

NATIONAL QUALITY FORUM

Quality Data Set Model, Version 2.1 Member and Public Comments

Commenter Submitter Name	Commenter Submitter Organization	Comment Type	Question	Comment
Ardis D. Hoven, MD	American Medical Association	General	General comments on the QDS Model	<p>'The QDS Conceptual Model</p> <p>In our previous comments to version 2.0 we inquired about the overarching conceptual model that defines the scope of the QDS model. Though we recognize that the QDS model as it stands is currently included in the CMS EHR Incentive Program, we believe certain changes would be helpful to make it more robust. In order to effectively comment on the structure and content of the QDS, we see a need for greater specification with regards to the QDS model. In particular, how are patterns (class, attribute, category, data type or otherwise) constructed? We note that there are several structural inconsistencies in the current version of the QDS that could be corrected by having a more complete model with which to perform cross checks. For example, there needs to be a greater distinction between all Standard Categories and Quality Data Types.</p> <p>[continued in next comment]'</p>
Ardis D. Hoven, MD	American Medical Association	General	General comments on the QDS Model	<p>'The American Medical Association (AMA) is pleased to have the opportunity to comment on the National Quality Forum's (NQF) Quality Data Set (QDS) Model, Version 2.1. We applaud the NQF for its continued efforts in developing this important tool. By clearly defining the elements that are a part of clinical performance measures, the QDS provides a common language for measure developers and those who wish to integrate clinical performance measures into electronic health record systems. Our comments are outlined below.'</p>
Ardis D. Hoven, MD	American Medical Association	General	General comments on the QDS Model	<p>'[continued from previous comment]</p> <p>As it stands now, 2 categories and their corresponding data types are identical (Risk Category Assessment and System Characteristic). We see this as similar to defining a particular word with the word itself. With regards to these two categories, we suggest the following: for Risk Category Assessment, we recommend changing the Standard Category to 'Risk Evaluation' so as to identify the object of Risk Evaluation/Assessment. For System Characteristic we recommend changing the Standard Category to 'Organizational Feature' or</p>

NATIONAL QUALITY FORUM

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				'System Feature' so as to identify a specific feature about the system, which would be the 'characteristic.' Moreover, we believe that without greater model specificity, it is impossible to understand, evaluate and apply the relationships between different Standard Categories and Quality Data Types. As one example, how do "individual patient characteristics" relate to "intervention intolerance?"
Ardis D. Hoven, MD	American Medical Association	General	General comments on QDS categories	'Legal Documentation Category We would like to resubmit our comment that there should be a standard category for "Legal Documents Related to the Delivery of Health Care," for example, a durable power of attorney for health care and advanced directives. We do not agree with the response provided to this comment that these types of legal documents can be managed with standard category "individual characteristic" and data type "patient characteristic." In our reading of the definition of "patient characteristic", legal documents would not fit in this data type. We again recommend that the QDS model be modified to include this category, with data types for the different types of Legal Documents Related to the Delivery of Health Care.'
Ardis D. Hoven, MD	American Medical Association	New Definition	Condition/Diagnosis/Problem	'Aligning with CMS Guidelines for Reimbursement In order to align with CMS' Guidelines for Reimbursement: Definition of Condition/Diagnosis/Problem we suggest that the word 'following' and the phrase 'to include, but not limited to' be included within the statement we previously suggested below: <ul style="list-style-type: none"> • Category: Condition/diagnosis/problem • Condition/diagnosis/problem ADD: "or a clinical feature which includes but is not limited to those treated, monitored, evaluated, followed, or impacts the encounter or length of stay"

NATIONAL QUALITY FORUM

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Ardis D. Hoven, MD	American Medical Association	New Definition	Encounter	'We believe that it would be helpful to include a “venue of care” (e.g., ICU) data type as a part of the “encounter” standard category.'
Ardis D. Hoven, MD	American Medical Association	General	Patient characteristic	'The AMA believes it would be helpful to include some additional individual “patient characteristics” that will come up often in the coding of measures, for example, age and gender.'
Ardis D. Hoven, MD	American Medical Association	General	General comments on QDS categories	We note that the taking of vital signs is difficult to fit into an existing category. We recommend that guidance be provided regarding how to classify the taking of vital signs in the QDS.
Ardis D. Hoven, MD	American Medical Association	General	Communication	We note that two types of provider to patient communications are difficult to capture with specificity within the existing categories: the act of providing a referral to a patient and the act of counseling a patient. We recommend that guidance be provided regarding how to classify these in the QDS.
Ardis D. Hoven, MD	American Medical Association	General	General comments on QDS categories	We request that patient and systems reasons for exceptions be more adequately delineated.
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	General comments on the QDS Model	The Physician Consortium for Performance Improvement is pleased to have the opportunity to comment on the National Quality Forum’s (NQF) Quality Data Set (QDS) Model, Version 2.1. We applaud the NQF for its continued efforts in developing this important tool. By clearly defining the elements that are a part of clinical performance measures, the QDS provides a common language for measure developers and those who wish to integrate clinical performance measures into electronic health record systems.
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	General comments on the QDS Model	'In our previous comments to version 2.0 we inquired about the overarching conceptual model that defines the scope of the QDS model. Though we recognize that the QDS model as it stands is currently included in the CMS EHR Incentive Program, we believe certain changes would be helpful to make it more robust. In order to effectively comment on the structure and content of the QDS, we see a need for greater specification with regards to the QDS model. In particular, how are patterns (class, attribute, category, data type or otherwise) constructed? We note that there are several structural inconsistencies in the

