

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 11/13/2019 2:30 PM ET | Meeting location | Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=m5d145beeffd265a3ad53f5709d248816>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	<ul style="list-style-type: none"> - Cooking with CQL Webinar was held on December 5th 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. <ul style="list-style-type: none"> o Please submit CQL-related questions to cql-esac@esacinc.com. - The next QDM User Group (UG) meeting is December 18th
5 Minutes	Recap - Laboratory Test, Performed Result dateTime QDM-240	Floyd Eisenberg (ESAC)	<p>Overview: Known Issue Text (recap): The QDM datatype Laboratory Test, Performed includes several time-related attributes:</p> <ul style="list-style-type: none"> ▪ Relevant dateTime – the time the laboratory test is performed when the laboratory test occurs at a single point in time. <ul style="list-style-type: none"> - <i>Example</i> – venipuncture to collect a blood specimen for fasting blood glucose. ▪ Relevant Period – the start and stop time for a laboratory test that occurs over a time interval <ul style="list-style-type: none"> - startTime – the time the laboratory test begins - stopTime – the time the laboratory test ends - <i>Example</i> – a 24-hour urine collection to measure creatinine clearance (initiation of collection until it is completed). <p><i>Relevant dateTime and Relevant Period represent the clinically relevant time or time period for the test, sometimes called the physiologically relevant time.</i></p> ▪ Result dateTime – The time the result report is generated and saved in the database. ▪ Author dateTime – one-time documentation of a reason the laboratory test is not performed. <p>QDM Jira ticket QDM-240 addresses the definition of the result dateTime attribute. Referencing HL7 FHIR R4 version, the concept most closely matches the Observation.issued: “the date and time this version of the observation was made available to providers, typically after the results have been reviewed and verified.”</p> <ul style="list-style-type: none"> ▪ The QDM User Group reviewed the existing QDM 5.3, 5.4 and 5.5 definitions and agreed to clarify the definition for result dateTime.

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5 Minutes	Recap - Laboratory Test, Performed Result dateTime QDM-240 (cont.)	Floyd Eisenberg (ESAC)	<p>Rationale for this change:</p> <ul style="list-style-type: none"> Feedback from an implementation site and three vendors indicates that most systems reference two times for a laboratory test: the collection time of the sample and the result time that most closely aligns with 'issued' or made available. There are cases where a health information exchange (HIE) receives the result before making it available to the clinical site, thus potentially delaying availability. However, such differences in availability result from local implementation issues. <p>Resolution:</p> <ul style="list-style-type: none"> Update the definition for result dateTime consistent with FHIR R4 Observation.issued: The date and time this version of the observation was made available to providers, typically after the results have been reviewed and verified. Implementers can use this updated definition for evaluating eQMs using QDM 5.3 (2019 reporting), QDM 5.4 (2020 reporting) and QDM 5.5 (2021 reporting). Subsequent versions QDM will include this updated definition. Example scenario: <ul style="list-style-type: none"> A laboratory technician obtains a blood specimen for a serum glucose test at 0600 The laboratory receives the specimen at 0700 and begins the testing The laboratory finalizes the result at 0800 and issues that result The result dateTime is 0800. Laboratory Test, Performed author dateTime should only be used to reference the time for negation rationale, i.e., the time a physician enters a reason acceptable to the eQDM logic for not performing the laboratory test. <p>This content is now posted on the QDM Known Issue site at: https://github.com/esacinc/CQL-Formatting-and-Usage-Wiki/wiki/eQDM-Known-Issues#qdm-laboratory-test-performed-timing-qdm-54-and-55</p>
5 Minutes	Recap: Known Issue for Medication, Active QDM-242	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>Known Issue Text (recap): The QDM datatype Medication, Active includes several time-related attributes:</p> <ul style="list-style-type: none"> Relevant dateTime – the time the medication is active on the medication record if it was given or taken at a single point in time. Relevant Period – the start and stop time for an active medication on the medication record that is given or taken over a time interval

