

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 04/17/2019 2:30 PM ET | Meeting location | Webinar

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Zachary May (ESAC)	<ul style="list-style-type: none"> - Cooking with CQL Webinar was held on April 25th 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. - Just Added: Additional CMS Eligible Clinician eCQMs and Data Element Definitions to the Collaborative Measure Development Workspace, Data Element Repository (DERep) <ul style="list-style-type: none"> o CMS has now added an additional 42 CMS Eligible Clinician eCQMs have now been added to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs. o The DERep contains definitions for standardized eCQM data elements currently used in CMS quality and value-based programs and clearly presents data element definitions for all eCQMs used in CMS's quality reporting programs.
60 Minutes	Potential errata to QDM v5.5 (Assessment Performed absence of Relevant Period attribute) (QDM-228 / CQM-3556)	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>Jira tickets QDM-228 and CQM-3556 raised a question about timing attributes for Assessment, Performed. In eCQM CMS 90, the numerator criteria require performance of a patient functional status assessment (FSA) with results within two weeks before or during the initial FSA encounter and results for the follow up FSA at least 30 days but no more than 180 days after the initial functional status assessment. The initial assessment must be performed within 14 days on or before the initial encounter. Because QDM datatype Assessment, Performed only allows one timing reference (author dateTime) the measure references the author (recorded) time of the initial FSA. If the assessment was performed during the encounter, but it is entered (author time) was the next day, it disqualifies the event. The submitter's concern is that even though the assessment was performed at the appropriate time; it may be documented later.</p>

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60 Minutes, Cont.	Potential errata to QDM v5.5 (Assessment Performed absence of Relevant Period attribute) (QDM-228 / CQM-3556) , Cont.	Floyd Eisenberg (ESAC), Cont.	<p>Assessment, Performed attributes include Author dateTime, but it does not include a “performed” time. All other QDM “performed” elements include such timing.</p> <p>ESAC proposed that the QDM User Group consider adding a:</p> <ul style="list-style-type: none"> • Relevant Period to Assessment, Performed such that the start and stop times would be the same for assessments occurring at a single point in time (consistent with other QDM datatypes) • QDM Known Issue for QDM 5.4 <p><u>Discussion:</u></p> <p>Lisa Anderson (TJC) – Agreed that a “performance time” is required, but suggested Relevant Period does not make sense for Assessment, Performed. Instead of adding a new attribute (such as Relevant dateTime), it might be better to provide guidance. If someone is documenting the time of the assessment late into the EHR, it might be better to provide guidance indicating that the Author dateTime is assumed to be the time the assessment was performed and they should map to this time instead of the time is actually filed in the EHR.</p> <p>ESAC noted that guidance was the original approach, but it adds ambiguity to the QDM documentation since negation rationale also uses author dateTime to mean recorded time. In HL7 version 3, effective time has a low (start) and high (end) value that could correspond to Relevant Period. However, HL7 FHIR specifically references an effective time (as dateTime) and effective period. QDM has assumed that Relevant Period could use either, depending on what is present in the clinical record. Alternatively, adding a Relative dateTime attribute to QDM would be more specific but it would require the same option to be distributed across all of QDM datatype to which it applied.</p> <p>Anne Smith (NCQA) - Noted that no one is capturing this as a relevant period. The other issue in this discussion was opened up by us. The problem is the QDM itself, when you read the descriptions of the timing elements. There are several data elements that say the time this was completed; author dateTime. It is not described anywhere what the semicolon means. Author dateTime is clearly when it was documented. Other data elements are impacted. If a relevant time is added, it is also appropriate for physical exam performed, which is similar to assessment performed. Suggested clarifying the semicolon or the Author dateTime, define the start and stop times instead of periods or add an attribute to address points in time (e.g., Relevant dateTime).</p>
60 Minutes, Cont.	Potential errata to QDM v5.5 (Assessment Performed	Floyd Eisenberg (ESAC),	ESAC suggested physical exam performed, lab test, diagnostic study or assessment performed, are all observations, which can happen at a point in time or over a period of time. QDM defaults to period of time in which case the start may equal the stop.

