

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 10/20/2021 2:30 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	<ul style="list-style-type: none"> • MAT and Bonnie User Group - October 21, 2021 • Putting Digital Health Innovation into Practice at the Veterans Affairs (VA) - October 25, 2021 • Cooking with CQL - October 28, 2021 • Cypress Tech Talk - November 16, 2021 • Next QDM User Group November 17, 2021
25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809	Floyd Eisenberg (ESAC)	<p>Overview: JIRA ticket 3/11/2020 (CQM-3946) This topic is to identify that the patient is receiving hospice care, NOT an assessment to determine if hospice is appropriate for the patient. The concept is used as a denominator exclusion.</p> <p>Topic addressed in the CRP review: Many eligible clinicians will not be the provider to order or provide hospice or palliative care; therefore, the measure logic should enable eligible clinicians to assess and document that their patients are currently receiving hospice or palliative care.</p> <p>A logic review comment from AU2021 noted that the current specification will not capture hospice status noted on a problem list and recommended adding a QDM “Diagnosis” datatype with a value set for SNOMED-CT hospice codes covering hospice status and transitions since EHRs do not have consistent documentation patterns.</p>

Time	Item	Presenter	Discussion/Options/Decisions
25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809 (cont.)	Floyd Eisenberg (ESAC)	<p>23 Measures with this item:</p> <p>CMS 117: Childhood Immunization Status CMS 122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) CMS 124: Cervical Cancer Screening CMS 125: Breast Cancer Screening CMS 127: Pneumococcal Vaccination Status for Older Adults CMS 128: Anti-depressant Medication Management CMS 130: Colorectal Cancer Screening CMS 131: Diabetes: Eye Exam CMS 134: Diabetes: Medical Attention for Nephropathy CMS:136: Follow-Up Care for Children Prescribed ADHD Medication (ADD) CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment CMS 139: Falls: Screening for Future Fall Risk CMS 146: Appropriate Testing for Pharyngitis CMS 153: Chlamydia Screening for Women CMS 154: Appropriate Treatment for Upper Respiratory Infection (URI) CMS 155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents CMS 156: Use of High-Risk Medications in Older Adults CMS 165: Controlling High Blood Pressure CMS56: Functional Status Assessment for Total Hip Replacement CMS66: Functional Status for Total Knee Replacement CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists CMS75: Children Who Have Dental Decay or Cavities CMS90: Functional Status Assessments for Heart Failure</p> <p>FIRST OPTION Provided in CRP: Add a QDM datatype "Assessment, Performed" with code attribute requiring LOINC 45755-6 and result requiring SNOMED-CT code "Yes (qualifier value)."</p> <ul style="list-style-type: none"> • 45755-6, LOINC, Hospice care [Minimum Data Set] • 373066001, SNOMED-CT, Yes (qualifier value) <p>Initial CRP Response: No EHR supports this code combination</p> <p>SECOND OPTION Provided in CRP: For use with "Intervention, Order," Update existing grouping value set "Hospice Care Ambulatory" (OID: 2.16.840.1.113883.3.526.3.1584) with the following changes. Note that the current logic uses an extensional value set (OID: 2.16.840.1.113762.1.4.1108.15) and will be updated to the grouping value set (OID: 2.16.840.1.113883.3.526.3.1584).</p>

Time	Item	Presenter	Discussion/Options/Decisions
25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809 (cont.)	Floyd Eisenberg (ESAC)	<p>Add the following SNOMED-CT finding codes to the existing extensional value set "Hospice Care Ambulatory" (OID: 2.16.840.1.113762.1.4.1108.15):</p> <ul style="list-style-type: none"> • 170935008, Full care by hospice (finding) • 170936009, Shared care - hospice and general practitioner (finding) <p>Add the following CPT codes to a new extensional value set, "Hospice Care Ambulatory" (OID: 2.16.840.1.113883.3.464.1003.1007):</p> <ul style="list-style-type: none"> • 99377, CPT, Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes • 99378, CPT, ...30 minutes or more <p>Add the following HCPCS code to a new extensional value set, "Hospice Care Ambulatory" (OID: 2.16.840.1.113883.3.464.1003.1008):</p> <ul style="list-style-type: none"> • G0182, HCPCS, Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more (G0182) <p>CRP RESPONSE: More useful than #1</p> <p>THIRD OPTION Provided in CRP: Create a new value set grouping called "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003), which will contain the following two extensional value sets. This value set will be required with QDM datatype "Encounter, Performed".</p>