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5 Minutes	Recap: Known Issue for Medication, Active QDM-242 (cont)	Floyd Eisenberg (ESAC)	<ul style="list-style-type: none"> startTime – when the medication is first known to be used (generally the time of entry on the medication list) stopTime – when the medication is discontinued (generally, the time discontinuation is recorded on the medication list) <p>QDM Jira Ticket QDM-242 noted that the Relevant Period definition seems to require that a provider specifically discontinue a medication from the medication list, or that the EHR might automatically discontinue a medication when the time or number of doses allowed by the prescription should be completed.</p> <p>The QDM User Group discussed this concern on October 16, 2019 noting several scenarios that suggest modification of the current Relevant Period end time definition should be considered:</p> <ul style="list-style-type: none"> The medication may have lapsed based on medication dispensing events but the patient may be taking it at a reduced frequency; thus, the patient remains on the medication even though it has lapsed. Some EHRs automatically remove medications from a medication list based on a locally determined time after it has lapsed. Without clearly matching orders from dispensing events, the actual number of remaining doses cannot be determined. Physicians do not necessarily discontinue medications; they remove them from the active medication list during medication reconciliation. <p>Based on these considerations the User Group concluded that only way to address the end of the Medication, Active Relevant Period is to indicate “When the medication is no longer active.”</p> <p>Resolution:</p> <ul style="list-style-type: none"> Update the definition for Relevant Period stopTime to: “when the medication is no longer active.” Implementers can use this updated definition for evaluating eCQMs using QDM 5.3 (2019 reporting), QDM 5.4 (2020 reporting) and QDM 5.5 (2021 reporting). Subsequent versions of QDM will include this updated definition. <p>This content is now posted on the QDM Known Issue site at: https://github.com/esacinc/CQL-Formatting-and-Usage-Wiki/wiki/eCQM-Known-Issues#qdm-medication-active-timing-qdm-54-and-55.</p>
15 Minutes	Recap – Procedure <i>priority</i> attribute QDM-239	Floyd Eisenberg (ESAC)	<p>Overview and Update:</p> <p>The QDM User Group approve addition of a Procedure <i>priority</i> attribute in QDM version 5.5 specifically to allow reference to an <i>elective</i> procedure and differentiate it from an <i>urgent, non-elective</i></p>

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15 Minutes	Recap – Procedure <i>priority</i> attribute QDM-239 (cont)	Floyd Eisenberg (ESAC)	<p>procedure. However, mapping that attribute to existing QI-Core / FHIR resource elements has been problematic. QDM-239 provides the history for this issue.</p> <p>Discussions at the HL7 meeting in September (Atlanta) and subsequently indicate that a specific procedure does not inherently have an associated priority of <i>elective</i>. Therefore, the Patient Care Workgroup that manages the FHIR Procedure resource will not be adding a <i>priority</i> element (attribute) to the resource. Rather the Patient Care Workgroup recommended that an order for a procedure to be performed can reference a <i>priority</i>. Thus, a Procedure can reference the ServiceRequest (order) that led to the procedure with a ServiceRequest.priority indicating urgency. Another alternative offered is to search for procedures performed within an elective encounter (i.e., Encounter.priority = elective).</p> <p>Therefore, ESAC recommends the following to determine a procedure is elective:</p> <p>QI-Core / FHIR representation:</p> <ul style="list-style-type: none"> ▪ Procedure.basedOn <ServiceRequest with .priority = elective> to handle the elective procedure. <p>QDM</p> <ul style="list-style-type: none"> ▪ Procedure, Performed does not have a relatedTo attribute; therefore, the QI-Core resolution will not work with QDM ▪ Adding <i>relatedTo</i> to QDM Procedure, Performed can occur in a subsequent version QDM 5.5 is already published and the version for the 2020 AU cycle. ▪ QDM Procedure <i>priority</i> attribute usage feedback is pending. <p><u>Discussion:</u> Mia Nievera (TJC) noted that the feedback received via the change review process (CRP) agreed that there is no definitive way to capture <i>elective</i> procedure. TJC discussed internally using Encounter <i>priority</i> = elective and determined no changes will be made to Procedure until the transition to FHIR is made and they are able to better define <i>elective</i>.</p> <p><u>Resolution/Next Steps:</u> A Known Issue is not necessary. In the meantime, TJC will not use the Procedure <i>priority</i> attribute in their measure.</p>