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	<p>absence of Relevant Period attribute)</p> <p>(QDM-228 / CQM-3556),</p> <p>Cont.</p>	Cont.	<p>Anne Smith (NCQA) - Need to have the time it happened somewhere in the attribute.</p> <p>ESAC asked the User Group if there are concerns with adding an attribute that speaks to the actual time something happened.</p> <p>Lisa Anderson (TJC) - Agreed this would help with the ambiguity noted. Probably need to look at additional data types that might be impacted.</p> <p>ESAC asked if the User Group would like to add effective time and effective period, where it is up to the measure developer how to determine which to use.</p> <p>Anne Smith (NCQA) - Suggested relevant and effective time say the same thing; therefore, rather than add a new term (effective) use Relevant date<code>Time</code> and Relevant Period.</p> <p>Jana Malinowski (Cerner) - Suggested having the additional attribute is good. Noted an issue arose regarding QRDA files import and export, in that QRDA-I, HL7 does not require a time in the file. It is very important that we have clear structure on whether time is appropriate. Currently, you certify to a QRDA-I HL7 spec, and because it does not say time is required, we had scenario when during an import a third-party vendor did not include any times. There are times when time is important. For ambulatory measures, there is no IG to explain how to proceed as there is for hospital measures. This specificity is important. This issue is much more common on the ambulatory side.</p> <p>Yan Heras (ESAC) - Noted the times were made optional in QRDA to align with QDM cardinality. This issue might require further discussion.</p> <p>ESAC suggested the cardinality was form measure authors, implementers should report what is indicated in the measure. ESAC will refer this to the HL7 Clinical Quality Information Workgroup, the sponsor of the QRDA IG.</p> <p>Yanyan Hu (TJC) - Suggested in order to align with other performed datatypes, relevant period would be the most consistent, understanding start and end time can be the same. Newborn measure uses Assessment, Performed author date<code>Time</code>, to compare timing for gestational age. If more time stamps are added, then result date time should be added.</p>
60 Minutes, Cont.	Potential errata to QDM v5.5 (Assessment Performed absence of Relevant Period attribute)	Floyd Eisenberg (ESAC), Cont.	<p>ESAC noted the example for gestational age uses Assessment, Performed to represent the question about gestational age at birth and could ask for a result of date for the gestational age determination (also as a result). The author date<code>Time</code> references the time the information was entered into the record. Adding Relevant date<code>Time</code> would avoid the need to ask for the date the gestational age is determined since the Relevant date<code>Time</code> of the answer would provide that information.</p> <p>Yanyan Hu (TJC) - Agreed.</p>

Time	Item	Presenter	Discussion/Options/Decisions
	<p>(QDM-228 / CQM-3556), Cont.</p>		<p>ESAC reviewed the options: (1) maintain consistent modeling such that Relevant Period start and stop may be the same for activities performed at a point in time, or (2) add a new Relevant dateTime and distribute the attribute across QDM datatypes indicating activities that use Relevant Period, consistent with modeling in HL7 FHIR.</p> <p>Anne Smith (NCQA) - Suggested it makes measure awkward if I have to ask for start and stop time for something that is a point in time.</p> <p>ESAC asked for implementers on the call to indicate if older information is entered (e.g., a previous preventive care activity) can the actual performance date be entered or will the EHR only capture the recorded date.</p> <p>Carolyn Anderson (Practice site) - Noted she works in primary care practice. There is the ability to perform chart maintenance. Noted she has the ability to enter historical information. If she saves the record, she can add the date it was performed, but the time stamp is current (i.e., the hour, minute, second consistent with the time recorded even though the month and day are modified). Thus, if the measure expression is depending on the hour, minute, or second, this capability may still cause problems with other reporting requirements.</p> <p>ESAC suggested that from the feedback it sounds like the User Group is in favor of adding reference to effective time (e.g., Relevant dateTime) consistently through QDM. Should we add relevant period be included as well for Assessment, Performed?</p> <p>Carolyn Anderson (Practice site) - Not in favor of adding more time elements to more measures because this is complex. In the example of colonoscopy records, this information is likely already</p>
<p>60 Minutes, Cont.</p>	<p>Potential errata to QDM v5.5 (Assessment Performed absence of Relevant Period attribute) (QDM-228 / CQM-3556), Cont.</p>	<p>Floyd Eisenberg (ESAC), Cont.</p>	<p>captured via claims data at another source. Do not want to make the timestamp to make implementation more complicated.</p> <p>ESAC noted that it is up to measure developers to determine if asking for time is feasible/adding burden.</p> <p>ESAC asked if the User Group has issue with adding effective time to items that are performed.</p> <p>Mia Nievera (TJC) - Asked for clarification on whether effective time is one point in time versus a time frame.</p> <p>ESAC confirmed that effective time is one point in time.</p> <p>Lisa Anderson (TJC) - Suggested this same conversation may arise in six months from measure developers confused about what effective time means. The intent of the timing is: when did you perform the assessment, not when did you document it. We assume that real time documentation is occurring. This is the assumption we work off of, so timing should reflect that.</p>

