

Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 10/18/2017 2:30 PM ET | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=mb962393406b2f4cf8f09d16d996ee5ec>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	<ul style="list-style-type: none"> - Cooking with CQL Webinar was held on Thursday, October 25th at 4pm ET, <ul style="list-style-type: none"> o Please submit CQL-related questions and/or measure examples to cqlsac@esacinc.com - Now Available: 2018 (eCQM) Value Set Addendum for Eligible Clinician, Eligible Professional, and Hospital Quality Reporting Programs <ul style="list-style-type: none"> o CMS issued an addendum to the electronic clinical quality measure (eCQM) annual update specifications published in May 2017. The addendum updates the eCQM value sets, technical release notes, and the binding parameter specification for the 2018 Reporting period for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) and the Performance period for Eligible Professionals (EPs) and Eligible Clinicians, and is now available on the eCQI Resource Center. - CMS QRDA Reference and Guides now located on the eCQI Resource Center <ul style="list-style-type: none"> o Effective October 1, 2017, the Centers for Medicare & Medicaid Services (CMS) has moved the source of truth of the CMS QRDA Reference and Implementation Guides (IGs) from the eCQM Library Page to the QRDA page of the Electronic Clinical Quality Improvement (eCQI) Resource Center. The eCQM Library Page will sunset at the end of the year and will be replaced with a redirect link to the eCQI Resource Center. - CMS released preview of draft eCQM specification using Clinical Quality Language (CQL) <ul style="list-style-type: none"> o Draft specifications are available through November 13, 2017 on the CQM Issue Tracker via the following tickets: <ul style="list-style-type: none"> ▪ CQM-2858: EH and CAH measures ▪ CQM-2860: EP/EC measures



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10 Minutes	QDM/QI-Core Mapping Results – General Introduction	Floyd Eisenberg (ESAC)	<p>Overview: Review of QDM comparison to the HL7 QI Core Standard for Trial Use (STU). The October 2017 meeting will review the results at a high level and initiate the discussion. The ESAC team completed a review of each QDM datatype and its related attributes, identifying QI Core concepts and metadata that can be used to express the QDM concepts. ESAC expects the review may continue over the next several QDM User Group meetings with final resolution in time for a proposed new version of QDM in late Spring, 2018. This effort will not suggest modifications to QDM for the 2017-2018 measure development cycle unless there is a significant error identified that would impact current measure development efforts. If the User Group identifies any such errata, the established process is to submit the change request to the MAT Change Control Board (MCCB) for review.</p> <p>The following subjects review findings from the ESAC review of the published Quality Data Model (QDM) 5.3 annotated version in context of the HL7 standard, QI Core,</p>												
10 Minutes	QDM/QI-Core Mapping – Performed QDM Datatypes	Floyd Eisenberg (ESAC)	<p><u>The QDM model includes a number of datatypes that use the context of “performed” as noted below with their corresponding QI Core concepts:</u></p> <table border="0"> <thead> <tr> <th data-bbox="856 743 1052 773"><u>QDM Concept</u></th> <th data-bbox="1262 743 1497 773"><u>QI Core Concept</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="810 781 1247 810">• Diagnostic study.....</td> <td data-bbox="1247 781 1415 810">Observation</td> </tr> <tr> <td data-bbox="810 816 1247 846">• Encounter.....</td> <td data-bbox="1247 816 1388 846">Encounter</td> </tr> <tr> <td data-bbox="810 852 1247 881">• Laboratory test.....</td> <td data-bbox="1247 852 1409 881">Observation</td> </tr> <tr> <td data-bbox="810 888 1247 917">• Physical exam.....</td> <td data-bbox="1247 888 1675 917">Observation, <i>perhaps Procedure</i></td> </tr> <tr> <td data-bbox="810 924 1247 953">• Procedure.....</td> <td data-bbox="1247 924 1388 953">Procedure</td> </tr> </tbody> </table> <p>The QI Core metadata element to best represent the context intended is <i>status</i>. Value sets of available status options include:</p>	<u>QDM Concept</u>	<u>QI Core Concept</u>	• Diagnostic study.....	Observation	• Encounter.....	Encounter	• Laboratory test.....	Observation	• Physical exam.....	Observation, <i>perhaps Procedure</i>	• Procedure.....	Procedure
