Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Transitional Vocabulary Task Force

Draft Recommendations

December 10, 2015

Christopher Chute, Co-Chair
Floyd Eisenberg, Co-Chair

Transitional Vocabulary Task Force Membership

Health IT Standards Committee
A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Member	Organization
Co-Chairs	
Christopher Chute	Chief Health Information Research Officer, Johns Hopkins Medicine
Floyd Eisenberg	iParsimony, LLC
Members	
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Gay Dolin	IMO – Intelligent Medical Objects
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Joseph Jentzsch	Kaiser Permanente
Federal Ex Officio	
Nancy J. Orvis	Department of Defense
Debbie Krause	Centers for Medicare & Medicaid
ONC Staff	
Julia Skapik	ONC Staff Lead

Task Force Charge

Charge:

Should transitional vocabularies be eliminated as alternatives in reporting to federal quality measure programs using EHR-captured clinical data elements? If so, which ones and by when?

Secondary Questions:

- What is the impact of retaining the transitional vocabularies on the reliability and validity of measure results?
- What are the potential costs and implementation impacts on vendors and providers? How does that compare to the current situation with vocabulary alternatives?

Assumptions:

- EHR vendors and providers have a pressing need to know what approach will be taken in regards to transitional vocabularies as soon as possible to plan and program accordingly.
- Measure developers have an even more pressing need for this decision, as changes to the current approach could change measure workflows and will change large volumes of value sets, although removal could result in simplified measure development costs and testing efforts.
- vocabulary experts agree that there are benefits to using a single code system but that there are costs to this approach including at least initially increased effort of mapping.

Task Force Recap

1. CPT is planning to integrate an ontology that could allow mapping to SNOMED from the current CPT hierarchy for procedures
2. CPT and SNOMED are complimentary for procedures with significant overlap, whereas SNOMED is the most comprehensive terminology for problems, diagnoses, findings, organisms, etc.
3. IHTSDO – WHO partnership (SNOMED and ICD-11): Collaborating since 2010 on a common ontology which is still under development. Some overlap exists but with semantic anchoring. Data can be coded in granular fashion in the patient record and aggregate the SNOMED concepts into a rolled up ICD rubric for billable codes for diagnoses and other secondary uses such as quality metrics. The model is evolving.
4. Code systems have use cases that drive ongoing needs. One coding system cannot meet all use cases. The tieback to SNOMED allows easier transition because it is the most granular and most comprehensive for the most use cases.

Task Force Recap (Cont.)

5. Federally published algorithms and central mapping should be made available to provide consistency for current measure reporting. However, terminology capture and meaning should be permitted to be local to facilitate quality improvement and clinical decision support and not merely quality reporting. Federally approved algorithms and services could support more consistent local mapping.
6. Reverse mappings to clinical terminologies cannot occur cleanly. The completeness of the information is absent with aggregated codes. Basically, transitional codes will be necessary for the time being as clinical data are not yet coded in granular form in a widespread fashion.

Task Force Draft Recommendations

1. We support the original intention of the HIT Standards Committee to migrate towards encoding data to primarily support evidence-based patient care, clinical decision support, and clinical workflow rather than administrative activities.
2. We also believe this coding will better support a broad array of functions, including evidence-based clinical care, clinical decision support, clinical workflows, quality measurement, research and reimbursement.

Task Force Draft Recommendations (Cont.)

3. The federal government should choose a date in the future to transition to clinically focused data capture and away from the support of multiple code systems for a single type of data. Thus, the task force ultimately supports one mandated reporting and exchange vocabulary for each category of data.

4. Even after migration to a single terminology for clinical data, "hybrid measures" could still continue to intentionally incorporate and combine clinical and administrative terminologies (e.g., EHR data and claims reports).
   - The use of administrative data, where specified, should be deliberate.

Task Force Draft Recommendations (Cont.)

5. It will be acceptable to use federally permitted deconstructions of other codes into SNOMED expressions. A deconstruction is defined as the representation of a complex, pre-coordinated expression with a set of simple coded statements such that when the set is interpreted as a post-coordinated expression the set renders the same meaning.
   - The use of intentional value sets should be encouraged, i.e., where the members of the set are self-defining under the SNOMED hierarchies and relationship models.
   - The use of post-coordinated SNOMED expressions should be encouraged for secondary use cases but not for primary data capture.
   - A SNOMED expression library could, in the future, support exchange of complex ideas with a single identifier (i.e., pre-coordinated expressions), but such a technical solution is not yet available in exchange standards. The CPT and ICD-11 models may also support this approach coordinated with SNOMED in the future.

Task Force Draft Recommendations (Cont.)

6. Transitional/alternative vocabularies will continue to be used for reporting and exchange until single, data-specific terminologies are identified and incorporated into standards and programs.

Draft responses to secondary questions from charge

1. What is the impact of retaining the transitional vocabularies on the reliability and validity of measure results?

   Given that there is so much variability in the capture of data and workflow, it is not possible to assure measure results are comparable when transitional vocabularies are included, particularly without consistent mapping guidance.

2. What are the potential costs and implementation impacts on vendors and providers? How does that compare to the current situation with vocabulary alternatives?

   The recent change to ICD-10 coding had a large impact on vendors and providers. Changing direction again in the near term will have significant cost and impact.

Transitional Vocabulary Task Force
Meeting Dates/Workplan

Health IT Standards Committee
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	Meetings	Task
✓	Wednesday, October 14th 10:30-12:00pm EST - **Kick Off Meeting**	• Membership introductions • Review charge and work plan • Identify action steps
✓	Wednesday, November 4th 11:00-12:30pm EST	• Task Force Discussion
✓	Friday , November 20th 9:30-11:00am EST	• Task Force Discussion
✓	Wednesday, December 2nd 11:00-12:30pm EST	• Task Force Discussion • Develop Preliminary Task Force Recommendations
➔	**Wednesday, December 10 HITSC Meeting**	• **Present Draft Recommendations to HITSC**
	Wednesday, December 16th 11:00-12:30pm EST	• *Refine Recommendations , if needed*
	Wednesday, January 20 – HITSC Meeting	• *Present Final Recommendations to HITSC, if needed*

Appendix

Transitional Vocabularies

Concept	Preferred terminology	Transitional Vocabulary
Condition/Diagnosis/Problem	SNOMED CT (Primary code of clinical data)	ICD-9-CM (Legacy Code/Historical data), ICD-10-CM (Use case-specific)
Encounter (any patient-provider interaction, e.g., telephone call, e-mail regardless of reimbursement status, status—includes traditional face-to-face encounters)	SNOMED CT (Primary code of clinical data)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS
Diagnostic study test names	LOINC	HCPCS (Alternate Vocabulary?)
Intervention (Merged with Procedures)	SNOMED CT (Primary code of clinical data)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS
Procedure	SNOMED CT (Primary code of clinical data)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS
Communication (If I wanted to send a referral to another physician how would I define the type of communication that occurred)	SNOMED CT (Primary code of clinical data)	CPT, HCPCS