QUALITY DATA IMPLEMENTATION (QDI) USER GROUP MEETING | MINUTES

Meeting date | *08/14/2024 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	• Announcements and survey link
			• Sex value set – potential updates
			• Challenging concepts discussions:
			   o Sex Parameter for Clinical Use (SPCU)
			   o Encounter Diagnoses
			• General Discussion and Questions

3:03 – 3:04 pm	Announcements	ICF	• MADiE User Group – TOMORROW - August 15 at 2pm ET
			• Cooking with Clinical Quality Language (CQL) Webinar
			   o No August session (Happy summer!)
			   o September 19th at 4pm ET (note schedule change!)
			• Cypress Tech Talks – August 20 at 1pm ET
			• QDI User Group – September 18th at 3pm ET
			• Calendar invites for all items and more can be found at:: https://ecqi.healthit.gov/calendar

3:04 – 3:31 pm	Sex-related data elements in eCQMs	Mathematica	Sera Gearhart (Mathematica), requested feedback from vendors and implementers regarding which values to include in measure expressions and supplemental data elements for the data element, sex. She presented several options for consideration:
			
			Sex Values in eCQMs – Option A to allow transition from existing values referenced in US Core 3.1.1 for birthsex (male, female) to USCDI version 3 (Value set "Sex") - referenced in US Core versions 6.1.0 and 7.0
			• 2025 Reporting/Performance
			   o Male
			   o Female
			• 2026 Reporting/Performance
			   o Patient sex unknown (finding)*
			   o Female (finding)*
			   o Male (finding)*
			   o Identifies as nonbinary gender (finding)*
			   o Asked but declined*
			   o Male
			   o Female

Time	Item	Presenter	Discussion/Options/Decisions
3:04 – 3:31 pm	Sex-related data elements in eCQMs (cont.)	Mathematica	• 2027 Reporting/Performance o Patient sex unknown (finding)* o Female (finding)* o Male (finding)* o Identifies as nonbinary gender (finding)* o Asked but declined* *Aligns with USCDIv3 Sex Values in eCQMs – Option B transitioning completely from 2025 reporting to USCDI version 3 (Value set "Sex") • 2025 Reporting/Performance o Male o Female • 2026 Reporting/Performance o Patient sex unknown (finding)* o Female (finding)* o Male (finding)* o Identifies as nonbinary gender (finding)* o Asked but declined* • 2027 Reporting/Performance o Patient sex unknown (finding)* o Female (finding)* o Male (finding)* o Identifies as nonbinary gender (finding)* o Asked but declined* *Aligns with USCDIv3 Discussion: • Do vendors and implementers prefer option A which allows a transitional year for reporting both previous and new values, or option B which fully updates sex values in 2026 reporting/performance to align with USCDIv3? • Responses: o The transitional year seems best, clients might take a while to go ahead and update to a new version- might have people reporting on both for a while, so the transitional year seems beneficial.

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3:04 – 3:31 pm	Sex-related data elements in eCQMs (cont.)	Mathematica	○ One attendee ask about another term, "intersex": some people are labeled male or female at birth, but are born with physical differences in sex anatomy, reproductive organs, chromosomes, and/or hormone function that do not fit typical expectations. These differences are known as variations in sex characteristics, differences in sex development, intersex traits, or sometimes by specific medical terms (like Congenital Adrenal Hyperplasia or Androgen Insensitivity Syndrome). Further description: https://interactadvocates.org/intersex-data-collection/ ▪ Question to community: Is there a plan to adopt include the term "intersex," and what might happen with that value if it already exists in the local system to support claim submission? If unsure- can deal with this issue later, but it will come up in the future. ▪ Response: The vendors on the call are not aware of customer that use the term "intersex" and that term is not a model system content option. • Sera further asked if the community has concerns with removing the code "identifies as nonbinary gender (finding)" from the updated sex value set, as this code captures gender identity rather than sex? • Responses: ○ From clinical standpoint: okay to remove it because it is captured and belongs in a different place since it is gender identity and not biological sex (NextGen). ○ No concerns with going ahead and removing that code, which is not true to sex.
3:31 – 4:01 pm	Topic 1: Sex Parameter for Clinical Use (SPCU)	ICF	ICF presented general information about another data element reference in USCDI version 5 and represented by the HL7 Sex Parameter for Clinical Use Extension • Sex Parameter for Clinical Use (SPCU) provides guidance on how a recipient should apply settings or reference ranges that are derived from observable information such as: ○ an organ inventory ○ recent hormone lab tests ○ genetic testing ○ menstrual status ○ obstetric history • Intended use in clinical decision making; indicating that treatment or diagnostic tests should consider best practices associated with the relevant reference population. • When exchanging these concepts, refer to the guidance in the Gender Harmony Implementation Guide The HTI-1 Rule requires data capture for Sex Parameter for Clinical Use (SPCU) "to facilitate providers' ability to provide culturally competent care for their patients." However, the HTI-1 Rule does not address interoperability with respect to this data element. • USCDI v5 does include SPCU as an observation interoperability • HL7 US Core 8.0 will address USCDI v5 (expected ballot January 2025, ballot design now in progress)

