

Quality Data Model (QDM) User Group Meeting | AGENDA

Meeting date | 2/17/2016 2:30 PM EDT | Meeting location | Webinar link: <https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

Attendees:

	Name	Organization
	Alex Lui	Epic
X	Ashley McCrea	ESAC
	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Balu Balasubramanyam	MITRE
X	Chris Markle	ESAC
	Chris Moesel	Mitre
X	Cindy Lamb	Telligen
	Cynthia Barton	Lantana
	Flor Cheatham	
X	Floyd Eisenberg	ESAC
X	Howard Bregman	Epic
X	Jae Kim	ESAC
X	Jamie Jouza	PCPI
X	Jean Fajen	Telligen
X	Joe Kunisch	Memorial Hermann
X	Juliet Rubini	Mathematica
	Justin Schirle	Epic
X	Kathy Lesh	Battelle
	Kendra Hanley	AMA
X	Khadija Mohamed	ESAC
X	Kimberly Smuk	PCPI
X	Laura Pearlman	
	Leela	
	Lisa Anderson	The Joint Commission

	Name	Organization
	Margaret Dobson	Zepf Center
	Marilyn Parenzan	The Joint Commission
X	Michelle Dardis	The Joint Commission
X	Michelle Hinterberg	MediSolv
X	Nadia Ramey	ESAC
	Patty McKay	FMOAI
X	Rose Almonte	
X	Rute Martins	The Joint Commission
X	Stan Rankins	Telligen
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
X	Toni Wing	
	Yan Heras	ESAC
X	Yanyan Hu	TJC
X	Tammy Kuschel	McKesson
X	Dalana Ostile	
X	Julia Skapik	ONC
X	Dave Wade	
X	Ruth Gatiba	
X	Rukma Joshi	ESAC
X	Zahid Butt	
X	Rebecca Swain-Eng	



Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM User Group Charter	Floyd Eisenberg - ESAC	The QDM UG charter will be posted to the eCQI Resource Center site soon
30 Minutes	Order end time-Recap	Floyd Eisenberg - ESAC	<p>The User Group discussed how to handle order end time during the last call. As a recap, in the case of Order datatypes, both order datetime and order stoptime corresponds to the QRDA “author time” (when the order was signed). QRDA represents the time as “TS” (timestamp) – a single point in time. QRDA DSTU Comment 840: http://www.hl7.org/dstucomments/showdetail_comment.cfm?commentid=840</p> <p>During the last meeting, the User Group agreed to minor modification of the QDM descriptions for start datetime and stop datetime for order datatypes. The agreement was to, “Both Start Datetime and Stop Datetime each refers to a single point in time, corresponding to the QRDA author Time Stamp (when the order was signed).”</p> <p>We had an alternate proposal from the MAT team now presented for consideration:</p> <ol style="list-style-type: none"> 1. Remove Start Datetime and Stop Datetime as QDM attributes for all order datatypes 2. Add ‘signed datetime’ attribute 3. Map to the HQMF order ‘time.high’ (i.e., the time.high for the author time) 4. Correspondingly, map to TimeStamp (TS) in QRDA <p>During the discussion, the group reviewed other options for handling timings around orders, such as the time the order is expected to take effect and potentially multiple occurrences of actions addressed by the order. For example, a medication order might indicate one of the following:</p> <ol style="list-style-type: none"> a. A medication intended to start 24 hours after the performance of another task b. A medication intended to start in 4 hours by intravenous infusion and continue for 8 hours, then stop c. A medication intended to start now and continue for 270 days (generally managed by dispensing 90 days worth of doses at a time with three dispensing events). <p>The group agreed that measures address such issues by asking for medications administered or dispensed, or procedures performed. How the medication or procedure is planned is not necessary to specify in the measure description. Therefore, the only issue relevant to the order required for measures is the time signed.</p> <p>Resolution:</p> <p>The language change will be included in the next minor version. The proposal to change to ‘signed datetime’ will be submitted to the MCCB for review.</p>

40 Minutes	Care Episodes (QDM 116,123, 94, 68,33)	Floyd Eisenberg- ESAC	<p>A number of QDM Jira issues address timing of events, especially encounters. Realistically, all of these issues address an episode of care, i.e., care related to a specific condition or procedure within or across different settings. Such an episode includes more than one encounter, and it may include treatment in different locations within the same facility.</p> <p>ESAC presented basic information and definitions from the industry. NQF Definition: A series of temporally contiguous healthcare services related to the treatment of a given spell of illness. ESAC also presented some examples of episodes across settings and also within the hospital (see User Group slide deck).</p> <p>Discussion</p> <p>How can we track episodes of care in the hospital? How do we know when patients have transitioned through the following stages:</p> <ol style="list-style-type: none"> 1. ED 2. Observation 3. Hospital Admission <p>The group agreed that, in general, the episode grouping is above the encounter level, i.e., a series of encounters are grouped into an episode. He stated that we should consider the encounters moving forward. Currently, measures have linked individual encounters based on the time the first ends and the second starts, and locations based on departure from the first and arrival at the next. Addressing such linkages has been difficult to express using existing logic. Such expression will be simpler with CQL. However, capturing the data required in the EHR remains problematic. Ideally, a standard way to include an episode linker as part of the metadata with encounters and locations would help. However, there is no such standard to include such an episode linker. Moreover, there is no definition workflow requirement to encourage use of such an episode linker in clinical practice. Linkages may be used for very limited use cases, such as following cardiac surgery, but such cases are rare and there is no standard way to track such care.</p> <p>The group further discussed that tracking patients across settings within a facility is actually an attempt to determine the level of care required and/or provided. The settings of care (e.g., ICU, step-down units, general medical-surgical floors) are addressed in measures as surrogates for the level of care provided. However, a patient may be located in one setting due to the number of available beds, yet receiving services appropriate for a different setting. As an example, a patient may remain in an ICU setting because there are not available general medical beds and the level of care is more consistent with the general medical floor. At this time, the group could not identify a standard mechanism to determine the level of care needed or provided.</p> <p>Resolution:</p> <p>CQL will help resolve some of the expression logic issues and avoid the need for repetitive lines of logic. Lacking a standard mechanism to address episode linkers in common use, QDM will not be modified. Also, lacking a standard mechanism to determine the level of care provided, or potentially severity of illness, QDM will need to continue to address locations and settings of care as surrogates for level of care.</p>
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Time	Item	Presenter	Discussion/Options/Decisions
10 Minutes	QDM 5.0 Advance Considerations	Floyd Eisenberg – ESAC	<p>ESAC presented some areas for evaluation that might require modification in the QDM version used with CQL (currently considered as QDM 5.0). Some of the items identified in a series of Jira tickets include the following. ESAC presented these items for future consideration by the group.</p> <p>Attributes:</p> <ul style="list-style-type: none"> TimeStamp vs. Start and Stop Times (where appropriate) Interval (or Period) for start to stop <p>QDM datatype questions</p> <ul style="list-style-type: none"> Transfer to, transfer from
5 Minutes	Next Meeting	Floyd Eisenberg – 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>Next user group meeting</p> <ul style="list-style-type: none"> – March 16, 2016, 2:30pm – 4:30pm EST

Action item	Assignee
None	N/A