

Quality Data Model (QDM) User Group Meeting |MINUTES

Meeting date | 6/15/2016 2:30 PM EDT | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

Attendees:

	Name	Organization
	Alex Lui	Epic
	Amanda Hashman	NA
X	Angela Flanagan	Lantana
	Anna Bentler	The Joint Commission
	Anne Coultas	McKesson
	Anne Smith	NCQA
X	Ashley McCrea	ESAC
	Balu Balasubramanyam	MITRE
X	Ben Hamlin	NCQA
X	Bryn Rhodes	ESAC
X	Chris Markle	ESAC
	Chris Moesel	Mitre
	Cindy Lamb	Telligen
X	Cynthia Barton	Lantana
	Daisey	NA
X	Dalana Ostile	NA
	Dave Wade	NA
	Debbie Hall	University of Maryland
	Flor Cheatham	NA

	Name	Organization
	Khadija Mohamed	ESAC
X	Kimberly Smuk	PCPI
	Laura Pearlman	NA
	Leela	NA
X	Lisa Anderson	The Joint Commission
X	Lizzie DeYoung	NA
X	Lynn Perrine	NA
	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
	Michelle Dardis	The Joint Commission
X	Michelle Hinterberg	MediSolv
	Nadia Ramey	ESAC
	Patty McKay	FMQAI
	Paula	NA
	Rebecca Swain-Eng	NA
	Rose Almonte	NA
	Rukma Joshi	ESAC
	Rute Martins	Mitre
X	Ruth Gatiba	Battelle

	Name	Organization
X	Floyd Eisenberg	ESAC
X	Hellena	NA
X	Howard Bregman	Epic
	Jae Kim	ESAC
X	Jamie Jouza	PCPI
	Jean Fajen	Telligen
X	Jenna Williams-Bader	NCQA
	Jennifer Bonner	NA
X	Joe Kunisch	Memorial Hermann
X	Jorge Belmonte	NA
	Julia Skapik	ONC
	Julie Koscuiszka	NA

	Name	Organization
	Ryan Clark	Xcenda
X	Shon Vick	ESAC
	Stan Rankins	Telligen
	Susan Wisnieski	NA
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
	Toni Wing	NA
X	Vaspaan Patel	NQF
	Wendy Wise	NA
	Yan Heras	ESAC
	Yanyan Hu	TJC
	Zahid Butt	MediSolv

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Floyd Eisenberg -ESAC	<ul style="list-style-type: none"> CQL Training for Measure Implementers June 22, 2016
5 Minutes	Update on QDM 4.3 Changes	Floyd Eisenberg - ESAC	Approved changes for QDM 4.3: (1) Add Assessment, Performed, Assessment, Recommended datatypes (2) Remove all Risk Category Assessment and Functional Status datatypes
50 Minutes	Considerations for QDM 5.0	Floyd Eisenberg -ESAC	Proposed Updates for Draft QDM 5.0 (1) Assessment, Performed - Add result options of 'dateTime' and ' (2) Care Goal – Address “Stop time” as “target Outcome date” and add result option of “percent” (3) Add Encounter, Performed attribute – “Admission Source” (4) Remove Transfer from and Transfer to datatypes

Time	Item	Presenter	Discussion/Options/Decisions
50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>(5) Add “code” as attribute for all datatypes (to reference that a code from the value set or the single value indicated must be retrieved)</p> <p>(6) Modify syntax for negation rationale; retain existing negation rationale attributes</p> <p>(7) Remove all “cumulative medication duration” attributes from medication datatypes – CQL expressions can provide clearer definition of cumulative medication duration using those attributes</p> <p>(a) Change “dose” attribute to “dosage”</p> <p>(b) Add “supply” attribute to Medication, dispensed; Medication, administered; Medication, order (analogous to C-CDA and FHIR attribute meaning number of days covered by medication dispensed.</p> <p>(c) Maintain “Frequency” attribute where present</p> <p>(8) Add Allergy/Intolerance and Adverse Event datatypes with attributes: (a) substance, (b) type, (c) Onset Date Time, (d) Abatement Date Time</p> <p>(9) Remove all current datatypes referencing allergy, intolerance or adverse events/effects.</p> <p>Assessment: Proposed Attributes Proposed adding result options of ‘dateTime’ and ‘percentage’ to Assessment, Performed, and ‘percentage’ to CareGoal target outcome result.</p> <p>Proposed new result response types:</p> <ol style="list-style-type: none"> 1. time/date response – This item refers to the response, or answer to a question in an assessment. For example, the date of last menstrual period in in the assessment is necessary to calculate gestational age. The dateTime stamp of the assessment remains as before but the a date and time as result of the question should also be allowed. 2. Percentage – For example, the answer to a question about level of performance (compared to baseline) might be 50%. <p>Discussion Ben Hamlin offered an example of where percentage might be useful: an outcome measure for depression looks for 50% reduction between visit one and visit two. Floyd Eisenberg suggested the comparison would be addressed by the logic, because the result of assessment 2 is numerical (and not 50% less). However, the response to a question in an assessment may also be expressed as a percentage.</p> <p>The group agreed to add time/date stamp and percentage as response types.</p>

