

Quality Data Implementation (QDI) User Group Meeting | Minutes

Meeting date | 07/12/2023 3:00 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
3:00-3:03 pm	Agenda	ICF	<ol style="list-style-type: none"> 1. Announcements and survey link 2. QI-Core updates before September 2023 ballot <ol style="list-style-type: none"> a. Tracker: [FHIR-41570] Update QI-Core QDM to QI-Core mapping section for QI-Core 6.0 3. General Discussion and Questions
3:03-3:04 pm	Announcements	ICF	<ul style="list-style-type: none"> • MAT and Bonnie User Group –July 20 • Cooking with Clinical Quality Language (CQL) Webinar – July 27 • Cypress Tech Talks – July 25 and August 22 • QDI User Group – August 16 • Resource shared: https://ecqi.healthit.gov/calendar
3:04-3:14 pm	Quality Data Model (QDM)v5.6 to QI-Core R5 Mapping – Observations Changes	ICF	<p>ICF presented changes proposed for mapping Quality Data Model (QDM) current version (5.6) to the new proposed QI-Core STU 6.0 version. This represents an update from the current QI-Core 5.0.0. The reason for these changes include updates based on Office of the National Coordinator for Healthcare Information Technology (ONC) <u>United States Core Data for Interoperability (USCDI) version 3</u> as it is incorporated in HL7's <u>US Core 6.1.0</u> (published June 30, 2023).</p> <p>To review the full set of changes in the QDM mapping to QI-Core, open the attachment included in the following link: [FHIR-41570] Update QI-Core QDM to QI-Core mapping section for QI-Core 6.0. Some of the key changes include how QI-Core 6.0 references observations and how to use QI-Core 6.0 to express hospital encounter-related <i>principal diagnosis</i> and <i>diagnoses present on admission</i>.</p> <p>Specific QI-Core Observations and what QDM datatypes they represent:</p> <ol style="list-style-type: none"> a. QICore Simple Observation – used to capture any “simple” type of observation that is not classified as vital signs, laboratory, imaging, or other more specific observation types; generally used with QDM “Assessment, Performed”; this profile replaces the QI-Core version 5.0.1 Observation because US Core 6.1.0 adds this new profile. b. QICore Observation Clinical Result – generally used with QDM “Diagnostic Study, Performed” based on U.S. Core 6.1.0 Observation Clinical Result, includes non-laboratory clinical test results, and incorporates the version 5.0.1 profiles Observation Imaging Result and Observation Clinical Test Result c. QICore Laboratory Result Observation – generally used with QDM “Laboratory Test, Performed”



