

Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 10/19/2016 2:30 PM EDT | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

Attendees:

	Name	Organization
	Abby Rech	
	Alex Lui	Epic
	Amanda Hashman	
X	Angela Flanagan	Lantana
X	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
	Anne Smith	NCQA
	Ashley McCrea	ESAC
	Balu Balasubramanyam	MITRE
X	Ben Hamlin	NCQA
X	Brittni Frederksen	
	Bryn Rhodes	ESAC
X	Carolin Spice	
X	Chana West	ESAC
X	Chris Markle	ESAC
	Chris Moesel	Mitre
	Cindy Lamb	Telligen
X	Cynthia Barton	Lantana
	Dalana Ostile	
	Dave Stumpf	
	Dave Wade	

	Name	Organization
	Kendra Hanley	HSAG
X	Kimberly Smuk	HSAG
	KP Sethi	Lantana
	Laura Pearlman	
X	Lisa Anderson	The Joint Commission
	Lizzie DeYoung	MITRE
X	Lynn Perrine	
	Marc Hadley	MITRE
	Margaret Dobson	Zepf Center
	Marilyn Parenzan	The Joint Commission
	Michelle Dardis	The Joint Commission
	Michelle Hinterberg	MediSolv
X	Mike Shoemak	Telligen
	Nadia Ramey	ESAC
	Patty McKay	FMQAI
	Paul Denning	MITRE
X	Rebecca Swain-Eng	
	Rose Almonte	
X	Rob McClure	NLM Contractor
	Rukma Joshi	ESAC
	Rute Martins	MITRE

	Name	Organization
	Debbie Hall	University of Maryland
	Flor Cheatham	
X	Floyd Eisenberg	ESAC
	Guy Ginton	ESAC
X	Howard Bregman	Epic
X	Jamie Jouza	PCPI
	Jean Fajen	Telligen
X	Jenna Williams-Bader	NCQA
X	John Carroll	The Joint Commission
	Jennifer Bonner	
X	Jessica Smails	
X	Joe Kunisch	Memorial Hermann
	Jorge Belmonte	AMA
	Julia Skapik	ONC
	Julie Koscuiszka	
X	Juliet Rubini	Mathematica
	J Frails	Meditech
	Khadija Mohammed	ESAC

	Name	Organization
X	Ruth Gatiba	Battelle
	Ryan Clark	Xcenda
	Shon Vick	ESAC
X	Stan Rankins	Telligen
	Susan Wisnieski	NA
	Syed Zeeshan	eDaptive Systems
X	Tammy Kuschel	McKesson
X	Teresa Ansell	
	Toni Wing	
	Vaspaan Patel	NCQA
	Wendy Wise	NA
X	Yan Heras	ESAC
X	Yanyan Hu	TJC
	Yvette Apura	AMA-ASSN
	Zahid Butt	MediSolv
	Zach May	ESAC



Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	<ul style="list-style-type: none"> • Upcoming Cooking with CQL Sessions: <ul style="list-style-type: none"> ○ Thursday, Oct. 20th at 4pm ET. ○ Thursday, Nov. 17th at 4pm ET. ○ Please send examples for upcoming Cooking with CQL Webinars to cql-esac@esacinc.com • New QDM Versions Available: <ul style="list-style-type: none"> ○ QDM v4.3 (for implementation, aligns with current MAT and Bonnie Tool) ○ Both available for CQL Testing at https://ecqi.healthit.gov/cql: <ul style="list-style-type: none"> ▪ DRAFT QDM v5.0 errata — includes Allergy/Adverse Event and Intolerance changes ▪ Proposed Draft QDM v.5.01 — includes component (will not be included in the MAT CQL staging version until January 2017) • New Tool Versions Available: <ul style="list-style-type: none"> ○ Bonnie 1.5.0 (adds support for QDM 4.3 and includes CQL learning tool and patient dashboard)- available at https://bonnie.healthit.gov. ○ Cypress 3.0.2—The new release and release notes are available on the Cypress website at https://www.healthit.gov/cypress/release.html.
20 Minutes	QDM 5.0	Floyd Eisenberg (ESAC)	<p>Negation Rationale Timing</p> <p>35 QDM datatypes allow the attribute <i>negation rationale</i>, to address reasons why specific actions are not taken. The QDM 5.0 update specifies timing for each QDM datatype using authorTime, relevant time (an interval from beginning to completion) or prevalence time (an interval from onset to abatement date). 28 of the datatypes allowing negation rationale specify author time, a single point in time. Similar to the action represented by these datatypes, the act of negation is a single point in time so no change is needed.</p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (con't)	QDM 5.0 (con't)	Floyd Eisenberg (ESAC) (con't)	<p>No datatypes using prevalence time allow negation but seven datatypes currently use intervals (Relevant Time):</p> <ul style="list-style-type: none"> • Device, Applied • Diagnostic Study, Performed • Encounter, Performed • Intervention, Performed • Laboratory Test, Performed • Physical Exam, Performed • Procedure, Performed <p>For those datatypes with intervals (Relevant Time), the CQL expression needs to address the timing of the negation rationale. Negation occurs at a point in time rather than an interval. The ESAC team presented two options for negation timing for datatypes using Relevant Period:</p> <ol style="list-style-type: none"> 1) Default the timing for negation rationale such that the beginning and completion of the relevant period are the same for negated items. 2) Add author time to the seven identified datatypes for use with negation rationale. <p>Discussion:</p> <p>Lisa Anderson (TJC) – If relevant time was used for negation rationale would the start and stop time be the same? Yes, the start and stop time would be the same.</p> <p>Joe Kunisch (Memorial Hermann) asked for a use case. An example use case is Medication, Administered. Administration of an IV infusion could be scheduled for three hours and the start and stop time represent the Relevant Period. If not administered, there is no start or stop time, so the issue is what time to assign to the negation. Joe Kunisch suggested we just use Author Time in this case. Floyd Eisenberg noted the seven datatypes no longer have authorTime since QDM assigned intervals in version 5.0. There is an option to add authorTime to these seven datatypes for use only for negation rationale. Joe suggested this option is preferred as a time period for negation would be confusing to a clinician. Howard Bregman (EPIC) agreed that authorTime makes sense.</p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (con't)	QDM 5.0 (con't)	Floyd Eisenberg (ESAC) (con't)	<p>To address the feasibility of adding authorTime as an attribute for the seven datatypes in time for the October 31 MAT CQL test version, it requires a change to the model. Stan Rankins (Telligen) was unsure of the timeline to implement the change. If approved, this change may not be in first release of CQL testing MAT (when testing version is deployed on October 31st).</p> <p>The User Group agreed to add Author Time for the purpose of negation rationale to the seven datatypes noted to address negation rationale timing. There was discussion about the use of negation for Encounter, Performed. While not in scope for the discussion today, the topic could be addressed later if there is an identified need.</p> <p>Action: Add authorTime to Device, Applied; Diagnostic Study, Performed; Encounter, Performed; Intervention, Performed; Laboratory Test, Performed; Physical Exam, Performed; Procedure, Performed. Review with MCCB.</p>
20 Minutes	QDM 4.3 – QDM-133, QDM-160	Floyd Eisenberg (ESAC)	<p>Medication at Discharge (QDM-133, QDM-160)</p> <p>Medication, Discharge – The medication the patient is expected to take after discharge.</p> <p>QDM-133 JIRA discussion noted that the QDM-based HQMF identified the template for medication at discharge as RQO (request) and QRDA use EVN (event) for the template. QRDA was updated to align with QDM-based HQMF and a comment was placed on the C-CDA DSTU site (HL7) in November 2015. The HL7 Structured Documents Workgroup resolved the comment October 13, 2016 indicating that completion of the medication discharge list as a document is an event, and therefore, the C-CDA template was correct in using EVN as the mood code. The individual medications on the list could be expressed using RQO (request) but the list is an event. QRDA should be consistent with C-CDA.</p> <p>Ben Hamlin (NCQA) asked: Do the medication reconciliation post-discharge measures point to the document or to the RQO? Response: medication reconciliation should point to the medication list (the document).</p> <p>Does this affect the ability to represent negation rationale for the element? Response: The mood code does not make a difference.</p> <p>Action: Recommend update to QRDA to use EVN code for the Medication, discharge datatype. It does not need to be consistent with the QDM-based HQMF template.</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes	Physician FHIR Connectathon: Care Goals, Goals, and Handling Relative Difference	Floyd Eisenberg (ESAC)	<p>Management of Care Goal Targets</p> <p>A care goal can have a target outcome that is represented by a future observation (e.g., 50% reduction in a screening tool result over time). The FHIR Care Goal uses a Target Observation as a potential outcome. Since Target Observation has not occurred yet, a method to refer to the future observation is needed.</p> <p>The FHIR response suggested using an extension, goal reference, which uses the observation resource to represent the care goal. The proposed resolution is to use an extension called <i>Goal Target</i> where goal target is the desired observation value.</p> <p>Floyd Eisenberg asked the User Group if this approach was acceptable and the group agreed.</p> <p>Action: No action required</p>
15 Minutes	Composite Measure Scoring	Floyd Eisenberg (ESAC)	<p>Composite Measure Scoring – Weighted</p> <p>In July, the HL7 Clinical Quality Information Workgroup submitted a harmonization request to add a value set describing several types of composite measures within an HQMF document:</p> <ul style="list-style-type: none"> • <u>All-or-nothing scoring</u> – places an individual in the numerator of the composite measure if they are in the numerator of all the component measures in which they are the denominator • <u>Linear scoring</u> – equal weight applied to each measure • <u>Opportunity scoring</u> – combine numerator and denominator of each component to obtain overall score • <u>Weighted scoring</u> – the value set is the name of the type of scoring, but not sure how to state the actual weight. Draft proposal submitted to address this. Asked for feedback on the proposal to address a composite with weighted scoring: <p>The new terms help identify the type of scoring, but a new term is needed to express the actual weight of each component measure.</p> <p>Example --- A composite measure with three component measures:</p> <p>Measure 1 – ObservationMeasureScoringWeight = .20</p> <p>Measure 2– ObservationMeasureScoringWeight = .10</p> <p>Measure 3 – ObservationMeasureScoringWeight = .70</p>

