

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 02/20/2019 2:30 PM ET | Meeting location | Webinar

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	<ul style="list-style-type: none"> - Cooking with CQL Webinar was held on February 28th 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. <ul style="list-style-type: none"> o Please submit CQL-related questions to cql-esac@esacinc.com. - Now Available: Updated 2019 CMS QRDA I Schematron for HQR: CMS has released an updated 2019 CMS Quality Reporting QRDA Category I Schematron for Hospital Quality Reporting. The updated Schematron provides technical instructions for reporting eCQMs for the calendar year 2019 reporting period for the: <ul style="list-style-type: none"> o Hospital Inpatient Quality Reporting Program o Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals - (CMS) has released an addendum to the 2019 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals Programs to support Calendar Year (CY) 2019 electronic clinical quality measure (eCQM), Improvement Activity, and Promoting Interoperability reporting. The addendum includes an updated universal unique identifier (UUID) table to reflect the 2019 performance period eCQM specifications that occurred as a result of the CY 2019 Medicare Physician Fee Schedule Final Rule. <ul style="list-style-type: none"> o The 2019 QRDA III IG and addendum provide technical instructions for reporting for: <ul style="list-style-type: none"> ▪ Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) ▪ Comprehensive Primary Care Plus (CPC+) ▪ MIPS Promoting Interoperability Performance Category



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10 Minutes	MCCB Approval of QDM v5.5 Content	Floyd Eisenberg (ESAC)	<p>The following changes to QDM v5.5 were approved by the MCCB:</p> <ul style="list-style-type: none"> – Add priority to Procedure, Order; Procedure, Performed; Encounter, Order; Encounter, Performed (QDM-212) – Add present on admission indicator to Encounter, Performed diagnosis (QDM-220) – Add clarification of Immunization, Administered (QDM-211) – Update negation rationale timing description (QDM-219) – Add performer attributes to QDM datatypes (QDM-218)
60 Minutes	<p>Additional concept review: Patient, Practitioner, Organization as <i>Entities</i></p> <p>(related to QDM-218)</p>	Floyd Eisenberg (ESAC)	<p>When reviewing the modeling of the new <i>performer</i> attributes added to QDM (QDM-218), it became clear that details about any individual performer might be needed as well. The existing Provider Characteristic QDM datatype does not seem appropriate to fill this need. The QDM UG was asked to Consider restructuring <i>Patient</i> and <i>Provider Characteristic</i> datatypes to be <i>Entities</i>. To explain the need, ESAC presented two use cases to the User Group:</p> <p>Use Case 1 (CMS142)</p> <ul style="list-style-type: none"> – This measure asks if the provider performing a macular or fundus exam communicated the results to the provider managing the patient’s ongoing diabetes care. – The measure uses Communication, Performed and prefers to assure that the sender of the “macular or fundus exam” report is an eye care specialist and the recipient needs is the provider managing the patient’s ongoing diabetes care. – A measure developer can use the <i>sender</i> and <i>recipient</i> attributes; however each of these refer to an individual, therefore a type of practice code does not work to indicate that the sender is an eye care professional. – One proposal to address this issue is to use the existing QDM datatype, <i>Provider Characteristic</i>, as follows: <ul style="list-style-type: none"> ○ “Provider Characteristic: Occupation” ○ The challenge with this approach is that it provides a specific characteristic, but it does not identify to whom the characteristic applies (i.e., it does not indicate the sender is the same person who has the characteristic.) ○ This set of expressions assumes that the id of the Provider Characteristic is the id of provider, it is actually the identifier of the characteristic, not the identifier of the provider. There may also be multiple characteristics for each provider. One method to help address this issue might include adding a “providerId” attribute to the Provider Characteristic QDM datatype.

