

Quality Data Implementation (QDI) User Group Meeting | Minutes

Meeting date | 05/17/2023 3:00 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
3:00-3:03 pm	Agenda	ICF	<ol style="list-style-type: none"> 1. Announcements and survey 2. QI Core Must Support elements – what's the best approach? 3. Encounter.diagnosis versus Claim profile 4. General Discussion and Questions
3:03-3:01 pm	Announcements	ICF	<ul style="list-style-type: none"> • MAT and Bonnie User Group – May 18 • Cooking with Clinical Quality Language (CQL) Webinar – May 25 • Cypress Tech Talks – May 30 • QDI User Group – June 21 • Resource shared: https://ecqi.healthit.gov/calendar
3:01-3:04 pm	QI Core MustSupport elements	ICF	<p>What is the difference between required and must support in FHIR/ QI Core?</p> <ul style="list-style-type: none"> • <u>Required element</u> – <ul style="list-style-type: none"> • Has a cardinality of 1..1 or 1..* • While the element <i>does not need</i> 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. • <u>Must support element</u>– <ul style="list-style-type: none"> • Implementations that produce or consume resources SHALL provide "support" for the element in some meaningful way. • Measures should use ONLY must support items to build measure logic. • Our goal today is to discuss QDM attributes that are mapped to unsupported QI Core elements. <ul style="list-style-type: none"> • The discussions today will lead to further discussions and recommendations to the CQI work group to consider changing any elements to Must Support. <p>QI Core Profiles to review for MustSupport element gaps. (Checked items reviewed previously or those without conflict in QDM mappings)</p> <ul style="list-style-type: none"> ✓ ServiceRequest (reviewed during April meeting) <ul style="list-style-type: none"> ✓ Two elements listed as not MustSupport ✓ Observation (reviewed during April meeting) <ul style="list-style-type: none"> ✓ Two elements listed as not MustSupport <input type="checkbox"/> AdverseEvent <input type="checkbox"/> AllergyIntolerance <input type="checkbox"/> Goal

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3:04-3:09 pm	QI Core MustSupport elements (cont.)	ICF	<ul style="list-style-type: none"> <input type="checkbox"/> Communication <input type="checkbox"/> Condition <input type="checkbox"/> DeviceRequest <input type="checkbox"/> Encounter ✓ FamilyMemberHistory <ul style="list-style-type: none"> ✓ No missing MustSupport elements <input type="checkbox"/> Immunization <input type="checkbox"/> MedicationRequest <input type="checkbox"/> MedicationAdministration <input type="checkbox"/> MedicationDispense <input type="checkbox"/> NutritionOrder ✓ RelatedPerson <ul style="list-style-type: none"> ✓ No missing MustSupport elements <input type="checkbox"/> Procedure <p>What's the best approach to elements not listed as MustSupport that may be used in eCQM logic?</p> <ul style="list-style-type: none"> • <u>PROS to adding more MustSupport:</u> <ul style="list-style-type: none"> ○ MustSupport elements can reliably be used in quality and decision support artifact development assuming that measure implementers have reviewed QI-Core and they can address all MustSupport elements if the data exist <ul style="list-style-type: none"> ▪ Caveat: there is no conformance testing to assure measure implementers can support all items identified with Must Support tags • <u>CONS to adding more MustSupport</u> <ul style="list-style-type: none"> ○ MustSupport suggests to measure developers that the information requested should be available in existing implementations <ul style="list-style-type: none"> ▪ Avoiding MustSupport indicates to measure developers that using such elements in measures may be investigational ○ Adding additional elements as MustSupport requires implementers to support sending and receiving elements not required by regulation and may cause additional burden for clinicians and vendors
3:09-3:22 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - AdverseEvent profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - AdverseEvent profile - Note (informational), Non-medication allergy/intolerance is included in the draft USCDI version 4</p> <ul style="list-style-type: none"> • QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> ○ relevant dateTime - <u>AdverseEvent.date</u> ○ facilityLocations - <u>AdverseEvent.location</u> ○ author dateTime - <u>AdverseEvent.recordedDate</u> ○ recorder - <u>AdverseEvent.recorder</u> <p><u>Question:</u> Do we need to add any of these to MustSupport?</p>

