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

Meeting date | *12/16/2015 2:30 PM EDT* | Meeting location | Webinar link: https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8

Attendees:

	Name	*Organization*
X	*Alex Lui*	*Epic*
X	*Anne Coultas*	*McKesson*
X	*Balu Balasubramanyam*	*MITRE*
X	*Chris Markle*	*ESAC*
X	*Chris Moesel*	*Mitre*
X	*Cindy Lamb*	*Telligen*
X	*Cynthia Barton*	*Lantana*
X	*Floyd Eisenberg*	*ESAC*
X	*Howard Bregman*	*Epic*
X	*Jamie Jouza*	*PCPI*
X	*Jean Fajen*	*Telligen*
X	*Joe Kunisch*	*Memorial Hermann*
X	*Juliet Rubini*	*Mathematica*
X	*Justin Schirle*	*Epic*

	Name	*Organization*
X	*Kathy Lesh*	*Battelle*
X	*Kimberly Smuk*	*PCPI*
X	*Lisa Anderson*	
X	*Michelle Dardis*	*The Joint Commission*
X	*Michelle H*	
X	*Mike*	
X	*Nadia Ramey*	*ESAC*
X	*Patty McKay*	*FMOAI*
X	*Rute Martins*	*The Joint Commission*
X	*Stan Rankins*	*Telligen*
X	*Tammy Kuschel*	*McKesson*
X	*Yan Heras*	*ESAC*
X	*Yanyan Hu*	*TJC*

Time	Item	Presenter	Discussion/Options/Decisions
2:30-2:40 PM	HITSC Transitional Vocabulary Task Force Findings	Floyd Eisenberg-ESAC	The HIT Standards Committee (HITSC) established a Transitional Vocabulary Task Force charged with answering the following question: *Should transitional vocabularies be eliminated as alternatives in reporting to federal quality measure programs using EHR-captured clinical data elements? If so, which ones and when?* The Task Force recommended and the HITSC approved (10 Dec 2015) to maintain the current transitional vocabularies at present and further, recommend that ONC set a time in the future when all vocabularies for measurement and clinical decision support should transition to clinical terminologies. The full recommendations can be found in the Task Force recommendations at: https://www.healthit.gov/FACAS/calendar/2015/12/10/hit-standards-committee-virtual.
2:40-3:15 PM	QDM Diagnosis-Timing Precision	Alex Lui-Epic	The User Group has discussed diagnosis timing in relation to encounters. The Diagnosis datatype includes timing attributes, abatement datetime and onset datetime: Abatement datetime: The estimated or actual date/time that the diagnosis/problem (a) or symptom (b) resolved or went into remission. Onset datetime: The estimated or actual date/time that the diagnosis/problem (a) or symptom (b) began. Epic members of the User Group provided a presentation to help explain the following: 1. How diagnosis data with timing is captured and stored in one EHR (that is used widely). a. General synopsis of diagnosis timing data (using the Problem List): b. The system provides 2 options: c. Documentation DateTime (automatically captured by system): The date and time that the condition is added to the Problem List d. Noted Date: Automatically defaults to the day that the provider inputs the information and references only at the specificity of the day; it does not include a time of day. A provider can manually change the "noted date" as desired but compliance with changing the "noted date" may be low. Further, the "noted date" is not defined and its meaning is determined by the individual user, or perhaps, an organization. Thus, "noted" does not necessarily signify onset date. 2. How a simple algorithm based on #1 would fail in many cases (meaning if we only looked at the day-precision noted date in all cases) 3. How Epic has tried to address this problem by using a more complex algorithm using a combination of noted date and documentation date/time, but a. Even then there are failure points b. The algorithm is not really determined by the QDM, it is merely a method to try to make things work. 4. The presentation was presented to show how this all works so that other stakeholders are aware, and so that we can try to move towards a solution.