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60 Minutes, Cont.	Additional concept review: Patient, Practitioner, Organization as <i>Entities</i> (related to QDM-218), Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> ○ Alternatively, QDM could create a Provider entity and refer to the provider as having a specialty and indicate that the sender = provider. ○ However, the term <i>provider</i> is ambiguous as it does not differentiate between a practitioner (i.e., an individual) and an organization). Hence, to be clearer, it may be more advantageous to create two entities: Practitioner and Organization. <p>Use Case 2 (CMS111)</p> <ul style="list-style-type: none"> – This measure’s new version includes narrative for the Initial Population: “Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days and where the decision to admit was made during the preceding emergency department visit at the same physical facility unless the ED and admitting hospital share the same CCN.” – The bold portion is new, but it cannot be expressed using QDM 5.4; therefore, it is presented only in guidance. – The QDM datatype <i>Provider Characteristic</i> may identify an Emergency Department (ED) provider or a Hospital provider, but as with the other use case, the <i>id</i> in QDM datatype represents the characteristic, not the identifier of the organization. <p>To address this issue, consider establishing a new QDM object, called an <i>Entity</i> and indicate up to four <i>entities</i>.</p> <ul style="list-style-type: none"> • Patient <ul style="list-style-type: none"> ○ Note – the object is to add the ability to indicate a patient.id. Ideally, all other QDM Patient Characteristics (e.g., race, ethnicity, administrative sex, payer, etc.) would be modeled as attributes of the Patient entity. However, such a change would require all measures currently using Patient Characteristics to be re-specified. Therefore, to retain backward compatibility for existing eQDMs, the proposal would retain all existing Patient Characteristics in QDM, but allow use of the new Patient only for an <i>identifier</i>.

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60 Minutes, Cont.	Additional concept review: Patient, Practitioner, Organization as <i>Entities</i> (related to QDM-218), Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> • Related Person <ul style="list-style-type: none"> ○ Some measures want to evaluate care provided to a patient including criteria that references another, related, person. For example, a measure evaluating the care of a newborn infant may need to address whether the mother has a specific condition. Or, conversely, in evaluating a woman on a maternity ward evaluate if her newborn infant (the Related Person) received exclusive breast milk feedings. • Practitioner – to address use cases such as those presented • Organization – to address use cases such as those presented <p>Considerations for these new <i>Entities</i> (note – all definitions are borrowed from FHIR resource definitions):</p> <ul style="list-style-type: none"> • Patient <ul style="list-style-type: none"> ○ Identifier (1..*) [<i>type: Identifier</i>] ○ Definition: <ul style="list-style-type: none"> ▪ Patient - Information about an individual or animal receiving health care services (Animal is included because this is a direct copy from FHIR definition of patient.) ▪ Identifier - an identifier for this person • Related Person <ul style="list-style-type: none"> ○ identifier (1..*) [<i>type: Identifier</i>] ○ relationship (1..1) [<i>type: Code</i>] ○ Definition: <ul style="list-style-type: none"> ▪ Related Person - A person related to patient, but not direct target of care ▪ Identifier - a human identifier ▪ Relationship - the nature of the relationship • Practitioner <ul style="list-style-type: none"> ○ identifier (1..*) [<i>type: Identifier</i>] ○ role (0..*) [<i>type: Code</i>] ○ specialty (0..*) [<i>type: Code</i>] ○ qualification (0..*) [<i>type: Code</i>]

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60 Minutes, Cont.	Additional concept review: Patient, Practitioner, Organization as <i>Entities</i> (related to QDM-218), Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> ○ Definitions <ul style="list-style-type: none"> ▪ Practitioner - Person with formal responsibility to provide health care or related services ▪ Identifier - an identifier for this person ▪ Role defined as role performed (e.g., doctor or nurse) ▪ Specialty ▪ Qualification - MD, DO, etc. • Organization <ul style="list-style-type: none"> ○ identifier (1..*) [<i>type</i>: Identifier] ○ type (1..*) [<i>type</i>: Code] ○ Definition <ul style="list-style-type: none"> ▪ Organization - A grouping of people or organizations with a common purpose ▪ Identifier - identifies this organization across multiple systems ▪ Type - kind of organization (e.g., hospital) <p>The entities may be used to represent individuals for the following attributes:</p> <ul style="list-style-type: none"> ○ Prescriber (change from Prescriber.id - .id defined by Practitioner entity) ○ Dispenser (change from Dispenser.id - .id defined by Practitioner entity) ○ Sender ○ Recipient ○ Performer ○ Participant ○ Requestor <p><u>Discussion:</u></p> <p>Joe Kunisch (Memorial Hermann) - Asked if these identifiers exist today, and if so, whether they are standard or custom to each site. Noted they use positions (e.g., RN, MD), but do not drill down to specific specialty. Suggested sites might utilize different naming schemes for positions (provider id). ESAC suggested systems would indicate that the practitioner id refers to the same id. Any measure developer choosing to use these attributes would need to test the concepts to ensure the eCQM is feasible.</p>

