

Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 04/21/2018 2:30 PM ET | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=me8d6277dca528e02526f28ca60f9397b>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	<p>Cooking with CQL Webinar was held on Thursday, April 26th at 4pm ET. These sessions are generally held on the third Thursday monthly. Upcoming events can be found by going to the eCQI Resource Center events page.</p> <ul style="list-style-type: none"> Please submit CQL-related questions and/or measure examples to cqlesac@esacinc.com <p>Draft 2019 CMS QRDA I Schematron for Hospital Quality Reporting were available for Public Comment through April 20th –The Schematron helps Eligible Hospital and critical access hospital submitters check QRDA I files for electronic Clinical Quality Measures (eCQMs) starting with the calendar year 2019 reporting period.</p> <ul style="list-style-type: none"> The final 2019 CMS QRDA I Schematron and sample files will be published on May 4, 2018 on the eCQI Resource Center QRDA page.
3 Minutes	Recap: QDM ‘Category’ attribute for Medication, Order (QDM-101)	Floyd Eisenberg (ESAC)	<p>During the March QDM UG meeting, the UG agreed to add the “Category” attribute to Medication, Order datatype for QDM v5.4 to allow measure developers to specify that an order was written for a particular setting.</p> <p>It aligns with the HL7 FHIR resource MedicationResource.category, which provides the following options: inpatient, outpatient, community</p> <p>The addition will be included in a comprehensive review of new QDM 5.4 content with the MCCB.</p> <p>Discussion:</p> <p>Zahid Butt (MediSolv) – Is the category referring to location of care?</p> <p>ESAC – No. As an example, patient in hospital and you want to know if prescription to be filled in ambulatory after discharge. This aligns with the FHIR MedicationResource.category attribute in HL7 that allows this specificity.</p> <p>Zahid Butt (MediSolv) - Suggested on the QDM side, “category” is used in a different context. ESAC agreed, and noted this was discussed, but the group decided to align with same terms used in FHIR and HL7 to maintain consistency.</p>

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3 Minutes	Recap: Assessment, Order (QDM-202)	Floyd Eisenberg (ESAC)	<p>During the March QDM UG meeting, the group decided to add <i>Assessment, Order</i> as a QDM datatype for v5.4. One use case for the datatype is to allow for capture of data related to a future assessment (order is stronger than a recommendation). e.g., Providers may have a care plan with an intervention for a future assessment.</p> <p>The addition will be included in a comprehensive review of new QDM 5.4 content with the MCCB in May.</p>
15 Minutes	QDM Datatype "Symptom" (QDM-203)	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>During the HL7 Clinical Quality Improvement (CQI) Workgroup call, the Symptom datatype was reviewed in relation to QDM to QI Core mapping. The QDM definition is somewhat ambiguous. There is an HL7 FHIR condition resource which includes the following definitions for what to use:</p> <ul style="list-style-type: none"> • <i>Observation resource</i>—when a symptom is resolved without long-term management, tracking or when a symptom contributes to the establishment of a condition. • <i>Condition resource</i>—if it is a symptom that requires long-term management, tracking or is used as proxy for a diagnosis or problem that is not yet determined. <p>For QDM UG Consideration:</p> <ul style="list-style-type: none"> • Retire the datatype symptom to reduce ambiguity • Provide guidance consistent with the FHIR condition resource definitions listed above. <p>Discussion:</p> <p>Howard Bregman (Epic) – The FHIR definitions do not reduce ambiguity. Does not seem like a compelling reason to retire symptom.</p> <p>Jamie Lehner (PCPI) – When we use symptom, not necessarily within eCQM, it is because it is something a patient report that could be an indication. The symptom can serve as an indicator to perform a particular test or consider whether another action is appropriate. Not sure where these would fall within these FHIR definitions.</p> <p>ESAC provided an example of pain assessments pain using different instruments, where Assessment, Performed would be used because the instrument defines the pain. We have a challenge when there are no symptoms. The assessment may be lack of symptoms. Can leave as is to improve on the definition.</p> <p>Joe Kunisch (Memorial Hermann) – Noted the FHIR statements do not provide clarity and contain</p>

