Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *11/18/2020 2:30 PM ET* | Meeting location|Webinar URL https://global.gotomeeting.com/join/980942653

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	• A Cooking with CQL session will be held on December 3, 2020. • Next QDM User Group Meeting is December 16, 2020
15 Minutes	Considerations additional changes to QDM v5.6 QDM-257: Symptom - QDM-260	Floyd Eisenberg (ESAC)	**Overview:** QDM v5.6 changes will be finalized by the end of this month in preparation for tooling changes to be available for the next AU cycle. QDM v5.6 will be used for the eCQMs intended for the 2023 reporting-performance period. Symptom - QDM-260 ▪ Clinical software will likely identify patient-reported symptoms and clinician identified findings as observations unless the clinician determines the symptom requires long-term management whether or not it has clear causation. This guidance is taken directly from the recommendations in the FHIR Condition resource. ▪ In QDM, a generic "observation" uses "Assessment, Performed". If the clinician has captured the information on a Problem list it MAY be identified as a condition (QDM datatype "Diagnosis") ▪ Based on discussion at the previous QDM User Group meeting (October 21, 2020), the User Group may consider avoiding the use of "Symptom" in QDM in favor of "Assessment, Performed" and/or "Diagnosis" **Discussion:** Howard Bregman (Epic) suggested symptoms could be discretely documented separately from a problem list entry. He could see the benefit of having symptom as a separate category. Joe Kunisch (Memorial Hermann) agreed and was fine with leaving "Symptom" as a separate QDM datatype as it could be stored in different places depending on the scenario. Mia Nievera (TJC) agreed a clinical symptom may be recorded in several places and is often not discrete. For example, it might be added to a comment field on a physical exam. ESAC noted the issue arose because FHIR does not have a symptom concept. Symptom is documented under the condition resource if the cause is unknown or if it is long-standing, otherwise, observation is used. When transitioning to FHIR, this will require a change, so ESAC

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			raised the question for consideration. If the community believes symptom should be distinctively identified for FHIR, the issue would be brought to Patient Care Workgroup for consideration. Anne Coultas (All Scripts) suggested there are situations where symptoms are discretely captured, for example, an EH measure looking for onset of stroke symptoms. Maggie Lohnes (IMPAQ) was supportive of discussing the collection of the symptom concept further with the FHIR community. **Resolution/Next Steps:** The User Group suggested the use of "Symptom" in QDM continue for now. The User Group suggested there is a need for further discussion regarding the collection of symptom within the FHIR community. As follow up, ESAC agreed to request a specific discussion with the Patient Care Workgroup at the upcoming January 2021 HL7 Working Group Meeting since Patient Care owns the FHIR Condition resource. [Note – For those attending the January 2021 HL7 Working Group Meeting, the Patient Care Workgroup set up the discussion on Tuesday, January 26, 2021 Quarter 3 (1:00 – 2:30 PM Pacific Standard Time) in a combined session with the Clinical Information Modeling Initiative (CIMI) and Clinical Quality Information (CQI) Workgroups. To attend, individuals will need to register for the HL7 Working Group Meeting.]

10 Minutes	Considerations additional changes to QDM v5.6 QDM-257: Cumulative Medication Duration	Floyd Eisenberg (ESAC)	**Overview:**
			Changes as discussed for:
			▪ "Medication, Order" CMD - section 5.7.3.1
			▪ "Medication, Dispense" CMD section 5.7.3.2
			▪ "Medication, Administered" CMD section 5.7.3.3
			▪ And update examples in CMD section 5.7.3.4
			▪ **Initial suggestion to avoid inappropriate use was to remove *relevantPeriod* from "Medication, Order" and "Medication, Dispense" - Instead – ESAC suggests clarifing relevant time definitions to:**
			  ▪ "Medication, Order" The time period for which the ordered supply is authorized to be dispensed (including refills)
			  ▪ "Medication, Dispense" The time period for which the dispensed supply is to be administered/taken (i.e., not including refills; each dispensing event *relevantPeriod* is evaluated individually)
			
			These changes were made to add clarity to the definitions.
			
			Resolution/Next Steps:
			The User Group voiced no concerns with these clarifications.

