QDI User Group Meeting Notes April 15, 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 is 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	Kris Done, eCQI Standards Team
Meeting Date	**Meeting Date:** April 15, 2026 **Meeting Time:** 3 PM ET

Meeting Notes

Opening & Announcements

Meeting called to order by Kris Done.

- Session recorded for internal documentation.

- Participants invited to join distribution list via eCQI@lantanagroup.com.
- Purpose: Collaborative discussion on quality data model development, implementation, and alignment.

Agenda Overview

- Recap of previous meeting
- Single-Code Value Sets vs. Direct Reference Codes
- Medical Reasons for Not Prescribing or Administering Medications
- Radiology
- Open Discussion

Discussion Items

1. **Allergy and Intolerance to Drugs (Follow-Up)**

- Reviewed prior discussions clarifying that:
  - *Allergy verification status = "confirmed"* does not imply allergy testing.
  - Allergy information is best sourced from the allergy list/module, not diagnoses, lab results, procedures, or medication orders.
- Reinforced CMS Blueprint guidance:
  - Use RxNorm ingredient or SNOMED CT substance for medication allergies.
  - Avoid products, multi-ingredient drugs, or semantic clinical drugs, as they introduce ambiguity for what a patient may actually be allergic to.
- Implementer and vendor input confirmed:
  - Allergies are typically stored at the patient level and persist across encounters.
  - Allergies identified during encounters (labs, meds, procedures) are only meaningful if manually added to the allergy list.
  - Free-text allergy information is unreliable for quality measurement.
- Discussion acknowledged challenges in distinguishing true allergies vs. adverse reactions, which are often conflated in clinical practice.

2. **Diagnosis vs. Problem List (Follow-Up)**

- Clarified distinctions:
  - Encounter diagnoses reflect conditions addressed during a visit and are often finalized after coding review.
  - Problem list conditions are longitudinal, curated records that may include onset dates but rarely include abatement dates.

- Key findings:
  - Encounter diagnoses generally do not have reliable onset/abatement timestamps.
  - Billing codes (ICD-10, CPT, HCPCS) may be added days after an encounter but remain linked to that encounter.
  - For encounter diagnoses, implementers typically use the encounter start date as the effective timing.
- Vendor feedback highlighted challenges with quality measures that require:
  - Precise diagnosis onset or prevalence intervals.
  - Onset/abatement times that are not routinely captured in EHR workflows.
- Participants noted upcoming US Core/USCDI requirements may increase availability of onset data in the future, but current workflows remain limited.

3. **Single-Code Value Sets vs. Direct Reference Codes (DRCs)**

- Chris Millet presented issues with single-code value sets, particularly for LOINC:
  - Single-code value sets can create copyright and identifier conflicts.
  - VSAC currently displays warnings but does not prevent usage.
- Proposed direction: Replace single-code value sets with direct reference codes (DRCs) in measures. This would require CQL updates and logic restructuring, especially within grouped value sets.
- Feedback from participants:
  - Changes are feasible but increase implementation and maintenance complexity.
  - Historical precedent exists for converting LOINC single-code value sets to DRCs.
  - Need to confirm whether similar issues apply to other code systems (e.g., SNOMED).
- Recommendation to coordinate closely with CQL experts (e.g., Bryn) due to potential logic and timing “gotchas”.

4. **Medical Reasons for Not Prescribing or Administering Medications**

- The group discussed challenges with current workflows requiring clinicians to negate specific medications rather than entire value sets.
- Consensus points:
  - Clinicians document reasons for omission (e.g., allergy, intolerance, contraindication) in the MAR or reason fields.
  - Allergy-related non-administration generally traces back to the allergy list, not medication orders.
- Open questions remain:

- Whether value sets used for “medical reason not given” should use ingredient/drug class vs. semantic clinical drug.
- Need to confirm whether current standards truly support negation of an entire value set as intended.

- Plan to validate logic behavior through further testing and expert review.

5. **Radiology (Deferred)**

- Radiology data capture and coding challenges were acknowledged but deferred due to time.
- Brian Bialecki offered support and noted ongoing HL7 implementation guide work for imaging orders.
- This topic will be prioritized for the next meeting.

Next Meeting

Date: Wednesday, May 20, 2026
Time: 3:00 PM Eastern Standard Time

Agenda items may be submitted to **ecqi@lantanagroup.com**.

Participants were encouraged to share future meetings with colleagues.

Action Items

Item Number	Task Description	Date Created	Responsible	Status	Target Date
1	Review existing measures using product or multi-ingredient allergy value sets	April 15, 2026	Measure Developers	Not started	To be determined
2	Gather additional vendor/implementer input on allergy capture workflows	April 15, 2026	Lantana Team	Not started	To be determined
3	Re-examine measures requiring diagnosis onset or prevalence timing	April 15, 2026	Measure Developers	Not started	To be determined

4	Investigate replacement of LOINC single-code value sets with DRCs	April 15, 2026	Measure Development Team	Not started	To be determined
5	Confirm terminology owner guidance for non-LOINC code systems	April 15, 2026	Lantana / CMS	Not started	To be determined
6	Validate negation logic for medication value sets (medical reason)	April 15, 2026	Standards & SME Team	Not started	To be determined
7	Add radiology workflows and coding to next meeting agenda	April 15, 2026	Lantana Team	Not started	To be determined

Attendance:

Attendee	Attendee
Sheila Aguilar Julie L. Ambrose Lisa Anderson Hugo Andrade Joshua Andrews Michelle Ashafa Nayaab Baig Mamtha Bajjappa Cara Bartelheim Raquel Belarmino Amy Bennett Brian Bialecki Melissa Breth Kelly Burlison Jessica Cronin Penny Cyr Julie D'Amico Kris Done Ming Dunajick Pamela Farese Vahid Ferdowsi Angela Flanagan Gerardo Garcia Ben Hamlin Melissa Heresa	Yanyan Hu Jean Sunita Kadel Britt Kent Dorothy Lee Erin Lee Chasity Mace Kara Maierhofer Susan Mayhall Lisa Melanson Chris Millet Wanda L. Miller Sheree Morgan Peter Muir Nicole Rabic Raymond L. Riley James Roberts Jen Seeman Kimberly Shirley Eric Silbernagel Kim Smuk Carolin Spice Catherine Tolley Kana Voelckers Kathleen S. Yetter