QUALITY DATA IMPLEMENTATION (QDI) USER GROUP MEETING | MINUTES

Meeting date | *12/18/2024 3:00 PM ET* | Meeting location|Webinar https://global.gotomeeting.com/join/980942653

Time	Item	Presenter	Discussion/Options/Decisions
3:30 – 3:31 pm	Agenda	ICF	• Announcements • VSAC Downloadables • Swing beds • QI-Core design considerations – negation modeling • General Discussion and Questions
3:31 – 3:32 pm	Announcements and Upcoming Events	ICF	• December: o MADiE User Group – December 19 (tomorrow) at 2pm ET • January: o HL7 Connectathon – January 14-16 o QDI User Group – January 15 at 3pm ET o MADiE User Group – January 16 at 2pm ET o Cooking with CQL webinar – January 23 at 4pm ET • Calendar invites for all items and more can be found at: https://ecqi.healthit.gov/calendar
3:32 – 3:50 pm	VSAC Downloadables	AIR	Value Set Workgroup (VSW) Follow up: Feedback on National Library of Medicine (NLM) FHIR User Acceptance Testing (UAT) Release • Background: o NLM Released the FHIR UAT in October 2024 o Considered a "Dry run" for making terminology related to FHIR eCQMs available o Includes updates to VSAC APIs and downloadable files of code system versions, value sets, and direct reference codes (DRCs) in eCQMs • Feedback thus far: o From a measure developer perspective, this seems very helpful - including the legacy codes o .xlsx/.csv are more accessible than JSON - helpful to have these codes in Excel • VSW Discussions: o Review to make sure all value sets in measure resources are included in the UAT release o Recommend the source of truth for DRCs should be the measure resources (and not the NLM FHIR Release) o Seek Measure Steward feedback on the value set content in the UAT release o Seek Implementer feedback on content in the UAT release

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3:32 – 3:50 pm	VSAC Downloadables (cont.)	AIR	• Feedback requested from QDI User Group o Implementer feedback on files included in the UAT release o https://uat-vsac.nlm.nih.gov/download/fhirecqm?rel=20241009 Discussion: QDI User Group attendees indicated that, while the anticipate the usefulness of FHIR APIs for handling all terminology content from VSAC, implementers have not yet put such APIs into service and that the ability to download remains very useful, including download of the DRCs. Download of the full set of value sets and DRCs helps implementers process the measure set in use. AIR representative (Chris Millet) indicated the feedback was very useful. He also requested that QDI User Group attendees review the UAT content and provide further feedback to him directly or to the qdm@icf.com email site. All users can access the UAT site as long as they have a Unified Medical Language System (UMLS) account with NLM by using the UAT link: https://uat-vsac.nlm.nih.gov/download/fhirecqm?rel=20241009.
3:51 – 4:10 pm	Swing beds	ICF	How should a measure identify patients in swing beds to differentiate days treated in hospital acute care beds from those treated in swing beds? • A swing bed is a hospital room that can be used for either acute care or skilled nursing facility (SNF) care, depending on the patient's needs. CMS defines rules by which it authorizes swing bed use, especially for critical access hospitals (CAH). Hospitals manage these situations differently. Some will move patients to a specific section of the facility, others have authorization from CMS to change the designation of a bed from acute care to SNF (i.e., a swing bed) as needed based on the level of care acuity provided. • Current understanding regarding how hospitals identify these patients include the following scenarios: o The patient is discharged from the acute care encounter and admitted to a new encounter with a new record, regardless of room location; this scenario instantiates a new encounter record and record number o The patient is discharged from acute care and admitted to a swing bed in the claim system, yet maintained in the same encounter and clinical record with some type of room status change o Potentially, another scenario o Does management of swing patients differ among larger hospitals and non-metropolitan and critical access hospitals (</= 100 beds)?

