Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *01/15/2020 2:30 PM ET* | Meeting location|Webinar link:
ttps://esacinc2.webex.com/esacinc2/j.php?MTID=mb664f23602ec7fedf8287ada56865428

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	– **Cooking with CQL Webinar was held on January 16th 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. – CMS hosted a webinar on the Health Level Seven International (HL7) FHIR® standard to highlight the next generation exchange framework being adopted by the healthcare community to advance interoperability. The FHIR for Implementers Webinar was held on Wednesday, January 22nd at 12:00pm Eastern Time. – Next QDM User Group Meeting will be February 19, 2020
10 Minutes	Known Issues Recap	Floyd Eisenberg (ESAC)	**Overview and Update:** Two new QDM Known Issues posted November 2019: • *QDM Medication Active Timing - QDM 5.4 and 5.5* ▪ https://github.com/esacinc/CQL-Formatting-and-Usage-Wiki/wiki/eCQM-Known-Issues#qdm-medication-active-timing-qdm-54-and-55. • *QDM Laboratory Test Performed Timing - QDM 5.4 and 5.5* ▪ https://github.com/esacinc/CQL-Formatting-and-Usage-Wiki/wiki/eCQM-Known-Issues#qdm-laboratory-test-performed-timing-qdm-54-and-55 With regard to QDM datatype *Laboratory tests, Performed*, QDM 5.5 allows for relevant Datetime (point in time) and relevant Period. Results (e.g., laboratory, EKG, etc.) are generally documented as a single point in time. **Discussion:** Paul Denning (MITRE) noted that without getting into the value set to know which codes represent tests for which specimens are captured at a single point in time (using relevant dateTime) versus those tests for which specimens are captured over a period of time (e.g., 24 hour urine collection for

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			creatinine clearance that might use relevant Period) it is difficult to be sure of how EHRs might capture specimen time (physiologic time). ESAC suggested an example of a complicating factor might be a glucose tolerance test (GTT) procedure which occurs over a period of time. However, for a GTT, each individual lab value has its own point in time as well as a LOINC code, example: • 1-hour post 75 g oral glucose LOINC code = 6748.8 • 3.5 hours post 75 g oral glucose LOINC code = 10967.8 • 5 hours post 75 g oral glucose LOINC code = 6758-7 • Etc. There are two ways to look at this issue: A test with multiple results or individual LOINC codes might be referenced using an individual relevant Datetime for each LOINC code, or the entire 5-hour GTT might be reference with a relevant Period. **Conclusion:** Knowledge about general EHR workflow is important to determine how to manage value sets with respect to timing assignment in eCQM expressions. It is important to remember discussion at previous QDM User Group meetings in which EHR vendors indicated they capture and store only two times for most observations (e.g., laboratory tests), i.e., the time the specimen is obtained (physiologic time) and resulted time (when the result is issued by the laboratory or department providing the result). If that information is true, relevant Datetime might be appropriate regardless of the actual specimen period (where applicable) specific to the laboratory test collection time.
5 Minutes	Updated QDM Charter	Floyd Eisenberg (ESAC)	**Overview:** The Charter was modified to replace the MAT Change Control Board (MCCB) with eCQM Governance Group and the following revision was approved by the eCQM Governance Group. ESAC provided an overview of the new workflow that replaces the MCCB final approval of QDM changes and timing to final approval by the Governance Group. The change simplifies the process.

