

Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 12/21/2016 2:30 PM EDT | Meeting location|Webinar link:
<https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Chana West (ESAC)	<ul style="list-style-type: none">• Upcoming Cooking with CQL Webinar on Thursday January 26, 2017 at 4:00 P.M. EST. To register for the webinar, go to: https://battelle.webex.com/battelle/onstage/g.php?MTID=ec9fc4454980126fe91eaabc5c47977ae<ul style="list-style-type: none">○ Please send examples for the upcoming Cooking with CQL Webinar to bryn@databaseconsultinggroup.com or cql-esac@esacinc.com• Update to eCQM value sets for 2017 reporting period due to ICD-10-PCS changes<ul style="list-style-type: none">○ All changes will be made available through the National Library of Medicine's Value Set Authority Center (https://vsac.nlm.nih.gov/) starting in early to mid-January 2017

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20 Minutes	CDS Recommendations (QDM-162)	Floyd Eisenberg (ESAC)	<p>EHR Management of Clinical Decision Support (CDS) System Recommendations (QDM-162)</p> <p>Jira Ticket (QDM-162): Many of the QDM datatypes use the “recommended” modifier. The following question arose from a JIRA ticket: Who is making or receiving the recommendation? Is this a doctor to doctor, doctor to patient, or does this represent a recommendation from the CDS regarding a treatment or intervention? The original intent was the doctor making a recommendation to a patient.</p> <p>The following QDM categories include datatypes using the “recommended” modifier: Assessment, Device, Diagnostic Study, Encounter, Intervention, Laboratory Test, Physical Exam, Procedure and Substance. All of these elements have common attributes, including reason, negation rationale, author datetime and code.</p> <p>Should “recommended” be applicable to other scenarios than documentation of recommendations from doctor to patient? The use case identified on the JIRA ticket pertained to a recommendation from the computer to the physician. For example, a medication required for the patient at discharge. The CDS rule would note that the medication was not present upon medication reconciliation and send an alert to the physician that the required medicine was not present.</p>