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			<p>Anne Smith (NCQA) - Suggested it was simpler when we did start and stop.</p> <p>ESAC agreed; however this started with the process of aligning with FHIR which has intervals/periods. Further, the start and stop times were not clearly defined in earlier versions of QDM.</p> <p>Anne Smith (NCQA) - Suggested this will this add more burden on measure developers because they will have to know if it has a start and stop or an effective time. The same type of medication may have an injection or be taken over time. Are there examples where this can be very complex?</p> <p>ESAC suggested this was the justification for using relevant period, where start is when it begins and stop is when it ends, and start and stop may be equal.</p> <p>Carolyn Anderson (Practice site) - Suggested that as long as we have clear definition or examples provided, it is capturing the same info. Asked if we are missing info by not having this element.</p> <p>ESAC suggested the words are not clear but using the same author time for both uses is ambiguous and could lead to misperception.</p>
60 Minutes, Cont.	<p>Potential errata to QDM v5.5 (Assessment Performed absence of Relevant Period attribute)</p> <p>(QDM-228 / CQM-3556).</p> <p>Cont.</p>	<p>Floyd Eisenberg (ESAC),</p> <p>Cont.</p>	<p>Lisa Anderson (TJC) - Agreed that it does not make sense to have an interval for an assessment, but if we have a relevant point in time, this makes it inconsistent with how we handle other datatypes.</p> <p><u>ESAC agreed that adding a Relevant dateTime would need to distribute across QDM to keep the modeling consistent. Further, tooling could be provided to enable easier authoring and allow implementers to report the timing that is present (i.e., Relevant dateTime or Relevant Period) to reduce implementation burden. Mapping from author dateTime to actual time performed creates implementation burden with the current QDM.</u></p> <p><u>Resolution/Next Steps:</u></p> <p>The QDM User Group agreed with adding an actual performance timing to Assessment, Performed. The ESAC Team will review the issue with the tooling community and other (HL7) stakeholders to determine the clearest and least cumbersome solution to present to the eCQM Governance Group and the MCCB. The general feeling of the QDM User Group is to address a Relevant dateTime and a Relevant Period distributed across QDM to be consistent, and that tooling assistance (e.g., a Function in CQL) would help measure developers.</p> <p><i>[Subsequent to the User Group meeting, ESAC reviewed the issues with FHIR experts and the Measure Authoring Tool and Bonnie teams. FHIR does not recommend use of timing periods for activities that occur at points in time. Therefore, use of both a Relevant dateTime and a Relevant Period is most consistent with FHIR and with the way information is captured in EHRs. Application of these timing attributes (consistent with FHIR) was presented to the eCQM Governance Group on</i></p>

Time	Item	Presenter	Discussion/Options/Decisions
			<p><i>Tuesday, April 23, 2019). The resulting timing can be accessed as an appendix to these minutes and in the Jira Ticket CQM-3556.</i></p>
60 Minutes	QDM v5.5 to QI Core	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>As systems move to use FHIR, there is an effort underway to let QDM represent data in the same way to make it easier to request and report on this data. This effort involves mapping QDM to QI Core. ESAC provided a brief overview of Fast Health Interoperability Resources (FHIR).</p> <p>FHIR has five levels. The QDM data model primarily addresses Levels 3 and 4; Level 5 provides comparable structures using FHIR for measures (HL7 version 3 uses HQMF), measure report (HL7 CDA uses QRDA), and Clinical Decision Support (CDS):</p>
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> • Level 1 – Foundation • Level 2 – Implementer Support, Security and Privacy, Conformance, Terminology, Exchange • Level 3 - Administration (includes Encounter) • Level 4 - Clinical, Diagnostics, Medications, Workflow, Financials • Level 5 – Clinical Reasoning (includes Measure, Measure Report, and CDS artifacts). <p>FHIR Versions:</p> <ul style="list-style-type: none"> • DSTU2 - First release. This version is the basis for the initial Argonaut profiles. • STU3 - Version on which the currently published versions of US Core, QI Core and many other implementation guides (IGs) are based. • R4 – Includes some normative content and applies more consistency across types of data. US Core is currently creating an R4 version which should be complete late Spring 2019. These discussions about QDM and FHIR alignment will focus on FHIR R4 since many vendors indicate they will be implementing FHIR R4. Thus, FHIR R4 should be in place to accommodate any future transition of measures to FHIR. [http://hl7.org/fhir/] <p>US Core – US Core developed based on the initial Argonaut project (industry-led initiative to share basic clinical data using APIs across vendor systems for clinical use). US Core versions started with FHIR DSTU 2 and is currently published for FHIR STU 3. The next version which is in development based on HL7 ballot reconciliation from the January 2019 ballot cycle, will include anticipated elements of the USCDI (US Core Data for Interoperability) which ONC proposes to adopt replacing and expanding on the existing CCDS (Common Clinical Data Set). [http://www.hl7.org/fhir/us/core/history.cfm]</p> <ul style="list-style-type: none"> • Actors

