Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | *10/17/2018 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 on Thursday, October 25th at 4pm 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 The next session will be held on December 6th due to the upcoming holidays. o Please submit CQL-related questions and/or measure examples to cql-esac@ esacinc.com – **CMS has published the 2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files for the calendar year 2019 performance period.** o The IG provides technical instructions for QRDA III reporting for the following program: ▪ Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) ▪ Comprehensive Primary Care Plus (CPC+) ▪ Promoting Interoperability (PI)
10 Minutes	Procedure, Performed (QDM-210)	Floyd Eisenberg (ESAC)	**Recap: Does Procedure, Performed imply successful performance?** The *Procedure, Performed* Template used for eCQM reporting in QRDA uses the start and end times for a procedure as defined in QDM to specify that the procedure has been completed. The template implies that the procedure can be counted as successfully accomplishing the intended outcome. Examples: • The tumor was removed, the image was obtained, or the colonoscopy successfully evaluated the patient for colon cancer. However, an end time does not always imply a successful outcome. A colonoscopy might be stopped early due to incomplete preparation. This could also be true of lab test. A lab test might be completed, but the result could be 'no specimen received'. Any

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10 Minutes, Cont.	Procedure, Performed (QDM-210),
	Cont.
		Floyd Eisenberg (ESAC), Cont.	completed action may not have been sufficiently adequate to indicate the action met its intended objective.
			• Claims-based measures allow use of a CPT modifier to indicate terminated procedures (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf), e.g.,:
			  • Modifier 73: "surgical procedure is terminated due to the onset of medical complications after the patient has been prepared for surgery and taken to the operating room but before anesthesia has been induced or the procedure initiated"
			  • Modifier 74: "a medical complication arises which causes the procedure to be terminated after anesthesia has been induced or the procedure initiated"
			  • Modifier 52: "discontinued radiology procedures and other procedures that do not require anesthesia"
			The QDM Workgroup September 26, 2018 Conclusion: The issue is workflow related and highly significant for clinical decision support (CDS). It requires further discussion in a broader audience including informaticians, and practicing clinicians.
			At the October HL7 Work Group Meeting in Baltimore, the Patient Care Workgroup (owner of the Procedure resource in FHIR) discussed the issue. Some comments suggested that an *objective* metadata element might help provide a reference for the existing *outcome* metadata element. Without an objective, a successful *outcome* has no reference (i.e., successful with reference to what objective).
			The issue is not resolved, and discussions will continue within the HL7 Patient Care Workgroup which meets on Thursdays at 5pm ET. QDM User Group members can participate in the HL7 discussion and to learn more with the following references:
			• Reference: HL7 Patient Care Workgroup
			  • FHIR Resources for Patient Care Call Agendas
			  • Calls Thursdays, 5-6:30 PM ET +1 563-999-2090; passcode 792564 [https://join.freeconferencecall.com/patientcare]
			* See HL7 FHIR Tracker item 17946
			Resolution/Next Steps:
			The UG will continue to observe deliberations as the industry looks to resolve the issue.

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15 Minutes	Priority as a QDM Attribute (QDM-212)	Floyd Eisenberg (ESAC)	**Overview:** This ticket relates to a request from TJC. Because it is difficult to identify an elective versus urgent encounter or procedure, TJC suggested adding priority as a new attribute for the following datatypes: – Procedure, Order – Procedure, Performed – Encounter, Order – Encounter, Performed Mia Nievera from TJC presented the issue: A current measure seeking to evaluate only elective surgical procedures for the initial population cannot use QDM to specify *elective*. Rather, the measure developer must use a workaround by either excluding procedures with ICD-10 codes indicating emergent procedures, or by creating expressions to help define the intent. However, these workarounds are challenges with respect to capturing all the appropriate data. Current attributes for the datatypes listed above do not include anything to identify elective surgery. The TJC Technical Advisory Panel provided hospital feedback regarding availability of elective designation in existing systems. EHRs use “priority” to categorize surgeries or encounters. The challenge is that within the EHRs this is not required documentation and is rarely codified. The priority menu selection includes elective, emergent, urgent, and emergent salvage. Some organizations are looking to code some of these. There is a qualifier code for elective (SNOMED code: 103390000). FHIR has a resource for priority. – Resource: Encounter.priority – Code system: ActPriority (16 concepts, including elective, emergency, pre-op) FHIR Resource – Resource: ProcedureRequest – Status of Procedure.Request.priority identities level of importance TJC recommends adding priority as a new attribute to meet the measure and to be able to qualify this into FHIR resources. **Discussion:** Howard Bregman (Epic) - Suggested this be limited to use for surgical procedures. Otherwise Procedure and Encounter are broad and it could be used for lab, telephone call, etc.