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10 Minutes, Cont.	QDM/QI-Core Mapping – Performed QDM Datatypes, Cont.	Floyd Eisenberg (ESAC), Cont.	<table border="0"> <thead> <tr> <th><u>Observation</u></th> <th><u>Encounter</u></th> <th><u>Procedure</u></th> </tr> </thead> <tbody> <tr> <td>observation-status</td> <td>encounter-status</td> <td>event-status</td> </tr> <tr> <td>• registered.....</td> <td>planned.....</td> <td>preparation</td> </tr> <tr> <td>• preliminary.....</td> <td>arrived.....</td> <td>in-progress</td> </tr> <tr> <td>• final.....</td> <td>finished.....</td> <td>completed</td> </tr> <tr> <td>• amended.....</td> <td>In-progress</td> <td></td> </tr> <tr> <td>• corrected.....</td> <td>onleave</td> <td></td> </tr> <tr> <td>•</td> <td>triaged</td> <td></td> </tr> <tr> <td>• cancelled.....</td> <td>cancelled.....</td> <td>suspended</td> </tr> <tr> <td>• entered-in-error.....</td> <td>entered-in-error.....</td> <td>entered-in-error</td> </tr> <tr> <td>• unknown.....</td> <td>unknown.....</td> <td>unknown</td> </tr> </tbody> </table> <p>Question for the QDM User Group: The observation.status, encounter.status or procedure.status may fit best with defining the referenced QDM datatypes. However, it seems that a mapping from QDM datatypes to QI Core should constrain the value set concepts that impart the appropriate meaning. Which status value set concepts are most consistent with the intent of the QDM datatypes referenced? As an example, registered, preliminary, incomplete or unknown might not be appropriate for the observation performed; however final, amended, and corrected might be an appropriate subset to consider.</p> <p><u>Discussion:</u> Joe Kunisch (Memorial Hermann) – Suggested this makes sense. Only those three are applicable. Lisa Anderson (TJC) – Agreed and asked how this would be modeled. ESAC suggested the purpose is to use the tooling to constrain for this value set. Juliet Rubini (Mathematica) – Suggested that registered may indicate the specimen has been received but is not yet processed, and thus a status prior to pending.</p> <p><u>Resolution/Next Steps:</u></p> <ul style="list-style-type: none"> • For Observation.status - Final, amended and corrected is the subset of interest. • For Encounter.status – finished is the only value of interest. • For Procedure.status – completed is the only value of interest. 	<u>Observation</u>	<u>Encounter</u>	<u>Procedure</u>	observation-status	encounter-status	event-status	• registered.....	planned.....	preparation	• preliminary.....	arrived.....	in-progress	• final.....	finished.....	completed	• amended.....	In-progress		• corrected.....	onleave		•	triaged		• cancelled.....	cancelled.....	suspended	• entered-in-error.....	entered-in-error.....	entered-in-error	• unknown.....	unknown.....	unknown
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10 Minutes	QDM/QI-Core Mapping – Recommended QDM Datatypes Cont.	Floyd Eisenberg (ESAC) Cont.	<ul style="list-style-type: none"> • <u>plan</u> - The request represents an intension to ensure something occurs without providing an authorization for others to act • <u>order</u> - The request represents a request/demand and authorization for action • <u>instance-order</u> - The request represents an instance for the particular order, for example a medication administration record. <p><u>ProcedureRequest request-intent</u></p> <ul style="list-style-type: none"> • proposal - The request is a suggestion made by someone/something that doesn't have an intention to ensure it occurs and without providing an authorization to act • plan - The request represents an intension to ensure something occurs without providing an authorization for others to act • order - The request represents a request/demand and authorization for action • original-order - The request represents an original authorization for action • reflex-order - The request represents an automatically generated supplemental authorization for action based on a parent authorization together with initial results of the action taken against that parent authorization • filler-order - The request represents the view of an authorization instantiated by a fulfilling system representing the details of the fulfiller's intention to act upon a submitted order • instance-order - An order created in fulfillment of a broader order that represents the authorization for a single activity occurrence. E.g. The administration of a single dose of a drug. • option - The request represents a component or option for a RequestGroup that establishes timing, conditionality and/or other constraints among a set of requests. <p>Question for the QDM User Group: The .intent value sets seem more consistent with the expectation for the QDM context of <i>Recommended</i> and therefore, do you agree the .intent value sets should be used rather than .status? If so, which of the available concepts in that value set should be used to reference the QDM <i>Recommended</i> context? Specifically, is <i>proposal</i> or <i>plan</i> more consistent with the QDM scope? If .status seems appropriate, which values are most appropriate from that value set?