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15 Minutes, Cont.	QDM Datatype "Symptom" (QDM-203), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>some overlap, particularly the last sentence of the first definition ("or when a symptom contributes to the establishment of a condition").</p> <p>Zahid Butt (MediSolv) – Maybe there is a use case for a patient reported outcome. In the use case from PCPI how is numerator expressed? Would it matter if it is called Symptom?</p> <p>Jamie Lehner (PCPI) – Yes, SNOMED value sets are developed to represent the symptoms. It does not have to be called symptom. The QDM definition clearly defines symptom as patient subjective manifestation and is not a condition a provider necessarily witnessed. This is the intention of symptom.</p> <p>Zahid Butt (MediSolv) – How it is being reported and recorded might be the important distinction.</p> <p>Howard Bregman (Epic) – Not necessarily. Noted in the case of arthritis, the symptom (arthralgia) and observation (arthritis) are closely related and could likely be combined under the same data element.</p> <p>ESAC – Is this really an observation with the source being the patient? The distinction between the symptoms is usually in the patient's own words (i.e., joint pain) versus the clinician diagnosis (i.e., arthritis). The FHIR definitions are not ideal. It sounds like the issue requires more discussion.</p> <p>Joe Kunisch (Memorial Hermann) – Agreed the QDM definition is clearer. The proposal muddies the issue.</p> <p><u>Next Steps/Resolution:</u></p> <p>The UG suggested no change needed. ESAC will update the JIRA ticket and leave open for further discussion and feedback.</p>
15 Minutes	QDM "method" attribute (QDM-196)	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>During the HL7 CQI Workgroup call, the method attribute was reviewed in relation to QDM to QI Core mapping. Seventeen QDM datatypes include the "method" attribute (5 for context "performed" and the rest for "order" or "recommended").</p> <p>Recommended or Order related QDM datatypes all map to HL7 FHIR resources as either:</p> <ul style="list-style-type: none"> • ProcedureRequest • ReferralRequest • MedicationRequest

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15 Minutes, Cont.	QDM "method" attribute (QDM-196), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>None of the FHIR request resources include a metadata element "method". Method is reserved for actions that have occurred, such as an observation, a procedure, or the like.</p> <p>QDM attribute "method" has not been used in eCQMs because most measure developers wishing to specify a method for a procedure or action do so by choosing a pre-coordinated concept from one of the existing code systems.</p> <p>For QDM consideration: Remove "method" attribute from all QDM datatypes referencing Recommended or Order contexts.</p> <p><u>Resolution/Next Steps:</u></p> <p>The User Group agreed to remove the method attribute from QDM datatypes referencing "Recommended" or "Order" as the context and retain the method attribute where present for QDM datatypes referencing "Performed" as the context. ESAC noted all these changes are for QDM 5.4, which will be available in the September or October MAT.</p>
10 Minutes	QDM "negation rationale" attribute (QDM-197)	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>During the HL7 CQI Workgroup call, the <i>negation rationale</i> attribute was reviewed in relation to QDM to QI Core mapping. It is being brought to this group because there are two FHIR resources that do not support capturing a reason an action was not performed; thus, there is no clear reference for negation rationale for several of the QDM datatypes. Only QDM datatypes that represent actions (performed, recommended, ordered or dispensed) allow the negation rationale attribute. (The syntax in the human readable HQMF using CQL is "Procedure, not Performed".)</p> <p>UG participants were ask to confirm whether negation rationale should persist for the following datatypes:</p> <ul style="list-style-type: none"> • Device, Order • Device, Recommended • Device, Applied • Encounter, Order • Encounter, Recommended • Medication, Order • Substance, Order • Medication, Discharge • Substance, Recommended

