Quality Data Model (QDM) User Group Meeting |AGENDA/MEETING MINUTES

Meeting date | *10/21/2015 2:30 PM EDT* | Meeting location | Webinar link: https://attendee.gotowebinar.com/register/867214877050672641

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Time	Item	Discussion/Options/Decisions
2:30 PM	QDM-124: *QDM Elements w/ Single LOINC Codes*	ESAC recapped the single code value set issue previously presented on October 1, 2015. 1) QDM is designed such that QDM data types are always paired with value sets (e.g., "Medication, Administered: Warfarin"). In some cases, however, only a single code is applicable or desirable. Some common use cases for a single code might be to identify a specific survey question / answer, or to identify a specific lab test or result (in a specific unit of measurement). In the current QDM, the only way to accomplish this is to create a value set with a single member (the code of interest)—which effectively creates a value set OID that is an *alias* for the code. Creating external aliases for codes is prohibited by LOINC and likely by other code systems as well. As a result, QDM elements cannot currently reference a single code without violating the LOINC (or some other) terms of use. This affects current and future measures. LOINC has agreed to a change in the process in the 2017 eCQM development process when CQL is adopted (2017), at which point measure logic could refer to single codes (without using value sets). The change will require updates to QDM-based HQMF IG and QRDA Cat I, in that they would need to relax SHALL requirements on value set attributes. There was no discussion.
2:40 PM	QDM-133 - *Modeling Medication, Discharge*	The issue was withdrawn from the agenda. Further investigation is required.
2:42 PM	QDM-120: Intent of Procedure, Performed	ESAC presented the item as described in the Jira site: CMS 124 includes "*Procedure, Performed: Hysterectomy with No Residual Cervix" ends before end of "Measurement Period"*." Does that imply that I need to find the actual performance of the hysterectomy in the record, or is the fact that I know the patient had a hysterectomy 20 years ago enough to meet this criterion? The initial commenter clarified that the main issue is the numerator of the measure. The example provided includes a "Procedure, performed: *procedure,*" in which *procedure* is expressed with a value set. If the provider has performed the procedure, or if it was performed within the same organization, the EHR is likely able to identify that it was performed. However, there are many cases in which a patient reports a past procedure (example given, *hysterectomy including removal of the cervix*) and there is no administrative procedure code. In many cases there is limited, if any metadata, e.g., the date of the procedure (which may be limited to an approximate year), the location, the provider who performed it, etc.). If the measure does not explicitly indicate that historical information is acceptable, vendors are uncertain about whether it is acceptable to include in the numerator.

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2:42 PM (con't)	QDM-120: Intent of Procedure, Performed (con't)	The Jira ticket includes an example that is more explicit about what is allowed: Example where attestation is acceptable: CMS 147 actually handles this question by specifying the following: "Communication: From Patient to Provider: Previous Receipt of Influenza Vaccine" In this example, the measure developer specifically allows a provider to indicate the patient has attested to the receipt of influenza vaccine. Through the discussion a few points clarified the need for precision: 1) The minimum precision for a measure element is a code (or value set). 2) If the time of the procedure impacts the meaning of the measure, the measure developer must specify the timing. a. Example – expressing an immunization administered within a specific time frame (e.g., Influenza vaccine after September 1 of the measurement year) b. Example – the exact timing of a hysterectomy or mastectomy may be less important as long as the procedure occurred before a certain date. c. Some measures require time specification to address time in days, weeks, months or years 3) Some procedures require additional specification to assure the patient meets criteria for the measure component. a. Example – for cervical cancer screening, it is important to determine if the cervix is present, options include: i. Specify "total" vs "partial" hysterectomy ii. Include in the measure a physical examination finding of presence or absence of the cervix b. Example – for an exclusion for mammography, options include: i. Specify bi-lateral mastectomy, or 2 unilateral mastectomy ii. Include in the measure physical examination for finding of presence or absence of residual breast tissue 4) In general, much of the information in a patient record is documented based on patient attestation. The provider includes the information based on a level of trust. Some items (such as past surgical and medical history) can be confirmed in various ways. Such documentation can include codes and/or be mapped to codes. It is difficult to differentiate when "Communication" may be a useful alternative, such as patient attestation of an influenza vaccine. 5) Feedback from clinicians implementing measures suggests that regardless of the precision required, that amount of detail may not be present or available. 6) Guidance can help users and implementers understand the intent of the measure. However, it is unclear that guidance is followed in implementing the measures. Additionally, there is limited use for generalized guidance (such as in the Measures Management Blueprint). Rather, each measure should specify the details and precision required for evaluation and reporting.

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2:42 PM (con't)	QDM-120: Intent of Procedure, Performed (con't)	Resolution: 1) Measure developers need to clearly specify the precision required for each measure. Sometimes that means adding to the logic to assure the information is correct. 2) Greater precision in the measures helps implementers increase the likelihood the required information is documented as part of routine data capture and documentation workflow. 3) Increased ability to specify data provenance in EHRs and continuity of care documentation will improve the likelihood of meeting measure precision requirements. 4) No specific QDM changes are required at present. CQL will help measure developers more clearly specify timing requirements. Questions such as QDM-120 should be referred to the individual measure developer to specifically respond to the precision needed. These are individual measure issues.

Action item	Assignee
Refer QDM-120 to NCQA for an individual measure precision response.	Chris Moesel