</p> <p><u>Discussion:</u> The User Group agreed that ProcedureRequest.intent or MedicationRequest.intent were the</p>

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10 Minutes	QDM/QI-Core Mapping – Recommended QDM Datatypes Cont.	Floyd Eisenberg (ESAC) Cont.	<p><u>appropriate metadata elements to use for the QDM <i>Recommended</i> context. Discussion then focused on which of the .intent value set concepts to consider.</u></p> <p>Ben Hamlin (NCQA) - <i>Plan</i> is more appropriate because you want it documented that there is an intention that something should occur or does occur. The <i>proposal</i> definition is too watered down in that it seems there is no requirement to follow-up or enact any action. Joe Kunisch (Memorial Hermann) – Agreed.</p> <p><u>Resolution/Next Steps:</u> Map recommendation to ProcedureRequest.intent constrained to <i>plan</i>, or MedicationRequest.intent constrained to <i>plan</i> as appropriate to the QDM datatype.</p>																		
10 Minutes	QDM/QI-Core Mapping – Order QDM Datatypes	Floyd Eisenberg (ESAC)	<p><u>The QDM model includes a number of datatypes that use the context of “order” as noted below with their corresponding QI Core concepts:</u></p> <table border="0"> <thead> <tr> <th><u>QDM Concept</u></th> <th><u>QI Core Concept</u></th> </tr> </thead> <tbody> <tr> <td>• <u>Device.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Diagnostic Study.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Encounter.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Laboratory Test.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Medication.....</u></td> <td><u>MedicationRequest</u></td> </tr> <tr> <td>• <u>Physical Exam.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Procedure.....</u></td> <td><u>ProcedureRequest</u></td> </tr> <tr> <td>• <u>Substance.....</u></td> <td><u>MedicationRequest</u></td> </tr> </tbody> </table> <p><u>As with the <i>Recommended</i> context, the QDM User Group was asked to review the .status or .intent metadata value sets for the <i>Order</i> context. The User Group agreed with the use of the .intent value sets. The content of the ProcedureRequest and the MedicationRequest intent value sets is provided in the discussion about <i>Recommended</i> intent.</u></p> <p><u>Question for the User Group: Which of the .intent value set concepts should be used to reference the QDM context of <i>Order</i>?</u></p> <p><u>Discussion:</u> The User Group agreed to constrain the MedicationRequest.intent value set to <i>order</i>, and</p>	<u>QDM Concept</u>	<u>QI Core Concept</u>	• <u>Device.....</u>	<u>ProcedureRequest</u>	• <u>Diagnostic Study.....</u>	<u>ProcedureRequest</u>	• <u>Encounter.....</u>	<u>ProcedureRequest</u>	• <u>Laboratory Test.....</u>	<u>ProcedureRequest</u>	• <u>Medication.....</u>	<u>MedicationRequest</u>	• <u>Physical Exam.....</u>	<u>ProcedureRequest</u>	• <u>Procedure.....</u>	<u>ProcedureRequest</u>	• <u>Substance.....</u>	<u>MedicationRequest</u>
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10 Minutes	QDM/QI-Core Mapping – Order QDM Datatypes Cont.	Floyd Eisenberg (ESAC) Cont.	<p><u>instance-order</u>, and the ProcedureRequest.intent value set to <u>order</u>, <u>original-order</u>, <u>reflex-order</u>, <u>filler-order</u>, and <u>instance-order</u>.</p> <p>Resolution/Next Steps: Map QDM Order context to <u>MedicationRequest.intent value set to order</u>, and <u>instance-order</u>, and the ProcedureRequest.intent value set to <u>order</u>, <u>original-order</u>, <u>reflex-order</u>, <u>filler-order</u>, and <u>instance-order</u>, as appropriate.</p>
