Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *07/10/2019 2:30 PM ET* | Meeting location | Webinar link:
https://esacinc2.webex.com/esacinc2/j.php?MTID=mc47f9747fe818b4cbbd93e2318ca61a2

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Zachary May (ESAC)	– **Cooking with CQL Webinar was held on June 25th at 4:00 PM ET**. These sessions are generally held on the third Thursday monthly. Upcoming events can be found by going to the eCQI Resource Center events page. ○ Please submit CQL-related questions to cql-esac@esacinc.com.
30 Minutes	Review Documentation for Author dateTime QDM-237	Floyd Eisenberg (ESAC)	**Overview:** QDM versions 5.3, 5.4, and 5.5 include the following language to reference author dateTime: "Author dateTime references the time the assessment was recorded and applies only when the record has no reference to the time the assessment was performed and only the recorded time is available." This applies to the following datatypes: • Assessment, Performed • Device, Applied • Diagnostic Study, Performed • Encounter, Performed • Intervention, Performed • Laboratory Test, Performed • Medication, Administered • Physical Exam, Performed • Procedure, Performed • Substance, Administered As discussed during the June QDM User Group (UG), an Encounter may remain open until the practitioner finishes documenting on the record. If the actual time an activity is performed is not present, the current QDM documentation allows use of author dateTime. This advice can cause incorrect calculation of the measure in that author dateTime can be significantly different from the performance time. • Example: Colorectal screening

Time	Item	Presenter	Discussion/Options/Decisions
			○ Recorded history of colonoscopy for screening may be recent (within the 10 year expected interval) ○ The actual occurrence may be much older Consider: Implementers should rely on the measure expressions to determine how to report times for events. If information is lacking (i.e., no Relevant dateTime) when the expression only lists Relevant dateTime, the data element should be considered non-compliant and not allow substitution of author dateTime. **Discussion:** Lisa Anderson (TJC) - What is done in clinical practice if they are not sure of the date? Peter Muir (ESAC) suggested the clinician would try to pin down at least the year, but may enter a range of years in the chart. Staff will chase the information and update the chart with accurate data as available. This is an issue clinically. ESAC asked: If only a date range is available, should it be left up to the implementer to handle, or should guidance be provided? Errata could be issued on QDM that removes the language that indicates author dateTime may be substituted, or a Known Issue could be added. Is this necessary? Lisa Anderson (TJC) suggested this suggestion is reasonable, because if left as is, confusion will continue for another year. ESAC recommended the following wording: • Modify QDM 5.5 guidance to: "Author dateTime references the time the action was recorded." • In each QDM datatype include: "Refer to the eCQM expression to determine allowable timings to meet measure criteria." • Suggest retaining Negation Rationale timing statement: "Negation of QDM datatype-related actions for a reason always use the author dateTime attribute to reference timing and mist not use Relevant Period." • Consider a QDM Known Issue to assure implementer understanding. Claudia Hall (Mathematica) suggested that clarifying the timing makes sense.

Time	Item	Presenter	Discussion/Options/Decisions
			Peter Muir (ESAC) - What about when a date range is entered? If there is a date range in the chart this needs to be taken into account by the measure developers. ESAC questioned whether measure developers already incorporated this into their CQL expressions. If not, perhaps a follow-up on the measure expression side is needed because the logic must account for date ranges to ensure the interpretation is as expected. Claudia Hall (Mathematica) noted measure developers have not had a chance to implement v5.5 and use Relevant dateTime. Suggested it might be useful to explore options for addressing date ranges. Angela Flanagan (Lantana) asked if the date range is discrete data. Peter Muir (ESAC) suggested how EHRs capture this varies. Some only capture a distinct date, and the range is entered in the comment field. This is a problem. Suggested it is best practice to err on side of caution (i.e., in the case of colonoscopy, err on side of too long). If entering as a date, choose longest date. ESAC agreed it would be helpful to understand how to address in CQL. It is only relevant in CQL if able to interpret structured data about the range. This is worth investigating; however the reality is that this is likely not occurring very often. **Resolution/Next Steps:** ESAC to draft Known Issue and submit to eCQM Workgroup and Governance. ESAC will also update QDM as an errata version with corrected language.
90 Minutes	QDM – QI-Core Mapping Discussion	Floyd Eisenberg (ESAC)	ESAC presented an overview of the QDM to FHIR QI-Core mapping to recap prior discussions, to describe the general approach and to encourage participation in the Clinical Quality Information (CQI) Workgroup review activities for the upcoming QI-Core ballot. • QI-Core R4 ballot content • QDM-to-QI-Core mapping draft Some specific points in the discussion include: 1. FHIR, and therefore, QI-Core includes an Observation resource that encompasses six QDM datatypes, some specifying specific profiles: a. Assessment, Performed i. Smoking Status

Time	Item	Presenter	Discussion/Options/Decisions
			For Assessment uses other than smoking status, use the generic Observation b. Care Experience c. Diagnostic Study, Performed d. Laboratory Test, Performed e. Physical Exam, Performed i. Vital Signs ii. Pediatric Weight for Height iii. Pediatric BMI for Age For Physical Exam observations other than vital signs or the pediatric specific items, use the generic Physical Exam Observation f. Symptom 2. QI-Core Procedure includes new QI-Core extensions to allow expression of a principal procedure. The User Group also discussed the concept of an elective procedure Vs and urgent procedure. Suggestions included use of the ServiceRequest (i.e., Procedure Order) with priority of elective or urgent since the order includes that capability. The group questioned if there will always be an order. Another option is to use the Encounter priority to determine elective or urgent. While that is helpful, an urgent need for a procedure may occur within an elective encounter. The QDM UG referred discussion to the HL7 Patient Care Workgroup which would discuss the issue on July 11, 2019 during their routine call to manage FHIR tracker items (5 PM ET). 3. Further discussion addressed the mechanism in FHIR and QI-Core to manage a discharge medication list, i.e., QDM Medication, Discharge. There are numerous options including MedicationStatement with category of community, MedicationRequest with intent of *order* and *plan* (order to cover meds prescribed for discharge, plan to cover meds recommended but not prescribed as they are already present at home or they are over-the-counter). The group deferred to requesting input from HL7 FHIR. 4. Subsequent to the QDM UG meeting, Mia Nievera (TJC), Lisa Andersen (TJC) and Floyd Eisenberg (ESAC) joined the HL7 Patient Care Workgroup call. a. Procedure *priority*: The result of the discussion is that ServiceRequest (i.e. Procedure Order) is the correct way to determine an urgent procedure.

