QDI User Group Meeting Notes
February 18, 2026

Meeting Name	**Quality Data Implementation (QDI) User Group**
Recording	To improve notetaking, an audio recording of the discussion is desired. The recording will be used internally to ensure accuracy. Please alert us to any objections at the start of the meeting. Thank you.
Meeting Information	**Microsoft Teams** Need help? **Join the meeting now** Meeting ID: 297 443 617 546 00 Passcode: h54HD983
Meeting Purpose	The QDI User Group was established to provide a collaborative, multi-stakeholder forum to guide the development, implementation, maintenance, and harmonization of quality data models used in healthcare quality measurement and improvement.
Meeting Facilitator	Angela Flanagan, eCQI Standards Team

Agenda and Notes

The Quality Data Implementation (QDI) User Group meeting began with introductions and confirmation of recording for note-taking purposes. Feedback was requested on previously distributed materials and a brief overview of the planned agenda. The agenda includes a discussion about allergy documentation, clinician workflow and processes, mapping, and a use case, a recap of last month's meeting regarding Encounter Diagnoses, Problem List, Present on Admission, and birthing and the drafted charter.

Allergy Documentation Processes & Patient Safety

Accurate, up-to-date allergy documentation is essential for patient safety and prevention of medication errors. Recording the allergen, reaction, severity, timing, and verification status supports informed prescribing, care coordination, and safer transitions of care.

Members report that VerificationStatus ~ confirmed is captured but it may mean that allergies or NKDA were reviewed (typically a checkbox), the patient was allergy tested (uncommon) or listed was updated or revised.

Overall, while structured allergy data elements are widely supported across major EHRs, real-world documentation remains inconsistent. Improved normalization, reconciliation, and structured data capture are essential to fully realize patient safety, interoperability, and quality measurement goals.

Recap of Last Month's Encounter Discussion

A key discussion focused on identifying the principal diagnosis for measure specifications. TJC plans to use claims data as the primary source for determining principal diagnosis, noting that EHR diagnosis order may not reliably indicate priority. Members agreed that claims data would likely provide a more definitive answer. The group aligned on using claims data for the next measure specification, with plans to share outcomes in the future.

Group Charter

The meeting concluded with a review of proposed revisions to the QDI User Group charter. The updates broaden the group's mission from a narrow focus on measure correctness and reporting mechanics to a wider emphasis on ecosystem usability, reuse, cross-artifact harmonization, and guidance. The revised charter clarifies the group's advisory role (without enforcement authority), expands scope to include all computable artifacts, and incorporates the concept of clinical reasoning artifacts (including digital quality measures and decision support tools). Members were asked to review the draft charter and provide feedback before it is submitted to CMS.

The meeting ended with a request for agenda topics for next month and a reminder that notes and the draft charter would be redistributed for input.