Time	Item	Presenter	Discussion/Options/Decisions
3:04-3:14 pm	Quality Data Model (QDM)v5.6 to QI-Core R5 Mapping – Observations Changes (cont.)	ICF	<p>d. QICore Observation Screening Assessment – generally used with QDM “Assessment, Performed”</p> <p>e. US Core Observation Occupation Profile – generally used with QDM “Assessment, Performed” (occupation history); this profile is a new addition to US Core 6.1.0; it is based on the <u>HL7 Occupational Data for Health</u> implementation guide.</p> <p>f. US Core Observation Pregnancy Status Profile – generally used with QDM “Assessment, Performed”; this profile is a new addition to US Core 6.1.0; it provides information about how to express information such as gestational age at any point in time during the pregnancy.</p> <p>g. US Core Observation Pregnancy Intent Profile – generally used with QDM “Assessment, Performed”; this profile is a new addition to US Core 6.1.0; it provides information to assist with decision making with respect to patient risk factors for medications and other interventions.</p> <p>h. US Core Observation Sexual Orientation Profile – generally used with QDM “Assessment, Performed”</p> <p>i. US Core Smoking Status Observation Profile – generally used with QDM “Assessment, Performed”</p> <p>j. US Core Pediatric Head Occipital-frontal Circumference Percentile Profile – generally used with QDM “Physical Exam, Performed”</p> <p>k. US Core Blood Pressure Profile – generally used with QDM “Physical Exam, Performed”</p> <p>l. US Core BMI Profile – generally used with QDM “Physical Exam, Performed”</p> <p>m. US Core Body Height Profile – generally used with QDM “Physical Exam, Performed”</p> <p>n. US Core Body Temperature Profile – generally used with QDM “Physical Exam, Performed”</p> <p>o. US Core Body Weight Profile – generally used with QDM “Physical Exam, Performed”</p> <p>p. US Core Head Circumference Profile – generally used with QDM “Physical Exam, Performed”</p> <p>q. US Core Heart Rate Profile – generally used with QDM “Physical Exam, Performed”</p> <p>r. US Core Pediatric BMI for Age Observation Profile – generally used with QDM “Physical Exam, Performed”</p> <p>s. US Core Pediatric Weight for Height Observation Profile – generally used with QDM “Physical Exam, Performed”</p> <p>t. US Core Pulse Oximetry Profile – generally used with QDM “Physical Exam, Performed”</p> <p>u. US Core Respiratory Rate Profile – generally used with QDM “Physical Exam, Performed”</p> <p>Other QI-Core Modifications based on US Core 6.1.0 Changes</p> <ul style="list-style-type: none"> MedicationDispense – QI-Core 6.0.0 Medication dispense adds constraints to the new US Core STU6.1.0 Medication Dispense rather than the base 4.0.1 MedicationDispense – used with QDM “Medication, Dispensed” Specimen – Since US Core 6.1.0 includes a new Specimen profile, QI-Core 6.0.0 inherits that profile directly rather than including its own QI-Core Specimen profile; this element may be represented by attributes in QDM “Laboratory Test, Performed”.

Time	Item	Presenter	Discussion/Options/Decisions
3:14-3:19 pm	Quality Data Model (QDM)v5.6 to QI-Core R5 Mapping – Adverse Event Changes	ICF	<p>ICF presented content from the QDM to QI-Core mapping available at the following link: [FHIR-41570] Update QI-Core QDM to QI-Core mapping section for QI-Core 6.0. Specific discussion centered around two topics:</p> <ol style="list-style-type: none"> 1. Use of Adverse Event versus identification of a trigger event followed by occurrence of a new resulting condition. Discussion supported use of measure expressions seeking retrieval of trigger events and subsequent observations or conditions since identification that an adverse event occurred requires access to incident reports and separate risk management software in hospitals. Similarly, in ambulatory settings the information most often is not categorized as an adverse event. 2. Definition of <i>principal diagnosis</i>, <i>principal procedure</i>, and <i>diagnosis present on admission</i>.
3:47-3:52 pm	Quality Data Model (QDM)v5.6 to QI-Core R5 Mapping – Encounter changes	ICF	<p>Discussion regarding definition of <i>principal diagnosis</i>, <i>principal procedure</i>, and <i>diagnosis present on admission</i>:</p> <p>Previous versions of QI-Core have used the Encounter.diagnosis element to reference to the list of diagnosis/diagnoses and procedures relevant to the encounter. The <code>Encounter.diagnosis.use</code> value helped to differentiate if the diagnosis or procedure role with respect to the encounter, e.g., the admission diagnosis (AD), the discharge diagnosis (DD), the chief complaint (CC), a comorbidity diagnosis (CM), a pre-op diagnosis (pre-op), a post-op diagnosis (post-op) or a billing diagnosis (billing). Further, <i>principal diagnosis</i> was specified by <code>Encounter.diagnosis.use= billing</code>, and <code>Encounter.diagnosis.rank- 1</code> with similar modeling for principal procedures. Further prior versions of QI-Core identified <i>present on admission</i> (POA) using <code>Encounter.diagnosis.onAdmission</code>.</p> <p>Feedback from implementers and standards experts indicated that concepts such as <i>principal diagnosis</i>, <i>principal procedure</i>, and <i>present on admission</i> were more appropriately retrieved using the Claim profile. Medical record coders review documentation and work with physicians to provide the adjudicated determination of what represents a principal diagnosis, a principal procedure, and the final present on admission flag for each diagnosis. Therefore, QI-Core 6.0 QDM to QI-Core mapping tables now recommend:</p> <ol style="list-style-type: none"> 1. Hospital encounters: <ol style="list-style-type: none"> a. Define <i>principal diagnosis</i> as <code>Claim.diagnosis.sequence = 1</code> plus <code>Claim.diagnosis.diagnosis[x]</code> b. Define <i>principal procedure</i> as <code>Claim.procedure.sequence = 1</code> plus <code>Claim.procedure.procedure[x]</code> c. Define <i>present on admission</i> as <code>Claim.diagnosis.onAdmission</code> plus <code>Claim.diagnosis.diagnosis[x]</code> 2. Ambulatory encounters: <ol style="list-style-type: none"> a. Define <i>primary diagnosis</i> as <code>Claim.diagnosis.sequence = 1</code> plus <code>Claim.diagnosis.diagnosis[x]</code> b. Define <i>primary procedure</i> as <code>Claim.procedure.sequence = 1</code> plus <code>Claim.procedure.procedure[x]</code> c. Ambulatory encounter claims do not have a concept comparable to <i>present on admission</i>