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25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809 (cont.)	Floyd Eisenberg (ESAC)	<p>Add the following HCPCS codes to a new extensional value set, "Hospice Encounter" (OID: 2.16.840.1.113883.3.464.1003.1001):</p> <ul style="list-style-type: none"> ● G9473, Services performed by chaplain in the hospice setting, each 15 minutes (G9473) ● G9474, Services performed by dietary counselor in the hospice setting, each 15 minutes (G9474) ● G9475, Services performed by other counselor in the hospice setting, each 15 minutes (G9475) ● G9476, Services performed by volunteer in the hospice setting, each 15 minutes (G9476) ● G9477, Services performed by care coordinator in the hospice setting, each 15 minutes (G9477) ● G9478, Services performed by other qualified therapist in the hospice setting, each 15 minutes (G9478) ● G9479, Services performed by qualified pharmacist in the hospice setting, each 15 minutes (G9479) ● Q5003, Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf) (Q5003) ● Q5004, Hospice care provided in skilled nursing facility (snf) (Q5004) ● Q5005, Hospice care provided in inpatient hospital (Q5005) ● Q5006, Hospice care provided in inpatient hospice facility (Q5006) ● Q5007, Hospice care provided in long term care facility (Q5007) ● Q5008, Hospice care provided in inpatient psychiatric facility (Q5008) ● Q5010, Hospice home care provided in a hospice facility (Q5010) ● S9126, Hospice care, in the home, per diem (S9126) ● T2042, Hospice routine home care; per diem (T2042) ● T2043, Hospice continuous home care; per hour (T2043) ● T2044, Hospice inpatient respite care; per diem (T2044) ● T2045, Hospice general inpatient care; per diem (T2045) ● T2046, Hospice long term care, room and board only; per diem (T2046) <p>Add the following SNOMED codes to a new extensional value set, "Hospice Encounter" (OID: 2.16.840.1.113883.3.464.1003.1002):</p> <ul style="list-style-type: none"> ● 183919006, Urgent admission to hospice (procedure) ● 183920000, Routine admission to hospice (procedure) ● 183921001, Admission to hospice for respite (procedure) ● 305336008, Admission to hospice (procedure)

Time	Item	Presenter	Discussion/Options/Decisions
25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809 (cont.)	Floyd Eisenberg (ESAC)	<p>CRP RESPONSE: No Comments (Howard Bregman noted he supports this option)</p> <p>PROPOSED SPECIFICATION in CRP:</p> <p>//Terminology code system "SNOMEDCT": 'urn:oid:2.16.840.1.113883.6.96' code system "LOINC": 'urn:oid:2.16.840.1.113883.6.1' value set "Encounter Inpatient": 'urn:oid:2.16.840.1.113883.3.666.5.307' value set "Hospice Encounter": 'urn:oid:2.16.840.1.113883.3.464.1003.1003' value set "Hospice Care Ambulatory": 'urn:oid:2.16.840.1.113883.3.526.3.1584' code "Discharge to healthcare facility for hospice care (procedure)": '428371000124100' from "SNOMEDCT" display 'Discharge to healthcare facility for hospice care (procedure)' code "Discharge to home for hospice care (procedure)": '428361000124107' from "SNOMEDCT" display 'Discharge to home for hospice care (procedure)' code "Hospice care [Minimum Data Set]": '45755-6' from "LOINC" display 'Hospice care [Minimum Data Set]' code "Yes (qualifier value)": '373066001' from "SNOMEDCT" display 'Yes (qualifier value)'</p> <p>//Logic define "Has Hospice": exists (["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter where (InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)" or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)") and InpatientEncounter.relevantPeriod ends during day of "Measurement Period") or exists (["Encounter, Performed": "Hospice Encounter"] HospiceEncounter where HospiceEncounter.relevantPeriod overlaps "Measurement Period") or exists (["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment where HospiceAssessment.result ~ "Yes (qualifier value)" and Global."NormalizeInterval" (HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod) overlaps "Measurement Period") or exists (["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder where HospiceOrder.authorDatetime during day of "Measurement Period") or exists (["Intervention, Performed": "Hospice Care Ambulatory"] HospicePerformed where Global."NormalizeInterval" (HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod) overlaps "Measurement Period")</p>