Time	Item	Presenter	Discussion/Options/Decisions
15 Minutes (con't)	Composite Measure Scoring (con't)	Floyd Eisenberg (ESAC) (con't)	<p>Questions for the User Group:</p> <ul style="list-style-type: none"> • Will this model work for users? • Is the weighting applied for an individual patient or only across patient aggregates? <p>The group agreed that the model does work and that it can apply to an individual patient or across aggregated results for component measures.</p> <p>Follow-up Question:</p> <ul style="list-style-type: none"> • How might the results be addressed if an individual patient meets criteria for only some of the component measure denominators? <p>Ben Hamlin (NCQA) noted if a patient is missing from one of the measure elements of a composite, NCQA applies imputation rules based on a longitudinal patient characteristics model. At the plan level, imputation rules are applied depending on the measure and the reason for the missing information. The calculation at the patient level is quite complicated and is measure dependent. The information about how to manage these situations is described in guidance and not directly in the logic representation.</p> <p>Action: Proceed with requesting the ability to indicate the weighted score for each component measure. Address imputation rules with guidance until sufficient use cases can describe the options.</p>
2 Minutes	Next Meeting	Chana West (ESAC)	<p>The planned meeting for November 16, 2016 is cancelled as it occurs during the AMIA meeting.</p> <p>Next user group meeting: December 21, 2016 2:30-4:30pm ET</p> <p>Agenda items welcomed for QDM user group meetings</p> <ul style="list-style-type: none"> - Contact us at gdm@esacinc.com or start a discussion: gdm-user-group-list@esacinc.com