

Quality Data Model June 2012 Comment Responses

Name	Organization	Comment	NQF Response
Lindsey Wisham	Telligen	As much work has already been completed to re-specify existing measures as well as measures de novo, using the existing QDM, will measure developers be provided with a migration path from existing QDM to the QDM 2012 Update? Existing QDM components without a corresponding component in the QDM 2012 update cannot be converted and will create gaps in measure expression. How will gaps between the two versions of QDM be addressed?	Thank you for your comment. In response to this request, NQF has developed a cross walk document that will enable measure developers to convert their current eMeasure built with the QDM version in the MAT to the June 2012 update.
Lindsey Wisham	Telligen	Page 11, Letter A: Currently, a QDM Element cannot be reused from measure to measure, however a value set can be. Is this the intent of this statement?	Thank you for your comment. NQF has clarified the statement in the documentation. NQF encourages the reuse of QDM elements from measure to measure.
Lindsey Wisham	Telligen	Will existing eMeasures be required to update to the QDM 2012 update? Will measure developers be provided with a mechanism for auto-mapping to the QDM 2012 update?	Thank you for your comment. As of this publish date, there is no requirement for updating established eMeasures to the newest version of the QDM.
Lindsey Wisham	Telligen	<p>Page 12, Letter E: The following statement is not applicable to the value set section as it describes attributes and their values:</p> <p>In the context of QDM elements, some categories (e.g., laboratory test) have an attribute of “result.” A result may be expressed as a value (numeric or alphanumeric).</p>	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Lindsey Wisham	Telligen	Page 12, Letter E: The terms ‘sub-value’, ‘child’ and ‘nested’ are terms that all seem to reference value sets that exist under a parent value set. Are these terms synonymous?	Thank you for your comment. NQF appreciates comments that help to clarify the model as it develops. The concepts questioned here are based on the HL7 definition. Questions regarding the HL7 definition should be directed to the appropriate workgroup via the HL7 website.

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Lindsey Wisham	Telligen	<p>Page 12, Letter E: Currently, measure and value set developers can group value sets into a grouped value sets. However, grouped value sets have not been further grouped into larger grouped value sets. We feel that this statement contradicts the current usage:</p> <p>There is no preset limit to the level of nesting allowed within value sets.</p>	<p>Thank you for your comment. NQF appreciates comments that help to clarify the model as it develops. The concepts questioned here are based on the HL7 definition. Questions regarding the HL7 definition should be directed to the appropriate workgroup via the HL7 website.</p>
Lindsey Wisham	Telligen	<p>Page 14, Diagram Description: The following sentence should reference the placement in the 'middle' and not on the 'left':</p> <p>The clear boxes on the left hand side of the drawing show the application of a state, or context of use that can be assigned to a category element.</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>
Lindsey Wisham	Telligen	<p>Page 15, QDM Element Diagram on the left: Should the attribute component in the diagram reference just Category specific and not Category and State combination? Are attributes based solely on the Category and not Category and State?</p>	<p>Thank you for your comment. NQF appreciates comments that help to clarify the documentation around the model.</p>
Lindsey Wisham	Telligen	<p>Page 16, Diagram: The category name in the middle diagram should state, "Condition/Diagnosis/Problem" in order to depict the full category name.</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012</p>
Lindsey Wisham	Telligen	<p>Page 16, Figure 4 description: The asterisk following 'ACEI/ARB' references nothing. There are also three, not two, child value sets.</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012</p>
Lindsey Wisham	Telligen	<p>In the QDM 2012 Update, there is no mention of Occurrencing. Is Occurrencing still applicable within the QDM 2012 Update? Is the pertinent information regarding Occurrencing included in the MAT User Guide?</p>	<p>Thank you for your comment. Please note the inclusion of specific information on occurrences in the QDM December 2012 version.</p>
Lindsey Wisham	Telligen	<p>Page 3: The word 'however' should be removed from the sentence:</p> <p>By setting standardized performance measures and properly designing and building health IT, however, it will now be possible to capture performance data as part of the care process and provide immediate feedback and clinical decision support to clinicians and patients to improve care.</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012</p>

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Lindsey Wisham	Telligen	Page 42, Figure 9 Description: The inclusion of 'Diagnosis, Active' should be reworked as the states no longer contain the Category reference. Would this now appear as Diagnosis/Condition/Problem, Active: Asthma?	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012
Lindsey Wisham	Telligen	Page 52, last paragraph, 2nd to last sentence: The word 'on' should be removed after the word 'both'.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012
Lindsey Wisham	Telligen	Page 18, 2nd bullet: Please clarify the inclusion of the following note, as Intervention is included in the QDM 2012 Update:  [Note: Based on feedback from the HIT Standards Committee Clinical Quality Workgroup, "Intervention" was retired in favor of a more comprehensive definition of procedure, and SNOMED-CT was the only code system recommended for use.]	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012
Lindsey Wisham	Telligen	Page 19, Characteristics: Will characteristics previously expressed with unique QDM datatypes (birthdate, gender, clinical trial participant) now fall into a general Characteristics category?	Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.
Lindsey Wisham	Telligen	Page 19, Characteristics: Is the 'source' attribute required to identify the full clinical concept? Will this be a required attribute? To remain consistent across QDM attributes we recommend the use of 'subject' in place of 'source'.	Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.
Lindsey Wisham	Telligen	Page 22, Health Record Component: We feel that to accurately model this category in HL7 it requires further granularity. For example, allergy list, medication list, clinical summaries, are all modeled differently within HL7. Please distinguish how this category would be used instead of other category/state combinations such as Medication, Active.	Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.
Lindsey Wisham	Telligen	Page 22, Physical Examination: As indicated within the description, psychiatric examinations would be included in this category, we suggest modifying the category name to be more inclusive of other types of examinations.	Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.

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Lindsey Wisham	Telligen	Page 23, Procedure: What are relevant examples that distinguish the Procedure and Intervention categories? How would physical restraint, palliative care and hand washing be categorized?	Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.
Lindsey Wisham	Telligen	For the Encounter Category, how are the states 'Documented' and 'Performed' different? How can it be noted that is performed without documented?	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.

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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>Page 21, Experience: For the states, Acknowledged and Documented, what are relevant examples that provide distinction between these two? How would acknowledgement be recognized in an EHR without being documented?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the state, 'Alerted', as it applies to Laboratory Test, is the alerting of the test or alerting of the result of the test?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the state, 'Alerted', as it applies to Physical Exam, is the alerting of the exam or the alerting of the result of the exam?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the state, 'Received', as it applies to the category Intervention, please provide a clinical example of the application.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the state, 'Reconciled', as it applies to the category Functional Status, please provide a clinical example of the application.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the state, 'Declined', as it applies to the category System Resources, please provide a clinical example of the application.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Lindsey Wisham	Telligen	For the state, 'Ordered', as it applies to the category System Resources, please provide a clinical example of the application.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Jeremy Michel	Yale Dept. of Medical Informatics	The QDM Update (June 2012) is significantly more legible and user friendly than previous versions. Thank you for incorporating the suggestions and responding to the comments of the individuals working with the model outside the NQF. The webinars have been especially helpful in helping me to understand how to use the QDM. Would it be possible to have a post-comment period webinar to address the recent changes to the QDM now that the end users have had a chance to review the material?	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.

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Jeremy Michel	Yale Dept. of Medical Informatics	The new Intervention category (for non-procedure interactions) increases the versatility of the model for representing clinical activities. The states associated with this category are comparatively limited. Based on the overwhelming similarities between Procedure and Intervention, I can imagine that it would be feasible to collect information on any category-specific attribute for Interventions that it would be feasible to collect for Procedures.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Jeremy Michel	Yale Dept. of Medical Informatics	The renaming of Health Record Artifact to Health Record Component provides a better representation of the material that is intended for this category. However, the addition of (and name of) the Health Record Artifact attribute is confusing given the existence of a Health Record Component category and the previous existence of the Health Record Artifact category. The definition given in the QDM Model Update is helpful for understanding the new attribute. If I am reading it correctly, the Health Record Component is more abstract, a section of the health record where information would be obtained, whereas the new Health Record Artifact is more discrete, a specific report or set of data from a specific point in time. I would suggest broadening the definition provided within the next iteration of the model for each of the QDM components to include a reference to how these components are different if this attribute is unable to be renamed.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.

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Jeremy Michel	Yale Dept. of Medical Informatics	The category Characteristic is paired with the state Ordered. This pairing does not seem to fit in with the other category-state pairings within the QDM.	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Jeremy Michel	Yale Dept. of Medical Informatics	The Health Record Component category-state pairings within the style guide should be sufficient for quality measurement. The removal of Declined and Reminded states should not adversely affect the model. The Calculated state could be potentially removed as well. The state Created is probably sufficient to represent calculated Health Record Components, especially with the introduction of the 'Derived From' relationship.	Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestion from a wide continuum of HIT stakeholders.

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Jeremy Michel	Yale Dept. of Medical Informatics	The proposed category 'Response to Care' does not seem to fit within the QDM syntax. I cannot see how it would be linked with a state, or with attributes. A more detailed description, or examples of how it would interact with the model, would be useful. As a concept, it seems to be more useful as attribute (e.g. response to a medication, response to an intervention) than as an independent category.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Jeremy Michel	Yale Dept. of Medical Informatics	The proposed division of Functional Status into general and disease specific would need further explanation. The greatest concern I have with this category is that there are relatively few validated instruments registered in LOINC. Commonly utilized functional status assessment tools that have been proposed for inclusion on measures (such as the Vanderbilt Assessment for ADHD) are not encoded within LOINC. The available listing of tools within SNOMED, although not exhaustive, is significantly broader.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Jeremy Michel	Yale Dept. of Medical Informatics	The distinction between 'states of action' and 'states of being' is well described. However, after working with the model I have yet to find a situation where the distinction has any impact. The feasible category-state relationships are well described in the style guide without any reference to states being 'states of action' or 'states of being'. Additionally, with the change to past tense in the October 2011 draft, 'state of being' may be a more appropriate term for all of the states. Removal of this distinction may simplify explanations of the model.	Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestions from a wide continuum of HIT stakeholders.

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<p>Jeremy Michel</p>	<p>Yale Dept. of Medical Informatics</p>	<p>In the descriptions given within the June 2012 update and the style guide, it appears that taxonomies and value sets are used to represent values for some category-specific attributes. Only the description of the attribute 'reason' explicitly states this, but I am extrapolating that it applies to some other attributes as well. Are there taxonomies that are related to each category-specific attribute, some category-specific attributes, or is the relationship between category-specific attribute and taxonomies optional?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Jeremy Michel	Yale Dept. of Medical Informatics	I would suggest that the a 'status' attribute for Laboratory Tests, Medication, Encounters, Transfer, and Interventions is useful for measures and would be feasible to obtain within an EHR. A Laboratory Test that is positive with a 'status' of preliminary is sufficiently different from one that is positive with a 'status' of final. In the definition of 'status', one of the examples is 'a medication is discontinued' but Medication is not listed as associated with 'status' in this version of the QDM.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Jeremy Michel	Yale Dept. of Medical Informatics	For the reasons stated in the style guide, the removal of the category pairings for Declined, Planned, Recommended, and Reported will decrease the complexity of the model. However, I would suggest that the Family History-Declined category-state pairing is unique in that this data is captured as part of clinical care and the absence of family history of a disease is significantly different from unknown family history of disease.	Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestions from a wide continuum of HIT stakeholders.
Jeremy Michel	Yale Dept. of Medical Informatics	The explanation given for limiting the use of the state Reconciled to Health Record Components and removing it from other categories aligns well with the updated definition for Health Record Component. I think this will reduce the complexity of the model. Replacing the state Reconciled with Updated in other categories would preserve the expressivity of the model.	Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestions from a wide continuum of HIT stakeholders.



