

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 04/20/2022 3:00 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"> • CMS Webinar: Rural Health Quality: How CMS Initiatives Improve How We Measure and Address Gaps in Care April 20-21, 2022 • HL7 FHIR Connectathon May 2-4, 2022 (virtual) • HL7 Working Group Meeting May 9-13, 2022 (virtual) • Next QDM User Group Meeting May 18, 2022
15 Minutes	QDM-273 Addressing verbal orders with QDM "Medication, Order" <i>author date Time</i>	Floyd Eisenberg (ICF)	<p>Overview: QDM Ticket Question: In our EHR medication orders may be placed multiple ways:</p> <ul style="list-style-type: none"> • Physician users may enter medication orders themselves, in which they would sign it at the time of placing the order. • Nursing users may enter medication orders as Verbal Orders, where the order is placed by a nursing user and the Physician can sign the order electronically at a later date/time. • My question is if a nursing user places a verbal order for a medication, should the author date/time be when the order is placed by the nurse or signed by the physician? I have placed an example scenario below. <p>What date/time should be pulled for the "Medication, Order" author date/time in the example below? Example:</p> <ul style="list-style-type: none"> • A patient is admitted to on 01/01/21 at 08:00 am. • A Nursing user places a Medication Order on 01/01/21 at 09:00 am. • The medication is administered to the patient on 01/01/21 at 09:30 am. • The Patient is discharged on 01/01/21 at 10:00 am. • The physician then signs the order electronically on 01/02/21 at 07:00 am. <p>Quality Data Model, Version 5.5 and 5.6 <i>author dateTime</i> references the date and time the medication order (prescription) is authored.</p>



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15 Minutes	QDM-273 Addressing verbal orders with QDM “Medication, Order” <i>author date Time</i> (cont.)	Floyd Eisenberg (ICF)	<p>QRDA I Release 5.2 Implementation Guide QDM Attribute: Author dateTime – the time the order was signed; QDM Attribute: prescriberId is represented using author/assignedAuthor/id</p> <p>For Discussion – Consider:</p> <table border="1"> <thead> <tr> <th>FHIR Representation</th> <th>QDM Representation</th> </tr> </thead> <tbody> <tr> <td>MedicationRequest.authoredOn = when the request originates regardless of whether it is signed by an authorized individual that enables the pharmacy to proceed with dispensing the request. Individual organizations define whom (or what role) is authorized to allow submission of the order to the pharmacy and dispensing the medication for administration</td> <td>“Medication, Order” author dateTime</td> </tr> <tr> <td>“MedicationRequest.intent = plan” represents a request that the pharmacy should not fill</td> <td>Not Applicable</td> </tr> <tr> <td>“MedicationRequest.intent = order” represents a request signed by an authorized individual that may be filled by the pharmacy</td> <td>Assumed by QDM conceptual model</td> </tr> </tbody> </table> <p>Discussion: Howard Bregman (Epic) noted a verbal order is active as soon as it is placed. Co-sign is more of a formality. In the rare cases when a second sign is required, the second time would be used as the author time.</p>	FHIR Representation	QDM Representation	MedicationRequest.authoredOn = when the request originates regardless of whether it is signed by an authorized individual that enables the pharmacy to proceed with dispensing the request. Individual organizations define whom (or what role) is authorized to allow submission of the order to the pharmacy and dispensing the medication for administration	“Medication, Order” author dateTime	“MedicationRequest.intent = plan” represents a request that the pharmacy should not fill	Not Applicable	“MedicationRequest.intent = order” represents a request signed by an authorized individual that may be filled by the pharmacy	Assumed by QDM conceptual model
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15 Minutes	QDM-273 Addressing verbal orders with QDM “Medication, Order” <i>author date Time</i> (cont.)	Floyd Eisenberg (ICF)	<p>Zahid Butt (MediSolv) noted that sometimes medication <i>relevantDatetime</i> which has an implicit start time is used. Is this the same as author date time? Peter Muir (ICF) noted this could be different. A provider could order a medication to start at a later time. <i>relevantDate time</i> or the beginning of the <i>relevantPeriod</i> is when the medication administration (i.e., start time) is expected to begin which is different from when the medication is ordered. <i>relevantDatetime</i> and <i>relevantPeriod</i> is most often used to determine cumulative medication duration.</p> <p>Resolution/Next Steps: The User Group agreed the <i>authorDatetime</i> is when an authorized person signs the order and implementation is based on local decision about who has the authority to submit the order. In most cases for verbal orders this authorized person is a nurse.</p>
35 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR	Floyd Eisenberg (ICF)	<p>Overview: To Be Updated</p> <ul style="list-style-type: none"> • Review Word Document comparing QDM, QI-Core, and the new publication version of US Core (5.0.0) and Blueprint code system terminology recommendations • Consider examples for value set/code bindings displayed from: <ul style="list-style-type: none"> • QI-Core 4.1.1 http://hl7.org/fhir/us/qicore/ • US Core 5.0.0 CI Build pre-publication http://build.fhir.org/ig/HL7/US-Core/index.html. • Discuss options regarding how to approach recommendations for value sets with move to FHIR and consider US Core 5.0.0 impact on QI-Core 4.1.1 to prepare for a potential September ballot for QI-Core. <p>Discussion: ICF highlighted some of the updates in US Core 5.0.0.</p> <ul style="list-style-type: none"> • Determining Encounter condition: <ul style="list-style-type: none"> ○ US Core 5.0.0 now includes two condition profiles: <ul style="list-style-type: none"> ▪ Condition Encounter Diagnosis Profile <ul style="list-style-type: none"> • The Condition Encounter Diagnosis Profile is identified as Must Support; its use is to indicate the encounter diagnosis (note that US Core does not require support for the base FHIR element Encounter.diagnosis on which QI-Core relies for encounter diagnoses).

