

# Quality Data Implementation (QDI) User Group Meeting | Minutes

Meeting date | 04/19/2023 3:00 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
3:00 pm	Agenda	ICF	<ol style="list-style-type: none"> <li>1. Announcements and survey</li> <li>2. Understand the flow from USCDI to US Core to QI Core</li> <li>3. QI Core MustSupport elements</li> <li>4. General Discussion and Questions</li> </ol>
3:00-3:01 pm	Announcements	ICF	<ul style="list-style-type: none"> <li>• Announcements and survey</li> <li>• Understand the flow from USCDI to US Core to QI Core</li> <li>• QI Core MustSupport elements</li> <li>• General Discussion and Questions</li> <li>• Resource shared: <a href="https://ecqi.healthit.gov/calendar">https://ecqi.healthit.gov/calendar</a></li> </ul>
3:01-3:15 pm	USCDI to US Core to QI Core	ICF	<ul style="list-style-type: none"> <li>• USCDI to US Core and QI-Core Timeline               <ul style="list-style-type: none"> <li>○ ICF presented the <u>recurring process for updating USCDI, US Core, and QI-Core</u></li> <li>○ The Office of the National Coordinator for Healthcare Information Technology (ONC) publishes a draft version of the US Core Data for Interoperability (USCDI) early in every calendar year, accepting public comments until mid-April and subsequently publishes a new version every July. The US Core project team reviews the new USCDI classes over the months after publication with the health IT .community and creates a new ballot version of US Core for comment by the January following the USCDI publication. The US Core team reconciles all ballot comments and applies changes to publish a new version of US Core by the May following the USCDI version publication. The HL7 Clinical Quality Information (CQI) and Clinical Decision Support (CDS) Workgroups review the new US Core version and develop a draft version of QI-Core to accommodate related changes for ballot the subsequent September and reconciles ballot comments in the 3-4 months for publication. This cycle restarts every year.</li> </ul> </li> <li>• Encounter Profiles illustrating flow from USDCI to US Core to QI-Core               <ul style="list-style-type: none"> <li>○ ICF presented an example of how new classes in the USCDI Version 1 to standards, i.e., from USCDI data class to US Core profiles and required elements and subsequently to QI-Core profiles and required elements. The example used is the Encounter Information- USCDI Class to the US Core 4.0.1 Encounter Profile and, subsequently to the QI-Core 4.1.1 Encounter Profile.                   <ul style="list-style-type: none"> <li>• USCDI Class: <u>Encounter Type</u> <ul style="list-style-type: none"> <li>• US Core:                       <ul style="list-style-type: none"> <li>• <u>Encounter.type</u> – defining the codes used to identify the specific encounter</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li></ul>

Time	Item	Presenter	Discussion/Options/Decisions
3:01-3:15 pm	USCDI to US Core to QI Core (cont.)	ICF	<ul style="list-style-type: none"> <li>• <u>Encounter.class</u> – defining a grouping (or classification) of encounters such as inpatient, ambulatory, virtual, etc</li> <li>• QI-Core: Inherit the same elements as US Core <ul style="list-style-type: none"> <li>• Encounter.type</li> <li>• Encounter.class</li> </ul> </li> <li>• USCDI: <u>Encounter Diagnosis</u>: <ul style="list-style-type: none"> <li>• US Core: <ul style="list-style-type: none"> <li>• <u>Encounter.reasonCode</u> and <u>Encounter.reasonReference</u>&gt;- Feedback from vendors and implementers suggested that existing clinical data sharing addressed reason for visit as a chief complaint and/or an evaluated chief complaint (i.e., configured by a clinician). The US Core project team settled on reasonCode/reasonReference as it was the most commonly available clinical reference existing in the community. Other elements such as Encounter.diagnosis was considered more of a claim-related element and out of scope for the USCDI class.</li> </ul> </li> <li>• QI-Core: <ul style="list-style-type: none"> <li>• <u>Encounter.reasonCode/Encounter.reasonReference</u> as inherited from US Core</li> <li>• <u>Encounter.diagnosis</u> – Measure community input indicated that reasonCode/reasonReference was insufficient for their needs as the “reason for visit” was not necessarily the same as the condition determined after analysis that caused the patient to be seen in the encounter. The community discussed using the FHIR Claim resource for these needs but determined that Encounter.diagnosis was a better way to express the needed information. Therefore, QI-Core added MustSupport to the Encounter.diagnosis element and some extensions for more detail: <ul style="list-style-type: none"> <li>• <u>Encounter.diagnosis.presentOnAdmission</u> – Modeled after the FHIR Claim.diagnosis.onAdmission element, this extension allows indication of any given Encounter.diagnosis with respect to whether it was present at the time of admission to a hospital</li> <li>• <u>Encounter.diagnosis.condition</u> – The element allows binding to a value set indicating the condition(s) of interest to meet measure intent. The further specification of <i>use</i> and <i>rank</i> allow measures to indicate a <i>principal</i> diagnosis, i.e., an Encounter.diagnosis.condition with use = billing and rank = 1. <ul style="list-style-type: none"> <li>• <u>Encounter.diagnosis.use</u> – Allows specification of the role the diagnosis represents respective to the encounter (e.g., admission, billing, discharge). Measures using the Encounter.diagnosis.use element primarily seek to identify the <i>principal</i> diagnosis and thus reference the <i>billing</i> diagnosis role from the <u>billing diagnosis role</u> value set to which the diagnosis.use element is bound.</li> </ul> </li> <li>• <u>Encounter.diagnosis.rank</u> – Allows ranking of each diagnosis for each use value. It is similar to the Claim.diagnosis.sequence element allowing ordinality among</li> </ul> </li> </ul> </li> </ul> </li> </ul>