Time	Item	Presenter	Discussion/Options/Decisions
3:47-3:52 pm	Quality Data Model (QDM)v5.6 to QI-Core R5 Mapping – Encounter changes (cont.)	ICF	<p>User Group participants asked how a secondary diagnosis might be represented with QI-Core 6.0. As clarification, the concern about <i>secondary diagnoses</i> references any diagnosis managed during the encounter. This concept is relevant to hospital and to ambulatory encounters. Such diagnoses should still be represented using the QI-Core Encounter profiles which, similar to US Core 6.10, address the clinical concept as either:</p> <ol style="list-style-type: none"> 1. Encounter.reasonCode which has a preferred binding to <u>Encounter Reason Code value set</u> allows use of SNOMED-CT clinical findings, procedures, context-dependent categories, and events; OR 2. Encounter.reasonReference which includes reference to QICore ConditionProblemsHealthConcerns, QICore ConditionEncounterDiagnosis, QICore Procedure, QICore SimpleObservation, and QICore ImmunizationRecommendation.
3:52-4:13 pm	General Discussion and Questions	ICF	<p>QDM to QI-Core Mapping Table</p> <ul style="list-style-type: none"> • Question: Is this table helpful? How can it be improved? • Feedback from group: Some attendees expressed concern that the discussion could be premature as measure developers are currently working on QI-Core 4.1.1. Therefore, considerations about how mapping and use will change over time could lead to confusion since QI-Core 4.1.1, QI-Core 5.0.1, and QI-Core 6.0 have some differences. Further discussion provided rationale for reviewing and evaluating future versions prior to their publication such that concerns could be addressed rather than allow future standards versions to persist challenging recommendations. Further, some of the guidance could be used in earlier versions of QI-Core. For example, reference the discussion about identifying adverse events by seeking triggers and resulting conditions rather than using the Adverse Event profile. Further, QI-Core 4.1.1 or QI-Core 5.0.1 versions include a QI-Core Claim profile. A measure could request retrieval of Claim.diagnosis.sequence = 1 and Claim.diagnosis.diagnosis[x] to determine <i>principal diagnosis</i>, and Claim.diagnosis.onAdmission to determine <i>present on admission</i> instead of the Encounter.diagnosis approach. While the stated elements of the QI-Core Claim profile are not listed as Must Support, they are available for use (in the Snapshot tab of the element table). The measure developer does need to assure the measure authoring tool used for FHIR-based measures allows use of non-Must Support elements; as long as the tooling allows such use, the measure can create expressions based on the QDM mapping table guidance in the QI-Core 6.0 version. <p>Detailed resource information:</p> <p><u>[FHIR-41570] Update QI-Core QDM to QI-Core mapping section for QI-Core 6.0</u></p> <ul style="list-style-type: none"> • Quality Data Model (QDM)v5.6 to QI-Core STU6 Mapping – can review document and send feedback on changes made.

