Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *11/16/2022 3:00 PM ET* | Meeting location | Webinar https://global.gotomeeting.com/join/980942653

Time	Item	Presenter	Discussion/Options/Decisions
3:00-3:02 pm	Announcements	ICF	• Cooking with CQL – 12/1/22 (postponed from 11/24/2022) • ONC API Regulations and Inferno: Office hours for health IT: 11/25/22 • Expert to Expert Webinar 2023 Annual Updates for PC-02, 05, and 07 eCQMs - 12/6/2022 • ONC API Regulations and Inferno: Office hours for health IT: 12/9/22 • Cypress Tech Talks – 12/13/2022 • MAT and Bonnie User Group 12/15/2022 • eCQI Resource Center Website User Group 12/20/2022 • Inferno Framework, Let's Build: 12/21/22 • QDI User Group Inaugural Session (1.5 hours) 12/21/22

Time	Item	Presenter	Discussion/Options/Decisions

3:02-3:04 pm	Addressing emergency department location QDM-275	ICF	Discussion:
			
			The existing logic uses a value set "Emergency Department Visit" (2.16.840.1.113883.3.117.1.7.1.292) containing a single code for Emergency department patient visit (procedure) in SNOMED (4525004) rather than a location or environment
			
			• Since implementers are already reporting this measure, would the change cause burden and is there a benefit to the change?
			• Since the data models (QDM, QI-Core) address location with specific value set recommendations, which is most appropriate to move forward and select a location/environment code?
			  • SNOMED CT environment?
			  • HSLOC (Health Service Location HL7 v3 value set) as recommended by the Blueprint
			  • ServiceDeliveryLocationRoleType Location.type extensible binding in QI-Core 4.1.1 and in US Core 4.0.0 ***and*** in QI-Core 5.0 and US Core 5.0.1
			  • Something else – i.e., what does the implementer community do to identify location?
			• Note that the most significant issue for the measure is whether Implementers are following the direction posed by the value set and providing the start time of the encounter procedure (i.e., the *admission time*), or following the CQL definitions regardless of the value set and providing the start of the location (i.e., *arrival time*). There was no further information on that item during the call and that is a measure content issue.
			
			STATUS: Value Set Workgroup and CRP Response Discussion
			
			No follow-up: will close out comment and indicate that it has been handed off.

Time	Item	Presenter	Discussion/Options/Decisions
3:04-3:05 PM	Assuring comprehensive retrieval of hospice patients QDM-276	ICF	Discussion: A. “Diagnosis" QDM datatype with a value set indicating: • 170935008, Full care by hospice (finding) • 170936009, Shared care - hospice and general practitioner (finding) • 305911006, Seen in hospice (finding) B. Constrain "Hospice Care Ambulatory" value set (OID: 2.16.840.1.113883.3.526.3.1584) used for "Intervention, Performed" and "Intervention, Order" to: • 385763009 Hospice care (regime therapy) • 385765002 Hospice care management (procedure) • 99377 (CPT) Supervision of a hospice patient (patient not present)….15-29 minutes • 99378 (CPT) Supervision of a hospice patient (patient not present)….30 minutes or more • G0182 (HCPCS Level II) Physician supervision of a patient under a medicare-approved hospice (patient not present)….30 minutes or more **Update: Discuss CRP Responses** No follow-up: will close out.

Time	Item	Presenter	Discussion/Options/Decisions

3:05-3:07 PM	Identifying home medications in a hospital record QDM-277	ICF	A current measure under development is looking to specify home medications active at the time of admission in FHIR.
			
			• QI-Core – Home Medications
			  • MedicationRequest.category = community, *and*
			  • MedicationRequest.reported = patient, *and*
			  • MedicationRequest.intent = order, *or* plan (order for practitioner ordered; plan for patient requested such as over-the-counter medications).
			• However, we are not sure how the "home medications" might be identified in a hospital EHR. Considerations have been active meds imported from the ambulatory EHR; e.g.:
			  • MedicationRequest.category = community and MedicationRequest.reported = patient
			• Note that US Core on which QI-Core is based does not include the base FHIR resource to indicate MedicationStatement.category = community
			
			Discussion:
			
			• Recommended use of MedicationRequest (per US Core) ***and*** MedicationStatement to find all Home Medication Lists in a hospitalization
			
			No follow-up.

Time	Item	Presenter	Discussion/Options/Decisions
3:07-3:10 PM	Identify newborn transfer to another facility due to moderate or severe complications QDM-278	ICF	When a delivery hospital does not have a NICU and the NICU is owned by a different organization that is located in the same four walls (Example: Children's hospital), the workflow for the delivery hospital is to discharge the newborn vs doing a transfer if NICU is owned by the delivery hospital. Therefore, accessing data from one *admission* from a different *admission* in a new facility is problematic. Seeking further measure developer feedback Next steps: Scheduled meeting with CMQCC group to follow up on next steps and how they want to proceed with the issue. From QDM/QICore perspective, this will be closed out.
3:10-3:16 PM	New topic – Define end-time for "Medication, Active" CQM-5416	ICF	How to determine that a medication has been discontinued. QDM "Medication, Active" is modeled similarly to the way US Core (and, therefore, QI-Core) addresses an active medication list. The US Core / QI-Core approach is to look at the order "Medication, Order" in QDM or "MedicationRequest" in US Core for which the stop date is the end of the *daysSupplied,* or the total number of doses for the initial fill and all refills divided by the number of doses per day. The resulting date is considered the stop date. HL7 US Core 5.0.1 Medication List Guidance Example: Active Oral Anticoagulant Medication Overlaps Before ED Encounter "ED Encounter with STEMI Diagnosis" EDWSTEMI with ("Medication, Active": "Anticoagulant Medications, Oral"] OralAnticoagulant such that Global. "Normalizeinterval" (OralAnticoagulant. relevantDatetime, OralAnticoagulant.relevantPeriod) overlaps before EDwSTEMI.relevantPeriod Previous QDM trackers: • Medication List Guidance: https://oncprojectracking.healthit.gov/support/browse/QDM-277 • Verbal Orders: https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-273 • Refills : https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-270, and https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-259

Time	Item	Presenter	Discussion/Options/Decisions

3:10-3:16 PM	New topic – Define end-time for "Medication, Active" CQM-5416 (cont.)	ICF	• Medication, not discharge https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-250
			• Medication, Active: https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-242
			• **QDM Known Issue regarding Medication, Active timing:** https://github.com/cqframework/CQL-Formatting-and-Usage-Wiki/wiki/QDM-Known-Issues#qdm-medication-active-timing-qdm-54-55-and-56
			
			• In practice, some software automatically decrements the medication availability based on the order (*daysSupplied* or *total number of doses supplied/number of doses per day*).
			• Feedback has indicated that clinicians generally leave medications on the active list until they reconcile the medication list with the patient at each visit at which time they may remove medications from the list, persist them, or add them.
			  • Rationale - the patient may be taking the medication at a different frequency than originally prescribed and the prescription supply may last a shorter or longer time than expected. Patients may also have other sources for obtaining the medication(s) such as other physician prescriptions unknown to the current practitioner.
			  • "List" reconciliation determines the end of a medication on the medication list in real practice. That level of information is not available to request in a CQL query whether or not we use QDM, QI-Core, or US Core definition of a medication list.
			
			The definition in the QDM may seem ambiguous, however, it is the best we can conceptually reference information received from user input.
			It seems the best approach is to assume the end of the supply as the end date from a measure calculation perspective although that is not ideal.
			
			Discussion:
			
			To report "Medication, Active" *stopTime* (end of *relevantPeriod*), use the medication list guidance calculating the total medication duration based on the "Medication, Order" *daysSupplied* including the initial dispense and all refills
			OR
			Consider all medications remaining on the medication list

Time	Item	Presenter	Discussion/Options/Decisions

3:16-3:34 PM	New topic – Managing "Communication" FHIR tracker FHIR-38591		In FHIR R4, R4B, and R5, the Communication Resource (maturity level 2) has similar elements:
			• *reason* (indication for the communication: SNOMED CT Clinical Findings)
			• *topic* (description of the purpose/content: *phone-consult, summary-report, progress-update, etc.*)
			• *category* (message category: *alert, notification, reminder, instruction, etc.*)
			2 use cases:
			• CMS50v11 Closing the Referral Loop in which the key numerator element is "Communication, Performed":"Consultant Report" using value set 2.16.840.1.113883.3.464.1003.121.12.1006 Consultant Report - I.e., the referral occurred
			• CMS142v11 Communication with Physician Managing Ongoing Diabetes Care in which the key numerator element (among others) is "Communication, Performed: Level of Severity of Retinopathy Findings" using value set 2.16.840.1.113883.3.526.3.1283 Level of Severity of Retinopathy Findings - I.e., specific content returned with the referral that was communicated.
			Seeking implementer advice for modeling
			
			QDM "Communication, Performed" attributes:
			• *author dateTime*
			• *category* - reference to the type, or category, of communication (e.g., notification, request)
			  • maps to *category*
			• *code* - represents the reason for the communication (i.e., the subject)
			  • currently maps to *reasonCode;* changing to *topic*
			• *id*
			• *medium*
			• *negation rationale*
			• *received dateTime*
			• *recipient*
			• *relatedTo*
			• *Sender*
			• *sent dateTime*
			Seeking implementer advice for modeling
			
			Will get follow-up with HL7's Patient Care Workgroup on 12/8; no other follow-up.

Time	Item	Presenter	Discussion/Options/Decisions
3:34-3:38 PM	QDM User Group Structure	ICF	We are broadening the scope of this forum to further support FHIR transition initiatives. • Updated charter review • Update to User Group name: • Quality Data Implementation User Group (QDI)
3:38 PM	Next Meeting	ICF	The next meeting of the QDI User Group will occur on Wednesday, December 21, 2022, from 3:00-4:30 PM 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 Blaufeux	Northern Westchester Hospital
N/A	Bidget Blake	MITRE
N/A	Bryn Rhodes	ICF

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	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

Attended	*Name*	*Organization*
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
X	David Czulada	Mitre
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
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
N/A	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
N/A	Jay Frails	Meditech
X	Jen Seeman	ICF
N/A	Jenna Williams-Bader	NCQA
N/A	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
N/A	Joab	Unknown

Attended	*Name*	*Organization*
N/A	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	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
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	Sharon Hibay	Advanced Health Outcomes
X	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

Attended	*Name*	*Organization*
N/A	Joan Preston	Central Health
X	Joanna Ramsaier	ICF
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
X	Kris Done	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	Tammy Kuschel	McKesson
N/A	Terra Stump	Mathematica
N/A	Tess Rayle	Unknown
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
N/A	Traci Psihas	ICF
N/A	Vaspaan Patel	NCQA
N/A	Wendy Wise	Lantana
X	Yan Heras	ICF
N/A	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
N/A	N/A	N/A