

# QUALITY DATA IMPLEMENTATION (QDI) USER GROUP MEETING | MINUTES

Meeting date | 10/16/2024 3:00 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
3:00 – 3:01 pm	Agenda	ICF	<ul style="list-style-type: none"> <li>• Announcements and survey link</li> <li>• QI-Core future design considerations – replace ObservationCancelled, CommunicationNotDone profiles (<a href="https://jira.hl7.org/browse/FHIR-46666">https://jira.hl7.org/browse/FHIR-46666</a>)</li> <li>• General Discussion and Questions</li> </ul>
3:01 – 3:02 pm	Announcements and Upcoming Events	ICF	<ul style="list-style-type: none"> <li>• <u>October:</u> <ul style="list-style-type: none"> <li>○ MADiE User Group - October 17th (tomorrow!) at 2pm ET</li> <li>○ Cooking with CQL webinar – October 24th at 4pm ET</li> </ul> </li> <li>• <u>November:</u> <ul style="list-style-type: none"> <li>○ QDI User Group – November 20th at 3pm ET</li> <li>○ MADiE User Group – November 21st at 2pm ET</li> </ul> </li> <li>• <u>December:</u> <ul style="list-style-type: none"> <li>○ Cooking with CQL webinar – December 5th at 4pm ET</li> <li>○ QDI User Group – December 18th at 3pm ET</li> <li>○ MADiE User Group – December 19th at 2pm ET</li> </ul> </li> <li>• Calendar invites for all items and more can be found at: <a href="https://ecqi.healthit.gov/calendar">https://ecqi.healthit.gov/calendar</a></li> </ul>
3:02 – 3:05 pm	Announcement related to Annual Update	AIR	<p>2025 Annual Update for the 2026 Performance Period: Vendor and Implementer Review of Draft eQMs</p> <ul style="list-style-type: none"> <li>• CMS will release the eQMs for the 2026 Performance/Reporting Period in Spring 2025.</li> <li>• The Change Review Process, which typically occurred in the Fall, has been removed from the Annual Update process. Vendors and implementers will now have the ability to provide input on the full draft specifications earlier in the Annual Update process.</li> <li>• Vendors and interested parties will have the opportunity to review draft eQMs measure packages, including logic and header changes, that will be posted on the ONC Jira Project Tracking System <a href="#">eCQM Issue Tracker</a> from <b>Friday, December 6, 2024 to Friday, December 20, 2024</b>.</li> <li>• We encourage all interested parties to review the packages and test for any issues that can be resolved before the final measures are released in Spring 2025.</li> </ul>



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3:05 – 3:08 pm	Topic 1: QI-Core design considerations	ICF	<p>QI-Core Design – <i>Not Done</i> profiles</p> <ul style="list-style-type: none"> <li>• ICF presented the option of reducing the number of QI-Core profiles by removing those created to represent an action not taken for a valid reason (also called <i>negationRationale</i> in the Quality Data Model). The proposal suggested that all elements required for both positive action and purposeful nonaction for reason in the single profile with guidance and a pattern (example) showing how to express <i>done</i> and <i>not-done</i>. Example: <ul style="list-style-type: none"> <li>○ ServiceRequest containing all elements required for both instances: <ul style="list-style-type: none"> <li>▪ doNotPerform</li> <li>▪ status = completed</li> <li>▪ authoredOn</li> <li>▪ reasonCode</li> <li>▪ Guidance that negation for reason uses doNotPerform = true, reasonCode = NegationReasonCodes; positive instance uses doNotPerform = false (or null), reasonCode = reason to order/plan</li> </ul> </li> </ul> </li> <li>• Previous feedback suggested separate <i>Not Done</i> profile are preferred to merging <i>done</i> and <i>not-done</i> options into a single profile (Follow up to September 18 QDI User Group)</li> <li>• Further feedback at the HL7 Working Group Meeting September 2024. indicated some QI-Core <i>negation-for-reason</i> profiles did not represent natural occurrences in a clinical software system, specifically, <ul style="list-style-type: none"> <li>○ <u>ObservationCancelled</u></li> <li>○ <u>CommunicationNotDone</u></li> </ul> </li> <li>• For each of these cases, there is no observation or communication to which a practitioner can indicate “<i>I’m not doing this and here is why.</i>” Therefore, <u>TaskRejected</u> may be the appropriate profile to indicate <i>not done for reason</i>.</li> </ul> <p>Related QI-Core FHIR tracker: <a href="https://jira.hl7.org/browse/FHIR-46666">https://jira.hl7.org/browse/FHIR-46666</a></p>
3:08 – 3:28 pm	QI-Core Considerations – Observation Examples	ICF	<p><b>Examples of a change from ObservationCancelled to TaskRejected:</b></p> <p><b>Example 1: CMS143FHIR Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</b></p> <p>Using ObservationCancelled:</p> <pre>define "Medical Reason for Not Performing Cup to Disc Ratio":   ["ObservationNotDone": "Cup to Disc Ratio"] CupToDiscExamNotPerformed   with "Primary Open Angle Glaucoma Encounter" EncounterWithPOAG   such that CupToDiscExamNotPerformed.issued during   EncounterWithPOAG.period</pre>

