Taming VTE confirmed

Change Review Process Pilot
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VTE Confirmed Issues

- **CQM-882**: VTE confirmed data element is infeasible
  - Diagnostic test results/reports not captured in structured format
  - Diagnosis is not made by radiologist

- **CQM-1085** and **CQM-1048**: VTE confirmed value set is limited
  - Missing VTE locations
  - Excessive granularity
  - No ICD-9-CM or ICD-10-CM codes

- **CQM-1070**: Misalignment between VTE and VTE confirmed value sets
  - Codes in VTE but not in VTE confirmed

VTE Confirmed Issues: Distilled

Clinical Issues

- Data source
- Measure coverage
- Confusing measure constructs

Workflow Issues

- Data source
- Data granularity

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The Intent Behind VTE Confirmed

- Narrow the population captured by the VTE and Obstetrics VTE value sets:

Exclusion	Rationale
Suspected VTEs or VTEs not confirmed by an appropriate diagnostic test	Restrict hospital accountability to confirmed VTEs Support flexibility in clinical judgment for non-confirmed VTEs
Distal and upper extremity VTEs	Course of treatment targeted by the measures not supported by evidence

The Intent Behind VTE Diagnostic Test

- Tests that can provide definitive confirmation of a VTE
- Tied to the result to ensure:
  - The diagnostic test wasn't performed for an unrelated reason
  - It's the confirmatory test

Why is this important?

VTE-6: did the patient develop a VTE during the hospitalization and were they prophylaxed **before** the VTE was suspected?

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Proposed Solution

- Eliminate the VTE confirmed value set from the measure logic

- Identify specific VTE locations targeted by the measures from administratively assigned ICD-9-CM/ICD-10-CM codes

- Maintain VTE diagnostic criterion
  - Variation #1: adding a reason for the test (which would be VTE)
  - Variation #2: tying the diagnostic test to the diagnosis (general VTE codes) through timing

Proposed Solution (Variation #1)

- AND: Diagnosis, Active: Administrative PE or proximal DVT **[ICD-9-CM, ICD-10-CM]** starts during Inpatient Encounter

- AND:

  - OR: VTE Diagnostic Test (reason: VTE **[SNOMED-CT]**) starts during Inpatient Encounter

Data source: administratively assigned ICD codes

Data source: "general" VTE codes

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Proposed Solution (Variation #2)

- AND: Diagnosis, Active: Administrative PE or proximal DVT **[ICD-9-CM, ICD-10-CM]** starts during Inpatient Encounter

  > **Data source:** administratively assigned ICD codes

- AND:
  - OR:
    - AND: VTE Diagnostic Test starts during Inpatient Encounter
    - AND: Diagnosis, Active: VTE **[SNOMED-CT]** <= 2 days starts after start of VTE Diagnostic Test

    > **Data source:** EHR clinical documentation, e.g. problem list, encounter diagnosis list

  - OR:
    - AND: VTE Diagnostic Test <= 4 days starts before start of Inpatient Encounter
    - AND: Diagnosis, Active: VTE [SNOMED-CT] <= 2 days of Inpatient Encounter admission

    > **Timing:** <=2 days of test performed or admission (if test before admission)

Pros and Cons

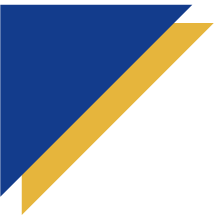| Variation #1: reason for diagnostic test	
Pros	Cons
• Simple logic • Diagnosis implicitly (and presumably) tied to diagnostic test	• Likely inclusion of non-confirmed VTEs • Replacing one workflow issue with another one?

Variation #2: tying diagnostic test to diagnosis through timing	
Pros	Cons
• Evidence of VTE confirmed rather than suspicions • Identification of confirmatory test	• Complex logic • Relies on clinical documentation for VTE confirmation (reliability?) • Additional guidance required

Impact on measure population

- Obstetrical population largely lost (≈1% of overall VTE IPP)

- Impact on sensitivity and specificity of VTE patients TBD:
    - Do administratively assigned location-specific ICD account for the majority of the confirmed VTE population? [sensitivity]
    - Are administratively assigned location-specific ICD associated with a significant number of non-confirmed VTEs? [specificity]

Discussion Questions

- Do any of the solutions work?

- Any potential unintended consequences?

- Are there other solutions we should consider?

- What if we do nothing?

- Any additional comments/feedback?

Providing feedback

- Comment on the JIRA tickets:
    - CQM-882
    - CQM-1085
    - CQM-1048
    - CQM-1070

- Shoot me an email at
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