

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

Meeting date | 03/16/2022 2:30 PM ET | Meeting location | Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ICF)	<ul style="list-style-type: none"> <li>• MAT and Bonnie User Group March 17, 2022</li> <li>• Cooking with CQL, QDM and FHIR March 24, 2022</li> <li>• HL7 FHIR Connectathon May 2-4, 2022 (virtual)</li> <li>• HL7 Working Group Meeting May 9-13, 2022 (virtual)</li> <li>• April 12-13 2022 CMS Quality Conference</li> <li>• Next QDM User Group Meeting April 20, 2022</li> </ul>
15 Minutes	<u>QDM-268</u> Clarification on “Medication, Dispense” timing attributes	Floyd Eisenberg (ICF)	<p><b>Overview:</b></p> <ul style="list-style-type: none"> <li>▪ QDM v5.6 includes 3 timing attributes for “Medication, Dispense” <ul style="list-style-type: none"> <li>▪ <i>relevantDatetime</i></li> <li>▪ <i>relevantPeriod</i></li> <li>▪ <i>author dateTime</i></li> </ul> </li> <li>▪ These attributes also apply to other QDM datatypes; the specific timings associated with <i>relevantDatetime</i> and <i>relevantPeriod</i> are defined in the description associated with each QDM datatype.</li> <li>▪ <i>author dateTime</i> is generally used for the signed time of an order, or the documentation time of a reason for not performing a task (QDM’s <i>negationRationale</i> attribute)</li> <li>▪ “Medication, Dispense” <ul style="list-style-type: none"> <li>▪ <i>relevant dateTime</i> references the dateTime the prescription dispensing event occurred, i.e., the time the prescription was handed to the patient or patient’s representative.</li> <li>▪ <i>relevantPeriod</i> addresses the time period for which the dispensed supply is to be administered/taken (i.e., not including refills; each dispensing event <i>relevantPeriod</i> is evaluated individually).</li> <li>▪ <i>author dateTime</i> the date and time the dispensing event is recorded (or the reason for not dispensing)</li> </ul> </li> </ul>



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15 Minutes	<p><u>QDM-268</u> Clarification on “Medication, Dispense” timing attributes (cont.)</p>	<p>Floyd Eisenberg (ICF)</p>	<p>“Medication, Dispense” In other QDM datatypes, <i>relevantPeriod</i> indicates the time a specific event starts until that event ends (e.g., for a “Medication, Administration” event that includes a one-hour intravenous administration infusion, <i>relevantPeriod</i> references the start and stop times of the intravenous infusion). Thus, “Medication, Dispense” and “Medication, Order” are unique in that <i>relevantPeriod</i> indicates the period of time the patient is expected to use the ordered medication or the dispensed medication</p> <ul style="list-style-type: none"> <li>• For “Medication, Order” <i>relevantPeriod</i> includes the time covered by the initial prescription and all available refills</li> <li>• For “Medication, Dispensed” <i>relevantPeriod</i> includes only the time covered by the dispensing event – i.e., each refill represents a new dispensing event that has its own <i>relevantPeriod</i></li> </ul> <p>Cumulative Medication Duration guidance generally recommends using <i>daysSupplied</i> (or calculating <i>daysSupplied</i>) rather than use of <i>relevantPeriod</i>.</p> <p>Question for the QDM User Group: The distinct definition of <i>relevantPeriod</i> for “Medication, Order” and for “Medication, Dispense” is provided in the QDM 5.6 documentation. However, is a QDM Known Issue necessary to assure measure developers and measure implementers understand the distinction?</p> <p><b><u>Discussion:</u></b> Peter Muir (ICF) suggested that because use of the attribute is different for cumulative medication duration and medication dispense it would be useful to provide easy access to this guidance. Users with questions may start their search on the Resource Center (RC) Juliet Rubini (Mathematica) agreed it would be useful to highlight these changes on the RC. ICF also noted this issue is not specific to QDM timing attributes; it is also relevant to FHIR. These definitions are consistent with the Pharmacy work group’s recommendations for timings.</p> <p><b><u>Resolution/Next Steps:</u></b> The User Group recommended posting a Known Issue.</p>

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40 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR	Floyd Eisenberg (ICF)	<p><b><u>Overview:</u></b>  General Discussion:</p> <ul style="list-style-type: none"> <li>Review Word Document QDM and Blueprint code system value sets</li> <li>Consider examples for value set/code bindings displayed from: <ul style="list-style-type: none"> <li>QI-Core 4.1.0 <a href="http://hl7.org/fhir/us/qicore/">http://hl7.org/fhir/us/qicore/</a></li> <li>QI-Core CI Build for errata version 4.1.1: <a href="http://build.fhir.org/ig/HL7/fhir-qi-core/index.html">http://build.fhir.org/ig/HL7/fhir-qi-core/index.html</a></li> </ul> </li> <li>Discuss options regarding how to approach recommendations for value sets with move to FHIR</li> </ul> <p><b><u>Discussion:</u></b>  ICF reviewed the QI-Core terminology bindings for each QDM datatype and its related attributes, comparing the current bindings with the recommendations provided by the CMS Measures Management Blueprint for a number of clinical concepts. ICF noted that the Blueprint may only address a specific aspect of a concept (e.g., the cause of an Adverse Event) whereas QDM and QI-Core have specific attributes, or elements, that represent further details (metadata) about the concept. Therefore, there is not necessarily a direct item-to-item map based on the Blueprint recommendation. ICF highlighted several examples of inconsistency.</p> <p>For example, the Blueprint general clinical concept of Adverse Effect while the related QDM datatype is “Adverse Event”. In the Blueprint table, Adverse Effect/Allergy Intolerance provide terminology recommendations for the agent to which the patient had a reaction, or is allergic, and points to RxNorm (for medications), SNOMED (for non-medication substances) or CVX (for immunizations). QDM’s two related datatypes include “Adverse Event” for which the <i>code</i> attribute addressed the event (e.g., a fall, an anaphylactic reaction) and “Allergy/Intolerance” for which the code addresses the element that causes the reaction (e.g., a medication, a substance, or an immunization).</p> <p>QDM has evolved to be more consistent with QI-Core, for which the <i>AdverseEvent code</i> element addresses the adverse event itself and points to SNOMED for the conditions/adverse event. QDM does <b>not</b> include attributes for other QI-Core <i>AdverseEvent</i> elements:</p>