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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Care Goal Care goal has a start and stop time. QDM version 4.3 does not clearly define the meaning of these times, e.g., does the start address when the care goal is set and the stop when the target outcome is expected to occur? Measure developers will likely need to compare whether the target outcome was achieved (based on the actual outcome in the same timeframe). For example, the depression measure, want to see change over six month period. If there is a target outcome date, the actual outcome can be compared based on the target outcome date. Ben Hamlin suggested there would be some use for this. Similarly, a target outcome may be a percentage improvement.</p> <p>The group agreed to address the end time for Care Goal as the target outcome date and to add percentage as a response type for target outcome.</p> <p>Transfer to, Transfer from Encounter, Performed currently includes the attribute “discharge status.” It is currently mapped to Disposition in the QDM-based HQMF and QRDA. There is no currently attribute to address “admission source” – i.e. what was the care setting immediately prior to the Encounter, Performed. Measure developers currently used the “discharge status” attribute to represent transfers to another setting of care but cannot represent the source. Therefore, QDM needs a new attribute for Encounter, Performed – “Admission source.” The “Discharge Status” should also have a title more consistent with the meaning. Discharge status could represent a condition of the patient rather than the disposition. If these attributes are present, Transfer to and Transfer from could be removed from QDM. Measure developers can currently create value sets to represent places of discharge. Using the Encounter, Performed attributes would eliminate the need for timing logic to address transfers between facilities.</p> <p>Measure developers asked about the ability to describe intra-facility transfers, e.g., transfer from an ICU. The current logic allows comparison of “facility location arrival datetime” and “facility location departure datetime” to evaluate such intra-facility transfers. “Transfer from” and “Transfer to” were developed from the claims concepts of admission source and disposition, which would not apply directly to intra-facility transfers. CQL may help simplify the logic to handle such intra-facility transfers compared to existing QDM logic capabilities.</p> <p>Proposal is to add one new attribute to Encounter, Performed</p> <ol style="list-style-type: none"> 1. Admission source (NEW - to cover Transfer from) 2. Discharge Status (to cover Transfer to) <p>Change the name of Discharge Status to Discharge Disposition and retire Transfer, from and Transfer, to datatypes.</p>

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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Discussion: How to represent ICU transfer? This is achieved by indicating change in location rather than using transfer datatype (e.g., Encounter, Performed: ICU location).</p> <ul style="list-style-type: none"> - Jamie Jouza raised concern about an Encounter, Performed variable addressing an ED visit, used as an exclusion and currently using the Transfer to and Transfer from datatypes. She believes they have a solution using the intersection of the occurrence variable and the Encounter, Performed: ED. She suggested ESAC provide clear guidance on how one might transition from the current QDM for instances where variables are used. Floyd suggested this example would be valuable content for a Cooking with CQL session to develop this guidance. - Floyd Eisenberg emphasized that QDM 5.0 change recommendations are in draft mode until more CQL testing is performed. <p>The group agreed to:</p> <ol style="list-style-type: none"> 1. Change the name of Encounter, Performed attribute Discharge Status to Discharge Disposition 2. Add Encounter, Performed attribute Admission Source 3. Retire Transfer to and Transfer from datatypes. <p>Datatype Codes – Jira Ticket QDM-128 QDM datatypes implicitly reference attributes about a set of items included in a value set. QDM does not currently state that the datatype attributes only refer to a specific item in a value set. To address this every QDM datatype will have a new attribute: Code. Measure developers do not need to create any new codes; the addition is to explicitly request that the code retrieved is the single value specified or a member of the value set applied to the QDM data element.</p> <p>The group agreed to add to add a “code” attribute for every datatype.</p> <p>Cumulative Medication Duration (CMD) CMD can be calculated for the following Medication datatypes as specified in QDM v4.2:</p> <ol style="list-style-type: none"> 1. Medication, Order – CMD represents the indented medication days based on metadata of the order. Refills are taken into account. 2. Medication, Dispensed – CMD represents the number of medication days available in the supply dispensed. 3. Medication, Active - CMD represents the same info as Medication, Order 4. Medication, Administered - CMD represents number of day an individual was actually administered the dose.