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60 Minutes, Cont.	<p>Additional concept review: Patient, Practitioner, Organization as <i>Entities</i></p> <p>(related to QDM-218), Cont.</p>	Floyd Eisenberg (ESAC), Cont.	<p>Anne Coultas (McKesson) - Suggested an organization would not have the CCN of another organization if they received patient in transfer to be included in their data.</p> <p>Angela Flanagan (Lantana) - The measure only wants to know if the ED and the hospital have the same CCN.</p> <p>Joe Kunisch (Memorial Hermann) - Suggested if this is available any measure developer can determine how they want to use it, and it may not always be feasible. Noted with regard to CCNs, some urgent care centers and freestanding facilities are grouped under the same CCN, so CCN might not identify same physical location. In addition, some hospitals are grouped together under the same CCN, so a patient could move hospitals, but it would like they never moved.</p> <p>ESAC noted this issue was discussed when considering the QDM modeling and for CMS-111. For CMS-111, the measure developer confirmed that they understood that it is not physical location, but that the indicator references the organization that is billing to provide care. A record counts if it shares the same CCN even if representing different locations. There is no way to express this concept in the existing QDM or with CQL alone; hence, the rationale for adding Organization. ESAC agreed the availability of this kind of information for any of these identifiers must be evaluated by any measure developer seeking to use the data as part of an eCQM expression; i.e., reliability and feasibility require careful review before publishing such eCQMs.</p> <p>Jana Malinowski (Cerner) – With respect to <i>practitioner</i>, agreed with Joe that providers are defined by the client locally. Noted that they use an NPI lookup to determine a provider-assigned specialty. This information could be loaded into EHRs, so there is potential to access this information.</p> <p>ESAC recognizes that the local site will have to determine how to identify any one of these (i.e., Patient, Related Person, Practitioner, or Organization). ESAC also noted that when identifying a workflow, a measure developer may decide how to appropriate define and search for any given specialty and how local sites might map local specialty definitions to the values requested in the eCQM. Each instance needs to be carefully evaluated for feasibility. For example, if the eCQM developer needs to identify a patient relationship, e.g., mother of an infant feasibility of accessing and retrieving such information requires significant testing and evaluation. Joe Kunisch (Memorial Hermann) - Suggested individual patients are identified by medical record number. The mother would have to have a patient encounter in the EHR. Mother and baby will have different medical record numbers.</p>

<p>60 Minutes, Cont.</p>	<p>Additional concept review: Patient, Practitioner, Organization as <i>Entities</i></p> <p>(related to QDM-218), Cont.</p>	<p>Floyd Eisenberg (ESAC), Cont.</p>	<p>Jana Malinowski (Cerner) - Suggested an EHR could create a person file, but the EHR would not have an identifier if not a patient. Such reference will vary with EHR implementations.</p> <p>ESAC noted there was internal discussion about whether to use a <i>patient</i> and a <i>related person</i> or a <i>person</i> which has “sub-attributes” of <i>patient</i> and <i>related person</i>.</p> <p>Jana Malinowski (Cerner) - An identifier is only relevant within the system/domain. ESAC agreed.</p> <p>ESAC suggested make these entities available to measure developers but indicated that they need significant evaluation and testing to determine validity, reliability and feasibility at the data level. Currently, the expectation is that eCQM developers will have limited use cases.</p> <p>Joe Kunisch (Memorial Hermann) - Expressed no strong objections but suggested due diligence could be done prior to requesting an addition to QDM to reach out to vendors to determine if feasible or if something vendors would have to build out for. If found not to be feasible, could remove.</p> <p>Angela Flanagan (Lantana) - Suggested it is worth investigating.</p> <p>ESAC noted the intent was to finalize QDM in February 2019 so that it could include references to the upcoming CQL-based HQMF ballot and enable comment and testing of measures. It is possible to create a version 5.6 over the summer if users want more time to consider.</p> <p>Considerations:</p> <ul style="list-style-type: none"> • New QDM Entities enable greater specificity. • eCQM developers will need to test expressions specifying QDM Entity requirements to assure feasibility, validity and reliability. • HL7 V3 Reference Information Model and Clinical Documentation Architecture references entities for <i>Person</i>, <i>Practitioner</i>, and <i>Organization</i> • HQMF and QRDA require that identifiers for entities existing within the context of activities in QDM templates. • Entities can be defined in sub-templates developed that reference each of <i>Person</i>, <i>Practitioner</i> and <i>Organization</i> and referenced within each QDM template for both CQL-based HQMF and QRDA category. <p>ESAC asked: Based on today’s discussion, would it be better to have Person that has a related person attribute rather than Patient and Related Person?</p> <p>Joe Kunisch (Memorial Hermann) - Agreed.</p>
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60 Minutes, Cont.	Additional concept review: Patient, Practitioner, Organization as <i>Entities</i> (related to QDM-218), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>Yanyan Hu (TJC) - Suggested <i>relatedPerson</i> attribute would be useful to capture newborn mother's information in newborn measure. Is this feasible?</p> <p>ESAC - Noted with regard to feasibility, vendors will need to work with hospitals to determine if they are able to connect the records; it may be by medical record number or possibly the person entity is used to indicate relationships.</p> <p>In creating QDM elements, there is a model info file which allows the CQL to access these elements. To provide transparency, ESAC asked if it would be helpful to include a depiction of the model info in the Appendix in QDM where each datatype and attribute is referenced. The UG suggested this would be useful. ESAC will consider offline if this is possible.</p> <p><u>Resolution/Next Steps:</u></p> <p>The User Group agreed with moving forward with enabling the <i>Entity</i> capability within QDM for the following:</p> <ul style="list-style-type: none"> • Patient <ul style="list-style-type: none"> ○ identifier (1..*) [type: Identifier] • Related Person <ul style="list-style-type: none"> ○ identifier (1..*) [type: Identifier] ○ relationship (1..1) [_type_: Code] • Practitioner (a person with a formal responsibility in the provisioning of healthcare or related services) <ul style="list-style-type: none"> ○ identifier (1..*) [_type_: Identifier] ○ role (0..*) [_type_: Code] (<i>role this practitioner may perform (e.g., doctor, nurse)</i>) ○ specialty (0..*) [_type_: Code] (<i>specific specialty of the practitioner (e.g., anesthesia, cardiology, gastroenterology, etc.)</i>) ○ qualification (0..*) [_type_: Code] (<i>coded representation of the certification, licenses, or training pertaining to the provision of care (e.g., MD, DO, CRN, CNP, etc.)</i>) • Organization (<i>a grouping of people or organizations with a common purpose</i>) <ul style="list-style-type: none"> ○ identifier (1..*) [type: Identifier] ○ type (1..*) [type: Code] (<i>kind of organization (e.g., hospital)</i>) <p>ESAC will document caveats discussed today including issues related to local mapping and to indicate that careful testing is needed prior to use.</p>