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3:09-3:22 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - AdverseEvent profile (cont.)	ICF	<p>Discussion: All these elements may represent important information about an Adverse Event. However, some may be challenging to retrieve. First, many ambulatory and especially inpatient organizations capture information about true adverse events in a separate risk management system because there may be medicolegal risk. Where data are captured in a clinical system may be in free-text, unstructured notes. A Problem List will likely have evidence of a condition or finding resulting from an AdverseEvent but it may not clearly identify it as an AdverseEvent. Some systems may list medication reactions in the Allergy list which captures true allergies and intolerances. Measure developers should consider whether AdverseEvent is the right choice to retrieve clinical information about such events as compared with using Allergy/Intolerance, Diagnosis/Condition, or observation (“Assessment, Performed” in QDM datatype reference). If AdverseEvent is used, the AdverseEvent.recordedDate seems relevant but the actual date the event occurred (AdverseEvent.date) will be more elusive. Similarly, the AdverseEvent.location may also be elusive; even if documented in a free-text progress note the information is very unlikely to be structured. Further, AdverseEvent.recorder may be available directly from the clinical software, but it will reference an individual and not the individual’s role with respect to caring for the patient.</p> <p>Recommendation: AdverseEvent.recordedDate seems reasonable but not necessarily the other items listed.</p>
3:22-3:26 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - AllergyIntolerance profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - AllergyIntolerance profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> prevalencePeriod – <u>AllergyIntolerance.onset[x]</u> recorder – <u>AllergyIntolerance.asserter</u> <p><u>Question:</u> are we looking for an active allergy now or does the onset matter for measures or CDS?</p> <p>Discussion: Current measures use AllergyIntolerance.onset. However, similar to problems/conditions, clinical systems may default to <i>notedDate</i> which further defaults to the date entered and remains so unless the recording clinician changes that date to something else. And, it is up to individual practitioner judgment if the notedDate is when the clinician noted the AllergyIntolerance or when then patient indicated it began (which may be referenced as an age, a year, or something other than a date). The asserter may be significant to the clinical records (e.g., patient, clinician, relatedPerson) but will not generally be relevant to a quality measure intent.</p> <p>Recommendation: add MustSupport for AllergyIntolerance.onset (although more likely to retrieve the beginning of a <i>prevalencePeriod</i> only, and not asserter (recorder)).</p>
3:26-3:30 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - Goal profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - Goal profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> performer – <u>Goal.expressedBy</u> relevantPeriod – <u>Goal.start[x]</u>

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3:26-3:30 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - Goal profile (cont.)	ICF	<p><u>Question</u>: are either one of these useful for measures or for CDS?</p> <p>Discussion: Some timing for goal is important (when was it entered, when did it start). However, there has been a lot of discussion about what timing a clinical system should support with respect to goal in HL7 design discussions regarding USCDI draft version 4 – when entered, target date (when it is expected to be achieved), or something else. It will be important to align Must Support requirements with the direction identified in the US Core 7.0 design discussions such that QI-Core is consistent with what is routinely captured and shared through interoperability, thus limiting potential implementer burden. The Goal.expressedBy has clinical significance, i.e., was the goal established by the patient, a relatedPerson, a clinician, etc. However, based on US Core design discussions at the May 2023 HL7 Working Group Meeting, existing systems have very limited goal data, and even less metadata about goals.</p> <p>Recommendation: Consider adding Goal.start[x] but align with the design direction of the US Core project team; do <i>not</i> add Must Support for Goal.expressedBy.</p>
3:30-3:32 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - Communication profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - Communication profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> relatedTo – <u>Communication.basedOn</u> <p><u>Question</u>: Is basedOn attribute necessary?</p> <p>Discussion: Technically, the Communication.reasonCode (addressing the indication for the message – <u>ClinicalFindings</u> value set, not MustSupport) or Communication.topic (description of the purpose/content – <u>Communication.topic</u> value set currently MustSupport) seem more relevant.</p> <p>Recommendation: Do not add Must Support for Communication.basedOn and retain current modeling.</p>
3:32-3:33 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - Condition profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - Condition profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> recorder – Condition.recorder <p><u>Question</u>: Do you need the recorder of the condition?</p> <p>Discussion: While QDM added performers for all QDM datatypes in version 5.5 and 5.6 to allow attribution efforts, none has yet been used and current measure developers have not determined a need for them – specifically in this case, Condition.recorder.</p> <p>Recommendation: Do not add Must Support for Condition.recorder</p>