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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Calculating CMD requires: dose, frequency, and supply dispensed. There is no calculation advice provided in QDM documentation.</p> <p>Currently Medication, Dispensed; Medication, Order; Medication, Administered and Medication, Active include attributes for dose and frequency; however there is no attribute called supply. The QRDA specification uses the medication “dose” attribute to provide the number of doses supplied. However, the name of the attribute suggests “dosage,” i.e., the strength of the medication to provide with each administration.</p> <p>Propose removing all current CMD attributes in favor of using CQL to provide clear logic for calculating CMD. To manage this change requires clarification of terminology – i.e., change the current “dose” attribute to “supply” (consistent to how it is mapped in QRDA, and add an attribute of “dosage” to address dosing issues in measures.</p> <p>Discussion</p> <ul style="list-style-type: none"> - Ben Hamlin agreed with changes and noted limitations in the current QDM are frustrating. Re-naming of attribute will be clearer. - Joe Kunisch suggested prescriptions typically represent quantity. Floyd explained “supply” is what is used in HL7 to provide quantity dispensed. Additionally, number of refills is already an attribute and will be used to help to determine days. - Ben Hamlin noted number of doses supplied is not always number of pills, for example inhaler does not have number of pills. Supply defined a number of doses supplied is sufficient. <p>The group agreed to:</p> <ol style="list-style-type: none"> 1. Change the “dose” attribute to “supply” consistent with current mapping 2. Add “dosage” attribute for medication order, administer, order and active 3. Retire all “Cumulative Medication Duration” attributes <p>Allergy/Intolerance and Adverse Reactions</p> <p>QDM includes allergy, intolerance and adverse events as subclasses of other classes (e.g., Medication, allergy; Device, allergy; Substance, allergy). With the current modeling, a measure developer cannot specify a type of allergy; rather, the current QDM limits expression to a generic allergy concept. Existing CDA and FHIR resources manages allergy, adverse reaction and intolerance as unique classes. ESAC proposed making these concepts datatypes and include attributes (Substance, Type) and also to model timing similar to diagnosis – onset and abatement times).</p>

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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Proposed removing existing datatype and add two new datatypes:</p> <ol style="list-style-type: none"> 1. Allergy/intolerance 2. Adverse reaction <p>For each attributes of: substance, type, prevalence period (onset date time and abatement)</p> <p>Discussion Howard Bregman suggested these datatypes are not mutually exclusive datatypes. Allergies should represent unique concepts. Intolerances and adverse reactions are generally recorded in a similar manner. He agreed separating source from reaction type is cleaner.</p> <p>The group discussed whether QDM should also include an attribute of reaction severity as this is captured in the EHR. Reactions are more likely recorded when severe.</p> <p>Modified proposal: Add two new datatypes: Allergy and Intolerance/Adverse Event. Each will have attributes of Substance, Type, Severity, and a Prevalence period (onset to abatement)</p> <p>Jenna Williams-Bader questioned whether abatement is refers to a particular episode or to complete resolution of the allergy (e.g., the patient grew out of an allergy. Floyd suggested abatement here should refer to when the condition is no longer present; i.e., model allergy and intolerance/adverse event similar to diagnosis.</p> <p>The group agreed with the modified proposal.</p> <p>Timing Periods The group discussed options for timing intervals. Existing QDM 4.2 does not specify the meaning of most start and stop times. However, a pattern emerged during the analysis. ESAC presented the following generalized timing period patterns:</p> <p>Relevant Period – Referential – The time period to which the concept refers. Examples: Patient care experience and provider care experience – the period of time to which the experience refers (i.e., a hospitalization admission to discharge, the last three months of care, etc.). Similarly, all recommended datatypes may have a time during which the recommendation is valid (e.g., “have this activity performed within the next 3 months). Care goal provides a clearer case example – The goal may be established today and the target outcome is expected at a defined point in the future.</p>

