Quality Data Model (QDM) User Group Meeting | Minutes

Meeting date | *05/20/2020 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)	• A Cooking with CQL session will be held on May 28, 2020 • Next QDM User Group Meeting June 17, 2020
45 Minutes	QDM-251 – CQL Expression of Critical Values	Floyd Eisenberg (ESAC)	**Overview:** Maggie Lohnes (IMPAQ) explained that the issue of expressing critical values in laboratory results arose during the development of measures related to the action pathologists perform when a critical value is identified. QDM 5.5 does not have the ability to indicate criticality. Maggie brought this forward because of the unknown transition timeline to FHIR. The team considered using reference ranges, but depending on the lab equipment or the policies of the organization, the numeric ranges cannot be depended upon to identify reference ranges or criticality. The HL7 lab result transaction includes an indicator of whether the value is determined to be critical by the lab; EHRs handle that indicator as a flag, or metadata with respect to the numerical result. The IMPAQ Team is considering how to capture that concept for these measures. The IMPAQ use case requires knowledge of a critical flag for troponin levels to determine the time lapse between availability of the critical result to the time that result was communicated to the responsible physician. User Group attendees suggested that there are other use cases that would benefit from determining a high, low, critical high or critical low laboratory results. For the first measure, the workaround under consideration is implementing every result as critical to the diagnosis of AMI. The second pertains to critical values of a chemistry panel for which there is no current workaround. Use Case: Pathologist-centric eCQMs Two measures evaluate actions related to laboratory critical value reporting. • QDM 5.5 includes *reference range high* and *reference range low* attributes, but these are different concepts than critical values. Moreover, since reference ranges

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			vary by laboratory and time, only interpretation flags make sense for clinical quality measures. • Laboratory reference ranges for high, low, critical high and critical low thresholds for troponin can vary across sites depending on a number of factors including but not limited to the population tested, the methodology used to test the blood sample, and possible environmental factors. Therefore, laboratory information systems (LIS) and EHRs rely on the **Critical tags** (flags): ▪ AA Critical abnormal ▪ HH Critical high ▪ LL Critical low • HL7 V2 transactions use the OBX-8 field to represent the required interpretation; the value set of available codes to specify interpretations is the observation-interpretation HL7 V3 value set also used for the FHIR R4 Observation-interpretation element: http://hl7.org/fhir/R4/valueset-observation-interpretation.html • VSAC includes the HL7 V3 values and measure developers could use direct reference codes from these values or they could create a value set of the values that meet the intent for their measures. The HL7 V3 value sets relevant to this discussion are: ○ ObservationInterpretation – a list of all possible interpretations and this list is identical to the FHIR R4 Observation-interpretation value set (link provided above). This value set includes codes to use for flags for reference range high (H) and reference range low (L) and for critical (AA), critical high (HH) or critical low (LL). ○ ObservationValue – a list of codes to use as the value that represents the laboratory result the result values consistent with this use case are high criticality (CRITH), low criticality (CRITL), and unable to assess criticality (CRITU) • VSAC includes a laboratory observation (critical values): Criticality Observation (2.16.840.1.113883.1.11.20549) ▪ CRITH – high criticality ▪ CRITL – low criticality

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			▪ CRITU – unable to access criticality QDM 5.5 “Laboratory Test, Performed” *result* attribute can reference a code to indicate the result is critical (would likely need a subset of the existing value set excluding the CRITU). However, using these values as *results* may introduce confusion and burden for implementers and clinicians. Question for implementers: Are you able to map actual numerical result values to a critical code to allow measure reporting using the QDM *result* attribute? **Discussion:** Joe Kunisch (Memorial Hermann) thought it was possible to map to result, but would require further investigation. There is an indicator in lab result of the values when out of range. He suggested that comparisons are difficult if organizations set their own standards for what is critical. ESAC suggested that each lab has its own reference range based on the population/instrumentation and determines the critical value based on its reference. The lab sends the flags to indicate criticality based on its statistically determined thresholds. Maggie Lohnes (IMPAQ) noted the lab result transaction transmitted to EHRs indicates abnormal high, abnormal low or critical flags. These are used to generate a critical flag on the results display screen. Zahid Butt (MediSolv) confirmed the critical flag is present in the EHR. The critical flags are represented in a variety of ways as mentioned but the codes used in each EHR may be different than the ones received from the laboratory. He suggested it is important that the machine/facility identify the value as critical because reference ranges differ by system. Given reference ranges differ across systems for the same test, interpretation may be a better approach to address criticality. ESAC asked the User Group to consider whether there are there other measures impacted by this issue and whether it is worth moving forward with an update to QDM to address this issue. Maggie Lohnes (IMPAQ) suggested critical value reporting is an important management process and if available could be used in multiple eCQMs. Peter Muir (ESAC) offered a use case where hospitals report partial thromboplastin time (PTT) and the critical ranges differ by hospital. Measures addressing this sort of information would be aided by use of the critical flag. Zahid Butt (MediSolv) suggested there is no downside to making this change.