10 Minutes	QDM/QI-Core Mapping – Adverse Event QDM Datatype Timing	Floyd Eisenberg (ESAC)	<p>Adverse Event In QDM, Adverse Event is associated with two methods to address timing:</p> <ul style="list-style-type: none"> ○ Relevant Period – startTime and stopTime ○ Author dateTime <p>In QI Core, the only timing referenced is dateTime and generic FHIR provenance might provide authored time:</p> <ul style="list-style-type: none"> ○ dateTime – when the event occurred ○ Provenance – authored time <p>The question for the QDM User Group is: Which is more appropriate for adverse event: Relevant Period or dateTime? If Relevant Period is appropriate, should we map relevant period startTime to AdverseEvent.dateTime? (I.e., assume the Relevant Period starts and stops at the same time)</p> <p>Discussion: Ben Hamlin (NCQA) - Guidance would be helpful indicating relevant period most frequently is a single dateTime; startTime=stopTime unless there is documentation that these are different and if all you have is startTime, map this to dateTime. The User Group agreed with this approach.</p> <p>Resolution/Next Steps: Add guidance to the next QI Core ballot (possibly STU 3 in the January 2018 HL7 cycle) to address the AdverseEvent start times with respect to QDM.</p>
10 Minutes	QDM/QI-Core Mapping – Adverse Event QDM Datatype - Reaction	Floyd Eisenberg (ESAC)	<p>Adverse Event In QDM, the Adverse Event reaction is defined by the <i>type</i> attribute:</p> <ul style="list-style-type: none"> ○ Type – characterization of the reaction ○ No QDM reference for near miss, unsafe conditions, potential adverse events, etc. <p>In QI Core, the relevant metadata concepts defining adverse events are provided below:</p> <ul style="list-style-type: none"> ○ AdverseEvent.reaction – information about the reaction that occurred as a result of the

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10 Minutes	QDM/QI-Core Mapping – Adverse Event QDM Datatype – Reaction Cont.	Floyd Eisenberg (ESAC) Cont.	<ul style="list-style-type: none"> ○ exposure. ○ AdverseEvent.type – incident, near-miss, unsafe condition ○ AdverseEvent.category – Adverse Event or Potential Adverse Event <p>Rather than change the QDM attribute name <i>type</i>, it seems reasonable to map <i>type</i> to AdverseEvent.reaction. However, should QDM address the concepts represented by the QI Core metadata <i>.type</i> and <i>.category</i>?</p> <p><u>Discussion:</u> Joe Kunisch (Memorial Hermann) indicated that type could be useful; his organization uses the terms, incident, near miss, etc. to classify the level of an event. At present, information about such events are maintained in a separate system and not in the EHR, but the information is captured in the event system. Ben Hamlin (NCQA) – Near misses are important to capture. It is important to define severity and document whether additional investigation is required. Capturing Adverse Event incident type is significant. Once an incident has occurred, it could be a potential Adverse Event.</p> <p>ESAC: This discussion would potentially consider two additional attributes to AE, AdverseEvent.type and AdverseEvent.category as with FHIR metadata. Or is just type needed?</p> <p>Ben Hamlin (NCQA) suggested both incident type and category are needed. Reaction is a different clinical element from the severity of the incident that may have happened or was prevented. From a patient safety perspective, what you prevented or what happened and the implications of both are important to the measurement community.</p> <p><u>Resolution/Next Steps:</u> Maintain the QDM attribute <i>type</i> but consider changing the term to <i>reaction</i> in a future version; currently map <i>type</i> to AdverseEvent.reaction. And, add <i>type</i> and <i>category</i> similar to the metadata addressed in FHIR and QI Core.</p>
5 Minutes	QDM/QI-Core Mapping – Allergy/Intolerance QDM Datatype - Timing	Floyd Eisenberg (ESAC)	<p>Allergy/Intolerance In QDM, Adverse Event is associated with two methods to address timing:</p> <ul style="list-style-type: none"> • Prevalence Period • Author dateTime <p>QI Core addresses timing of AllergyIntolerance as:</p>

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5 Minutes	QDM/QI-Core Mapping – Allergy/Intolerance QDM Datatype – Timing Cont.	Floyd Eisenberg (ESAC) Cont.	<ul style="list-style-type: none"> • AssertedDate - The date on which the existence of the AllergyIntolerance was first asserted or acknowledged • Provenance.recorded <p>Question for the QDM User Group – what is the preferred approach to addressing timing for Allergy/Intolerance? For example, an allergy/intolerance could have been asserted six years ago, but was reported to the physician today. This circumstance could apply for diagnosis as well, when it was first recognized or asserted vs. when it was first entered in the record.