Centers for Medicare & Medicaid Services
Special Open Door Forum:
Home Oxygen Clinical Data Elements
Thursday, January 5, 2017
3:00-4:00 pm Eastern Time
Conference Call Only
Moderator: Jill Darling

Operator: Good afternoon. My name is (Christina) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum: Home Oxygen Clinical Data Element.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Christina). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications and, today, we have a Special Open Door Forum: Home Oxygen Clinical Data Element.

Before we begin, real quick, if you didn't receive the announcement for today's call, there is a link and that is in the middle of the announcement and that will take you to today's presentation slide if you would like to follow along.

One brief announcement from me, this special open door forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from

asking questions during the Q&A portion of the call. If you have any inquiries, please contact cms@press@cms.hhs.gov.

And, now, I'll hand the call over to Kevin Young who's the Senior Technical Advisor for the Provider Compliance Group in the Center for Program Integrity here are at CMS.

Kevin Young: Thank you, Jill. Good afternoon, folks. This is a follow-up, if you will, call from the Open Door that we had on October 26, 2016 where we had a discussion -- I actually showed you the clinical data elements representing home oxygen therapy, specifically to the order of the encounter, as well as the lab test results.

So what has happened since then is we received many comments through our mailbox which, of course, is posted on the announcement that you see in front of you of this special open door forum. So taking the comments we see from the public, we came up with version three, if you will. So what you see on the Web site in the red as you scroll down in the body of the Web page, you see version three.

And what I'd like to do next is, like the last time, we have a contractor called Customer Value Partners whose task was helping us develop these clinical data elements to be used. And we have two individuals that will help us -- want to help answer or provide technical guidance regarding this subject. So they are Dr. Mark Pilley who's the medical director for our project at Customer Value Partners; and Robert Dieterle and he is the CEO of Enable Care, who does the IT support of this project.

I'm going to turn it over to Bob Dieterle so we can jump straight to it. He has a slide presentation that he'll have you follow. Bob?

Robert Dieterle: All right. Thank you very much, Kevin. Welcome, everyone. I'm going to spend a couple of minutes and do a little bit of background as to where we are, Kevin, and some of this I'm going to repeat, a bit of it an orientation to the CMS.gov Web site for home oxygen templates.

If you're on there you will see an introductory paragraph talking about the problem, meaning the improper payment problem with home oxygen therapy. It gives you some information from the 2015 cert reports.

This next paragraph talks a bit about the area we're focusing on creating clinical data elements for the various documents that need to get created, whether that is a face-to-face or progress note or it's the order for our home oxygen therapy or it's the lab test results. We have a little definition of what's in the download section, new. And then, we talk about this special open door forum. And, as Kevin mentioned, we have an area where we've defined what's new for this open door forum, those things that are version three that were posted on December 21, 2016.

So if we go back a little bit, the original set of clinical data elements were posted as drafts on July 28, 2016. Based (of feedback) (technical difficulty) we extended the scope of what was there. We posted a version two which included a number of additional items such as value sets.

We grouped them slightly differently to make them a little bit more readable and we've added some additional elements based on feedback that we got as part of the initial posting. Those (reps) were posted on October 20 for the special open door forum on the 26th, October 26, 2016, as Kevin mentioned.

Based on the feedback from that, we have created a version three of the data elements, as well as a set of example visualizations and we'll talk about that in a second. That's what's posted now as the version three on the download section. So we have items without versions. They were the original postings. Items with the version two, those were the postings for the special open door forum in October. And, now, we have the version three which is the item for this special open door forum.

So what I'm going to do is, based on the feedback that we received, I'm going to summarize it and talk about the areas that we had comments coming out of the version two postings. So we had a number of comments. They range kind of across the board from various organizations, as well as focus of the comments.

But, primarily, they were asking us to go and group the elements a little bit better so that we had, for example, those that were related titled, “For Beneficiary Information”, as opposed to the element titles and we did that. So we now have, shall we say, read-in titles for each section of these data elements for each of these documentation areas.

We were asked to provide some examples of how these might be presented. Remember, these data elements are intended to be incorporated into EHR’s or of your own templates and forms so that they can be used for documentation purposes. But it was a little unclear, apparently from the feedback we got, as to exactly how one might display them to the provider for use during the encounter with the beneficiary or for use in ordering or documenting lab tests.

So what we did was we took every one of these. (We optimized them) to individual sections or CVs in the PVS that have visualizations in -- so the elements are there along with their value sets and then an example of how they might look. This isn’t something where we’re telling you how they should look, but how they might look in implementation within an EHR or on paper.