Time	Item	Presenter	Discussion/Options/Decisions
40 Minutes	QDM to QI-Core mapping <i>lessons learned</i>	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>QDM Device, Applied Current use references the procedure to “apply” the device (i.e., to use for the patient, to use on the patient’s body, or to implant in the patient’s body).</p> <ul style="list-style-type: none"> ▪ QI-Core references placement, application or manipulation of a device as a Procedure. The Procedure.usedCode references the direct reference code or value set for the device indicated. ▪ QI-Core references two kinds of device: <ul style="list-style-type: none"> – Implantable Device – inherited from US Core – Device – those devices that are not implanted (not referenced in US Core). Examples include the antithrombotic devices referenced in VTE measures, and devices designed for patient use (e.g., CPAP, wheelchairs, glucometer, etc.) ▪ Based on these references, QDM should model Device, Applied similar to Procedure, Performed ▪ Suggested Recommendations: <ul style="list-style-type: none"> – QDM should model Device, Applied similar to Procedure, Performed for all devices (implantable, non-implantable and patient-use devices). <ul style="list-style-type: none"> ▪ QI-Core reference: This concept maps to: <ul style="list-style-type: none"> ▪ Procedure.usedCode (indicate the device used by the procedure to insert/use the device. ▪ Note QI-Core has Implantable Device and Device to allow reference to non-implantable and patient-use devices. – Using QDM to indicate results of all device usage: Use the QDM Procedure, Performed <i>result</i> attribute. Alternatively, a measure developer could use Assessment, Performed to indicate the device usage result. <ul style="list-style-type: none"> ▪ QI-Core reference: This attribute maps to the FHIR Observation, use the Observation.partOf element referencing the Procedure referencing the device usage. <p>QDM Device, Order; Device, Recommended The current use in QDM should not change. However, when mapping to QI-Core R4, the following applies:</p> <ul style="list-style-type: none"> ▪ DeviceRequest describes a request (order, recommendation) for use of a device by a patient (e.g., wheelchair, hearing aid, insulin pump, CPAP, masks)

Time	Item	Presenter	Discussion/Options/Decisions
40 Minutes	QDM to QI-Core mapping <i>lessons learned</i> (cont)	Floyd Eisenberg (ESAC)	<ul style="list-style-type: none"> ▪ ServiceRequest should be used for implantable devices and other devices used for a patient by a clinicians ▪ Suggested Recommendations: <ul style="list-style-type: none"> – <u>DeviceRequest</u> describes a request (order, recommendation) for use of a device by a patient (e.g., wheelchair, hearing aid, insulin pump, CPAP, masks) <ul style="list-style-type: none"> ▪ QDM Device, Order maps to DeviceRequest.intent = order ▪ QDM Device, Recommended maps to DeviceRequest.intent = plan – <u>ServiceRequest</u> should be used for implantable devices and other devices used for a patient by clinicians (i.e., those referenced as “non-implantable”) <ul style="list-style-type: none"> ▪ QDM Device, Order maps to ServiceRequest.intent = order ▪ QDM Device, Recommended maps to ServiceRequest.intent = plan <p>QDM Encounter, Performed <i>negation rationale</i></p> <ul style="list-style-type: none"> ▪ No existing eQMs use the Encounter, Performed <i>negation rationale</i> attribute. ▪ There is no clear use case for evaluating a reason for encounters that have not occurred ▪ There is known documentation to support an encounter that has not occurred for a reason (other than cancelled or no-show) ▪ Existing QI-Core and base FHIR Encounter resources have no mechanism to express and encounter that did not occur for a reason. ▪ Suggested Recommendation: <ul style="list-style-type: none"> – Refrain from expressing eQMs with QDM Encounter, Performed <i>negation rationale</i> – Retire the Encounter, Performed <i>negation rationale</i> attribute in future versions <ul style="list-style-type: none"> ▪ No QI-Core reference exists to Encounter <i>not performed</i> <p>QDM Procedure, Performed <i>priority</i></p> <ul style="list-style-type: none"> ▪ QI-Core and FHIR base Procedure resource does not have a priority attribute. <i>Priority</i> (i.e., elective) is managed by indicating the Procedure.basedOn ServiceRequest (with priority – elective). ▪ QDM Procedure <i>priority</i> attribute usage feedback is pending. ▪ Suggested Recommendation: <ul style="list-style-type: none"> – In subsequent QDM versions, remove Procedure <i>priority</i> and add Procedure <i>relatedTo</i> to address a Procedure, Order with priority = elective.