Time	Item	Presenter	Discussion/Options/Decisions
2:40-3:15 PM (con't)	QDM Diagnosis-Timing Precision (con't)	Alex Lui-Epic (con't)	To help clarify availability of such diagnosis-related times, Epic presented examples of what might be available in the EHR. The full presentation is available on the QDM User Group site. The associated Power Point presentation shows how timing of documentation can affect whether a patient is included in a measure population or excluded. This issue is especially relevant for admissions just before or after midnight.
2:40-3:15 PM (Continued)	QDM Diagnosis-Timing Precision	Alex Lui-Epic	**Discussion:** • Discussion confirmed that diagnosis onset date requires additional work on the part of the vendor. Two other vendors, McKesson and Cerner, have similar issues, especially with respect to providers documenting an onset time. Such documentation issues are known across other vendors as well. **Resolution:** • Clinical Quality Language (CQL) might help with expressing the required specificity but that will not necessarily improve data availability. For situations requiring a specific timing relationship, such as treatment for thrombotic stroke within 4 hours of onset, requires specific documentation solutions to meet the use case. In the example of thrombotic stroke, a "time last known well" field is used to capture the data rather than rely on an "onset date."
3:15- 4:00 PM	QDM Encounter Diagnosis: Principal	Floyd Eisenberg - ESAC	The eMIG discussed the Transitional Vocabulary Task Force recommendations on December 15. That discussion specifically addressed a task force recommendations: • *The task force ultimately supports one mandated reporting and exchange vocabulary for each category of data.* • *Even after migration to a single terminology for clinical data, "hybrid measures" could still continue to intentionally incorporate and combine clinical and administrative terminologies (e.g., EHR data and claims reports). The use of administrative data, where specified, should be deliberate.* The eMIG discussion suggested that use of principal diagnosis represented deliberate use of administrative data, and might represent a hybrid measure, seeking clinical activities related to administratively derived denominators. The eMIG referred the issue to the QDM User Group to determine if the definitions for the Encounter, performed attributes (principal diagnosis, diagnosis) should be altered. QDM 4.2 now has 2 related Encounter performed attributes: principal diagnosis, and diagnosis. • Principal diagnosis: The coded diagnosis/problem established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. • Diagnosis: A coded diagnosis/problem addressed during the encounter. Each of these attributes is "flat," meaning that they do not include any further detail about the diagnosis such as onset or abatement time.

Time	Item	Presenter	Discussion/Options/Decisions
3:15- 4:00 PM (con't)	QDM Encounter Diagnosis: Principal (con't)	Floyd Eisenberg – ESAC (con't)	The definition for principal diagnosis is consistent with the regulatory definition; it is used primarily for HP (inpatient) measures and seems to be consistent with use of administrative terminology (i.e., ICD-10). It is retrospective. Clinical decision support is a concurrent process and needs to address the diagnosis actively under consideration by the provider, managed differently by various EHR vendors. Some allow a provider to "right-click" and select "principal." Others default new diagnoses entered with admission or discharge orders to "working" and require providers to change the category if indicated (other options: admitting, billing, discharge, final, other, post-op, pre-op, principal, procedure, reason for visit, referring, suggested billing). Either option effectively provides a "working diagnosis" for concurrent clinical decision support. **Question for the QDM User Group:** Should the User Group recommend updates to definitions for the principal diagnosis or diagnosis attributes to accommodate hybrid retrospective measures and more concurrent measures (i.e., those measures addressing performance based on the condition suspected as 'primary' at the onset of the encounter). The User Group discussed the options at length. **Resolution**: • The principal diagnosis attribute is generally used in HP (inpatient) measures and the definition is consistent with retrospective measurement • The diagnosis attribute is generally used in EP (ambulatory) measures and the definition is purposely generic to allow any Encounter-related diagnosis to be used. In general, many of the existing EP measures also use the administrative codes that accompany claims and they provide alternate clinical codes. The discussion suggested that ambulatory problem lists are more reliable than inpatient problem lists. • A decision to move to more prospective, or concurrent measures might need a new QDM Encounter, performed attribute consistent with "working diagnosis" but none of the participants identified the need for such an attribute at this time. • Based on the discussion, no change is recommended for definitions of the existing attributes and no new attributes are recommended.

Time	Item	Presenter	Discussion/Options/Decisions
4:00-4:14 PM	Medication Fulfillment Jira tickets: QDM-79 QDM-65 QDM-64 QDM-53 QDM-1488	Floyd Eisenberg-ESAC	A number of Jira tickets address questions of medication fulfillment, i.e., assuring that medication is in use, and, perhaps, used effectively, for a defined period of time. Some of the Jira tickets listed addressed additional issues such as the ability to express logic more clearly. This discussion is included in the User Group call to address whether the existing medication dispensed datatype will provide sufficient information based on availability of data in EHRs today. 1. The NCPDP Script Implementation Guide includes 2 transactions of interest: a. Prescription fill status (RxFill) which is not widely adopted, and b. Medication History, which requires a consent process. 2. The Interoperability Standards Advisory Task Force of the Health IT Standards Committee advise: a. [R]NCPDP SCRIPT Standard, Implementation Guide, Version 10.6 is the best available standard for creating and transmitting a new prescription in the outpatient setting. b. We would advise caution in including all message transaction within the NCPDP SCRIPT Standard as workflows and system capabilities have not been vetted well in real practice. c. There are two message transactions in NCPDP SCRIPT v10.5 that we are in agreement with considering: Cancel Prescription (CANRX, CANRES) and Refill Prescription (REFREQ, REFRES), which could better facilitate prescriber-pharmacist communications. 3. The HITSC Content Standards Workgroup: a. In order to improve the ability to capture and represent medication history consider prioritizing the additional transactions or segments, namely Change Prescription, Refill Prescription, Cancel Prescription, Fill Status, and Medication to address needed functionalities in both the pharmacy software systems and the prescriber's software systems / health IT modules. b. Agreement with adding Cancel Prescription (CANRX, CANRES) and Refill Prescription (REFREQ, REFRES) as transactions or segments from NCPDP SCRIPT v10.6 in order to better facilitate prescriber-pharmacist communication c. RXCHG: we are aware that several pharmacy software vendors have this functionality to be developed by the end of 2015 and in 2016, so this would be a criterion that could be rapidly adopted if both prescribers and dispensers have the functionality. d. Fill Status (RXFILL) notifications should occur in the electronic health record and not outside (e.g., email or other means of communication). However, we feel we need healthcare professional input (e.g., from those engaged in prescribing and dispensing prescriptions) on what the appropriate triggers should be for notifications to ensure criterion does not generate excessive messaging. This specifically applies to Fill Status (RXFILL).