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30 Minutes	Adding *relatedTo* attributes QDM-257	Floyd Eisenberg (ESAC)	**Overview:** **QDM currently includes the *relatedTo* attribute for:** ▪ "Care Goal" ▪ "Communication, Performed" ▪ "Assessment, Performed" **Previously added for QDM 5.6 by QDM User Group:** ▪ "Procedure, Performed" **New requests for *relatedTo* attribute:** ▪ "Medication, Order" ▪ "Medication, Dispensed" ▪ "Encounter, Performed" ▪ "Intervention, Performed" ▪ "Laboratory Test, Performed" ▪ "Diagnostic Study, Performed" ▪ "Physical Exam, Performed" **New requests for *relatedTo* attribute:** ▪ "Medication, Order" and "Medication, Dispensed" – Opioid use measure uses both "Medication, Order" and "Medication, Dispensed" to assure capture of all opioids regardless of where they are ordered. – Need to avoid double counting the same prescription identified by both QDM datatypes. – QI-Core includes MedicationDispense.authorizingPrescription to indicate the dispensing event is related to the prescription – Similarly MedicationRequest.basedOn allows reference to a CarePlan, MedicationRequest, ServiceRequest, or ImmunizationRecommendation as the reason for the order – Adding *relatedTo* for these two datatypes will enable measure expressions to avoid the duplication data issue Adding *relatedTo* attributes summary (**Bold**- QDM 5.5 *relatedTo*; **Blue** italicized - new requests)

“Adverse Event”	“Device, Recommended”	***“Intervention, Performed”***	***“Physical Exam, Performed”***
“Allergy/Intolerance”	“Diagnostic Study, Order”	“Intervention, Recommended”	“Physical Exam, Recommended”
“Assessment, Performed”	***“Diagnostic Study, Performed”***	“Laboratory Test, Order”	“Procedure, Order”
“Assessment, Order”	“Diagnostic Study, Recommended”	***“Laboratory Test, Performed”***	***“Procedure, Performed”***
“Assessment, Recommended”	“Encounter, Order”	“Laboratory Test, Recommended”	“Procedure, Recommended”
“Patient Care Experience”	***“Encounter, Performed”***	“Medication, Active”	“Related Person”
“Provider Care Experience”	“Encounter, Recommended”	“Medication, Administered”	“Substance, Administered”
“Care Goal”	“Family History”	“Medication, Discharge”	“Substance, Order”
“Communication, Performed”	“Immunization, Administered”	***“Medication, Dispensed”***	“Substance, Recommended”
“Diagnosis”	“Immunization, Order”	***“Medication, Order”***	“Symptom”
“Device Applied”	“Patient Characteristics”	“Participation”	N/A
“Device, Order”	“Intervention, Order”	“Physical Exam, Order”	N/A

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			Discussion: Howard Bregman (Epic) suggested "Medication, Dispensed" *relatedTo* medication prescription is acceptable because this linkage makes sense. He suggested adding *relatedTo* to the other datatypes listed is an attempt to get at something that is not available. Howard suggested *relatedTo* is an ambiguous concept. ESAC noted as discussed previously, the rationale for adding *relatedTo* to "Laboratory Test, Performed" is to tie it to an encounter. You might know an order for the lab test occurred and the result is related to the order, but you do not know it was related to the encounter. Some lab results could take a longer time and relating to the order would be useful. Maggie Lohnes (IMPAQ) suggested it might be useful to add *relatedTo* to "Medication, Dispensed" and "Medication, Order", but not the others. Mia Nievera (TJC) noted they currently link "Laboratory Test, Performed" to the Encounter using time-related criteria and she could not think of a use case for *relatedTo*. ESAC agreed time-relating is preferable. **Resolution/Next Steps:** The User Group offered support for adding *relatedTo* to "Medication, Dispensed" and "Medication, Order", but did not offer strong support for adding *relatedTo* to any additional datatypes because there are no use cases to support.
30 Minutes	New request - *interpretation* expansion QDM-257	Floyd Eisenberg (ESAC)	**Overview:** **New request - American Academy of Neurology (Piper Ranallo)** ▪ **Add *interpretation* attribute to "Diagnostic Study, Performed" to enable the ability to address an interpretation of an imaging study** ▪ Similar to the use of *interpretation* for "Laboratory Test, Performed" the HL7 v3 / FHIR Observation.interpretation element uses the value set http://hl7.org/fhir/R4/valueset-observation-interpretation.html (extensible and available in VSAC) ▪ Some relevant FHIR value set content that may help: ▪ Positive ▪ Negative ▪ Indeterminate ▪ Abnormal ▪ Critical Abnormal ▪ Significant change up ▪ Significant change down ▪ Insufficient evidence ● Additional values may be needed to express concepts such as required follow up

