

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

Meeting date | 06/17/2020 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	Traci Psihas (ESAC)	<ul style="list-style-type: none"> <li>A Cooking with CQL session will be held on June 25, 2020</li> <li>Next QDM User Group Meeting July 15, 2020</li> </ul>
5 Minutes	<a href="#">QDM-253</a> – QDM 5.6 Version	Floyd Eisenberg (ESAC)	<p><b>Overview:</b></p> <p>QDM 5.6 - Rationale:</p> <ul style="list-style-type: none"> <li><a href="#">QDM-251</a> (CQL Expression of Critical Values) led to recommendations for a new version of QDM 5.6 to include an <i>interpretation</i> attribute for “Laboratory Test, Performed,” allowing reference to a critical result flag in a measure expression.</li> </ul> <p>QDM 5.6 - Logistics:</p> <ul style="list-style-type: none"> <li>Complete for the 2022 Annual Update publication cycle (for performance measurement in calendar year 2023).</li> <li>Include all existing updates referenced in the QDM version 5.5 Guidance Update, based on prior QDM User Group discussions.</li> </ul> <p>QDM 5.6 Timing:</p> <ul style="list-style-type: none"> <li>Assure availability of a version of the Measure Authoring Tool (MAT) and Bonnie for testing May through August 2021</li> <li>Finalize all new requests for QDM 5.6 changes December 1, 2020</li> <li>Process QDM 5.6 changes by December 31, 2020</li> </ul>
30 Minutes	Proposed QDM 5.6 Changes	Floyd Eisenberg (ESAC)	<p><b>Overview:</b></p> <p><b>ESAC suggested criteria for a new <i>interpretation</i> attribute (<a href="#">QDM-251</a>)</b></p> <ul style="list-style-type: none"> <li>Enable reference to critical, high, and low values currently reported as flags associated with results of the referenced observations.</li> <li>Apply to “Laboratory Test, Performed” and consider other observations that may need interpretation as well</li> <li>Define: “A categorical assessment of an observation value. For example, high, low, normal, critical high, critical low.” (Adapted from <a href="#">QI-Core Observation.interpretation</a>)</li> </ul>

