

Quality Data Model (QDM) User Group Meeting | AGENDA/MEETING MINUTES

Meeting date | 8/19/2015 2:30 PM EDT | Meeting location | Webinar video link: <https://www4.gotomeeting.com/register/303510935>

Attendees: Anderson,Lisa; Ansell,Teresa; Ayres,Elaine; Balasubramanyam,Balu; Barton,Cynthia; Bateman,Beverly; Blaufeux,Brian; Bodine,Kimberly; Bregman,Howard; Brellenthin,Sasha; Butt,Zahid; Carroll,John; Coultas,Anne; Cullen,Cindy; English,Rita;Fitzgerald,Matthew;Flanagan,Angela; Foertsch,Mandi; Frails,Jay; Francisco,Melissa; Gallego,Evelyn ; Garman,Kim;HAmelin,Ben; Heermann,Laura;Hibay,Sharon;Hinterberg,Michelle; Jiang,Ping; Jouza,Jamie; Kunisch,Joseph; LaFaver,Tammy; Lang,Lisa; Lesh,Kathy; Madden,Maureen;Martins,Rute; Mateja,Susan; Mathew,George; McClure,Rob; Meyer,Lu; Min,Thinzar; Moesel,Christopher; Nelson,Karen; Nilasena,David; Niles,Lauren;Olds,Tera; Palena Hall,Liz; Patel,Vaspaan; Pepin,Dorothy;Pfisterer,Kaitlin; Rankins,Stan; Rubini,Juliet; Sethi,KP; Shoemaker,Mike; Skapik,Julia; Smail,Jessica; Smith,Anne; Smith,Pam;"Smuk, AMA-PCPI",Kimberly; Stoner,Jean;Williams-Bader,Jenna; Wisham,Lindsey;landon,shannon;

Time	Item	Discussion/Options/Decisions
2:30 PM	<i>QDM-124: Incorporating survey instruments and their results into eMeasures</i>	<p>Julia Skapik (ONC) introduced the topic, providing the background regarding measures that need to reference specific survey questions and their answers in order to assess progress. The main concern is that each of these survey questions is represented by a single LOINC code, but QDM requires the use of value sets (not individual codes). Creating or using a value set containing only a single LOINC code, however, is a violation of the LOINC terms of use. Therefore, representing a survey question using a single LOINC code is not possible in the current QDM.</p> <p>One participant in the UG indicated that he believed that the QDM <i>should</i> allow direct referencing of codes. Value sets are intended to hold a group of codes, so a value set with only one code is not appropriate (except in the edge case where more codes are expected in the near future). He advocated that QDM should be updated to support direct reference of codes (not just value sets).</p> <p>Another participant indicated that this affects other measures as well. This problem likely extends further than the survey question use case. A different participant noted that it also may come up in laboratory tests that require a very specific code (for example, to indicate the units of measure). This participant raised some concern, however, that if single codes are used in measures, this</p>

Time	Item	Discussion/Options/Decisions
		<p>limits the flexibility of the measure and doesn't allow future codes to be easily added.</p> <p>MITRE then asked if support for single codes should be considered only for specific data types or if it should be applied across the board. MITRE indicated a preference for consistency across the data types, to which others agreed.</p> <p>MITRE also raised the concern that the CMS blue print currently suggests that LOINC codes are only appropriate for questions, but that answers should use SNOMED-CT. Participants in the user group agreed that this was a concern, especially since some LOINC questions have normative LOINC answers; using any other answers would be inappropriate and incorrect. One participant noted that the current VSAC might not even allow LOINC answers in value sets, so this is also an implementation problem. That said, many measure may be more concerned with overall survey scores than specific answers, so this may be less of a concern.</p> <p>One participant asked if CQL is able to express single codes, or if it too is limited to value sets. MITRE indicated that CQL has much better support for single codes, and that when CQL is adopted as the logical language for eCQMs, this will no longer be a problem.</p> <p>In the near-term, MITRE indicated it would discuss with others to assess the impact of supporting single codes in QDM. There likely would be a large impact to tools, and potentially some impact to standards. One participant noted that tools may also require VSAC to expose new APIs for resolving single codes. Another noted that implementers often look to the VSAC to determine terminology requirements of measures, so this may need to be addressed as well.</p>
3:00 PM	<u>ODM-125: Identifying/coding goals or targets into measures</u>	<p>MITRE introduced the topic by reviewing the QDM's current representation of Care Goal. The current representation allows for a goal focus (the QDM element's value set) and a target outcome (a code, quantity, or scalar value). While Care Goal also supports a "related to" attribute, its use cases for it are not clear.</p>