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60 Minutes, Cont.	Additional concept review: Patient, Practitioner, Organization as <i>Entities</i> (related to QDM-218), Cont.	Floyd Eisenberg (ESAC), Cont.	ESAC will present the UG approved <i>Entities</i> to the eCQM Governance group (February) and MCCB (March). If approved, this will be included in QDM v5.5 and the CQL-based HQMF ballot for May.
5 Minutes	Next Meeting	Chana West (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> – Contact us at gdm@esacinc.com – Or start a discussion: gdm-user-group-list@esacinc.com <p><i><u>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.</u></i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> – Regularly Scheduled Meeting – March 20, 2019 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

	Name	Organization
	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
X	Beth Bostrom	AMA
	Brian Blaubeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
X	Chana West	ESAC
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
	Corrie Dowell	BSW Health
	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
	Howard Bregman	Epic
X	Hyok-Hee Yoo	Medisolv
	James Bradley	MITRE
	Jamie Lehner	PCPI
X	Jana Malinowski	Cerner
	Jean Fajen	Telligen
	Jenna Williams-Bader	NCQA
X	Jill Shuemaker	VCU Health
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI
	Julie Koscuizka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
	Kathy Benson	Unknown
	Kendra Hanley	HSAG
X	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare

	Name	Organization
	Laurie Wissell	Allscripts
	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
	Lynn Perrine	Lantana
	Marc Hadley	MITRE
X	Marc Hallez	Unknown
	Marc Overhage	Cerner
	Margaret Dobson	Zepf Center
X	Matt Hardman	Unknown
	Marilyn Parenzan	The Joint Commission
	Martha Radford	NYU
	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	Pamela Mahan-Rudolph	Memorial Hermann
	Paul Denning	MITRE
X	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
	Rebecca Baer	NCQA
	Rob McClure	NLM Contractor
	Rob Samples	ESAC
	Rose Almonte	MITRE
	Ruth Gatiba	Battelle
	Ryan Clark	NCQA
	Ryan Sullivan	NYU
	Samuel Benton	NCQA
	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
X	Terra Stump	
	Tom Dunn	Telligen
	Vaspaan Patel	NCQA
	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yiscah Bracha	RTI
X	Yvette Apura	PCPI
	Zach May	ESAC
	Zahid Butt	MediSolv
X	Zeeshan Pasha	Unknown