

# Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 02/19/2020 2:30 PM ET | Meeting location|Webinar  
<https://esacinc2.webex.com/esacinc2/j.php?MTID=mb664f23602ec7fedf8287ada56865428>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	<ul style="list-style-type: none"> <li>• CMS Quality Conference, February 24-27                             <ul style="list-style-type: none"> <li>— <i>eCQM Burden Reduction Tools and the Path to HL7 FHIR</i> is scheduled for Tuesday, February 25, 2020, 3:30 p.m. ET</li> </ul> </li> <li>• HIMSS20, March 9-13                             <ul style="list-style-type: none"> <li>— <i>Exploring FHIR to Reduce Burden for Quality Measurement</i>, is scheduled Wednesday, March 11, 2020, 8:30 a.m. ET</li> <li>— <i>Advancing Technology for Quality Reporting at CMS: Burden Reduction and FHIR</i>, Wednesday, March 11, 2020, 1:00 p.m. ET</li> </ul> </li> <li>• A Cooking with CQL session was held on February 27, 2020</li> <li>• Next QDM User Group Meeting March 18, 2020</li> </ul>
10 Minutes	QDM Terminology Recommendations <a href="#">QDM-243</a>	Floyd Eisenberg (ESAC)	<p><b>Overview and Recap:</b>                      MMS Blueprint recommendations for terminology for QDM datatypes and attributes <a href="#">QDM-243</a></p> <ul style="list-style-type: none"> <li>▪ <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf</a></li> </ul> <p>During the January QDM User Group meeting, 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 Jira ticket highlighted the suggested change to terminology recommendations for Intervention, Performed as discussed during the January User Group meeting. The Jira ticket includes no additional comments or requests.</p> <p>In January, the User Group noted that Intervention, Performed should add SNOMED procedures and regime/therapy. The group agreed to retain the existing recommendation for SNOMED disorders and findings since some interventions such as education are recorded as findings. ESAC asked the User Group to confirm that this prior decision is reasonable and asked for any additional requests for terminology.</p>

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			Current Blueprint mapping table (with highlighted cells to show current Intervention and Procedure vocabulary recommendations):				
			<b>General Clinical Concept</b>	<b>QDM Datatypes</b>	<b>QDM Attribute</b>	<b>Clinical Vocabulary</b>	<b>Transition Vocabulary</b>
			<b>Intervention</b>	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
			<b>Procedure</b>	Procedure, Order Procedure, Performed Procedure, Recommended	Code	SNOMED CT (procedures, regime/therapy)	CPT, HCPCS, ICD-9-CM Procedures, ICD-10-PCS

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			<b>General Clinical Concept</b>	<b>QDM Datatypes</b>	<b>QDM Attribute</b>	<b>Clinical Vocabulary</b>	<b>Transition Vocabulary</b>
			Procedure	Procedure, Order Procedure, Performed Procedure, Recommended	Reason	SNOMED CT (disorders, findings)	N/A
			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
			<p><b><u>Discussion:</u></b> Rob McClure (MD Partners) - Agreed with this approach. Interventions can also be identified in SNOMED as a procedure or a regime/therapy.</p> <p>The QDM User Group members in attendance did not suggest any other changes to the Blueprint mapping table.</p> <p><b><u>Resolution/Next Steps:</u></b> ESAC will forward the recommendation that the MMDS Blueprint should be updated so that Intervention includes “procedures,” and “regime/therapy” to the Governance Group.</p>				
15 Minutes	QDM to QI-Core Mapping Learnings	Floyd Eisenberg (ESAC)	<p><b><u>Overview:</u></b> The Medication, Order and Medication, Dispensed concepts in QDM have a Relevant dateTime and Relevant Period, which are different than represented in other QDM datatypes. Based on discussions at the HL7 Working Group Meeting in Sydney in February 2020, the QDM to QI-Core mapping for this concept was recently corrected as outlined below.</p>				

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			<p><b>QDM Medication, Order and Medication, Dispensed</b>  <b>Relevant Period:</b>  The definition for Medication, Order and Medication, Dispensed currently identifies relevant date<code>Time</code> as <i>validity period</i>. This concept <b>is different</b> from other relevant date<code>Time</code> references in QDM, each of which indicates the start to stop time of the performed activity</p> <p>Definition for Medication, Order and Medication, Dispensed:  Draft QI-Core mapping is <b>incorrect</b>:  <i>Validity period</i> – the date<code>Time</code> the medication administration should begin to the date<code>Time</code> the medication administration should end</p> <p>FHIR reference to Validity period:  Time period for which the supply is <i>authorized</i> (i.e., after which time dispensing should not occur)</p> <p><b>Correct Relevant Period Mapping</b> (as updated in the QDM to QI-Core mapping):  Medication.Request.dosageInstruction.timing with <a href="#">Timing.repeat.bounds[x]</a> Period</p> <p><b>Relevant date<code>Time</code>:</b>  The relevant date<code>Time</code> mapping also aligns directly with the dosageInstruction element but uses a date<code>Time</code> rather than a period.</p> <p><b>Correct Relevant date<code>Time</code> Mapping</b> (as updated in the QDM to QI-Core mapping):    <a href="#">MedicationRequest.dosageInstruction.timing</a> with <a href="#">Timing.event</a> date<code>Time</code></p> <p><b>QDM Medication, Order and Medication, Dispensed</b>  <b>Relevant Period:</b></p> <p>The mapping is now correct in QI-Core. For future consideration is whether a change of name in a future version of QDM is needed.</p> <p><b>Rationale:</b></p> <ul style="list-style-type: none"> <li>• Variance from other uses of Relevant Period in QDM</li> </ul> <p><b>Impact to QDM 5.5:</b></p> <ul style="list-style-type: none"> <li>▪ None</li> <li>▪ Consider future name change</li> </ul>