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35 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR (cont.)	Floyd Eisenberg (ICF)	<ul style="list-style-type: none"> • The Must Support table for US Core 5.0.0 Encounter does not include Encounter.diagnosis (similar to previous versions of US Core). However, US Core 5.0.0 Encounter now adds Must Support for Encounter.reasonReference which specifically references the US Core Encounter Diagnosis Profile. QI-Core versions up through 4.1.1 have added Must Support for Encounter.diagnosis; however, this change in US Core suggests that QI-Core might be more consistent with US Core by adding Must Support for Encounter.reasonReference and a profile for Condition Encounter Diagnosis to match US Core. That Encounter.reasonReference has a cardinality of 0..1 needs to be addressed to determine if that is intended to represent the <i>principal diagnosis</i> or if there may be more than 1 Encounter.reasonReference but each is limited to one condition. It will also be helpful to understand if Condition Encounter Diagnosis <i>might</i> reference a procedure. ▪ Condition Problems and Health Concerns Profile <ul style="list-style-type: none"> • The Condition Problems and Health Concerns Profile addresses a more encompassing patient problem list and social determinants of health; some conditions identified in this Condition Problems and Health Concerns Profile may not have been addressed as part of an encounter. ○ Incorporating this US Core change in the next version of QI-Core will impact measure authoring. ○ Yanyan Hu (TJC) asked if this means there are two ways to capture encounter diagnosis. ICF noted that if we update, we will consider using Encounter Reason reference. We will need to consider the impact to the encounter diagnosis rank as well. We might choose to add an extension for present on admission, rank and use to the Encounter Diagnosis Profile. <ul style="list-style-type: none"> ○ Peter Muir (ICF) noted when working on diagnoses in EHRs, the patient may present with other conditions, and at the end of the encounter the provider selects diagnosis to attach to the encounter for billing. Depending on what measure developers are trying to capture, they may need to look beyond a single pathway.

