



# Managing Transitions to Standard Vocabularies

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HIT Standards Committee

Clinical Quality Workgroup and Vocabulary Task Force

Jim Walker & Jamie Ferguson, Chairs

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# Vocabulary Task Force Members

**Chair:** Jamie Ferguson Kaiser Permanente  
**Co-Chair:** Betsy Humphreys National Library of Medicine

## **Members**

Donald Bechtel	Accredited Standards Organization X12
Lisa Carnehan	NIST
Christopher Chute	Mayo Clinic
Bob Dolin	HL7
Floyd Eisenberg	National Quality Forum
Patricia Greim	Veterans Affairs
John Halamka	Harvard Medical School
Stan Huff	Intermountain Healthcare
John Klimek	NCPDP
Clem McDonald	National Library of Medicine
Stuart Nelson	National Library of Medicine
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## **Federal Ex Officio**

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# Clinical Quality Workgroup Members

**Chair:** Jim Walker Geisinger Health System

**Co-Chair:** Karen Kmetik American Medical Association

## **Members**

David Baker	Northwestern University
Anne Castro	BlueCross BlueShield of South Carolina
Christopher Chute	Mayo Clinic
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Bob Dolin	HL7
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Philip Renner	Kaiser Permanente
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Jon White, AHRQ  
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Patrice Holtz, CMS, HHS  
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## Management of Transitions to Full Use of Standard Vocabularies

- **Background:** Requiring the immediate, exclusive use of some standard vocabularies might be so burdensome as to compromise clinical-quality measure (CQM) reporting.
- **Goal:** Identify acceptable transition vocabularies for specific data categories of the Quality Data Model (QDM)—to support CQM reporting.
- **Scope:** These recommendations do not apply beyond the domain of CQM reporting.

# Effects on Stakeholders

1. **CQM developers** – would not be required to use transition vocabularies; they could do so voluntarily to make their measures easier to implement.
2. **HIT developers and HIT certifiers** – Transition vocabularies would not be required for quality-measure reporting.
3. **Care-delivery organizations** – would not be required to use transition vocabularies (but could if they wished)
4. **CMS** – would be required to receive and credit reports of care-quality measures communicated in both standard vocabularies and in transition vocabularies.
5. **Non-CMS payers** – would not be required to receive quality reports in interim (or standard) vocabularies.

# Acceptable Transition Vocabularies for QDM Concepts

1. ICD-9 CM Diagnoses
2. ICD-10 CM
3. ICD-9 CM Procedures
4. ICD-10 PCS
5. CPT
6. HCPCS

# Elements to consider for vocabulary transitions

1. Vocabulary sub-sets (value sets)
2. Mappings
  - For care-delivery organizations
  - For measures developers
  - For CMS
3. Final Date of transition period
4. Certification Implications: None identified.

*Ratings of mappings and sub-sets and value sets:*

*1 = useless or unusable*

*5 = optimally useful and usable*

## Determining Final Dates for Transitions

- Does statute or regulation set a terminal date?
- Until when might organizations acting in good faith be unable to use target standard vocabularies?
- How soon could usable and useful value sets (sub-sets) needed for the transition be developed?
- How soon could usable and useful vocabulary mappings needed for the transition be developed?



# ICD-9 CM Diagnoses

*(condition, diagnosis, problem, family history--dates of service before 10/1/2013)*

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - SNOMED CT to ICD-9 CM
    - Readiness = unknown\*
  - ICD-9 CM to SNOMED CT
    - Readiness = unknown\*
  - Sources
    - Kaiser
    - NLM
    - Commercial maps may be available.
- Final Date: Not usable for services provided after 10/1/2013.

*\*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.*

# ICD-9 CM Procedures

(Inpatient Encounter; Intervention; Procedure)

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - SNOMED CT to ICD-9 CM
    - Readiness = unknown\*
  - ICD-9 CM to SNOMED CT
    - Readiness = unknown\*
  - Sources
    - Kaiser
    - NLM
    - Commercial maps may be available.
- Final Date: Not usable for services provided after 10/1/2013.

*\*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.*

# ICD-10 CM

*(condition, diagnosis, problem, family history; for dates of service on or after 10/1/2013)*

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - ICD-10 CM to SNOMED CT
    - Readiness unknown.\*
  - SNOMED CT to ICD-10 CM
    - Readiness unknown.\*
- Final Date: One year after MU-3 is effective.

*\*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.*

# ICD-10 PCS

*(Inpatient Encounter; Intervention; Procedure)*

- Existing Subsets and Value Sets: Not relevant.
- Mappings
  - ICD-10 CM to SNOMED CT
    - Readiness unknown.\*
  - SNOMED CT to ICD-10 CM
    - Readiness unknown.\*
- Final Date: One year after MU-3 effective.

*\*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.*

# CPT

*(Encounter; Intervention; Procedure)*

- Existing Subsets and Value Sets
  - Value sets and Subsets with OIDS from MU-1 re-tooling and PQRS
  - Readiness = 4
- Mappings
  - CPT (I & III) to SNOMED CT
    - Readiness = unknown.\*
  - SNOMED CT to CPT (I & III)
    - Readiness = 4
  - CPT (I) to LOINC
    - Readiness = unknown.\*
  - LOINC to CPT (I)
    - Readiness = 2
- Final Date: One year after MU-3 is effective.

*\*Pending identification of the SNOMED CT codes needed for MU 2 & 3 quality measures.*

# HCPCS

*(Communication, Non-lab diagnostic study, Encounter, Intervention, Procedure)*

- Existing Subsets and Value Sets:
  - CPT and SNOMED-CT.
  - Readiness = 4
- Mappings: None identified.
- Final Date: One year after MU-3 is effective.

# Monitoring

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- ONC will need to track and revise especially final dates, according to changes affecting MU timeframes, etc.