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3:08 – 3:28 pm	QI-Core Considerations – Observation Examples (cont.)	ICF	<pre> where CupToDiscExamNotPerformed.notDoneReason in "Medical Reason"  define "Medical Reason for Not Performing Optic Disc Exam":   ["ObservationNotDone": "Optic Disc Exam for Structural Abnormalities"]   OpticDiscExamNotPerformed     with "Primary Open Angle Glaucoma Encounter" EncounterWithPOAG       such that OpticDiscExamNotPerformed.issued during         EncounterWithPOAG.period           where (OpticDiscExamNotPerformed.notDoneReason in "Medical             Reason"               )             and CupToDiscExamNotPerformed.status = 'cancelled'  Using TaskRejected:  define "Medical Reason for Not Performing Cup to Disc Ratio":   ["TaskRejected": "Cup to Disc Ratio"] CupToDiscExamNotPerformed     with "Primary Open Angle Glaucoma Encounter" EncounterWithPOAG       such that CupToDiscExamNotPerformed.issued during         EncounterWithPOAG.period           where (CupToDiscExamNotPerformed.notDoneReason in "Medical Reason"             )           and CupToDiscExamNotPerformed.status = 'rejected'  define "Medical Reason for Not Performing Optic Disc Exam":   ["TaskRejected": "Optic Disc Exam for Structural Abnormalities"]   OpticDiscExamNotPerformed     with "Primary Open Angle Glaucoma Encounter" EncounterWithPOAG       such that OpticDiscExamNotPerformed.issued during         EncounterWithPOAG.period           where (OpticDiscExamNotPerformed.notDoneReason in "Medical             Reason"               )             and OpticDiscExamNotPerformed.status = 'rejected' </pre> <p><b>Example 2: CMS149FHIR Dementia: Cognitive Assessment</b></p>

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3:08 – 3:28 pm	QI-Core Considerations – Observation Examples (cont.)	ICF	<p>Using ObservationCancelled:</p> <pre> define "Patient Reason for Not Performing Assessment of Cognition Using Standardized Tools or Alternate Methods":   ( [ObservationNotDone: code in "Standardized Tools Score for Assessment of Cognition"]     union [ObservationNotDone: code in "Cognitive Assessment"] ) NoCognitiveAssessment   with "Dementia Encounter During Measurement Period" EncounterDementia   such that NoCognitiveAssessment.issued during EncounterDementia.period   where (NoCognitiveAssessment.notDoneReason in "Patient Reason" ) and NoCognitiveAssessment.status = 'cancelled' </pre> <p>Using TaskRejected:</p> <pre> define "Patient Reason for Not Performing Assessment of Cognition Using Standardized Tools or Alternate Methods":   ( [TaskRejected: code in "Standardized Tools Score for Assessment of Cognition"]     union [TaskRejected: code in "Cognitive Assessment"] ) NoCognitiveAssessment   with "Dementia Encounter During Measurement Period" EncounterDementia   such that NoCognitiveAssessment.issued during EncounterDementia.period   where (NoCognitiveAssessment.notDoneReason in "Patient Reason" ) And NoCognitiveAssessment.status = 'rejected' </pre> <p><b>Example 3: CMS2FHIR depression follow-up Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b></p> <p>Using ObservationCancelled:</p> <pre> define "Medical or Patient Reason for Not Screening Adolescent for Depression": </pre>

