QDI User Group Meeting Notes July 29, 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	Angela Flanagan, eCQI Standards Team
Meeting Date	**Meeting Date:** July 29, 2026 **Meeting Time:** 3 PM ET

Meeting Notes

Opening & Announcements

Meeting called to order by Angela Flanagan.

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 Data element discussion from last month

- Structure
- Not Done
- Referrals
- Problem List
- Diagnosis & Timings
- Present on Admission (POA)
- Vendor Variability

Continue Data element issues (sharing what works, what does not work)

- Status management
- Incomplete diagnosis information
- Medication Representation Differences
- Laboratory results
- Care plans and interventions
- Issues-Ambiguous Clinical Concepts

Request of Agenda items for August 15, 2026

Discussion Items

Recap of Previous Data Element Challenges

The group reviewed issues identified during the previous meeting, including:

- Difficulties capturing data in structured, computable formats
- Reliance on free text, scanned documents, and external systems
- Referral tracking challenges, particularly end-to-end referral completion
- Problem lists that are not consistently maintained after conditions resolve
- Timing issues when patients move between emergency, observation, and inpatient settings
- Variability in how organizations capture and interpret the same clinical concepts

Participants noted that these issues continue to increase implementation burden and can lead to inconsistent measure results across organizations.

Present on Admission (POA) Challenges

The group continued discussion on challenges involving POA indicators.

Key discussion points:

- CMS quality measures historically focus on the clinical concept being measured rather than prescribing where data must be stored.
- Participants expressed concerns that differing EHR workflows can result in varying interpretations of POA information.
- Oracle Cerner participants noted provider problem lists do not support POA documentation, while Epic participants indicated POA can be captured on problem lists.
- Concern was raised that some diagnosis sources allow POA assignment while others do not, creating inconsistencies in measure calculations.
- Participants discussed whether measure specifications should provide more direction regarding allowable data sources or minimum requirements for data elements that require supplemental information such as POA indicators.
- Participants also discussed coding rules and POA-exempt diagnoses that may complicate measure logic.

General consensus:

- Flexibility is important because organizations implement EHR workflows differently.
- Additional guidance may be needed to help vendors and implementers interpret measure intent consistently.

Encounter Timing and Diagnosis Challenges

The group revisited previous discussions regarding:

- Historical diagnoses remaining active in patient records
- Variability in diagnosis reconciliation and maintenance
- Differences between admission diagnoses and final diagnoses
- Timing discrepancies created when encounter timestamps do not align with actual clinical workflows
- Differences between clinical encounters and billing encounters

Participants emphasized that encounter definitions and diagnosis timing continue to be major sources of implementation variation.

Status Management in Digital Quality Measures

Discussion focused on whether status values create implementation challenges.

Examples discussed included:

- Preliminary vs. final laboratory results
- Active vs. resolved diagnoses

- Medication status values
- Procedure completion status

Feedback received:

- Participants generally indicated fewer challenges with status values than with diagnoses or encounter representations.
- Laboratory and medication statuses are typically well-defined and more standardized across systems.

Medication Representation Challenges

The group discussed differences in how medication-related data are represented.

Topics included:

- Medication Request
- Medication Dispense
- Medication Administration
- Medication Statement

Key observations:

- Clinical users are typically familiar with medication administration but less familiar with some FHIR terminology such as Medication Statement.
- Different care settings interpret medication-related events differently.
- Inpatient and outpatient medication workflows vary significantly.
- Medication dispense information is not always available to all organizations or systems.
- Safe Opioid Use and similar measures may be affected by differing medication workflows and pharmacy integrations.

Participants emphasized that context is critical when defining which medication representation should be used by a measure.

Laboratory Data Challenges

Discussion focused on laboratory data quality and standardization.

Key topics included:

- Reliance on LOINC for standardized laboratory representation
- Point-of-care testing workflows
- Data entry inconsistencies, including:
    - Incorrect formatting
    - Missing decimal points

    - Inclusion of symbols such as percentage signs
    - Narrative text instead of discrete values

Participants also discussed challenges when new laboratory tests are introduced before corresponding LOINC codes become available.

Several participants reported that using structured numeric fields can significantly reduce data quality problems.