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10 Minutes, Cont.	QDM "negation rationale" attribute (QDM-197), Cont.	Floyd Eisenberg (ESAC), Cont.	<p><u>Discussion:</u></p> <p>Joe Kunisch (Memorial Hermann) – Yes, support this.</p> <p>Zahid Butt (MediSolv) – Yes, could not do any exception without the negation rationale.</p> <p><u>Resolution/Next Steps:</u></p> <p>The QDM User Group reviewed the negation rationale usage and agreed to retain all existing references to the attribute. With respect to lack of ability to reference negation rationale in specifically related HL7 FHIR resources, FHIR tracker items have been entered for consideration in the May 2018 FHIR STU 4.0 ballot.</p> <p>The QDM User Group concluded that all negation rationale attributes should be retained. Thus, there is no change recommended for QDM.</p>
15 Minutes	QDM Datatype Device, Applied (QDM-198)	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>Device, Applied has often been used in current eCQMs to address the procedure during which a device is applied. In a review of QDM mapping to HL7 FHIR resources in the HL7 Clinical Quality Information Work Group, the participants suggested that the procedure to use or implant a device should use the QDM datatypes Procedure, Performed or Intervention, Performed as more appropriate context for the activity. Moreover, using the procedure to use the device fails to address the need to define the type(s) of device(s) intended by the eCQM. Note that the original intent of the QDM datatype Device, Applied was to address specific information about use of specific device(s) of interest (e.g., If you wanted to know a patient had a certain kind of pacemaker. This is the intent of Device, Applied).</p> <p>The procedure to use or implant a device should use the QDM datatypes:</p> <ul style="list-style-type: none"> • Procedure, Performed • Intervention, Performed <p>Recommendation: To meet the original intent, Device, Applied should use the HL7 FHIR resource:</p> <ul style="list-style-type: none"> • DeviceUseStatement – a record of the device of interest and if desired the Unique Device Identifier (UDI). <p>Recommended guidance to reference devices in eCQMs:</p> <ul style="list-style-type: none"> • Device, Applied – information about the actual use of the device • Procedure, Performed or Intervention, Performed – information about the procedure

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15 Minutes, Cont.	QDM Datatype Device, Applied (QDM-198), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>performed to place the device</p> <ul style="list-style-type: none"> • Diagnosis – information about a finding that the device is used in (e.g., pacemaker as a finding in a Problem List) <p>QDM UG consideration: Is this a reasonable approach that is consistent for what is meant by Device, Applied?</p> <p>Discussion:</p> <p>Zahid Butt (MediSolv) – Not sure how the UDI would be modeled for if for example, looking for group of people with pacemaker inserted, not sure how to specify to include only unique identifiers.</p> <p>ESAC noted the UDI is composed of several components and one is a general class identifier. Could ask for this. Could also look for class of device using SNOMED for certain types of devices.</p> <p>Zahid Butt (MediSolv) – Noted when specified in SNOMED, it does not uniquely identify each instance of the device inserted. If framework within the UDI that allows you to deconstruct, it might be long time before info widely available. ESAC agreed. For now, would use a SNOMED product type.</p> <p>Howard Bregman (Epic) – Agreed this is not easy. The best way to determine if the patient has a pacemaker is probably have four different ways and say if any of these is true then the patient is in the denominator.</p> <p>ESAC agreed and noted this is how measure developers are implementing. Finding of a pacemaker and use Diagnosis. Also, use Procedure, Performed (pacemaker insertion) and Device, Applied (pacemaker check report).</p> <p>Jamie Lehner (PCPI) – Understand there are a couple ways this may be done especially given patient may have device applied in an external setting. Procedure, performed or intervention, performed might not be appropriate If not done in same setting. Some variation in how things are documented. We have incorporated into our measure logic and definitions Device, Applied and procedure, performed as the two options. Having clear guidance about when it appropriate to use them is good approach moving forward. Agreed providing guidance as indicated is appropriate.</p> <p>ESAC agreed and clarified this issue is not changing the Device, Applied datatype or attributes, but clarifies when to use and how.</p> <p>Jamie Lehner (PCPI) – Agreed this is the proper way to move forward. The proposed guidance is appropriate. Zahid Butt (MediSolv) – Noted in current usage, Procedure, Performed is typically the</p>