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			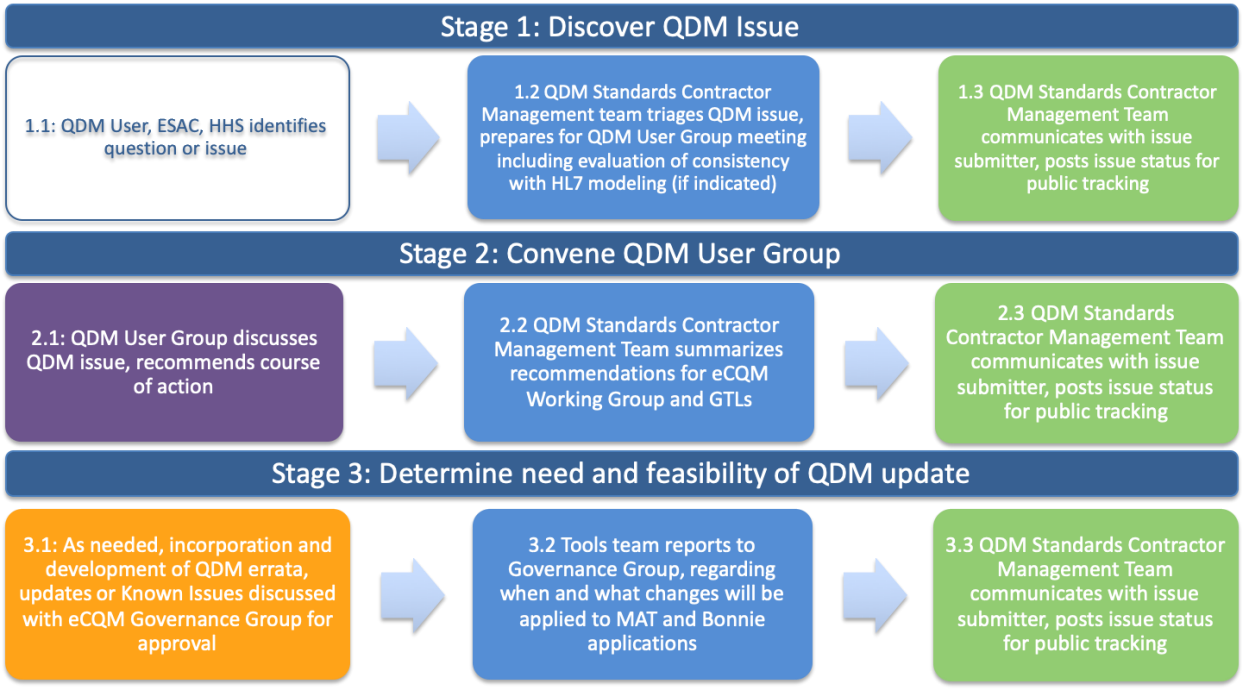 **Discussion and Conclusion:** The QDM User Group participants had no comments or questions about this change. The new QDM Charter is already active.
40 Minutes	QDM to QI-Core mapping *lessons learned*	Floyd Eisenberg (ESAC)	**Overview:** **QDM Device, Applied** QDM should model Device, Applied the same as Procedure, Performed for all devices: ▪ Implantable (in FHIR this is specifically called out by US Core) ▪ Non-implantable – devices used on a patient by clinicians – patient-use devices (e.g., wheelchair, cane, etc.)

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			QDM does not differentiate among these kinds of devices Therefore, the act of *applying* a device in QDM should always use Procedure, Performed To indicate the result of using a device with QDM depends on the use case, or the device. ▪ Procedure, Performed *result,* OR ▪ Assessment, Performed (basically an observation about how the device was used) Examples: ▪ Anti-thrombotic pneumatic device - Procedure, Performed ▪ CPAP* (patient use) - Assessment, Performed – usage hours - *component* – mask seal - *component* – events per hour - *component* – mask on/off - *component* – total score - *component* **QDM Device, Applied – Equivalent use in QI-Core (FHIR)** QDM — QI-Core Procedure, Performed — Procedure with Procedure.usedCode (to indicate the device used by the procedure to insert/use the device) Assessment, Performed (to indicate *findings*) — Observation.partOf (to indicate the procedure during which the observation occurred) **Future consideration for QDM**: Remove Device, Applied **<u>Discussion:</u>** Lisa Anderson (NCQA) asked about how to address a use case to ask about a patient's use of a cane or wheelchair in QI-Core (FHIR), specifically why DeviceUseStatement would not be more appropriate rather than Observation. ESAC explained that the Orders and Observation Workgroup that owns DeviceUseStatement recommended against its use since it has a maturity level of "0" and it has not been sufficiently tested, nor is there clearly established workflow to capture and share data in structured form. Observation (in QI-Core) or Assessment, Performed (in QDM) should be used since information about patient use of devices such as a cane or wheelchair are captured as findings (observations) if they are captured at all.