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			is suggested repeat or follow up appropriate for *interpretation* ● Consider adding *interpretation* to "Diagnostic Study, Performed" Piper Ranallo (AAN) explained that there is a need to record the interpretation of the actual value of the "Diagnostic Study, Performed". With neurologic conditions, there is a course, which is expected to deteriorate over time, so the score itself is not as meaningful as the interpretation. For many measures, screening positive means follow-up is required. **Discussion:** Lisa Anderson (NCQA) asked implementers if they capture interpretation in their EHRs. Maggie Lohnes (IMPAQ) suggested in the case of follow-up needed, you would inform the trend outside of this model. One is the result and one is the clinical action (needs follow-up) related to the result. Howard Bregman (Epic) noted there is a single text field to add the interpretation. He suggested Piper may survey to find out whether this is stored as discrete data. Piper noted their members primarily have solo and small practices and data coming in from several EHRs. They often pull this out of notes and do not get a discrete field. More often, they receive the interpretation of the score as opposed to the score itself. The interpretation is not a standard, discrete field. Follow-up depends on the measure and the diagnostic study, sometimes it is a referral and sometimes it is an update to the care plan. More often it is an interpretation and not a result. ESAC suggested in terms of QDM it may be challenging to retrieve this information from the interpretation attribute. Ensuring this is available is difficult if it is not standardized in practice. Joe Kunisch (Memorial Hermann) agreed with Howard. In his experience the diagnostic system is separate from the EHR. The radiologist's interpretation comes into the EHR as a PDF file. There is no way to discern a discrete data field. Providers were asked to enter a discrete data element related to the findings and this was not easily adopted because it was disruptive to the workflow. Piper suggested the data is captured discretely using natural language processing (NLP) among implementation sites she has evaluated. Joe noted his organization performed NLP pilot testing which produced good results; however, making this change would require significant effort from vendors. This requires a custom build and is expensive to create and maintain. EHRs have NLP, but may not agree to support pulling out quality-related data and without vendor buy-in, it will not be implemented. **Resolution/Next Steps:** The User Group did not support adding interpretation to "Diagnostic Study, Performed" at this time given there is no significant evidence of need and vendor agreement is required.

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10 Minutes	Changes to QDM Entities QDM-257	Floyd Eisenberg (ESAC)	**Overview:** QDM Entities Discussed as part of a **Known Issue** - need to add new QDM attribute to the Practitioner entity (*organization)* to address the example provided in QDM v*5.5 Section 2.6.5*: Specifying an individual actor is a member of an organization *define "Qualifying Encounters" ["Encounter, Performed": "Inpatient"] Encounter* *where Encounter.participant is "Organization"* *define "Eye Exam Order" ["Intervention, Order": "Diabetic Eye Exam"] ExamOrder* *where ExamOrder.requester is Practitioner* *and ExamOrder.requester.id in (Encounter.participant as Organization)* *define "Eye Exam Complete" ["Intervention, Performed": "Diabetic Eye Exam"] EyeExam* *where EyeExam.performer is Practitioner* *and EyeExam.performer.id in Encounter.participant.organization* The expression in the example requires that the Practitioner include an *organization* attribute. Note - Practitioner *location* may also become necessary (already possible in FHIR) To accomplish this change requires a new Location entity in QDM. While existing eCQMs do not use the entities, the ability to evaluated and test measures that use them should have the capability. New Entity = Location, and update attributes: 1. add *location* and *organization* as attributes for the entities Practitioner and Organization so that a Practitioner or Organization can be connected to a specific location or organization 2. add Location as a new QDM Entity to allow the Practitioner or Organization to reference it - Location attributes: – *id* – *identifier* – *locationType* (analogous to the QI-Core profile Location built on the FHIR Location resource - to allow Location Role Types 3. change the Organization *type* attribute name to organizationType consistent with the QI-Core element so it can reference example codes as in organization_type value set **Discussion:** The User Group had no comments.
10 Minutes	Summary QDM 5.6 Changes	Floyd Eisenberg (ESAC)	**Overview:** ▪ Add *relatedTo* attribute to "Procedure, Performed" ▪ Create new *interpretation* attribute for "Laboratory Test, Performed"