Time	Item	Discussion/Options/Decisions
		<p>Measures that are currently in development would like the ability to assess if a goal is met or if progress has been made, but this is not currently possible in the QDM. This is due to the fact that QDM does not allow attribute values to be compared to one another. Attribute values can only be compared to static information (hard-coded in the measure). For example, a Care Goal's <i>target outcome</i> can be compared to a hard-coded value (e.g., 27 kg/m²), but it can't be compared to the results of a patient's most recent physical exam.</p> <p>When QDM logic is replaced by CQL, however, this will be possible. CQL allows measure authors to compare dynamic data against each other as well as to perform various calculations on it. For example, authors can use CQL to calculate BMI using recent height and weight measurements, then compare the calculated result against a goal target.</p> <p>A representative from ONC suggested that it would be beneficial for QDM's representation of Care Goal to align as much as possible with the work being done at HL7 to represent Care Plans. HL7 members involved with that effort joined in the conversation, giving the QDM user group a brief overview of the current thinking around modeling Care Plans. They commended QDM for thinking about goals at all, but also reminded the group that goals are just one part of the overall Care Plan. Care Plans are usually centered around a problem, with connected goals, activities, and assessments. There is a lot of interplay among these components that can be difficult to represent. MITRE asked if the current FHIR resources for Care Plans and Goals matched the current thinking, and the participants indicated that while FHIR got some parts right, other parts still needed attention.</p> <p>MITRE then asked the group to provide thoughts regarding which aspects of Care Plans and Goals were most important for quality measurement. One user group member indicated that assessing if a goal has been met could be very helpful in quality measurement. He suggested that perhaps a code or value set could be used to indicate if the goal has been met. MITRE agreed that this approach would be better supported in QDM today, and also noted that the FHIR resource for goals contained a "status" attribute to indicate completion. One user group</p>

Time	Item	Discussion/Options/Decisions
		<p>member, however, indicated some discomfort with the idea—goal achievement measures would be better if they could assess completion using measure logic rather than relying on attestation.</p> <p>That said, the general consensus of the group seemed to be that a “status” attribute may be the best solution until CQL is available. While a solution that allows direct comparison of goals against actual patient data would be ideal, it would be a very significant change and would be quite disruptive to the current development schedule. MITRE will investigate the impact of adding a status attribute to Care Goal.</p>
3:30 PM	QDM-99: Diagnosis recorded datetime	<p>MITRE introduced the topic by reviewing previous discussion. MITRE also indicated a preference to make a go / no-go decision during the meeting. MITRE opened the topic for discussion and answered a few initial questions related to the recent Diagnosis re-specification.</p> <p>Most participants supported the idea of adding “recorded datetime” to Diagnosis. While “recorded datetime” would not be the default timing attribute, it would be good to have it available as an option to developers.</p> <p>One participant asked if it would be possible to have multiple diagnosis entries with different recorded date times. MITRE indicated that it would be possible depending on how the EHR stores the data. Another participant suggested that, if it mattered, measure authors should use logic to choose the diagnosis entry they want (e.g., the <i>first</i> or <i>most recent</i>). MITRE also noted (due to the context of the question) that rule-out diagnoses and differential diagnoses are <i>not</i> supported by QDM, so they would not be included anyway.</p> <p>The group also discussed the potential issues around timing, such as the common practice of coding diagnoses <i>after</i> an encounter. Another potential issue with “recorded datetime” is that when historical diagnoses are entered, the “recorded datetime” may be <i>well after</i> the abatement. It was noted that timestamps have been, and will continue to be, a problem in quality measurement and that authors need to compensate as much as possible. It was suggested that perhaps the QDM</p>

Time	Item	Discussion/Options/Decisions
		<p>or logic guidance should be updated to specifically call out these issues for those who might not be aware of them.</p> <p>The group agreed that adding “recorded datetime” would be beneficial, as long as the QDM specification defines it well and notes the caveats that were discussed. MITRE agreed to move the issue forward.</p>
4:00 PM	<p>QDM-116: Encounter end not well defined</p> <p>QDM-123: Encounter, Performed datetime attributes</p>	<p><i>Not discussed.</i></p>

Action item	Assignee