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15 Minutes, Cont.	Priority as a QDM Attribute (QDM-212), Cont.	Floyd Eisenberg (ESAC), Cont.	ESAC - Suggested considering adding a Known Issue to indicate this should be used for surgical procedures. Howard Bregman (Epic) - Suggested QDM not endorse the FHIR value set. Lisa Anderson (TJC) - Noted for the measure development, would use an elective value set containing the one SNOMED qualifier code. Noted this is for a measure currently under development. **Resolution/Next Steps:** The group was generally supportive of adding the attribute but suggested adding guidance language indicating to measure developers that 1) caution should be used to constrain to surgical procedures, and 2) feasibility testing will be needed particularly when looking for documentation of an Encounter as elective versus non-elective. The next steps for inclusion of new items in QDM is review by the eCQM Governance Group and then the MAT Change Control Board (MCCB). ESAC noted that CMS is currently reviewing a request to post QDM Known Issues accessible via a link on the eCQI Resource Center. Since this item is for consideration during the next QDM update, this item could be listed with other QDM Known Issues. The issue would be listed with a link to the corresponding QDM JIRA ticket.
30 Minutes	QDM Medication Class for Allergies (QDM-188)	Floyd Eisenberg (ESAC)/ Rob McClure (NLM Contractor)	**Recap:** To indicate an allergy instead of listing large value set, there is a desire to say allergic to a class of drug. [Reference the presentation provided by Rob McClure in the QDM ticket (QDM-188).] Drug class is a grouper, i.e., a way to combine together medications that have some commonality, such a grouper is not a real thing. Drug classes have two primary uses, to provide: 1. An alternate choice list (i.e., group a series of things useful in context of making a choice). As an example, drug classes are useful in providing a list of therapeutic alternatives (e.g., analgesics). 2. A group of substances that is cross-reactive (e.g., with respect to allergies). These two uses do not reliably result in the same member list. True cross reactivity is a fairly illusive goal. Drug classes need to be captured in patient records. For example, the patient reports that, “I’m allergic to penicillin.” This information can be captured as text or as encoded data. We encode to

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30 Minutes, Cont.	QDM Medication Class for Allergies (QDM-188), Cont.	Floyd Eisenberg (ESAC)/ Rob McClure (NLM Contractor), Cont.	link the class object to actual orderables. Mapping to an orderable list is a good deal of work. Orderable list inconsistency can cause harm. Drug class code system requirements: • Includes concepts we need • Is universally available • Is low cost • Provides acceptable, vetted, maintained sets of grouped members (member list is easy to get) • Provides links for members to orderables Code System Options: • NDF-RT o Multiple class-type representations o Class concepts not maintained o Now gone • Med-RT o Made up of its own concepts (from NDF-RT) o Took an academic approach and it asserts relationships between other code systems in addition to its own concepts. o MeSH represents chemical structures (penicillin, opioids) o Difficult to use because member hierarchy is hard to retrieve. • Anatomic Therapeutic and Chemical (ATC) o From World Health Organization (WHO) o Used worldwide o Used for drug utilization monitoring and research o Strong reluctance by WHO to make changes in this structure when it results in drug consumption changes • RXNorm o No class hierarchy • SNOMED CT o New focus on improving the drug domain o Linkage to MED-RT, RxNorm Suggested approach • SNOMED CT (substance hierarchy, not product hierarchy) as it has the best coverage. • Transition to MED-RT once usability and completeness issues improve

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30 Minutes, Cont.	QDM Medication Class for Allergies (QDM-188), Cont.	Floyd Eisenberg (ESAC)/ Rob McClure (NLM Contractor), Cont.	**Discussion:** Lisa Anderson (TJC) - If we agree today that we want to represent using SNOMED CT can this be incorporated in next annual update? ESAC - The QDM UG will make a recommendation and the Governance group would need to approve. ESAC asked if this would this be an issue for implementation. Joe Kunisch (Memorial Hermann) - No, do not see any issues. Lisa Anderson (TJC) - Posed a question to the implementers: our use case is stroke 6 where we exclude those who are allergic to statins. For ease of implementation, would you need additional line of logic to indicate allergy to this new SNOMED CT substance or take out old and replace completely? Joe Kunisch (Memorial Hermann) - Replace completely. Rob McClure (NLM Contractor) - Noted that when using the drug class representation, implementers have an obligation to ensure that the set of members is appropriate. We need to make sure that we communicate clearly and stay up to date with the members of the class and how that should be represented in quality measures. Rob will work with the ESAC Team to document this guidance for QDM users. Lisa Anderson (TJC) - Agreed implementers need to be careful in saying in a quality measure that a patient is allergic to a whole class. For example, a measure would not allow allergic to all anti-thrombotic because these are made of different things. Ann Coultas (AllScripts) - Some vendors hit FDB tables for the RxNorm codes when documenting allergies. Would that mapping take place in those tables? How to implement? Rob McClure (NLM Contractor) - Suspects alignment is fairly good but suggested that there is a need to work with the drug information vendors to ensure consistency. SNOMED has the best coverage, but it might be useful to invite them to the QDM UG meeting when we discuss this. Isabella Briceno (Cerner) - This approach makes sense. I think we agree with moving forward. Peter Muir (ESAC) - Noted from a clinical perspective, a person may have a severe reaction to a statin and on a different statin the same individual may have minimal symptoms. We use drug class for that, but the penetration is sometimes a factor. Another example could be an individual with an allergy list of ten medications, where half are antibiotics. In trying to treat a bladder infection, the clinician is trying to pick the lesser of evils. There is a need to fine tune for penetration so there is a way to document in chart that goes from one place to another. This fine tuning is very important. You need to be able to classify by medication, not the group. For example, a patient may not be able to tolerate Lipitor, but can tolerate another statin.