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3:01-3:15 pm	USCDI to US Core to QI Core (cont.)	ICF	<p>diagnoses of each use value. Measures using the Encounter.diagnosis.use element primarily combine it with the diagnosis.use = <i>billing</i> to indicate the <i>principal</i> diagnosis.</p> <ul style="list-style-type: none"> <li>USCDI Encounter Time <ul style="list-style-type: none"> <li>US Core <u>Encounter.period</u> – The start and end time of the encounter</li> <li>QI-Core <u>Encounter.period</u> – Inherited from US Core <ul style="list-style-type: none"> <li><u>Encounter.length</u> – Quantity of time the encounter lasted. Measure developers use the encounter.length to determine criteria for measure populations so the element was added as a MustSupport item in QI-Core.</li> </ul> </li> </ul> </li> <li>USCDI <u>Encounter Location</u> <ul style="list-style-type: none"> <li>US Core <u>Encounter.location.location</u> – Location the encounter takes place</li> <li>QI-Core <u>Encounter.location.location</u> – Inherited from US Core <ul style="list-style-type: none"> <li><u>Encounter.location.locationPeriod</u> – The time period during which the patient was at the location. QI-Core added this element as MustSupport to allow differentiation of <i>arrival</i> time (time the patient arrived at the location, usually referencing the Emergency Department) and <i>admission</i> time (start of the encounter). The distinction is important to some measure concepts regarding care provision within a specified time after <i>arrival</i>.</li> </ul> </li> </ul> </li> <li>USCDI <u>Encounter Disposition</u> <ul style="list-style-type: none"> <li>US Core <u>Encounter.hospitalization.dischargeDisposition</u> Category or kind of location after discharge</li> <li>QI-Core <u>Encounter.hospitalization.dischargeDisposition</u> – Inherited from US Core <ul style="list-style-type: none"> <li><u>Encounter.hospitalization.reAdmission</u> – QI-Core added this element as MustSupport to allow measures to specify exclusions for patients who have been readmitted without having to rely on additional logic expressions to identify such information.</li> <li><u>Encounter.hospitalization.admitSource</u> – QI-Core added this element as MustSupport to allow measures to define measure populations based on admission source; for example, to exclude hospitalizations for which admission source is another acute care facility and to include only hospitalizations for which the admission source is the patients home.</li> </ul> </li> </ul> </li> <li>ICF provided time for questions and comments about the transition examples provided.</li> </ul>
3:15-3:50 pm	QI Core MustSupport elements – Definition of MustSupport and Cardinality (Required)	ICF	<p>ICF provided definitions for required and MustSupport in US Core and QI Core. The context of subsequent slides address specific elements in QI-Core.</p> <ul style="list-style-type: none"> <li>Required element – <ul style="list-style-type: none"> <li>Has a cardinality of 1..1 or 1..*</li> <li>While the element does not need to be in the measure logic, if that profile is used in the measure, data must be supplied in the test case for the required element.</li> </ul> </li> <li>MustSupport element– <p>Implementations that produce or consume resources SHALL provide "support" for the element in some meaningful way.</p> </li> </ul>