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30 Minutes	Proposed QDM 5.6 Changes (cont.)	Floyd Eisenberg (ESAC)	<ul style="list-style-type: none"> <li>• <b>Consider the need to add <i>interpretation</i> to other QDM datatypes:</b> <ul style="list-style-type: none"> <li>○ “Assessment, Performed”</li> <li>○ “Diagnostic Study, Performed”</li> <li>○ “Physical Exam, Performed”</li> </ul> </li> </ul> <p><b><u>Discussion:</u></b> Howard Bregman (Epic) suggested that critical high or critical low for these other datatypes is very uncommon. ESAC asked about “Physical Exam, Performed” using an example of a heart rate monitoring device with critical flags; asking if the critical interpretation flag would be stored in the EHR. Howard Bregman (Epic) noted they do not store any flag from such monitoring systems. Joe Kunisch (Memorial Hermann) agreed with Howard and noted critical values can be defined at the organizational level. ESAC noted HL7 provides a mechanism to send an interpretation code in FHIR and in C-CDA messages, and that the threshold for high, low, or critical is generally set locally by the organization or the laboratory. Rob McClure (MD Partners) suggested the User Group strongly consider allowing this flag to be used in datatypes beyond “Laboratory Test, Performed”. eCQMs and clinical decision support (CDS) often has interest in flagging items that require follow-up and this attribute could add value. Howard Bregman noted that Epic’s lab systems have a flag that has values of abnormal or critical (not abnormal high/low or critical high/low) and a reference range. He suggested there is not value in adding critical because critical may not necessarily indicate reason for follow-up; sometimes it is expected. ESAC noted the addition arose for a particular measure requiring communication between pathologist and physician if a troponin level reaches the critical threshold.</p> <p><b><u>Resolution/Next Steps:</u></b> The User Group agreed with adding an <i>interpretation</i> attribute as ESAC defined it to “Laboratory Test, Performed” for QDM 5.6, but not to add the attribute to other QDM datatypes.</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes	Proposed QDM 5.6 Changes (cont.)	Floyd Eisenberg (ESAC)	<p><b>Overview:</b>  ESAC reminded the QDM User Group of previous decisions to expand the use of QDM attribute <i>relatedTo</i>, specifically for “Procedure, Performed”. (<b>QDM-247</b>). ESAC indicated the current <i>relatedTo</i> definition: “An attribute that indicates one QDM data element fulfills the expectations of another QDM data element.”</p> <p>Reasons to expand the use of the <i>relatedTo</i> attribute:</p> <ul style="list-style-type: none"> <li>• Allow reference to relationship between two data elements, specifically to identify only elective procedures using a “Procedure, Performed” <i>relatedTo</i> “Procedure, Order” that includes a <i>priority</i> = elective. This modeling is consistent with HL7’s QI-Core / FHIR <u>Procedure.basedOn</u> allowing direct reference to <u>ServiceRequest</u> (the order) that includes reference to the elective or urgent nature of the request (<u>ServiceRequest.priority</u>).</li> <li>• Review definitions: <ul style="list-style-type: none"> <li>○ <u>Procedure.basedOn</u>- “A reference to a resource that contains details of the request for this procedure.”</li> <li>○ <u>Observation.basedOn</u> - “A plan, proposal or order that is fulfilled in whole or in part by this event. For example, a <u>MedicationRequest</u> may require a patient to have laboratory test performed before it is dispensed.”</li> </ul> </li> <li>• Recall QDM 5.5 QDM datatypes that currently include a <i>relatedTo</i> attribute: <ul style="list-style-type: none"> <li>▪ “Assessment, Performed” [analogous to the QI-Core <u>Observation</u> resource]</li> <li>▪ “Care Goal” [analogous to the QI-Core <u>Goal</u> resource]</li> <li>▪ “Communication, Performed” [analogous to the QI-Core <u>Communication</u> resource]</li> </ul> </li> </ul> <p>ESAC asked the User Group for feedback on adding the <i>relatedTo</i> attribute to “Procedure, Performed” and possibly additional QDM datatypes.</p> <p>Mia Nivera (TJC) added background related to the initial request to identify an elective procedure and having the ability to capture when the procedure changes from elective to urgent. Members of the QDM User Group had multiple discussions with Patient Care, the HL7 Work Group owner of the FHIR resource “Procedure,” The group’s conclusion is that a procedure does not inherently have an elective or urgent nature; the occurrence as ordered or the encounter in which it occurs may have such a priority associated with it. Thus, one can express <i>priority</i> with respect to the order or the encounter, but not the procedure. Therefore, the QDM User Group decided in March 2020 that a future version of QDM would include the <i>relatedTo</i> attribute for “Procedure, Performed”.</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes	Proposed QDM 5.6 Changes (cont.)	Floyd Eisenberg (ESAC)	<p>Reviewing the workflow, TJC learned that a request to perform an elective versus urgent procedure may occur within the order, as part of a request for a hospital admission, or as an operating room schedule request. However, a change in status from elective to urgent may not include an update to the original order; rather, it may appear only in a change to the operating room scheduled.</p> <p>Considering the ability to express relationships among data elements with the FHIR <i>basedOn</i> element, ESAC asked the User Group to consider if it makes sense to add the <i>relatedTo</i> attribute to any of the following datatypes to allow expressivity and feasibility testing:</p> <ul style="list-style-type: none"> <li>○ "Adverse Event"</li> <li>○ "Medication, Active"</li> <li>○ "Assessment, Order"</li> <li>○ "Medication, Administered"</li> <li>○ "Assessment, Recommended"</li> <li>○ "Medication, Discharge"</li> <li>○ "Diagnostic Study, Performed"</li> <li>○ "Medication, Dispensed"</li> <li>○ "Diagnostic Study, Order"</li> <li>○ "Medication, Order"</li> <li>○ "Diagnostic Study, Recommended"</li> <li>○ "Physical Exam, Performed"</li> <li>○ "Encounter, Performed"</li> <li>○ "Physical Exam, Order"</li> <li>○ "Encounter, Order"</li> <li>○ "Physical Exam, Recommended"</li> <li>○ "Encounter, Recommended"</li> <li>○ "Procedure, Performed"</li> <li>○ "Immunization, Administered"</li> <li>○ "Procedure, Order"</li> <li>○ "Immunization, Order"</li> <li>○ "Procedure, Recommended"</li> <li>○ "Intervention, Performed"</li> <li>○ "Patient Care Experience"</li> <li>○ "Intervention, Order"</li> <li>○ "Provider Care Experience"</li> <li>○ "Intervention, Recommended"</li> <li>○ "Substance, Order"</li> </ul>

