

AHRQ Quality Indicators Software: Overview of Changes to v5.0
Thursday, August 20, 2015

Frequently Asked Questions

1) When will materials related to the ICD-10 changeover be available for the QIs?

Some information about ICD-10 is already available on the AHRQ QI website (www.qualityindicators.ahrq.gov), including an alpha version of ICD-10 and a preliminary technical specification with ICD-10 coding. AHRQ is working to release the finalized technical spec for the PSI module sometime in October, and we will communicate to you once it is available. The final ICD-10 compatible software (v6.0) is scheduled to be released in spring, 2016.

2) I recently used the version 5.0 WinQI software, and it seems that for POA (present on admission), the value of Y patients will still be flagged on PSI 3 and PSI 12. The mapping file looks okay, but just curious; what could be going on in the software?

WinQI has a distinction between the exclusion with POA and without the consideration of POA. So if you're looking at the PSI 13 flag in the output file, you will see a "1" for a flag, indicating that there is a hit for the numerator. You then have to account for another flag, the 'underscore PAL flag,' which is the exclusion based on the POA variable. When you're aggregating your data, you will have to look into the PSI 13 column in the output file and then remove the ones where the PAL flag is 1.

3) Do the POA changes affect area-level measures, such as PDI, or just provider-level measures?

Yes. Currently the software only uses POA on the provider-level ones, the area-based PQIs and PDIs do not use the present on admission indicators.

4) In the previous versions, AHRQ software had a step to calibrate the patient's expected mortality rate using proportional methods. How did the removal of this step in v5.0 relate to removing the prediction module?

The prediction module was part of the software because it used to be that not a lot of administrative data had information on the diagnosis codes being present on admission. With the changes in CMS requiring reporting on POA, most of the data going through the QI software should have present on admission indicators, and it's better to use real data than try to predict the probability that a diagnosis was present on admission. So that's why, in version 5.0, they have removed the prediction module. A lot more data has the POA coded, and it is better to use the actual data, when available, than estimates.

5) Are the updated weights in PSI composites still numerator weights?

Yes. The updated weights in the version 5.0 software remain the numerator-based, or volume-weighted, weights. Any changes to PSI 90 that are being considered right now under the NQF review process will be implemented in the next version of the software.

6) Is CMS changing its software version at the same time as AHRQ's transition to the 5.0 software?

CMS has a separate schedule for updates based on needing to measure the baseline period and the new measurement period with the same version of software. That's how they run their data. As of now, CMS is still using v4.4. We are always talking with CMS and letting them know about the changes that are in the software, but the final decision about what version to use in CMS efforts is made by CMS.

7) Has AHRQ found a way to correct the algorithm problem of linking PSI 09 procedures that are not associated with the removal or control of hemorrhage or hematoma, since ICD-9 codes are not dated?

Although the ICD-9 diagnosis codes are not dated, the indicator, PSI 09, actually does require a procedure to control the hemorrhage or hematoma. Those procedure codes are dated, and so as long as the user has the data set that allows them to identify the procedure day, then the ordering of those procedures—the indexed procedure and the procedure to control the hemorrhage or hematoma—is accounted for in the algorithm. If the user does not have the procedure day, that will be a limitation. We currently recommend using a data set that has the procedure day in it.

8) In the previous software version, I was able to save my software mapping file location preferences in the program. In v5.0, I can save the mapping file, but each time I start a new version of the WinQI program, the preferences revert to default.

WinQI does save your information in the software when you use your mapping location, and the next time you start, it should pick up from the saved information. If this is not happening for you, we may have to trouble shoot with you since we have not encountered this bug in WinQI.

9) What was the reasoning behind changing POA=1 to be “not present on admission”?

The ICD-9 guidelines for POA coding do not recognize the value “1” as a valid code for indicating a diagnosis was present on admission. The value “1” in the guidelines specifies a code that's exempt from POA reporting. This software follows the ICD-9 guidelines for POA reporting, which say that “Y” is present on admission. We also are allowing “W - clinically undetermined” to indicate present on admission. The changes in the software are to bring it in line with the ICD-9 guidelines for POA reporting.