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20 Minutes (con't)	CDS Recommendations (QDM-162) (con't)	Floyd Eisenberg (ESAC) (con't)	<p><u>Discussion:</u></p> <p>Joe Kunisch (Memorial Hermann) noted from the EHR perspective, that they can tell if a physician addresses an alert or not, or can require that the physician enter a reason when overriding a recommendation. He suggested there is no clear rationale for creating a measure to report on such actions and this is unnecessary from a public reporting perspective. Such measurement would not provide value to patient care, per se, but rather would represent a support tool in the background for physicians; reporting on CDS-drive activity is unnecessary. Physicians may have a legitimate reason to not use the recommendation.</p> <p>Howard Bregman (Epic) agreed there is no rationale to report the CDS recommendation use case for the purposes of a measure.</p> <p>ESAC indicated the use case was driven by a desire to automate evaluation of the effectiveness of clinical decision support in that FHIR Clinical Reasoning and CQL expression language could support such queries. None of the User Group attendees supported such a use case for QDM.</p> <p><u>Resolution/Next Steps:</u></p> <p>The User Group generally did not support the recommendation.</p>
20 Minutes	Encounter, Active (QDM-161)	Floyd Eisenberg (ESAC)	<p>Jira Ticket (QDM-161): What does the Encounter, Active datatype mean and how is it different from Encounter, Performed? Is Encounter, Active an Encounter, Performed that has not ended yet? If so, why does Encounter, Active have a discharge datetime attribute? What is the use case for Encounter, Active and is it really necessary?</p> <p><u>Discussion:</u></p> <p>Anna Bentler (TJC, addressing EH measures) and Jamie Jouza (PCPI, addressing EP measures) reported that they do not use Encounter, Active so this would not impact their measures if it were no longer available.</p> <p>Howard Bregman (Epic) agreed and suggested Encounter, Performed can be used for all the use cases, including an encounter which is still active.</p> <p><u>Resolution/Next Steps:</u></p> <p>The User Group attendees did not identify any reason to continue with Encounter, Active. However, changes to QDM can impact measures and users who were not present. <i>ESAC will evaluate all current measures and will examine any applicable use cases carefully before taking any action.</i></p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes	Author Time Attribute (QDM-170)	Floyd Eisenberg (ESAC)	<p>Adding Author Time as an attribute to Diagnosis, Adverse Event and Allergy/Intolerance</p> <p>Jira Issue (QDM-170): Adverse Event and Allergy/Intolerance datatypes have timing attributes expressed only as intervals: Relevant Period (Adverse Event) and Prevalence Period (Allergy/Intolerance). While addressing some eCQM expressions with CQL, ESAC noted that such interval beginning and end times may not be clearly available in EHRs. ESAC therefore requested feedback as to whether Author Datetime should be added to both QDM datatypes to allow measure developers latitude in expressing measures based on feasibility evaluation. That is, should a measure developer be able to include Author Datetime if it is all that is available? That would require adding the Author Datetime attribute to these datatypes.</p> <p><u>Discussion:</u></p> <p>Joe Kunisch (Memorial Hermann) noted adding author time as a proxy does not really address when the allergy or adverse event started, but rather when it was documented. He noted that EHRs have existing fields for onset and abatement times for allergy.</p> <p>Howard Bregman (Epic) noted Epic has a “Noted Date” field which auto-populates with today’s date and can be modified by the user. This is used as the onset time. Author time has no benefit over onset time.</p> <p>Lisa Anderson (TJC) noted their measures are interested in whether the prevalence period interval crosses over the encounter. They use onset time for this and author time may not be necessary.</p> <p><u>Resolution/Next Steps:</u></p> <p>No changes will be made at this point. ESAC asked <i>QDM User Group participants to continue to consider the issue of adding Author Datetime to these datatypes further before finalizing the decision.</i></p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes	Direct Reference Codes (QDM-124)	Floyd Eisenberg (ESAC)	<p>JIRA ticket (QDM-124): Creating a value set with a single code hides the intellectual property of the code system from which the concept was derived. ONC and CMS agreed that changing the process to use single codes should coincide with CQL implementation. CQL can support single codes. Currently, only 2 data elements use single codes – birth date and patient expired date; both of these are used across all measures, directly implemented in the MAT.</p> <p>ESAC presented information about the current status of the effort. First, to differentiate between codes included in a value set, the concept of a single code used without a value set is called a “direct referenced code.” The new term should help reduce confusion.</p> <p>Value sets containing single codes will still be acceptable once the change occurs, for the following reasons, if:</p> <ul style="list-style-type: none"> • Only one value currently exists in the code system but additional concepts are forthcoming (i.e., the value set will expand), a value set for the single code is acceptable. This process avoids the need to create a direct reference code and subsequently to create a value set., you can create a value set that you will later add additional codes to • A value set initially contained multiple codes, and all but one was retired. The value set remains with one active code so the measure may allow look-back. <p>The ESAC, NLM, MAT, and Bonnie teams are developing a plan to support the use of data elements referenced by direct referenced codes.</p> <p>ESAC presented the process. Detailed plans and timelines are in development. The team worked with Mathematica to identify a solution carefully considering of measure developer workflow. The planned process will allow direct referenced codes to be available for re-use and also for implementers to access them. The plan is intended for implementation when CQL is used in measures, i.e., using QDM 5.02 (or later). Direct referenced codes are not implemented in the current measure development cycle (for completion in 2017 and implemented in 2018). The direct referenced code solution will apply to measures published in Spring 2018 and reported in 2019.</p> <p>Similar to value sets, direct reference code metadata include code, descriptor, code system name, code system OID and code system version. The “purpose / intent” fields in VSAC will still apply (i.e., the reason the direct referenced code is used), but the “inclusion” and “exclusion” criteria will apply to value sets only and not direct referenced codes.</p>

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20 Minutes (con't)	Direct Reference Codes (QDM-124) (con't)	Floyd Eisenberg (ESAC) (con't)	<p>The ESAC, Mathematica, Bonnie, MAT and NLM teams propose the following workflow and designed the process to be as similar to the current eCQM development process as possible.</p> <p>The proposed workflow (depicted graphically in the QDM UG slide deck) is as follows:</p> <ol style="list-style-type: none"> 1. Measure developer chooses direct referenced code in VSAC. 2. VSAC creates a Ghost OID for the direct referenced code. "Ghost OID" is a mechanism for processing and identifying the direct referenced code by VSAC and MAT tooling but the OID will not appear in the final eCQM / HQMF XML or HTML (human readable). 3. The measure developer will enter the Ghost OID into the MAT when defining the respective QDM data element, the same process currently used for adding value sets. The MAT will request the code and metadata from VSAC and apply it to the QDM data element. The MAT will maintain the association between the Ghost OID with the direct referenced code 4. The measure developer will create the measure by identifying the QDM data elements and applying logic, basically the same method as using QDM data elements that use value sets. Note – the process will occur only in the CQL-based eCQM process. The eCQM output (HQMF) will not include the Ghost OID, but only the direct referenced code and its metadata (the code, code descriptor and code system, code system OID, and version of code system). 5. The MAT stores the Ghost OID association with the direct reference code and provides a file containing all value sets and direct referenced codes contained in each eCQM to VSAC for curation purposes. 6. VSAC manages the curation. Measure developers will need to review and apply any curation-generated concerns for direct reference codes similar to how updates currently occur with value set updates.

