Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *08/21/2019 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 September 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. o Please submit CQL-related questions to cql-esac@esacinc.com. – The QDM User Group (UG) September meeting may be canceled due to conflict with the HL7 Plenary Session and Workgroup Meeting in Atlanta the same week.
30 Minutes	Determining Encounter Discharge Disposition QDM-234	Floyd Eisenberg (ESAC)	**Overview:** Marilyn Parenzan (TJC) provided an overview and background of the issue. TJC referenced the Discharge Disposition terminology recommendations to use the SNOMED environment hierarchy in the CMS Measures Management Blueprint. However, the environment codes present a challenge in that there is only one code for hospice as an environment. There are qualifier codes representing types of hospice service (home hospice Vs acute care hospice): • 284546000 - Hospice (environment) • 444933003 - Home hospice service (qualifier) • 445449000 - Acute care hospice service (qualifier) TJC made a request to SNOMED to add specific codes for Home hospice and for Acute care hospice as environments, but found that submitted requests are hold until further notice. TJC recently found that SNOMED might be lifting the hold soon and begin working on the backlog of requests but it may take a long time until such new environment codes are available. TJC reached out to ESAC for suggestions about how to proceed, potentially to consider use of the referenced qualifier codes. ESAC also reviewed the available discharge disposition options on the Medicare 1500 (UB-04) form. These are claim codes that might not make sense to use in a clinical scenario: • 50 - Hospice - home

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			• 51 - Hospice - medical facility It may also be difficult to get UB-04 codes into value sets in VSAC as the codes are proprietary. ESAC asked the User Group for information about how EHR implementations currently address hospice settings for discharge disposition in clinical documentation. **Discussion:** Howard Bregman (Epic) noted that Epic would not differentiate home Vs inpatient hospice. The information would be on the claim, but not in clinical documentation in a discrete form that you could capture. Clinically, the provider documents this information when discharging the patient, indicating the setting to which the patient is transferred (i.e., hospice) without differentiating specific locations. Lisa Anderson (TJC) noted TJC has measures which exclude based on those who go home with hospice. Hospice and home concepts are different concepts for exclusions. Marilyn Parenzan (TJC) noted that there are some measures expecting specific discharge instructions for patient discharged to home to assure the patients receive appropriate instructions. These measures do need to differentiate a medical facility from a home setting; however, in these situations, a home setting might suffice. Claudia Hall (Mathematica) noted some measures use hospice as an intervention ordered or performed exclusion. However, hospice Care is not necessarily discrete, and a consult does not necessarily indicate that they actually received the services. ESAC noted some value sets in VSAC do address procedures that can be used for Intervention, Order or Intervention, Performed: • 428361000124107 - Discharge to home for hospice care (procedure) • 428371000124100 - Discharge to healthcare facility for hospice care (procedure) VSAC also contains value sets to reference a finding (Assessment, Performed) indicating that a patient is in a hospice setting. Mia Nievera (TJC) noted transfers from inpatient hospitalization directly to a hospice setting in the same facility often means the patient is discharged from the hospital and then admitted to inpatient

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			hospice. There are circumstances where this information is in the ADT system. It varies on how each facility handles the transition. ESAC asked TJC if differentiating inpatient from home hospice is necessary for their use case since the available SNOMED environment codes are not available. TJC suggested that reference to hospice (without specifying which hospice location) is likely sufficient. ESAC further asked the User Group if any changes to QDM are necessary (i.e., to allow components for discharge disposition to allow the referenced qualifiers for hospice). No User Group participants voiced a need for such a change. User Group participants also indicated there is no clear way to reference transfers to acute care hospitals as compared to critical access hospitals. There are no SNOMED environment concepts that differentiate these two types of hospitals. ESAC asked if there was a specific set of CMS Certification Number (CCN) identifiers that could differentiate a critical access hospital from other hospitals. The User Group participants did not know of any such "value set" of CCN identifiers for critical access hospitals. This issue is not specifically related to the JIRA ticket but a clear use case has not been presented. **Resolution/Next Steps:** • No changes to QDM are needed. TJC will consider indicating hospice without a specific location for the measures they steward. • ESAC will ask CMS if there is a way to differentiate critical access from acute care hospitals based on identifiers.
30 Minutes	Recap – Procedure *priority* QDM-239	Floyd Eisenberg (ESAC)	**Overview:** QDM 5.5 added a new Procedure, Performed *priority* attribute to address elective Vs non-elective procedures. Mapping QDM to QI-Core/ FHIR, ESAC found a gap in that the FHIR Procedure Resource does not include a *priority* attribute, or any other attribute that addresses the elective Vs non-elective nature of a procedure. Encounter and Service Request (used for a procedure order) each includes a *priority* attribute that measure authors can use to differentiate elective versus non-elective encounters or procedures, respectively.