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3:08 – 3:28 pm	QI-Core Considerations – Observation Examples (cont.)	ICF	<pre> [ObservationNotDone: code ~ "Adolescent depression screening assessment"] NoAdolescentScreen   with "Qualifying Encounter During Measurement Period" QualifyingEncounter   such that NoAdolescentScreen.issued during QualifyingEncounter.period   where ( NoAdolescentScreen.notDoneReason ~ "Depression screening declined (situation)"     or NoAdolescentScreen.notDoneReason in "Medical Reason"   )   and NoAdolescentScreen.status = 'cancelled'  define "Medical or Patient Reason for Not Screening Adult for Depression":   [ObservationNotDone: code ~ "Adult depression screening assessment"] NoAdultScreen   with "Qualifying Encounter During Measurement Period" QualifyingEncounter   such that NoAdultScreen.issued during QualifyingEncounter.period   where ( NoAdultScreen.notDoneReason ~ "Depression screening declined (situation)"     or NoAdultScreen.notDoneReason in "Medical Reason"   )    and NoAdultScreen.status = 'cancelled'  Using TaskRejected:  define "Medical or Patient Reason for Not Screening Adolescent for Depression":   [TaskRejected: code ~ "Adolescent depression screening assessment"] NoAdolescentScreen   with "Qualifying Encounter During Measurement Period" QualifyingEncounter   such that NoAdolescentScreen.issued during QualifyingEncounter.period   where ( NoAdolescentScreen.notDoneReason ~ "Depression screening declined (situation)"     or NoAdolescentScreen.notDoneReason in "Medical Reason"   )   and NoAdolescentScreen.status = 'rejected' </pre>

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3:08 – 3:28 pm	QI-Core Considerations – Observation Examples (cont.)	ICF	<pre> define "Medical or Patient Reason for Not Screening Adult for Depression":   [TaskRejected: code ~ "Adult depression screening assessment"]   NoAdultScreen     with "Qualifying Encounter During Measurement Period"   QualifyingEncounter     such that NoAdultScreen.issued during QualifyingEncounter.period     where ( NoAdultScreen.notDoneReason ~ "Depression screening declined (situation)"       or NoAdultScreen.notDoneReason in "Medical Reason"     )     and NoAdultScreen.status = 'rejected' </pre> <p><b>Example 4: CMS69FHIR Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan – note this example retains use of ServiceNotRequested without change to TaskRejected</b></p> <p>Using ServiceNotRequested:</p> <pre> define "Medical Reason for Not Documenting a Follow up Plan for Low or High BMI":   ( ( [ServiceNotRequested: "Referrals Where Weight Assessment May Occur"]     union [ServiceNotRequested: "Follow Up for Above Normal BMI"]     union [ServiceNotRequested: "Follow Up for Below Normal BMI"] )   NoBMIFollowUp     with "Qualifying Encounter during Day of Measurement Period"   QualifyingEncounter     such that NoBMIFollowUp.authoredOn same day as start of   QualifyingEncounter.period     where NoBMIFollowUp.status ~ 'completed'     and NoBMIFollowUp.reasonRefused in "Medical Reason"   )   union ( ( [MedicationNotRequested: "Medications for Above Normal BMI"]     union [MedicationNotRequested: "Medications for Below Normal BMI"]   ) NoBMIFollowUp     with "Qualifying Encounter during Day of Measurement Period"   QualifyingEncounter     such that NoBMIFollowUp.authoredOn same day as start of   QualifyingEncounter.period     where NoBMIFollowUp.status ~ 'completed' </pre>