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20 Minutes (con't)	Direct Reference Codes (QDM-124) (con't)	Floyd Eisenberg (ESAC) (con't)	<p><u>Discussion:</u></p> <p>Anne Coultas (McKesson) noted for single codes used currently in measures, vendors go to the VSAC to find them. If the direct referenced codes do not show on the HQMF vendors will have difficulty processing the eCQMs as they parse them to know what data elements go with the individual measures.</p> <p>ESAC noted there are only two direct referenced codes today – Birth date and Patient Expired; thus, the process is not overly complex but the HQMF data criteria section does not provide the codes. For the more expanded use of direct referenced codes, the contractor groups are proposing a solution to this issue. In the future, VSAC hopes to provide all value sets and direct referenced codes in each eCQM to prevent the need to look elsewhere. Also, the current HL7 CQL-based HQMF STU and the HL7 HQMF normative ballots that are now in progress address the issue and request comments regarding the best solution. The current proposal is for the HQMF to add a terminology section referencing all value sets and direct referenced codes using in the HQMF and the underlying CQL such that all codes are visible and can be processed. Such a section is important since CQL-based measures will show value sets or direct referenced codes used to express QDM data element attributes only in the CQL logic and not in the HQMF. Hence, the new section will be important. This issue will be included in the HL7 ballot reconciliation discussions in the HL7 Workgroup Meeting in San Antonio in January.</p> <p>Joe Kunisch (Memorial Hermann) asked if this change to direct referenced codes will affect the solution for negation. ESAC noted rather than the OID, negation will occur for the single code so a change to QRDA reporting templates would be needed since they currently require a value set. A new QRDA version to handle direct reference codes will be the likely outcome. The HL7 Clinical Quality Information Workgroup initiated a discussion about the issue on the December 16, 2016 call. Further discussions will progress during the HL7 Workgroup Meeting in San Antonio in January. There will be an impact on whatever is used to extract the information from the HQMF.</p> <p><u>Resolution/Next Steps:</u></p> <p>The MAT, Bonnie and NLM teams are currently evaluating the work effort and timeline of making this change to in their respective applications. Further information will be presented to the QDM User Group as it becomes available.</p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes	Encounter - Observation	Floyd Eisenberg (ESAC)	<p>QDM User Group members are encouraged to review and comment on the standards during the open comment period that closes on January 9, 2017, and also to participate in the Clinical Quality Information Workgroup discussions for ballot reconciliation during the HL7 Workgroup Meeting in San Antonio in January and during subsequent conference calls.</p> <p>A new issue was added to the agenda based on a request after the initial agenda was circulated—Is a change to QDM needed to identify observation as a status for the Encounter?</p> <p>ESAC presented the current QDM content for Encounter, Performed (slide 10 of the QDM User Group slide deck) as background for the discussion.</p> <p>Lisa Anderson (TJC) noted EH Measures use timing to associate the ED encounter with the inpatient encounter. To associate an ED encounter with a hospital admission, the logic asked for ED encounters ending within 1 hour of the hospital admission time. However, patients placed in “Observation Status” experienced longer intervals between the end of the ED visit and the beginning of the hospital admission. Thus, a number of patients who should be included in the measure failed to meet denominator criteria and are therefore excluded. Whatever happens in the “observation” timeframe does not get counted in the EH measures. JIRA ticket CQM-1608 was submitted regarding this issue. The measure developer discussed the issue and decided at the time to hold off and fix this issue when they moved to CQL; however, this does not look like it will be fixed with CQL. While CQL allows simpler and clearer definition of the time logic and relationship, a method to define the “Observation Status” remains problematic.</p> <p>ESAC noted that Encounter, Performed does not include a “status” attribute. Rather, the datatype was designed to allow the type of encounter to be expressed using the value set bound to the encounter statement. i.e., one solution would be to reference each as Encounter, Performed: Inpatient Encounter, Encounter, Performed: ED Encounter, and Encounter, Performed: Observation Encounter, with 3 value sets (inpatient encounter, ED encounter, observation encounter) respectively. The Encounter, Performed attribute location period might also work but only if the patient moved across all locations within the same “encounter.” Note that, moving forward, the encounter types may require direct referenced codes rather than value sets.</p>