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3:51 – 4:10 pm	Swing beds (cont.)	ICF	QDI User Group Attendee Discussion: ○ For Medicare reimbursement, CMS requires the Acute Inpatient be discharged and then Admission to Swing Bed: https://www.cms.gov/files/document/mln006951-swing-bed-services.pdf. This situation would require a new encounter/new record. ○ Every facility's workflow is going to be a little bit different, which likely means how it is represented in a record is going to be different. ○ If folks need to reach out to technical members of their team to provide feedback for this topic, please provide feedback via email: qdm@icf.com
4:10 – 4:28 pm	QI-Core design considerations – negation modeling	ICF	ICF presented an update regarding handling actions not taken for a reason in QI-Core STU 6 • QI-Core allows measure developers to express measure criteria indicating actions negated for reason. ICF presented upcoming changes to authoring patterns with respect to QI-Core 6.0 based on discussions at the September 2024 HL7 Working Group Meeting and mechanisms to provide a transition to changes pending for QI-Core 7.0. There are three use cases to express negation with reason: 　1. Events not done for a reason: 　　a. I don't administer aspirin for a reason (e.g., *MedicationAdministrationNotDone*) 　　b. I don't give an immunization to a patient for a reason (e.g., *ImmunizationNotDone*) 　　c. Addressed with these QI-Core profiles: *CommunicationNotDone, ImmunizationNotDone, MedicationAdministrationNotDone, MedicationDispenseDeclined, ProcedureNotDone* 　2. Requests not to do something with a reason 　　a. I don't order aspirin because the patient is allergic (e.g., *MedicationNotRequested*) 　　b. I don't order mammography because the patient has had bilateral mastectomies (e.g., *ServiceNotRequested*) 　　c. Addressed with these QI-Core profiles: *DeviceNotRequested, MedicationNotRequested, ServiceNotRequested* 　3. Rejection of proposals to do something (*not expressly covered by existing QI-Core STU 6.0 documentation*) 　　a. I reject the proposal to order aspirin because the patient is allergic 　　b. I reject the proposal to request/order a referral to an ophthalmologist because the patient refuses 　　c. Addressed with the profile: *TaskRejected* NOTE: While QI-Core STU 6.0 includes a profile intended to express an observation that did not happen for a reason (*ObservationCancelled*), feedback suggests that this profile does not make sense. An observation that doesn't happen does not generate any documented finding or observation. Therefore, requesting ObservationCancelled will not retrieve any data, and the profile should not be used in measure expressions.

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4:10 – 4:28 pm	QI-Core design considerations – negation modeling (cont.)	ICF	Expression that an observation that did not occur is basically a *rejection* of a proposal to perform the observation --- the software presents a proposal to observe something and enter a finding about it and the user rejects the proposal, indicating the reason for the rejection. In this use case, the proposal is either:
			
			• *ServiceNotRequested* – Specific indication indicating, do not perform this action to observe something, or
			• *TaskRejected* – specific indication rejecting the proposal to observe something
			
			• First Use Case: Events not done for a reason
			
			<pre>define "Aspirin Not Administered For Reason":
			    [MedicationNotAdministered: Aspirin] MA
			        where MA.statusReason in "Negation Reason Codes"</pre>
			This use case basically states I did not do this thing and a reason why I didn't do it. It applies to the profiles that indicate actions *CommunicationNotDone, ImmunizationNotDone, MedicationAdministrationNotDone, MedicationDispenseDeclined, ProcedureNotDone* (i.e., not the request profiles)
			
			• Second Use Case: Requests not to do something with a reason
			
			<pre>define "Aspirin Prohibited For Reason":
			    [MedicationNotRequested: Aspirin] MR
			        where MR.status in { 'active', 'completed' }
			            and MR.statusReason in "Negation Reason Codes"</pre>
			This use case includes the fixed value = *true* for the *doNotPerform* element existing in the profiles DeviceNotRequested, MedicationNotRequested, and ServiceNotRequested. Thus, a request exists **prohibiting** the action from happening.