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15 Minutes, Cont.	QDM Datatype Device, Applied (QDM-198), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>example of pacemaker insertion, etc. The pneumatic stocking, etc. usually described as Device, Applied.</p> <p><u>Resolution/Next Steps:</u> The User Group agreed to improved guidance in the QDM documentation, but no structural change to the QDM datatype.</p>
15 Minutes	QDM attribute “supply” (QDM-199)	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p><i>Supply</i> is defined as a quantity (amount) of a therapeutic agent provided to a patient. This is a little ambiguous. The dose administered is usually what you look at and it might be clearer to look at supply as how many doses.</p> <p>QDM datatypes which include the “supply” attribute:</p> <ul style="list-style-type: none"> • Medication, Active – You may not have how many doses. • Immunization, Administered – This is one dose. • Medication, Administered – Similarly, you are administering one dose. • Substance, Administered • Medication, Discharge • Medication, Dispense • Immunization, Order • Medication, Order • Substance, Order • Substance, Recommended <p>Some HL7 FHIR resources do not address supply. In most of these cases, the supply would not be known: Medication, Active; Medication, Administered; Substance, Administered; Immunization.</p> <p>ESAC proposed retaining the supply attribute only for the following, and removing for the remaining datatypes, suggesting that supply is not meaningful in the other datatypes.:</p> <ul style="list-style-type: none"> • Medication, Dispense • Medication, Order • Substance, Order <p><u>Discussion:</u></p> <p>Joe Kunisch (Memorial Hermann) – Was supply the term always used or is quantity used?</p>

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15 Minutes, Cont.	QDM attribute "supply" (QDM-199), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>ESAC noted QDM had a definition for "dose" which was the quantity provided; however there was no way to indicate how much is in each dose. So it was modified to include "supply" meaning quantity. This was the intent.</p> <p>Zahid Butt (MediSolv) – Suggested the most appropriate datatype is dispensed. Potentially discharge medications could receive supply.</p> <p>ESAC noted TJC uses discharge to indicate a medication list provided to the patient with discharge instructions.</p> <p>Zahid Butt (MediSolv) – Suggested discharge medications can be ordered or supplied. The discharge list is provided or prescribed. Suggested in current usage, removing supply in all other suggested datatypes is appropriate</p> <p>Claudia Hall (Mathematica) – A use case for Medication, Discharge might be in the ER where a patient might be supplied a medication to take home.</p> <p><u>Resolution/Next Steps:</u></p> <p>The QDM User Group agreed to remove the supply attribute from the datatypes specified above.</p>
5 Minutes	Attribute "anatomical approach site" (QDM-200)	Floyd Eisenberg (ESAC)	<p><u>Overview:</u></p> <p>QDM includes the attribute "anatomical approach site" defined as "The anatomical site or structure through which the action represented by the datatype reaches, or should reach, its target." This attribute is distinct from the "anatomical location site" defined as The anatomical site or structure (a) where the diagnosis/problem manifests itself, or (b) that is the focus of the action represented by the datatype.</p> <p>The following QDM datatypes include anatomical approach site:</p> <ul style="list-style-type: none"> • Device, Applied • Procedure, Order • Procedure, Performed • Procedure, Recommended <p>In reviewing QDM mapping to HL7 FHIR and QI Core resources, the HL7 Clinical Quality Information Work Group determined that there is no corresponding metadata element in the HL7 FHIR DeviceUseStatement resource (to address Device, Applied). Similarly, there is no corresponding metadata element in the HL7 FHIR Procedure resource (used for QDM Procedure,</p>

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5 Minutes, Cont.	Attribute “anatomical approach site” (QDM-200), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>Performed) or in the HL7 FHIR ProcedureRequest resource (used for QDM Procedure, Order and Procedure, Recommended). This QDM attribute has not been used as of this printing in an eCQM. The information desired can be addressed using the QDM datatype Procedure, Performed to specify the procedure as a pre-coordinated term that addresses the anatomical site and the anatomical approach site as part of the procedure code from existing code systems.</p> <p>QDM UG consideration:</p> <p>Should QDM remove the "anatomical approach site" attribute entirely? Is there a use for" anatomical approach site"?</p> <p>This was initially added following a conceptual discussion. Is this significant to include?</p> <p>Discussion:</p> <p>Zahid Butt (MediSolv) – Suggested dentists originally wanted this included. Old notes might describe the nature of the need for this.</p> <p>Jamie Lehner (PCPI) – Agreed this is used in the dental data to indicate buccal or lingual.</p> <p>Resolution/Next Steps:</p> <p>Decided to retain the attribute as the original use case was presented from the prospective of dental care (i.e., lingual or buccal approach). The User Group did agree to add some qualifying language in the QDM documentation and suggested that lack of the concept in HL7 FHIR resources should be addressed with entering FHIR tracker items. UG participants were asked to review the JIRA ticket for additional discussion on this item, which can be addressed at the May meeting.</p>
10 Minutes	QDM Intervention and Procedure Categories (QDM-201)	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>The QDM categories Procedure and Intervention modeling is identical, although defined differently:</p> <ul style="list-style-type: none"> • <i>Intervention</i>—a course of action intended to achieve a result in the care of person with health problem that does not involve direct physical contact with a patient. Example: education, pneumatic device on leg. • <i>Procedure</i>—an act whose immediate and primary outcome is the alteration of the physical condition of the subject. <p>HL7 FHIR:</p>