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			<ul style="list-style-type: none"> ○ Requestor ○ Responder ● Profiles <ul style="list-style-type: none"> ○ Describes restrictions on how resources are used (e.g., terminology used) ○ Vital signs ○ Pediatric BMI (proposed for STU 4) ○ Pediatric weight (proposed for STU 4) ○ Etc.
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<p>QI Core</p> <ul style="list-style-type: none"> ● Uses US Core where available ● Includes direct reference to FHIR if US Core does not include the resource ● Constraints, profiles and some extensions to reference to support eQMs and clinical decision support (extensions are profiles with additional information not referenced in existing FHIR or US Core resources) ● http://build.fhir.org/ig/cqframework/qi-core/ <p>HL7 FHIR-related Standards for Quality</p> <ul style="list-style-type: none"> ● DEQM/HEDIS - quality measurement focused. Data Exchange for Quality Measures (DEQM) is comparable to QRDA, but using FHIR. ● QI Core - quality improvement focused and comparable to QDM ● US Core - US realm specific profiles ● FHIR - universally applicable resources and guidance <p>QI Core - Relationships to US Core and FHIR - http://hl7.org/fhir/us/qicore/</p> <p>QI Core takes the specific items needed for quality measure creation reporting or clinical decision support, looks for the comparable element in US Core, and where present will tell you the US Core, which is built off of FHIR base.</p> <p>QDM vs FHIR Development</p> <p>QDM started as a list of all measures already endorsed by the National Quality Forum (NQF) in 2009. The QDM model started with the kind of information or data class desired by measure developers (e.g., medication, lab test, encounter) and what they wanted to know about it (i.e., was it performed, ordered, etc.). Every QDM datatype, therefore, is an information class with its related context of use.</p>

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			<p>The FHIR model was developed in reverse. The FHIR model begins with the activity (e.g., a request or a performance activity) and then indicates the workflow (i.e., what was requested).</p>
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<p>Juliet Rubini (Mathematica) - Asked about the differences between a resource and a profile within FHIR.</p> <p>ESAC noted FHIR defines a profile as a resource with a certain constraint and use. The Observation Resource provides the model for what can be expressed about an observation. The Vital Signs Profile specifically defines how to express a specific instance of an Observation. As an example of a profile, the vital signs profile uses the FHIR Observation Resource and specifically defines Blood Pressure as an observation with a specific LOINC code. It further defines two observation components within the profile – systolic blood pressure and diastolic blood pressure, each with its respective LOINC code. Thus, the profile specifically details how to represent a blood pressure as a fully expressed element with a systolic and diastolic component. [http://build.fhir.org/observation-vitalsigns.html].</p> <p>QI Core IG</p> <ul style="list-style-type: none"> • QI Core provides a table listing each profile, its corresponding US Core profile (if one exists), and the respective FHIR base resource as in the following diagram.

Time	Item	Presenter	Discussion/Options/Decisions
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<div data-bbox="961 185 1787 719" data-label="Diagram"> </div> <p data-bbox="919 743 1833 776" style="text-align: center;"><i>Figure 1. Conceptual Differences Comparing QDM and FHIR Modeling</i></p> <p data-bbox="730 805 1184 837">Modeling QDM to FHIR Resources</p> <p data-bbox="730 854 2022 951">All QDM datatypes referencing <i>Order</i> or <i>Recommended</i> transform to FHIR <i>request</i> resources. FHIR references the differentiation between QDM concepts <i>order</i> and <i>recommended</i> using the <i>intent</i> element.</p> <p data-bbox="789 971 995 1003"><i>Intent</i> value set:</p> <ul data-bbox="884 1019 1776 1284" style="list-style-type: none"> ○ Proposal - consideration; consistent with clinical decision support ○ Plan – consistent with the QDM concept <i>recommended</i> ○ Directive – consistent with the QDM concept <i>recommended</i> ○ Order – consistent with the QDM concept <i>order</i> <ul style="list-style-type: none"> ▪ Original-order ▪ Instance-order ▪ Encoded ▪ Reflex-order
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> ▪ Filler-order