Time	Item	Presenter	Discussion/Options/Decisions
3:33-3:36 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - DeviceRequest profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - DeviceRequest profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> reason – DeviceRequest.reasonCode <p><u>Question</u>: Should rationale be present in the request? Should there be MustSupport for the reason?</p> <p><u>Discussion</u>: To set context, DeviceRequest usage is only for orders/requests for personal use devices. ServiceRequest is appropriate for ordering/requests all other devices (clinical use or implantable). Therefore, this discussion is applicable <u>only for personal use device requests</u>. The only existing use is to evaluate orders/requests for frailty devices. While the reasonCode may intuitively make sense, such orders in the real world rarely include a reason and no measure has considered using such information necessarily to meet measure intent.</p> <p>Recommendation: Do not add MustSupport for DeviceRequest.reasonCode.</p>
3:36-3:37 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – Encounter profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – Encounter profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> relatedTo – Encounter.basedOn <p><u>Question</u>: If you wanted to say the encounter is a result of a referral, it's based on a service request for an encounter and that would be able to identify this encounter was based on a referral. Is that something that would be done in a measure or CDS or something available when looking at an encounter?</p> <p><u>Discussion</u>: To evaluate referral management, Encounter.basedOn (ServiceRequest) indicating the referral that initiated the encounter. In the real world the request may have come through a scheduling system and therefore, the request may not be available to reference in the Encounter metadata.</p> <p>Recommendation: There was no strong support either way but the issue of managing referrals requires further investigation.</p>
3:37-3:40 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – Immunization profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – Immunization profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> dosage – Immunization.doseQuantity route – <u>Immunization.route</u> reason – <u>Immunization.reasonCode</u> performer – <u>Immunization.performer.actor</u> <p><u>Question</u>: Does a measure or CDS artifact need this level of data?</p>

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3:37-3:40 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – Immunization profile (cont.)	ICF	<p>Discussion: The detailed metadata about immunization administration that lead to Immunization Information System (IIS, immunization registry) reporting. The only use of immunizations in existing measures identify those immunization already administered and the specific metadata are unnecessary for that use case.</p> <p>Recommendation: There is no need to add MustSupport on any of these additional elements with QI Core.</p>
3:40-3:48 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationRequest profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationRequest profile - Note (informational), Medication Instructions is included in the draft USCDI version 4</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> active dateTime – <u>MedicationRequest.dosageInstruction.timing with Timing.repeat.bounds[x] Period</u> route – <u>MedicationRequest.dosageInstruction.route</u> reason – <u>MedicationRequest.reasonCode</u> <p><u>Question:</u> Are these necessary?</p> <p>Discussion: There is some confusion about whether MedicationRequest.Instruction.timing MustSupport includes requirement to support timing.repeat.bounds[x]. Route and reasonCode did not have significant support but require additional discussion. The timing element is essential for cumulative medication duration (CMD) calculation.</p> <p>Recommendation: Suggestion is to assure that 'MedicationRequest.dosageInstruction.timing with Timing.repeat.bounds[x] Period' is MustSupport due to CMD. The other two elements need further review but there is currently no clear requirement identified.</p>
3:48-3:49 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationAdministration profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationAdministration profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> performer – MedicationAdministration.performer <p><u>Question:</u> While QDM added performers for all QDM datatypes in version 5.5 and 5.6 to allow attribution efforts, none has yet been used and current measure developers have not determined a need for them – specifically in this case, MedicationAdministration.performer.</p> <p>Recommendation: Do not add Must Support for MedicationAdministration.performer</p>