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10 Minutes, Cont.	QDM Intervention and Procedure Categories (QDM-201), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>Procedure is a resource to capture an event that exists; it also includes training and counseling. If there is intent to change the patient's comprehensive or mental state then it is a procedure.</p> <p>Communication is only used if you are <u>not</u> trying to change the mental state of the patient.</p> <p>Communication addresses a sender and receiver.</p> <ul style="list-style-type: none"> • Reminder or alert delivered. • Recorded notification. • Education material sent. <p>If delivering generic education, that is considered communication, but if delivering specific education to recommend the patient does something with an expectation that they will change, then that is a procedure. This is a fine line of distinction. FHIR combines intervention and procedure.</p> <p>QDM UG Consideration: Is there value in retaining intervention and procedure?</p> <p>Discussion:</p> <p>Lisa Anderson (TJC) – From the nursing perspective, we do assessments, interventions, goals, etc. as part of nursing care process. From this perspective, intervention could be turning a patient, providing comfort measure or providing education. Procedures are thought of as something physically performed on a patient. For example, surgical procedure.</p> <p>ESAC agreed with this concern. Current QDM definitions are more consistent with this. What is the distinction between communication, intervention and procedure?</p> <p>Ben Hamlin (NCQA) – is there a reason to keep these separate?</p> <p>ESAC noted that in CQL-based HQMF, they have the same template, and when we map to FHIR they both map identically to procedure. Procedure and intervention do the same retrieve.</p> <p>When communication is mapped to FHIR, there is a communication category which is about a message conveyed. If this intended to encourage patient to do something differently, it does not fit with FHIR communication resource. Do we want to look for communication as FHIR defines it? The communication resource in FHIR has a different purpose.</p> <p>Ben Hamlin (NCQA) – Suggested at a minimum should have a warning on communication for all those doing follow up after positive screen to say you should be looking for procedure or intervention and why.</p>

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10 Minutes, Cont.	QDM Intervention and Procedure Categories (QDM-201), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>ESAC noted that conceptually, procedure and intervention are different, even if they map to the same retrieve statement. If communication is going to map to a retrieve that is really an intervention/procedure maybe should only be used for a structural measure.</p> <p>Ben Hamlin (NCQA) – Concern is that patient outcome measures likely use communication in the clinician narrative might end up using wrong profile.</p> <p>Lisa Anderson (TJC) - Is communication resource in FHIR only meant for electronic communication versus nurse communicating at discharge, providing a physical copy of education materials?</p> <p>ESAC noted that the FHIR communication resource indicates it is a record of communication which includes a record of sender, receiver and receipt. A record of the send and the receipt that exists. In QDM communication there is no evidence of receipt. This does not occur in most of our current use. Suggest provide clear guidance in QDM documentation regarding appropriate use and allow users to look for electronic communication that occurred.</p> <p>Discussion Recap: Even though intervention and procedure end up with same retrieve statement, there is value in keeping them separate in QDM for a conceptual reason for human reader who is a clinician, to help understand what looking for. Communication intended to have impact on patients choice is an intervention. Communication using QDM would be looking for evidence of a reason, send and receipt.</p> <p>Ben Hamlin (NCQA) – This makes sense. Guidance in a more concise form is necessary.</p> <p><u>Resolution/Next Steps:</u></p> <p>Measure developers and clinicians evaluating the human readable eCQMs and implementers can better understand the measure intent by retaining the two QDM categories, Intervention and Procedure. The QDM User Group concluded that some wordsmithing of the existing Intervention and Procedure guidance may be helpful, but the User Group recommended no change in the QDM structure for the two categories.</p>
10 Minutes	QDM Communication Datatypes (QDM-204)	Floyd Eisenberg (ESAC)	<p>Currently there are three communication types available within QDM, and for eCQM use to date the intent has generally been to identify that some interaction has occurred between a provider and a patient or between and provider and another provider:</p> <ol style="list-style-type: none"> 1. From Patient to Provider 2. From Provider to Patient 3. From Provider to Provider