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			Given the lack of a workaround, the User Group generally supported the addition of interpretation to identify flags for CriticalHigh(HH), CriticialLow(LL), high(H), low(L) and potentially others. This is significant for measures in progress for the next AU cycle. Maggie Lohnes (IMPAQ) moved to recommend an update to QDM for the upcoming AU cycle to add an attribute to "Laboratory Test, Performed" to allow expression of interpretation. Zahid Butt (MediSolv) seconded. Howard Bregman (Epic) opposed the motion. There were 24 attendees who were not representing ESAC as a standards contractor. The result was 22 approved, 1 abstained and 1 opposed. **Resolution/Next Steps:** ESAC will move forward with the recommendation to add the *interpretation* attribute to "Laboratory Test, Performed" in QDM. ESAC will propose the change through the eCQM Governance process.

30 Minutes	Managing active conditions in QI-Core	Floyd Eisenberg (ESAC)	**Overview:**
			FHIR allows a clinical status and verification status. In converting measures into FHIR, measure developers considered how to best define conditions in eCQM CQL. Available resources:
			• Condition.clinicalStatus – the clinical status of the condition
			  ○ Codes:
			  ▪ active
			  • recurrence
			  • relapse
			  ▪ inactive
			  • remission
			  • resolved
			• Condition.verificationStatus – the verification status to support the clinical status of the condition.
			  ○ Codes:
			  ▪ unconfirmed
			  • provisional

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			• differential ▪ confirmed ▪ refuted ▪ entered-in-error For implementers, is this information available: • At all • Consistently For eCQM developers: • Should measures just indicate “and not refuted, entered in error”? Consider how to best define conditions in eCQM CQL. Available resources: • Condition.clinicalStatus • Condition.verificationStatus **Discussion:** ESAC asked if asked for an active condition, would the EHR auto assign an active status. Peter Muir (ESAC) suggested often it does not assign an active status. Mia Nivera (TJC) noted in some instances depending on who is documenting it will auto populate as active. For example, if a physician enters the data, it may default to active diagnosis. Peter Muir (ESAC) suggested selecting active does not assign a start or end date and clinicians like to keep the end date open so it is available for selection at a later date. ESAC suggested the question arose regarding whether there is a default for status and whether it is updated when the condition has resolved. ESAC asked whether it would be useful to provide guidance to measure developers. Joe Kunisch (Memorial Hermann) noted coders will change the diagnosis codes as they have different rules for billing. Often times they change the code from what the physician entered on the inpatient side. Consistency has always been an issue with diagnoses and problems. ESAC asked if adding guidance that the measures just indicate “and not refuted, entered in

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			error" would be beneficial. Joe Kunisch (Memorial Hermann) did not think this would add value. The discharge diagnosis list is the source of truth. Zahid Butt (MediSolv) suggested on the ambulatory side, the active status remains throughout the performance period even if the condition resolves. For conditions tied directly to the encounter diagnosis, there is less of a problem. ESAC suggested if looking for a diagnosis with no encounters it is complicated to determine if they have diagnosis and if it is still active. This is complicated as there is no encounter. Zahid Butt (MediSolv) suggested health plans will base that on the last encounter on the claims side. If not in the encounter, it would be in the problem list, which we know is unreliable. **Resolution/Next Steps:** Given the way the data is captured, the User Group members concluded that there is no useful guidance to provide at this time.
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	Attendees had no further questions or discussion topics.
5 Minutes	Next Meeting	Traci Psihas (ESAC)	**Agenda items for next QDM user group meeting** – Contact us at qdm@esacinc.com – Or start a discussion: qdm-user-group-list@esacinc.com *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.* **Next user group meeting -** June 17, 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
X	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
X	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
N/A	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 Brian	Unknown
N/A	David Clayman	Allscripts
N/A	Debbie Hall	University of Maryland
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
N/A	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
N/A	Isbelia Briceno	Cerner
N/A	James Bradley	MITRE
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner

Attended	*Name*	*Organization*
N/A	L Dejesus	Informedika
N/A	Lisa Anderson	NCQA
N/A	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
X	Maggie Lohnes	IMPAQ
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
N/A	Mike Nosal	MITRE
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
X	Michelle Lefebvre	IMPAQ
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
X	Pamela Mahan-Rudolph	Memorial Hermann
N/A	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	Rebeccah Baer	NCQA
N/A	Rinku Master	Unknown
N/A	Rob McClure	MD Partners
N/A	Rob Samples	ESAC
N/A	Robin Holder	Unknown
N/A	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	Janet Wagner	Unknown
X	Jen Seeman	ESAC
N/A	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	Joe Bormel	Cognitive Medicine
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
X	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
N/A	Tess Rayle	Unknown
N/A	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
X	Zahid Butt	MediSolv
N/A	Zeeshan Pasha	Unknown
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
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