QUESTION #1: I noticed that some of the logic in the slides is 2017 logic. The diagnosis doesn’t become an attribute of the encounter until 2017. Was this intentional?

ANSWER: You are correct. We were using the 2017 logic, and you’re correct that the diagnosis doesn’t become an attribute of the encounter until 2017 data collection. In 2016, diagnosis is represented as a data element that requires a timeframe.

QUESTION #2: How do I get a copy of the slides?

ANSWER: The slides will be posted to our website within 7-10 days following the presentation, along with an audio recording.

QUESTION #3: I did not understand the Xarelto answer. It meets the criteria and if Xarelto qualifications are met we should pass?

ANSWER: That is correct. The criteria was met, and the logic was displayed on the slide for your understanding. When we received that question, we felt that perhaps there was an issue with that organization’s mapping, or some other issue within the EHR.

QUESTION #4: The one-day definition – is it exactly 24 hours past inpatient status that we must have the documentation or is it one calendar day until midnight?

ANSWER: It is one calendar day. The day starts at 0000 and ends at 2359. If the patient is admitted on 5/15/16 @ 1500 this would be considered the day of admission. You would have until 5/16 @ 2359 to have documented VTE prophylaxis or documentation on why prophylaxis was not given.

QUESTION #5: With the retirement of the SCIP measure, will consideration be given to bringing the SCIP procedures into the VTE measure denominator?

ANSWER: That all depends on what our Technical Advisory Panel considers.
QUESTION #6: Are OB patients excluded from VTE-1? If so, then why is that population mapping as a negative numerator in eCQM?

ANSWER: OB patients are excluded. If you look at the initial population section, the logic reads “and not”, so therefore they’re not included. If they are mapping as a negative numerator I would discuss with your vendor and evaluate your mapping to assure everything is set up correctly.

QUESTION #7: If VTE prophylaxis meets the measure on hospital Day 0 or 1, why does eCQM abstract the “time” element? If a physician admits the patient at 0900 and documents a contraindication to VTE prophylaxis at 0900, we fail the measure.

ANSWER: Yes, you are correct. It needs to be one minute after. The timing statement for this part of the logic is something we will evaluate in the next annual updates for 2018.

QUESTION #8: One of the challenges related to the eCQMs is that there is no guidance provided related to acceptable sources of documentation, other than to indicate the information should come from structured documentation. This frequently is exposed in JIRAs, but it is not clear when the information provided in the JIRAs will be implemented. For example, JIRA CQM-1972 regards the source of the data for the ICU date/time. The spec leads to the users to the ICU location date and time, but the JIRA indicates that it’s based on the order. If this is the case, why isn’t the format in encounter order, rather than in encounter performed?

ANSWER: This is a question that we are hearing more and more frequently as you’ve noticed through JIRA and through other formats. It is definitely a limitation today that we don’t provide additional implementation as guidance. It’s something under discussion currently what we can do to improve the guidance provided. If you have any ideas on what this guidance should look like, anyone on this call, we’d be happy to receive that input through the Pioneers in Quality email, that’s pioneersinquality@jointcommission.org, and we thank you for any feedback.

QUESTION #9: For VTE 2, does the SCIP surgery have to be during ICU admission?

ANSWER: No, the SCIP surgery does not have to be during the ICU admission, however, the ICU admission must be an ICU stay greater than one day and LOS of 2 days in the hospital.
QUESTION #10: Does The Joint Commission plan to support the eCQMs that are proposed to be retired next year?

ANSWER: Stay tuned. We, like the rest of the industry, are waiting see what comes out in the IPPS final rule in August, and we hope to communicate our plan shortly after the rule is released.

QUESTION #11: I have had several OB diagnoses that were not accepted as OB patient and placed in the measure. Have you, or will you update the OB codes?

ANSWER: We do evaluate the codes annually each year. If you have specific codes that you’re finding, we ask that you please submit a JIRA ticket with those codes so that we can evaluate them at the next annual updates.

QUESTION #12: With mapping to mechanical VTE prophylaxis, the intent of the measure is noted if the device is being used. If a mapping is pointed to a flow sheet and the flow sheet documentation is noting other or ordered or no instead of the yes answer, how should this be mapped or is this just one of the challenges in getting this element?

ANSWER: That is something that I would go back to your vendor to discuss the mapping with them.

QUESTION #13: Is the admit date/time defined by the date/time the MD writes the admit to inpatient order or the date/time of the admit to inpatient disposition in ADT?

ANSWER: That is another one that I would reach back out to your vendor to identify where you have items mapped to.

QUESTION #14: Back to the Xarelto question again. Is there only one calendar day allowed for this medication to be administered so the <=1 day logic does not mean 1 calendar day? My understanding is “the number of times midnight is crossed”?