Time	Item	Presenter	Discussion/Options/Decisions
3:50-3:59 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationDispense profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – MedicationDispense profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> refills – MedicationDispense.authorizingPrescription setting – MedicationDispense.category <p><u>Question:</u> Do we need these?</p> <p>Discussion: MedicationDispense.authorizingPrescription allows a pharmacist to reference details about the prescription that authorizes the dispensing event to identify specific details. Cumulative medication duration (CMD) uses each dispensing event as a unique event in calculating cumulative use; therefore, the authorizingPrescription may not be necessary to apply MustSupport unless some other rationale can be identified.</p> <p>The <i>category</i> element is primarily used to identify whether a MedicationRequest intent is to provide medications for administration in the hospital setting compared with MedicationRequests (orders) entered during the hospitalization but intended for dispensing and administration in the ambulatory/community setting. Hence, the element is essential for the hospital MedicationRequest use case, but it does not have specific use examples for MedicationDispense.</p> <p>Recommendation: Do not add MustSupport for MedicationDispense.authorizingPrescription or for MedicationDispense.category.</p>
3:59-4:10 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 - NutritionOrder profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 - NutritionOrder profile</p> <ul style="list-style-type: none"> Review of the snapshot table shows only two MustSupport elements on the profile (http://hl7.org/fhir/us/qicore/StructureDefinition-qicore-nutritionorder.html) Note (informational): NutritionOrder has never been used in measures. It was a proxy addition for <u>NutritionIntake</u>, a FHIR R5 resource. Propose modeling an extension profile for NutritionIntake based on the FHIR R5 resource and remove Nutrition Order <p>Discussion: The main reason for NutritionOrder was as a proxy for NutritionIntake.</p> <p>Recommendation: Remove nutrition order from QI Core and create an extension profile based on the FHIR R5 NutritionIntake resource for experimental use.</p>

Time	Item	Presenter	Discussion/Options/Decisions
4:10-4:11 pm	Elements in QDM 5.6 mapping to QI Core 4.1.1 – Procedure profile	ICF	<p>Elements in QDM 5.6 mapping to QI Core 4.1.1 – Procedure profile</p> <ul style="list-style-type: none"> QDM Attribute – QI-Core R4: <ul style="list-style-type: none"> relatedTo – Procedure.basedOn <p><u>Question:</u> Is this needed?</p> <p>Discussion: Current measures have not used Procedure.basedOn. The intent of the element in FHIR is to specify the ServiceRequest or the CarePlan that caused the procedure to occur. Since there is no measure use case currently, there is no reason to add MustSupport.</p> <p>Recommendation: Do not add MustSupport for Procedure.basedOn</p>
4:11-4:26 pm	Encounter.diagnosis versus Claim profile	ICF	<p>How to handle Encounter Diagnoses:</p> <ul style="list-style-type: none"> <u>USCDI - Encounter Diagnosis (v2)</u> <u>Encounter - US Core</u> <u>Encounter - QI-Core</u> <u>Claim - QI-Core</u> <p>Discussion: ICF showed the differential for QI-Core and US Core. Both require Encounter.reasonCode and Encounter.reasonReference, and Encounter.reasonReference can reference ConditionEncounterDiagnosis or ConditionProblemHealthConcern to identify diagnoses addressed during the encounter.</p> <p>Only QI-Core includes MustSupport for Encounter.diagnosis and that decision was driven by a need to define a <i>principal</i> diagnosis (defined as the condition that, after study, was determined to be the cause of the patient's admission to the hospital), and to determine presentOnAdmission status for all diagnoses. QI-Core guidance requires that <i>principal</i> diagnosis meets both criteria: (1) Encounter.diagnosis.use = billing diagnosis, and (2) an Encounter.diagnosis.rank = 1. Hence, <i>principal</i> diagnosis is essentially a determination by medical records professionals retrospectively and it is referenced using Claim.diagnosis and Claim.sequence = 1. Hence, <i>principal</i> diagnosis is essentially a claim item and measure developers should use the Claim resource to find it. Claim is also the profile to identify the final medical record professional analysis of medical record documentation that supports presentOnAdmission coding for each diagnosis. Hence, search for presentOnAdmission status should come from Claim.diagnosis.onAdmission.</p> <p>The discussion led to questions about whether QI-Core should continue to include MustSupport for Encounter.diagnosis especially since Encounter.reasonReference allows listing of all conditions managed during the encounter. The only element missing using Encounter.code and Encounter.reasonReference is which is the most significant diagnosis in the list; however, the relevance of that ordinal determination is not clear.</p>