Time	Item	Presenter	Discussion/Options/Decisions
40 Minutes	QDM to QI-Core mapping <i>lessons learned</i> (<u>cont</u>)	Floyd Eisenberg (ESAC)	<p>QDM Participant</p> <ul style="list-style-type: none"> ▪ QDM Participation includes four attributes: <ul style="list-style-type: none"> – Code – Participation Period – id – Recorder <p>QDM added recorder to allow all QDM datatypes to reference a <i>performer</i> (i.e., the individual or organization that performed an activity). However, the comparable FHIR Resource, <i>Coverage</i>, does not include a performer or recorder. FHIR's <i>Coverage</i> represents the insurance applicable to a patient at any given time. There is no existing use case to suggest a need for a Participation recorder.</p> <ul style="list-style-type: none"> ▪ Suggested Recommendation: <ul style="list-style-type: none"> – In subsequent QDM versions, remove Participation <i>performer</i> and recommend that measure developers not use this attribute for Participation in the AU 2020 cycle. <p>Discussion:</p> <p>ESAC asked the User Group if guidance around these items should be disseminated to measure developers. Would it be helpful to consider publishing a separate document of QDM errata? The User Group noted given that this meeting is open to non-CMS-contracted developers, this is a good forum for disseminating the information. Rob McClure (MD Partners) noted that as we transition to FHIR, the criteria for making changes are more rigid and require input from the broader FHIR community. For this reason, it may be best to make the public aware of the proposal to remove these elements in future versions of QDM. ESAC noted that the CQI WG works directly with the FHIR community when QDM mapping uncovers missing elements or other questions. The FHIR WGs are generally interested in consistency across resources. ESAC proposed adding a section under the Known Issues to include these considerations for future QDM changes. This would promote transparency and allow for broader public review. The User Group generally agreed with this proposal. Juliet Rubini (Mathematica) suggested the new MAT and Bonnie User Group might be also be a good forum to present this information.</p> <p>The Known Issues are posted on the Formatting and Usage wiki: https://github.com/esacinc/CQL-Formatting-and-Usage-Wiki/wiki/eCQM-Known-Issues#QDM-known-issues</p>

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40 Minutes	QDM to QI-Core mapping <i>lessons learned</i> (cont)	Floyd Eisenberg (ESAC)	Resolution/Next Steps: The QDM User Group agreed that transparency of this information is important. Options include a new “Future Considerations for QDM” wiki and a reference to these issues in the QDM to QI-Core mapping for the QI-Core publication version. ESAC will review this proposal with CMS, eCQM Governance Group and the eCQM Working Group.
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.
5 Minutes	Next Meeting	Jen Seeman (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> - Contact us at qdm@esacinc.com - Or start a discussion: qdm-user-group-list@esacinc.com <p><i>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.</i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> - Regularly Scheduled Meeting – The next monthly meeting will occur on December 18, 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
	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
X	Dave Mishler	Unknown
	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
	Huy	Unknown
X	Isbelia Briceno	Cerner
	James Bradley	MITRE
	Jamie Lehner	PCPI
	Jana Malinowski	Cerner
X	Jen Seeman	ESAC
	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
	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
X	Matt Hardman	Unknown
	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
X	Rob McClure	MD Partners
	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
X	Traci Psihas	ESAC
	Vaspaan Patel	NCQA

	Name	Organization
	Johanna Ward	Mathematica
	Jorge Belmonte	PCPI
	Julie Kosciuszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
X	Jay Frails	Meditech
	Katie Magoulick	CMS
X	Kathy Carson	SemanticBits
	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