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CONSULTING GROUP

Quality Data Implementation (QDI) User Group Charter

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1 Purpose

The Quality Data Implementation (QDI) User Group ("User Group") is established to provide a collaborative, multi-stakeholder forum to guide the development, implementation, maintenance, and harmonization of quality data models used in healthcare quality measurement and improvement.

The User Group seeks to ensure that Clinical Reasoning Artifacts (CRAs) and guidance:

- Are implementable across diverse healthcare settings
- Align with digital quality measure (dQM) standards
- Are interoperable with clinical decision support (CDS) standards and workflows
- Reflect real-world clinical, technical, and operational needs

2 Scope

The User Group's scope includes, but is not limited to:

- Review and contribution to data model guidance
- Alignment of artifacts with:
  - Digital quality measure (dQM) specifications
  - Clinical decision support (CDS) standards and implementation guides
- Identification and resolution of **data modeling gaps, redundancies, or inconsistencies**
- Harmonization across:
  - Quality measurement
  - Clinical workflows
  - Health IT systems and standards
- Support for ongoing maintenance and versioning of guidance

2.1 Out of scope:

- Formal standards balloting or accreditation
- Regulatory decision-making or enforcement

3 Objectives

The User Group will:

1. **Enable Broad Stakeholder Collaboration**
   - Foster inclusive participation across clinical, technical, policy, and operational domains
2. **Improve Data Model Quality and Consistency**

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- Promote clarity, reusability, and implementability of data models

3. **Support Alignment with dQM and CDS**
   - Ensure guidance supports seamless integration between quality measurement and CDS
4. **Reduce Implementation Burden**
   - Identify opportunities to streamline data capture and reuse across use cases
5. **Provide Continuous Feedback**
   - Serve as a feedback loop between implementers, developers, and governance bodies

4 Stakeholder Representation

Participation is open to representatives from: Healthcare providers and health systems; Quality measure developers; Clinical informaticists; Health IT vendors and developers Standards development organizations (SDOs); Public health agencies; Payers and purchasers; Researchers and academic institutions; Patients and patient advocates; and Federal and state agencies (as applicable)
Balanced representation is encouraged to ensure no single stakeholder group dominates decision-making.

5 Membership

5.1 Membership Criteria

- Demonstrated interest or expertise in quality measurement, data modeling, interoperability, or CDS
- Commitment to collaborative, consensus-based participation

5.2 Member Responsibilities

- Participate in meetings and reviews as feasible
- Contribute use cases, feedback, and implementation experience
- Review and comment on draft guidance and related artifacts
- Respect intellectual property, confidentiality, and code-of-conduct policies

6 Governance and Leadership

6.1 Authority and Role

The QDI User Group serves as an advisory and coordination capacity to HL7 work groups and CMS digital quality measurement programs. The User Group does not ballot standards or approve regulatory requirements but provides structured, multi-stakeholder recommendations to inform governance decisions.

6.2 Scope of Governance Influence

The User Group provides governance input on:

- Quality data model guidance
- FHIR profiles and implementation guidance supporting dQM and CDS

- Harmonization of data requirements across quality measurement and CDS use cases
- Implementation feasibility and burden

6.3 Decision-Making Model

- The User Group operates under a consensus-based decision model
- Minority viewpoints are documented and communicated when consensus cannot be achieved
- Recommendations are evidence-based and implementation-informed

7 Coordination and Harmonization

The User Group will coordinate, as appropriate, with:

- dQM development and governance groups
- CDS standards bodies and implementer communities
- Interoperability initiatives and implementation guide authors
- Related quality and informatics user groups

Coordination aims to reduce duplication and promote alignment across initiatives.

8 Activities and Deliverables

The User Group may produce:

- Feedback reports on data model guidance
- Recommendations for harmonization with dQM and CDS standards
- Use case documentation and implementation lessons learned
- Proposed updates or change requests for CRA artifacts
- Educational materials or best practices for implementers

9 Meetings and Communication

- Meetings will be held on the third Wednesday of each month
- Meetings may be virtual or hybrid
- Agendas, minutes, and materials will be made available to members
- As feasible, meetings may be open to observers to promote transparency

10 Review, Amendment and Approval

This Charter will be:

- Reviewed annually
- Updated as needed to reflect evolving standards, stakeholder needs, and organizational priorities
- Amendments require User Group consensus and approval by the sponsoring or governing organization.
- This Charter becomes effective upon approval by the designated sponsoring or governing body and remains in effect until amended or retired.

Appendix A - Definitions

For purposes of this Charter, the following terms shall have the meanings set forth below:

Clinical Reasoning Artifacts (CRAs)
Computable artifacts that represent clinical or population-level logic are used to support healthcare quality measurement, clinical decision support, and related evidence-based activities. Clinical Reasoning Artifacts include, but are not limited to, digital quality measures, clinical decision support artifacts, and their associated logic, data requirements, and terminology bindings.
Examples of Clinical Reasoning Artifacts include:

- FHIR Measure and MeasureReport
- FHIR PlanDefinition and ActivityDefinition
- FHIR Library resources containing Clinical Quality Language (CQL)
- FHIR Evidence and EvidenceVariable

Digital Quality Measure (dQM)
A quality measure expressed in a computable, standards-based format that enables automated calculation using structured electronic health data. Digital quality measures are typically represented using FHIR resources and Clinical Quality Language (CQL) and are designed to assess performance at the population or cohort level.

Clinical Decision Support (CDS)
Computable logic, rules, or workflows designed to provide clinicians, care teams, or patients with knowledge and person-specific information to enhance health-related decisions and actions. CDS artifacts are commonly represented using FHIR-based resources and may be invoked in real time within clinical workflows.

Quality Data Implementation (QDI)
The structured specification, guidance, and practices that define how clinical data are modeled, captured, exchanged, and reused to support quality measurement, improvement, and aligned clinical decision support.

FHIR (Fast Healthcare Interoperability Resources)
A standards framework developed by HL7 for the exchange of healthcare information electronically, consisting of modular resources, profiles, extensions, terminologies, and implementation guidance.

FHIR Implementation Guide (IG)
A set of rules, profiles, value sets, examples, and narrative guidance that constrain and extend FHIR resources for a specific use case, community, or program.

Clinical Quality Language (CQL)
A high-level, domain-specific language used to express clinical logic in a human-readable yet machine-executable form, commonly used within both digital quality measures and clinical decision support artifacts.

Data Requirements
The structured specification of data elements, attributes, and terminology necessary to evaluate a Clinical Reasoning Artifact, commonly represented using FHIR DataRequirement elements or equivalent constructs.

Harmonization
The process of aligning data models, logic, terminology, and implementation guidance across standards, programs, and use cases to reduce variability, duplication, and implementation burden while preserving semantic consistency.

Stakeholder
Any individual or organization with an interest in or responsibility for the development, implementation, governance, or use of quality data models, digital quality measures, clinical decision support, or related standards.

Quality Data Model (QDM)

a standardized conceptual model defining clinical patient data for electronic quality performance measurement (eCQMs) in healthcare.