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3:31 – 4:01 pm	Topic 1: Sex Parameter for Clinical Use (SPCU) (cont.)	ICF	• Some EHRs reportedly already include data capture of SPCU – practitioner-entered, or established by algorithm
			
			HTI-1 Rule: Section VIIII. Patient demographics and observations certifications criterion in §170.315(A)(5) - page 1198
			
			SPCU is addressed in the HL7 Gender Harmony publication – Sex and Gender Representation, Edition 1 Core list of specific gender and sex use-data elements:
			• Gender Identity (GI)
			• Sex Parameter for Clinical Use (SPCU)
			• Recorded Sex and Gender (RSG)
			• Pronouns
			• Name to Use
			
			Reference: HL7 Cross Paradigm Implementation Guide: Gender Harmony - Sex and Gender Representation, Edition 1
			
			ICF reviewed the existing value sets regarding sex and gender identity in US Core 6.1.0, which addresses USCDI version 3 (noting that SPCU is not addressed in US Core 6.1.0 or in US Core 7.0):
			
			• HL7 US Core 6.1.0 Patient Profile – related value sets:
			   ○ US Core Birth Sex Extension - binding birthsex
			      ▪ F – Female – http://terminology.hl7.org/CodeSystem/v3-AdministrativeGender
			      ▪ M – Male – http://terminology.hl7.org/CodeSystem/v3-AdministrativeGender
			      ▪ ASKU – Asked but unknown – http://terminology.hl7.org/CodeSystem/v3-AdministrativeGender
			      ▪ UNK – Unknown – http://terminology.hl7.org/CodeSystem/v3-AdministrativeGender
			   ○ Sex (extension) - supports USCDI v3 - binding Sex
			      ▪ 118411507– Patient sex unknown (finding) – SNOMED-CT 2024-03
			      ▪ 248152002 – Female (finding) – SNOMED-CT 2024-03
			      ▪ 248153007 – Male (finding) – SNOMED-CT 2024-03
			      ▪ 33791000087105 – Identifies as nonbinary gender (finding) – SNOMED-CT 2024-03
			      ▪ Asked-declined – Asked but declined – DataAbsentReason 0.1.0
			   ○ Gender Identity
			      ▪ 33791000087105 – Identifies as nonbinary gender (finding) – SNOMED-CT 2024-03
			      ▪ 407376001 – Male-to-female transexual (finding) – SNOMED-CT 2024-03
			      ▪ 407377005 – Female-to-male transexual (finding) – SNOMED-CT 2024-03

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3:31 – 4:01 pm	Topic 1: Sex Parameter for Clinical Use (SPCU) (cont.)	ICF	446131000124102 – Identifies as non-conforming gender (finding) – SNOMED-CT 2024-03 446141000124107 – Identifies as female gender (finding) – SNOMED-CT 2024-03 446151000124109 – Identifies as male gender (finding) – SNOMED-CT 2024-03 - OTH – Other – Null Flavor 2023-02 - UNK – Unknown – Null Flavor 2023-02 - asked-declined – Asked But Declined – DataAbsentReason 0.1.0 The current HL7 Sex Parameter for Clinical Use (value set) includes the following codes: - female-typical* – Apply female-typical setting or reference range - Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with female reference populations. - male-typical* – Apply male-typical setting or reference range - Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with male reference populations. - specified* – Apply specified setting or reference range - Available data indicates that diagnostics, analytics, and treatment best practices may be undefined or not aligned with sex-derived reference populations. Additional information may be available in the form of comments and/or observations. The terms "Other" or "Complex" may be considered synonyms of "Specified". - unknown** – Unknown - The value is expected to exist but is not known. * http://terminology.hl7.org/CodeSystem/sex-parameter-for-clinical-use ** http://terminology.hl7.org/CodeSystem/data-absent-reason Discussion regarding SPCU: - How might EHRs handle SPCU capture and storage? - Capture: - User-entered or behind-the-scenes algorithms - Algorithm that is going to use existing data or new data that gets entered over time. - Legacy data for existing patients that's going to have to be used and we're going to end up having some kind of logical algorithm that will come up with an answer, which is going to end up being an approximate answer, but it's the best guess that we have.