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			<p><b><u>Discussion:</u></b> The User Group members in attendance had no feedback.</p>
5 Minutes	QI Core Publication Status	Floyd Eisenberg (ESAC)	<p><b><u>Current Publication Content Site:</u></b> <a href="http://build.fhir.org/ig/HL7/fhir-qi-core/">http://build.fhir.org/ig/HL7/fhir-qi-core/</a> The CQI WG approved the final reconciliation package addressing FHIR R4.</p>
15 Minutes	Future Considerations for QDM	Floyd Eisenberg (ESAC)	<p><b><u>Overview:</u></b> As measures may transition to FHIR rather than QDM in the future, QDM may not continuously update. This is not happening in the near term and stakeholders should consider the criticality of changes to QDM under discussion. As an example, there are issues related to timing attributes. Some QDM datatypes have a relatedTo attribute to indicate relationship between two data elements. For example, an Assessment, Performed may be related to a Care Plan. Laboratory Test, Performed; Physical Exam, Performed; and Procedure, Performed do not include the relatedTo attribute in QDM. The QDM User Group has agreed with previous requests to add <i>relatedTo</i> to a number of QDM datatypes. ESAC asked the User Group members for feedback on how critical it is to add the <i>relatedTo</i> concept with a new version of QDM. Measure developers have used workaround expressions with CQL comparing data elements based on timing to compensate for the lack of <i>relatedTo</i>. The issue is basically whether QDM should update to have a new version. ESAC suggested measure developers consider all potential updates for QDM and evaluate the criticality of updating to include such content changes. The User Group should consider implementation burden and the ability to obtain accurate data and meet the measure intent when considering criticality. How critical the changes are will inform whether a new version of QDM is created or guidance provided. Minor wording changes which do not substantively change the structure of QDM can be made without creating a new version of QDM.</p> <p><b><u>Discussion:</u></b> Mia Nievera (TJC) - Supports the addition of relatedTo. In discussing elective procedures and admissions, TJC considered using this attribute to tie a Procedure and an Encounter, Order. Adding this attribute rather than relying on timing to relate multiple resources would simplify the</p>

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			<p>logic. TJC will consider further offline how significant the impact is and whether the change is critical.</p> <p>ESAC briefly walked through the QI Core navigation and highlighted in Procedure, Performed the absence of the relatedTo attribute in QDM. Adding the relatedTo attribute to Procedure, Performed would allow measure developers to indicate that a Procedure is based on another resource (e.g., Order for Procedure with a priority).</p> <p><b><u>Resolution/Next Steps:</u></b>  ESAC requested all measure developers to indicate critical requests for updating QDM and that they strongly consider the ability to express current measures and new outcome measures planned for the next year or two.  ESAC specifically noted that a decision to create a new version of QDM needs to be finalized by the March 18, 2020 meeting. Unless there are critical items, the preferred path is to retain the current version and add annotation to the printed version explaining the items otherwise targeted for retirement.  The User Group will consider critical additions to QDM further offline and provide feedback to ESAC. This feedback should be provided with sufficient lead time for review and decision during the March 18<sup>th</sup> User Group meeting.</p>
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.
5 Minutes	Next Meeting	Jen Seeman (ESAC)	<p><b>Agenda items for next QDM user group meeting</b></p> <ul style="list-style-type: none"> <li>- Contact us at <a href="mailto:gdm@esacinc.com">gdm@esacinc.com</a></li> <li>- Or start a discussion: <a href="mailto:gdm-user-group-list@esacinc.com">gdm-user-group-list@esacinc.com</a></li> </ul> <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 <a href="mailto:QDM@esacinc.com">QDM@esacinc.com</a> so you may be added to the distribution list.</i></p> <p><b>Next user group meeting</b></p> <ul style="list-style-type: none"> <li>- March 18, 2020 from 2:30 to 4:30 PM ET.</li> </ul>

## 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
X	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 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
X	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
	Johanna Ward	Mathematica
	Jorge Belmonte	PCPI

	Name	Organization
	L Dejesus	Informedika
	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
	Ward Holland	Unknown

	<b>Name</b>	<b>Organization</b>
	Julie Koscuiszka	Nyack Hospital
	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
	Katie Magoullick	CMS
	Kathy Carson	SemanticBits
	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare
	Laurie Wissell	Allscripts

	<b>Name</b>	<b>Organization</b>
	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
	Yiscah Bracha	RTI
Y	Yvette Apura	PCPI
	Zahid Butt	MediSolv
	Zeeshan Pasha	Unknown

