Value Set Harmonization

Value Set Harmonization Technical Expert Panel

Jason Goldwater
Kathryn Streeter
Ann Phillips

September 9, 2015
***1:00-3:00pm** ET*

NATIONAL QUALITY FORUM

Agenda at a Glance

- Welcome and Roll Call
- Pilot Harmonization Process
- Value Set Harmonization for Behavioral Health
- Next Steps

Welcome and Roll Call

Value Set Harmonization Technical Expert Panel

- James Case, DVM, PhD
- Lynn Choromanski, PhD, RN-BC
- Kendra Hanley, MS
- Rachael Howe, BSN, RN
- Catherine H. Ivory, PhD, RN, BC
- Jason Jones, PhD
- Russell Leftwich, MD
- Kathryn Lesh, PhD, MS, EdM, RN-BC, CPHQ
- Caroline Macumber, MS, PMP
- Priscilla Mark-Wilson, MSN, MPH, MBA, PMP
- Nick Mattison, PMP
- Deborah Sita, BSN, MHA
- Shelly Spiro, Rph, FASCP
- Allison Weathers, MD, FAAN

Process, Tools and Task

- Pilot Harmonization Process
  - Determining the Intent of the Value Set
  - Identifying Overlap, Duplication and Omission
  - Classification from Extensional to Intentional
- Tools for Harmonization
  - Resources
  - Worksheets
- Harmonization Task
  - Second Exercise: Value Sets Associated with Behavioral Health Conditions

Pilot Process for Harmonization

- Intent
  - Measure Intent
  - Value Set Intent
- Overlap, Duplication and Omission
  - Manual Review
  - Jaccard Analysis
- Recommendation for Harmonization
  - Why is a change recommended?
  - What improvements will result from this change?
- Classification
  - The charge of the TEP is to review value sets associated with behavioral health conditions and determine if harmonization is needed or not

Harmonization Approach

- The worksheet on value set harmonization for behavioral health included:
  - Behavioral health value sets included in measures under meaningful use, and other measures that included behavioral health value sets such as emergency department arrival and discharge and VTE
  - The steward of the measure and its intent
  - Value sets that may potentially be overlapping (based on the analysis conducted by NQF)
  - Object Identifier (OID), along with its description, its steward and its intent - when available.
  - Published value sets within the Value Set Authority Center (VSAC) and not ones that were listed as either draft or proposed
  - A list of the value sets that may be overlapping and the measures they correspond to

Harmonization Approach

- The TEP was asked to look at the value sets and examine the measures they come from, the intent of the value set and its description and determine if:
  - The value sets are distinct enough that they are not overlapping and no harmonization is needed
  - The value sets are redundant and are overlapping and harmonization is needed
  - The information provided is too ambiguous that it is unknown as to whether harmonization is needed or not

Synthesis of Behavioral Health Results

Bipolar Disorder - MN Community Measurement

Reasons for Harmonization	Reasons to Not Harmonize
Some codes are excluded from the SNOMED-CT, including those indicating “full remission “ bipolar disorder although those for “partial remission” and “in remission” were not. Significant redundancy in the value set across the SNOMED codes for bipolar disorder	160v4 and 159v4 are specifically looking at the improvement of depression (remission) and therefore includes remission related diagnoses codes. 169v4 does not mention remission. Stewards of 169v4 would need to comment on their intent to exclude remission related diagnoses codes. Further 169v4 does include Mania related codes. Stewards of 160v4 and 159v4 would need to comment on their exclusion of Mania. Intent appears to be different and therefore the value sets are currently distinct.

Synthesis of Behavioral Health Results

BH Condition involving bipolar disorder SNOMED - Center for Quality Assessment and Improvement in Mental Health

Reasons for Harmonization	Reasons to Not Harmonize
There is no logical reason for Organic bipolar disorder (disorder) to be excluded. Schizoaffective disorder, bipolar type (disorder) is a bit more tentative, but is modeled in SNOMED CT as both a bipolar disorder and a schizoaffective disorder in SNOMED CT. The value set BH Condition involving bipolar disorder SNOMED 2.16.840.1.113883.3.1257.1.1804 also does not include Schizoaffective disorder, bipolar type (disorder). DSM-5 classifies Schizoaffective disorder, bipolar type (disorder) as a Schizophrenia Spectrum and other Psychotic Disorder. I suggest consulting with SMEs as to whether Schizoaffective disorder, bipolar type (disorder) should be included as a bipolar disorder.	160v4 and 159v4 includes Severe Bipolar II remission codes. 2v5 does not mention remission specifically but includes related Bipolar II codes. such as : ""Bipolar II disorder, most recent episode hypomanic (disorder)"" and 18 other remission codes. Stewards of 2v5 would need to comment on their intent to exclude three code (""Severe bipolar II disorder, most recent episode major depressive, in full remission (disorder)"",""Severe bipolar II disorder, most recent episode major depressive, in remission (disorder)"" and ""Severe bipolar II disorder, most recent episode major depressive, in partial remission (disorder)"") as they DO include the SNOMED CT parent code ""Bipolar II disorder (disorder)"". Similarly, 160v4 and 159v4 exclude ""Organic bipolar disorder (disorder)"" *If these codes were not purposely excluded, recommend harmonization, otherwise the value sets are distinct.

Synthesis of Behavioral Health Results

Bipolar Diagnosis SNOMED - Quality Insights of Pennsylvania

Reasons for Harmonization	Reasons to Not Harmonize
The value set Bipolar Disorder 2.16.840.1.113883.3.67.1.101.1.44 and the value set Bipolar Diagnosis SNOMED 2.16.840.1.113883.3.600.449 should be harmonized along with BH Condition involving bipolar disorder SNOMED 2.16.840.1.113883.3.1257.1.1804 as noted above. There are three concepts in Bipolar Disorder that are not in Bipolar Diagnosis SNOMED: Severe bipolar II disorder, most recent episode major depressive, in full remission (disorder) Severe bipolar II disorder, most recent episode major depressive, in remission (disorder) Severe bipolar II disorder, most recent episode major depressive, in partial remission (disorder) There does not seem to be any logical reason why these three are absent from the Bipolar Diagnosis SNOMED value set as there are other concepts in the value set that address severe bipolar II disorder, most recent episode major depressive, and in partial or in full remission	No comments given

Synthesis of Behavioral Health Results

Psychiatric/Mental Health Patient - Lantana

Reasons for Harmonization	Reasons to Not Harmonize
The value sets Psychiatric/Mental Health Patient 2.16.840.1.113883.3.117.1.7.1.298, Mental Disorders SNOMED CT 2.16.840.1.113883.3.117.1.7.1.343, and Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.1010 should all be harmonized. CMS136 has separate value sets for mental health disorders and substance abuse (Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004), but there is no apparent need for separate value sets as there is overlap between the two. Additionally, values sets Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.101 and Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004 are inconsistent in selection of concepts as mental health or substance abuse.	No comments given

Synthesis of Behavioral Health Results

Mental Disorders SNOMED CT - The Joint Commission

Reasons for Harmonization	Reasons to Not Harmonize
The value sets Psychiatric/Mental Health Patient 2.16.840.1.113883.3.117.1.7.1.298, Mental Disorders SNOMED CT 2.16.840.1.113883.3.117.1.7.1.343, and Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.1010 should all be harmonized. CMS136 has separate value sets for mental health disorders and substance abuse (Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004), but there is no apparent need for separate value sets as there is overlap between the two. Additionally, values sets Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.101 and Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004 are inconsistent in selection of concepts as mental health or substance abuse.	No comments given

Synthesis of Behavioral Health Results

Mental Health Diagnoses - National Committee for Quality Assurance

Reasons for Harmonization	Reasons to Not Harmonize
The value sets Psychiatric/Mental Health Patient 2.16.840.1.113883.3.117.1.7.1.298, Mental Disorders SNOMED CT 2.16.840.1.113883.3.117.1.7.1.343, and Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.1010 should all be harmonized. CMS136 has separate value sets for mental health disorders and substance abuse (Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004), but there is no apparent need for separate value sets as there is overlap between the two. Additionally, values sets Mental Health Diagnoses 2.16.840.1.113883.3.464.1003.105.11.101 and Substance Abuse 2.16.840.1.113883.3.464.1003.106.12.1004 are inconsistent in selection of concepts as mental health or substance abuse.	No comments given

