

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. Uncouple 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
 - 10-15 clicks to run
 - 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	Dialysis 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

Field Type	Required Y = Yes N = No C = Conditional	Add'l Info OR Conditionally Mandatory	UI Listed Values	EDI Acceptable Values	Definition & Info	Notes
Text (3)	Y	N/A		1 2 3 ???	Organization's Affiliation Code for EDSM Batch submitters. Each organization will be given a unique orgID.	1 - Davita 2 - DCI 3 - FKC ??? - USRC ??? - IRC 125 - RHA
Text (30)	Y	N/A			Indicates the submitter's unique patient identifier.	
Date	Y	N/A			Indicates the date that all changes to the patient record became effective.	
List*	N	N/A	USCitizen NonUSCitizen ForeignUSResident USResident	USCitizen NonUSCitizen ForeignUSResident USResident	The Citizenship Status of the patient.	
Date	C	Required when providing citizenshipStatus, but the system will default it to the submission date if one is not provided.			Date the Citizenship Status of the patient became effective.	
List*	Y	N/A	Pending NoCoverage Coverage	Pending NoCoverage Coverage	The Medicare Enrollment Status of the patient.	

Required Y = Yes N = No C = Conditional	Included in File	Add'l Info OR Conditionally Mandatory	UI Listed Values	EDI Acceptable Values	Valid Format	Definition & Info	Notes
Y	HD, PD, VA	N/A		1 2 3 ???? 125		Organization's Affiliation Code (currently only 1,2,3 and 125 are used) for Batch/NWHIN submitters. Each organization will be given a unique orgID.	1 - Davita 2 - DCI 3 - FKC ??? - USRC 125 - NRAA
Y	HD, PD, VA	N/A	JAN Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		Clinical Period Month (abbreviated) - Clinical Month must match an open clinical month.	
Y	HD, PD, VA	N/A			YYYY	Clinical Year (YYYY)- Clinical Year cannot be a future date	
Y	HD, PD, VA	N/A	PD HD VA	PD HD VA		The collection type (abbreviated) for the clinical data:	Only one collection type can be submitted per record. PD = Peritoneal Dialysis, HD = Hemodialysis, VA = Vascular Access.
Y	HD, PD, VA	N/A	true, false	true, false			1. When the user uploads the no clinical data flag as false (implicitly or explicitly), but upload no clinical data in the XML file (ERROR CODE ID 13456) 2. When the user uploads the no clinical data flag as true, but also upload clinical data in the XML file (ERROR CODE 13548)
Y	HD, PD, VA	N/A				EQRS Facility Unique Identifier	
Y	HD, PD, VA	N/A				Indicates the submitter's unique patient identifier. Must be unique.	
Y	HD	N/A			1 - 999	NNN	BUN Post-Dialysis - Integer - used in RKTINFO - Valid Format NNN - Range 1 lower limit error, 5 lower limit warning, 50 upper limit warning, 999 upper limit error (Must be less than BUN Pre-dialysis)
C	HD	Required when BUN Post-Dialysis is not populated.	true, false	true, false			N/A for BUN Post-Dialysis - Default is 'false' - Set to 'true' to attest the clinical lab was not recorded for the patient that given clinical month/collection type/facility

Insert OCT Header Logo, Document Title, and Date

Insert OCT Header Logo, Document Title, and Date

Intro on EQRS reporting micro specifications and clarity on what values EQRS is expecting for various fields

2.5 Mineral Metabolism
2.6 ESA

Section 1. Patient

1.1 Demographics
1.2 Admissions

Field Name	Description
Admit Date	<ul style="list-style-type: none"> Should be the first ESRD treatment date and the same as Treatment Start Date in the first Treatment Summary record If there is transient time that becomes permanent at the same time this date should be when the ESRD treatments started in the transient visit

Clinical Value Name	Acceptable Values	Description
ESA Administered		This should answer the following question: Yes/No does the patient have an active prescription for ESA as of the last treatment of the month?
ESA Administered Date		This should be the start_date for the active prescription that was latest administered in the month. Date may be prior to the clinical month if Rx has been active for weeks, months, etc.
N/A for ESA Administered		
ESA Monthly Dose		For In-center this should be the total dose administered in the month for the last ESA administered in the month. For Home it should be the total volume prescribed. What happens in the month a patient switches modalities and we have PD and HD labs? Sum across the whole month for both or sum for each modality independently?
ESA Monthly Dose Units of Measure	units IU mcg mg g other	This should be the unit type for the latest ESA administered in the month
N/A for ESA Monthly Dose		

1.3 Discharges
1.4 Treatment Summary
1.4.1 Modality
1.4.2 Home Training

Section 2. Clinical Lab Values

2.0 General Guidance

- All labs reported to EQRS should be the latest value of the month
- Labs outside the Acceptable Values range will not be accepted
- Lab dates must align with their specific modality (e.g. PD Labs must be while Treatment Summary shows patient on a PD modality)
- The following dates can cross a reporting month all other dates must be in the clinical month being reported

ESA Administered Date	Intravenous (IV) Iron Administered Date
Oral Iron Prescribed Date	Session UF Date
Hospitalization Admission Date	Hospitalization Discharge Date
Post-Dialysis Target Weight for Session	

2.1 Anemia Management

Questions