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3:31 – 4:01 pm	Topic 1: Sex Parameter for Clinical Use (SPCU) (cont.)	ICF	- o Storage: ▪ Patient demographics or observations ▪ Clinical orders (e.g., for imaging, procedures, lab test) • May be contingent on the use case as you're writing your orders. Preference for manual entry at the time of clinical order, not ready for an algorithm-based approach. • Manual entry might be necessary, especially for detailed clinical orders, but might not always be feasible for provider staff to handle this level of detail. ▪ Clinical results (e.g., for imaging and lab test results) ▪ Other? - o Would this be stored or calculated? ▪ Most likely calculated based on algorithm on the fly. An algorithm might be used to calculate necessary data on the fly, using existing or newly entered data over time. • What are benefits and challenges of each option? • How should measure developers consider measure expressions related to SPCU? - o Express all possible characteristics for inclusion in measure population (e.g., condition, observation, or procedure) - o Until US Core v8, SPCU as a SimpleObservation with indication of expected values Responses: • Vendors present indicate that their systems do not yet include capture of SPCU as a data element. The consensus indicates that Patient Demographics seems inappropriate for this element as it is not necessarily immutable. The concept depends on an organ inventory, knowledge of hormonal and medication status; further, the value may be different when considering an imaging study as compared with interpreting a laboratory value. Therefore, each vendor may consider capturing the data in its own way, some by clinician entry, others by an algorithm possibly determined dynamically or on a regular basis to assure the value is current. Since none on the call capture this information now, it seems appropriate for measure developers to use expressions to address the organ inventory (e.g., absence of specific organs based on previous procedures performed), laboratory test results, and medications taken. • One attendee asked if SPCU (Sex Parameter Contextual Unit) would be listed as supplemental data element in the future, or if it would only be used for measure-related data elements. - o Response – use as a supplemental data element would have limited or no values as the concept is contextually bound and intended to be a point-in-time value. • Another attendee noted that HTI-1 expects patients to be able to see and modify this data which can be problematic. The group consensus concurred with that assessment, noting this concept is not the same as gender identity which is more amenable to patient modification.

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4:01 – 4:25 pm	Topic 2: Encounter diagnosis modeling	ICF	ICF requested input from the community about modifications for identifying encounter diagnoses in measures as part of the transition to FHIR.
			
			• To meet <u>USCDI version 3.0</u> requirements for <u>encounter diagnosis</u>, US Core version 3.1.1 forward encourages use of
			    ○ <u>Encounter.reasonCode</u> (for a single concept) or
			    ○ <u>Encounter.reasonReference</u> (fully expressed condition)
			        ▪ <u>US Core Conditions Problems and Health Concerns</u>
			        ▪ <u>US Core Condition Encounter Diagnosis</u>
			• US Core does not directly support Encounter.diagnosis to meet the USCDI version 3 requirement.
			    ○ However, QI-Core versions through 5.0 used Encounter.diagnosis to express encounter-related conditions (diagnoses). The reason was based on previous Quality Data Model based measures that included concepts such as present on admission and principal diagnosis as attributes of encounter diagnoses. This modeling changes in QI-Core 6.0.
			• QI-Core 6.0, to align with US Core 6.1.0 changed to reference encounter-related conditions as:
			    ○ Encounter.reasonCode
			    ○ Encounter.reasonReference
			        ▪ Condition Encounter Diagnosis
			        ▪ Condition Problem Health Concern
			    ○ QI-Core 6.0 uses the Claim resource for claim-based information:
			        ▪ principal diagnosis
			        ▪ present-on-admission
			        ▪ Note that US Core 6.1.0 does not profile Claim
			• <u>For historical context, the modeling in QI-Core 4.1.1 used for early test FHIR-based measures and the modeling in QI-Core 6.0 planned for use in future FHIR-based measure publications:</u>
			    ○ <u>QI-Core 4.1.1</u>
			        ▪ Encounter.diagnosis = value set
			        ▪ diagnosisPresentOnAdmission = code
			        ▪ Principal diagnosis
			            • Use = billing diagnosis
			            • Rank = 1
			    ○ QI-Core 6.0
			        ▪ Encounter diagnosis concept
			            • Encounter.reasonCode = Direct reference code
			            • Encounter.reasonReference =
			                ○ ConditionProblemHealthConcern
			                ○ ConditionEncounterDiagnosis

