

Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | 04/15/2020 2:30 PM ET | Meeting location|Webinar
<https://esacinc2.webex.com/esacinc2/j.php?MTID=mb664f23602ec7fedf8287ada56865428>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	<ul style="list-style-type: none"> A Cooking with CQL session will be held on April 23, 2020 Next QDM User Group Meeting May 20, 2020
45 Minutes	eCQI Resource Center - Data Element Repository Update	Rose Almonte (MITRE)	<p>Overview: Data Element Repository</p> <ul style="list-style-type: none"> Measure Collaboration Workspace Background <ul style="list-style-type: none"> Hosted on the eCQI Resource Center: https://ecqi.healthit.gov/ Contains set of interconnected resources, tools, and processes for eCQMs Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful eCQMs Provides access to the eCQM Data Element Repository, an online, searchable tool that provides all the data elements associated with eCQMs used in CMS Quality Reporting Programs Data Element Repository Background and Demo <ul style="list-style-type: none"> eCQM Strategy Project found that there is confusion amongst clinicians, quality measurement and IT staff on representing data required for eCQMs DERep centralizes information from multiple sources: <ul style="list-style-type: none"> eCQM Measure Specification Value Set Authority Center Quality Data Model Demonstration: https://ecqi.healthit.gov/mc-workspace <ul style="list-style-type: none"> Currently includes 2019 and 2020 reporting years The repository can be filtered by QDM Datatype or Category. This filter will only display those currently used by eCQMs during that reporting year. Rob McClure (MD Partners) commented that the text might be clearer if it reads “currently used” or for “selected reporting year”. ESAC suggested it might also be useful to indicate that what is displayed is for the QDM version used in the year selected. QDM Specific Discussion Items

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			<ul style="list-style-type: none"> ○ Inclusion of full list of QDM categories, datatypes or attributes: Is there value in including all potential datatypes/categories? <ul style="list-style-type: none"> ▪ Rob McClure (MD Partners) suggested this would be useful and it might help to obtain feedback from implementers on this. Floyd noted users can also download a PDF of all the QDM datatypes from the eCQI Resource center. ▪ Joe Kunisch (Memorial Hermann) suggested the current set-up is useful. He suggested that once done with a reporting year, there is rarely any reason to go back. He is focused on the most current or next reporting year. He could not think of a scenario where he might want to view datatypes/categories available, but not used in the measures. ○ Plans to include links to QDM Known Issues in respective QDM version definition <ul style="list-style-type: none"> ▪ Rob McClure (MD Partners) suggested this would be useful to include. ○ Presentation of QDM attributes on DERep measure pages <ul style="list-style-type: none"> ▪ Stan Rankins (Telligen) asked if the attributes not associated with a value set or code are shown (e.g., quantity). Rose noted the page only shows those associated with a code value set. ESAC explained that quantity is a type of result and you would only see as a result that has a code or value set associated with it. ▪ Rob McClure (MD Partners) suggested the header might be misleading as it only indicates “Data Elements”. It really shows data elements and attributes associated with coded elements. The measure developer user may understand that the site only shows coded elements but others may not be aware of that distinction and assume that data elements requiring a numerical result do not exist. It may not be clear to those who visit the page. ▪ Peter Muir (ESAC) suggested there is a need to indicate that there are further data specifications that will constrain this element when appropriate. ▪ Joe Kunisch (Memorial Hermann) suggested a certain level of knowledge is expected to use this site. Suggested it would be helpful to include a link to the data element within this repository from within the measure specification, within the population criteria for example. ▪ Anne Coultas (All Scripts) noted in the case of codified attribute, we have always had to look for result. Need to know this as it requires clinical build within the workflow to get the appropriate codes. Identifying the codified attributes in the Resource Center linked to the datatype would be useful. She also noted that her team needs to know about attributes requiring numerical or string results and these are not present in the DER. That means she still needs to have her team

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			<p>analyze each measure for all required content since the DER is not complete. Thus, it does not eliminate any workflow on her part.</p> <ul style="list-style-type: none"> ▪ ESAC asked the User Group whether a drop-down to view all the available QDM attributes of a specified version as a separate drop-down (unrelated to the measure) would be useful. <ul style="list-style-type: none"> • Joe Kunisch (Memorial Hermann) suggested the repository is useful as set up, but it is not the first place he comes to. He works within the measure specification and a link to the repository from there would be useful. • Anne Coultas (All Scripts) agreed as she works within the html specification first. She would use the repository to validate after the analysis is complete because the repository does not have a complete set of elements. • Peter Muir (ESAC) suggested this may be useful to clinicians trying to understand components of the measure. • Janet Wagner suggested that as a clinician it would be useful to know how the data element definition impacts the measure. Currently clinicians search numerous places to piece this information together. For example, incorporating a link to the laboratory test thresholds would save time. • The group also discussed the benefit of viewing definitions or CQL clauses that more fully define a data element. <p>Resolution/Next Steps: The User Group should forward any further feedback to ecqi-resource-center@hhs.gov.</p>
30 Minutes	QDM-250 - Identifying Medication, not Discharge	Floyd Eisenberg (ESAC)	<p>Overview: ESAC reviewed what currently exists in QDM and asked for the User Group's feedback on how practitioners indicate a medication intentionally not ordered or recommended (with a reason) for the ambulatory setting and whether additional guidance is needed for how to use negation rationale for this purpose.</p> <p>Medication, "not ordered"</p> <ul style="list-style-type: none"> • QDM 5.5 defines Medication, Order as "a request to a pharmacy to provide the medication indicated" Medication, not ordered requires a reason the medication was not ordered, specifying the reason (negation rationale).