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30 Minutes, Cont.	QDM Medication Class for Allergies (QDM-188), Cont.	Floyd Eisenberg (ESAC)/ Rob McClure (NLM Contractor), Cont.	**Resolution/Next Steps:** In general, the UG thought use of SNOMED Substance hierarchy for expressing drug class when referencing Allergy/Intolerance was a reasonable recommendation. The ESAC Team will present the recommendation to the Governance group and obtain additional input.
10 Minutes	HL7 Baltimore Update RE: FHIR Mapping QDM evaluation with respect to HL7 FHIR for testing and feasibility (QDM-206)	Floyd Eisenberg (ESAC)	**HL7 Baltimore Workgroup Meeting Updates** 1. Procedure vs. Task – New wording added to the Procedure resource to clearly identify task as a workflow step such as cancelling an order, fulfilling an order, merging a set of records – Procedures are actions that are intended to result in a physical or mental change to or for the subject – A task may exist in parallel with a clinical resource. 2. Author dateTime – FHIR Provenance - indicates the author dateTime of message or document [http://hl7.org/fhir/provenance.html] – Individual FHIR Resource timing following W5 pattern (who, what, when, where, why) ○ Refers to the timing of a specific data element within the message or document ○ FHIR W5 documentation also provides cross-resource metadata information [W5 refers to who, what, when, where, why – http://hl7.org/fhir/2018Sep/25.html] – Next Steps - Update QDM to QI Core mapping to reflect these definitions
2 Minutes	HL7 QI Core - QDM Mapping Recap	Floyd Eisenberg (ESAC)	QI Core STU 3.0 Publication site: http://hl7.org/fhir/us/qicore/index.html
2 Minutes	Direct Reference Code Documentation	Floyd Eisenberg (ESAC)	Two QDM issue tracker inquiries were received regarding “missing value sets.” The inquiries questioned the direct reference codes identified in the measure criteria. The ESAC Team is working with the eCQI Resource Center and VSAC to provide clearer guidance on locating direct reference codes. Implementers may go to VSAC to download all the value sets and further down on the downloadable items is a link to the direct reference codes. There is an additional click to get to that documentation.

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2 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 **Next Meeting** – December 19, 2018 2:30pm – 4:30 PM ET **(November meeting canceled)**

Invitees/Attendees:

	Name	Organization
	Abrar Salam	The Joint Commission
	Alex Lui	Epic
	Andy Kubilius	Unknown
	Angela Flanagan	Lantana
X	Ann Philips	NCQA
	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Anne Smith	NCQA
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
	Beth Bostrom	AMA
X	Bob Keyes	Unknown
	Brian Blaufeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
X	Chana West	ESAC
	Chandra Bartleman	Telligen
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Christopher Heinz	Unknown
X	Claudia Hall	Mathematica
	Corrie Dowell	BSW Health
	Cynthia Barton	Lantana
	Dalana Ostile	Providence Health Systems
	Dave Wade	Apprio
	Debbie Hall	University of Maryland
	Deidre Sacra	McKesson
	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
	Ganesh Shanmugam	Glenwood Systems
X	Howard Bregman	Epic
	Hyok-Hee Yoo	Medisolv
X	Isabella Briceno	Cerner
	James Bradley	MITRE
	Jamie Lehner	PCPI
X	Jana Malinowski	Cerner
	Jean Fajen	Telligen
	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI
	Julia Skapik	ONC
	Julie Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic

	Name	Organization
	Laura Pearlman	Midwest Center for Women's Healthcare
X	Laura Tierney	Unknown
	Laurie Wissell	Allscripts
	Lindsey Clapper	Unknown
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
	Lynn Perrine	Lantana
	Marc Hadley	MITRE
	Marc Overhage	Cerner
X	Maria Johnson	Unknown
	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
	Martha Radford	NYU
	Matt Hardman	Unknown
	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia Nievera	The Joint Commission
	Michelle Dardis	The Joint Commission
	Michelle Hinterberg	MediSolv
	Mike Shoemaker	Telligen
	Mukesh Allu	Epic
	Neelam Zafar	The Joint Commission
X	Pam Finley	Unknown
X	Pamela Mahan-Rudolph	Memorial Hermann
X	Patricia	Unknown
	Patty McKay	FMQAI
X	Paul Denning	MITRE
X	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	Rebeccah Baer	NCQA
X	Rob McClure	NLM Contractor
	Rob Samples	ESAC
	Rose Almonte	MITRE
	Rukma Joshi	ESAC
	Rute Martins	MITRE
	Ruth Gatiba	Battelle
	Sethuraman Ramanan	Cognizant
	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Sweta Ladwa	ESAC
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yiscah Bracha	Unknown