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<p>Jeremy Michel</p>	<p>Yale Dept. of Medical Informatics</p>	<p>While I agree with the comments on the previous draft that the active context of the Acknowledged state is important for certain measures, I would also suggest that the state Received is applicable to the category Communication and sufficiently different from Transmitted and Acknowledged. The difference in time between a Communication Received element and a Communication Acknowledged element may be important for a process related measure.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Jeremy Michel</p>	<p>Yale Dept. of Medical Informatics</p>	<p>I am concerned that the abundance of new attributes (many of which are associated with only a few categories) are making the model unnecessarily complicated. For instance , ‘radiation dosage’ is only associated with Diagnostic Study. Another ‘dosage’ attribute, is used for Medications and not for Diagnostic Study. This attribute may be sufficient to describe radiation dosage in diagnostic studies (removing the need for the radiation dosage attribute). Similarly, infusion duration and radiation duration could be combined using an effective duration attribute. This would allow the QDM to accurately represent durations that are not tied directly to an element’s start and stop times.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Jeremy Michel</p>	<p>Yale Dept. of Medical Informatics</p>	<p>There are several different durations and date-times now present within the model. There are those within the Timing attribute for ‘beginning’ and ‘end’. There are several time-related category-specific attributes (length of stay, admission date-time, arrival date-time, departure date-time, start date-time, stop date-time, and discharge date-time). When would the timing attribute be used rather than the category-specific attributes and how do they differ? Perhaps a simpler start-date, stop-date, and duration system would allow the model to be more easily to implement.</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>

Quality Data Model June 2012 Comment Responses

Jeremy Michel	Yale Dept. of Medical Informatics	<p>There appears to be a shift in the June 2012 Update from discreet Timing/Data Flow/Actors/Category-Specific Attributes attribute classifications towards including all of these aspects in one attribute class. For instance, on Page 6 of the style sheet, Attributes listed for communication include "Sender, Receiver, and Subject" which were considered Data Flow attributes in the previous version. Is this interpretation correct, or is the style-sheet combining the feasible attributes from the four aforementioned attribute classes?</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>
Jeremy Michel	Yale Dept. of Medical Informatics	<p>To improve the alignment of the QDM with LOINC attribute types, please consider the creation of a new attribute to address bodily fluid and specimen type. This attribute should be associated with Laboratory Test and possibly Diagnostic Study.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>

Quality Data Model June 2012 Comment Responses

Jeremy Michel	Yale Dept. of Medical Informatics	Please clarify how a 'reason' for an Adverse Effect differs from a 'causative agent'. Immunologically, these are different, but I can see these fields being easily confused during measure development.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Jeremy Michel	Yale Dept. of Medical Informatics	Please give an example of how the ROUND function works. The explanation in the MAT still doesn't answer the question of how the function decides what a value is rounded to.	Thank you for your comment. NQF is working with measure developers and the QDM User Group to provide direct guidance on function usage and output.

Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	Suggest removing "Receive" from States of Action, as it redundantly exists in multiple Category-State mappings and appears to convey the same concept/information as other States (e.g. Acknowledged).	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Cem Mangir	Deloitte	On pp. 29, current text reads: "There are three actors of import to a QDM element that are involved in the origination, capture, and display of the data. These actors are the source, recorder, performer, participant and subject."  Should say, "There are five actors..."	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.

Quality Data Model June 2012 Comment Responses

<p>Lindsey Hoggle</p>	<p>Academy of Nutrition &amp; Dietetics</p>	<p>We appreciate this opportunity to comment on the Quality Data Model (QDM) June 2012 Update and the QDM Style Guide 2012. The Academy of Nutrition and Dietetics represents the largest organization of food and nutrition professionals in the world. Our 74,000 members practice in one or more of six different areas of practice: research, clinical nutrition, food and nutrition management, community nutrition, education and consultation and business practice. We recognize the urgent need to harmonize standards, vocabularies and quality measures across health care as health information technology (HIT) is adopted. To support this need, we have staff and volunteers working in areas of nutrition terminology, standards and criteria for inclusion in HIT. Of critical importance is the need to integrate structured nutrition terms in all areas of HIT so that quality measures, clinical decision support and outcomes research include opportunities to apply the best evidence-based research available for nutrition care.</p> <p>☐</p> <p>☑ We appreciate the clarity with which the QDM Style Guide and the June 2012 Update are written, as it allows for greater understanding in aligning digital measures. We agree with the intention to facilitate real-time information and feedback from EHRs (and other components of HIT) as quality measures such that individual and population health outcomes can be evaluated.</p>	<p>Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestions from a wide continuum of HIT stakeholders.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Hoggle</p>	<p>Academy of Nutrition &amp; Dietetics</p>	<p>Clinical Data. Clinical Data as defined appears to be that which is collected in a clinical setting. Please clarify if this also data collected by patients, which may be compared to the same standardized data collected. (Page 7)</p> <p>☒                  Intervention. We agree with the use of “intervention” rather than “procedure” within the care goal. If this care goal is to be used and accessed by patients and all care providers, the definitions must be consistently defined and used such that patients understand data they receive. Most patients do not consider their own actions to be a “procedure”; procedure from a patient’s standpoint typically represents a process performed on or for their care by another individual. In particular, the differentiation of a “physical act” (procedure) vs. a “non-physical act” (intervention) is helpful. Any clarification which empowers the patient to take action on their own health care is optimal. (Page 19, 50)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Lindsey Hoggle	Academy of Nutrition & Dietetics	<p>Functional Status. We recommend keeping one category of functional status such that patients and caregivers realize the basic components that impact their overall health. This would ideally allow the patient/caregiver to better assess patient functional status relative to “expected ranges”. Dividing the functional status category into general and disease specific adds a level of complexity that may deter patients from understanding and adequately reporting on this important area.</p> <p>☐</p> <p>☑ Substance. Assuming the goal is for a substance to be classified by a code system, we recommend use of a code system where possible and when evolving codes become available. (Page 23)</p> <p>☐</p> <p>☑ Communication. In terms of category changes, we agree with retaining the category of Communication, as it appears to be necessary as “data follows the patient”. This term is one that is easily understood by patients and supports the assertion that the patient is a member of the health care team.(page 49)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Lindsey Hoggle	Academy of Nutrition & Dietetics	<p>Encounter. We recommend including “for the purpose of discussing/modifying care of the individual” in the definition of Encounter. In terms of using “encounter” vs. “Interaction”, providers may consider an encounter to be one for which services are billed. For example, a phone conversation is typically documented, but may not be considered an encounter. Recommend considering the use of interactions if this area can be consistent and standardized across care. (Page 49-50)</p>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.</p>



Quality Data Model June 2012 Comment Responses

<p>Lindsey Hoggle</p>	<p>Academy of Nutrition &amp; Dietetics</p>	<p>Experience. For the “experience” category, we recommend inclusion of “documentation and adherence to patient preferences.” If a record is made of patient preferences, it is important to the patient that these are adhered to. (page 21)</p> <p>☒</p> <p>☒Health Record Component: We ask for additional expansion of this area to clarify any other additional components. In the case of nutrition, a "Diet/Nutrition Order" is in fact a "list" in acute care that may not change but which must have some active component or an alternate (such as NPO) which may directly impact the health of the patient. Contingent on patients receiving food in facilities is the Joint Commission requirement that a diet order be order by the provider.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Hoggle</p>	<p>Academy of Nutrition &amp; Dietetics</p>	<p>Medications. For categories/states recommended for removal, please clarify on removing the state of “discontinued”. What term is used when medications/substances are modified or stopped and is there a required reason code? (Page 56)</p> <p>☐</p> <p>☐are Goal. Please provide clarification on the difference between “acknowledged” and “reviewed” in regards to a Care Goal.</p> <p>☐</p> <p>☐haracteristics. Category of characteristics is confusing in that some data is an observation of a state and some is patient behavior which impacts health status . Recommend inclusion of the term “updated”. (Page 19).</p> <p>☐</p> <p>☐ondition/Diagnosis/Problem. Recommend inclusion of “updated” or “recurring” for a problem. (Page 54).</p> <p>☐</p> <p>☐unctional Status. How is functional status of “ordered” defined? Recommend consistency in documentation: use of “updated” rather than “reconciled.” (Page 55).</p> <p>☐</p> <p>☐ntervention. Should there be an “updated” status? Clarify the need to include both “performed” status vs. “documented”. In the case of functional status, would this not be better described via “documented”? (Page 55)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Hoggle</p>	<p>Academy of Nutrition &amp; Dietetics</p>	<p>Physical Exam. We recommend inclusion of “documented.” (Page 56)                  ☒                  Substance. recommend keeping “discontinued” as there is no identifier with stopping a substance.(Page 57)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Lindsey Hoggle	Academy of Nutrition & Dietetics	<p>We believe “comprehensive clinical data” should include all aspects of care that impact individual and population health. We encourage further delineation on basic value sets which measure care longitudinally. Nutrition data set inclusion in this comprehensive list is critical. Transparency in nutrition reporting and monitoring by patients is critical to the success of the treatment. The need for consistent, structured data will become more important as patients take an active role in measuring, recording and sharing key nutrition data relative to their treatment and chronic disease prevention. (Page 3)</p> <p>☐</p> <p>☑ We encourage a roadmap of clinically relevant structured data, as it becomes available in structured form, that is used consistently across all health care applications, including electronic health records (EHRs), personal health records (PHRs) and other clinical applications. Assuming such data should be in structured context, it would be helpful to evaluate further work in progress that will become more readily prevalent in EHRs and HIT.</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>
Lindsey Hoggle	Academy of Nutrition & Dietetics	<p>We recommend defining “therapeutic communication”. It seems that inclusion of education in the category of “intervention” rather than “communication” adds a level of “action” that is necessary for patient engagement/ownership. Use of the term “education” in the “intervention” category implies that an action must take place via the education provided. Communication, on the other hand, often implies a passive message. (Page 19)</p>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used standard for this category.</p>

Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	For the attribute, 'receiver', is documentation of receipt required in the EHR in order to fulfill the requirement of the attribute?	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Lindsey Wisham	Telligen	Page 13. Letter F: Why are attributes required in some circumstances? The circumstances in which they are required do not appear to be defined in this document. Is this to force eMeasure developers to use certain attributes? Please consider making all attributes optional and placing the onus on the Measure developers to make the determination regarding attribute use.	Thank you for your comment. To date, there are currently no 'required' attributes in the QDM. Many categories do make more 'clinical sense' when certain attributes are used in conjunction with them. At this time, there will be no attribute requirement in the QDM and it will be a discretionary choice of the measure developers.
Lindsey Wisham	Telligen	Page 29, 2ndparagraph, 2ndsentence: There are five actors, not three.	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.
Lindsey Wisham	Telligen	Page 29, 2ndparagraph: Physical Examination Finding is not referenced within the document.	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.