Time	Item	Presenter	Discussion/Options/Decisions
3:15-3:50 pm	QI Core MustSupport elements – Definition of MustSupport and Cardinality (Required) (cont.)	ICF	<ul style="list-style-type: none"> <li>Measures should use ONLY MustSupport items to build measure logic because a vendor system configured to support QI-Core can be expected to be able to retrieve the respective content requested. Measure developers requesting information that is not identified as MustSupport may find implemented systems unable to understand and retrieve the necessary data elements or metadata.</li> </ul> <p>The goal in this meeting is to discuss QDM attributes that are mapped to unsupported QI Core elements. Note that QDM attributes were developed based on anticipated measure needs. Although expected to be included in program measures, some of the attributes have not been used to-date. Others may have value but were missed when creating the last version of QI-Core. This call will review two QI-Core profiles, ServiceRequest and Observation, since multiple QDM datatypes map to those two QI-Core profiles. Subsequently, User group members can review other profiles and we will review in subsequent QDI User Group calls if other profiles require modification of MustSupport or cardinality (required) status</p>
3:15-3:50 pm	QI Core MustSupport elements - ServiceRequest	ICF	<ul style="list-style-type: none"> <li>ServiceRequest profile – MustSupport elements (QI Core 4.1.1)</li> <li>Elements noted in QDM 5.6 mapping to QI Core 4.1.1 <ul style="list-style-type: none"> <li>ServiceRequest profile is used to represent the following QDM Datatypes: <ul style="list-style-type: none"> <li>Assessment, order</li> <li>Assessment, recommended</li> <li>Device, order</li> <li>Device, recommended</li> <li>Diagnostic study, order</li> <li>Diagnostic study, recommended</li> <li>Encounter, order</li> <li>Encounter, recommended</li> <li>Intervention, order</li> <li>Intervention, recommended</li> <li>Lab test, order</li> <li>Lab test, recommended</li> <li>Physical exam, order</li> <li>Physical exam, recommended</li> <li>Procedure, order</li> <li>Procedure, recommended</li> </ul> </li> <li>Elements <b>not labeled as MustSupport</b>: <ul style="list-style-type: none"> <li>ServiceRequest.requester</li> </ul> </li> </ul> </li> </ul>

Time	Item	Presenter	Discussion/Options/Decisions
3:15-3:50 pm	QI Core MustSupport elements – ServiceRequest (cont.)	ICF	<ul style="list-style-type: none"> <li>The requester is who or what is requesting service (e.g., the individual or organization asking for the service to be carried out).</li> <li>The requester attribute references the QDM entities (Patient, Care, Partner, Practitioner, Organization, or Location) and any or all of the attributes of the respective QDM entity.</li> <li>ServiceRequest.locationCode <ul style="list-style-type: none"> <li>Requested location; a location type where services are delivered</li> </ul> </li> </ul> <p>Discussion: ICF indicated that QDM version 5.6 added a <i>performer</i> attribute to all action related QDM datatypes to allow at least two different use cases. The first was attribution. Mitre performed some work to establish requirements for addressing the specific (individual) practitioners, or the organizational providers treating the patients who are subjects of the measures. QDM added entities to allow specification that any action <i>performer</i> could be further defined with respect to PractitionerRole, Organization, etc. Measure developer feedback indicated that the QDM modeling may be helpful but that the attribution issue should be defined by the measure program and not within the measure. Hence, no measure developers used these performer attributes in program measures for CMS. The second use case was to determine if an action was performed by a person or organization with adequate credentials to assure a level of quality. Kim Smuk (Air) provided an example – determining that a diabetic retinal examination for macular edema was performed by an eye care specialist (e.g., an ophthalmologist, or optometrist). The logic could indicate <i>performer</i> = Practitioner, and Practitioner has PractitionerRole.specialty = <i>eye care professional</i>. Feedback from the measure developer at the time and from members of the QDM User Group was that credential files are maintained separately from the EHR data such that the specialty of the performer is generally not available metadata to capture. Further, when submitting messages using US Core, the provenance of the message indicates the sender but without PractitionerRole data. Therefore, no measure developers used the <i>performer</i> attributes in QDM; hence, QI-Core elements corresponding to such QDM attributes have not been identified as MustSupport.</p> <p>Considerations: QDI User Group members are encouraged to review detailed QI-Core elements that might still need MustSupport applied based on need and availability in the implementation community. However, QDI User Group members were also encouraged to review existing MustSupport elements in Qi-Core that may be potential overreach such that the MustSupport status should be removed. ICF, noting that any element inherited from US Core maintains the US Core MustSupport and cardinality (required) status, also asked QDI User Group members to identify any such elements that may be limiting or adding burden to the measure reporting environment. ICF asked that anyone finding one of the suggested changes should enter a change request for QI-Core in the HL7 Jira environment. For those not familiar with that environment, send your issue to <a href="mailto:gdm@icf.com">gdm@icf.com</a> such that ICF can address the issue with the HL7Clinical Quality Information Workgroup. Timing is good now since QI-Core is returning to ballot in September to update to the US Core 6.0 which should be published next month.</p>