Care Plans, Referrals, Counseling, and Follow-Up

Participants agreed that many activities remain primarily documented in free text, including:

- Counseling
- Referrals
- Follow-up plans
- Care plans
- Education activities

Common challenges include:

- Progress notes containing information not available in structured form
- Variability in the use of smart data elements
- Clinicians bypassing structured workflows by documenting in free text
- Difficulty creating organization-wide standards for documenting follow-up activities

Participants noted that structured documentation remains difficult unless supported by significant IT and workflow resources.

Ambiguous Clinical Concepts

A significant portion of the discussion focused on ambiguity in measure specifications.

Examples included:

- Tobacco cessation intervention
- Depression follow-up
- Emergency Department departure time
- Transfers of care
- Surgical history documentation
- Screening and assessment definitions

Participants repeatedly emphasized that:

- Different organizations may interpret the same concept differently.
- Ambiguous definitions can create variation in measure results even when clinical care is similar.
- EHR vendors, healthcare organizations, and measure developers often interpret concepts differently.

Several participants supported providing more operational definitions within measure specifications.

Examples of information that could improve consistency include:

- Explicit definitions
- Timing requirements
- Status requirements
- Examples of acceptable implementations
- Clarification of audit expectations

Next Meeting

Date: Wednesday, August 19, 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	Draft and evaluate shared hospitalization logic that looks across ED, observation, and inpatient encounters when clinically appropriate.	29 Jul 2026	Measure Development Team, SMEs	Not started	To be determined
2	Continue evaluating approaches to improve guidance regarding Present on Admission implementation.	29 Jul 2026	Standards and SME Team	Not started	To be determined
3	Submit measure-specific POA questions and coding concerns through JIRA.	29 Jul 2026	Measure Development Team, User Group Members	Not started	To be determined

4	Review coding-rule conflicts and POA-exempt diagnosis issues affecting specific measures.	29 Jul 2026	Measure Development Leads, Standards and SME Team	Not started	To be determined
5	Document examples where ambiguity in measure specifications causes implementation variation.	29 Jul 2026	Measure Development Team	Not started	To be determined
6	Provide feedback on whether operational definitions would improve measure implementation consistency.	29 Jul 2026	Standards and SME Team	Not started	To be determined
7	Review medication representation challenges and provide examples of workflow differences across settings.	29 Jul 2026	Measure Development Team	Not started	To be determined
8	Evaluate point-of-care laboratory workflows and opportunities to improve structured data entry.	29 Jul 2026	Standards and SME Team	Not started	To be determined
9	Continue collecting examples of free-text documentation challenges for counseling, referrals, and follow-up activities.	29 Jul 2026	Lantana / User Group Members	Not started	To be determined
10	Submit measure-specific implementation concerns through JIRA and general QDI topics to the QDI User Group.	29 Jul 2026	User Group Members	Not started	To be determined
11	Send agenda topics for upcoming meetings to the QDI User Group mailbox.	29 Jul 2026	User Group Members	Not started	To be determined
12	Prepare and distribute meeting notes and materials.	29 Jul 2026	Lantana Team	Not started	To be determined

Attendance:

Attendees	**Attendees**
Sheila Aguilar	Lisa Melanson

Michelle Ashafa	Elizabeth Mckechnie
Kyle Bagshaw	Deanna McKenzie
Abhilasha Banskota	Jeremy Morgan
Raquel Belarmino	Rebecca Niitzel
Jacqui Blauvelt	Tamaire Ojeda
Moriah Bauman	Adam Przybylko
Susan R. Bradshaw	Nicole Rabic
Kristina Burkholder	James Roberts
Kelly Burlison	Jessica Saddler
Chasity Mace	Laura Saunders
Alannah Marsh	Jen Seeman
Ming Dunajick	Anne Marie Smith
Michelle Dougherty	Heather Smith
Kim Draper (Epic ClinDoc Stork)	Marie Smith
Megha Ellam	Elizabeth Stanbridge
Sara Esperti	Kathleen S. Yetter (US)
Angela Flanagan	Cindy Van
Eva Gilbert	Charles Webster
Verlinda Guanga	Jennifer Wilbers
Ben Hamlin	Toya Wolo, Quality Manager SJHMC
Ingeborg Holt	JML
Yanyan Hu	Diana
Britt Kent	
Angela Lago	
Dorothy Lee	

Michelle Lefebvre	
Katie Magoulick	