

# Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | 7/20/2016 2:30 PM EDT | Meeting location|Webinar link:  
<https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8>

## Attendees:

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

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

	<b>Name</b>	<b>Organization</b>
X	Floyd Eisenberg	ESAC
X	Guy Ginton	ESAC
	Hellena	NA
X	Howard Bregman	Epic
X	Jamie Jouza	PCPI
	Jean Fajen	Telligen
X	Jenna Williams-Bader	NCQA
	John Carroll	The Joint Commission
	Jennifer Bonner	NA
X	Joseph Kunisch	Memorial Hermann
X	Jorge Belmonte	AMA
X	Julia Skapik	ONC
	Julie Koscuizka	NA
X	Juliet Rubini	Mathematica
X	J Frails	Meditech
	Khadija Mohammed	ESAC

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

<b>Time</b>	<b>Item</b>	<b>Presenter</b>	<b>Discussion/Options/Decisions</b>
5 Minutes	Announcements	Floyd Eisenberg-ESAC	<ul style="list-style-type: none"> <li>• <u>2017 CMS QRDA HQR Implementation Guide, Schematrons and Sample file</u> have been posted and are available on the eCQI resource center.</li> <li>• <u>Cooking with CQL: or How to Incorporate CQL into HQMF for eCQMS</u> - July 21 from 4-5 pm ET</li> <li>• Bonnie Team's alpha versions of the <u>Bonnie Staging Server</u> – Please provide feedback by August 5 to <a href="mailto:bonnie-feedback-list@lists.mitre.org">bonnie-feedback-list@lists.mitre.org</a> on the following: 1. The Patient Dashboard 2. The Clinical Quality Language (CQL) Learning Tool 3. <u>The Bonnie Integration Application Programming Interface (API)</u></li> </ul>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes	QDM 5.0 Clarifications	Floyd Eisenberg - ESAC	<p>The first set of four items were discussed to clarify the QDM User Group's preferences with respect to timing elements in the QDM 5.0 draft.</p> <ol style="list-style-type: none"> <li>1. Result DateTime <ul style="list-style-type: none"> <li>Diagnostic Test, Performed</li> <li>Laboratory Test, Performed</li> </ul> <p>Should the Result DateTime be:</p> <ol style="list-style-type: none"> <li>a) A separate (flat) attribute of Diagnostic Test, Performed <i>and</i> Laboratory Test, Performed [i.e., two distinct attributes --- Result <i>and</i> Result dateTime], or</li> <li>b) Referenced as an attribute of an attribute [i.e., (result value, result dateTime)]</li> </ol> <p>Cynthia Barton (Lantana) asked whether Result would also be an attribute. Floyd noted in most cases, the measure developer only cares about the Result. However, when the measure developer needs to indicate an action occurred after a result was available, the time of the result is relevant. There is no need for separate logic unless the timing of the result makes a difference for the measure intent. An example mentioned on the last call and confirmed by Michelle Dardis (The Joint Commission): a measure's Result is significant if a transfusion was ordered only after low hemoglobin results were known at the time the result became available. The start of the Relevant Period for Diagnostic Test, Performed and for Laboratory Test, Performed is the initiation of the test (i.e., the time the specimen collection begins for laboratory tests). The resulted time only useful in selected cases.</p> <p>The User Group agreed to treat the Result DateTime as a separate attribute of the two datatypes rather than an attribute of attribute.</p> </li> <li>2. Relevant Time – Inadvertent Omission from QDM 5.0 Discussion: <ul style="list-style-type: none"> <li>Physical Exam, Performed</li> <li>Timing: The Relevant Period addresses: <ul style="list-style-type: none"> <li>startTime – The time the physical examination activity begins</li> <li>stopTime – The time the physical examination activity ends</li> </ul> </li> <li>NOTE - timing refers to a single instance of a physical examination activity. If a measure seeks to evaluate multiple physical examination activities over a period of time, the measure developer should use CQL logic to represent the query request.</li> </ul> </li> </ol>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (con't)	QDM 5.0 Clarifications (con't)	Floyd Eisenberg – ESAC (con't)	<p>The User Group suggested this makes sense if talking about time it was performed. In most cases start and stop are the same. Joe Kunisch (Memorial Hermann) noted that Emergency Department (ED) physicians often examine multiple patients prior to performing any charting which could occur an hour or so after seeing the patient. In that case author time would be delayed, and this might be the only time captured in a note. Floyd asked for clarification from vendors about what might be available. Howard Bregman (EPIC) suggested that the timing should only refer to what is recorded in a flow sheet, where time is on one axis and descriptive data on another axis; nurses or therapists usually document flow sheets. If extracted from a note, one would not know start and stop time (these are not recorded discretely). Cynthia Barton (Lantana) agreed and noted that usually the nurse makes note of the time. Author time should not be used for referencing the time of a physical examination procedure (usually referring to a vital sign).