</p> <p>Discussion: Joe Kunisch (Memorial Hermann) – Author dateTime was used as a fallback, because clinicians might not always record start date for allergy or diagnosis. Ben Hamlin (NCQA) – Asserted date is more useful. Using immunization as an example, childhood intolerances may go away. It is more important to know when the event occurred rather than when it was reported or documented. Onset date is most important in clinical terms.</p> <p>Resolution/Next Steps: Asserted date is the closest to the onset date and this is more informative than documentation date even though QI Core does not reference an abatement dateTime. Similar to Adverse Event, add guidance to the next QI Core ballot (possibly STU 3 in the January 2018 HL7 cycle) to address the AllergyIntolerance start times with respect to QDM. Keep authorDatetime (QI Core – Provenance.recorded) in the event a measure developer wants to use it.</p>
5 Minutes	QDM/QI-Core Mapping – Allergy/Intolerance QDM Datatype – Reaction	Floyd Eisenberg (ESAC)	<p>Allergy/Intolerance Similar to the discussion about Adverse Event, QDM reverse to the allergic reaction as:</p> <ul style="list-style-type: none"> • Type – the characterization of the reaction <p>QI Core addresses reaction and other concepts not included in QDM:</p> <ul style="list-style-type: none"> • AllergyIntolerance.reaction.manifestation – the QDM <i>type</i> attribute maps to this QI Core metadata element. • AllergyIntolerance.Type – allergy (propensity for hypersensitivity) or intolerance (propensity for adverse reactions) – not addressed in QDM • AllergyIntolerance.catgeory – food, medication, biologic – not addressed in QDM <p>Questions for the QDM User Group:</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Allergy/Intolerance QDM Datatype – Reaction Cont.	Floyd Eisenberg (ESAC) Cont.	<p>a. Do you agree with mapping the QDM datatype attribute <i>type</i> to AllergyIntolerance.reaction.manifestation?</p> <p>b. Should QDM add the concepts addressed in QI Core metadata:</p> <ol style="list-style-type: none"> i. <i>type</i> (allergy or intolerance), and ii. <i>category</i> (food, medication, biologic)? <p><u>Discussion:</u> Ben Hamlin (NCQA) noted that regarding measure logic exclusions, a mild intolerance is not exclusionary and, therefore, the additional attributes might be useful. Joe Kunisch (Memorial Hermann) indicated that his organization’s EHR currently provides the ability to enter the type of allergy or type of reaction.</p> <p><u>Resolution/Next Steps:</u> The QDM User Group agreed to add attributes corresponding to QI Core AllergyIntolerance.type and AllergyIntolerance.category in a future version of QDM.</p>
5 Minutes	QDM/QI-Core Mapping – Assessment Performed QDM Datatype - Timing	Floyd Eisenberg (ESAC)	<p>Assessment, Performed</p> <p><u>QDM Addresses timing for Assessment, Performed only as Author dateTime.</u></p> <p>QI Core provides the following options for timing of observations performed:</p> <ul style="list-style-type: none"> • Observation.effective.x - •The time or time period the observed value is asserted as being true. For biological subjects – e.g., human patients – this is usually called the “physiologically relevant time”. This is usually either the time of the procedure or of the specimen collection, but very often the source of the dateTime is not known, only the dateTime itself. • Provenance.recorded <p>Measures can address a specific question in an assessment to reference a dateTime as a response (e.g., last menstrual period (LMP)) and the author dateTime reflects when the response was entered into the system by the clinician. Alternatively, a laboratory test or diagnostic test has an effective time consistent with the physiologically relevant time indicated in the QI Core definition of Observation.effective.x. And that concept is referenced in the QDM Lab Test attribute, Relevant Time. Thus, for Assessment, maintaining only Author dateTime might be appropriate.</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Assessment Performed QDM Datatype – Timing Cont.	Floyd Eisenberg (ESAC) Cont.	<p><u>Discussion:</u> Lisa Anderson (TJC) – another example, asking quit date for smoking status. Use observation.effective.x means looking for the actual date, not when it was recorded which is provenance.recorded. ESAC noted date stopped smoking can be addressed as a result, and this date could map to observation.effective.x, but also as a result of an assessment. Ben Hamlin (NCQA) – Some timings are best addressed as a date or a date range. ESAC noted this could be addressed in the logic with effective time – also can be addressed in an assessment result.</p> <p><u>Resolution/Next Steps:</u> For now, maintain Author dateTime for Assessment. Consider adding a more specific timing option for Assessment, Performed in a future version of QDM. The details need to be determined.</p>