Time	Item	Presenter	Discussion/Options/Decisions
4:13-4:14 pm	Conclusion	ICF	<ul style="list-style-type: none"> Agenda items for updated QDI user group meeting <ul style="list-style-type: none"> Contact us at gdm@icf.com Next user group meeting - stay tuned for updated date! <ul style="list-style-type: none"> August 16, 2023 3:00pm – 4:30pm ET

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
X	Alannah Marsh	Mathematica
N/A	Alex Lui	Epic
N/A	Allison Lance	Oracle
N/A	Alyson Narveson	Nebraska Health Network
N/A	Amanda Grant	NCQA
N/A	Andrea Stewart	New Hampshire DHHS
N/A	Andy Kubilius	The Joint Commission
N/A	Angela Flanagan	Lantana
N/A	Angela Knox	AdvancedMD
N/A	Angie Washam	Community Health of East Tennessee
N/A	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anna Little	HCA Healthcare
N/A	Anne Coultas	All Scripts
N/A	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	April Spears	DHCFP
N/A	Beatriz Espinoza	DHS LA County
N/A	Ben Hamlin	NCQA
N/A	Beth Bostrom	AMA
N/A	Bijal Desai	Northwestern Medicine
N/A	Brian Blaufeux	Northern Westchester Hospital
N/A	Bridget Blake	MITRE

Attended	Name	Organization
N/A	Lakisha Johnson	Catholic Health
X	Lanre I.	-
N/A	Laura Kramer	NCQA
N/A	Laura Myers	The Orchards Michigan
N/A	Laura Pearlman	The Orchards Michigan
N/A	Laurie Wissell	Allscripts
N/A	L Dejesus	Informedika
N/A	Lisa Anderson	NCQA
N/A	Lissinia La	Redlands Hospital
N/A	Lizzie Charboneau	MITRE
N/A	Lucilia Pereira	Southcoast
N/A	Lillian Guffey	Ascension Health Alliance
N/A	Lolita Jones	iQueryData
N/A	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marcella Harker-Jones	CDC
N/A	Maria-Teresa King	ACS
N/A	Marc Hadley	MITRE
N/A	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Margaret Dittloff	Junum
N/A	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
N/A	Maritza Espada	Pan Menonita



Attended	Name	Organization
N/A	Bryn Rhodes	ICF
N/A	Carolyn Anderson	Primary care practice
N/A	Cathy Duke	Greenway Health
N/A	Chana West	CDQ Solutions
N/A	Chris Moesel	MITRE
N/A	Cindy Hartmann	BCBSFL
N/A	Cindy Lamb	Telligen
N/A	Claudia Hall	Mathematica
N/A	Connie Tyre	BCHSI
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
N/A	David Clayman	Allscripts
N/A	David Conger	Southwest Network
N/A	David Czulada	Mitre
N/A	Debbie Gibson	Psych
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
N/A	Dorothy Lee	NCQA
N/A	Esther Ndemo	American Academy of Neurology
N/A	Evelyn Cody	Mathematica
N/A	Fallon Howell	Western Wayne Family Health Centers
N/A	Fern McCree	NCQA
X	Floyd Eisenberg	ICF
N/A	Gary Parker	Alabama Medicaid
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ICF
N/A	Gerald Angel	HOAG
N/A	Grace Glennon	Yale CORE
X	Greta Kessler	Unknown
N/A	Howard Bregman	Epic
X	Hugo Andrade	Mathematica
N/A	Jamie Reinert	-
N/A	Jana Malinowski	Cerner