Time	Item	Presenter	Discussion/Options/Decisions
25 Minutes	Defining Hospice Care Assessment CRP Issue CQM-4809 (cont.)	Floyd Eisenberg (ESAC)	<p>Discussion:</p> <p>Value set changes use:</p> <ul style="list-style-type: none"> ▪ “Encounter, Performed” (enhanced value set) ▪ “Assessment, Performed” (new QDM datatype) ▪ “Intervention, Order” (enhanced value set) <p>Note – an initial request was to use QDM “Diagnosis” to allow reference to hospice care on the active problem list (not included in CRP recommendation)</p> <p>Discussion:</p> <p>Dorothy Lee (NCQA) and Anne Smith (NCQA) added context for the request and clarified the questions for the User Group.</p> <p>Howard Bregman (Epic) suggested options 2 and 3 will cover most cases, but there is no downside to trying the first option. He suggested it makes sense to include guidance to indicate that EHRs are not expected to select every method; the measure developer is trying to be comprehensive in capturing all ways this could be recorded.</p> <p>Ann Coulter (Allscripts) noted that the “Assessment, Performed” item using a LOINC code is consistent with other observable entities used in eCQMs.</p> <p>ESAC noted prior discussions suggested measures look for Diagnosis because findings are often entered on the problem list. Peter Muir (ESAC) noted that clinically these are often captured on the problem list. ESAC noted the "Hospice Care Ambulatory" codes in SNOMED could be used in Diagnosis to indicate finding (170935008, Full care by hospice or 170936009, Shared care - hospice and general practitioner). Peter Muir (ESAC) advocated for 170936009 because this is where it is pertinent to capture that information. Howard Bregman (Epic) noted that the Problem List item indicating the patient is a hospice patient maps to a SNOMED regime/therapy concept “hospice care”. The mapping is inconsistent with the SNOMED usage recommendations suggested in the CMS Blueprint; however, use of SNOMED findings in an eCQM expression would work seeking a [“Diagnosis”: “receiving hospice care”]. Howard Bregman (Epic) suggested measure developers consider use of all the available methods as appropriate; these approaches will lead to very few false negatives.</p> <p>Resolution/Next Steps:</p> <p>The User Group suggested that all proposed methods are useful.</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes	Defining procedures that use devices (previously "Device, Applied") - CRP Issue CQM-4908	Floyd Eisenberg (ESAC)	<p>Overview: JIRA ticket 3/11/2020 (CQM-4908) provided in CRP:</p> <ul style="list-style-type: none"> • CMS108/VTE-1: Venous Thromboembolism Prophylaxis <p>This topic is to address the most effective manner to determine that a procedure occurred to place a specified device. The retirement of QDM's "Device, Applied" generated the need for reconsideration for expressing this concept.</p> <p>This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given between the day of arrival to the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. VTE prophylaxis includes a medication option as well as an option to use a pneumatic compression device. It is the specification of using a pneumatic compression device that generated this request.</p> <ul style="list-style-type: none"> • CMS190/VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis <p>This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)</p> <p>Issue: The datatype "Device, Applied" is retired from Quality Data Model (QDM) v5.6, the version of the standard to be used for this annual update. Therefore, this datatype will be replaced with "Procedure, Performed" for the sequential Compression Devices (SCDs) used in the VTE measures.</p> <p>Proposed Solution in CRP:</p> <ol style="list-style-type: none"> 1. Create a new value set named "Device Application" (OID: 2.16.840.1.113762.1.4.1110.48) with a SNOMED code under the procedure category. 2. Change the definition "VTE Prophylaxis by Medication Administered or Device Applied" from: <p>..... union ["Device, Applied": "Intermittent pneumatic compression devices (IPC)"] union ["Device, Applied": "Venous foot pumps (VFP)"] union ["Device, Applied": "Graduated compression stockings (GCS)"]</p>