5 Minutes	QDM/QI-Core Mapping – Communication QDM Datatypes - Timing	Floyd Eisenberg (ESAC)	<p>Communication, Provider to Patient QDM currently only addresses Author dateTime for:</p> <ul style="list-style-type: none"> • Communication Patient to Provider • Communication Provider to Patient • Communication Provider to Provider <p>QI Core addresses communication in two ways:</p> <ul style="list-style-type: none"> • communication.sent – The time when this communication was sent • provenance.recorded – The time when the communication arrived at the destination <p><u>Discussion:</u> Ben Hamlin (NCQA) - When the communication was sent is what is informative. Communication received is nice to have, but need to determine how to address communication received from another EHR system. Joe Kunisch (Memorial Hermann) – Noted messages within the system may not have a time stamp behind them. This will take some investigation. Electronic systems acknowledgement is a different element than the human acknowledgement. Ben Hamlin (NCQA) – It would be useful to know that the system acknowledged that the message was successfully transferred, but not that the primary care physician opened it. Joe Kunisch agreed this is useful, but possibly not feasible.</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Communication QDM Datatypes – Timing Cont.	Floyd Eisenberg (ESAC) Cont.	<p><u>Resolution/Next Steps:</u> The QDM User Group agreed that communication.sent is more useful and that the QDM Communication attribute Author dateTime should map to communication.sent. The User Group further agreed that communication.received or acknowledged might be valuable but further guidance to determine if acknowledgement messages exist in current implementations to indicate it might be feasible to request such acknowledgement. Further investigation is needed.</p>
5 Minutes	QDM/QI-Core Mapping – Diagnoses QDM Datatype - Timing	Floyd Eisenberg (ESAC)	<p><u>Diagnosis</u> QDM currently addresses Diagnosis timing as:</p> <ul style="list-style-type: none"> • Prevalence Period • Author dateTime <p>QI Core addresses condition (diagnosis) timing as:</p> <ul style="list-style-type: none"> • Condition.assertedDate – the date on which the existence of the condition was first asserted or acknowledged • Provenance.recorded <p><u>Resolution/Next Steps:</u> Same as allergy/intolerance applies here. Condition.assertedDate is more useful and the QDM Prevalence Period onset date should map to Condition.assertedDate. As with allergy/intolerance, the abatement date may not be available in EHRs.</p>
5 Minutes	QDM/QI-Core Mapping – Device, Applied QDM Datatype - Timing	Floyd Eisenberg (ESAC)	<p><u>Device, Applied</u> QDM currently addresses Device, Applied timing as:</p> <ul style="list-style-type: none"> • Relevant Period • Author dateTime <p>QI Core addresses:</p> <ul style="list-style-type: none"> • Incision dateTime (not relevant for Device, Applied) • Provenance.period (when the activity occurred) • Provenance.recorded (when the activity was recorded/updated) <p><u>Resolution/Next Steps:</u> Map QDM Relevant Period to Provenance.period and Author dateTime to Provenance.recorded.</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Order and Recommended QDM Datatypes - Timing	Floyd Eisenberg (ESAC)	<p>All Order and Recommended datatypes</p> <p>Recommended QDM Datatypes:</p> <ul style="list-style-type: none"> • Device • Diagnostic Study • Encounter, • Laboratory Test • Medication • Physical Exam • Procedure • Substance <p>QMD timing includes only Author dateTime</p> <p>Order QDM Datatypes:</p> <ul style="list-style-type: none"> • Device • Diagnostic Study • Encounter • Laboratory Test • Medication • Physical Exam • Procedure • Substance <p>QDM timing includes only Author dateTime</p> <p>QI Core Concepts include: MedicationRequest.authoredOn – when the request was initially authored ProcedureRequest.AuthoredOn – when the request transitioned to be actionable</p> <p>Resolution/Next Steps: Map recommended and order Author dateTime to MedicationRequest.authoredOn or ProcedureRequest.AuthoredOn, as appropriate.