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			<ul style="list-style-type: none"> • Medication, not ordered means a medication is intentionally not ordered for a valid reason. <p>Medication "not discharged"</p> <ul style="list-style-type: none"> • QDM 5.5 defines Medication Discharge as “the medications [<i>that</i>] should be taken by or given to the patient after being discharged from an inpatient encounter.” • Medication, Discharge includes only one timing attribute: author dateTime “the time the discharge medication list on the discharge instruction form is authored.” <p>Medication "not discharged"</p> <ul style="list-style-type: none"> • Sources for medications on the discharge medication list: <ul style="list-style-type: none"> ○ medication orders written to be dispensed in the community (ambulatory) setting ○ medications for which the patient already has a supply at home ○ medications the patient may purchase without prescription (i.e., over-the-counter) <p>Medication, not discharged means a medication is intentionally not recommended (with a reason) at discharge. Therefore, it may not be on the discharge medication list.</p> <p>Medication "not discharged"</p> <p>Previous QDM User Group discussions determined that most EHRs provide a method for practitioners to indicate the setting in which the prescription should be dispensed and taken (QDM describes this attribute as <i>setting</i>; QI-Core describes the element as <i>category</i>).</p> <ul style="list-style-type: none"> • A medication order (prescription) written during an inpatient hospitalization with the setting “hospital” represents the QDM concept Medication, not ordered. • A medication order (prescription) written during an inpatient hospitalization with the setting “ambulatory, or community” represents QDM Medication, not discharged. <p>If that order with indication of reason not ordered is present in the clinical system, it qualifies for Medication not discharge. Specific evidence in the discharge instructions about medication(s) to be avoided for a specific reason should be acceptable as evidence of Medication not discharge; however, such information may not be included in the discharge medication list.</p> <p>Questions for the QDM User Group:</p> <ul style="list-style-type: none"> • How might a practitioner indicate a medication intentionally not ordered or recommended (with a reason) for the ambulatory setting? <ul style="list-style-type: none"> ○ Will this information be on the discharge medication list? ○ Do practitioners use the medication order function to indicate medications not

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			<p>ordered with a reason for the ambulatory setting?</p> <ul style="list-style-type: none"> ○ Should QDM 5.5 add further guidance for eCQM developers and implementers regarding use of Medication, not Discharge (i.e., negation rationale for Medication, Discharge)? <p>Discussion:</p> <p>ESAC offered an example: A measure expects a patient to be discharged on an ACE inhibitor based on the principal diagnosis but has a new finding of kidney dysfunction. The clinician therefore changes the hypertensive medicine to one that is not an ACE inhibitor at discharge. How will the clinician indicate the reason for avoiding an ACE inhibitor that the measure expected? Howard Bregman (Epic) suggested this is a communication issue with the following comments.</p> <p>Some products provide capability for a practitioner to select a medication from the admission medication list, highlight it and bring it into the discharge medication list with a specific notation that the medication should not be taken going forward. In this workflow the reason to avoid the medication may be noted but not necessarily in structured text. In most cases, hospitals do not use this function to avoid patient confusion and to avoid unnecessary burden. In most organizations, absence of a medication on a discharge medication list is an indication that the medication should not be continued at home.</p> <p>Joe Kunisch (Memorial Hermann) indicated that reasons for not ordering a medication are built into the discharge workflow such that a pop-up screen asks the practitioner to order the medication based on the diagnosis or to select one of the reason options for not doing so. The EHR does save the information entered in the pop-up window but it is not necessarily available to other practitioners; it may be used only to support measure reporting.</p> <p>User Group members recommended that measures express exclusions or exceptions to address data already present in the clinical record. For example, allergy lists generally accept true allergies, intolerances and other reasons patients to avoid specific medications or medication classes. If a measure expression specifically indicates AllergyIntolerance to the medication value set or direct reference code, the implementer can retrieve available information without interrupting the practitioner workflow.</p> <p>ESAC asked if guidance around this issue is needed in the QDM Guidance update. Joe Kunisch (Memorial Hermann) suggested guidance might not be that useful because this is already a known issue and for future measures feasibility is determined by testing within the clinician workflow. Howard Bregman (Epic) noted this is a known issue and guidance might not be useful. Most EHRs have an allergy table which is also used to capture other reasons for not giving a medication. The</p>

