Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | *06/20/2018 2:30 PM ET* | Meeting location|Webinar link:
https://esacinc2.webex.com/esacinc2/j.php?MTID=me8d6277dca528e02526f28ca60f9397b

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	• **Cooking with CQL Webinar was held Thursday, June 28th with an upcoming session on July 26th at 4:00 PM ET**. These sessions are generally held on the third Thursday monthly. Upcoming events can be found by going to the eCQI Resource Center events page. o Please submit CQL-related questions to cql-esac@esacinc.com. • **Draft 2019 CMS QRDA III Schematron for Eligible Clinicians and Eligible Professionals is available for Public Comment through July 5th.** o The 2019 CMS QRDA III Schematron is a companion to the 2019 CMS QRDA III Implementation Guide (IG) and allows for computerized validation of QRDA documents against the IG requirements. o The final 2019 CMS QRDA III Schematron and sample file will be published in late July 2018 on the Electronic Clinical Quality Improvement (eCQI) Resource Center QRDA page.
5 Minutes	QDM attribute 'category" (QDM-101) - Notification	Floyd Eisenberg (ESAC)	The UG previously agreed to add the "category" attribute to Medication, Order to QDM v.5.4 to indicate where the order is expected to be used (i.e., ordered for use in inpatient, ambulatory, etc.). ESAC noted that the Communication, Performed and the Medication, Order both have an attribute called "category." That would mean that the category attribute has different meanings (driven by the HL7 FHIR work). A notice was sent to the UG distribution list requesting input on using "setting" rather than 'category', which is more consistent with the meaning. All feedback received from UG respondents was positive. **Resolution/Next Steps:** The attribute added to Medication, Order was changed from "category" to "setting" in QDM v5.4, and publication will be made available by end of June.

Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM medication “frequency” attribute – add range (QDM-205)	Floyd Eisenberg (ESAC)	Medication, Order includes a frequency attribute that indicates how frequently a medication or substance is/was administered, should be taken or is recommended to be given. In defining the QDM for a measure calculating Opioid usage that must calculate 'morphine milligram equivalents' the measure developer used the 'frequency' attribute to calculate maximum dosage. Since frequency may be narrative or numerical (e.g., 4 times per day, every 6 hours, etc.) the QDM model info uses a code to represent the various options for the frequency field and then the CQL converts the code to a number for the calculation. The challenge is defining the maximum dose when considering 'as needed', or "PRN" medications. Often the frequency for PRN medications includes a range such as "every 4-6 hours". The CQL expression for the current measure logic identifies the most frequent administration (i.e., every 4 hours). However, QDM does not allow a range for frequency. There are times when a frequency is variable (e.g., as needed or prn dose) and calculating cumulative usage is difficult with a range the way frequency is currently defined. If we want to provide that capability, we would add frequency range high and low to allow a better way to create a calculation. Recommend adding a range for frequency modeled similar to the reference range high and reference range low for laboratory tests: – Frequency range high - i.e., most frequent – Frequency range low - i.e., least frequent The change would allow measures to specify the calculation based on the QDM model more directly. The frequency maps to HL7 FHIR MedicationRequest.dosageInstruction (http://hl7.org/fhir/medicationrequest-definitions.html#MedicationRequest.dosageInstruction). This would be a potential addition for QDM v.5.5, Summer 2019. **Discussion:** Angela Flanagan (Lantana) - Would this change frequency from a code to an integer? ESAC – What we generally have done is to address orders for a drug 6 times/day every 4 hours (generally an English string of words) by using a code in the model info for any of the strings that have that meaning. So if someone says ‘6 times per day’ and someone else says ‘every 4 hours’, they both map to the same code. The code would still work and be the way it is still managed. Angela Flanagan – We write an extra piece of logic to convert the code to number. Thought this might save a step if frequency was already a number.

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10 Minutes, cont.	QDM medication "frequency" attribute – add range (QDM-205), cont.	Floyd Eisenberg (ESAC), cont.	ESAC – You'd be converting it back to some number. Perhaps we should have further discussion on how this is best managed. For example, should the CQL model info be converted into a number or into a code? This JIRA ticket might be a good place to start asking those questions and obtain resolution. Anne Coultas (McKesson) – Suggested could talk to pharmacists about this. Not sure how frequency is stored or written. ESAC – This feedback would be helpful. Joe Kunisch (Memorial Hermann) – Is not familiar with how this would be applied in the mapping. There must be ways to auto calculate in the background because some organizations pop up alerts to milligram equivalents for the opioids. Seems like you could use this calculation to convert to a numeric code. ESAC – Noted there is a CDC project developing standard CQL logic and CDS Hooks to provide morphine milligram equivalents. [http://build.fhir.org/ig/cqframework/opioid-cds/index.html]. For the clinical system (Cerner, Epic, Allscripts), the physician may have a drop-down menu for ordering something, is this drop-down menu converted to a code or a numeric range or a string? This information would be helpful in determining how to best design. It would be helpful to have feedback to understand how best to do it and if QDM needs this functionality. Jana Malinowski (Cerner) – Are we talking about Medication, Order? How to evaluate on an order? ESAC – In the pilot, assume that the patient had the prescription filled. The logic makes an assumption that the patient can take the medication at the most frequent dose possible. It calculates morphine milligram equivalent (MME) from that total daily dose. The assumption was the maximum available the patient could be taking. This measure is looks for anyone with over 90 milligram equivalents available to them to include in the numerator. This is followed by a clinical decision. The measure evaluates for any day for which the maximum dose is greater than 90 MME. The ESAC Team can provide detailed CQL logic if needed.