10) Can old versions of the software be used for new data? For instance, can v4.5 be used to run 2014 data? Or can the old APR-DRG grouper be applied to new data?

WinQI is backwards-compatible, so you should be able to use old data with the newer version. Unfortunately, using newer data with an old software version may be a problem. So you could use WinQI 5.0 to run 2013 data, and it should be able to compute it and apply the right DRG version to compute your results. The opposite of this is not true.

11) Is the SAS software DRG grouper also backwards compatible?

Previous versions of the DRG group do not code APR-DRGs for fiscal year 2015 data. As with WinQI, if you use data from the most recent calendar years, we recommend using the most recent version of the software. This will ensure that you have matching population files and the correct version of the APR-DRG grouper.

12) Will the next WinQI version to be released in spring of 2015 coincide with ICD-10 AHRQ measure specs?

Yes. That version will be compatible with the ICD-10 version of the technical specifications, and both the specs and the software will be released at the same time in spring of 2016 for all modules. However, we are working to release the ICD-10 PSI technical specifications ahead of time. We hope it will be available sometime in October.

13) Have the weightings of the individual indicators that make up PSI 90 changed in v5.0?

In v5.0, the weights change every year. Those weights change due to changes in the reference population, the frequency of events, and the distribution of the events among the PSIs. They also change with the removal of the prediction module and the accompanying move to use of POA data. However, these are due to those reasons and not to a change in the methodology.

14) Should we use different weights for Medicare data than commercial data? If so, where in SAS 5.0 do we change them?

The stratification that will create results based on the product type—be it Medicare, commercial, or Medicaid—that is a change in the strata in the control file selection. We'll be going into detail in the following webinar about exactly how to change the result strata. When you do that, then the weights will be updated to match the strata that you've selected.

15) Is there a way that we could send the automatic feed to WinQI instead of manually importing files so that we could run measures in real time?

There is some support available on WinQI to do automated import. However, there is no support for automated reporting in WinQI. Please contact the technical assistance (TA) line (QIsupport@ahrq.hhs.gov) so we can provide you with the command line information so this could be automated for your future use.

16) Please explain the decision to remove smoothing and how to account for it moving forward. Smoothing was the Bayesian adjustment to account for small sample size. It was removed from the output file in WinQI, but it still shows in the online reports.

You can still apply smoothing to each of the individual indicators across the module in both SAS and WinQI software. It's the last module that you run. That will basically apply a reliability adjustment to smooth the observed and adjusted rates.

17) We want to use AHRQ tech specifications in 2015, but CMS does not align. How do we code the cases that come in before CMS upgrades take place?

CMS does make changes to its software to ensure that it is applicable to the years of data under consideration. Previous comments about not being able to use the QI software for new data apply only to the AHRQ QI software. That being said, there is a disconnect between the version, so if you're trying to dig into what CMS is doing, you would need to use the same version of the software in order to get the logic that they're running. Please be aware it will miss some cases in current data due to changes in ICD-9, but since there have been very few changes in ICD-9 over the past three years, that is probably less problematic than it would have been in other years.

18) Will the Spring 2016 release incorporate ICD-9 and ICD-10 coding methodology so historical and current data could run through the software?

We're still evaluating the differences between the ICD-9 and ICD-10 specifications as we look at available dual-coded data sets. The current plan is for the software to accommodate either ICD-9 or ICD-10, but we're still evaluating the recommendations that we will make to users to deal with years that have mixed data. However, the software will not be able to handle mixed data within the same time period. So, if you have ICD-9 and ICD-10 during all of your months so that in some cases, the codes are ICD-9 and in some cases they are ICD-10, the new software would not be able to support that sort of mixed data. But there will be options to run on either ICD-9 or ICD-10.

For more information about the AHRQ Quality Indicators or to obtain additional materials from this webinar, please visit our website at www.qualityindicators.ahrq.gov. To get answers to additional questions about using the QI software, please contact our support line at 301-427-

1949 or by email at QIsupport@ahrq.gov. Messages are responded to within three business days.