</p> <p>Abby Rech noted one example is the assessment performed by nurses at the time of newborn discharge. It may take the nurse 20 minutes to perform all five items in one long assessment and each item is performed at a different time. For example, the hearing screen may be done first, so this is documented separately from the collected date and time of the assessment as a whole. Each element of the assessment has its own collected date time.</p> <p>The User Group agreed with the Relevant Period as defined for Physical exam, Performed rather than the author time.</p> <p>3. Relevant Period – Encounter, Performed, Encounter, Active Definitions in the current draft of QDM 5.0:</p> <ol style="list-style-type: none"> <li>1. Length of Stay – The difference of the admission date/time and the discharge date/time for the encounter. This attribute should not be used for outpatient encounters.</li> <li>2. Relevant Period: <ol style="list-style-type: none"> <li>i. startTime – The time the encounter began (admission time)</li> <li>ii. stopTime – The time the encounter ended (discharge time)</li> </ol> </li> </ol> <p>Question – Should QDM 5.0 remove “length of stay” in favor of “Relevant Period” (i.e., are the two redundant)?</p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (con't)	QDM 5.0 Clarifications (con't)	Floyd Eisenberg – ESAC (con't)	<p>Howard Bregman (EPIC) suggested length of stay may only be necessary if there is a difference in precision. Dave Stumpf noted patients may be in an observation unit before being admitted, so there could be differences. The group discussed whether the Encounter, Performed encompassed the patient's entire presence in the facility (i.e., ED admission, observation status, <u>and</u> inpatient admission), or if each "stay" counts as a different "Encounter, Performed." Joe Kunisch suggested this is treated as a change in status because they must maintain the same encounter number for billing purposes.</p> <p>Some measure authors have used length of stay for specific sub-encounters such as the stay in an ICU length of stay. QDM developed location period (location arrivalDateTime to locationDepartureDateTime) to address specific locations within a hospital admission. The reason was to consistently define the <i>low</i> and <i>high</i> Effective Times as admission and discharge. Length in stay was intended for the entire hospital admission. Some members of the User Group noted that hospitals consider the length of stay the time from the earliest arrival (including ED) to the latest departure.</p> <p>As an example, Measure #108 uses "Encounter performed: ICU admission or transfer (length of stay ≥ 1 day)". This is intended as the ICU length of stay and refers to the Encounter, performed ICU value set. Floyd asked for clarification if the intent was to address the ICU element only if the hospitalization was longer than one day. Using facility location could be much clearer.</p> <p>Michelle Dardis (The Joint Commission) noted there are two different concepts: level of care and location. The ICU location is used as a surrogate for higher level of care. As discussed in prior QDM User Group meetings, a standard algorithm to define level of care is not available. It became clear that all measures do not refer to admittance and discharge consistently. The Joint Commission is currently evaluating inpatient chart abstracted measures and definitions around encounter timeframe to come up with better guidance on start and stop times. She suggested the group might not be able to make decision about the data model at this time.</p> <p>The group has discussed observation periods previously and those discussions clarified that observation is not consistently documented across all facilities. Floyd suggested retaining Relevant Period start and stop time to indicate admission and discharge from the type of encounter and time within a location during the admission as Location Period as approved in the June 22 meeting. He further suggested retaining Length of Stay until further evaluation could be performed about its actual Vs. intended use. Using length of stay to refer to facility location duration is inconsistent with the definition in QDM.</p>