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35 Minutes	CMS Measures Management Blueprint Terminology Recommendations – Discussion on future with FHIR (cont.)	Floyd Eisenberg (ICF)	<ul style="list-style-type: none"> ○ Zahid Butt (MediSolv) noted another complexity is the coding workflow, and content varies from ambulatory to inpatient. For example, a principal diagnosis is driven by a specific standard in the UB coding system, and this is often not what the provider considers the most important thing in the encounter. These sorts of nuances are not necessarily supported by this guidance which assumes there is one encounter diagnosis applicable to all situations. Implementation will be nuanced for inpatient versus outpatient encounter. ICF agreed and noted this was discussed in HL7 work groups and there is not a consistent definition of primary diagnosis. ○ Zahid Butt (MediSolv) asked about the difference in US Core Encounter Profile between reason reference versus reason code. ICF noted reason code is why the patient presented, and encounter diagnosis is what was treated; however, the reason reference definition is ambiguous. Reason reference could be inclusive of diagnoses which are part of the encounter. ● Observations new in US Core 5.0.0: <ul style="list-style-type: none"> ○ Sexual Orientation Profile ○ Imaging Result Profile - We might consider adding to QI Core as currently we use generic observation as a result to Imaging Procedure. ○ Clinical Test Result Profile – Anything other than imaging or laboratory procedure. ○ Observation Survey Profile –This allows measure developers to look for items from the survey as well as the full result from the survey. Some measures already address such survey tools, for example, PHQ-9. ○ Social History Profile ● Also new Service Request Profile – This includes orders for imaging, lab, social determinants of health, surgical procedure, education, counseling, social service procedure, and evaluation procedure.
5 Minutes	General Discussion	Floyd Eisenberg (ICF)	None at this time.
5 Minutes	Next Meeting	Jen Seeman (ICF)	<ul style="list-style-type: none"> ▪ Agenda items for next QDM user group meeting <ul style="list-style-type: none"> – Contact us at qdm@icf.com ▪ Next user group meeting <ul style="list-style-type: none"> – May 18, 2022 3:00pm – 4:00pm ET

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	Bidget 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
N/A	Dorothy Lee	NCQA
N/A	Evelyn Cody	Mathematica

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
X	Maria-Teresa King	ACS
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
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	Rajvi Shah	Unknown
X	Raquel Belarmino	Unknown
N/A	Rayna Scott	PCPI



Attended	Name	Organization
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
N/A	Greta Kessler	Unknown
X	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
X	Jay Frails	Meditech
X	Jen Seeman	ICF
N/A	Jenna Williams-Bader	NCQA
X	Jennifer Distefano	All Scripts
N/A	Jill Shuemaker	VCU Health
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
X	Joab	Unknown
X	Joan Preston	Central Health
N/A	Joe Bormel	Cognitive Medicine
N/A	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
N/A	Julia Dawson	The Joint Commission
X	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
X	Karen McLaughlin	MediSolv
N/A	Kat Sobel	NCQA
N/A	Katie Magoulick	IMPAQ
N/A	Kathy Carson	SemanticBits
N/A	Kathy Clous	Memorial Care
N/A	Kimberly Smuk	Mathematica
N/A	KP Sethi	Lantana
N/A	Latasha Archer	NCQA

Attended	Name	Organization
N/A	R Swaineng	Swaineng Associates
N/A	Rebeccah Baer	NCQA
N/A	Rebecca Swain-Eng	Swain Eng Associates
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
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	Stephanie Jones	ASCO
N/A	Susan Wisnieski	Meditech
N/A	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	ICF
N/A	Vaspaan Patel	NCQA
N/A	Wendy Wise	Lantana
X	Yan Heras	ICF
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
X	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



Attended	Name	Organization
N/A	Laura Pearlman	Midwest Center for Women's Healthcare
N/A	Laurie Wissell	Allscripts

Attended	Name	Organization
N/A	N/A	N/A
N/A	N/A	N/A