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10 Minutes, cont.	QDM medication "frequency" attribute – add range (QDM-205), cont.	Floyd Eisenberg (ESAC), cont.	**Resolution/Next Steps:** The QDM UG participants agreed that the topic warrants further discussion. The Jira ticket will be updated based upon today's discussion and open for additional input. Additional vendor/implementer input on how frequency is recorded for PRN medications will help to inform a decision.
10 Minutes	QDM attribute "relatedTo" – potential expansion (QDM-198)	Floyd Eisenberg (ESAC)	During the May 23, 2018 QDM User Group meeting, a question arose whether Device, Applied should include a relatedTo attribute. The rationale is that the device might be applied to fulfill a Care Plan or an Order. Many measures address fulfillment of a guideline or order requirement based on the timing of the event that completes the fulfillment. Some QDM datatypes do include a relatedTo attribute: – Assessment, Performed – Communication, Provider to Patient (changing to Communication, Performed in QDM 5.4) – Communication, Patient to Provider (changing to Communication, Performed in QDM 5.4) – Communication, Provider to Provider (changing to Communication, Performed in QDM 5.4) – Care Goal The relatedTo attribute handles 'A fulfills B'. The question arose: should more datatypes have a relatedTo attribute? **Resolution/Next Steps:** The QDM UG participants did not have any direct comments during the meeting, therefore the item will be brought back for additional discussion at a later date, and the JIRA ticket will remain open. The ESAC Team will propose datatypes where relatedTo attribute may be useful on the next call.

Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM Intervention and Procedure Categories (QDM-201) *Informational – mapping to HL7 FHIR Task resource for Intervention*	Floyd Eisenberg (ESAC)	Additional discussions took place with the HL7 Clinical Quality Improvement Workgroup participants about whether Intervention might be more appropriately mapped to the HL7 FHIR Task Resource (http://hl7.org/fhir/task.html). The FHIR Task Resource is defined as an activity that can be performed and tracks the state of completion of that activity. It is a representation that an activity should be or has been initiated and eventually represents the successful or unsuccessful completion of that activity. – Use Case: In the DaVinci project (how payers share information with clinicians), there is a request from provider for evidence of performing medication reconciliation. The payer knows whether the patient was discharged along with discharge date and can determine whether the reconciliation was within 30 days of discharge, then let the doctor know about compliance with the measure expectation. The question arose about how to represent medication reconciliation activity in QDM Intervention maps to HL7 concept of procedure. However, as defined, procedure is not consistent with medication reconciliation as it does not changing the condition of the subject or alter the subject physically. The FHIR task resource may work better for this use case, because the provider is not doing something to the patient (i.e., educating, procedure), but is performing a task to reconcile something. The option under broader consideration is whether to add mapping from *Task* to *Intervention* to address those more task-like interventions. Discussions regarding this issue will continue on the HL7 WG calls. **Resolution/Next Steps:** The JIRA ticket will remain open to continue to collect QDM UG input.

Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM Intervention and Procedure Categories (QDM-201) *Consider adding expected timeframe to Order and Recommended datatypes*	Floyd Eisenberg (ESAC)	**Overview:** The QDM UG was asked to consider whether to add an expected timeframe for when an Order or Recommendation should be carried out. This would allow indication of when something was expected to occur (e.g., within 30days of discharge). FHIR resources include this capability: – Intervention expected timeframe (Task.restriction.period) - when fulfillment is sought – ProcedureRequest.ocurrencePeriod - when procedures should occur Do we need this capability in QDM? **Discussion:** Joe Kunisch (Memorial Hermann) – Why can't we now put for example a 30-day time limit to say this event occurred? ESAC –You can express order has been placed within certain period of time concurrent with X. If you want to say it is supposed to be acted up on a future date, QDM does not have capability to do so. Orders have an author time but do not have an expected future time. Care Goal allows expression of a target outcome RelevantPeriod (i.e., expected time period). Is this level of detail necessary for QDM Order and QDM Recommended datatypes? – e.g., Immunization, Order - Hepatitis B vaccine (1 today, another at least 30 days from now and another vaccination in six months): A measure cannot look for this level of detail currently. This has not been requested thus far, but is this needed? Joe Kunisch (Memorial Hermann) – Suggested if there is no use case scenario for this right now, then there is no need to add. ESAC noted people may not have thought about it. The reason to raise the issue was to allow users to consider whether it would be useful to add. Marilyn Parenzan (TJC) – Suggested there is no need for this. Seems like it is more important to know that the task or procedure actually happened, which we can get at through the logic; rather than add additional burden to the organization of entering an additional field. **Resolution/Next Steps:** ESAC will add this discussion to the JIRA ticket, and leave it open for continued discussion and comment.