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			With respect to what the terminology allows, Rob McClure (MD Partners) noted there is no independent LOINC code for assistive devices in use. LOINC does have some observable entities that reference use of such devices, but those elements are part of larger patient evaluation or assessment tools. While in some cases, use of one codes from within a larger assessment tool might be acceptable, this use case might require creating a separate LOINC code for the desired information without capture of the full assessment tool. The attendees generally agreed that this piece of information is important for patient care and should be addressed with an additional LOINC code. Lisa Anderson (NCQA) noted this logic was added for the 2020 reporting year. ESAC suggested this discussion be taken offline to address. After the User Group meeting, ESAC reviewed LOINC to provide some general guidance: The current mechanism for capturing information of such "frailty device" usage is via free text, if a practitioner deems it significant enough, or as a response to an existing dataset or survey used for detailed patient assessment or to document patient status on facility transfer: • Survey.CMS Version 2.64 as one observation among many – LOINC code 89411-2 - Does the patient use a wheelchair/scooter [CMS Assessment]. • Survey.MDS Version 2.54 as one observation among many - LOINC code 54758-8 - Wheelchair (manual or elective) normally used in last 7 days [MDSv3] Or, as part of a patient reported outcome survey measurement: • LOINC code PROMIS 91974-6 When I was in pain I used something for support (can, crutches, wheelchair) to move from place to place in past 7 days [Survey.PROMIS PAINBE29_PED] Each of these items represent a specific observation that is part of an existing evaluation tool. Such tools or even individual observable entities such as these are managed in QDM by Assessment, Performed (with the individual component questions manage as components of Assessment, Performed, or as individual stand-alone questions if such are available in LOINC). **QDM Device, Order; Device, Recommended** • DeviceRequest describes a request (order, recommendation) for use of a device *by a patient* (e.g., wheelchair, hearing aid, insulin pump, CPAP, masks)

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			• QDM Device, Order maps to DeviceRequest.intent = order • QDM Device, Recommended maps to DeviceRequest.intent = plan • ServiceRequest should be used for implantable devices and other devices used *for a patient* by clinicians (i.e., any non-patient use device) • QDM Device, Order maps to ServiceRequest.intent = order • QDM Device, Recommended maps to ServiceRequest.intent = plan **Future consideration for QDM:** No change (QI-Core is more expressive, but QDM concepts for Device, Order and Device, Recommended are sufficient for current use). **QDM Encounter, Performed *negation rationale*** ▪ There is no clear use case for an eCQM to request a reason for failure to perform an encounter. ▪ QI-Core / FHIR has no concept of an encounter not performed (i.e., it didn't happen, but no way to document it didn't happen for a specific reason) **Future considerations for QDM:** – Current AU cycle: refrain from expressing eCQMs with QDM Encounter, Performed *negation rationale* – Retire the Encounter, Performed *negation rationale* attribute in future versions **QDM Procedure, Performed *priority*** QI-Core and FHIR base Procedure resources have no priority element to indicate that a procedure is elective, Vs non-elective. Therefore, a solution using QI-Core is: ▪ Use Procedure.basedOn ServiceRequest (with priority – *routine*) – note that the available values for ServiceRequest.priority do not include the term *elective.* Therefore, the best approach is to assume that priority = *routine* is sufficient, OR ▪ Consider use of Encounter.priority – *elective* is an option in the Encounter.priority value set in QI-Core and the Encounter.procedure extension can indicate that the procedure occurred within the encounter. However, QDM does not have a way to reference a relationship between a Procedure, Performed and a Procedure, Order comparable to QI-Core's Procedure.basedOn. **Future consideration for QDM:** In subsequent QDM versions, remove Procedure *priority* and add Procedure *relatedTo* to address a Procedure, Order with priority = elective.