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			ESAC included the topic in the User Group agenda specifically to obtain implementer feedback about how to find this type of information in a clinical record. ESAC asked TJC to provide the information learned thus far. Mia Nievera (TJC) explained in the workflow of scheduling an elective surgery, three distinct items are created: • a case request order • an auto order • an encounter However, these three items are not tied together at the facility;, i.e., the case request does not auto-create an encounter that is elective. Each item is handled separately. In the back-end, the case request order and the surgical order each has the elective attribute. TJC also obtained feedback from clinicians about the request for an elective procedure. The clinicians contact scheduling, which creates an appointment to admit. The appointment would indicate the procedure is elective. The clinicians also set up a separate admission and indicate this is elective. In the background, an order is created. The elective attribute is associated to all three independently. **Discussion:** Howard Bregman (Epic) will look into whether the elective attribute is tied to the procedure. Mia Nievera (TJC) noted Epic explained to her that the procedure is noted in the OR log as elective. Howard Bregman (Epic) suggested that there is no regulatory requirement that there be an order for a surgical procedure. ESAC noted one option to consider in a measure expression is that the Encounter is elective and the procedure is the Principal Procedure. Lisa Anderson (TJC) noted current workaround is tweaking out codes that are most likely to be elective; however the concern with this approach is that cases which do not belong will incorrectly be included.

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			Resolution/Next Steps: Howard Bregman (Epic) and Anne Coultas (Allscripts) will investigate offline whether elective is tied to the procedure and forward this information to ESAC. ESAC and TJC recommended the topic to be included in the Clinical Quality Information (CQI) Workgroup meeting with the Patient Care Workgroup at the upcoming September HL7 meeting to obtain further implementer feedback (scheduled for Tuesday, September 17 in Quarter 4). ESAC will also raise the issue related to principal and primary procedure and principal and primary diagnosis in the HL7 session for clarification to suggest a consistent approach. Subsequent information from Epic suggests that there is a value attached to the surgical case record that indicates the elective status of the procedure, but it is not Boolean - i.e., it includes elective and several levels of non-elective (e.g., "needs to be done within the hour" to "needs to be done within 12 hours"). ESAC will continue to seek further implementer feedback and refer resolution to the CQI Workgroup with respect to QDM to QI-Core mapping.
5 Minutes	Reminder QI-Core Ballot	Floyd Eisenberg (ESAC)	Reminder QI-Core Ballot Open for Comment: http://www.hl7.org/participate/onlineballoting.cfm?ref=nav
5 Minutes	Next Meeting	Zachary May (ESAC)	**Agenda items for next QDM user group meeting** – Contact us at gdm@esacinc.com – Or start a discussion: gdm-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 – The September meeting will likely be canceled because it coincides with the HL7 meeting. The next monthly meeting will occur on October 16, 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
X	Brook Villarreal	Unknown
	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
X	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
X	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

	Name	Organization
	L Dejesus	Informedika
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
	Marc Hadley	MITRE
X	Marc Hallez	The Joint Commission
	Marc Overhage	Cerner
	Margaret Dobson	Zepf Center
	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
	Martha Radford	NYU
	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia Nievera	The Joint Commission
	Michael Mainridge	Unknown
	Michelle Dardis	Mathematica
	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
X	Paul Denning	MITRE
X	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	R Swaineng	Swaineng Associates
	Rebeccah Baer	NCQA
	Rob McClure	NLM Contractor
	Rob Samples	ESAC
	Robin Holder	Unknown
	Rose Almonte	MITRE
	Ruth Gatiba	Battelle
	Ryan Clark	NCQA
	Ryan Guifoyle	Unknown
	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
	Thomas Hudson	Unknown
	Tom Dunn	Telligen
	Traci Psihas	ESAC
	Vaspaan Patel	NCQA

	Name	Organization
	Johanna Ward	Mathematica
	Jorge Belmonte	PCPI
	Julie Koscuiszka	Nyack Hospital
	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
	Ward Holland	Unknown
	Wendy Wise	Lantana
X	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