ANSWER: No, this medication can be administered anytime, the day of, the day after the ICU admission, or the hospital admission, to count for VTE prophylaxis.

Example: If a patient was admitted today let’s say 11:49am, that would be the first day of admission. The day after would be up to tomorrow, so 7/13 until 11:59pm, they can have documentation any time between that, and they would qualify for the measure. They would meet the timing elements. That would be the same for the ICU admission or transfer, for them to receive medication or mechanical prophylaxis. It needs to be the day of or the day after, and the
day ends at 11:59pm. It is not exactly 24 hours. It goes by the midnight. So once again, if it's the day of admission, if today was admission, that would be the day of and then the day after, you would have until tomorrow at 11:59pm to give the patient prophylaxis.

QUESTION #15: Back to the admit date time question. This would require guidance similar to the ICU question referenced above.

ANSWER: Yes, we realize that guidance is needed for pretty much every single data element in our intent.

QUESTION #16: Our VTE order is included in our CPOE Admit order to ensure it is addressed in a timely way. In understanding the timing issue (requiring 1 minute after), is the recommendation that we redesign our Admit order?

ANSWER: I think that it is a decision for you to make based on the burden required to do that. We do realize that we have the issue where we not addressing the concurrent minute and that’s something that we can address in an annual update in the future. If it’s important to you to capture it this year, you would have to make that change in order to capture the data, but it is also something that we can change for future versions of the measure.

QUESTION #17: VTE low risk will exclude the patient from the population?

ANSWER: No the patient is not excluded from the population. The patient would fall under reason for no prophylaxis given under the numerator.

QUESTION #18: Does documentation during ED hold status count? Waiting on IP bed.

ANSWER: I’m guessing that you’re in a situation where the patient has an admit order already and they’re in ED hold. The answer there depends on how the time stamps for inpatient admission has been mapped in your EHR. It may be that the patient who is in ED hold is counted in the inpatient population, or the patient may not be.
QUESTION #19: My eCQM support informed me that a patient was included in the VTE-108 population because they have a diagnosis code 099.824 and that this code is currently not included on the CQM value set for VTE-108 08 exclusion. The eCQM team opened an ONC JIRA ticket requesting this code be included in the value set in a future release. They informed me that they have already received the value set for 2017 that will be effective 1/1/17. Therefore, if this code is included it will not be effective until 1/1/18. What is the reason for such a huge timeframe of getting this updated?

ANSWER: The measure developers perform eCQM annual updates annually to be effective in the next calendar year. There was an annual update that was released April 1, 2016 that's effective for data collection January 1, 2017. That allows about 7 or 8 months for the EHR vendors and hospitals to take the updates to the measuring and implement them in the EHR and in their reporting tool. For changes to get in, including code changes, they need to get in to that annual update. The window for updating for 2017 is closed. The 2017 version of the measures were published on April 1, 2016. The next opportunity to update the code list in eCQMs, would be in the 2017 annual update of the measures which is effective for data collection January 1, 2018. It is a significant delay in time. There is work being done in workgroups to identify if there is a way to update the code list, the eCQMs, the value sets, out of cycle with annual updates for this specific reason. We know that there are codes missing from value sets, as well as codes systems, for example, RX NORM with medications that are updated more frequently than annually. It would be nice if there was a way we could maintain the measures in line with the codes that are available. That is a work in progress. Currently, that code 099.824 would not be included until 2018.

QUESTION #20: All of our VTE negative numerators are low risk. They have an order of VTE not initiated with the reason: low risk. How do we fix this?

ANSWER: Unfortunately, we do not have a great answer besides to work with your vendor and try to identify if this is mapped to the low risk code and then therefore it would work for those patients to fall into the measures.

QUESTION #21: We will not be held to a specific measurement…correct? This will help with making decision regarding CPOE VTE order design vs. waiting to see outcome on your end.

ANSWER: That's a good clarification. You are correct. The Joint Commission has no plans to report eCQQM measures rates, and CMS has also stated they have no intent to report eCQM measure rates at this time.
QUESTION #22: The mapping used is when the patient is physically moved to an ICU so if the patient is held in the ED waiting for a bed and SCD’s are applied or Lovenox is given, for example, neither will be captured until the nurse documents the VTE prophylaxis until after the patient is physically moved. Again, the measure allows for Day 0 or Day 1, but eCQM logic is incorrect and needs to be corrected just like the contraindication for VTE at the time of admission.

ANSWER: Once again, we do not include the ED patients because typically VTE prophylaxis is a BID action, happens twice a day, so therefore, it is felt that we would still capture a medication being given, or a mechanical device being applied within the day of or the day after admission.