed direction in how to do that.

A Panel member noted usability testing of the comment tool and systems that would incorporate the Common Formats would be useful to retaining meaning and context within healthcare workflow and that the latter is a concern about which the Expert Panel could be useful. He also suggested that the Health Information Technology Standards Panel (HITSP) interoperability specification for quality could house the Common Formats in a way that would permit electronic healthcare vendors to export data and avoid double entry. In response, Dr. Munier said that the United States Healthcare Information Knowledgebase (USHIK) may be able to hold the data from many of these events. Dr. Angood noted that, as a metadata registry, USHIK may not be able to handle the complexity of the Common Formats. Dr. Munier noted that both USHIK and HITSP have limitations vis a vis Common Formats reported data. He said that the Common Formats data is currently being harmonized with the CDC and the FDA, which are using a framework called Clinical Data Architecture (CDA) noting that CDA will be used for the first quarter 2010 technical specifications. Dr. Angood added that the second version of CDA has been released and is being updated to support requirements and definitions akin to the Common Formats. The Expert Panel member agreed and said that it is necessary to support both the CDA and care summary record (CCD) systems. Discussion closed with observation that HL-7 CDA, mandated by many states for reporting, may provide a good option for seamless reporting enabled by electronic solutions; however, the question of former usability testing of the Common Formats remains a matter for Expert Panel consideration.

In terms of usability testing, it was suggested that a few PSOs might be asked if they would use the Common Formats without change for purposes of testing and giving feedback to AHRQ. Dr. Munier noted that AHRQ would be pleased to have PSOs do this but cannot mandate it. He noted that the feedback through the NQF commenting tool was one type of test that have resulted in significant change. While offering to share information regarding usability, one Panel member, who also represents a PSO, noted some of the issues that would accompany such a test where it meant changing tools and content which reporting organizations accept and have grown accustomed.

In response to a question from Dr. Johnson, Dr. Helwig said that PSOs are not required to send their data in to the federal database; although they are required to show that they are using some kind of common formatting code. A Panel member noted that such information should be made public so that organizations can consider that information when selecting PSOs to which they will associate.

SUPPORTING PSOs – IMPLICATIONS FOR THE EXPERT PANEL

Ms. Murphy reviewed the timeline for the Panel's upcoming work. The commenting tool opened on September 17, 2009, and will close on December 31, 2009. The Panel had discussed interim reporting to AHRQ as the comments come in, and had raised the question of a November in-person meeting; this is not possible due to the busy schedules of Panel members. The last face-to-face meeting of this cycle should be expected in February 2010, with a final report of comments and recommendations to AHRQ in March 2010. Within that timeframe, the Panel will hold subgroup meetings to review the comments received, using the process and criteria established by the Expert Panel for the Version 0.1 cycle. She added that NQF is responsible for submitting a report to AHRQ 60 days after the comment period closes. In response to a question from Ms. Ridley, she also noted that Dr. Rosenthal has been asked to add a question to the commenting tool that would appear when exiting the tool, as to whether commenting individuals are using the Common Formats as specified. Dr. Johnson said that in future versions of the commenting tool, it may be valuable to ask questions to identify whether hospitals are part of PSOs, whether they have a vendor, and the identity of these groups.

Dr. Munier reiterated the importance of the interim check on the comments, so that they could be incorporated into the technical specifications release stressing the value of Panel members' comments far in advance of the December 31st deadline. He said that rather than write specifications to Version 1.0, AHRQ would like comments and Expert Panel recommendations to prepare and release Version 1.1 of the Common Formats with technical specifications.

Panel members questioned whether the comment period should be left open until December 31st, and whether that would restrict the volume and nature of comments received. Closure of the comment period early would preclude comments from users and would not permit full consideration of comments by the Expert Panel in such a tight time frame. Determination was made that both AHRQ and NQF would publicize, through their listserv, the fact that comments will be provided to AHRQ in November with the expectation that this will prompt early comment. The Expert Panel subgroups will meet early to formulate suggestions specific to development of technical specifications with the goal of having Expert Panel recommendations to AHRQ in November. The comment period will remain open through December 31 and the Panel will meet in February to provide final recommendations.

In response to a question from a Panel member, Dr. Munier added that AHRQ is considering a certification process to ensure that the PSO is complying with the technical specifications. Panel members also discussed the importance of accurate mapping and data collection, and coordinating the release of the technical and content specifications in future years.

In response to a question from Dr. Phillips about the layout and content of the commenting tool, Dr. Munier said that AHRQ is interested in comments on the Common Formats, and not specifically the technical specifications. Dr. Elkin noted that a set of web services to parse the CDA format would be useful for accurate, uniform mapping by users. Dr. Classen agreed and said that both web services forms and the aforementioned usability testing would be a beneficial demonstration projects for AHRQ in its future development of the Common Formats.

COMMON FORMATS VERSION 1.0 – A DISCUSSION OF FORM CHANGES AND EVENT DESCRIPTIONS

Dr. Classen moved the Panel to a more specific discussion of the Common Formats; in addition, Ms. Murphy re-oriented Panel members to the commenting tool. Dr. Helwig noted that the Healthcare-associated Infection documents are yet active, but would go live shortly. Panel members commented on the improvements within Version 1.0 noting that this version has brought a discipline, integration, and clarity of logic that was missing from Version 0.1.

A Panel member asked about a box in the commenting tool that asks for a "comment on the event description" and whether this clearly defines the comments expected. The Panel concurred, and Ms. Murphy said the box would be changed to request comment on the "event description element or question."In response to a follow-up question, Dr. Munier said that AHRQ is working with relevant groups, including the National Database of Nursing Quality Indicators (NDNQI), the CDC, and the Indian Health Service to ensure accurate terminology. He noted that Version 1.0 has been modified in line with many of the Panel's comments, including minimizing information that was clinically interesting, but not relevant to the event. Dr. Classen asked whether all of the AHRQ questions should be labeled and numbered to provide more accurate feedback. Panel members then returned the conversation to mapping, and whether data will be accurately translated.

Mr. Moquin addressed the Panel to provide comments about clinical mapping versus technical mapping. He said that there are 28 distinct categories of metadata per element including field length, guide for use, and references from national and international organizations. Definitions are being aligned across multiple systems. In response to a question, Mr. Moquin added that codes from SNOMED and LOINC have been aligned with the CDC. Contrasting clinical definitions were also discussed in depth by AHRQ staff. Dr. Munier reiterated that the clinical expertise drives the IT work.

Dr. Keroack noted the complexity of trying to balance differing definitions, but that over time, the field will ideally coalesce over a single language. Dr. Munier agreed, and noted the importance of having a consensus-making process within the development of the Common Formats.

NQF MEMBER COMMENT

Dr. Classen opened the session for NQF Member or public comment; none were provided.

Having completed its business, the Expert Panel adjourned this segment of its meeting at 2:10 p.m., September 16, 2009.