NATIONAL QUALITY FORUM

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				current version of the QDS that could be corrected by having a more complete model with which to perform cross checks. For example, there needs to be a greater distinction between all Standard Categories and Quality Data Types. [Continued in next comment]
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	General comments on the QDS Model	'[Continued from previous comment] As it stands now, 2 categories and their corresponding data types are identical (Risk Category Assessment and System Characteristic). We see this as similar to defining a particular word with the word itself. With regards to these two categories, we suggest the following: for Risk Category Assessment, we recommend changing the Standard Category to 'Risk Evaluation' so as to identify the object of Risk Evaluation/Assessment. For System Characteristic we recommend changing the Standard Category to 'Organizational Feature' or 'System Feature' so as to identify a specific feature about the system, which would be the 'characteristic.'" Moreover, we believe that without greater model specificity, it is impossible to understand, evaluate and apply the relationships between different Standard Categories and Quality Data Types. As one example, how do "individual patient characteristics" relate to "intervention intolerance?"
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	General comments on QDS categories	We note that the taking of vital signs is difficult to fit into an existing category. We recommend that guidance be provided regarding how to classify the taking of vital signs in the QDS.
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	General comments on QDS categories	We request that patient and systems reasons for exceptions be more adequately delineated.
Bernard M.	Physician	General	General comments on QDS	'Legal Documentation Category

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Rosof, MD, MACP	Consortium for Performance Improvement		categories	We would like to resubmit our comment that there should be a standard category for “Legal Documents Related to the Delivery of Health Care,” for example, a durable power of attorney for health care and advanced directives. We do not agree with the response provided to this comment that these types of legal documents can be managed with standard category “individual characteristic” and data type “patient characteristic.” In our reading of the definition of “patient characteristic”, legal documents would not fit in this data type. We again recommend that the QDS model be modified to include this category, with data types for the different types of Legal Documents Related to the Delivery of Health Care.'
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	Communication	We note that two types of provider to patient communications are difficult to capture with specificity within the existing categories: the act of providing a referral to a patient and the act of counseling a patient. We recommend that guidance be provided regarding how to classify these in the QDS.
Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	General	Condition/Diagnosis/Problem	'In order to align with CMS' Guidelines for Reimbursement: Definition of Condition/Diagnosis/Problem we suggest that the word 'following' and the phrase 'to include, but not limited to' be included within the statement we previously suggested below: <ul style="list-style-type: none"> • Category: Condition/diagnosis/problem • Condition/diagnosis/problem'
Bernard M. Rosof, MD	Physician Consortium for Performance Improvement	General	Encounter	'We believe that it would be helpful to include a “venue of care” (e.g., ICU) data type as a part of the “encounter” standard category.'
Bernard M. Rosof, MD,	Physician Consortium	General	Patient characteristic	'The PCPI believes it would be helpful to include some additional individual “patient characteristics” that will come up often in the coding of measures, for

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MACP	for Performance Improvement			example, age and gender.'
Joseph Drozda	American College of Cardiology	Original Definition	General comments on QDS data types	<p>'Many of the categories that include an “order” quality data type are nonsensical from a clinical and practice viewpoint. In other words, it is not the practice among clinicians to enter orders for these items and, therefore, no accommodation has been made for such in CPOE systems. Specifically:</p> <p>Device - While the parent procedure is often times scheduled (=ordered), the “order” for the device is implicit, not explicit - making this data type impossible to capture. For example, one could place an “order” to schedule a pacemaker implant, but there is no explicit order for the pacemaker as a device.</p> <p>Functional status assessment - This is not routinely “ordered” but instead is something that is done as part of routine clinical assessment.</p> <p>Physical exam - A physical exams is not “ordered; it is a standard component of the H&P. The proposal to use this terminology for a clinician order for vital signs will lead to confusion among users since this terminology is not a part of the normal clinical lexicon.'</p>
Joseph Drozda	American College of Cardiology	New Definition	General comments on QDS categories	The American College of Cardiology had previously expressed concerns about including “family history” in the same category with diagnosis since the 2 concepts do not reside in the same clinical context. No changes were made to this construct in v.2.1. We continue to advise that listing family history as a “condition” or “diagnosis” does not make sense. The ontological relationship is not the same as the other measures of this category.
Joseph Drozda	American College of Cardiology	General	General comments on the QDS Model	The American College of Cardiology is pleased to be able to comment on NQF's Quality Data Set Model v.2.1. There have been significant improvements made to the document since the earlier version but we still have concerns.
Rebecca Zimmermann	America's Health	General	General comments on the QDS Model	AHIP appreciates the opportunity to review the revisions to the QDS. We support all proposed revisions as they appear to be minor refinements to the

NATIONAL QUALITY FORUM

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	Insurance Plans			model and do not change the content of the data set.
Diana Jolles	American College of Nurse-Midwives	General	General comments on the QDS Model	'We noted the change from consumer to patient, but would encourage you to consider reversing the change. In effort to demonstrate the goal of wellness, HIT throughout the lifespan, AND the ideal system where 'patients' have choices regarding the location, type of care provider, and components of care consumption- consumer seems more appropriate.'
Diana Jolles	American College of Nurse-Midwives	General	General comments on the QDS Model	'Where are overuse, appropriate use, optimality and meaningful use grounded within this conceptual framework?'