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			▪ Update all definitions and guidance recommended in the QDM v5.5 Guidance Update published in May 2020 ▪ Update Cumulative Medication Duration calculation section (5.7) and create a QDM Known Issue with this information for QDM 5.5. ▪ Retain and clarify *relevantPeriod* for "Medication, Order" and "Medication, Dispensed" ▪ Add *relatedTo* for: – "Medication, Order" – "Medication, Dispensed" ▪ Maintain QDM datatype "Symptom" **Changes** to QDM Entities (This is consistent with the FHIR Resources): Patient ▪ *identifier* ▪ *id (instance identifier)* Care Partner ▪ *identifier* ▪ *id (instance identifier)* ▪ *relationship* Practitioner ▪ *identifier* ▪ *id (instance identifier)* ▪ *role* ▪ *specialty* ▪ *qualification* ▪ ***organization*** ▪ ***location*** Organization ▪ *identifier* ▪ *id (instance identifier)* ▪ ***organization****Type* ▪ ***location*** **Add QDM Entity:** **Location** ▪ ***identifier*** ▪ ***id (instance identifier)*** ▪ ***locationType***

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			Resolution/Next Steps: The new QDM document will be finalized and circulated to contractors for review. The suggestions from the QDM User Group will be reviewed with CMS before finalization. QDM v5.6 will be used for the eCQMs intended for the 2023 reporting-performance period.
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	None at this time.
5 Minutes	Next Meeting	Traci Psihas (ESAC)	**Agenda items for next QDM user group meeting** – Contact us at qdm@esacinc.com – Or start a discussion: qdm-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** – December 16, 2020 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

Attended	*Name*	*Organization*		Attended	*Name*	*Organization*
N/A	Abrar Salam	The Joint Commission		N/A	L Dejesus	Informedika
N/A	Alex Borenstein	Greenway Health		**X**	Lisa Anderson	NCQA
N/A	Alex Lui	Epic		N/A	Lizzie Charboneau	MITRE
N/A	Andy Kubilius	The Joint Commission		N/A	Lynn Perrine	Lantana
N/A	Angela Flanagan	Lantana		**X**	Maggie Lohnes	IMPAQ
N/A	Ann-Marie Dunn	Unknown		N/A	Marc Hadley	MITRE
N/A	Ann Philips	NCQA		**X**	Marc Hallez	The Joint Commission
N/A	Anna Bentler	The Joint Commission		N/A	Marc Overhage	Cerner
X	Anne Coultas	All Scripts		N/A	Margaret Dobson	Zepf Center
N/A	Anne Smith	NCQA		N/A	Matt Hardman	Unknown
N/A	Amira Elhagmusa	Battelle		N/A	Marilyn Parenzan	The Joint Commission
N/A	Balu Balasubramanyam	MITRE		N/A	Martha Radford	NYU
N/A	Ben Hamlin	NCQA		N/A	Melissa Van Fleet	Alliance Health Oklahoma
N/A	Benjamin Bussey	Unknown		**X**	Mia Nievera	The Joint Commission
N/A	Beth Bostrom	AMA		N/A	Michael Mainridge	Unknown
N/A	Brian Blaufeux	Northern Westchester Hospital		**X**	Michael Ryan	NCQA
N/A	Bidget Blake	MITRE		N/A	Mike Nosal	MITRE
N/A	Brooke Villarreal	Unknown		N/A	Michelle Dardis	Mathematica
N/A	Bryn Rhodes	ESAC		N/A	Michelle Hinterberg	MediSolv
N/A	Carolyn Anderson	Primary care practice		**X**	Michelle Lefebvre	IMPAQ
X	Chana West	CDQ Solutions		N/A	Mike Shoemaker	Telligen
N/A	Chris Moesel	MITRE		N/A	Mukesh Allu	Epic
N/A	Cindy Lamb	Telligen		N/A	Nathan R	Unknown
X	Claudia Hall	Mathematica		N/A	Neelam Zafar	The Joint Commission
N/A	Corrie Dowell	BSW Health		N/A	Norm Sirois	Unknown
N/A	Dalana Ostile	Providence Health Systems		N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Dawn Lane	Covenant Health		**X**	Paul Denning	MITRE
X	Dave Mishler	Care Evolution		**X**	Peter Muir	ESAC
N/A	David Brian	Unknown		**X**	Piper Ranallo	AAN
N/A	David Clayman	Allscripts		N/A	Qainta Harris	Arise Medical Center
N/A	Debbie Hall	University of Maryland		N/A	Rachel Buchanan	Oregon Urology
N/A	Debbie McKay	Unknown		N/A	Rayna Scott	PCPI
N/A	Deidre Sacra	McKesson		N/A	R Swaineng	Swaineng Associates
N/A	Doug Goldstein	Epic		N/A	Rebeccah Baer	NCQA
N/A	Drew Keller	Unknown		N/A	Rhonda Schwartz	ESAC
X	Evelyn Cody	Mathematica		N/A	Rob McClure	MD Partners
X	Floyd Eisenberg	ESAC		N/A	Rob Samples	ESAC
N/A	Gary Rezik	QIP		N/A	Robin Holder	Unknown
N/A	Ganesh Shanmugam	Glenwood Systems		N/A	Rose Almonte	MITRE
N/A	Gayathri Jayawardena	ESAC		N/A	Ruth Gatiba	Battelle
X	Grace Glennon	Yale CORE		N/A	Ryan Clark	NCQA
X	Howard Bregman	Epic		N/A	Ryan Guifoyle	Unknown
N/A	Huy	Unknown		N/A	Samuel Benton	NCQA