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Lindsey Wisham	Telligen	The attribute 'causative agent' is not currently supported within the HL7 v3.0 model.	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Lindsey Wisham	Telligen	Physical Exam vs. Physical Examination is inconsistently used throughout the document.	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>

Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	<p>This comment is in reference to pp. 47 of the Example Measure Using Expression Language (Syntax) section, regarding the "Initial Diagnosis of Diastolic BP greater than 90mmHg..." measure example.</p> <p>While the general meaning of the description matches with the elements and application of the expression language, the actual measure itself only asks for a count of the number of instances of hypertension for a specific population, and does not deal with the time variable suggested in the numerator and the accompanying description, which is confusing. Suggest providing an alternative clarifying example and accompanying description.</p>	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>
Lindsey Wisham	Telligen	<p>Pages 30-33: Do the diagrams depict exhaustive lists of the attributes or just examples?</p>	<p>Thank you for your comment. The diagrams referenced in your question have been removed from the document. A complete list of datatype-specific attributes with definitions can be found in Table 3.</p>
Lindsey Wisham	Telligen	<p>For every category/state/attribute combination a definition should be provided for the intended use. Generalizations of attributes across categories/states should be limited.</p>	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>

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<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>Page 32: The actor attributes source, recorder, subject and performer all seem to be types of participants. Please distinguish between the use of these and the general actor 'participant'.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Lindsey Wisham	Telligen	Page 33, Figure 8 description: The description mentions category-state pairings. Are these attributes specific to Categories or to Category and State pairings as they have been?	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Lindsey Wisham	Telligen	Page 34, Facility Location: the word 'of' should be changed to 'within'.	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.
Cem Mangir	Deloitte	For "Communication" in QDM Mapping of Categories to States, remove the extra space before "Documented" (pp. 54).	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.

Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	Cardinality is referenced in the Style Guide document but not included in the attribute listing within the QDM 2012 Update.	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.
Lindsey Wisham	Telligen	Page 34, Facility Location and Health Record artifact: Please provide examples of how both of these attributes would be used within a clinical context.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.

Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>Page 34, Health Record Artifact: Please distinguish between the use of Health Record Component Category and the Health Record Artifact attribute.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	Page 36, Related to: Please provide an example of how this attribute would be used.	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Cem Mangir	Deloitte	QDM Mapping of Categories to States for "System Resources" - remove the extra space before "Ordered."	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.

Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For each Category and State Combination, please indicate what “start time” and “stop time” represent and how they are to be used.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Admission DateTime' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter / Ordered</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>Page 38, Encounter: Please distinguish the difference between the use of the 'Environmental Location' attribute and the 'Facility Location' attribute.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Discharge DateTime' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter / Ordered</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Discharge Status' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter / Ordered</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	<p>For the following Category and State combinations, please indicate how the attribute 'Facility Location' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Symptom /Active</p> <p><input type="checkbox"/> Symptom/Inactive</p> <p><input type="checkbox"/> Symptom/Resolved</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Cem Mangir	Deloitte	<p>For the Category-Specific Attributes section, the text that reads, "Individual's expression of desirability or value of one course of action, outcome, or selection in contrast to others," is in a different font, and the spacing for the sentence starting with "Example" is off. Suggest standardizing font and bringing the sentence starting with "Example" further up.</p>	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>

Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combination, please indicate how the attribute 'Length of Stay' should be used or what it is expected to capture:</p> <p>☐ Encounter/Declined</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Facility Location Arrival DateTime' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter / Ordered</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Facility Location Departure DateTime' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter / Ordered</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Health Record Artifact' should be used or what it is expected to capture:</p> <p><input type="checkbox"/> Encounter/ Declined</p> <p><input type="checkbox"/> Encounter/ Recommended</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Cem Mangir</p>	<p>Deloitte</p>	<p>All of the current tables have alternating light blue and white colored rows. Particularly for Table 1 and 3, because there are only few rows per page, it looks as if the light blue color were intended to highlight something when it is not.</p> <p><input type="checkbox"/></p> <p>On page 44, Table 6, one of the rows is missing the alternate color-shading.</p>	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>

Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	<p>For the following Category and State combinations, please indicate how the attribute 'Ordinality' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Device/Applied</li> <li><input type="checkbox"/> Device/Declined</li> <li><input type="checkbox"/> Device/Ordered</li> <li><input type="checkbox"/> Intervention/Acknowledged</li> <li><input type="checkbox"/> Intervention/Documented</li> <li><input type="checkbox"/> Intervention/Declined</li> <li><input type="checkbox"/> Intervention/Performed</li> <li><input type="checkbox"/> Intervention/Received</li> <li><input type="checkbox"/> Intervention/Requested</li> <li><input type="checkbox"/> Procedure/Declined</li> <li><input type="checkbox"/> Procedure/Ordered</li> <li><input type="checkbox"/> Procedure/Recommended</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Patient Preference' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Condition, Diagnosis, Problem / Active</li> <li><input type="checkbox"/> Condition, Diagnosis, Problem /Inactive</li> <li><input type="checkbox"/> Condition, Diagnosis, Problem / Resolved</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Cem Mangir</p>	<p>Deloitte</p>	<p>May all QDM elements possess Timing, Actor, and Data Flow attributes? And is it only category-specific attributes that may not apply to all QDM categories? Recommend to add a sentence at the start of Page 34 as clarification. One suggestion is to revise the sentence to following:</p> <p>☐</p> <p>☐Category-specific attributes provide a finer level of detail to certain categories within the QDM. Unlike the actor, dataflow, and timing attributes which are applicable to all QDM categories, each QDM category is limited to its own defined set of category-specific attributes. On the next page, Table 5: QDM Category and Specific Attributes outlines the allowable set of category-specific attributes per each QDM category."</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Provider Preference' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Condition, Diagnosis, Problem / Active</li> <li><input type="checkbox"/> Condition, Diagnosis, Problem /Inactive</li> <li><input type="checkbox"/> Condition, Diagnosis, Problem / Resolved</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Result' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic Study/Declined</li> <li><input type="checkbox"/> Diagnostic Study/Ordered</li> <li><input type="checkbox"/> Diagnostic Study/Recommended</li> <li><input type="checkbox"/> Functional Status/Declined</li> <li><input type="checkbox"/> Functional Status/Ordered</li> <li><input type="checkbox"/> Intervention/ Acknowledged</li> <li><input type="checkbox"/> Intervention/Declined</li> <li><input type="checkbox"/> Intervention/Requested</li> <li><input type="checkbox"/> Laboratory Test/Declined</li> <li><input type="checkbox"/> Laboratory Test/ Ordered</li> <li><input type="checkbox"/> Physical Exam/Declined</li> <li><input type="checkbox"/> Physical Exam/Ordered</li> <li><input type="checkbox"/> Procedure/Declined</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	<p>For the following Category and State combinations, please indicate how the attribute 'Route' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intervention/Acknowledged</li> <li><input type="checkbox"/> Intervention/Declined</li> <li><input type="checkbox"/> Intervention/Documented</li> <li><input type="checkbox"/> Intervention/Performed</li> <li><input type="checkbox"/> Intervention/Received</li> <li><input type="checkbox"/> Intervention/Requested</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Cem Mangir	Deloitte	<p>Missing the definition for "Severity." Table 5 included "Severity" as one of the attributes columns but the term was not defined in Table 4. Need to determine the definition of the term "severity" and decide whether to add/remove this term from Table 4 and 5.</p>	<p>Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.</p>

Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combination, please indicate how the attribute 'Status' should be used or what it is expected to capture:</p> <p><input checked="" type="checkbox"/> Procedure/Declined</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has</p>
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Quality Data Model June 2012 Comment Responses

<p>Lindsey Wisham</p>	<p>Telligen</p>	<p>For the following Category and State combinations, please indicate how the attribute 'Severity' should be used or what it is expected to capture:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are Goal/Acknowledged</li> <li><input type="checkbox"/> Are Goal/Documented</li> <li><input type="checkbox"/> Are Goal/Updated</li> <li><input type="checkbox"/> Are Goal/Active</li> <li><input type="checkbox"/> Are Goal/Resolved</li> <li><input type="checkbox"/> Are Goal/Reviewed</li> <li><input type="checkbox"/> Intervention/Acknowledged</li> <li><input type="checkbox"/> Intervention/Declined</li> <li><input type="checkbox"/> Intervention/Documented</li> <li><input type="checkbox"/> Intervention/Performed</li> <li><input type="checkbox"/> Intervention/Received</li> <li><input type="checkbox"/> Intervention/Requested</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Cem Mangir</p>	<p>Deloitte</p>	<p>Environmental Location and Facility Location are currently linked to the Symptom category. It is unclear how a "Symptom" would have Environmental and Facility Locations. By definition, "Symptom" is "an indication that a person has a condition or disease. Some examples are headache, fever, fatigue, nausea, vomiting, and pain." Note how "Condition/Diagnosis/Problem" does not have Environmental/ Facility Locations either. Consider removing the linkage to the two stated attributes.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	<p>Route is currently listed as an attribute for Intervention. By definition, "intervention" is "a course of action intended to achieve a result in the care of persons with health problems that does not involve direct physical contact with a patient. This category is included to help differentiate care provided to patients that does not involve direct hands-on activity. Examples include patient education and therapeutic communication." Whereas the definition of "route" refers to "the path by which a therapeutic agent or substance is taken into the body systems, such as intradermally, intrathecally, intramuscularly, intranasally, intravenously, orally, rectally, subcutaneously, sublingually, topically, or vaginally."</p> <p>As currently defined, the definition of "intervention" does not encompass "routes" that comes into contact with the body systems, rather, it appears to relate to different communication and education methods. Recommend either to expand the definition of "route" or remove "route" as one of its possible attributes.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Lindsey Wisham	Telligen	Page 43, 2nd example: The FIRST function needs to be moved to the second line.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Lindsey Wisham	Telligen	Page 43, 3rd example: The AND operator in the example should be in all caps.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Lindsey Wisham	Telligen	Please provide guidance for the use of each function and their return types.	Thank you for your comment. NQF looks forward to working with the QDM User Group as well as feedback from stakeholders to provide this guidance in future versions of the QDM.



Quality Data Model June 2012 Comment Responses

Lindsey Wisham	Telligen	Page 43, 5th example: The COUNT function needs to be moved to the second line.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Lindsey Wisham	Telligen	Page 44, Starts after the end of: Replace the verbiage 'take place' with 'starts'. In the example, replace 'occurs' with 'starts'.	Thank you for your comment. NQF appreciates comments that help clarify the documentation around the QDM.
Lindsey Wisham	Telligen	Page 44, Starts Before or During: In the explanation of the example, the word occurred should be changed to started in the following sentence  "A condition [diagnosis] that starts before or during [measurement end date], that means the diagnosis STARTED..."	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Lindsey Wisham	Telligen	Page 45, Ends before the start of: In the example, insert the word 'days' after the number 3.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.

Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	<p>"Facility Location Arrival DateTime" and "Facility Location Departure DateTime" are currently included in the model. They are currently listed as one of the possible category-specific attributes for the QDM Category "Encounter" (See Table 4-5).</p> <p>☐</p> <p>☒Recommend to provide an example or to further clarify how category-specific attributes such as "Facility Location Arrival/Departure DateTime" and "Admission/Discharge DateTime" are used in the QDM. For example, it may be confusing, on first glance, whether "Facility Location Arrival/Departure DateTime" should be handled as in the same level or as sub-attributes of the "Facility Location" attribute. An example provided would help clarify that concern.</p> <p>☐</p> <p>☒From review of NQF 0132 Aspirin at Arrival:</p> <p>☐"Facility Location Arrival DateTime: ED Locations" attribute was used on the same level as that of the "Facility Location" and the "Admission DateTime" attributes</p> <p>☐The difference between the "Encounter: Encounter Inpatient(Admission DateTime)" and the "Encounter: Encounter Inpatient(Facility Location Arrival DateTime: 'ED Locations')"</p> <p>QDM Data Elements is that, for the latter, the QDM attribute "Facility Location Arrival</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Lindsey Wisham	Telligen	<p>Page 47, a., 2ndSub bullet: Update Diagnosis to Condition, Diagnosis, Problem</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>

Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	<p>"Start DateTime" and "Stop DateTime" are included in Table 4: Category-Specific Attributes, although these were not listed as one of the columns in Table 5.</p> <p>Per the QDM Style Guide, "Start DateTime" and "Stop DateTime" do NOT seem to be an applicable attribute for all QDM categories. Recommend to add these two attributes as additional columns in Table 5 to clarify their relationship to the respective QDM categories.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Cem Mangir	Deloitte	<p>What does the "o" syntax mean on this page? (e.g. "QDM o", " QDM o First ", and " QDM... o COUNT ) These do not seem to be listed on Page 132 of the MAT User Guide?</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>
Lindsey Wisham	Telligen	<p>Telligen would like to thank the National Quality Forum for their continued collaborative efforts to create and maintain a data model that can represent clinical concepts in a meaningful way for use in quality measurement. Thank you for the opportunity to provide comments on the QDM 2012 Update.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

Quality Data Model June 2012 Comment Responses

Cem Mangir	Deloitte	<p>DURING</p> <p>CONCURRENT WITH</p> <p>LINKEDTO</p> <p>Per the Style Guide and the 113 retooled measures, these terms do not need to be capitalized in the Human-Readable. Recommend to change these to lower case in Table 6 on page 44-45.</p> <p>Not sure if LINKEDTO was used in any of the 113 measures. Recommend to change to lowercase as well for consistency.</p>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>
Cem Mangir	Deloitte	<p>Is "Intervention" different from Procedure? Procedure does not cover all that is to be covered for Intervention, correct?</p> <p>Agreed that Intervention should be kept distinct from Procedure as its own QDM category</p>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used standard for this category.</p>
Cem Mangir	Deloitte	<p>Agreed that removal of "Declined" is appropriate for the stated QDM categories</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

Quality Data Model June 2012 Comment Responses

<p>Cem Mangir</p>	<p>Deloitte</p>	<p>For the "Communication" Category, need to further clarify and define what Communications will represent (and how this will be implemented by vendors).</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Cem Mangir</p>	<p>Deloitte</p>	<p>For the "Encounter" Category, need to further define an Encounter as defined in various models developed by other organizations.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>NCQA recommends leaving the Functions, Operators and Relative Timings sections in the QDM document. NCQA believes that the QDM should exist as an independent framework. Information on these sections is essential to the workings of the QDM framework.</p> <p>☐</p> <p>The QDM Style Guide could benefit measure developers by including implementation guidance – i.e. use cases. The QDM would also benefit from definitions of the different attributes.</p> <p>☐</p> <p>NCQA recommends allowing the assignment of an attribute to an attribute. For example, measure developers would benefit from being able to assign an attribute (e.g., setting) to the 'Reason' attribute.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Characteristics (patients and providers)</p> <p>☐</p> <p>☑ CQA recommends limiting the scope of ‘Characteristics’ so that it does not include patient preference. How do patient preferences captured as “Characteristics” compare against preferences under ‘Care Goal’ or characteristics identified by risk evaluations?</p> <p>☐</p> <p>☑ CQA recommends including behavioral risk factors (e.g., substance use/abuse, tobacco use status) under the category ‘Risk evaluation’.</p> <p>☐</p> <p>☑ CQA recommends viewing patient characteristic as characteristics that are not targets for health intervention. Characteristics that are appropriate to include here are gender, race and ethnicity, language, payer type etc.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>The Care Goal</p> <p>☐</p> <p>☑ CQA believes that preferences under 'Care Goal' should be distinguished from preferences captured as "Characteristics".</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

Dawn Alayon	National Committee for Quality Assurance	<p>Communication</p> <p>☐</p> <p>☑CQA agrees with the removal of 'Declined' as a state.</p> <p>☐</p> <p>☑CQA requests that NQF provide greater clarity on when this category should be used so as to promote consistency of use between measure developers</p> <p>☐</p> <p>☑ase specific implementation guidance is suggested as an addition to the style guide</p> <p>☐</p> <p>☑CQA recommends that the QDM be able to represent a greater level of detail for complex communication data elements. This level of detail may not be allowable using standardized vocabularies (e.g., SNOMED concepts), given the high level of pre-coordination needed to represent these concepts.</p> <p>☐</p> <p>☑Example: The concept of "communication from provider A to provider B about an identified risk factor or patient problem" or "attempts made by a provider to reach a patient to encourage follow-up for a particular problem".</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Dawn Alayon	National Committee for Quality Assurance	<p>Condition/Diagnosis/Problem</p> <p>☐</p> <p>☑CQA agrees with the removal of 'Declined' and 'Reconciled' as states.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

Quality Data Model June 2012 Comment Responses

<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Encounters</p> <p>☐</p> <p>The proposed data flow attribute seems redundant as the value set would model the type of encounter in question (e.g., face-to-face vs. virtual).</p> <p>☐</p> <p>☑CQA recommends removing of the state “recommended” - ‘Ordered’ is more useful for quality measurement.</p> <p>☐</p> <p>☑CQA supports the differentiation between admission and arrival time/discharge and departure time. Arrival time should accommodate when the provider first engaged with the patient. Similarly, discharge time should address when the provider signed off that the patient could leave.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Functional Status</p> <p>☐</p> <p>☑ CQA recommends removing 'reconciled' as a state. "Reconciled "does not help in measuring change over time. Numeric 'results' would be most appropriate in measuring changes in functional status over time.</p> <p>☐</p> <p>☑ CQA requests further clarity on 'actor' attributes. For example, when would the subject of a functional status assessment not be the patient? Even in the case when the reporter may be a caregiver – 'subject' as an attribute seems redundant.</p> <p>☐</p> <p>☑ CQA recommends that NQF does not divide functional status into general and disease specific sections. This level of detail is appropriately accommodated by the value set.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Intervention</p> <p>☐</p> <p>☑ While NCQA agrees with this QDM category being reinstated, we recommend some changes to the examples used to illustrate this category. The therapeutic communication example has the potential to be confused with the 'Communication' QDM category. NCQA recommends re-defining as 'therapeutic instruction'.</p> <p>☐</p> <p>☑ NCQA further recommends clarifying appropriate use case instances for this QDM category so as not to overlap with the 'Communication' category.</p> <p>☐</p> <p>☑ NCQA believes it is appropriate to use 'Intervention' to convey information that can influence a patient's health or medical treatment. Additionally, we recommend only using the 'Communication' category to convey or transmit information about the patient.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Medication</p> <p>☐</p> <p>☑ Currently, the QDM does not address how to handle continuous prescriptions of medications. Many measures require information regarding cumulative medication duration, so NCQA requests that NQF captures this type of data element in the QDM.</p> <p>☐</p> <p>☑ NCQA asks for clarification on how to handle categorization of chronic medications. Future measures relying on the monitoring of chronic medications will need to utilize this information.</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>

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Dawn Alayon	National Committee for Quality Assurance	<p>Procedure</p> <p>☐</p> <p>☑ NCQA sees overlap between ‘Recommended’ and ‘ordered’– we recommend maintain ‘ordered’ as it is more accurate for quality measures. According to the HL7 definition, ‘Procedure’ is a performed “act”; therefore, NCQA recommends using the ‘Intervention’ category for procedures that are ‘recommended’ (e.g., advice/instruction that has the potential to influence the patients health or course of medical treatment).</p> <p>☐</p> <p>☑ Additionally, NCQA recommends that ‘Planned’ should not be added as a state since it overlaps with ‘ordered’ and is less useful for quality measurement.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Dawn Alayon	National Committee for Quality Assurance	<p>Symptoms</p> <p>☐</p> <p>☑ NCQA believes that symptoms are most likely to be captured under ‘Conditions/diagnosis/problem’ category, so we recommend removing the ‘symptom’ category from the QDM.</p>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used standard for this category.</p>