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4:01 – 4:25 pm	Topic 2: Encounter diagnosis modeling (cont.)	ICF	- Principal diagnosis - Claim.diagnosis.diagnosis[x] - Claim.diagnosis.sequence=1 - Present on admission - Claim.onAdmission = code ICF noted that the change to Encounter.reasonCode and Encounter.reasonReference requires some new conventions: - Principal diagnosis and present-on-admission exclusively use the QI-Core Claim profile - Prevalence period (i.e., onset to abatement time for a condition) or merely onset time, requires: - Encounter.reasonReference - Only referenced profiles provide ability to indicate onset and/or abatement times - Condition Problems and Health Concerns - Condition Encounter Diagnosis - To determine a condition existed during the encounter could use either: - Encounter.reasonCode - Encounter.reasonReference - Claim.diagnosis - Consider how to address onset time / prevalence period if the only retrievable data exists as Encounter.reasonCode or Claim - Consider data availability issues (i.e. Claim data) to identify principal diagnosis or present-on-admission indicators Discussion: What exists in the chart will be mapped to whatever is requested- use claim data to help identify principal diagnoses. "Primary diagnosis" and "principal diagnosis," are often used interchangeably but can have different implications depending on the context. Principal diagnosis is typically what caused the admission. Further feedback indicates that condition onset and abatement times are often not captured; the vendor systems indicate the onset time as the time entered unless the clinician entering the data changes the date. For ambulatory or hospital settings the onset date, therefore, is the start of the encounter. Unless the measure requests conditions present across multiple encounters and determines start date as the earliest encounter that indicates that condition, the onset data retrieved is most often the start of the encounter(s) referenced in the measure logic. This issue is not new to measure expression.

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4:25 – 4:26 pm	Conclusion	ICF	• Submit agenda items for QDI user group meeting to qdm@icf.com • Next user group meeting is September 18, 2024: o Proposed topic – FHIR human readable output discussion Contact ICF: • Floyd Eisenberg, MD, MPH – QDM Subject Matter Expert: Feisenberg@iparsimony.com • Juliet Rubini, MSN: Juliet.rubini@icf.com

Attendees:

Name	Organization
Alannah Marsh	Mathematica
Angela Flanagan	Lantana
Aziz Boxswala	Meliorix
Chriss Millet	Lazy Labs
Cindy Van	AIR
Donna Pertel	Eat Right
Dorothy Lee	NCQA
Floyd Eisenberg	ICF
Grace	Unknown
Greta Kessler	Premier Inc.
Howard Bregman	Epic
Hugo Andrade	Mathematica
Jen Seeman	ICF
Jessica Cronin	Mathematica
Joanna Ramsaier	ICF
JohnMarc Alban	TJC
Juliet Rubini	ICF
Katie Magoulick	AIR
Kimberly Smuk	Mathematica
Kris Done	Lantana
LC	Unknown

Name	Organization
Melissa Breth	TJC
Michelle Ashafa	Eat Right
Miranda Schufman	Fairview
Nayaab Baig	NCQA
Paul Denning	MITRE
Peter Muir	ICF
Raquel Belarmino	TJC
Rob McClure	ICF
Roy Gill	NextGen
Sabitha Samuel	TJC
Sandi Mitchell	Jpsys
Sera Gearhart	Mathematica
Shardae Sims	Mathematica
Sheila Aguilar	TJC
Sheryl Geisler	Greenway Health
Sulayman Aziz	Unknown
Thoma Hudson	Parkview
Veronica Romines	Mathematica
Yan Heras	ICF
Yanyan Hu	TJC