#### Value Set Harmonization

Value Set Harmonization Committee Meeting

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## Agenda at a Glance

- Welcome and Roll Call
- Project Status Pilot Harmonization
- Governance and Policy Discussion
- Next Steps



# Welcome and Roll Call

## **NQF** Project Staff

- Jason Goldwater
  - Senior Director
- Kathryn Streeter
  - Senior Project Manager
- Ann Phillips
  - Project Analyst

## Value Set Harmonization Committee

- Zahid Butt, MD, FACG (co-chair)
- Michael Lieberman, MD MS (co-chair)
- Howard Bregman, MD, MS
- Chengjian Che, MD
- Christopher Chute, MD, DrPH
- Cynthia Cullen, MS, MBA, PMP
- Ellen Harper, DNP, RN-BC, MBA, FAAN
- Yan Heras, PhD
- Wendy Hofner, RN

- Stan Huff, MD
- Matt Humphrey
- Rute Martins, MS
- Robert McClure, MD
- Marjorie Rallins, DPM
- Joseph Schneider, MD, MBA, FAAP
- Ann Smith, RN, BSN, MSHA
- James Tcheng, MD, FACC, FSCAI, FESC
- Nancy Walker, MHA, RHIA



# **Project Status - Pilot Harmonization**

### **Project Status** Pilot Process for Harmonization

#### Intent

- Measure Intent
- Value Set Intent

#### Overlap, Duplication and Omission

- Manual Review
- Jaccard Analysis

#### Prioritization

- Identified overlap
  - Distinct Harmonization may not be needed
  - Significant Overlap Harmonization is needed
  - Ambiguous more information needed to determine of harmonization is needed

#### Recommendation for Harmonization

- Why is a change recommended?
- What improvements will result from this change?

#### **Project Status**

#### Harmonization of Medication Value Sets

- Jaccard analysis performed on Medication value sets from AMI and VTE measures
- Eight value sets were identified as having a Jaccard index of over .49
- A worksheet was developed for the Technical Expert Panel that identified the measures containing those value sets, the intent of the measures, the value sets, the intent of the value sets and which ones were potentially overlapping.
- NQF will take on the role of identifying classes of Medications for those overlapping value sets.



## **Governance and Policy**

- Criteria for High Quality Value Sets
  - What is a high quality value set?
  - A high quality value set perfectly describes the intent of the specific data element that it is associated with – fit for purpose
  - Correct identifications of patient populations based on the value set.
  - Data elements that match the meaning and have no false negatives and no false positives
  - Intentional value sets allow for unambiguous description
  - Regular analysis with regards to the value sets defined scope or purpose

- Criteria for High Quality Value Sets
  - What is a high quality value set?
  - Verification that codes in the value set are present both in the EHR and used in practice, testing
  - Review of code systems to determine whether there are concepts inside those code systems that fall within the scope on a regular basis

- Criteria for High Quality Value Sets
  - What body (NQF, CMS, other) will define and chose high quality value sets?
  - Participation from professional societies clinical perspective
  - What is the role for NQF?
  - Will quality be defined as a yes or no proposition, or a by a graded scale?
  - Graded scale similar to U.S. Preventive Services Task
    Force (USPSTF) five letter grades (A, B, C, D, or I) that can change over time

- Criteria for High Quality Value Sets
  - How will the NQF measurement endorsement process account for the use of quality value sets?
  - Standardized, vetted or "preferred" value sets would be identified
  - Will there be exceptions defined and how will exceptions and appeals be managed in measure endorsement?
  - How would those exceptions be defined?

#### **Governance and Policy** Value Set Development, Endorsement and Use

- Identify the processes around the development and use of value sets
- How can the perception of measure developers be managed to see the endorsement of value sets as a benefit?
  - Who enforces requirements? CMS or NQF
- How will change in the current process impact the work of measure developers, especially for non NQF endorsed measures?
  - Backing of CMS policy needed?
  - How will recommendations for change be managed?

### **Governance and Policy** Value Set Update and Maintenance

- What will be the "carrot" to encourage updates and maintenance to value sets, especially when there are recommendations for change? Again – perception that this is a benefit, not a roadblock?
  - Maintenance to a third party, freeing developers of the responsibility?
  - Maintenance by experts in terminologies?
  - Coordination between a number of different entities?

## **Governance and Policy** Beyond eCQMs – Other Clinical Documents

- What clinical documents are potentially affected by changes in value set content, or out of cycle updates?
- How will a value set endorsement process affect other types of clinical documents?

### **Governance and Policy** Implementers

- What is the impact of change in value set content or specifications to implementers?
  - Mid cycle changes
  - Effects on reporting
  - EHR specifications

### **Governance and Policy** Value Set Update and Maintenance

- How is retooling funded, who pays for it?
  - Backing of CMS policy needed?
- How will change in the current process impact the work of measure developers, especially for non NQF endorsed measures?

## **Governance and Policy** Intellectual Property

- Issues around intellectual property who "owns" value sets, can use fees be charged for value sets specified for use in public programs?
  - Open source licensing framework?
  - What level of change has to occur to a value set before it is no longer IP (more than 10% of codes), different use case? Different intent?
  - Can royalties be charged if value set is developed for commercial use?

#### **Next Steps**

#### Value Set Harmonization Pilot Test Evaluation Webinars

- <sup>D</sup> July 28, 2015
- September 24, 2015
- October 19, 2015
- In Person Meeting
  - November 10, 2014
- Post Comment Call
  - January 21, 2015

#### **Project Contact Info**

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# **THANK YOU!**