Time	Item	Presenter	Discussion/Options/Decisions
3:15-3:50 pm	QI Core MustSupport elements - Observation	ICF	<ul style="list-style-type: none"> <li>• Observation profile – MustSupport elements (QI Core 4.1.1)</li> <li>• Elements noted in QDM 5.6 mapping to QI Core 4.1.1 <ul style="list-style-type: none"> <li>○ Observation profile is used to represent the following QDM Datatypes: <ul style="list-style-type: none"> <li>• Assessment, performed</li> <li>• Patient care experience</li> <li>• Provider care experience</li> <li>• Diagnostic study, performed</li> <li>• Laboratory test, performed</li> <li>• Physical exam, performed</li> <li>• Symptom</li> </ul> </li> <li>○ Elements <b>not labeled as MustSupport</b>: <ul style="list-style-type: none"> <li>• Observation.basedOn <ul style="list-style-type: none"> <li>• An attribute that indicates one QDM element fulfills the expectations of another QDM data element – QDM uses the <i>relatedTo</i> attribute which maps directly to <i>basedOn</i> in FHIR-related profiles. For example, fulfills plan, proposal, or order</li> </ul> </li> <li>• Observation.performer <ul style="list-style-type: none"> <li>• The performer is the person or organization that is responsible for the action (e.g., the individual or organization carrying out the activity, who is responsible for the observation.</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Should we add these MustSupport to QI Core? <ul style="list-style-type: none"> <li>○ The discussion about <i>performer</i> is similar to the comments under Service Request. The <i>basedOn</i> QDM attribute has been used to indicate that a diagnostic study, lab test, physical exam is a result of another procedure or request. Measures have used the attribute in QDM. ICF asked measure developers to consider if these basedOn elements in the Observation profile in QI-Core should be changed to MustSupport. Vendor feedback suggested that measures should be as simple as possible.</li> </ul> </li> </ul> <p>Considerations: As with the comments under ServiceRequest, QDI User Group members are encouraged to review detailed QI-Core elements that might still need MustSupport applied based on need and availability in the implementation community and to consider potential overreach such that the MustSupport status should be removed. ICF asked that anyone finding one of the suggested changes should enter a change request for QI-Core in the HL7 Jira environment. For those not familiar with that environment, send your issue to <a href="mailto:gdm@icf.com">gdm@icf.com</a> such that ICF can address the issue with the HL7Clinical Quality Information Workgroup. Timing is good now since QI-Core is returning to ballot in September to update to the US Core 6.0 which should be published next month.</p>