</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Method attributes for QDM Datatypes	Floyd Eisenberg (ESAC)	<p><u>QDM</u> Method Attribute</p> <p>QDM includes a method attribute for:</p> <ul style="list-style-type: none"> • Assessment, Performed • Assessment, Recommended • Diagnostic Study, Order • Laboratory Test, Order • Procedure, Order • Diagnostic Study, Recommended • Laboratory Test, Recommended • Physical exam, Recommended • Procedure, Recommended • Substance, Recommended • Diagnostic Study, Performed • Laboratory Test, Performed • Physical Exam, Performed • Procedure, Performed • Medication, Order • Substance, Order <p>QI Core addresses method for Observations that have occurred but not for other classes of information</p> <ul style="list-style-type: none"> • Observation.method <ul style="list-style-type: none"> ○ Can be used for <ul style="list-style-type: none"> ▪ Assessment, Performed ▪ Lab test, Performed ▪ Diagnostic study, Performed ▪ Physical exam, Performed (if addressed as an Assessment, or Observation rather than a procedure) • No QI Core representation exists for <i>method</i> for Procedure, ProcedureRequest, MedicationRequest. Therefore, QDM datatypes listed above with the context Order or Recommended and Procedure, Performed have no representation in QI Core. <p>Question for the QDM User Group: Does the measure order or recommended action need to</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	QDM/QI-Core Mapping – Method attributes for QDM Datatypes Cont.	Floyd Eisenberg (ESAC) Cont.	<p>include a method? I.e., should a request to add method as a metadata element be placed in FHIR tracker for ProcedureRequest, MedicationRequest and Procedure?</p> <p>Discussion: Lisa Anderson (TJC) - Generally speaking, the method identified in the LOINC code. Why replicate this info somewhere else?</p> <p>Resolution/Next Steps: The ESAC Team will query the measures to see if method is used anywhere. Consider removing method as an attribute from the QDM datatypes referenced depending on findings.</p>
10 Minutes	QDM/QI-Core Mapping – QDM Dataflow Attributes	Floyd Eisenberg (ESAC)	<p>QDM Dataflow Attributes</p> <p>Current QDM dataflow attributes include:</p> <ul style="list-style-type: none"> • <i>Health Record Field</i>: The location within an electronic record where the data should be found. • <i>Source</i>: The originator of the quality data element. The source may be an individual or a device. • <i>Recorder</i>: The individual or device that enters the data element into a health record field. The desired recorder also may be, but is not necessarily, the source of the data <p>QI Core representation of metadata addressing QDM dataflow attribute concepts:</p> <ul style="list-style-type: none"> • • Heath Record Field – no representation found for this in FHIR/QI Core • Source – <ul style="list-style-type: none"> ○ ProcedureRequest.requester ○ Procedure.performer ○ ProcedureRequest.performer ○ DiagnosticReport.performer ○ Observation.performer ○ Observation.device ○ MedicationRequest.requester ○ Provenance.agent (actor involved)

Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM/QI-Core Mapping – QDM Dataflow Attributes Cont.	Floyd Eisenberg (ESAC) Cont.	<ul style="list-style-type: none"> • Recorder – <ul style="list-style-type: none"> ○ MedicationRequest.recorder ○ Provenance.recorded (when the activity was recorded / updated) <p>Question to the QDM User Group: Consider addressing source as an attribute specific to each relevant QDM datatype rather than as a general attribute. Should QDM maintain all three dataflow attributes as currently designed?</p> <p>Discussion: Ben Hamlin (NCQA) – Be cautious about removing source and recorder as there may be a use for these. ESAC noted Subject is also available as metadata for some QI Core Concepts. Source could be the parent and subject could be the child. Are there situations where you refer to subject/someone else? This attribute is not currently in the data flow. Ben Hamlin (NCQA) - This could be useful when using proxy for data capture (e.g., End of Life care documentation).</p> <p>Resolution/Next Steps: The QDM User Group Agreed with removal of Health Record Field in a future version. Continue source and recorder and explore further how these can be used. The User Group did not fully support the addition of subject as an attribute.</p>
5 Minutes	Next Meeting	Chana West (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><u>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.</u></i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> – Regularly Scheduled Meeting – November 15, 2017 from 2:30 to 4:30 PM ET.