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10 Minutes, Cont.	QDM Communication Datatypes (QDM-204), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>HL7 FHIR Communication resource:</p> <p>The boundary between determining whether an action is a Procedure (training or counseling) as opposed to a Communication is based on whether there's a specific intent to change the mind-set of the patient. Mere disclosure of information would be considered a Communication. A process that involves verification of the patient's comprehension or to change the patient's mental state would be a Procedure.</p> <p>As clarification, the User Group reviewed the definition of the HL7 FHIR Communication Resource: This resource is a record of a communication. A communication is a conveyance of information from one entity, a sender, to another entity, a receiver. The sender and receivers may be patients, practitioners, related persons, organizations, or devices. Communication use cases include:</p> <ul style="list-style-type: none"> • A reminder or alert delivered to a responsible provider • A recorded notification from the nurse that a patient's temperature exceeds a value • A notification to a public health agency of a patient presenting with a communicable disease reportable to the public health agency • Patient educational material sent by a provider to a patient • Non-patient specific communication use cases may include: <ul style="list-style-type: none"> • A nurse call from a hall bathroom • Advisory for battery service from a pump <p>Based upon review of HL7 FHIR descriptions, the current use cases should consider communications to patients as Procedure, Performed if they are intended to change the patient's mind set, and communications to other providers as Encounter, Order (i.e., ReferralRequest concepts in HL7 FHIR). eCQM developers addressing communications from patients that represent findings documented in the EHR should consider using Assessment, Performed with source of the information equal to patient. ESAC proposed merging the three existing communication types into one Communication, Performed datatype with the following attributes:</p> <ul style="list-style-type: none"> • Category – type of message • Medium – what kind of communication is allowable • Reason • Sender • Recipient • Negation rationale <p>Relevant period</p>

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10 Minutes, Cont.	QDM Communication Datatypes (QDM-204), Cont.	Floyd Eisenberg (ESAC), Cont.	<ul style="list-style-type: none"> • RelatedTo • Id <p>Discussion:</p> <p>Stan Rankins (Telligen) – Suggested author date time and code attributes are needed.</p> <p>Peter Muir – Asked is the role for relationship to patient? Communicating with a caregiver, parent, sibling, etc?</p> <p>ESAC confirmed that this is an attribute in the communication resource. We do not usually address this in QDM because we have not frequently dealt with the issue of source of information in most measures. Is reasonable to add this. There is a FHIR resource, “on behalf of”.</p> <p>Jamie Lehner (PCPI) – Noted they use communication from provider to provider. An example use case includes communication of previous receipt of influenza as reported by the patient. This is likely verbal communication. Is medium verbal? ESAC suggested in this case, this is a finding in Assessment, Performed (rather than communication) and the source is the patient. This occurred during a discussion, but is still a finding within the record. ESAC confirmed this change would still allow communication from patient. Sender is patient and recipient is provider. Jamie Lehner (PCPI) suggested Assessment, Performed is not necessarily appropriate.</p> <p>ESAC suggested the original request was that there was no place to record an observation. Generic observation was assumed under Assessment, Performed. Might be a single question to a patient. Assessment of vaccine status, with result of immunized. This could mean additional SNOMED concept, but would more likely provide what you’re looking for than communication.</p> <p>ESAC – What are some other use cases for patient communication with provider? If looking for evidence that the patient told the physician they had a flu vaccine this year how would you look for this?</p> <p>Zahid Butt (MediSolv) – Usually entered in health maintenance. They look for code and it doesn’t matter if it is finding or communication; they look for code and date entered. The code would indicate it was administered this year.</p> <p>Jamie Lehner (PCPI) – Question is not about removing patient to provider; however there are various types of communication and while I think talking about PROs, Assessment, Performed makes sense, but not sure that changing communication from patient to provider to Assessment, Performed resolves everything. Based on what’s available, looking at influenza status as a finding,</p>

