

Value Set Harmonization

*Value Set Harmonization Technical Expert
Panel*

*Jason Goldwater
Kathryn Streeter
Ann Phillips*

*July 20, 2015
2:30-4:30pm ET*



NATIONAL
QUALITY FORUM

Agenda at a Glance

- Welcome and Roll Call
- Pilot Harmonization Process
- Value Set Harmonization for Medications
- 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
- Kristen McNiff, MPH
- 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
 - First Exercise: Value Sets Associated with Medications

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
 - We are no longer asking for the TEP to use RxNAV to identify classes of medications for those value sets that may be redundant and overlapping - that activity will be undertaken by NQF
 - The charge of the TEP is to examine the paired value sets and determine if harmonization is needed or not

Harmonization Approach

- The first worksheet on value set harmonization for medications included:
 - Measures for AMI and VTE under Meaningful Use
 - 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
 - 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 paired value sets that may be overlapping and the measures they correspond to

Harmonization Approach

- The TEP was asked to look at the paired 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 Medication Results

Other Anticoagulants for AMI

Reasons for Harmonization	Reasons to Not Harmonize
<ul style="list-style-type: none">• Harmonize as all the values in the Oral Factor Xa Inhibitor value set can be found in the value set for other anticoags for AMI.• There are two medications in 'Other Anticoagulants for AMI' that are not Xa Inhibitors.• 'Other Anticoagulants for AMI' value set is linked to the measure that is looking specifically for Aspirin yet this value set does not have aspirin as a value.• There is some ambiguity (clinical) about the indication for dabigatran for VTE prophylaxis.• Although Dabigatran Etxilate is the only difference between both value sets, and is recommended mostly for Atrial Fib/AMI, it is an oral anticoagulant.	<ul style="list-style-type: none">• The value sets have different uses, which I think is the justification for them not needing to be harmonized.• Dabigatran, which is included in the 'other anticoag...' value set is not an oral factor Xa inhibitor.• Also, the measures that 'Oral Factor Xa Inhibitor for VTE Prophylaxis' is used in do not specifically state they only want this class of medications.• Other Anticoagulants for AMI is distinct from Oral factor Xa Inhibitor for VTE Prophylaxis in CMS100V4, CMS114V4, CMS190V4, and CMS108V4. Other Anticoagulants for AMI includes dabigatran which is a direct thrombin inhibitor which is different from a factor Xa inhibitor.• Dabigatran is not indicated for general VTE prophylaxis; only used for VTE prophylaxis if patient has atrial fibrillation or has a history of VTE.

Synthesis of Medication Results

Low Dose Unfractionated Heparin for VTE Prophylaxis

Reasons for Harmonization	Reasons to Not Harmonize
<ul style="list-style-type: none">• The unfractionated heparin contains all but one item in the value set of low dose unfractionated heparin.• The unfractionated set includes four additional values are not in the low dose unfractionated set.• Looking at the measures these value sets could be combined to the less specific value set 'Unfractionated Heparin'.	<ul style="list-style-type: none">• The measure developer had created smaller subsets of the different types of heparin, which allows them to reuse across multiple measures.• The value set “Low Dose Unfractionated Heparin for VTE Prophylaxis” is meant to indicate subcutaneous administration of heparin whereas the value set “Unfractionated Heparin” is meant to indicate intravenous administration of heparin.

Synthesis of Medication Results

Low Molecular Weight Heparin for VTE Prophylaxis

Reasons for Harmonization	Reasons to Not Harmonize
<ul style="list-style-type: none">• The intent of the value sets is different, however looking at the codes there are issues. For instance, VS 'Low Molecular Weight Heparin for VTE Prophylaxis' has NO heparin medications in it. If this VS only had heparin it would make sense to keep these separated. The VS 'Parenteral Anticoagulant' could be used instead and 'Low Molecular Weight Heparin for VTE Prophylaxis' VS should be discontinued or remapped to contain only heparin medications.• The parental anticoagulant value set seems much more robust than the low molecular weight heparin for VTE prophylaxis.	<ul style="list-style-type: none">• The parenteral anticoagulant value set includes medications used for treatment of VTE. The other value set is for VTE prophylaxis. While there is overlap, all the meds in each are not appropriate in the other one• CMS measure 108, 114 and 190 utilize a set of more granular drug value sets, including the LMWH for VTE Prophylaxis Value Set. Included in the Parenteral Anticoagulant VS are numerous drugs captured in one of the other value sets (e.g., Low Dose Unfractionated Heparin for VTE Prophylaxis). Thus, these two value sets are distinct as one is intended to be more granular than the other.



Next Steps

Next Steps

- Value Set Harmonization Technical Expert Panel Webinars
 - ▣ September 9, 2015
 - ▣ 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!