Time	Item	Presenter	Discussion/Options/Decisions
4:00-4:14 PM (Con't)	Medication Fulfillment Jira tickets: QDM-79 QDM-65 QDM-64 QDM-53 QDM-1488 (Con't)	Floyd Eisenberg-ESAC (Con't)	**Conclusion:** • Standards exist to express dispensed status • Dispensed status is not currently available in EHRs No further action is required but use of the Medication, dispensed datatype may cause feasibility uses in current measures.
4:15 – 4:25 PM	Physician Referral Fulfillment Jira Tickets: QDM-48 QDM-25 QDM-66	-	Three Jira tickets address how to express physician referrals in QDM. QDM-48: Communication: From Provider to Provider The existing eMeasure specification standard categories and data types do not provide a clear method of representing a referral request that was received by a particular provider and distinguishing it from a referral request that is initiated by the same provider. Proposed solution: use a "direction" attribute with "received" or "sent" code as its value. For example: – Intervention, Order: Referral (direction: 'received') Alternate: Previously Proposed Solution: use sent/received attributes that could take a boolean and be filtered. For example: – Intervention, Order: Referral (received: true) QDM-25: Allow a way to reference the components of a referral QDM-66: Refer to the relevant sections of the CDA-based referral request using eMeasure specification standards Discussion: EHRs do not consistently maintain provenance in the metadata of referrals and reports generated by physicians receiving the referral to track "receipt" or "sent" in many cases: Referral management: often a telephone/electronic message, or note to patients to call the physician(s) to whom they are referred.

Time	Item	Presenter	Discussion/Options/Decisions

4:15 – 4:25 PM
 	
(Con't)
	Physician Referral Fulfillment Jira Tickets:
	QDM-48
	QDM-25
	QDM-66
	
	(Con't)
		-
		
		(Con't)
			Managing fulfillment in existing interoperability standards
			• C-CDA R2.1 Supplement addresses request by the provider performing the referral to the requesting provider and response with more information, but not directly the referral itself. [http://www.hl7.org/documentcenter/public_temp_1579AC43-1C23-BA17-0CDC42DDA26C8DBE/standards/cda/AS_CDATEMPGD_R1_INFORM_2013JUN.pdf]
			• FHIR Quality includes an attribute: ReferralStatus
			  ○ Draft
			  ○ Requested
			  ○ Active
			  ○ Canceled
			  ○ Accepted
			  ○ Rejected
			  ○ Completed

4:15 – 4:25 PM (Continued)	Physician Referral Fulfillment Jira Tickets: QDM-48 QDM-25 QDM-66	-	In practice: • The provenance to determine referral fulfillment is not available • The content is not sufficiently structured to evaluate the content of the referral. • Request for information should be driven by clinical decision support (CDS) efforts since such efforts enable capture of required information within clinical workflow. Requesting information for retrospective measurement has a risk of creating unnecessary workflow that does not benefit clinical care. Hence, assuring QDM datatypes and attributes address existing modeling in current and future standards (e.g., CDA and FHIR) remains highly relevant. **Conclusions:** Consider, for Communication <u>and</u> Encounter, order: • Attributes: Requested, Accepted, Rejected Test feasibility
---	Risk Category Assessment Jira Ticket: QDM-122	Floyd Eisenberg – ESAC	Deferred to January meeting due to time

Time	Item	Presenter	Discussion/Options/Decisions
---	Informational: Parallel Work Efforts	Floyd Eisenberg – ESAC	The following parallel work efforts are identified for interested members: HL7 Clinical Quality Information (CQI) Workgroup 1. Quality Information Clinical Knowledge (QUICK) a. FHIR Quality (AKA QI CORE) Logical View b. Update posting expected soon through CQI Workgroup c. Expected testing of Logical View with Clinical Quality Language (CQL) through Clinical Quality Framework (CQF) 2. CQF Data Model a. Ongoing CQI Workgroup CQF Data Model calls Wednesdays (see http://wiki.hl7.org/index.php?title=Harmonization_of_Health_Quality_Information_models) b. Working with Clinical Information Modeling Initiative (CIMI) – another HL7 Workgroup c. Early tool prototype included in HL7 Working Group Meeting 1-13-2016, "Birds-of-a-feather" session.
4:25 – 4:30 PM	Next Meeting	Floyd Eisenberg – 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 **Next user group meeting** – January 20th, 2:30pm – 4:30pm EST

Action item	Assignee
None	N/A