Action Items:

Assignee	Topic	Action Item Details
None	None	None



Invitees/Attendees:

	Name	Organization
n	Abrar Salam	The Joint Commission
n	Alex Lui	Epic
n	Angela Flanagan	Lantana
n	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
n	Anne Smith	NCQA
n	Balu Balasubramanyam	MITRE
X	Ben Hamlin	NCQA
n	Brian Blaufeux	Northern Westchester Hospital
N	Bryn Rhodes	ESAC
N	Chana West	ESAC
n	Chandra Bartleman	Telligen
n	Chris Moesel	MITRE
n	Cindy Lamb	Telligen
n	Cynthia Barton	Lantana
n	Dalana Ostile	Providence Health Systems
n	Dave Wade	Apprio
n	Debbie Hall	University of Maryland
X	Deidre Sacra	McKesson
n	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
n	Howard Bregman	Epic
n	Jamie Jouza	PCPI
X	Jamie Lehner	Unknown
n	Jean Fajen	Telligen
X	Jenny Brush	ESAC
n	Jenna Williams-Bader	NCQA
n	John Carroll	The Joint Commission
X	John Lujan	Kaiser Permanente
n	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
n	Jorge Belmonte	PCPI
n	Julia Skapik	ONC
n	Julie Koscuizska	Nyack Hospital
X	Juliet Rubini	Mathematica
n	Justin Schirle	Epic
X	Jay Frails	Meditech
n	Khadija Mohammed	ESAC
n	Kendra Hanley	HSAG
n	Kimberly Smuk	HSAG
n	KP Sethi	Lantana
X	Kyle Cobb	NQF
n	Latasha Archer	NCQA

	Name	Organization
n	Laura Pearlman	Midwest Center for Women's Healthcare
n	Laurie Wissell	Allscripts
X	Lindsey Clapper	Unknown
X	Lisa Anderson	The Joint Commission
n	Lizzie Charboneau	MITRE
n	Lynn Perrine	Lantana
n	Marc Hadley	MITRE
n	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
n	Melissa Van Fleet	Alliance Health Oklahoma
n	Michelle Dardis	The Joint Commission
X	Michelle Hinterberg	MediSolv
n	Mike Shoemaker	Telligen
n	Mukesh Allu	Epic
n	Neelam Zafar	The Joint Commission
X	Pamela Mahan-Rudolph	Memorial Hermann
n	Patty McKay	FMQAI
X	Paul Denning	MITRE
n	Rachel Buchanan	Oregon Urology
n	Rayna Scott	PCPI
X	Rob McClure	NLM Contractor
n	Rose Almonte	MITRE
n	Rukma Joshi	ESAC
n	Rute Martins	MITRE
n	Ruth Gatiba	Battelle
n	Ryan Clark	Xcenda
n	Samuel Benton	NCQA
n	Sethuraman Ramanan	Cognizant
n	Stan Rankins	Telligen
n	Susan Wisnieski	Meditech
n	Sweta Ladwa	ESAC
n	Syed Zeeshan	eDaptive Systems
n	Tammy Kuschel	McKesson
n	Tom Dunn	Telligen
X	Tramain	Unknown
n	Vaspaan Patel	NCQA
n	Wendy Wise	Lantana
X	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
X	Yvette Apura	PCPI
n	Zahid Butt	MediSolv
n	Zach May	ESAC