Time	Item	Presenter	Discussion/Options/Decisions
			Advice from the implementers on that call indicated that admission orders include procedure orders and those orders include reference to urgency. If a procedure becomes more urgent, the order is updated. Thus, the ServiceRequest priority can address the need to determine procedure priority in that every procedure references the ServiceRequest that initiated it. i. Result – HL7 Patient Care Workgroup is not adding *priority* to the Procedure resource and QI-Core should reference ServiceRequest to handle priority. b. Medications at discharge: The Patient Care Workgroup referenced many discussions across HL7 about the discharge medication list. Options were the FHIR list function which was considered too generic, MedicationStatement which was considered problematic to determine if the statement was about meds in the hospital or in the future. MedicationStatement is generally used for current meds (and defining current was the problem at the time of discharge). The Patient Care Workgroup recommended use of MedicationRequest with reference to intent = *plan* and *order*. That is the approach they are using going forward. ESAC consulted Zulip (FHIR social networking site for implementers) and received the same response from a chair of the HL7 Pharmacy Workgroup. i. Result – Use MedicationRequest to indicate medications at discharge.
5 Minutes	Next Meeting	Zachary May (ESAC)	**Agenda items for next QDM user group meeting** – Contact us at qdm@esacinc.com – Or start a discussion: qdm-user-group-list@esacinc.com *If you attend the QDM User Group meetings but do not receive communications or have access to the QDM User Group List, please send an email to QDM@esacinc.com so you may be added to the distribution list.* **Next user group meeting** – Regularly Scheduled Meeting – August 21, 2019 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

	Name	Organization
	Abrar Salam	The Joint Commission
	Alex Borenstein	Greenway Health
	Alex Lui	Epic
	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
	Ann-Marie Dunn	Unknown
	Ann Philips	NCQA
	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Anne Smith	NCQA
	Amira Elhagmusa	Battelle
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
	Benjamin Bussey	Unknown
	Beth Bostrom	AMA
	Brian Blaufeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
	Carolyn Anderson	Primary care practice
	Chana West	ESAC
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
	Corrie Dowell	BSW Health
	Dalana Ostile	Providence Health Systems
	Dawn Lane	Covenant Health
	Dave Wade	Apprio
	David Clayman	Allscripts
	Debbie Hall	University of Maryland
	Deidre Sacra	McKesson
	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
	Gary Rezik	QIP
	Ganesh Shanmugam	Glenwood Systems
	Howard Bregman	Epic
	Hyok-Hee Yoo	Medisolv
	Isbelia Briceno	Cerner
	James Bradley	MITRE
	Jamie Lehner	PCPI
	Jana Malinowski	Cerner
	Jean Fajen	Telligen
	Jenna Williams-Bader	NCQA
	Jill Shuemaker	VCU Health
	John Carroll	The Joint Commission
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
	Joseph Kunisch	Memorial Hermann
	Johanna Ward	Mathematica
	Jorge Belmonte	PCPI
	Julie Koscuiszka	Nyack Hospital

	Name	Organization
	L Dejesus	Informedika
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
	Marc Hadley	MITRE
	Marc Hallez	The Joint Commission
	Marc Overhage	Cerner
	Margaret Dobson	Zepf Center
	Matt Hardman	Unknown
	Marilyn Parenzan	The Joint Commission
X	Marc Hallez	The Joint Commission
	Martha Radford	NYU
	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia Nievera	The Joint Commission
	Michael Mainridge	Unknown
	Michelle Dardis	Mathematica
X	Michelle Hinterberg	MediSolv
	Mike Shoemaker	Telligen
	Mukesh Allu	Epic
	Nathan R	Unknown
	Neelam Zafar	The Joint Commission
	Norm Sirois	Unknown
	Pamela Mahan-Rudolph	Memorial Hermann
	Paul Denning	MITRE
X	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	R Swaineng	Swaineng Associates
	Rebeccah Baer	NCQA
X	Rob McClure	NLM Contractor
X	Rob Samples	ESAC
	Robin Holder	Unknown
	Rose Almonte	MITRE
	Ruth Gatiba	Battelle
	Ryan Clark	NCQA
	Ryan Sullivan	NYU
	Samuel Benton	NCQA
	Sarah Sims	My Patient Insight
	Sethuraman Ramanan	Cognizant
	Shanna Hartman	CMS
	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
X	Thomas Hudson	Unknown
	Tom Dunn	Telligen
X	Traci Psihas	ESAC
	Vaspaan Patel	NCQA
	Ward Holland	Unknown

	Name	Organization
	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
X	Katie Magoulick	CMS
	Kendra Hanley	HSAG
	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare
	Laurie Wissell	Allscripts

	Name	Organization
	Wendy Wise	Lantana
	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
	Yiscah Bracha	RTI
	Yvette Apura	PCPI
X	Zach May	ESAC
	Zahid Butt	MediSolv
	Zeeshan Pasha	Unknown