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30 Minutes	Defining procedures that use devices (previously "Device, Applied") - CRP Issue CQM-4908 (cont.)	Floyd Eisenberg (ESAC)	<p>TO:</p> <p>.....</p> <p>["Procedure, Performed": "Device Application"] DeviceApplied where DeviceApplied.result in "Intermittent pneumatic compression devices (IPC)" or DeviceApplied.result in "Venous foot pumps (VFP)" or DeviceApplied.result in "Graduated compression stockings (GCS)"</p> <p>Response in CRP:</p> <p>We understand that QDM v5.6 has retired the "Device, Applied" datatype, but the proposed move to "Procedure, Performed" is cumbersome for affirmative documentation and inconsistent for negative documentation. In the affirmative case, the proposed change will require twice the number of data mappings as before (i.e., the Procedure and the <i>result</i>). This adds complication for vendors and adds burden to hospital organizations which will have an additional mapping required for the proposed "Device Application" SNOMED code.</p> <p>The proposal does not indicate how a mechanical VTE prophylaxis would be documented. It seems like it would need to be:</p> <p>.....</p> <p>["Procedure, Performed": "Device Application"] DeviceNotApplied where DeviceNotApplied.result in "Intermittent pneumatic compression devices (IPC)" or DeviceNotApplied.result in "Venous foot pumps (VFP)" or DeviceNotApplied.result in "Graduated compression stockings (GCS)" such that DeviceNotApplied.negationRationale in "Medical Reason" <pseudo-logic> or DeviceNotApplied.negationRationale in "Patient Refusal" <with any applicable timing restraints/> </pseudo-logic></p> <p>This is inconsistent with any other negation documentation since now we need both a SNOMED code in "Device Application", a result code for what wasn't done, and a SNOMED code in the negation value sets (Medical Reason or Patient Refusal).</p>

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30 Minutes	Defining procedures that use devices (previously “Device, Applied”) - CRP Issue CQM-4908 (cont.)	Floyd Eisenberg (ESAC)	<p>Furthermore, this deviates from the CMS IG guidance on how to report on "Not Done" with a Reason where the code must be @nullFlavor="NA" and the value set itself would be negated. This cannot be done with the proposal since we would be negating the "Device Application" value set, but we don't know what Device Application was not done. If negation documentation will require a discrete result code selected from the IPC, VFP, or GCS value sets, this will be a major step backwards in interoperability since you will be forcing hospital organizations to randomly map a code from the mechanical VTE prophylaxis value sets.</p> <p>The Joint Commission suggests the following alternatives for expressing the required information:</p> <p>FHIR Option 1: Procedure.UsedCode with “Device Application” and “IPC” device” value set – ["Procedure": "Device Application"] DeviceApplied where DeviceApplied.status = 'complete' and DeviceApplied.usedCode in "Intermittent pneumatic compression devices (IPC)"</p> <p>FHIR Option 2: New procedure value set for “Application for IPC” that can be directly used for Procedure profile. ["Procedure": "Application for Intermittent pneumatic compression devices (IPC)"] DeviceApplied where DeviceApplied.status = 'complete'</p> <p>In QDM v5.6, Procedure and it's component replaces Device Applied. We could choose either one of options below for QDM v5.6.</p> <p>QDM Option 1: Using Procedure.Code with “Device Application” and “IPC” device value set – ["Procedure. Performed": "Device Application"] DeviceApplied where DeviceApplied.code in "Intermittent pneumatic compression devices (IPC)"</p> <p>QDM Option 2: Use Procedure with “Application for IPC” value set – ["Procedure, Performed": "Application for Intermittent pneumatic compression devices (IPC)"]</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes	Defining procedures that use devices (previously “Device, Applied”) - CRP Issue CQM-4908 (cont.)	Floyd Eisenberg (ESAC)	<p><u>Discussion:</u> The User Group discussed how the device application might be documented in the EHR (e.g., compression stocking). Alec Liu (Epic) noted that in the Epic EHR the clinical documentation is not strictly bound to procedure, device, or intervention. Mapping to a procedure profile might require additional work/terminology mapping by hospital systems.</p> <p>Yanyan Hu (TJC) provided FHIR and QDM options as outlined above. Option 2 replaces Device Applied with Procedure Performed, and creates a new value set with specific procedures indication application of an intermittent compression device. It does not require differentiation of the various types of intermittent compression devices, thus, there is need for only one mapping rather than two. This mapping is the same as with the “Device, Applied” datatype (now retired), but requires three new terminology value sets. Alex commented that Option 2 is the best option. This option means that during the mapping process the hospital would need to attest that any documentation is the documentation of an application of a representative device (which the hospital already performs). This option also addresses the negation rationale concern because it is only one layer.</p> <p>Dorothy Lee (NCQA) noted an NCQA measure seeks evidence that a frailty device is in use; that data element is represented as a finding with “Assessment, Performed”. Yanyan Hu (TJC) noted if observation is used for this measure, it could add another layer and results in the same issue with the negation. Further, the measure intent requires that the respective devices are placed on the patient; “Assessment, Performed” would only represent attestation that the procedure occurred. Alex agreed the issue with the layered approach could remain if the assessment required specification of a particular set of devices. The selected datatype can be supported; it is important that it not be represented in two layers.</p> <p>Is there a preference for Procedure or Observation? Howard Bregman (Epic) suggested Procedure is appropriate. Most commonly you will have an Order and you complete the Order. This implies it was done. Negation (e.g., patient refused) will be uncommon. Anne Coultas (AllScripts) agreed with Howard and Alex.</p> <p><u>Resolution/Next Steps:</u> Measure developers will use a one-layer approach with Procedure, Performed.</p>
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	None at this time.