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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>By consensus, the group agreed to apply a referential relevant period to Care Goal to advance the ability to express outcome measures. However, all other suggestions for referential periods (i.e., care experience and recommended datatypes) will address author time only and not start and stop times.</p> <p>Relevant Period – Measured</p> <table border="1"> <tr> <td>Device, Applied</td> <td><i>StartTime</i> = when the device is inserted or first used; <i>StopTime</i> = when the device is removed or last used</td> </tr> <tr> <td>Diagnostic Study, Performed</td> <td><i>StartTime</i> = when the diagnostic study is initiated; <i>StopTime</i> = when the diagnostic study is completed</td> </tr> <tr> <td>Encounter, Active</td> <td><i>StartTime</i> = the time the encounter began (admission time); <i>StopTime</i> = the the time encounter ended (discharge time)</td> </tr> <tr> <td>Encounter, Performed</td> <td><i>StartTime</i> = the time the encounter began (admission time); <i>StopTime</i> = the the time encounter ended (discharge time)</td> </tr> <tr> <td>Patient Characteristic, Payer</td> <td><i>StartTime</i> = the first day of insurance coverage with the referenced payer; <i>StopTime</i> = the last day of insurance coverage with the referenced payer</td> </tr> <tr> <td>Intervention, Performed</td> <td><i>StartTime</i> = the time the intervention begins; <i>StopTime</i> = the time the intervention is completed NOTE - timing refers to a single instance of an intervention. If a measure seeks to evaluate multiple interventions over a period of time, the measure developer should use CQL logic to represent the query request.</td> </tr> <tr> <td>Laboratory Test, Performed</td> <td><i>StartTime</i> = the time the laboratory test begins (i.e., the time the specimen is collected); <i>StopTime</i> = the time the laboratory test procedure is completed (i.e., the time the final report is documented)</td> </tr> <tr> <td>Medication, Active</td> <td><i>StartTime</i> = when the medication is first known to be used (generally the time of entry on the medication list); <i>StopTime</i> = when the medication is discontinued (generally the time discontinuation is recorded on the medication list)</td> </tr> <tr> <td>Medication, Administered</td> <td><i>StartTime</i> = when a single medication administration event starts (e.g., the initiation of an intravenous infusion, or administering a pill or IM injection to a patient); <i>StopTime</i> = when a single medication administration event ends (e.g., the end time of the intravenous infusion, or the administration of a pill or IM injection is completed - for pills and IM injections, the start and stop times are the same)</td> </tr> <tr> <td>Procedure, Performed</td> <td><i>StartTime</i> = the time the procedure begins; <i>StopTime</i> = the time the procedure is completed NOTE - Timing refers to a single instance of an procedure. 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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Relevant Period – Special Cases</p> <p>1) LocationPeriod</p> <table border="1" data-bbox="600 272 2011 378"> <tr> <td data-bbox="600 272 762 313">Encounter, Active</td> <td data-bbox="762 272 2011 313"></td> </tr> <tr> <td data-bbox="600 313 762 378">Encounter, Performed</td> <td data-bbox="762 313 2011 378"><i>StartTime = the time the patient arrived at the location; StopTime = the time the patient departed from the location</i></td> </tr> </table> <p>2) InvasiveProcedurePeriod</p> <table border="1" data-bbox="600 435 2011 524"> <tr> <td data-bbox="600 435 800 492">Procedure, Performed</td> <td data-bbox="800 435 2011 524"><i>InvasiveProcedurePeriod</i> <i>StartTime = specific to the time at which the procedure enters through the skin (e.g., incision time);</i> <i>StopTime = specific to the time at which the procedure exists from the skin (e.g., closure time)</i></td> </tr> </table> <p>3) Radiation Duration</p> <table border="1" data-bbox="600 557 2011 646"> <tr> <td data-bbox="600 557 800 613">Procedure, Performed</td> <td data-bbox="800 557 2011 646">Radiation treatment - consider treatment as a procedure with a start and stop time and a dosage Radiation exposure during procedures or diagnostic tests - consider using the "InvasiveProcedurePeriod" NOTE: May need to add <i>dosage</i> as an attribute for Procedure, Performed</td> </tr> </table> <p>Prevalence Period – Onset to Abatement</p> <ul data-bbox="600 719 1789 857" style="list-style-type: none"> • Allergy – (attributes: substance, type, severity) – onset to abatement • Intolerance / Adverse Event – (attributes: substance, type, severity) – onset to abatement • Diagnosis – onset to abatement • Symptom – onset to abatement <p>Author Time</p> <ul data-bbox="600 930 1325 1383" style="list-style-type: none"> • Patient Care Experience • Provider Care Experience • Communication: from Patient to Provider (time sent) • Communication: from Provider to Patient (time sent) • Communication: from Provider to Provider (time sent) • Care Goal • Device, Order • Device, Recommended • Diagnostic Study, Order • Encounter, Order • Encounter, Recommended • Assessment, Performed • Assessment, Recommended 	Encounter, Active		Encounter, Performed	<i>StartTime = the time the patient arrived at the location; StopTime = the time the patient departed from the location</i>	Procedure, Performed	<i>InvasiveProcedurePeriod</i> <i>StartTime = specific to the time at which the procedure enters through the skin (e.g., incision time);</i> <i>StopTime = specific to the time at which the procedure exists from the skin (e.g., closure time)</i>	Procedure, Performed	Radiation treatment - consider treatment as a procedure with a start and stop time and a dosage Radiation exposure during procedures or diagnostic tests - consider using the "InvasiveProcedurePeriod" NOTE: May need to add <i>dosage</i> as an attribute for Procedure, Performed
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50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Floyd Eisenberg –ESAC (con't)	<p>Author Time (Con't)</p> <ul style="list-style-type: none"> • Immunization, Administered • Immunization, Order • Patient Characteristic • Provider Characteristic • Intervention, Order • Intervention, Recommended • Laboratory Test, Order • Laboratory Test, Recommended • Medication, Discharge • Medication, Dispensed • Medication, Order • Physical Exam, Order • Physical Exam, Recommended • Procedure, Order • Procedure, Recommended • Substance, Order • Substance, Recommended • Patient Care Experience <p>Consider Removing timing for:</p> <p>Family History (onset age is an observation about a person other than the patient; the timing of data capture is irrelevant)</p> <p>Patient Characteristics, birthdate, expiration date and sex – these are all observations.</p> <p>Discussion:</p> <p>The group suggested a referential relevant period only for Care Goal. None of the other proposed referential relevant times was approved; rather, the group agreed with author time for these QDM other datatypes.</p> <p>ESAC presented all of the other timing options. To allow more time for review and comment, ESAC will provide access to the recommendations for comment and input by June 21. The QDM User Group will also have an ad hoc meeting on June 22 from 2:30 to 4:00 PM EDT to resolve the timing definitions and periods.</p>