Time	Item	Presenter	Discussion/Options/Decisions
3:50-3:52 pm	USCDI version 4 draft discussion	ICF	<p>ICF reviewed items discussed during the March QDI User Group call regarding USCDI draft v4 with the following areas of concerns:</p> <p><u>USCDI draft v4 - selected new (starred) items for discussion:</u></p> <ul style="list-style-type: none"> <li>a) <u>Medication adherence</u></li> <li>b) <u>Treatment Intervention Preference</u></li> <li>c) <u>Care Experience Preference</u></li> <li>d) <u>Physical Activity</u></li> <li>e) <u>Substance Use</u></li> <li>f) <u>Alcohol Use</u></li> </ul> <p>ICF noted that the Clinical Decision Support and the Clinical Quality Information Workgroups at HL7 submitted comments to the HL7 Policy Advisory Committee and that HL7 submitted formal comments on the final submission deadline to ONC, April 17. The detailed submission will be available from the Clinical Quality Information Workgroup Confluence page in the near future for those interested.</p>
3:52-3:53 pm	General Discussion and Questions	ICF	No questions from participants.
3:53-3:54 pm	Conclusion	ICF	<ul style="list-style-type: none"> <li>• Agenda items for updated QDI user group meeting <ul style="list-style-type: none"> <li>◦ Contact us at <a href="mailto:qdm@icf.com">qdm@icf.com</a></li> </ul> </li> <li>• Next user group meeting: <ul style="list-style-type: none"> <li>◦ May 17, 2023 at 3:00pm – 4:30pm ET</li> </ul> </li> </ul>

#### Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
X	Alannah Marsh	Mathematica
N/A	Alex Lui	Epic
N/A	Allison Lance	Oracle
N/A	Alyson Narveson	Nebraska Health Network
N/A	Amanda Grant	NCQA
N/A	Andrea Stewart	New Hampshire DHHS
N/A	Andy Kubilius	The Joint Commission

Attended	Name	Organization
N/A	Lakisha Johnson	Catholic Health
N/A	Latasha Archer	NCQA
N/A	Laura Kramer	NCQA
N/A	Laura Myers	The Orchards Michigan
N/A	Laura Pearlman	The Orchards Michigan
N/A	Laurie Wissell	Allscripts
N/A	L Dejesus	Informedika
X	Lisa Anderson	NCQA





Attended	Name	Organization
X	Angela Flanagan	Lantana
N/A	Angela Knox	AdvancedMD
N/A	Angie Washam	Community Health of East Tennessee
N/A	Ann-Marie Dunn	Cerner
X	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anna Little	HCA Healthcare
N/A	Anne Coultas	All Scripts
X	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Amrita Acharya	Point Click Care
N/A	Beatriz Espinoza	DHS LA County
N/A	Ben Hamlin	NCQA
N/A	Beth Bostrom	AMA
N/A	Bijal Desai	Northwestern Medicine
N/A	Brian Blaufeux	Northern Westchester Hospital
N/A	Bridget Blake	MITRE
N/A	Bryn Rhodes	ICF
N/A	Carolyn Anderson	Primary care practice
N/A	Cathy Duke	Greenway Health
N/A	Chana West	CDQ Solutions
N/A	Chris Moesel	MITRE
X	Cindy Hartmann	BCBSFL
N/A	Cindy Lamb	Telligen
N/A	Claudia Hall	Mathematica
N/A	Connie Tyre	BCHSI
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
N/A	David Conger	Southwest Network
X	David Czulada	Mitre
X	Debbie Gibson	Psych
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic

Attended	Name	Organization
N/A	Lissinia La	Redlands Hospital
N/A	Lizzie Charboneau	MITRE
N/A	Lucilia Pereira	Southcoast
N/A	Lillian Guffey	Ascension Health Alliance
X	Lolita Jones	iQueryData
X	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marcella Harker-Jones	CDC
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	Margaret Dittloff	Junum
N/A	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
N/A	Maritza Espada	Pan Menonita
N/A	Martha Radford	NYU
N/A	Matthew Dugal	Dynamic Health
N/A	Melissa Rains	Ascension
X	Melody Hall-Ramirez	DHCFP
N/A	Mia Nievera	The Joint Commission
N/A	Michael Jung	ClaraPrice
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	NCQA
N/A	Mike Nosal	MITRE
N/A	Michelle Benz	Edifecs
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
X	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	Nancy Rapada	Flagler Hospital
N/A	Nayaab Baig	NCQA
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Boland	Taos Hospital