Time	Item	Presenter	Discussion/Options/Decisions
			<ul style="list-style-type: none"> <li>○ “Laboratory Test, Performed”</li> <li>○ “Substance, Administered”</li> <li>○ “Laboratory Test, Order”</li> <li>○ “Substance, Recommended”</li> <li>○ “Laboratory Test, Recommended”</li> </ul> <p><b><u>Do NOT add to:</u></b></p> <ul style="list-style-type: none"> <li>○ “Allergy Intolerance”</li> <li>○ “Diagnosis”</li> <li>○ “Device, Applied”</li> <li>○ “Device, Order”</li> <li>○ “Device, Recommended”</li> <li>○ “Family History”</li> <li>○ “Symptom”</li> </ul> <p><b><u>Discussion:</u></b></p> <p>Joe Kunisch (Memorial Hermann) suggested one way to look at the priority of a procedure might be to look for a code modifier to indicate elective versus urgent. Howard Bregman (Epic) suggested the complexity of looking for relationships is daunting and software is often not programmed to connect the dots in a flexible manner. Epic handles urgent via a communication between the surgeon and the OR scheduler that has an indication of urgency of the procedure so that scheduler can appropriately assign staff. The urgency flag is on this request. Rob McClure (MD Partners) suggested this is a flag on the order. ESAC agreed but noted an EHR may not link a procedure to its respective order. Mia Nivera (TJC) asked about this relationship and how the two get related (e.g., by order ID number). Rob noted there is a connection, but it may not be consistent across vendors, suggesting that QDM should allow the urgency of the order to be tied to a specific act, but allowing the vendor and implementer to determine how they identify the relationship and retrieve the data.</p> <p>Howard expressed support for restricting the <i>relatedTo</i> attribute to the “Procedure, Performed”. Joe Kunisch suggested from an implementation perspective, many elements listed above are likely not feasible but he had no opposition to including and testing. Peter Muir (ESAC) noted clinician burden should be considered when testing any additions.</p>

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30 Minutes	Proposed QDM 5.6 Changes (cont.)	Floyd Eisenberg (ESAC)	<p><b>Resolution/Next Steps:</b> The User Group was in agreement with adding the <i>relatedTo</i> attribute to the QDM datatype “Procedure, Performed” and will consider further offline whether it should be added to any other QDM datatypes.</p> <p>The User Group will also consider measures for the next cycle and whether any elements which exist in FHIR, but not in QDM, are limiting and should be considered for an updated version of QDM</p>
15 Minutes	QDM 5.5 Guidance Update Recommendations	Floyd Eisenberg (ESAC)	<p><b>Overview:</b> ESAC reviewed the guidance recommendations as previously discussed with the User Group.</p> <p><b>Remove</b></p> <p><b>“Device, Applied” QDM datatype</b></p> <ul style="list-style-type: none"> <li>Remove “Device, Applied” and add language to suggest usage of “Procedure, Performed”, “Device, Order”, “Assessment, Performed”, “Diagnosis” as referenced in the QDM 5.5 Guidance Update rationale section.</li> <li>Retain “Device, Order” and “Device, Recommended”</li> </ul> <p><b>“Procedure, Performed” <i>priority</i> attribute</b></p> <ul style="list-style-type: none"> <li>It does not map easily to structures in an EHR.</li> <li>Procedures intended to occur during a hospital encounter, but scheduled prior to the initiation of the encounter, may be referenced in scheduling systems or as “orders” but may not be accessible from the encounter record.</li> <li>Changes to an existing procedure order priority may occur via verbal communication, messaging, or possibly by a change to the original procedure order, but workflow is sufficiently variable that the information is inconsistently available.</li> </ul> <p><b>Remove</b></p> <p><b>“Participation” <i>recorder</i> attribute</b></p> <ul style="list-style-type: none"> <li>HL7 QI-Core and FHIR resource Coverage represents the insurance applicable to a patient at any given time. Coverage does not include a performer or recorder.</li> </ul> <p><b>“Encounter, Performed” <i>negation rationale</i> attribute</b></p> <ul style="list-style-type: none"> <li>No existing eQMs use the “Encounter, Performed” <i>negation rationale</i> attribute. The QDM User Group did not identify a clear use case for evaluating a reason for encounters that have not occurred. There is no known clinical documentation to support an encounter that has not occurred for a reason (other than cancelled or no-show).</li> </ul>

Time	Item	Presenter	Discussion/Options/Decisions
15 Minutes	QDM 5.5 Guidance Update Recommendations (cont.)	Floyd Eisenberg (ESAC)	<p><b>Update definitions</b></p> <p><b>dosage</b></p> <ul style="list-style-type: none"> <li>Change definition to: “Details of how much medication is taken or is to be taken, i.e., the quantity (mg, mL) to be taken at a single administration.”</li> </ul> <p><b>result dateTime</b></p> <ul style="list-style-type: none"> <li>Change definition to: “the date and time this version of the observation was made available to providers, typically after the results have been reviewed and verified.”</li> </ul> <p><b>relevantPeriod</b></p> <ul style="list-style-type: none"> <li>Change definition for “Medication, Dispensed”, “Medication, Order”, and “Substance, Order” to: “The time referenced in the dosage instruction indicating when the medication administration should start and end.”</li> </ul> <p><b>relevantPeriod stopTime</b></p> <ul style="list-style-type: none"> <li>Change definition for “Medication, Active”to: “when the medication is no longer active.”</li> </ul> <p><b>”Typographical errors</b></p> <p>Ordinality (Table 29 – page 68)</p> <ul style="list-style-type: none"> <li>QDM 5.5 has “Ordinality (retired)”; DERep has “Used by” info; there is a typo in QDM 5.5 and on the DERep page – “prcedure” should be “procedure”</li> </ul> <p>Components (Table 29 – page 59)</p> <ul style="list-style-type: none"> <li>Typo in QDM 5.5 and on DERep – “assesments” should be “assessments”</li> <li>Also <i>components</i> in the attribute column should not be capitalized</li> </ul> <p>Participation Period (Table 29 – page 68)</p> <ul style="list-style-type: none"> <li>Typo in QDM 5.5 and on DERep – “enrollement” should say “enrollment”.</li> </ul> <p>Supply (Table 29 – page 79)</p> <ul style="list-style-type: none"> <li>Typo in last bullet in QDM 5.5. and on DERep – “dischange” should be “discharge”.</li> </ul> <p><b>Resolution/Next Steps:</b> The User Group did not express any concerns with moving forward with these changes.</p>
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Next Meeting	Traci Psihas (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>• July 15, 2020 from 2:30 to 4:30 PM ET.</li> </ul>

## Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	Alex Borenstein	Greenway Health
N/A	Alex Lui	Epic
N/A	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
X	Ann-Marie Dunn	Unknown
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anne Coultas	All Scripts
X	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Balu Balasubramanyam	MITRE
N/A	Ben Hamlin	NCQA
N/A	Benjamin Bussey	Unknown
N/A	Beth Bostrom	AMA
N/A	Brian Blaubeux	Northern Westchester Hospital
N/A	Bidget Blake	MITRE
N/A	Brooke Villarreal	Unknown
N/A	Bryn Rhodes	ESAC
N/A	Carolyn Anderson	Primary care practice
N/A	Chris Moesel	MITRE
N/A	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
N/A	Corrie Dowell	BSW Health
N/A	Dalana Ostile	Providence Health Systems
N/A	Dawn Lane	Covenant Health
N/A	Dave Mishler	Care Evolution
X	David Brian	Unknown
X	David Clayman	Allscripts
N/A	Debbie Hall	University of Maryland
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
N/A	Drew Keller	Unknown
X	Evelyn Cody	Unknown
X	Floyd Eisenberg	ESAC
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
X	Howard Bregman	Epic
N/A	Huy	Unknown
X	Isbelia Briceno	Cerner
N/A	James Bradley	MITRE
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner

Attended	Name	Organization
N/A	L Dejesus	Informedika
X	Lisa Anderson	NCQA
N/A	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marc Hadley	MITRE
X	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
N/A	Martha Radford	NYU
N/A	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia Nievera	The Joint Commission
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	Unknown
N/A	Mike Nosal	MITRE
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
N/A	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	Nathan R	Unknown
N/A	Neelam Zafar	The Joint Commission
N/A	Norm Sirois	Unknown
N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
X	Peter Muir	ESAC
N/A	Rachel Buchanan	Oregon Urology
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebeccah Baer	NCQA
N/A	Rinku Master	Unknown
N/A	Rob McClure	MD Partners
N/A	Rob Samples	ESAC
N/A	Robin Holder	Unknown
N/A	Rose Almonte	MITRE
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA
N/A	Ryan Guifoyle	Unknown
N/A	Samuel Benton	NCQA
N/A	Sarah Sims	My Patient Insight
N/A	Sethuraman Ramanan	Cognizant

Attended	Name	Organization
N/A	Janet Wagner	Unknown
N/A	Jen Seeman	ESAC
N/A	Jennifer Distefano	Unknown
N/A	Jenna Williams-Bader	NCQA
N/A	Jill Shuemaker	VCU Health
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
N/A	Joe Bormel	Cognitive Medicine
X	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
N/A	Julie Koscuizka	Nyack Hospital
X	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Jay Frails	Meditech
N/A	Katie Magoulick	CMS
N/A	Kathy Carson	SemanticBits
X	Kim Sweat	Unknown
N/A	Kimberly Smuk	HSAG
N/A	KP Sethi	Lantana
N/A	Latasha Archer	NCQA
N/A	Laura Pearlman	Midwest Center for Women's Healthcare
N/A	Laurie Wissell	Allscripts

Attended	Name	Organization
N/A	Shanna Hartman	CMS
X	Stan Rankins	Telligen
N/A	Susan Wisnieski	Meditech
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Tess Rayle	Unknown
N/A	Thomas Hudson	Unknown
N/A	Tom Dunn	Telligen
X	Traci Psihas	ESAC
N/A	Vaspaan Patel	NCQA
N/A	Ward Holland	Unknown
N/A	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
X	Yvette Apura	PCPI
N/A	Zahid Butt	MediSolv
N/A	Zeeshan Pasha	Unknown
N/A	N/A	N/A