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (con't)	QDM 5.0 Clarifications (con't)	Floyd Eisenberg – ESAC (con't)	<p>Regarding the issue of using ICU (or other location) as a surrogate for level of care, some patients may remain in ICU because no beds are available in step down units although the level of care is lessened. Orders to transfer could be addressed using QDM “Encounter, Order” to handle such issues. The decision about using Encounter for “sub-encounters” may best be managed by the Governance Group. The User Group also discussed the need for addressing additional attributes of locations. Since QDM 5.0 will be implemented only with CQL and CQL allows nesting, such additional attributes will be available.</p> <p>The User Group agreed to not remove length of stay, but some consensus is needed on how to define length of stay.</p> <p>4. Relevant Period – Patient Characteristic, Clinical Trial Participant  Timing: The Relevant Period addresses:  startTime – The time the clinical trial began  stopTime – The time the clinical trial ended  Confirm timing decisions</p> <p>Dave Stumpf clarified this refers to the time the patient began participation in the clinical trial until the time the patient completed the clinical trial (rather than the time the clinical trial began).</p> <p>The User Group agreed to include a Relevant Period for Clinical Trial Participant revised as:  startTime – The time the patient began the clinical trial  stopTime – The time the patient concluded the clinical trial</p>
30 Minutes	Addressing attributes of attributes	Floyd Eisenberg – ESAC	<p>Managing Components of Panels – 3 Use Cases were presented as follows:</p> <ol style="list-style-type: none"> <li>1. Diagnostic Study, Performed – managing a component result. Options include: <ol style="list-style-type: none"> <li>a. Diagnostic Study, Performed: Ultrasound (result: ejection fraction &lt;result&gt;);</li> <li>b. Diagnostic Study, Performed: Ultrasound (Component: <i>vendor defined as value/value set</i> &lt;result&gt;);</li> <li>c. Diagnostic Study, Performed: Ejection fraction (result) (study = Ultrasound Vs Cardiac Angiogram)</li> </ol> </li> </ol>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (con't)	Addressing attributes of attributes (con't)	Floyd Eisenberg – ESAC (con't)	<p>2. Laboratory Test, Performed – managing a component result, Options include:</p> <ol style="list-style-type: none"> <li>a. Laboratory Test, Performed: Chemistry Panel (component: serum glucose &lt;result&gt;); Vs</li> <li>b. Laboratory Test, Performed: Serum glucose (result) (panel)</li> </ol> <p>3. Assessment, Performed – Managing components of assessment panels, Options include:</p> <ol style="list-style-type: none"> <li>a. Assessment, Performed: CARE Tool (component: ambulatory status &lt;result&gt;); Vs</li> <li>b. Assessment, Performed: Ambulatory status (result) (panel)</li> <li>c. Special Case – Evaluation Tools: <ol style="list-style-type: none"> <li>i. Assessment, Performed: Asthma Evaluation Scoring Tool (result, i.e., Total Score)</li> <li>ii. Assessment, Performed: Asthma Evaluation Scoring Tool (component: days of school missed &lt;result&gt;); Vs</li> <li>iii. Assessment, Performed: Days of School Missed (result) (Scoring Tool)</li> </ol> </li> </ol> <p>Floyd noted the feedback received to date suggest a single the model will work across all three use cases:</p> <p>“Datatype: Element (component code, result)” – E.g., “Diagnostic Test, Performed: Ultrasound (ejection fraction, <i>numerical result</i>).</p> <p>The User Group discussed some options:</p> <ol style="list-style-type: none"> <li>a) If a specific laboratory test is part of many panels, does the measure developer need to identify all of the panels merely to ask for a specific result? Per the discussion, there is no need to specify panels if only a specific test is needed.</li> <li>b) If several results from a the same panel are needed, identifying the panel could be helpful to potentially preclude the need to relate the specimen times for each test (start of Relevant Period). Michelle Dardis provided an example of looking for specific component results from a panel, i.e., determine if the blood type is part of a “type &amp; screen” or a “type &amp; cross” before blood was administered. The blood type is common to both panels. Panels may not be encoded in LOINC although the component results have LOINC codes. Consequently, from an implementation perspective one the panel code may not be feasible to capture. Some panel codes are “order” codes in LOINC. The component test is observation. Regarding the Diagnostic Study, Performed example, there may be a preference to define the study used to measure the Ejection fraction</li> </ol>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (con't)	Addressing attributes of attributes (con't)	Floyd Eisenberg – ESAC (con't)	<p>(result). Vendors on the call suggested this is asking for too much precision. The components are independent of how they are generated. Limiting the results by type of procedure is too restrictive. Results can be constrained to specific time periods, but not procedure.</p> <p>Generally, the User Group was not supportive of the change, suggesting that each component study should be referenced individually and not as a component of a panel. That means that timing logic is required to link two or more results from the same specimen or study. Kendra Hanley (PCPI) suggested she will try to get permission from the organization whose use case generated this discussion and address this on a future call. A more specific use case might be helpful.</p> <p>No change in QDM 5.0 occurred to address the component issue.</p> <p>Floyd noted QDM 5.0 will be used in testing CQL; it will remain in draft mode and additional modifications may be identified over the next year of testing with CQL. Any further changes to QDM 5.0 Draft will be added as minor versions (5.1, 5.2, etc.) and the MAT team will identify releases through the year that will include such changes. At this point, there is no modification to the QDM 5.0 approved on June 22 by the User Group and on June 23 by the MCCB.</p>
5 Minutes	Next Meeting	Floyd Eisenberg – ESAC	<p><b>Agenda items for next QDM user group meeting</b></p> <ul style="list-style-type: none"> <li>– Contact us at <a href="mailto:qdm@esacinc.com">qdm@esacinc.com</a></li> <li>– Or start a discussion: <a href="mailto:qdm-user-group-list@esacinc.com">qdm-user-group-list@esacinc.com</a></li> </ul> <p><b>Next user group meeting</b></p> <ul style="list-style-type: none"> <li>– Regularly Scheduled Meeting – August 17, 2016 2:30pm – 4:30 PM EDT</li> </ul>

Action item(s)	Assignee(s)
None	N/A