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			QDM Participant *recorder* ▪ QDM added recorder to allow all QDM datatypes to reference a performer (i.e., the individual or organization that performed an activity). However, the comparable FHIR Resource: *Coverage*, does not include a performer or recorder. FHIR's *Coverage* 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 in QDM. **Future consideration for QDM:** In subsequent QDM versions, remove Participation *recorder* and recommend that measure developers not use this attribute for Participation in the AU 2020 cycle. **Resolution/Next Steps:** The attendees did not voice any concerns with publishing the "Future Considerations for QDM" as a separate section of the QDM Known Issues site.
10 Minutes	QDM Terminology Recommendations QDM-243	Floyd Eisenberg (ESAC)	**Overview:** ESAC addressed the topic of CMS Measures Management System (MMS) Blueprint recommendations for terminology for QDM datatypes and attributes. See QDM Jira ticket: QDM-243 which provides the full table of all terminology recommendations in the CMS MMS Blueprint. (link provided below): ▪ https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf ESAC reminded the QDM User Group that terminology recommendations for QDM datatypes originated in the previous Health Information Technology Standards Committee subgroup: Vocabulary Task Force which no longer meets. The latest version of the MMS Blueprint updated some of the terminology recommendations. This current effort to review recommendations originated with a request from a measure developer who suggested that QDM datatype Intervention, Performed should have the same terminology recommendations as the QDM datatype Procedure, Performed. Currently, the MMS Blueprint recommendations are different for these two QDM datatypes as shown in the table below:

General Clinical Concept	QDM Datatypes	QDM Attribute	Clinical Vocabulary	Transition Vocabulary
Intervention	Intervention, Order Intervention, Performed Intervention, Recommended	Code	SNOMED CT (disorders, findings)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS
Intervention	Intervention, Order Intervention, Performed Intervention, Recommended	Reason	SNOMED CT (disorders, findings)	N/A
Intervention	Intervention, Order Intervention, Performed Intervention, Recommended	Negation rationale	SNOMED CT (disorders, findings)	N/A
Intervention	Intervention, Performed	Result	SNOMED CT (disorders, findings)	N/A
Procedure	Procedure, Order Procedure, Performed Procedure, Recommended	Code	SNOMED CT (procedures, regime/therapy)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS
Procedure	Procedure, Order Procedure, Performed Procedure, Recommended	Reason	SNOMED CT (disorders, findings)	N/A

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General Clinical Concept	QDM Datatypes	QDM Attribute	Clinical Vocabulary	Transition Vocabulary
Procedure	Procedure, Order Procedure, Performed Procedure, Recommended	Negation rationale	SNOMED CT (disorders, findings)	N/A
Procedure	Procedure, Performed	Result	SNOMED CT (disorders, findings)	N/A

ESAC suggested that QDM's Procedure and Intervention should use consistent vocabulary and suggested that the MMDS Blueprint should be updated so that Intervention include "procedures," and "regime/therapy".

Discussion:
Rob McClure (MD Partners) agreed with the recommendation but suggested that Intervention, Performed would still need to include SNOMED disorders and findings since some interventions such as education are recorded as findings (e.g., education completed). All agreed that the MMS Blueprint should not restrict measure developers from using the appropriate terminology.

Resolution/Next Steps:
ESAC requested that all QDM User Group members review the QDM-243 Jira ticket and suggest other areas for which the current MMS Blueprint recommendations should be updated. The QDM User Group will review additional requests and, after that review and discussion, with forward any recommendations to the Governance Group. Since the MMS Blueprint updates occur annually, it may be prudent to review the terminology assignments now and submit recommendations within the next few weeks to months for them to be considered for the next update.

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5 Minutes	QI Core Publication Status	Floyd Eisenberg (ESAC)	**Current Publication Content Site:** http://build.fhir.org/ig/HL7/fhir-qi-core/ QI Core will be reviewed in the CQI WG and then moved to publication.
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.
5 Minutes	Next Meeting	Jen Seeman (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** – February 19, 2020 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
	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
X	Chana West	ESAC
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
	Claudia Hall	Mathematica
	Corrie Dowell	BSW Health
	Dalana Ostile	Providence Health Systems
	Dawn Lane	Covenant Health
	Dave Mishler	Unknown
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
	Howard Bregman	Epic
	Huy	Unknown
	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
X	Joseph Kunisch	Memorial Hermann

	Name	Organization
	L Dejesus	Informedika
X	Lisa Anderson	NCQA
	Lizzie Charboneau	MITRE
	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
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 Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
	Katie Magoulick	CMS
	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
	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
	Yiscah Bracha	RTI
	Yvette Apura	PCPI
	Zahid Butt	MediSolv
	Zeeshan Pasha	Unknown