Tue 9/22 2-3:30pm WGM Minutes - (CQI hosted by CDS)

Date: Tuesday 9/22/2020
Time: 2-3:30pm
Chair: Bryn Rhodes
Scribe: Howard Strasberg

CDS Hosted CQI

Agenda brought forward by CQI

- Clinical Reasoning Connectathon Report out and Project Update
- Gaps in Care Connectathon Report and Project Update
- Consider Attribution Resource (Linda Michaelsen)
- FHIR R5 Review/Prep

Meeting Minutes

- Combined CDS/CQI Minutes
- ClinicalReasoning update - Bryn
  - Clinical Reasoning Update - 2020 Sep WGM.pptx
  - Part of FHIR specification
  - Use cases include sharing and evaluation
  - Capabilities include expression logic, definitional resources and knowledge artifacts
  - Bryn reviewed the quality improvement ecosystem diagram
    - EBM on FHIR IG likely in the near future
    - CPG on FHIR IG supports the representation of guideline content
    - CDS Hooks supports integration with clinical systems
    - Quality Measure IG describes how to construct quality measures
    - DEQM - how to exchange the data of interest and report on measures
      - Blue - CDS; Purple - CQI; Red - Public Health
- Three types of IGs
  - Model IGs - e.g. QICore, USCore
    - focused on data exchange within a particular realm
  - Content IGs - e.g. HEDIS
    - focused on publishing specific types of artifacts
    - conform to a specification IG and draw from a model IG
  - Specification IGs - e.g. DEQM
    - focused on particular use cases
    - derived from ClinicalReasoning module generally
- Connectathon report
  - Test the ClinicalReasoning Module and related IGs
  - Broad range of participants
  - Testing focus
    - Quality measure features
    - PACIO data in a FHIR eCQM
    - End-to-end gaps in care scenario
    - Continued testing of Opioid IG via CDS Hooks
    - MAT on FHIR
      - Measure Authoring Tool
        - Can export packages that conform to the Quality Measure IG
        - Developer-assisted QDM-to-FHIR measure conversion
        - Tested supplemental data with a variety of measures
        - Continuous variable measures still have some kinks
        - Tests pass in Atom but fail in reference implementation
        - Evaluated stroke measure 104 with PACIO data
        - Discovered issues posted to github, such as $collect-data and $evaluate-measure
- Gaps in Care - Yan Heras
  - COI-ruler reference implementation
  - Mettles Solution's implementation
  - End-to-end test scenario
  - Gaps in care DetectedIssue
  - Tested end-to-end gaps in care reporting
  - Test end-to-end gaps in care reporting
  - Discussed need for future enhancement of PopulationReference and DetectedIssue
  - Identified places in spec that need clarification
  - AEGIS Touchstone tested conformance of an implementation to the IG
  - Ballot results for DEQM Release 1
    - Passed
    - 110 comments
• At first glance, no comments of high significance
• Discussion
  • DetectedIssue - why wasn't it used in PDDI?
    • Bryn - PDDI could potentially use it; PDDI is doing a report-out on Friday
    • Rich Boyce - DetectedIssue was included in the last version; was tricky to do with CDS Hooks card response;
      most recent ballot used an alternative approach involving configurations
  • DetectedIssue wasn't the focus of this DEQM ballot
• Gaps in Care_meeting_09172020.pptx
• Attribution resource discussion - Linda Michaelsen
  • Use of DaVinci ATR to identify groups
  • evaluateMeasure operation
    • subject has primary relationship to primary practitioner
• Care-gaps operation
  • people wanted the attributed provider and organization
• No true way to represent attribution in FHIR
  • Patient.generalPractitioner
  • Patient.managingOrganization
  • However, sometimes a single patient will have attribution for different features
  • May need to attribute by date, measure, topic, program or conditions
  • Patient seen one or more times by a given practitioner during the performance period
  • ATR IG doesn't specify how to get the members for a given NPI
  • CAQH is developing exchange of attribution information between payers and providers - bulk and individual
  • Provider would query the payer to see if the patient is attributed to them under any existing program
  • Payer wants to send a list of all attributed patients to their providers once a month
  • The context is value-based care rather than fee-for-service
• Cardinality
  • One Attribution resource for each attribution?
    • Related to patient or provider?
      • Bryn - attribution to a particular provider; current Group resource may support this use case; ATR IG only uses Group in the instance case, but Group supports a definitional approach
      • Group is based on provider; you would define the characteristics and the period and list the members
      • Group.managingEntity only allows one value; PractitionerRole might work - includes both practitioner and organization
      • Use of Group would align with ATR
      • FHIR extension - Group definition profile in CPG lets you establish a group by dynamic expression
      • Might use PractitionerRole as the managing organization
• Need for an Attribution Resource.pptx
• FHIR R4B/R5 discussion
  • R4B in January 2021 - limited new resources with significant demand
    • Medication definition resources, EBM-on-FHIR resources
    • Can propose additional resources
  • Initial R5 ballot towards the end of 2021; may be at least another year until it's published
  • Which resources we'd like to see in R4B?
    • EBM-on-FHIR resources
    • MedicationDefinition
  • Will changes to existing resources be included in R4B?
  • R5 next steps
    • Align with subscription changes
    • Rename RequestGroup to RequestOrchestration
    • Apply QA changes for maturity goals
• promotion candidates
  • knowledge representation level and capabilities - sharable, computable, publishable, executable
  • general purpose profiles
    • Library, PlanDefinition, ActivityDefinition, Measure
• universally applicable guidance - e.g. using libraries, profiles, terminology
• Floyd - we are basing our current work on R4; when will people implement R5?; what about US regulatory requirement to use R4?
• Which other resources are going normative in R5?
• R4B content will also be included in R5

**Action Items**

• None