N/A	Isbelia Briceno	Cerner		N/A	Sarah Sims	My Patient Insight
N/A	James Bradley	MITRE		N/A	Sethuraman Ramanan	Cognizant
X	Jamie Lehner	PCPI		N/A	Shanna Hartman	CMS
N/A	Jana Malinowski	Cerner		N/A	Stan Rankins	Telligen
N/A	Janet Wagner	Unknown		N/A	Susan Wisnieski	Meditech
X	Jen Seeman	ESAC		N/A	Syed Zeeshan	eDaptive Systems
N/A	Jennifer Distefano	Unknown		N/A	Tammy Kuschel	McKesson
N/A	Jenna Williams-Bader	NCQA		N/A	Tess Rayle	Unknown
N/A	Jill Shuemaker	VCU Health		**X**	Thoma Hudson	Parkview
N/A	John Carroll	The Joint Commission		N/A	Tom Dunn	Telligen
N/A	John Lujan	Kaiser Permanente		**X**	Traci Psihas	ESAC
N/A	Jessica Smails	Caradigm		N/A	Vaspaan Patel	NCQA
N/A	Joe Bormel	Cognitive Medicine		N/A	Ward Holland	Unknown
X	Joseph Kunisch	Memorial Hermann		N/A	Wendy Wise	Lantana
N/A	Johanna Ward	Mathematica		N/A	Yan Heras	ESAC
N/A	Jorge Belmonte	PCPI		**X**	Yanyan Hu	The Joint Commission
N/A	Julie Koscuiszka	Nyack Hospital		N/A	Yiscah Bracha	RTI
N/A	Juliet Rubini	Mathematica		**X**	Yvette Apura	ASCO
N/A	Justin Schirle	Epic		N/A	Zahid Butt	MediSolv
N/A	Jay Frails	Meditech		N/A	Zeeshan Pasha	Unknown
X	Katie Magoulick	IMPAQ		N/A	N/A	N/A
X	Kathy Carson	SemanticBits		N/A	N/A	N/A
N/A	Kim Sweat	Unknown		N/A	N/A	N/A
N/A	Kimberly Smuk	HSAG		N/A	N/A	N/A
N/A	KP Sethi	Lantana		N/A	N/A	N/A
N/A	Latasha Archer	NCQA		N/A	N/A	N/A
N/A	Laura Pearlman	Midwest Center for Women's Healthcare		N/A	N/A	N/A
N/A	Laurie Wissell	Allscripts		N/A	N/A	N/A