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			<p>All QDM datatypes referencing <i>Performed</i> transform to FHIR <i>activity</i> resources. FHIR references the differentiation in QDM by using <i>status</i>. A QI Core profile would constrain performed to those FHIR <i>status</i> elements indicating completion of the activity.</p> <p><i>Status</i> value set:</p> <ul style="list-style-type: none"> • In progress – may be considered to represent an action <i>performed</i> depending on context • Completed – indicates an action has been <i>performed</i> • Amended – indicates an action has been <i>performed</i> with amendment to the documentation • Entered in error • Stopped <p>For authoring eCQMs in FHIR, a measure developer should only need to indicate the general concept (e.g., Procedure, Performed). Tooling and the model info would constrain the entered information to the required <i>status</i> values.</p> <p>QDM to FHIR examples</p> <ul style="list-style-type: none"> • CMS 104-defining interventions <ul style="list-style-type: none"> ○ QDM expression <pre>define "InterventionComfortMeasures" ["Intervention, Order": "Comfort Measures"] union ["Intervention:Performed"" "ComfortMeasures"]</pre> ○ QI-Core/FHIR expression <pre>define "InterventionComfortMeasures" (["ProcedureRequest": "ComfortMeasures"] P where P.intent='order') union (["ProcedureRequest": "ComfortMeasures"] InterventionPerfor med where InterventionPerformed.status='completed')</pre>
60 Minutes, Cont.	QDM v5.5 to QI Core, Cont.	Floyd Eisenberg (ESAC), Cont.	<pre>where InterventionPerformed.status='completed')</pre> <ul style="list-style-type: none"> • CMS 154 - defining medications ordered <ul style="list-style-type: none"> ○ QDM <pre>define "AntibioticOrder":</pre>

Time	Item	Presenter	Discussion/Options/Decisions
			<pre data-bbox="926 170 1707 228">["Medication Order": "AntibioticMedications"] OrderedAntibiotic</pre> <ul style="list-style-type: none"> <li data-bbox="884 302 1115 329">○ QI Core/FHIR <pre data-bbox="926 350 1969 557">define "Antibiotics": ["MedicationRequest":medication in "Antibiotic Medications"] Prescription where Prescription.status='active' and Prescription.intent='order'</pre> <p data-bbox="730 578 982 605">QUICK Data Model</p> <p data-bbox="730 630 2011 792">The QI Core site includes a link to QUICK as a tab at the top of the screen. QUICK provides a logical view of QI Core and allows searching by QDM datatype concept. QUICK will be more useful to use for authoring measures as it will provide more of a front end to select the required profiles without requiring a measure developer to fully understand the details of FHIR attributes and constraints.</p> <p data-bbox="730 813 2011 911">Paul Denning (MITRE) - Noted from an authoring point of view, CQL has a “using” clause. MAT hides this and automatically inserts “using QDM”. Looking at FHIR examples presented, would see “using FHIR”. The “using QUICK” version is not up to date.</p> <p data-bbox="730 932 1969 1062">ESAC noted the CQL WG and CDS WG are working on a new version of QUICK that helps to constrain better and is more usable. The HL7 Meeting in early May will include presentations on this work. Testing will occur as well in the May FHIR Connectathon and this testing will help improve QUICK to make it ready for the September HL7 ballot cycle.</p>
5 Minutes	Next Meeting	Zachary May (ESAC)	<p data-bbox="730 1097 1394 1125">Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> <li data-bbox="873 1149 1352 1177">– Contact us at qdm@esacinc.com <li data-bbox="873 1198 1650 1226">– Or start a discussion: qdm-user-group-list@esacinc.com <p data-bbox="873 1247 2011 1344"><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 data-bbox="730 1365 1077 1393">Next user group meeting</p> <ul style="list-style-type: none"> <li data-bbox="873 1414 1850 1442">– Regularly Scheduled Meeting – May 15, 2019 from 2:30 to 4:30 PM ET.