Attended	Name	Organization
N/A	Martha Radford	NYU
N/A	Matthew Dugal	Dynamic Health
X	Melissa Breth	-
N/A	Melody Hall-Ramirez	DHCFP
N/A	Mia Nievera	The Joint Commission
N/A	Michael Jung	ClaraPrice
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	NCQA
N/A	Mike Nosal	MITRE
N/A	Michelle Benz	Edifecs
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
N/A	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Misty Carruth	Holy Cross Hospital-Taos
N/A	Nancy Rapada	Flagler Hospital
N/A	Nayaab Baig	NCQA
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Boland	Taos Hospital
N/A	Nicole Hunter	Semantic Bits
N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
N/A	Paul Lee	DHCS
X	Peter Muir	ICF
N/A	Piper Ranallo	AAN
N/A	Prem Sahgal	PIH Health
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
N/A	Rachelle Zribi	Yale
N/A	Raj Mann	My Harmony Health
N/A	Rajvi Shah	Unknown
X	Raquel Belarmino	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebeccah Baer	NCQA
N/A	Rebecca Swain-Eng	Swain Eng Associates



Attended	Name	Organization
N/A	Janelle Capo	Flagler Health
N/A	Janna Sartin	Girard Medical Center
N/A	Jay Frails	Meditech
X	Jean Fajen	Telligen
X	Jen Seeman	ICF
X	Jenel Lansang	Mathematica
N/A	Jennifer Distefano	All Scripts
N/A	Jill Shuemaker	VCU Health
N/A	Jim McKinley	Alabama Medicaid
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
N/A	Joan Brown	Bowen Center
N/A	Joan Preston	Central Health
N/A	Joanna Elhaddi	HSAG
X	Joanna Ramsaier	ICF
N/A	Jodi Jensen	St. Peter's Health
N/A	Joanne Zhou	Hospital for Special Surgery
N/A	Joe Bormel	Cognitive Medicine
N/A	Joel Roberts	Piedmont
N/A	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
N/A	Jory Hatton	ClaraPrice
N/A	Joyce Parsons	Steward
N/A	Julia Dawson	The Joint Commission
N/A	Julie-Marie Lebbie	Common Spirit
N/A	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Justin Smith	MN South Country Health Alliance
N/A	Karen Levin	Pomona Valley Hospital Medical Center
X	Karen McLaughlin	MediSolv
N/A	Karl	MITRE
N/A	Kat Sobel	NCQA
N/A	Katie Magoulick	IMPAQ
N/A	Karen McLaughlin	Medisolv

Attended	Name	Organization
N/A	Renee Mann	EM Healthcare
N/A	Rhonda Schwartz	ICF
N/A	Regina Beach	ERP International
N/A	Rhonda Smith	Novant Health
N/A	Rhett Partin	Georgia Hospital Association
N/A	Rob McClure	MD Partners
X	Roger A.	-
N/A	Rose Almonte	MITRE
N/A	Roxanne Williams	BV Health System
N/A	Ruth Dalgetty	Johns Hopkins Medicine
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA
N/A	Samuel Benton	NCQA
N/A	Sandi Mitchell	JPSYS
N/A	Sarah Sims	My Patient Insight
N/A	Sera Gearhart	Mathematica
N/A	Sethuraman Ramanan	Cognizant
N/A	Sharon Hibay	Advanced Health Outcomes
N/A	Sherri Repsher	Good Shepherd Rehabilitation
N/A	Sheila Aguilar	TJC
N/A	Shellie T	Unknown
N/A	Stan Rankins	Telligen
N/A	Stephen Williams	Mon Health System
N/A	Susan Wisnieski	Meditech
N/A	Sweta Shah	NCQA
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Teresa D Barker	CHH Grove
N/A	Terra Stump	Mathematica
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
X	Traci Psihas	ICF
N/A	Valery Andino	Altera Health
N/A	Veronica Dunlap	HSAG
N/A	Veronica Kirchner	WellSpan
N/A	Vivian Steinmetz	St. Joseph's Wayne Hospital



Attended	Name	Organization
N/A	Kathy Huska	WellSpan
N/A	Kelly Burlison	Heart
N/A	Kim Dillon	King's Daughters Health System
N/A	Kim Lussier	Holy Oke Health
X	Kimberly Smuk	Mathematica
N/A	KP Sethi	Lantana
N/A	Kris Done	Lantana

Attended	Name	Organization
N/A	Wendy Holmes	New Hanover Regional Medical Center
N/A	Wendy Wise	Lantana
N/A	Yan Heras	ICF
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv