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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Response to Care</p> <p>☐</p> <p>☑ CQA recommends that this category be deleted. From a clinician’s workflow perspective, we’re unsure that there is room for an interpretative component of care in the EHR. As far as patient experiences are concerned, they would already be captured under ‘Experience’ category.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Global comments</p> <p>☐</p> <p>☑ NCQA recommends leaving the Functions, Operators and Relative Timings sections in the QDM document. NCQA believes that the QDM should exist as an independent framework. Information on these sections is essential to the workings of the QDM framework.</p> <p>☐</p> <p>☑ The QDM Style Guide could benefit measure developers by including implementation guidance – i.e. use cases. The QDM would also benefit from definitions of the different attributes.</p> <p>☐</p> <p>☑ NCQA recommends allowing the assignment of an attribute to an attribute. For example, measure developers would benefit from being able to assign an attribute (e.g., setting) to the ‘Reason’ attribute.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Maureen Dailey</p>	<p>American Nurses Association</p>	<p>Request closer alignment of descriptive text and accompanying figures and tables</p> <ul style="list-style-type: none"> <li>☐ 6 line 3 correct domain name to read Clinical Data</li> <li>☐ 6 bottom of page insert comma after "...approach to car</li> <li>☐ 7 move figure 2 to be closer to reference at bottom of page rather than positioning it on page 14</li> <li>☐ 8 change text toward bottom of page to read "...important to measure..." and "...electronic sources,..."</li> <li>☐ 21 Do not divide functional status into two sections categorized as general and disease specific. Retain as one grouping since this reflects a systems assessment. The functional status may have no specific etiology or may reflect co-morbidities, injury, developmental, environmental, or other influences.</li> <li>☐ 22 intervention - Current definition limits consideration to only care of persons with health problems. Needs to be expanded to accommodate prevention and wellness interventions. Recommend considering changing to "...to achieve a result in the health care of persons that may not involve direct physical contact."</li> <li>☐ 24 symptom - Need to define "finding" and system - resources Explanation is missing closing parenthesis character.</li> <li>☐ 29 Correct end of first line in second paragraph to read "There are five actors of..." (not 3 as currently stated)</li> </ul>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>
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<p>Maureen Dailey</p>	<p>American Nurses Association</p>	<p>ANA continued:</p> <ul style="list-style-type: none"> <li>▣ 34 admission datetime - Change to “The start date and time for the admission process”</li> <li>▣ 34 discharge datetime - Change to “The end date and time for the discharge process”</li> <li>▣ 40 physical exam - Need to include ordinality to allow scoring/staging of pressure ulcer, heart murmur, burn, etc.</li> <li>▣ 49 Heartily support decision to retain communication as a category. That is key when addressing system breakdowns and errors.</li> <li>▣ 49-50 encounter - Consider interaction as any connection between clinician and healthcare consumer, such as face to face, voicemail, telehealth, email, text message, etc. Encounter currently has the connotation of formal delineation, purpose, and billing/reimbursement.</li> <li>▣ 50 intervention - Current definition limits consideration to only care of persons with health problems. Needs to be expanded to accommodate prevention and wellness interventions. Recommend considering changing to “...to achieve a result in the health care of persons that may not involve direct physical contact.”</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Maureen Dailey</p>	<p>American Nurses Association</p>	<p>ANA Comments Continued:</p> <ul style="list-style-type: none"> <li>▣ 51 changes to state - Recommend inclusion of intervention in the QDM categories list that can be declined.</li> <li>▣ 52 Discussion of category/state pairings referencing Table 5 doesn't match the actual table so cannot provide comment. Seems incorrect to delete discontinued and inactive for medications and substances as med reconciliation involves this investigation.</li> <li>▣ 52 Correct sentence to read "...assignments both from a clinical..."</li> <li>▣ 54 device – Retain discontinued.</li> <li>▣ 56 medication – Retain discontinued.</li> <li>▣ 56 procedure – Retain discontinued.</li> <li>▣ 57 substance – Retain discontinued.</li> <li>▣ 57 symptom – Retain assessed.</li> <li>▣ 57 system resources – Why isn't discontinued listed for this category-state?</li> <li>▣ Request that there be consideration to apply a numeric system [numbering system, if you will] for the 23 categories, attributes, etc. It was difficult to keep track of the hierarchy of how these all relate to each other.</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lori Geary</p>	<p>Yale</p>	<p>To whom it may concern:</p> <p>☐</p> <p>The Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (YNHHSC/CORE) appreciates the opportunity to comment on the June 2012 Update to the Quality Data Model (QDM). YNHHSC/CORE has developed over 20 hospital quality outcome measures to support quality improvement and accountability, six of which are currently used in public reporting and payment programs. Over the past year, under contract with the Centers for Medicare &amp; Medicaid Services (CMS), YNHHSC/CORE has developed a de novo outcome eMeasure of 30-day mortality following admission for acute myocardial infarction (AMI).</p> <p>☐Based on our experience developing a de novo outcome eMeasure, we would like to suggest the following changes to the QDM to better support the development of outcome eMeasures:</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Lori Geary	Yale	<p>1) Expand the QDM/Measure Authoring Tool (MAT) to meet the measure authoring needs of outcome eMeasures. YNHHS/CORE is concerned that the standard frameworks and architectures for eMeasure development, particularly the QDM and the Measure Authoring Tool (MAT), have been developed primarily with process measures in mind. There are a number of modifications that would help support the development of outcome eMeasures.</p> <p>First, we would appreciate more explicit guidance on how measure developers can specify that an eMeasure will link to external data in the QDM Style Guide. We appreciate that in this update the QDM allows measures to include data from non-EHR electronic sources. This is important not only for measures of patient-reported outcomes, as noted, but also for other outcome measures, like Yale’s AMI mortality eMeasure, where the outcome must be ascertained by linking to an external data source because it is not available from a hospital EHR. However, the Style Guide does not clearly state how measure developers can specify this in the measure logic.</p> <p>Second, we believe the frameworks could be adapted to address common issues for outcome measures. Specifically, the QDM includes no categories or terms for the designation of risk adjustment variables, which is critical for development of outcome eMeasures.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Lori Geary</p>	<p>Yale</p>	<p>Finally, the MAT currently allows users to create proportion, ratio, or continuous variable measures but allows no other measure scoring types. This excludes many outcome eMeasures like Yale’s risk-adjusted rate, which is a standardized rate ratio multiplied by the overall rate.</p> <p>These changes to the QDM and MAT would greatly help to facilitate the development of outcome eMeasures.</p> <p>2) Update the QDM to allow for the coding of system or facility characteristics such as a lab’s upper limit of normal. Yale’s AMI mortality eMeasure includes patient’s troponin ratio as an important risk adjustment variable. Troponin ratio is defined as a patient’s initial troponin value divided by the lab’s upper limit of normal for troponin. It is necessary to account for a lab’s upper limit of normal because this value varies across laboratories. Creating a ratio makes it possible to compare patients’ troponin values across hospitals. During development, we determined patients’ troponin values are consistently obtained in current clinical practice among AMI patients and may be feasibly retrieved from a patient’s EHR. However, during eSpecification we discovered that there is no way to code for the upper limit of normal for troponin (or any such facility characteristic) using the current grammar of the QDM.</p>	<p>Thank you for your comment. NQF is aware of the growing needs of measure developers to create measures of different scoring types. NQF will work closely with the QDM and the MAT to ensure these needs remain at the forefront.</p>
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Lori Geary	Yale	<p>We recognize that the category “Characteristics (patient or provider)” is meant to describe provider/facility characteristics as well as patient characteristics. However, the included details apply almost exclusively to patients, and none of the included aspects described in the QDM specifications (demographics, behaviors, social/cultural factors, resources, and preferences) would allow an eMeasure developer to specify a hospital or facility characteristic. We believe that NQF has missed an opportunity to expand the utility of the QDM in not fully enabling provider characteristics in this version of the QDM.</p> <p>Yale recommends that NQF either add a category for “System Characteristics” or update the definition of “Characteristics (Patient or Provider)” to more fully represent facility characteristics.</p> <p>Again, we appreciate the opportunity to comment on NQF’s June 2012 Update to the Quality Data Model. If you have any questions, please contact Julia Montague, Project Coordinator, at <a href="mailto:julia.montague@yale.edu">julia.montague@yale.edu</a>.</p> <p>Kind regards,</p> <p>Susannah Bernheim, MD, MHS</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Melanie Shahriary	American College of Cardiology	<p>I am overall quite favorably impressed with the thought and work that went into the re-crafting of the QDM. This is a marked improvement from the 2011 version. The general model seems sound, and the vocabulary code sets that are referenced are consistent with the recommendations of the HIT Standards Committee Clinical Quality Workgroup and Vocabulary Task Force(see attached .ppt). And absent from this draft are most of the examples included in the previous edition, which was the origin of quite a number of issues that we previously raised.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>
Melanie Shahriary	American College of Cardiology	<p>Please note that the comments I am submitting came from a number of individuals and represent their individual opinion only. They do not necessarily represent the opinion of the American College of Cardiology.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

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<p>Melanie Shahriary</p>	<p>American College of Cardiology</p>	<p>My primary critique – In the absence of examples, this is now essentially an abstract model. While one needs to have a sound model, the devil is always in the details. I think it would be extremely helpful if the NQF would present 2 (or more) examples from each of the 6 axes of measurement proposed for MU Stage 2 to illustrate the application of the model. Hard for me to tell if in the abstract the model actually works.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Melanie Shahriary	American College of Cardiology	<p>Time: This should be considered in two states: As a single tick mark and associated with a start/stop time. Many of the proposed statements become very complex when start and stop times are required. Time is relative; this is not an issue of Einstein but clinical practicality. A start and stop time are important when you are performing open heart surgery but irrelevant when looking at open heart surgery as a past event. In many cases documentation will become vague over time. Today, he was in surgery from 8:02 to 11:23 when he was transferred to the intensive care unit. He had open heart surgery in spring of 2003.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Melanie Shahriary	American College of Cardiology	<p>This is a significant step forward. The definitions are clear and substantiated. My concerns and comments are minimal.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

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Melanie Shahriary	American College of Cardiology	Accommodations outside the model: The model needs to accept that there will be unknown values and nouns, verbs, etc. that are not currently in the model. This needs to be explicitly handled.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Melanie Shahriary	American College of Cardiology	Ambiguity: The model does not support ambiguity. For instance, patients often say that they allergic to something like penicillin or codeine but they don't know exactly why. There is a clinical difference between "I had an anaphylactic reaction to penicillin" and "I developed a rash when I was sick, the doctor gave me penicillin beforehand but they don't know whether it was a virus or the medication.	Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.

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Melanie Shahriary	American College of Cardiology	this document doesn't seem to support a negative state, i.e. "the patient does not have tuberculosis", " the patient does not have coronary artery disease".	Thank you for your comment. We at NQF agree that the negative state is at times an important measurement concept. We are working towards a closer alignment between the QDM and vendor communities to ensure that representation of the negative state is a possibility both electronically and within the QDM.
Melanie Shahriary	American College of Cardiology	QDM, Table 4, page 35:This table mixes big concepts (ordinality) with small concepts (radiation duration) without clear logic. Domain knowledge is going to drive us to needing to represent both big and small but this model does not tell us, nor does the style guide, on how this is going to be maintained.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.

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Melanie Shahriary	American College of Cardiology	<p>QDM, Table 3, page 28: States of being may be too restricted, Active, Inactive and Resolved may not be sufficient. How do you code an anterior wall myocardial infarction that occurred 90 days ago? Is it an active problem, inactive or resolved? If I want to trigger a decision support logic for ACE inhibitors, beta blockers or an ICD how does that work?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Melanie Shahriary	American College of Cardiology	<p>We recommend cleaning up the definition of the physical examination category, restricting it to those things which are performed by a physician or other care provider via direct physical examination of the patient . And that other clinical measure[ment]s (NOT "measures") belong in the diagnostic study category.</p>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>

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<p>Kristen Fessele</p>	<p>Oncology Nursing Society</p>	<p>Thank you for the opportunity to comment on the latest update of the QDM, which represents a good foundation for organizing the structure within which components of the quality measure can be placed. As the QDM relies primarily on the use of established vocabularies/taxonomies (e.g. SNOMED-CT) to define included concepts, future efforts are still needed to address areas that are not yet- or well-described. As an oncology specialty nursing organization, we have recognized that much of our work to promote high quality cancer care is focused on concepts not explicitly described in existing taxonomies, and that many areas of concern to patients which extend beyond satisfaction metrics are also not well-defined.</p> <p>As NQF moves to the 2 step CDP in the near future, more measure developers, including those representing stakeholders from multiple disciplines and non-provider based organizations will begin to use the QDM and Measure Authoring Tool. It is realistic to believe that many individual patient and clinical workflow issues that do not “fit” well into the model and are not currently apparent as we review the QDM update and prepare these comments will emerge. It is hoped that an agile process for considering revisions/additions to the model may be in place to support, rather than delay measure developer’s efforts within the anticipated 18 month stage 2 (testing and full specifications) time frame.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>
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<p>Cynthia Barton</p>	<p>Oklahoma Foundation for Medical Quality</p>	<p>There is a disconnection between the QDM information contained in the QDM update (as well as the QDM draft available October 2011) and what is available for use in the MAT. This is concerning because if measure stewards are familiar with the Quality Data Model they may think the same categories, related states, attributes and relative timings can be represented in the MAT. Currently (as of July 13, 2012) there are categories in the MAT which have more states than are included in the QDM and there are other categories which have fewer states.</p> <p>For example:</p> <p>In the MAT, Encounter has the following states:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active</li> <li><input type="checkbox"/> Order</li> <li><input type="checkbox"/> Performed</li> <li><input type="checkbox"/> Recommended</li> </ul> <p>In the QDM, the following are found in addition:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Declined</li> <li><input type="checkbox"/> Documented</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Cynthia Barton</p>	<p>Oklahoma Foundation for Medical Quality</p>	<p>There is a disconnection between the QDM information contained in the QDM update (as well as the QDM draft available October 2011) and what is available for use in the MAT. This is concerning because if measure stewards are familiar with the Quality Data Model they may think the same categories, related states, attributes and relative timings can be represented in the MAT. Currently (as of July 13, 2012) Table 5, beginning on page 37 in the QDM Update lists the specific attributes for each QDM category. This table is not accurate according to what is available in the MAT for measure retoolers to use. For example, there are not attributes of Result, Route, or Severity for the category of Intervention. For Procedure the attributes of Anatomical structure, Environmental location and Facility location are not found in the MAT, and Incision datetime, which is not listed in Table 5 for Procedure, is in the MAT.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Adverse effect: non-allergy (pg.17)</p> <p>It is unclear whether a drug-drug interaction belongs under Adverse effect: non-allergy. If so, does the attribute of causative agent allow more than one value? For example, if a patient is administered Warfarin and Amiodarone at the same time, the patient risks increased warfarin concentrations and bleeding. To capture this example criterion, we would use the Adverse effect: non-allergy category, bound to a SNOMED code, such as '404204005 drug interaction with drug (finding).' The two drugs would be captured as causative agents with cardinality of one to many. However, causative agents with cardinality of more than one are unclear.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Functional Status (pg. 21)</p> <p>Lantana disagrees with the proposal to divide Functional Status into general and disease specific sections. This level of detail is appropriately accommodated by the value set.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Risk Evaluation (pg. 23)</p> <p>It is very difficult to distinguish between Functional Status and Risk Evaluation QDM categories. Lantana recommends removal of the Risk Evaluation category because it is a subjective assessment of raw data.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Health Record Component</p> <p>☐</p> <p>☒ NCQA is not clear on the value of ‘Discontinued’ and ‘Alerted’ for this QDM category, since we are interpreting Health Record Components to be documents. It is not clear that the Health Record Component would be discontinued or would alert. There might be an alert about a Health Record Component, but it seems this should be covered by another QDM category.</p> <p>☐</p> <p>☒ NCQA recommends removing ‘Calculated’ if it refers to specific items within the health record component. This assumes that a calculated item is one that is generated by the EHR as opposed to one entered by a user of the EHR or device submitting data to the EHR. In this case, perhaps the attribute ‘source’ can be used. It seems unlikely that the health record component itself would need to be calculated - one may make a calculation based on or related to a health record component – but the document itself would not need to be calculated..</p> <p>☐</p> <p>☒ ‘Accessed,’ ‘acknowledged,’ and ‘reviewed’ bear too much overlap to exist as separate states. NCQA recommends maintaining ‘reviewed,’ and removing ‘Accessed’ and ‘Acknowledged’.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Dawn Alayon</p>	<p>National Committee for Quality Assurance</p>	<p>Risk Evaluation</p> <p>☐</p> <p>NCQA believes there is significant overlap between the QDM categories 'Risk Evaluation' and 'Functional Status'. As currently defined, both categories are structured similarly and are defined using the same taxonomies. NCQA recommends combining both categories and re-naming it as 'Assessment'.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Symptom (pg.24)</p> <p>Lantana questions the value of ‘Symptoms’ existing as a separate QDM category. Symptoms are most likely to be captured under ‘Conditions/diagnosis/problem’ category, as an entry in the problem list.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Jeffery Garner</p>	<p>Oklahoma Foundation for Medical Quality</p>	<p>Further examples and definition is welcomed for Intervention, Procedure, and Communication to avoid overlap and confusion when differentiating the three categories.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Declined state (pg.51)</p> <p>The description of the declined state has a lot of similarities to negation rationale. Lantana recommends that they be consolidated.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Attributes</p> <p>Patient and provider should be subject attributes to the Characteristics QDM category. This would also apply to other QDM categories (e.g., medications, procedures, etc.); however, the attribute would change, depending on the subject being addressed (e.g., mother, baby, grandparent, etc.). This design will allow greater extensibility for quality measures requiring the need to distinguish separate subjects and associate measure phrases with the corresponding subject.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Crystal Kallem</p>	<p>Lantana Consulting Group</p>	<p>Method (pg.35 and 40)</p> <p>The Medication QDM category needs an administration method attribute. It is unclear if the method attribute can support this need.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Crystal Kallem	Lantana Consulting Group	<p>Health Record Component versus Health Record Artifact (pg. 22 and 34)</p> <p>NQF should provide clear guidance and corresponding examples on when and how to use the Health Record Component QDM category versus the Health Record Artifact attribute, especially when the same criterion can be represented using each. For example, statin prescribed at discharge could be represented either way:</p> <p>☐</p> <p>☐ Health Record Component: Discharge Medications (medication list containing Statin); or</p> <p>☐</p> <p>☐ Medication Order: Statins (Health Record Artifact: discharge medication list)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Crystal Kallem	Lantana Consulting Group	<p>Care goal (pg.18)</p> <p>The title "care goal" is misleading because it is not possible to represent a clear care goal under a single QDM category. Care goals are often represented as a full sentence with multiple components. For example, "reduce the systolic blood pressure from 250 to 160 in six weeks." This goal cannot be represented by a single concept with a value set.</p>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>

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Crystal Kallem	Lantana Consulting Group	<p>Relative Timings (pg.44)</p> <p>Consider adding a relative timing for associated with to allow linkage of QDM categories. For example, medication 'A' is associated with encounter 'A'; medication 'B' is associated with encounter 'B.' Currently, measure developers have to define the phrase as a "medication during encounter." This requires EHRs to translate the phrase into associations because medications are typically associated with an encounter ID in a database.</p>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>
Adeline Wilcox	Department of Veterans Affairs	<p>Since the Draft Version came out, I've begun using the National Health Service Data Model for England. <a href="http://www.datadictionary.nhs.uk">http://www.datadictionary.nhs.uk</a></p> <p>The NHS Data Model guides my development of computer code for an eMeasure.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>
Michael Houst	Exeter Hospital	<p>Table 2: States of Action labels.</p> <p>Strongly recommend you to change the term "Assessed" to "Evaluated" to avoid confusion with the visually and verbally similar term "Accessed".</p> <p>The word "Dispensed" has a general English definition synonymous with the word "Discontinued". Recommend changing one or the other to avoid confusion.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

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<p>Robert Plovnick</p>	<p>American Psychiatric Institute for Research and Education</p>	<p>APIRE appreciates the effort of this workgroup and values the importance of continuing to refine the grammar used to create e-measures via the QDM.</p> <p>We support the stakeholders' comment to maintain the Communication category. We think it is of utmost significance in the practitioner-patient relationship and therefore merits measurement.</p> <p>Additionally, we agree with stakeholders that there must be further refinement of the meaning of Encounter; as technology develops and generates new pathways to deliver care, the definition will remain influx. We are happy to participate in the dialogue to provide the psychiatric perspective.</p> <p>Of importance is the expansion of the Symptom category and its move from the Condition/Diagnosis/Problem category. APIRE feels the QDM should have well circumscribed symptom and sign categories so that both of these clinically essential concepts can be captured within quality measures for the improvement of quality of care.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Jamie Ferguson</p>	<p>Kaiser Permanente</p>	<p>In addition to modeling report content and order, and specifying permitted vocabulary and relationships, the QDM and Style Guide should clarify how each QDM category and associated state will be based on HL7 Version 3.0 reference information model (RIM) concepts in a computer-readable version. We recommend the approach to applying the QDM to produce computer-readable artifacts, should specify Entities in Roles Participating in Acts, or use an equivalent explicit modeling formalism capable of being mapped to the RIM.</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>

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Jamie Ferguson	Kaiser Permanente	The QDM should consistently use agreed-upon standardized terminologies, including LOINC, SNOMED CT, RxNorm, ICD, CPT, etc. We recommend favoring SNOMED CT for clinical information, such as problem lists or clinical encounter diagnoses. We also recommend establishing reasonable procedures for updating SNOMED to address missing concepts; for reconfiguring older concepts in SNOMED; and for converting e-measures to SNOMED if another standard terminology is used temporarily for clinical concepts	Thank you for your comment. NQF encourages measure developers and users of the QDM to follow the HIT Standard's Committee's Vocabulary Task Force recommendations for vocabulary standards ( <a href="http://healthit.hhs.gov/portal/server.pt/document/958280/vocabulary_tf_trasmittalmemo_final_pdf">http://healthit.hhs.gov/portal/server.pt/document/958280/vocabulary_tf_trasmittalmemo_final_pdf</a> ).
Jamie Ferguson	Kaiser Permanente	We support the recommendation of the HHS HIT Standards Committee that e-measure developers should leverage existing documentation and coding already well established in existing EMR systems. We encourage e-measure developers to download files available from NLM for guidance; these files (including CMT files and others) demonstrate actual use of concepts in standard vocabularies to establish baseline concepts that reflect real-world systems.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Jamie Ferguson	Kaiser Permanente	Even though QDM will rely on standards-based metrics, users of e-measures derived from EHRs should understand that many documentation standards are not robust enough and many EHR documentation workflows are too cumbersome to provide fully accurate reports. Many end users still rely on free text for clinical documentation. Therefore, full linking of diagnoses, treatment plans, and reactions (both improved clinical outcomes and adverse events) is not sufficiently developed to rely solely on e-measures for quality outcome reporting.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.

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Amanda Stefancyk	AONE	<ul style="list-style-type: none"> <li>On page 28, please considering adding “on hold” to states of being. In many instances there are workflows that do not fall into any of these categories, but are put “on hold” due to the clinical state of the patient. “On hold” should be added to the table.</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Amanda Stefancyk	AONE	<ul style="list-style-type: none"> <li>Is there a typo at the beginning of the second paragraph on page 29? Are there three actors? The next sentence goes on to state the actors are source, recorder, performer, participant and subject.</li> </ul>	<p>Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.</p>
Amanda Stefancyk	AONE	<ul style="list-style-type: none"> <li>On page 54, in reference to device, there are many times in which a device is applied, but does not remain on for the entire stay and must be discontinued due to patient condition or response. We would recommend for this particular data element, the option of discontinue remain as an option.</li> </ul>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	<p>The Alliance for Nursing Informatics (ANI) is pleased to submit a letter of support for the comments developed by the AMIA Nursing Informatics (NI) Working Group (NIWG) to the National Quality Forum (NQF) on the Quality Data Model (QDM). We applaud your efforts to obtain public input as you consider this important topic and we appreciate the work completed to date. ANI refers NQF to our previous comments, which were submitted comments in May 2011.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>

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Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	ANI advances NI leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and health care through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 5,000 nurse informaticians and brings together 28 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 3 million nurses in practice today.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	ANI recognizes the importance of having an information model that clearly defines concepts used in quality measures and care delivery to enable automation of structured data capture in health information technology (HIT). The QDM provides the potential for more precisely defined, universally adopted electronic quality measures to automate measurement through the use of electronic health information captured as a byproduct of care delivery. By defining the Quality Data Model, it will now be possible to capture performance data as part of the care process and provide immediate information feedback and decision support to improve care.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Specific comments about the proposed model were developed by the AMIA NIWG and are now endorsed by the executive committee on behalf of ANI. Comments and recommendations about the QDM are included below.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	The overall document appears overly focused on illnesses, conditions and diseases. Many of the measures are prevention-focused so the only "condition" may be "well-baby" or "sexually active woman of child-bearing age". The model does not appear to allow for wellness and prevention "conditions".	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Editorial - page 11 It appears that the footnote numbers don't match	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Editorial - page 14 We believe that the narrative does not adequately explain or correspond to correspond to the graphic.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Editorial - page 29 There appears to be a typo on the first line of the 2nd paragraph. It says "There are three", and what follows is a list of 5 actors.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.

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Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 5 We suggest that NQF consider adding administrative and claims data as data sources. We do not believe that administrative and claims data bases will ever disappear. As efficiency and resource use measures become more common place, we believe that the administrative and claims data will continue to be useful needed.	Thank you for your comment. NQF strives for consistency and clarity in all documentation. Please note the clarified text in the QDM December 2012.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 18 This seems to imply that all care plans require a problem. However, "Problem" does not include wellness and prevention.	Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 19 Condition/diagnosis/problem – this does not seem to have the capability to include non-illness conditions such as "well-baby", "woman >55 years" which may be the only reason for an encounter - immunizations and mammogram.	Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 21 We believe that Family History should have an attribute that enables specification of the relative or relatives from whom the Family History data derives.	Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.



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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 21 We do not recommend splitting functional status into general and disease specific. We believe that stating that a tool is disease specific implies it can only be used for that particular disease, when in fact it may be valuable and applicable for multiple diseases or for screening.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 22 We believe that the proposed definition of an intervention is too restrictive. We believe that not all interventions are for "problems". An intervention can be used for prevention.</p>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 23 We suggest that NQF add genetic profile to risk evaluation.</p>	<p>Thank you for your comment. NQF appreciates comments from all stakeholders that help to expand the capability of the QDM. Your request will be taken under consideration for future versions of the QDM.</p>

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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 24 We believe that transfer category should have defined attributes in the “from/to” location and “from/to” setting, each of which should be bound to PHINVADS HL7 Service Location Codes and/or SNOMED value sets. We believe that allowing arbitrary vocabulary bindings will cause a conflict with the CDA-based QRDA standard.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 26 We are not certain that the stated example of allergy discontinued is applicable as described. For example, if a previously reported allergy is found to be an error, then the allergy list would be updated. We believe that in such circumstances a notation that the allergy was previously listed in error needs to be included in the record.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 28 "States of being – We suggest that NQF further clarify the QDM discussion and associated logic regarding state of being. We believe that states of being typically are modified during a patient encounter with a care provider, when the provider modifies the 'problem list', or 'medication list'. Thus, we believe that the state of being is only</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>meaningful during an encounter. For example, to say that "Diagnosis active: Diabetes Start before Start Measurement Period &gt;= 1 year "is not meaningful. One needs to look for an encounter in the relevant time period in which the diagnosis is active. A second source of confusion is the persistence of a state of being. If a patient visits their primary care provider (PCP) for the chicken pox on 1/1/2012 (diagnosis active: chicken pox DURING encounter), is the diagnosis considered active during subsequent encounters? If there is a subsequent encounter with the same provider, and chicken pox is not present as an active diagnosis, is it considered inactive? Resolved? What if the encounter is with a different provider?"</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Quality Data Model June 2012 Comment Responses

<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 29 Actors. We believe that some measure developers may want to use the actors associated with an Act as a 'role', rather than an individual. For example, was the counseling session performed by an MD, RN, or someone who lacks these types of licensure. Also, certain measures may require certifications in addition to licensure.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 29 Actors. We suggest that NQF provide additional clarification about how are the actors, human and inanimate, identified in the QDM?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 34 - Cat Specific Attributes: We believe that there admission and discharge times should be restricted to appropriate settings, such as ambulatory surgery, inpatient hospital, and emergency room.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 34 - Cat Specific Attributes: We believe that Discharge Status should have a specified vocabulary and potential value set. We recommend the Uniform Hospital Discharge Data Set (UHDDS) definitions as they have been widely adopted for claims and administrative data sets.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 34 - Cat Specific Attributes: We believe that Facility Location should have a specified vocabulary and potential value set. This is specified in Logical Observation Identifiers Names and Codes (LOINC®) with the Nursing Management Minimum Data Sets and has wide applicability across settings for any discipline.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 34 - Cat Specific Attributes: We believe that Laterality should have a specified vocabulary and potential value set.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 34 - Cat Specific Attributes: We believe that Ordinality should have a specified vocabulary and potential value set.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Related to: What categories can be 'related to'? Anything at all?"</p>	<p>Thank you for your comment. The 'related to' statement is a relationship that can be used when comparing two QDM data elements in a measure logic statement. From a technical standpoint, the statement can be used between any QDM category but we would urge measure developers and others to use clinical judgement for the appropriate use.</p>

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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 40 Medication - add Laterality and Status</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<ul style="list-style-type: none"> <li>• Page 40 Substance - add Laterality and Status</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<ul style="list-style-type: none"> <li>• Page 41 Symptom - add Frequency and Related to</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<ul style="list-style-type: none"> <li>• Page 41 Transfer - add Health Record Artifact</li> </ul>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 42 Expression Language. Since the style and grammar of the QDM is informal is difficult to check a QDM expression for correctness. We urge NQF to address this potential shortcoming. The Measuring Authoring Tool (MAT) user guide provides an inadequate description of the QDM Logic, and we believe that the description should be independent of the tool used to construct a QDM expression.</p>	<p>Thank you for your comment. NQF has been made aware that many developers and users of the QDM and MAT would welcome a tool for confirming expression correctness. There have been many opportunities for learning over the past year and NQF looks forward to incorporating this information further.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 44 Relative timings. The relative timings cited here have informal definitions, and do not provide a basis for standardized computation of time intervals. We are concerned that measure developers may not understand the distinction between an interval of 24 hrs. and an interval of 1 day, and this is an important distinction for computing.</p>	<p>Thank you for your comment. work related to documenting concrete definitions of the relative timings has started in the eMeasure Issues Group (eMIG)and is documented in the 2014 eCQM Measure Logic Guidance Document. NQF will continue to work with the eMIG to clarify the meaning of the relative timings as they relate to the QDM.</p>



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Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 45 Linked to. In the example, we suggest additional clarification; should the statement be: “Medication, ordered: Beta Blocker”? What types can be the target of a LinkedTo timing?	Thank you for your comment. The 'linked to' statement is a relationship that can be used when comparing two QDM data elements in a measure logic statement. From a technical standpoint, the statement can be used between any QDM category but we would urge measure developers and others to use clinical judgement for the appropriate use.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	Page 45 Ends before Start. We believe that the example should cite Medication Active during an Encounter to improve the statement’s logic and to clarify the definition.	Thank you for your comment. NQF appreciates comments that help to clarify the documentation around the model.
Judy Murphy/ Bonnie Westra	ANI - Alliance for Nursing Informatics	<ul style="list-style-type: none"> <li>Page 49 Communication. It is not clear how would one specify that a particular document was shared with a patient/provider.</li> </ul>	Thank you for your comment. NQF is aware of this issue based on feedback from the 2014 CQM development process. We are working with our User Group and other stakeholders in the eMeasurement process to enable this functionality in the future.

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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 50 Health Record Component. If the stated goal of this category is to capture reconciliation, we suggest that it would be much easier to use a procedure or intervention code for "allergy list reconciled" instead. As currently proposed, this seems like a complication.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<ul style="list-style-type: none"> <li>Page 50 Intervention – We believe that the proposed definition is too limited by referencing "health problems", because not all patient education is about a "problem". Patient education can be about preventive interventions, e.g. condom use.</li> </ul>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.</p>

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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 51 As noted above, we disagree with removal of "declined" in several categories, for example: When planning and providing care, the concepts of "goal" or "expected outcome" are critical factors. Defining and monitoring goals are essential in preventing potential problems, resolving a currently existing problem, or maintaining or enhancing a present status or level of functional ability.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Judy Murphy/ Bonnie Westra</p>	<p>ANI - Alliance for Nursing Informatics</p>	<p>Page 51 As noted above, we disagree with removal of "declined" in several categories, for example: Goals are subsumed within the QDM concept "characteristics." Given the critical importance of defining and monitoring goals within care delivery, ANI believes that goals should be structured discretely to support future measures related to the planning and coordination of care.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>Updates to the QDM are not effective, from a measure development perspective, until they are incorporated in the MAT. It is important that estimates for when the updates will be available in the MAT are released.</p>	<p>Thank you for your comment. NQF will strive to communicate updates to the Measure Authoring Tool (MAT) as they become available. The MAT will be transitioning to CMS in January of 2013.</p>
<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>While substance use/abuse can certainly be captured as a patient characteristic, its determination can be the object of measurement. Standardized assessment tools can be used to assess substance use, which would technically make the result of the assessment fit substance use/abuse. In addition, substance abuse can be considered a condition/diagnosis/problem as well. Constraining the concept of substance use to this category may be misleading.</p>	<p>Thank you for your comment. NQF appreciates feedback like this as we strive to incorporate comments and suggestion from a wide continuum of HIT stakeholders.</p>

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Sharon Sprenger	The Joint Commission	<p>Encounter category: It is not clear how different levels of care in the same facility can/should be represented using QDM. The use of the facility location attribute implies that the patient physically present in a certain location, which is not always the best way to determine the level of care the patient, is receiving (e.g. ICU, ED). From a measurement perspective, both concepts are important. In addition, a change in the level of care could be represented as a separate encounter, but that may not be ideal due to feasibility concerns. We would request you to consider an attribute to represent distinct levels of care within an encounter. In addition, we would like to better understand how observation patients that are subsequently admitted for inpatient care could be pulled out of the EHR.</p>	<p>Thank you for your comment. Based on experience and guidance from the 2014 eCQM processing, this updated version of the QDM will reference the previously used definition for this category.</p>
Sharon Sprenger	The Joint Commission	<p>Most states indicate that a date/time stamp is required. It is important to define what that date/time stamp represents, and how it relates to the start and stop time attributes. For measurement purposes, both documentation date/time and the biologically relevant date/time can be used, mostly because for some category/state pairs the moment of documentation can correlate with the effective time of the event (e.g., the date/time stamp associated with a medication order would correspond to the moment the medication was ordered). For certain QDM categories, however, the biologically relevant date/time stamp is absolutely imperative (documentation date/time for a diagnosis is only "valid" as the biologically relevant date/time if the diagnosis is being made at the time; medication administration documentation date/time is mostly irrelevant, with the date/time associated with the actual administration being the focus of most measures). While we understand that standardization of date/time stamps may be of broader scope than the QDM, it is important to clarify what the date/time stamps mean in the context of a category and perhaps category/state pairs, and how they relate to timing attributes.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>

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<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>Timing attributes can have different meaning depending on the QDM category. Precise definitions of what their clinical implications are in the context of each category/state pair are needed. For example, what is a procedure start date/time? For example, is it the moment that anesthesia starts? Is it the incision date/time? In other QDM categories, such as medication, the start and stop time attributes can have different meanings depending on the state (ordered vs. administering) and in certain situations it is not clear whether these apply to a single instance of an event: the stop date/time stamp associated with a medication, administration seems to represent the moment the medication administration was completed, but could also be interpreted to represent the last medication administration within a series of medication administrations. Another example is parity, for which assessment/documentation time is critical for accurate capture (e.g., before or after delivery).</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Sharon Sprenger	The Joint Commission	<p>The attribute status seems to overlap with the role of QDM states. This is particularly evident for certain standard categories, such as medication allergy, for which the states define “the particular state of the subject” (in this case, the allergy). This attribute seems to be mostly redundant with states. Would investigate use cases of this attribute represents and consider adding states as opposed to retaining the attribute for relevant QDM categories.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Sharon Sprenger	The Joint Commission	<p>Currently, the QDM allows for limited SNOMED-CT post-coordination through the use of attributes (most of which can be category-specific. Does NQF anticipate incorporating a more formal model to handle SNOMED-CT post-coordination? This could bring enormous flexibility to the model.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM. This is an issue that we look forward to vetting with the QDM User Group</p>

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Sharon Sprenger	The Joint Commission	<p>For the communication category, “method” and “related to” do not appear listed as applicable attributes. The method of communication is important for measures that focus on the delivery of educational materials to the patient, for instance. Including the concept of written materials in a pre-coordinated vocabulary concept does not seem appropriate. In addition, patient education measures are generally focused on specific conditions, and hence the related to attribute is needed to specify what the education references to. Achieving this through pre-coordinated vocabulary concepts would be less than ideal.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Sharon Sprenger	The Joint Commission	<p>The representation of elective events, which would be mostly relevant to the encounter and procedure categories, is currently only achievable through the use of pre-coordinated vocabulary concepts. However, it is not reasonable to expect that vocabularies handle the representation of all possible elective encounters and procedures. Would consider adding a specific category “type” to these standard categories for the purpose of distinguishing elective vs. urgent events, which can be determining conditions for inclusion/exclusion from measure population.</p>	<p>Thank you for your comment. NQF appreciates feedback and input on new measurement paradigms that will influence the QDM.</p>



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<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>The definitions of health record component (category) and health care artifact (attribute) seem to overlap. Please clarify which to use in which situations. Examples would be appreciated.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>The intervention category does not have the attribute “related to”. Since educational sessions can be modeled as an intervention, and patient education measures are generally focused on specific conditions, the ability to specify the “related to” attribute is important to capture education specific to a condition.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>The family history category is missing the “subject” attribute. Certain conditions, when occurring in specific relatives (e.g. 1<sup>st</sup> degree, mother) may constitute reasons for inclusion/exclusion for certain measures. In addition, the states associated with the condition/diagnosis/problem category seem to be adequate to describe family history as well. Whether a family history condition is active or not may be of importance for newborn care.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Sharon Sprenger</p>	<p>The Joint Commission</p>	<p>The symptom category does not include a “related to” attribute. The clinical decision making process for treating a condition often occurs before a final diagnosis can be made (e.g. pneumonia, stroke). Specifically, some measures rely on symptoms start date time for inclusion in measure population. Making sure that the symptoms are in fact related to the condition for which the measure is relevant is essential for its accuracy.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Sharon Sprenger	The Joint Commission	<p>The state “declined” is not associated with the QDM categories intervention and communication. Because these categories are used for education measures, where patient refusal may significantly impact measure rates. The “declined” state is important for these categories to capture these situations, which are outside the providers' control.</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM’s for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Sharon Sprenger	The Joint Commission	<p>The QDM does not currently allow looping through a number of events (e.g. medication administrations). This concept may be needed for measures for which passing the measure requires compliance with a process for each one of the event of the events (e.g. education was provided for each discharge medication).</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM. Certain technical issues are beyond the scope of the QDM and are constrained by the underlying HL7 standard. Please refer to the HL7 website for information about this issue in the HQMF standard.</p>

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Sharon Sprenger	The Joint Commission	The functions DATEDIFF and TIMEDIFF should allow nesting of functions such as most recent and earliest. For example, certain measure criteria are dependent on the duration of a certain therapy, and the start and stop date/time for the therapy may vary depending on patient flow scenarios. In such situations, it may be necessary to specify multiple options for the start date and end date used in the DATEDIFF/TIMEDIFF functions, only one of which, e.g. the earliest/latest should be used in the actual calculation.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM. Certain technical issues are beyond the scope of the QDM and are constrained by the underlying HL7 standard. Please refer to the HL7 website for information about this issue in the HQMF standard.
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	Overall I am quite favorably impressed with the thought and work that went into the re-crafting of the QDM. This is a marked improvement from the 2011 version. The general model seems sound, and the vocabulary code sets that are referenced are consistent with the recommendations of the HIT Standards Committee Clinical Quality Workgroup and Vocabulary Task Force. And absent from this draft are most of the examples included in the previous edition, which was the origin of quite a number of issues that we previously raised in the absence of examples, this is now essentially an abstract model. While one needs to have a sound model, the devil is always in the details. I think it would be extremely helpful if the NQF would present 2 (or more) examples from each of the 6 axes of measurement proposed for MU Stage 2 to illustrate the application of the model. Hard for me to tell if in the abstract the model actually works.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	I recommend that NQF clean up the definition of the physical examination category, restricting it to those things which are performed by a physician or other care provider via direct physical examination of the patient and that other clinical measure[ment]s (NOT “measures”) belong in the diagnostic study category	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	One other comment – the QDM has essentially become a complex dictionary with grammar – i.e., a language. So the balance between the 2 documents seems a bit misplaced – what is more important is the language reference document, not the wrapper. I would suggest the primary document (what is now termed the Quality Data Model – June 2012 Update) be compressed into an executive summary – just a few pages should suffice – and that the reference document itself (the “Style Guide”) be where all the effort is placed. And the Style Guide should be renamed to reflect that it is the “language authority”.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.

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Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	<p>One interesting point to discuss <b>on page 12 of the QDM Style Guide</b>. The NQF is seeking comment for a possible new QDM category, Response to Care. It will "express the individual's outcome with respect to care provided (e.g., success, failure, non-response)." It seems this might be a summation of the clinical processes. Will there be different areas to capture the general trend of a failing hip implant, but also the improvement of LV functionality? Will these data need to correlate with the problem list? There are opportunities for ambiguous documentation as it could be encompass different areas and might include intent. For example, if a patient chooses not to follow medical advice and their condition worsens, could those steps be documented as a success, which it might be considered from the patient's goal of decreasing medical interventions? Or would that count as a failure from the clinician's perspective as more interventions could have been performed, but weren't. Another scenario would be different for palliative care, as the choice to provide pain management could be considered a success clearly if the patient's pain is reduced. I suspect that is the most likely use of the documentation, but should that be covered in other areas of the EMR?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	<p><b>Time:</b> This should be considered in two states: As a single tick mark and associated with a start/stop time. Many of the proposed statements become very complex when start and stop times are required. Time is relative; this is not an issue of Einstein but clinical practicality. A start and stop time are important when you are performing open heart surgery but irrelevant when looking at open heart surgery as a past event. In many cases documentation will become vague over time. Today, he was in surgery from 8:02 to 11:23 when he was transferred to the intensive care unit. He had open heart surgery in spring of 2003.</p>	<p>Thank you for your comment. NQF is working with multiple stakeholder groups to address this issue. Please continue to check back with the QDM project page on the NQF website for opportunities to comment on this issue.</p>

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Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	<b>Accommodations outside the model:</b> The model needs to accept that there will be unknown values and nouns, verbs, etc. that are not currently in the model. This needs to be explicitly handled	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	<b>Ambiguity:</b> The model does not support ambiguity. For instance, patients often say that they allergic to something like penicillin or codeine but they don't know exactly why. There is a clinical difference between "I had an anaphylactic reaction to penicillin" and "I developed a rash when I was sick, the doctor gave me penicillin beforehand but they don't know whether it was a virus or the medication. "	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	Further, this document doesn't seem to support a negative state, i.e. "the patient does not have tuberculosis," " the patient does not have coronary artery disease".	Thank you for your comment. We at NQF agree that the negative state is at times an important measurement concept. We are working towards a closer alignment between the QDM and vendor communities to ensure that representation of the negative state is a possibility both electronically and within the QDM.
Joseph Drozda	American College of Cardiology Foundations Information	HL-7 is mentioned frequently but without reference to minimal standards, i.e. HL-7 2.7	Thank you for your comment. NQF appreciates feedback that improves the clarity of the QDM documentation. Please see updated HL7 references in the document.



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<p>Joseph Drozda</p>	<p>American College of Cardiology Foundations Information Technology Committee</p>	<p><b>QDM, Table 3, page 28:</b> States of being may be too restricted. Active, Inactive and Resolved may not be sufficient. How do you code an anterior wall myocardial infarction that occurred 90 days ago? Is it an active problem, inactive or resolved? If I want to trigger a decision support logic for ACE inhibitors, beta blockers or an ICD how does that work?</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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Joseph Drozda	American College of Cardiology Foundations Information Technology Committee	<b>QDM, Table 4, page 35:</b> This table mixes big concepts (ordinality) with small concepts (radiation duration) without clear logic. Domain knowledge is going to drive us to needing to represent both big and small but this model does not tell us, nor does the style guide, on how this is going to be maintained.	The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.
Larry Ozeran	Clinicalinformatics.com	First, I would like to reiterate that the model is quite impressive. It appears to cover an extremely broad and deep array of population based measures with an apparently infinite set of possibilities. Despite this flexibility, it appears to enable only snapshots in time on a population, not linear observations of individual patients over time.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.
Larry Ozeran	Clinicalinformatics.com	Perhaps some of the early discussions in ensuring access to and effective use of EHR data has started the thought process to expand the QDM universe into this arena and it hasn't yet made it into the model, or perhaps I misinterpreted how the MAT can be used to achieve these new measures.	Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.

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<p>Larry Ozeran</p>	<p>Clinicalinformatics.com</p>	<p>I did not see a way to create a measure which would enable following a set of blood pressure measurements over multiple offices over a period of time (weeks, months or years) for an individual patient. Whether it is BP or glucose or diabetic eye exams, quality will ultimately be determined by the care that we provide to individual patients over time. Good studies have demonstrated that the value of billing data for clinical efforts is suspect at best. As we move to access of primary data (granular, directly observed) in the EHR, we need to focus our quality efforts where they are most likely to represent actual quality, at the level of the individual patient over time. Why is this important? We will get what we incentivize. If we incentivize measures which do not actually represent what we want to achieve, then we will have done a disservice to millions of Americans. (To the extent that QDM is used in other countries, they will also be negatively impacted.)</p>	<p>The National Quality Forum (NQF) would like to thank those who commented on the Quality Data Model (QDM) June 2012 Update. Your input is appreciated. There are many factors that drive the development of the QDM, the most important being member and stakeholder feedback. As many of you are aware, the development and quality analysis of the 2014 CQM's for Meaningful Use Stage 2 brought important issues and considerations for the Quality Data Model development to the forefront. And, we have heard from many of you that continuing to comment on new versions of the QDM that are not subsequently deployed in the Measure Authoring Tool (MAT) has become a burdensome task. NQF recognizes that your time is a precious resource. Therefore, in response to the information and feedback that has been gathered and continues to flow in via the newly formed QDM User Group, the structure of the next version of the QDM (QDM December 2012) has been revamped to resemble the structure currently in use in the MAT (QDM 2.1.1.1 October 2012). This move is strategic to give the QDM a relational starting point for future development. NQF looks forward to working closely with our federal partners to deploy an updated version of the QDM into the Measure Authoring Tool in 2013.</p>
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<p>Larry Ozeran</p>	<p>Clinicalinformatics.com</p>	<p>As an example, if a quality measure references HbA1c, what behavior do we want to see among providers? We would like to see that each patient has a stable or dropping HbA1c over time. If the measure simply reports the population statistic at a static point in time, even if multiple static measures are collected over time, then the provider is motivated to treat the population, not the individual. The most consistently effective way to have a population of diabetic patients achieve a HbA1c at or below the target level, gives zero consideration to where each patient started and is accomplished simply by dismissing from the practice patients who continue to have a high HbA1c. This is not the desired behavior. On the other hand, paying attention to where individual patients started in the practice and following their HbA1c over time, yields the desired behavior. A measure to support this desired behavior then reads: measure a series of HbA1c deltas over a specified period of time and demonstrate that the deltas are no greater than zero. I did not see a way to do this in the QDM, but it is critically important that we find a way to do so.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>
<p>Larry Ozeran</p>	<p>Clinicalinformatics.com</p>	<p>I interpreted the QDM as snapshots of population data in time, like points on a line. What I believe that it needs to add is another dimension so that it can represent an array of multiple individuals; each patient occupying a row with multiple data collection points representing the columns (though not every patient row will have the same number of columns) and each array representing one population, though for data comparison, arrays could change as populations change.</p>	<p>Thank you for your comments. NQF appreciates the time and effort stakeholders contribute to make valuable comments towards the continued development of the QDM.</p>





























































































































































































































































