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Next Meeting	Traci Psihas (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> - Contact us at gdm@esacinc.com - Or start a discussion: gdm-user-group-list@esacinc.com <p>Next user group meeting</p> <ul style="list-style-type: none"> - November 17, 2021 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	Alex Borenstein	Greenway Health
X	Alex Lui	Epic
N/A	Alyson Narveson	Nebraska Health Network
X	Amanda Grant	NCQA
N/A	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
X	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
X	Anne Coultas	All Scripts
X	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Balu Balasubramanyam	MITRE
X	Beatriz Espinoza	DHS LA County
N/A	Ben Hamlin	NCQA
N/A	Beth Bostrom	AMA
N/A	Brian Blaubeux	Northern Westchester Hospital
N/A	Bidget Blake	MITRE
N/A	Bryn Rhodes	ESAC
N/A	Carolyn Anderson	Primary care practice
N/A	Chana West	CDQ Solutions
N/A	Chris Moesel	MITRE
N/A	Cindy Lamb	Telligen
N/A	Claudia Hall	Mathematica
N/A	Corrie Dowell	BSW Health
N/A	Dalana Ostile	Providence Health Systems
N/A	Dawn Lane	Covenant Health
X	Dave Mishler	Care Evolution
N/A	David Clayman	Allscripts
N/A	Debbie Hall	University of Maryland
N/A	Debbie McKay	Unknown
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
X	Dorothy Lee	NCQA
X	Evelyn Cody	Mathematica
N/A	Fern McCree	NCQA
X	Floyd Eisenberg	ESAC
N/A	Gary Rezik	QIP

Attended	Name	Organization
N/A	L Dejesus	Informedika
X	Lisa Anderson	NCQA
N/A	Lizzie Charboneau	MITRE
N/A	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marc Hadley	MITRE
N/A	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Matt Hardman	Unknown
N/A	Marilyn Parenzan	The Joint Commission
N/A	Martha Radford	NYU
N/A	Melissa Van Fleet	Alliance Health Oklahoma
N/A	Mia Nievera	The Joint Commission
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	NCQA
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
X	Nayaab Baig	NCQA
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Hunter	Semantic Bits
N/A	Pamela Mahan-Rudolph	Memorial Hermann
X	Paul Denning	MITRE
X	Peter Muir	ESAC
N/A	Piper Ranallo	AAN
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
N/A	Rajvi Shah	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebecca Baer	NCQA
N/A	Rebecca Swain-Eng	Swain Eng Associates
N/A	Rhonda Schwartz	ESAC
X	Rhonda Smith	Novant Health
N/A	Robin Holder	Unknown

Attended	Name	Organization
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ESAC
N/A	Grace Glennon	Yale CORE
X	Greta Kessler	Unknown
X	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
X	Jen Seeman	ESAC
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
N/A	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
X	Julia Dawson	The Joint Commission
X	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Jay Frails	Meditech
X	Kat Sobel	NCQA
N/A	Katie Magoulick	IMPAQ
N/A	Kathy Carson	SemanticBits
N/A	Kathy Clous	Memorial Care
X	Kimberly Smuk	Mathematica
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	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
N/A	Sheila Aguilar	TJC
N/A	Shellie T	Unknown
N/A	Stan Rankins	Telligen
N/A	Susan Wisnieski	Meditech
X	Sweta Shah	NCQA
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Tess Rayle	Unknown
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
X	Traci Psihas	ESAC
N/A	Vaspaan Patel	NCQA
N/A	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv
N/A	Zeeshan Pasha	Unknown
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