We were asked to add some additional elements in the face-to-face encounter to allow for a broader range of documentation capturing specific conditions, capturing additional textual information related to some of the areas where we had value sets that people felt might be incomplete. So we did that. And then, we had the request to add on the order data elements -- the ability to order specifically, meaning part of the value set, an oxygen conserving device which we also did.

We had a question related to the ability of these templates to work with pediatric rotations. And so, we went back and we took a look at any requirements specifically for pediatric patients and we looked in the history of claims for pediatric patients. It turns out there are very few that are being paid for under Medicare Fee for Service. But, as we looked at it, we believe that the primary diagnosis will cover most of what we’re seeing in pediatric patients and the ability to additionally annotate diagnosis will cover anything that wasn’t covered in the original elements.

And the only item that might be specifically ordered would be a regulating device for oxygen delivery, pressure regulating, flow regulating. But that was infrequent enough at least within the scope of what we were seeing within prior experience to leave it as one of those optional items that can ordered. And we do include within the data elements the ability to optionally specific additional items ordered as part of the delivery system, so we think we addressed that.

We had one other general category comments where there was a request or there were requests for forms. These are not forms. These are data elements that could be incorporated into EHR templates or forms or whatever the provider or HIT vendor wishes. But we're not providing forms on this -- as part of these oxygen data elements.

They had also suggested that we are providing or ask that we were providing information for both ordering and dispensing. Our focus to date has been on the provider side for ordering, meaning documenting the encounter; documenting the oximetry or lab results that are necessary to support the diagnosis; and documenting the order for home oxygen therapy.

We do not have at this point any suggested data elements for the dispensing of home oxygen therapy equipment or supplies. So that was one other item that had come in from a couple of individuals that were commenting.

So what you will see now on this slide is a third draft version of the elements. We have them out these for your feedback -- review and feedback. We do have the visualizations that are in the companion document to the elements, so these are examples of how you might implement and we encourage feedback also on those visualization examples.

And then, for the home oxygen therapy face to face data elements for the encounter, what we have done is we have added additional elements that capture the specific conditions. You will see them in there. So you will see a place for other (intact) data elements. And we've added the ability to record pre-formed observations as text also.

And then, on the home oxygen therapy order data elements specifically, we have added in the oxygen conserving device as a specific item that is part of the order. So I think that covers all of the changes that you will see on the Web site and the new documents, the data elements and visualizations.

And, at this point, I'm going to turn it back over to Kevin Young. Kevin?

Kevin Young: Thank you, Bob. So, as you can see, we took your comments quite seriously. Thank you for the response that we received. It was across the board and comprehensive. And we hope that we've addressed many of your concerns and recommendations.

What we'd like to do next is -- the templates are there, the visualization. The slide deck is -- slides are there also. So rather than doing a walkthrough, we'd like for you -- we'd like -- we think the Q&A portion is critical, so we'd like to use that this time for you to provide suggestions or a clarification of what we've posted so far.

And if you would rather, you could send it in to our mailbox which is homeoxygentemplates@cms.hhs.gov. But let's open it up to questions at this time.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Please limit your questions to one question and one follow up to allow other participants time for questions. If you require any further follow up, you may press star one again to rejoin the queue.

Your first question comes from the line of Sam Giordano from US COPD. Your line is open.

Sam Giordano: Thank you. Thank you for all the work you've done and messaging the various drafts. I think they are better, but we may not be completely there yet.

My biggest concern is that the traditional order for oxygen regarding the dose, which is usually liters per minute does not apply to the more modern portable

oxygen concentrators that are not capable of continuous flow. They simply are not calibrated nor can they be calibrated in units of liters per minutes. So I would think we would have to have an additional criterion for the order so that it's applicable to those devices.

And the second point that I want to make since I had two shots is the -- that -- in the face to face that the physician be asked to dig in a bit deeper on -- if a portable device is to be used how to long the away time and by that I mean away from the -- from the stationary system is the intent of the attending physician, whether she or he expects their patients to be away four hours or two hours per day and the only way to learn that is through the face-to-face encounter. Thank you.

Kevin Young: Great. Dr. Pilley, any comments?

Mark Pilley: No. I think those are excellent comments. Just, for one point of clarification, what in your clinical approach is the kind of flow rate that you would expect to be able to represent in the order itself?