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40 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR (cont.)	Floyd Eisenberg (ICF)	<ul style="list-style-type: none"> <li>• The AdverseEvent.suspectEntity, the event’s causative agent that can be a device, a procedure, a substance, a medication, etc.</li> <li>• The AdverseEvent.category that requires (a SHALL binding) a concept from the <u>AdverseEventCategory</u> value set that contains 14 concepts related to product defects or unsafe physical environment.</li> <li>• The AdverseEvent.resultingCondition that references the Condition profile.</li> </ul> <p>ICF suggested that the QI-Core, by reference the underlying US Core and FHIR terminology bindings provide more specificity for the data element and its metadata. ICF further asked the group if, concomitant with the transition to FHIR eCQMs and dQMs if the Blueprint should only reference the QI-Core terminology bindings rather than attempt to expand on the existing reference table.</p> <p>Rob McClure (MD Partners) agreed this information in the table is derived from the model and pointing users to the model is a reasonable approach.</p> <p>ICF provided another example: QDM’s “Encounter Performed” <i>admissionSource</i>. In QI-Core, Encounter.hospitalization.admitSource has a SHOULD binding to <u>Encounter-admit-source</u> value set, managed by the HL7 Patient Administration Work Group. In contrast, the Blueprint suggests using SNOMED for this concept. While a SHOULD binding might allow for use of SNOMED, consistency with the QI-Core bindings may have more benefits to align with existing bindings use for interoperability.</p> <p>Rob McClure suggested an approach for the Blueprint to provide guidance about how to read the model. Such guidance should provide easily understood definitions for each terminology binding category, i.e., clearly define the meaning of Preferred, Extensible, and Shall, indicating whether you must change from existing eCQM value sets, or whether you may choose to change. Juliet Rubini (Mathematica) noted some users may be less familiar with the binding definitions and this should be presented in a way that those users would be able to understand.</p>

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40 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR (cont.)	Floyd Eisenberg (ICF)	<p>Rob McClure suggested we need to identify a simpler solution, so that there are not three places to reference (blueprint, QI-Core, and FHIR). ICF noted that QI-Core generally inherits the terminology bindings chosen by US Core unless US Core has no binding or if QI-Core needs to further restrict the binding existing in US Core. Rob noted that QI-Core also suggested if QI-Core intends to be more FHIR-like than the Blueprint, we should eliminate terms that are not FHIR in QI-Core (noting that there are currently some Should bindings which need to be changed).</p> <p>Rob McClure suggested there is a need to identify all those instances where the Blueprint differs from QI-Core and resolve these discrepancies.</p> <p><b><u>Resolution/Next Steps:</u></b> Moving forward with FHIR we need to ensure consistency between QI-Core, US-Core and base FHIR. Rather than the Blueprint having its own specification which replicates QI-Core, the Blueprint should provide direction for how to use the QI-Core bindings. For future consideration, there is a need to identify all those instances where the blueprint differs from QI-Core and resolve these discrepancies. The User Group did not express any concerns with this plan.</p>
5 Minutes	General Discussion	Floyd Eisenberg (ICF)	None at this time.
5 Minutes	Next Meeting	Traci Psihas (ICF)	<ul style="list-style-type: none"> <li>▪ <b>Agenda items for next QDM user group meeting</b> <ul style="list-style-type: none"> <li>– Contact us at <a href="mailto:qdm@icf.com">qdm@icf.com</a></li> </ul> </li> <li>▪ <b>Next user group meeting</b> <ul style="list-style-type: none"> <li>– April 20, 2022 2:30pm – 4:30pm ET</li> </ul> </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	Alyson Narveson	Nebraska Health Network
N/A	Amanda Grant	NCQA
N/A	Andy Kubilius	The Joint Commission
N/A	Angela Flanagan	Lantana
N/A	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anne Coultas	All Scripts
N/A	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Balu Balasubramanyam	MITRE
N/A	Beatriz Espinoza	DHS LA County
N/A	Ben Hamlin	NCQA
N/A	Beth Bostrom	AMA
N/A	Brian Blaubeux	Northern Westchester Hospital
N/A	Bridget Blake	MITRE
N/A	Bryn Rhodes	ICF
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	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
X	Dorothy Lee	NCQA
N/A	Evelyn Cody	Mathematica
N/A	Fern McCree	NCQA
X	Floyd Eisenberg	ICF
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ICF
N/A	Grace Glennon	Yale CORE

Attended	Name	Organization
N/A	L Dejesus	Informedika
N/A	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	Anthem
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
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	ICF
N/A	Piper Ranallo	AAN
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
N/A	Rajiv Shah	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebecca Baer	NCQA
N/A	Rhonda Schwartz	ICF
N/A	Rhonda Smith	Novant Health
X	Rob McClure	MD Partners
N/A	Rose Almonte	MITRE
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA