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			<p>measure likely already looks to this table for documentation for why the medication is not given.</p> <p>ESAC reviewed a draft version of guidance content that already addresses feasibility for negation rationale across all of QDM. The User Group was satisfied with that approach.</p> <p>Resolution/Next Steps: The User Group did not express support for additional guidance pertaining to Medication, not Discharge.</p>
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.
5 Minutes	Next Meeting	Jen Seeman (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> - Contact us at qdm@esacinc.com - Or start a discussion: qdm-user-group-list@esacinc.com <p><i>If you attend the QDM User Group meetings but do not receive communications or have access to the QDM User Group List, please send an email to QDM@esacinc.com so you may be added to the distribution list.</i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> - May 20, 2020 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	Alex Borenstein	Greenway Health
N/A	Alex Lui	Epic
N/A	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
N/A	Ann-Marie Dunn	Unknown
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
X	Anne Coultas	All Scripts
N/A	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Balu Balasubramanyam	MITRE
N/A	Ben Hamlin	NCQA
N/A	Benjamin Bussey	Unknown
N/A	Beth Bostrom	AMA
N/A	Brian Blaufeux	Northern Westchester Hospital
X	Bidget Blake	MITRE
X	Brooke Villarreal	Unknown
N/A	Bryn Rhodes	ESAC
N/A	Carolyn Anderson	Primary care practice
N/A	Chris Moesel	MITRE
N/A	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
N/A	Corrie Dowell	BSW Health
N/A	Dalana Ostile	Providence Health Systems
N/A	Dawn Lane	Covenant Health
N/A	Dave Mishler	Care Evolution
X	David Bryan	Unknown
N/A	David Clayman	Allscripts
N/A	Debbie Hall	University of Maryland
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
X	Drew Keller	Unknown
X	Evelyn Cody	Unknown
X	Floyd Eisenberg	ESAC
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
X	Howard Bregman	Epic
N/A	Huy	Unknown
X	Isbelia Briceno	Cerner
N/A	James Bradley	MITRE

Attended	Name	Organization
X	L Dejesus	Informedika
X	Lisa Anderson	NCQA
N/A	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
N/A	Marc Hadley	MITRE
X	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
N/A	Martha Radford	NYU
N/A	Melissa Van Fleet	Alliance Health Oklahoma
X	Mia Nievera	The Joint Commission
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	Unknown
X	Mike Nosal	MITRE
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	Nathan R	Unknown
N/A	Neelam Zafar	The Joint Commission
N/A	Norm Sirois	Unknown
N/A	Pamela Mahan-Rudolph	Memorial Hermann
X	Paul Denning	MITRE
X	Peter Muir	ESAC
N/A	Rachel Buchanan	Oregon Urology
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
X	Rebecca Baer	NCQA
X	Rinku Master	Unknown
X	Rob McClure	MD Partners
N/A	Rob Samples	ESAC
N/A	Robin Holder	Unknown
X	Rose Almonte	MITRE
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA
N/A	Ryan Guifoyle	Unknown
N/A	Samuel Benton	NCQA
N/A	Sarah Sims	My Patient Insight
N/A	Sethuraman Ramanan	Cognizant

Attended	Name	Organization
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
X	Janet Wagner	Unknown
X	Jen Seeman	ESAC
X	Jennifer Distefano	Unknown
N/A	Jenna Williams-Bader	NCQA
N/A	Jill Shuemaker	VCU Health
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
N/A	Julie Koscuiszka	Nyack Hospital
N/A	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Jay Frails	Meditech
N/A	Katie Magoulick	CMS
N/A	Kathy Carson	SemanticBits
X	Kim Sweat	Unknown
N/A	Kimberly Smuk	HSAG
N/A	KP Sethi	Lantana
N/A	Latasha Archer	NCQA
N/A	Laura Pearlman	Midwest Center for Women's Healthcare
N/A	Laurie Wissell	Allscripts

Attended	Name	Organization
N/A	Shanna Hartman	CMS
X	Stan Rankins	Telligen
N/A	Susan Wisnieski	Meditech
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
X	Tess Rayle	Unknown
X	Thomas Hudson	Unknown
N/A	Tom Dunn	Telligen
X	Traci Psihas	ESAC
N/A	Vaspaan Patel	NCQA
N/A	Ward Holland	Unknown
N/A	Wendy Wise	Lantana
N/A	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
X	Yvette Apura	PCPI
N/A	Zahid Butt	MediSolv
N/A	Zeeshan Pasha	Unknown
N/A	N/A	N/A