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20 Minutes (con't)	Encounter – Observation (con't)	Floyd Eisenberg (ESAC) (con't)	<p>Rob McClure (NLM Contractor) agreed the ESAC proposal makes sense, and the measures will have to account for each distinct Encounter, Performed. This means that the process is one where there are multiple time periods: one for each ED, inpatient and observation.</p> <p>Joe Kunisch (Memorial Hermann) noted they have been struggling with this issue as well. This is an issue that likely requires workgroup and workflow discussions with vendors on the technical side to address.</p> <p>ESAC noted that prior discussion of the issue identified variation in practice within hospitals and also among hospitals. The issue of observation is based on a CMS rule and it has financial implications. Some situations retain observation status, others convert the observation initiation time to the hospital admission time and it is not clear that there is a common pattern to help address the issue for eCQMs. The HL7 FHIR QI Core ballot reconciliation added a type of Encounter status as “observation.” While QDM can be modified in a similar manner, until the clinical and administrative workflow is known, even a change to the data model may not improve the feasibility of eCQMs.</p> <p><u>Resolution/Next Steps:</u></p> <p>The User Group agreed the problem requires clear use cases and the group will need to identify the most appropriate forum to have this discussion. ESAC will request guidance from ONC and CMS to determine the most appropriate forum.</p>
5 Minutes	Next Meeting	Chana West (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><i><u>If you attend the QDM User Group meetings but do not receive communications or have access to the QDM User Group List, please send an email to QDM@esacinc.com so you may be added to the distribution list.</u></i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> – Regularly Scheduled Meeting – January 18, 2017 meeting is cancelled due to conflict with the HL7 WG Meeting in San Antonio. The UG will meet again on February 15, 2017 from 2:30 to 4:30 PM EST`.

Action Items:

Assignee	Topic	Action Item Details
ESAC	Encounter, Active	Encounter, Active: Evaluate all current measures and examine any applicable use cases carefully before taking any action regarding removal
QDM User Group Participants	Author Time as an attribute to Diagnosis, Adverse Event and Allergy/Intolerance	Continue to consider the issue of adding Author Datetime to these datatypes further before finalizing the decision.
ESAC	Identifying observation as a status for an encounter	Request guidance from ONC and CMS to determine the most appropriate forum to have continued discussion on observation encounters.

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
	Balu Balasubramanyam	MITRE
	Ben Hamlin	NCQA
X	Brian Blaufeux	Northern Westchester Hospital
	Brittni Frederksen	
	Bryn Rhodes	ESAC
	Carolin Spice	
X	Chana West	ESAC
X	Chandra Bartleman	Telligen
X	Chris Markle	ESAC
	Chris Moesel	MITRE
	Cindy Lamb	Telligen
	Cynthia Barton	Lantana
	Dalana Ostile	Providence Health Systems
	Dave Stumpf	
	Dave Wade	Apprio
	Debbie Hall	University of Maryland
	Flor Cheatham	
X	Floyd Eisenberg	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	
	Jessica Smails	
X	Joe Kunisch	Memorial Hermann
	Jorge Belmonte	AMA
	Julia Skapik	ONC
	Julie Koscuiszka	Nyack Hospital
X	Juliet Rubini	Mathematica
	J Frails	Meditech
	Khadija Mohammed	ESAC

	Name	Organization
X	Kendra Hanley	HSAG
X	Kimberly Smuk	HSAG
	KP Sethi	Lantana
X	Latasha Archer	NCQA
	Laura Pearlman	Midwest Center for Women's Healthcare
X	Lisa Anderson	The Joint Commission
	Lizzie Charboneau	MITRE
X	Lynn Perrine	Lantana
	Marc Hadley	MITRE
	Margaret Dobson	Zepf Center
	Marilyn Parenzan	The Joint Commission
	Michelle Dardis	The Joint Commission
	Michelle Hinterberg	MediSolv
X	Mike Shoemak	Telligen
X	Mukesh Allu	Epic
	Nadia Ramey	ESAC
X	Pamela Mahan-Rudolph	Memorial Hermann
	Patty McKay	FMQAI
X	Paul Denning	MITRE
X	Rebecca Swain-Eng	
	Rose Almonte	MITRE
X	Rob McClure	NLM Contractor
	Rukma Joshi	ESAC
	Rute Martins	MITRE
X	Ruth Gatiba	Battelle
	Ryan Clark	Xcenda
	Sethuraman Ramanan	Cognizant
	Stan Rankins	Telligen
	Susan Wisnieski	Meditech
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
X	Teresa Ansell	
X	Tom Dunn	Telligen
	Toni Wing	
X	Vaspaan Patel	NCQA
	Wendy Wise	Lantana
	Yan Heras	ESAC
	Yanyan Hu	The Joint Commission
	Yvette Apura	AMA-ASSN
	Zahid Butt	MediSolv
	Zach May	ESAC