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4:10 – 4:28 pm	QI-Core design considerations – negation modeling (cont.)	ICF	• Third Use Case: Rejection of proposals to do something ``` define "Aspirin Rejected for Reason" [MedicationRequest:Aspirin] MR with [TaskRejected: Fulfill] T such that T.focus.reference (MR) and T.statusReason in "Negation Reason Codes" where MR.status = 'active'' ``` This use case indicates the user is rejecting the proposed activity (either a DeviceRequest, a MedicationRequest, or a ServiceRequest), and providing a reason for that rejection. • Exclusion criteria combining all three options: ``` define "Exclusion Criteria": exists "Aspirin Rejected For Reason" or exists "Aspirin Prohibited For Reason" or exists "Aspirin Not Administered For Reason" ``` Here, a measure can combine all possible actions that indicate something didn't happen – I prohibited it, I rejected the proposal to do it, and I didn't administer the medication. • To capture aspirin as a code or a value set: ``` "Aspirin Requested" [MedicationRequest: Aspirin] Where [MedicationRequest.code in "Aspirin"] union [MedicationRequest.code ~ "Aspirin"] MedicationRequest.code[x] (CodeableConcept | ValueSet) ``` This pattern allows a measure to express the request or the prohibition of the request using a code or a value set.

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4:10 – 4:28 pm	QI-Core design considerations – negation modeling (cont.)	ICF	One Significant Caveat to the change for TaskRejected. An expression cannot reject a request containing value set in QI-Core 6.0. To indicate a rejected Task requires the Task.focus to be the proposal to do something referenced by a single direct reference code (DRC): - proposal to request a device, - proposal to request a medication, or - proposal to request a service Each of the QI-Core 6.0 *prohibited* profiles (DeviceNotRequested, MedicationNotRequested, ServiceNotRequested) includes an extension to allow indication the entire value set was identified as *doNotPerform* using the *notDoneValueSet* extension. However, the positive request profiles do not include that extension. The extension was developed solely to address the not-done use case. Therefore, a rejected proposed ServiceRequest can only include a binding to a DRC. This issue is significant considering the effort expended early in the eCQM lifecycle to avoid the need for a practitioner to indicate reasons for not performing the request for every individual item in the value set. Unfortunately, the more comprehensive need for the TaskRejected profile did not surface until recent discussions at the September 2024 HL7 Working Group Meeting. QI-Core 7.0 resolves this concern by using a new *codeOptions* extension such that a positive or negative instance of a profile can include a value set. To address this issue with QI-Core 6.0, for a DeviceRequest, a MedicationRequest, or a ServiceRequest used as a TaskRejected.*focus* the request must use a DRC. Therefore, where feasible, measure developers should use a more generic code that represents the value set considered for the positive use case. Using SNOMED-CT, such a DRC might be the parent of a hierarchy. For LOINC, consider using a generic code for the indicated test, or use a convenience panel code for which the panel represented all the observable entities that would be otherwise used in the desired value set. Discussion: ICF presented this portion of the QDI User Group as informational. User Group participants have mostly heard about these changes in other discussions in HL7 Clinical Quality Information (CQI) Workgroup calls, or CMS contractor calls. This User Group forum enabled a broader audience of implementers access to information about the QI-Core STU 6.0 authoring pattern changes.

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4:29 – 4:30 pm	Conclusion	ICF	• Submit agenda items for QDI user group meeting to: qdm@icf.com • Next user group meeting is January 15, 2025 • Contact ICF: qdm@icf.com

Attendees:

Name	Organization
Angela Flanagan	Lantana
Beck Basnet	Oddball
Beth Snevely	ICF
Britt Kent	AIR
Chris Millet	AIR
Floyd Eisenberg	ICF
Greta Kessler	Premier Inc
Hayley Dykhoff	HSAG
Hugo Andrade	Mathematica
Jen Seeman	ICF
Jessica Cronin	Mathematica
Joanna Ramsaier	ICF
Karen McLaughlin	Medisolv
Kelly Burlison	AIR
Kimberly Smuk	Mathematica
Kris Done	Lantana
Michelle Ashafa	Eat Right
Michelle Lefebvre	AIR
Nathan Hulse	ICF
Paul Denning	MITRE
Paul Klintworth	CDC
Peter Muir	ICF
Raquel Belarmino	TJC
Ryan Weihler	Unknown
Susan	Unknown
Veronica Romines	Mathematica
Yan Heras	ICF