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10 Minutes, Cont.	QDM Communication Datatypes (QDM-204), Cont.	Floyd Eisenberg (ESAC), Cont.	<p>is this really appropriate with a QDM category of Assessment, Performed? Are there hierarchies most recommended?</p> <p>ESAC noted that Assessment, Performed can use observable entities or findings. SNOMED is also acceptable. Findings will be in SNOMED. Should communication be how to document something patient said verbally or should there be another QDM mechanism to do so? If so, where in QDM? Assessment or some missing datatype?</p> <p>Lisa Anderson (TJC) – Suggested it seems like a gap to capture immunizations reported by patients. Is it possible to record a status of immunization, where you can indicate administered or patient reporting they received it?</p> <p>Zahid Butt (MediSolv) – Recollected that this issue was discussed at length with NLM or CDC representatives.</p> <p><u>Resolution/Next Steps:</u></p> <p>Agreement that the QDM Communication category definition requires clear guidance consistent with the definitions in the HL7 FHIR resources. The User Group also agreed that verbal communications with the intent to modify a patient's mind set or decision-making (e.g., education or counseling to an individual specific to a clinical condition) should be addressed with the "Intervention, Performed" QDM datatypes rather than Communication QDM datatypes. The Communication datatype(s) should address instances in which the communication send and receive and sender and recipient exists in the clinical record.</p> <p>The User Group did not express full agreement about where verbal communication of information should be represented in QDM, or if there might be a gap in the QDM structure to handle such information.</p> <p>The QDM User Group will review the content of the discussion via the QDM JIRA ticket and reconvene during the May meeting regarding modifications to the QDM Communication category and datatypes.</p>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	HL7 QI Core – QDM mapping update	Floyd Eisenberg (ESAC)	<p>As a reminder, the QI Core Ballot is in the process of reconciliation of comments. The ballot includes a mapping from FHIR QI Core to QDM and a reverse map from QDM to FHIR. The CQI Workgroup will be reviewing sections of the QDM to FHIR mapping on the HL7 Clinical Quality Information (CQI) Workgroup calls until finished (Fridays 1-3pm ET).</p> <p>To join the weekly calls, use the access information provided: Dial in: 770-657-9270 Passcode: 217663 https://join.freeconferencecall.com/hl7cqi</p> <p>QDM UG members are welcome to join the HL7 CQI Workgroup list serve and participate. To sign up for the HL7 CQI list serve use this link: http://www.hl7.org/myhl7/managelistserve.cfm?ref=nav</p>
2 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 gdm@esacinc.com – Or start a discussion: gdm-user-group-list@esacinc.com <p>Off-cycle Meeting – May 23, 2018 2:30pm – 4:30 PM ET</p> <ul style="list-style-type: none"> – May meeting is 1-week later than usual due to the HL7 meeting in Cologne, Germany May 12-18

Invitees/Attendees:

	Name	Organization
X	Abrar Salam	The Joint Commission
	Alex Lui	Epic
X	Angela Flanagan	Lantana
	Ann Philips	NCQA
	Anna Bentler	The Joint Commission
	Anne Coultas	McKesson
	Anne Smith	NCQA
X	Barbara Riggins	Liberty Hospital
X	Ben Hamlin	NCQA
X	Beth Bostrom	AMA
	Brian Blaufeux	Northern Westchester Hospital
	Bryn Rhodes	ESAC
X	Chana West	ESAC
	Chandra Bartleman	Telligen
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
	Dalana Ostile	Providence Health Systems
	Dave Wade	Apprio
	Debbie Hall	University of Maryland
	Doug Goldstein	Epic
X	Floyd Eisenberg	ESAC
	Ganesh Shanmugam	Glenwood Systems
X	Howard Bregman	Epic
X	Hyok-Hee Yoo	Medisolv
X	James Bradley	MITRE
X	Jamie Lehner	PCPI
X	Jana Malinowski	Cerner
	Jean Fajen	Telligen
X	Jenny Brush	ESAC
	Jenna Williams-Bader	NCQA
	John Carroll	The Joint Commission
	John Lujan	Kaiser Permanente
	Jessica Smails	Caradigm
X	Joseph Kunisch	Memorial Hermann
	Jorge Belmonte	PCPI
	Julia Skapik	ONC
	Julie Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
X	Jay Frails	Meditech
	Khadija Mohammed	ESAC
	Kendra Hanley	HSAG
	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Latasha Archer	NCQA
	Laura Pearlman	Midwest Ctr for Women's HC

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