Time	Item	Presenter	Discussion/Options/Decisions
4:11-4:26 pm	Encounter.diagnosis versus Claim profile (cont.)	ICF	Recommendation: Consider retaining Encounter.diagnosis MustSupport, but remove MustSupport for the extension Encounter.diagnosis.presentOnAdmission (also remove the extension) and consider removing MustSupport for Encounter.diagnosis.use and Encounter.diagnosis.rank.
4:26-4:27 pm	General Discussion and Questions	ICF	<p>No questions or walk-on topics from participants.</p> <p>ICF indicated further discussion about QI-Core modeling for the September ballot will occur in HL7 Clinical Quality Information (CQI) Workgroup calls (Wednesdays 10-11 AM ET, and Fridays 1-3 PM ET).</p> <p>ICF also noted participants may be interested in joining the HL7 Cross-Group Projects calls (Thursdays 1-2 PM ET) during which the US Core project team is currently working on design options for the US Core January version 7.0 ballot that will address the USCDI version 4 elements.</p>
4:27-4:30 pm	Conclusion	ICF	<ul style="list-style-type: none"> Agenda items for updated QDI user group meeting <ul style="list-style-type: none"> Contact us at gdm@icf.com Next user group meeting: <ul style="list-style-type: none"> June 21, 2023, at 3:00pm – 4:30pm ET

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	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
X	Angela Flanagan	Lantana
N/A	Angela Knox	AdvancedMD
N/A	Angie Washam	Community Health of East Tennessee
N/A	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anna Little	HCA Healthcare

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
N/A	Lisa Anderson	NCQA
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
N/A	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ



Attended	Name	Organization
N/A	Anne Coultas	All Scripts
N/A	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
N/A	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
N/A	Debbie Gibson	Psych
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
N/A	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

Attended	Name	Organization
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
N/A	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
N/A	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
X	Misty Carruth	Holy Cross Hospital-Taos
N/A	Nancy Rapada	Flagler Hospital
N/A	Nayaab Baig	NCQA
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Boland	Taos Hospital
N/A	Nicole Hunter	Semantic Bits
N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
X	Paul Lee	DHCS
N/A	Peter Muir	ICF
N/A	Piper Ranallo	AAN
N/A	Prem Sahgal	PIH Health



Attended	Name	Organization
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
N/A	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
N/A	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
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
N/A	Joyce Parsons	Steward

Attended	Name	Organization
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
X	Raquel Belarmino	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebecca 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
N/A	Sandi Mitchell	JPSYS
N/A	Sarah Sims	My Patient Insight
N/A	Sera Gearhart	Mathematica
N/A	Sethuraman Ramanan	Cognizant
X	Sharon Hibay	Advanced Health Outcomes
N/A	Sherri Repsher	Good Shepherd Rehabilitation
N/A	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



Attended	Name	Organization
N/A	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
N/A	Kailee Boedeker	Hematology
N/A	Kat Sobel	NCQA
N/A	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
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	Valery Andino	Altera Health
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
X	Yan Heras	ICF
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv