

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

Meeting date | 3/18/2015 2:30 PM EDT | Meeting location | Webinar video link: <https://www4.gotomeeting.com/register/303510935>

Attendees: Yvette Apura, Balu Balasubramanyam, Dharaneesh Bommireddyalli, Elizabeth Bostrom, Howard Bregman, Zahid Butt, John Carroll, Anne Coultas, David Czulada, Michelle Dardis, Karen Eberhardt, Jeffrey Geppert, Ben Hamlin, Jen Harper, Michelle Hinterberg, Yanyan Hu, Ping Jiang, Jamie Jouza, Rita Kelley, Ryan Knepp, Joseph Kunisch, Tammy LaFavcr, Rob McClure, Patti McKay, Chris Moesel, David Nilasena, Lauren Niles, Ann Phillips, Kala Ramesh, Stan Rankins, Juliet Rubini, Anne Smith, Dawn Stapleton, Corinne Stroum, Dennis Tonneslan

Time	Item	Discussion/Options/Decisions
2:30 PM	<a href="#">QDM-103</a> : Consider Re-specifying QDM Diagnosis	<p>MITRE introduced the topic by briefly summarizing the efforts that have been made since the last User Group meeting. MITRE then went on to propose a solution based on the results of numerous discussions and research into the topic. See QDM-103 for further details, but in short, the proposed solution is as follows:</p> <ul style="list-style-type: none"> <li>• Consolidate <i>Diagnosis Active</i>, <i>Inactive</i>, and <i>Resolved</i> datatypes to one <i>Diagnosis</i> datatype</li> <li>• Replace <i>start/end</i> datetimes on <i>Diagnosis</i> with <i>recorded</i>, <i>onset</i>, and <i>abatement</i> datetimes</li> <li>• Remove <i>ordinality</i> from the <i>Diagnosis</i> datatype (in favor of new <i>Encounter</i> approach)</li> <li>• Add <i>diagnosis</i> and <i>principal diagnosis</i> attributes to <i>Encounter</i>, <i>Performed</i> datatype</li> <li>• New/improved definitions of <i>Diagnosis</i> and all new attributes</li> </ul> <p>MITRE then went on to describe why the proposed solution does not separate <i>diagnosis</i> and <i>problem</i> datatypes (which had previously been considered). In short:</p> <ul style="list-style-type: none"> <li>• The distinction between <i>problem</i> and <i>diagnosis</i> is ambiguous (even to clinicians)</li> <li>• The best distinguishing factors (data source and code system) go against QDM's philosophy</li> <li>• Separate datatypes could add significant complexity to source-agnostic measures</li> <li>• Continuing with a single representation is less disruptive (and better known by vendors)</li> <li>• Other respected groups (HL7 Patient Care, OpenEHR CKM, etc) reached the same conclusion</li> </ul> <p>A participant opened the discussion by stating his approval of the proposed solution. He agreed that most clinicians do not distinguish between diagnoses and problems, and suggested that the user group only considered it in order to address the real issue of representing encounter diagnoses in encounter-based measures. The addition of the <i>diagnosis</i> and <i>principal diagnosis</i> attributes to <i>Encounter</i>, <i>Performed</i> solve this problem nicely—negating the need for a second datatype.</p>

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		<p>The participant then suggested that the proposed <i>recorded datetime</i> attribute be removed, as it would only cause confusion and is not useful for measurement. Instead, the <i>onset</i> and <i>abatement</i> attributes should be clearly defined and vendors left to implement as best they can. Over the course of discussion, it was apparent that the user group agreed with this sentiment, so the <i>recorded datetime</i> was dropped from the proposal.</p> <p>The participant also suggested that the QDM adopt the UHDDS definition of <i>principal diagnosis</i>: “<i>that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.</i>” This definition will be integrated into the proposal.</p> <p>Another participant suggested that the solution may be appropriate, but that measure authors need to be aware of the impact on existing measures. If this solution is adopted, nearly every measure will need to be re-specified. MITRE agreed and went on to show some before-and-after examples of the changes this would introduce to the measures.</p> <p>One participant agreed that the proposed solution made sense and would address the main issue, but voiced concern about its implication for some measures that are wanting to look at diagnoses in history. MITRE showed additional examples using <i>Diagnosis</i> datatypes as well as <i>Encounter diagnosis</i> attributes. These concepts can be used together when measures need to look at history <i>and</i> the diagnoses managed during the encounter. VTE measures were discussed, with the VTE-6 measure singled out as a potential problem. User group participants noted, however, that VTE-6 is a particularly difficult measure and should not be used to gauge the worth of any solution.</p> <p>Another participant asked about the link between the <i>Encounter diagnosis</i> attribute and the <i>Diagnosis</i> datatype. MITRE indicated that QDM does not support a way to explicitly link the two elements in measure logic, but that any diagnosis associated to an <i>Encounter</i>, <i>Performed diagnosis</i> or <i>principal diagnosis</i>, should also be able to be queried via the <i>Diagnosis</i> datatype.</p> <p>Finally, one more participant indicated that this was a good solution, but that EHRs will need to be careful to implement it correctly. The QDM representation is not intended to prescribe how data should be stored in the EHR, but is rather intended to capture the appropriate relationships between diagnoses and encounters.</p>

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		<p>MITRE noted that everyone who had spoken was in agreement that the proposed solution should be carried forward. MITRE then asked for, and received, the group’s consensus to advance this solution. MITRE will continue to evaluate the impact on other HL7 groups, measures, vendors, and schedules. After further investigation, MITRE will present the proposed solution to the MAT Change Control Board (MCCB).</p>
3:30 PM	<p><a href="#">QDM-87</a>: <i>Ability to refer to immunizations is inconsistent with interoperability standards</i></p>	<p>MITRE briefly summarized the current state and proposed that QDM adopt the following <i>Immunization</i> datatypes:</p> <ul style="list-style-type: none"> <li>• Immunization, Administered</li> <li>• Immunization, Allergy</li> <li>• Immunization, Intolerance</li> <li>• Immunization, Order</li> </ul> <p>MITRE indicated that these datatypes are based on the <i>Medication</i> datatypes that are used for immunizations in current measures. In addition, the proposal includes a new <i>reported</i> attribute on <i>Immunization, Administered</i>. The <i>reported</i> attribute is intended to indicate if the immunization was merely <i>reported</i> or if it had been <i>directly administered</i>. This aligned well with the approach used on FHIR’s <i>Immunization</i> resource. MITRE cautioned, however, that the first version of these datatypes in QDM might <i>not</i> include the <i>reported</i> attribute since it is not well-supported in the underlying HL7 standards.</p> <p>There was some confusion regarding the <i>reported</i> datatype and whether it was a boolean (true/false), a valueset (indicating the source), or a datetime (indicating when it was reported). MITRE clarified that it is a simple flag, so it would be represented as a <i>boolean</i>. Using a value set would be useful, but the underlying standards are not ready to support that yet. Using a date would probably not be appropriate since measures would be more interested in the administration date than the date it was reported.</p> <p>MITRE indicated that an early version of the proposal separated <i>reported</i> into its own datatype, but this would have made measure logic more complex for cases where <i>reported</i> status does not matter. In addition, it would not have aligned as well to the current FHIR representations of immunization.</p> <p>There were further questions about some peculiarities of the datatypes, for example separate allergy/intolerance datatypes, or an <i>Immunization, Administered stop datetime</i>. MITRE indicated that in order to simplify the effort, and to provide some consistency, the <i>Immunization</i> datatypes were mirror-</p>

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		<p>images of the corresponding <i>Medication</i> datatypes. While these issues could be fixed in only the <i>Immunization</i> datatypes, it would probably be most appropriate to resolve them in a separate effort that spanned all the datatypes.</p> <p>Another participant asked if <i>Immunization, Recommended</i> should be included, in order to support the next recommended administration in immunization schedules. MITRE asked how much value this would have in eCQMs. While its value is clear for Clinical Decision Support (CDS), its value is less clear in the domain of measurement. The participant agreed, noting that if schedules were something that measures wanted to address, the schedule logic would likely be in the measure itself.</p> <p>MITRE asked for, and received, consensus for advancing the proposed <i>Immunization</i> datatypes. This solution will allow for better QRDA/C-CDA alignment and will make for clearer measures. MITRE will continue follow-up investigation and propose the solution to the MCCB when appropriate.</p>
	<a href="#">QDM-108: Patient/Provider Preference</a>	<i>Postponed due to lack of time.</i>
	<a href="#">QDM-109: Negation Rationale</a>	<i>Postponed due to lack of time.</i>

Action item	Assignee
Follow up on QDM-103 w/ stakeholders and present to MCCB after further validation	MITRE
Follow up on QDM-87 w/ stakeholders and present to MCCB after further validation	MITRE