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3:08 – 3:28 pm	QI-Core Considerations – Observation Examples (cont.)	ICF	<pre> and NoBMIFollowUp.reasonCode in "Medical Reason" ) )  Stil ServiceNotRequested, additional element:  define "Medical Reason for Not Documenting a Follow up Plan for Low or High BMI":   ( ( [ServiceNotRequested: "Referrals Where Weight Assessment May Occur"]     union [ServiceNotRequested: "Follow Up for Above Normal BMI"]     union [ServiceNotRequested: "Follow Up for Below Normal BMI"] )     NoBMIFollowUp     with "Qualifying Encounter during Day of Measurement Period"     QualifyingEncounter     such that NoBMIFollowUp.authoredOn same day as start of     QualifyingEncounter.period     where NoBMIFollowUp.status ~ 'completed'     and NoBMIFollowUp.reasonRefused in "Medical Reason"   )    union ( ( [MedicationNotRequested: "Medications for Above Normal BMI"]     union [MedicationNotRequested: "Medications for Below Normal BMI"]   ) NoBMIFollowUp     with "Qualifying Encounter during Day of Measurement Period"     QualifyingEncounter     such that NoBMIFollowUp.authoredOn same day as start of     QualifyingEncounter.period     where NoBMIFollowUp.status ~ 'completed'     and NoBMIFollowUp.reasonCode in "Medical Reason"   ) )  <b>NOTE:</b> The ServiceNotRequested profile works because it includes an element .doNotPerform = 'true' </pre>

Time	Item	Presenter	Discussion/Options/Decisions
3:28 – 3:29 pm	QI-Core Design – Consideration for TaskRejected profile	ICF	<p>What challenges might the current (ObservationCancelled, CommunicationNotDone) or proposed QI-Core approach (TaskRejected) represent:</p> <ul style="list-style-type: none"> <li>• For measure developers?</li> <li>• For implementers?</li> </ul> <p>Discussion: Participant feedback was limited. Implementers voiced concerns that identifying a <i>task</i> is complicated. A task could represent something in a set of <i>to-do</i> items that may lead to actions directly from the list or non-action (list reviewed but any respective actions taken separately and not directly from that list). An order set presented by clinical decision support (CDS) may be another way of identifying a task, but such CDS interventions are not necessarily easily retrievable to use in measure reporting. The feedback supported the fact that an observation not performed would have no structured record. At best such information might be in unstructured text in a progress note. The most effective way to seek information is to look for clinical indicators representing reasons such an event would not occur and exclude those indicators directly rather than look for a general <i>medical reason</i>, or <i>patient reason</i>.</p> <p>Conclusion: QI-Core modeling will proceed with HL7 discussions regarding appropriate use of FHIR resources. Measure developers will review the validity, reliability, and feasibility of collecting information regarding <i>negationRationale</i> concepts with their Technical Expert Panels (TEPs) and their testing partners as part of their measure design. No recommended change for CommunicationNotDone.</p>
3:29 – 4:12 pm	General Discussion	ICF	<p>Walk on topic regarding QICore Goals – discussion about what is the primary code path:</p> <ul style="list-style-type: none"> <li>• Care goal: what is the primary thing you're asking about when you look for a goal and a measure? <ul style="list-style-type: none"> <li>○ One option: <i>category</i>, meaning the goal is related to dietary issues, safety, behavioral, these kinds of concepts. This is a five-concept example value set.</li> <li>○ Another option: <i>target.measure</i>, the parameter whose value is being tracked (represented with LOINC codes)</li> </ul> </li> <li>• Question to developers: if a patient states a goal, asserts a goal, or even if a clinician puts one into the record, how is that captured and what's the best way to ask for it?</li> </ul> <p>Discussion: Some instances include a discrete goal such as a specific weight or body mass index (BMI) value with respect to weight loss, a specific blood pressure, etc. However, other goals, especially patient stated goals are identified in unstructured text (e.g., I want to dance at my daughter's wedding associated with a time frame). Since goal target measures cannot be consistently structured, participants preferred using the Goal.category as a primary code path, i.e., what is the general grouping, or areas of interest for the respective goal. The challenge is trying to ask for something that is not documented in a standard way or documented as coded.</p>