Attended	Name	Organization
X	Dorothy Lee	NCQA
N/A	Esther Ndemo	American Academy of Neurology
N/A	Evelyn Cody	Mathematica
N/A	Fallon Howell	Western Wayne Family Health Centers
N/A	Fern McCree	NCQA
X	Floyd Eisenberg	ICF
N/A	Gary Parker	Alabama Medicaid
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ICF
N/A	Gerald Angel	HOAG
N/A	Grace Glennon	Yale CORE
N/A	Greta Kessler	Unknown
X	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
X	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
N/A	Janelle Capo	Flagler Health
N/A	Janna Sartin	Girard Medical Center
N/A	Jay Frails	Meditech
N/A	Jeffrey J Geppert	Battelle
X	Jen Seeman	ICF
N/A	Jenna Williams-Bader	NCQA
N/A	Jennifer Distefano	All Scripts
N/A	Jill Shuemaker	VCU Health
N/A	Jim McKinley	Alabama Medicaid
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
N/A	Joan Brown	Bowen Center
N/A	Joan Preston	Central Health
N/A	Joanna Elhaddi	HSAG
X	Joanna Ramsaier	ICF
N/A	Jodi Jensen	St. Peter's Health
N/A	Joanne Zhou	Hospital for Special Surgery
N/A	Joe Bormel	Cognitive Medicine

Attended	Name	Organization
N/A	Nicole Hunter	Semantic Bits
N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
N/A	Paulo Andre	MDinteractive
X	Peter Muir	ICF
N/A	Piper Ranallo	AAN
N/A	Prem Sahgal	PIH Health
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
N/A	Rachelle Zribi	Yale
N/A	Raj Mann	My Harmony Health
N/A	Rajvi Shah	Unknown
N/A	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	Renee Mann	EM Healthcare
N/A	Rhonda Schwartz	ICF
N/A	Regina Beach	ERP International
N/A	Rhonda Smith	Novant Health
N/A	Rhett Partin	Georgia Hospital Association
X	Rob McClure	MD Partners
N/A	Robin Kaiser	SoftDevInc
N/A	Rose Almonte	MITRE
N/A	Roxanne Williams	BV Health System
N/A	Ruth Dalgetty	Johns Hopkins Medicine
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA
N/A	Samuel Benton	NCQA
X	Sandi Mitchell	JPSYS
N/A	Sarah Sims	My Patient Insight
X	Sera Gearhart	Mathematica
N/A	Sethuraman Ramanan	Cognizant
N/A	Sharon Hibay	Advanced Health Outcomes
N/A	Sherri Repsher	Good Shepherd Rehabilitation



Attended	Name	Organization
N/A	Joel Roberts	Piedmont
N/A	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	John Cavey	Spark Soft Corp
N/A	Jorge Belmonte	PCPI
N/A	Jory Hatton	ClaraPrice
X	Joyce Parsons	Steward
X	Julia Dawson	The Joint Commission
N/A	Julie-Marie Lebbie	Common Spirit
X	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Justin Smith	MN South Country Health Alliance
N/A	Karen Levin	Pomona Valley Hospital Medical Center
N/A	Karen McLaughlin	MediSolv
X	Kailee Boedeker	Hematology
N/A	Kat Sobel	NCQA
X	Katie Magoulick	IMPAQ
N/A	Karen McLaughlin	Medisolv
N/A	Kathy Huska	WellSpan
N/A	Kelly Burlison	Heart
N/A	Kim Dillon	King's Daughters Health System
N/A	Kim Lussier	Holy Oke Health
X	Kimberly Smuk	Mathematica
N/A	KP Sethi	Lantana
X	Kris Done	Lantana

Attended	Name	Organization
X	Sheila Aguilar	TJC
N/A	Shellie T	Unknown
N/A	Stan Rankins	Telligen
N/A	Stephanie Jones	ASCO
N/A	Stephen Williams	Mon Health System
N/A	Susan Wisnieski	Meditech
N/A	Sweta Shah	NCQA
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Teresa D Barker	CHH Grove
N/A	Terra Stump	Mathematica
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
N/A	Traci Psihas	ICF
X	Tracy Magee	UCSD
N/A	Veronica Dunlap	HSAG
N/A	Veronica Kirchner	WellSpan
N/A	Vivian Steinmetz	St. Joseph's Wayne Hospital
N/A	Wendy Holmes	New Hanover Regional Medical Center
N/A	Wendy Wise	Lantana
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N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv