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5 Minutes	QDM Medication Class for Allergies (QDM-188)	Floyd Eisenberg (ESAC)	The 2018 ONC Interoperability Standards Advisory (https://www.healthit.gov/isa/) recommends "When a medication allergy necessitates capture by medication class, SNOMED CT® should be used." This topic was last discussed in January 2018, to determine whether the QDM should allow the use of SNOMED CT. During the January call, it was indicated that NDF-RT™ will be incorporated into a new code system which will be released soon: Medication Reference Terminology (MED-RT™). MED-RT™ will replace NDF-RT™. When published, MED-RT™ will have direct links to the SNOMED CT concept as well as the RxNorm concepts. Using SNOMED CT in the near term does not preclude using terminology services to address future concepts, specifically MED-RT™. However, MED-RT™ might be a better choice because it actively links a set of vetted ingredients to the class concepts. This topic is still on the table to discuss; however, a terminology expert is needed for continued discussion. **Resolution/Next Steps:** Agenda item will be discussed on the next call, pending availability of terminology expert.
5 Minutes	QI Core – QDM mapping location	Floyd Eisenberg (ESAC)	QI Core ballot reconciliation has been completed and QI Core STU 3.0 will soon be published. Updated QDM to QI Core mapping available at: http://wiki.hl7.org/index.php?title=Harmonization_of_Health_Quality_Information_models
5 Minutes	Next Meeting	Chana West (ESAC)	**Agenda items for next QDM user group meeting** – Contact us at gdm@esacinc.com – Or start a discussion: gdm-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** – Regularly Scheduled Meeting – July 18, 2018 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

	Name	Organization
X	Abrar Salam	The Joint Commission
	Alex Lui	Epic
X	Angela Flanagan	Lantana
	Ann Philips	NCQA
	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Anne Smith	NCQA
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
	Beth Bostrom	AMA
	Brian Blaufeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
X	Chana West	ESAC
	Chandra Bartleman	Telligen
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
X	Corrie Dowell	BSW Health
	Cynthia Barton	Lantana
	Dalana Ostile	Providence Health Systems
	Dave Wade	Apprio
X	Debbie Hall	University of Maryland
	Deidre Sacra	McKesson
	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
	Ganesh Shanmugam	Glenwood Systems
X	Hyok-Hee Yoo	MediSolv
X	Howard Bregman	Epic
X	Isbelia Briceno	Unknown
	James Bradley	MITRE
X	Jamie Lehner	PCPI
X	Jana Malinowski	Cerner
	Jean Fajen	Telligen
	Jenny Brush	ESAC
X	Jenna Williams-Bader	NCQA
	Jill Shuemaker	VCU Health
	John Carroll	The Joint Commission
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI
	Julie Koscuiszka	Nyack Hospital
	Juliet Rubini	Mathematica
	Justin Schirle	Epic
X	Jay Frails	Meditech
	Kari Snyder	unknown
X	Kat Sobel	NCQA
	Kendra Hanley	HSAG

	Name	Organization
	Laura Pearlman	Midwest Center for Women's Healthcare
	Laurie Wissell	Allscripts
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
	Lynn Perrine	Lantana
	Marc Hadley	MITRE
	Marc Overhage	Cerner
	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
X	Martha Radford	NYU
	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia	Unknown
	Michelle Dardis	The Joint Commission
X	Michelle Hinterberg	MediSolv
	Mike Shoemaker	Telligen
	Mukesh Allu	Epic
	Neelam Zafar	The Joint Commission
	Pamela Mahan-Rudolph	Memorial Hermann
	Patty McKay	FMQAI
	Paul Denning	MITRE
X	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	Rebeccah Baer	NCQA
	Rob McClure	NLM Contractor
	Rob Samples	ESAC
	Rose Almonte	MITRE
	Rukma Joshi	ESAC
	Rute Martins	MITRE
	Ruth Gatiba	Battelle
	Ryan Clark	NCQA
	Ryan Sullivan	NYU
	Samuel Benton	NCQA
	Sethuraman Ramanan	Cognizant
X	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Sweta Ladwa	ESAC
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
X	Theresa M. Jasset	Unknown
	Tom Dunn	Telligen
	Vaspaan Patel	NCQA
	Wendy Wise	Lantana
	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yvette Apura	PCPI
	Zach Gilman	Unknown
X	Zach May	ESAC