In-Person EQRS Workgroup

21 August 2024   Windsor Mill, MD

Agenda

- Welcome & Introductions (9 - 9:30)

- CMS Presentations (9:30 – 11)

- Break (11 – 11:15)

- CMS Presentations continued (11:15 - 12)

- EQRS Simplification Recommendations (12 – 12:30)

- EDI Top 3 (12:30 - 1)

- Closing

EQRS Simplification Recommendations

1. Patient Schema

- Medicare Status – Remove (L)
- Nursing Home Setting – Move to Clinical schema or to separate schema with start and end dates (M)
- Currently address state is required. Even if we want to submit just new admission, we still have to include address state into XML – Remove this requirement (H)

2. Clinical Schema

- Do not reject clinical data outside of Admission/Treatment date range. This needs to be coordinated with QIP (H)
- CHR lab result– Remove (L)
- Corrected Calcium lab result – Remove, can be calculated based on other results (L)
- Creatinine is currently linked to Kt/V date – Remove this link, have ability to submit Creatinine result on non-Kt/V date (M)
- Post-dialysis Weight Prescribed – Remove or uncouple Prescribed Date from Admission/Treatment date range (M)
- Hospitalization – Move to separate schema (M)
- Infection – Remove (L)
- Vaccination – Remove (L)
- Error 20213: Patient admit date (2024-08-02) cannot be after their initial treatment date (2024-07-31). This error occurs when patient already has Admit and Treatment dates 7/31/2023 and we are submitting update to update them BOTH to 8/2/2024. The system looks at new Admit Date 8/2/2024 and compares it to existing Treatment Date 7/31/2024 instead of new Treatment Date 8/2/2024 – Fix (M)

3. Infection Schema (Peritonitis)

- Currently we can submit antibiotic only if patient had positive culture result. It is not unusual to have peritonitis without fluid drawn (about 40%) and without positive culture (80%). However, almost every episode of peritonitis has antibiotic administered. Allow to report antibiotics regardless of fluid drawn and culture results (H).

- There could be different draw date for Cell Counts and Culture and we can have Cell Counts without Culture and Culture without Cell Counts. Uncopple this elements and give them separate draw dates (H).

4. Reporting Measure (Depression Screening)

- We need to rethink how Depression Screening assessed and scored (H)
- What is a quality standard regarding Depression Screening?
- Patient A was admitted into clinic as New ESRD on 1/15/2023 and had depression screening done on 11/12/2023. It was positive and patient was referred to psychiatrist.
- Patient B was admitted into clinic as New ESRD on 9/15/2022 and had depression screening done on 11/12/2022. It was negative. Patient receive transplant on 4/2/2023 and left clinic.
- Linking Depression Screening to calendar year is not the best way to determine quality of care. Instead, every full month after first 90 days in the clinic we should ask if patient had Depression Screening in the past 12 months. Then for 2023 Patient A score will be 2 / 8 and Patient B score will be 3 / 3.
- Add Depression Screening Date (M)

5. ICH CAHPS Attestation

- Not needed. It can be calculated based on admissions.
- There is a risk that clinic user can enter attestation incorrectly.
- We talked about it for many years. Can we just remove it?

Questions

EDI Top 3

……in no particular order.

Background

- May 2024 EDIs were asked, by CMS, for their Top 3 Wish List items. Multiple EDIs submitted their independent items.

- EDIs compiled their submissions, the following are the Top 3 based on EDI input.

1. Response File Unique Record ID

CURRENT STATE

- XSD requires a unique ID for submission

- Unique ID is not returned in Response Files

- Multiple submissions for same patient are not distinguishable when response status differs

RECOMMENDATION

- Incorporate the unique ID into the response file for direct record linkage by EDIs

2. Interactive Patient Roster Screen

CURRENT STATE

- No view within UI to see all current patients

- Patient Roster report is available
  - o 10-15 clicks to run
  - o Produces data external to UI requiring individual patient searching and 6-10 clicks to get to an Edit screen

RECOMMENDATION

- Create an interactive Patient Roster screen in the UI to easily view current/active patients

- Could reuse PART infrastructure with minor enhancements but remove completion tracking

Patient Roster Mockup

Facilities ⌄   Patients ⌃   Reports ⌄

Search Patients

View Patient Roster

Admit a Patient

Manage Clinical

Clinical Depression

Action List

Filters					
Patient View	**Last Name Group**	**Admission Reason**	**Discharge Reason**	**Treatment Type**	**Treatment Setting**
Active Only	A-L	Valid Reason List	Valid Reason List	Hemodialysis	Dialsysis Facility
Discharge <30 days	M-T			CAPD	Home
All	U-Z			CCPD	SNF/LTC
				Other	

⣿ EQRS | **Patient Registry**   **DaVita**   Change organization ⌄   Facilities ⌄   Patients ⌄   Reports ⌄

Patient View	Last Name Group	Admission Reason	Discharge Reason	Treatment Type	Treatment Setting

UPI	Patient Name	DOB (Age)	Admit/Discharge	Admit Reason	Discharge Reason	Treatment	Physician
300245354	Patient, Fake	4/1/1945 (79)	5/27/2023 to Present	Transfer In		Dialysis Facility Hemodialysis	Carter, Bill
8002354	Guy, Some	8/17/1987 (37)	8/14/2024 to Present	New to ESRD		Home CCPD	Jones, Rhonda

3. Technical Documentation Overhaul

CURRENT STATE

- Partial and not up-to-date documentation impacts entire EQRS community

- No single owner of documentation updates

- Documentation updates not a routine item in EQRS release workflow

- Timing of documentation updates delayed and impacts EDI/NW/NCC teams planning/coding

RECOMMENDATION

- Expand EDI Workgroup meeting back to 1 hr.

- Utilize extra 30min to start going field by field through Data Dictionary (for those who wish to attend)

- Once Data Dictionary is completed move on to Business Definition documentation

Technical Document Mockups

Questions