Sam Giordano: Well, frankly, it's not about flow rate anymore because flow rate is not applicable across the entire universe of supplemental oxygen devices. It's really -- I think in a perfect world, the attending physician should be prescribing a target range of oxygen saturation he or she wants her patient to maintain when they're using supplemental oxygen.

Mark Pilley: Understood. (People) range between 90 to 96 percent but...

Sam Giordano: Exactly. Then, it wouldn't matter what device you use, if it were continuous flow, if it were pulse dose. It simply just wouldn't matter.

Mark Pilley: OK. That makes sense. Excellent suggestion. Thank you.

Kevin Young: Good discussion. Any other questions?

Operator: Again, if you would like to ask a question, please press star, then the number one on your telephone keypad.

Your next question comes from Shandra Jamison from Carle Foundation Hospital. Your line is open.

Shandra Jamison: Good afternoon. I just want to make more of a comment versus have a question talking about the postal system. We actually have the ability on our oxygen orders where the physician say to concentrate around portable -- evaluate for conserving device and then they put a saturation target and that seems to meet a lot of insurance guidelines and we get reimbursement for it. I mean, does that sound acceptable?

Mark Pilley: Yes.

Shandra Jamison: OK.

Mark Pilley: It does. And a matter of fact, it makes good sense and, from today's clinical therapeutic approaches, we need to incorporate that to order into lab testing for that effect.

Kevin Young: Yes, excellent recommendation.

Mark Pilley: Thank you.

Shandra Jamison: Right. Thank you.

Kevin Young: Any other questions?

Operator: Your next question comes from Fran Marko from Christian Health Centers. Your line is open.

Fran Marko: Yes. I was wondering if you needed to put in the order how often you're going to test that O2 saturation.

Kevin Young: Dr. Pilley?

Mark Pilley: Well, that's a -- that is a good question. I think that would not be an inappropriate thing to include. If we do, that becomes -- the coloring would become blue from the standpoint that that would be a recommended but not required data element. But I think that makes -- that makes sense.

Fran Marko: I don't know how you can verify that you're maintaining a 92 to 96 if you don't indicate how often you're testing.

Mark Pilley: Well, I understand. I agree. And the question would be, you know, for -- you know, the physician ordering the oxygen, home oxygen therapy. It will be up to that particular physician to provide a specific interval, period of time or expectation of how often that will be measured.

From the standpoint of Medicare coverage, that's not a requirement. But it's understandable that from a clinical standpoint that becomes important information in terms of therapeutic management. And I think we can -- we can -- we can certainly incorporate that as an option -- well, as a recommended, but not required, element. Thank you.

Operator: There are no further questions at this time. Sorry, excuse me.

Your next question is from Sheila Roberson from Founders Healthcare. Your line is open.

Sheila Roberson: Hey, good afternoon. One of the questions I have on the face-to-face encounter, that question on page 14 comes from the treatment for respiratory-related symptoms (that's) been attempted in the past, yes or no and if yes what was the treatment and its effectiveness.

The rule is tried or considered. So is there going to be a space that says if they check no what -- you know, what have you considered and why won't it work kind of thing? There's only an option for yes at this point.

Mark Pilley: We could take in consideration and we'll certainly include that as a recommended, but not required, data element.

Sheila Roberson: Because it is a required data element. I mean, if they don't try -- have to explain why it's not going to work for the patient or we fail audits.

Mark Pilley: OK. Well, that's a good point. That's a good point. We should add that.

Robert Dieterle: Yes. Mark, this is Bob. I think we can add that. We can look at the way we've actually stated it right now.

The intent was to cover both tried and considered. I think the way that we have stated it, it makes it sound like we were only looking at those that have actually been tried. So we can either look at rewording it or expanding it with another set of elements to support those things that were considered, but not tried.

Mark Pilley: Yes, good feedback.

Sheila Roberson: Thank you -- thank you.

Robert Dieterle: Thank you.

Operator: And there are no further questions at this time.

Kevin Young: OK. Again, this is Kevin Young. We hope that the step that we made to provide visualization examples of the data elements helped to -- for you to lock down visually what we're proposing out there.

Since there are no further questions, remember we still have the mailbox to send things in and that's at homeoxygentemplates@cms.gov. So it should be on your invite sheet towards the end of the document.

The other thing is that we -- our office, we're soliciting providers to see if they want to participate or interested in participating in pilots for these -- for this and other templates as we move forward. So if you are interested, please send us a note at the mailbox, all right? And I guess that's it.

No further questions. Thank you for attending today. Thank you for your time.

Operator: This concludes today's conference call. You may now disconnect.

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