Time	Item	Presenter	Discussion/Options/Decisions
50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Bryn Rhodes - ESAC	<p>Negation Rationale</p> <p>In QDM 4.2 negation is specified using a “not done” qualifier. Thirty-nine QDM datatypes allow negation. For these datatypes, each QDM data element specifies the following information:</p> <ul style="list-style-type: none"> • Category – Medication, Encounter, etc. • Datatype – Administered, Performed, etc. • Value set – Antithrombotic, Inpatient, etc. • Negation indicator – whether the element is being asserted positively or negatively <p>If the not done qualifier is not provided the data element is asserted positively. For example: “Medication, Administered” using “Antithrombotic Therapy”</p> <p>An example of the corresponding negative element: “Medication, Administered not done: Medical Reason” for “Antithrombotic Therapy”</p> <p>This equivalent expression in QDM with CQL is: Define “Antithrombotic, Administered”: [“Medication Administered”: “Antithrombotic Therapy”] Medication where Medication.negationRationale is null</p> <p>The filter on negationRationale is necessary because the unqualified retrieval returns all “Medication, Administered” for the value set “Antithrombotic Therapy” whether negated or not. This is problematic because the filter is required on every access to any QDM element.</p> <p>ESAC evaluated different approaches to eliminate the requirement to add “item.negationRationale is null” each time a relevant datatype is used. The newly proposed approach requires no changes to the QDM conceptual model and uses the same approach that adds a qualifier to the name allowing them to represent negation without drastically changing QDM; rather the proposal only change is in how negation is described. This is a minor syntax change.</p> <p>The positive statement: Define “Antithrombotic, Administered”: [“Medication Administered”: “Antithrombotic Therapy”]</p>

Time	Item	Presenter	Discussion/Options/Decisions
50 Minutes (con't)	Considerations for QDM 5.0 (con't)	Bryn Rhodes – ESAC (con't)	<p>The negative statement would include the NOT qualifier: Define “Antithrombotic, Not Administered”: [“Medication Not Administered”: “Antithrombotic Therapy”] NotAdministered Where NotAdministered.negationRationale in “Medical Reason”</p> <p>This approach is the closest to what QDM does now. The tooling Model Info will included the required information to implement the approach, minimizing the impact on tooling. Asked the group for their feedback.</p> <p>Discussion: The group approved moving forward with this approach.</p>
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 qdm@esacinc.com – Or start a discussion: qdm-user-group-list@esacinc.com <p>Next user group meeting</p> <ul style="list-style-type: none"> – Ad hoc Meeting – June 22, 2016 2:30pm – 4:00pm EDT (decision call for draft QDM 5.0 timings) – Regularly Scheduled Meeting – July 20, 2016 2:30pm – 4:30 PM EDT

Action item	Assignee
Final review of draft QDM timing options for decision call on June 22, 2016	All QDM User Group members