Updated QDM Timings

QDM Datatype	New Timing†	QDM Datatype	New Timing
Adverse Event	Relevant dateTime* Remove - Relevant Period*	Laboratory Test, Performed	Author dateTime Relevant dateTime* Relevant Period
Allergy Intolerance	No change	Medication, Active	Author dateTime Relevant dateTime* Relevant Period
Assessment, Performed	Author dateTime Relevant dateTime* Relevant Period*	Medication, Administered	Author dateTime Relevant dateTime* Relevant Period
Care Goal	Relevant Period statusDate (when updated)*	Medication, Discharge	No change
Communication, Performed	Sent (dateTime)* Received (dateTime)* Remove Relevant Period* Remove Author dateTime*	Medication, Dispensed	Author dateTime Relevant dateTime* Relevant Period (validity period)
Diagnosis	No change	Medication, Order	No change
Device, Applied	Author dateTime Relevant dateTime* Relevant Period	Participation	No change
Diagnostic Study, Performed	Author dateTime Relevant dateTime* Relevant Period	Physical Exam, Performed	Author dateTime Relevant dateTime* Relevant Period
Encounter, Performed	No change	Procedure, Performed	Author dateTime Relevant dateTime* Relevant Period
Immunization, Administered	Author dateTime Relevant dateTime*	Substance, Administered	Author dateTime Relevant dateTime* Relevant Period
Intervention, Performed	Author dateTime Relevant dateTime* Relevant Period	Substance, Order	Author dateTime Relevant Period (validity period)*
		Symptom	No change

† QDM datatypes not listed have no timing changes
 * Starred items are new in QDM 5.5

Figure 2. QDM Timings Updated as Presented to eCQM Governance April 23, 2019

Invitees/Attendees:

	Name	Organization
	Abrar Salam	The Joint Commission
X	Alex Borenstein	Unknown
	Alex Lui	Epic
X	Angela Flanagan	Lantana
	Ann Philips	NCQA
	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
X	Anne Smith	NCQA
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
X	Beth Bostrom	AMA
	Brian Blaubeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
X	Carolyn Anderson	Primary care practice
X	Chana West	CDQ-Solutions
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
	Corrie Dowell	BSW Health
	Dalana Ostile	Providence Health Systems
X	Dawn Lane	Unknown
	Dave Wade	Apprio
	Debbie Hall	University of Maryland
	Deidre Sacra	McKesson
	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
X	Gary Rezik	QIP
	Ganesh Shanmugam	Glenwood Systems
	Howard Bregman	Epic
	Hyok-Hee Yoo	Medisolv
	Isbelia Briceno	Cerner
X	James Bradley	MITRE
	Jamie Lehner	PCPI
X	Jana Malinowski	Cerner
	Jean Fajen	Telligen
	Jenna Williams-Bader	NCQA
	Jill Shuemaker	VCU Health
	John Carroll	The Joint Commission
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI

	Name	Organization
	L Dejesus	Informedika
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
	Marc Hadley	MITRE
	Marc Hallez	Unknown
	Marc Overhage	Cerner
	Margaret Dobson	Zepf Center
	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
X	Marc Hallez	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
X	Nathan	Unknown
	Neelam Zafar	The Joint Commission
X	Norm Sirois	Unknown
	Pamela Mahan-Rudolph	Memorial Hermann
X	Paul Denning	MITRE
	Peter Muir	ESAC
	Rachel Buchanan	Oregon Urology
	Rayna Scott	PCPI
X	R Swaineng	Swaineng Associates
X	Rebecca Baer	NCQA
X	Rob McClure	NLM Contractor
	Rob Samples	ESAC
X	Robin Holder	Unknown
	Rose Almonte	MITRE
	Ruth Gatiba	Battelle
X	Ryan Clark	NCQA
	Ryan Sullivan	NYU
	Samuel Benton	NCQA
	Sethuraman Ramanan	Cognizant
X	Shanna Hartman	CMS
X	Stan Rankins	Telligen
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
	Tom Dunn	Telligen

	Name	Organization
	Julie Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
	Jay Frails	Meditech
	Kathy Benson	Unknown
	Kendra Hanley	HSAG
	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare
	Laurie Wissell	Allscripts

	Name	Organization
X	Traci Psihas	ESAC
	Vaspaan Patel	NCQA
X	Ward Holland	Unknown
	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yiscah Bracha	RTI
X	Yvette Apura	PCPI
X	Zach May	ESAC
	Zahid Butt	MediSolv
	Zeeshan Pasha	Unknown