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3:29 – 4:12 pm	General Discussion (cont.)	HSAG	<p>Walk on topic regarding the use of the <code>relatedTo</code> attribute:</p> <ul style="list-style-type: none"> <li>A measure developer asked about the use of the QDM attribute <code>relatedTo</code> and provided the context in which they considered using the attribute.</li> <li>The measure intent requires an order for a new medication that happens as a result of a specific encounter. <ul style="list-style-type: none"> <li>In FHIR, <code>MedicationRequest</code> includes an <code>Encounter</code> element to reference the encounter in which the request occurred.</li> <li>QDM does not include an <code>encounter</code> attribute in the “Medication, Order” datatype. Therefore, would the <code>relatedTo</code> attribute address the concern by indicating the order is related to a specific encounter?</li> <li>The measure logic provides a range of days during which the medication order could occur to meet measure intent; the order is relevant if it occurred in the period starting seven days before to seven days after the encounter.</li> <li>The intent of the QDM <code>relatedTo</code> attribute is to address instances in which the <code>MedicationRequest</code> is based on a care plan, a care goal, or a laboratory result. FHIR addresses these relationships with the elements <code>basedOn</code> and <code>partOf</code>. The intent of QDM’s <code>relatedTo</code> attribute is to address the same relationships as FHIR’s <code>basedOn</code> and <code>part of</code> elements. <code>relatedTo</code> is not intended to address the encounter relationship.</li> </ul> </li> </ul> <p>Discussion: Participants recommended that the measure not use <code>relatedTo</code> reference an encounter; rather the measure expression should address the timing of the “Medication, Order” with respect to the “Encounter, Performed” timing.</p>
4:12 – 4:14 pm	Conclusion	ICF	<ul style="list-style-type: none"> <li>Submit agenda items for QDI user group meeting to: <a href="mailto:qdm@icf.com">qdm@icf.com</a></li> <li>Next user group meeting is November 20th, 2024</li> </ul> <p>Contact ICF:</p> <ul style="list-style-type: none"> <li>Floyd Eisenberg, MD, MPH – QDM Subject Matter Expert: <a href="mailto:Feisenberg@iparsimony.com">Feisenberg@iparsimony.com</a></li> <li>Juliet Rubini, MSN: <a href="mailto:Juliet.rubini@icf.com">Juliet.rubini@icf.com</a></li> </ul>

## Attendees:

Name	Organization
Abdullah Rafiqi	ICF
Angela Flanagan	Lantana



<b>Name</b>	<b>Organization</b>
Anne Smith	NCQA
Cindy Van	AIR
Dave Mishler	Care Evolution
Floyd Eisenberg	ICF
Gary Parker	Medicaid
Grace Brown	Oracle
Hayley Dykhoff	HSAG
Howard Bregman	Epic
Hugo Andrade	Mathematica
Jen Seeman	ICF
Jessica Cronin	Mathematica
Joanna Ramsaier	ICF
Joe Long	Unknown
Julie Ambrose	Unknown
Katie Magoulick	AIR
Kelly Burlison	AIR
Kimberly Smuk	Mathematica
Kris Done	Lantana
Melissa Breth	TJC
Michelle Lefebvre	AIR
Patricia Tran	MITRE
Paul Denning	MITRE
Peter Muir	ICF
Raquel Belarmino	TJC
Sheila Aguilar	TJC
Yan Heras	ICF