Synthesis of Behavioral Health Results

BH Condition involving unipolar depression SNOMED - Center for Quality Assessment and Improvement in Mental Health

Reasons for Harmonization	Reasons to Not Harmonize
The value sets listed below should be harmonized. • BH Condition involving unipolar depression SNOMED 2.16.840.1.113883.3.1257.1.1803 • Major Depression 2.16.840.1.113883.3.464.1003.105.11.1017 • Depression Diagnosis SNOMED 2.16.840.1.113883.3.600.141 The value set Major Depressive Disorder-Active 2.16.840.1.113883.3.526.2.1912 should remain separate as these measures specify major depressive disorders only. Value set BH Condition involving unipolar depression SNOMED 2.16.840.1.113883.3.1257.1.1803 includes concepts “in complete remission” and is inconsistent with the bipolar disorder value set used in the same measure, CMS169. See above for “in remission” discussion.	No comments given

Synthesis of Behavioral Health Results

Major Depression - National Committee for Quality Assurance

Reasons for Harmonization	Reasons to Not Harmonize
Value set Major Depression 2.16.840.1.113883.3.464.1003.105.11.1017 should include dysthymia as CMS159 and CMS160 specifically includes dysthymia. From the measure descriptions - “Adult patients age 18 and older with the diagnosis of major depression or dysthymia”.	No comments given

Synthesis of Behavioral Health Results

Major Depressive Disorder: Active - American Medical Association-convened Physician Consortium for Performance Improvement(R)

Reasons for Harmonization	Reasons to Not Harmonize
If CMS128 really intends to include only major depression (major depressive disorders), it should consider using Major Depressive Disorder-Active 2.16.840.1.113883.3.526.2.1912.	No comments given

Synthesis of Behavioral Health Results

Depression Diagnosis SNOMED - Quality Insights of Pennsylvania

Reasons for Harmonization	Reasons to Not Harmonize
The concept Severe bipolar II disorder, most recent episode major depressive without psychotic features (disorder) should be removed from Depression Diagnosis SNOMED 2.16.840.1.113883.3.600.141 as the concept is also in Bipolar Diagnosis SNOMED 2.16.840.1.113883.3.600.449 used in the same measure. Both value sets are used for measure exclusions. Similar to the concern with having a schizoaffective disorder concept in Bipolar Diagnosis SNOMED 2.16.840.1.113883.3.600.449, I question whether Schizoaffective disorder, depressive type (disorder) should be in from Depression Diagnosis SNOMED 2.16.840.1.113883.3.600.141.	169v4 includes major depression related remission codes. Stewards of 2v5 would need to comment regarding their exclusion of nine (9) major depression related remission codes as they DO include "Major depression, single episode, in complete remission (disorder)" but exclude all of it's SNOMED CT siblings (e.g., "Recurrent major depression in complete remission (disorder)"), parent ("Major depression in complete remission (disorder)") and related codes under "Major depression in remission (disorder)". Further, 169v4 includes the code "Dysthymia (disorder)", the SNOMED CT parent code for many dysthymia related codes included in 2v5. It is unclear from measure intent or definition if 169v4 is purposely excluding these eight (8) more granular child codes (all SNOMED CT children except those related to Secondary Dsythmia and Generalized neuromuscular exhaustion syndrome). ***If these codes were not purposely excluded, recommend harmonization, otherwise the value sets are distinct**

Next Steps

- We will work with our Value Set Committee to determine a methodology for harmonization and discuss that with you prior to sending out the next assignment
- We are working on a third pilot test currently with ONC and will discuss the that with you in the next two weeks
- We are scheduled to have a second in-person meeting with the VSC in November to review all three pilot tests and discuss governance models
- We are beginning to draft our final report

Next Steps

- Value Set Harmonization Technical Expert Panel Webinars
  - October 6, 2015

Project Contact Info

- Jason Goldwater: jgoldwater@qualityforum.org
- Kathryn Streeter: kstreeter@qualityforum.org
- Ann Phillips: aphillips@qualityforum.org

- Project team email: valueset@qualityforum.org

- NQF Phone: 202-783-1300

THANK YOU!