

# Updates to BridgeIT Reports (2017 UDS Reporting)

RCHC Data Group Webinar

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# Agenda

1. Introduction
2. Depression Screening and Follow-up
3. Cervical Cancer Screening
4. Blood Pressure Calculation
5. Other Measure and Report Changes
6. Procedure for Validating New Versions BridgelT Reports

# Introduction

Context



# Current Data Pulls

- Right now, you may be busy with a lot of reporting
- QIP, PIP, PHASE, Hearts of Sonoma County
- The documents (Instructions, Technical Document, etc.) will soon be ready BUT hold off on importing and validating them until you are finished with reporting using the current versions

# Changes to the Reports

- The changes to the reports are for the anticipated 2017 UDS measures
- The new reports will need to be validated by the health centers. In some cases, the underlying queries have been changed
- It appears to me that the data on the reports look accurate, but validation will confirm that. Compare results on the reports to results in eCW (see VALIDATION SECTION) later in this presentation



# New Reports and Documents

- Documents to be added to the IHIT Portal
- Reports to be added to the BridgelT Warehouse
- Colleen (RCHC) will send an announcement e-mail with the specific locations

# New Documents

## Comparison of Measurements Between Different Projects and Funders

Redwood Community Health, July 2017

Version 14

Measure Name (and Report Name)	UDS/BPHC (2016)		QIP/Partnership (2016-2017)		PIP (2017)	
	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator
Colorectal Cancer Screening (ColRect Cancer Screening_v6)	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Continuously enrolled PHP members between 51 and 75 years at the end of the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>



## Most Recent Versions of Documents and Clinical Bridgelt Reports

### Key Documents

Updated: July 2017

Instruction manual:	Instructions_Bridgelt Clinical Annual Reports_v13 (July 2017)
Technical document:	Technical_Bridgelt Clinical Annual Reports_v13 (July 2017)
System Set-Up Document:	SystemSetup_Bridgelt Clinical Annual Reports_v6 (July 2017)
Validating the data:	Instructions_Validating_Cleaning_Data_v4 (April, 2016)

### Bridgelt Reports

Color coding: New versions of reports and documents

Report name in Bridgelt	Type		Last update
Adult_Weight_v8	Data summary		April 2017
Asthma_Pharma_v7	Data summary	Version 7.1	November 2016
Asthma_Validation_v3	Validation		October 2015
CAD_LipidLower_v4	Data summary	Version 4.2	November 2016
CAD_Validation_v4	Validation		November 2016
Cervical Cancer Screen Validation_v5	Validation	Version 5.1	March 2015
Cervical Cancer Screening_v8	Data summary	Version 8.2	July 2017
Child_Weight_v6	Data summary	Version 6.1	November 2016
Dental_Sealants_v1	Data summary		December 2015
Depress_Diag_Validation_v2	Validation		October 2015
Depress_Screen_Validation_v3	Validation		October 2015
Depression_Screen_Followup_v7	Data summary		July 2017
Depression_Remission_v2	Data summary		October 2015
Diabetes_Nephropathy_v3	Data summary	Version 3.1	November 2016
Diabetes_v7	Data summary	Version 7.2	July 2017
DM_LabTest_Validation_v2	Validation	Version 2.2	October 2015
DM_Validation_v3	Validation		November 2016



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Instructions for  
Using the BridgIt  
Annual Clinical  
Report Set  
(Version 13)

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Technical  
Documentation For  
the BridgIt Annual  
Clinical Report Set  
(Version 13)

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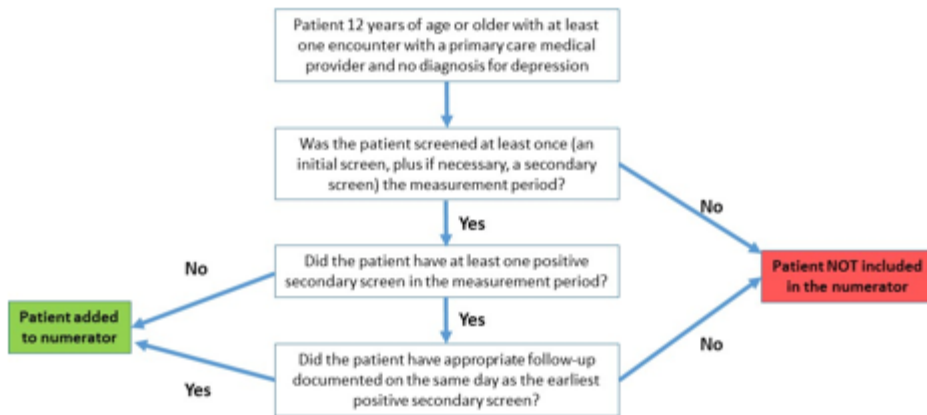
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System Set-Up For  
the BridgIt Annual  
Clinical Report Set  
(Version 6)

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# Documentation of Changes

## Technical Document: BridgeIT Annual Clinical Report Set (Version 13)



There are two result columns included on the report. The first (named Detailed Outcome) is intended to give you more information for performance improvement activities. This column displays five possible result options for denominator patients. The second column (named Reporting Outcome) summarizes the ultimate outcome (i.e., patients included or not included in the numerator) for reporting purposes.

**Version 7 changes:** Depression screen now in two parts: the initial screen and, of necessary, the secondary screen. Follow-up activities examined only for the first positive secondary screen in the Measurement Period. The PHQ-9 is the secondary screen and not considered an additional evaluation for depression.

## Depression\_Screen\_Followup\_v7

[Close](#)[Project Information](#)[Source Project Information](#)[Help](#)

Type: Workbook

Category: Annual Clinical Report Set New

Name: Depression\_Screen\_Followup\_C 0119

Version: 0.0.0

Last Modified: 6/30/2017 11:36:44 AM

Shared: Yes

Last Ran: None

Run Time: None hh:mm:ss

SQL Pass Thru: No

[View SQL Pass Thru Error](#)

**Note:** Shows the results of depression screening and follow-up (5 types) for all unduplicated patients 12 years and older with at least one visit in the measurement period defined by the user. Version 7: PHQ-9 removed from the follow-up category to the secondary screening category: measure logic changed as a result (see Technical



# Depression Screening and Follow-up

The report with the most complex changes

# From the 2017 UDS Slideshow

## Changes for 2017: Screening for Depression and Follow-Up

UNIFORM  
DATA  
SYSTEM

- **Deleted:** No longer permits PHQ-9 (patient health questionnaire) or further screening as follow-up from a positive PHQ-2

[ 14 ]

Therefore, the PHQ-9 is now considered “secondary screening” instead of “further evaluation for depression”



**Patient included in  
numerator**

Had a PHQ-2 in the Measurement Period

Yes

No

PHQ-2 Result

Negative

Positive

Had a PHQ-9 on the same day

Yes

No

PHQ-9 Result

Negative

Positive

Had any of the 5 follow-up activities same day

Yes

No

**Patient not included in  
numerator**

# Who is Effected?

- The change to the depression report effects only a small portion of patients. If your providers and support staff are following proper protocol for screening and follow-up of depression, there should be no change or a very small change to your measure
- All other denominator sub-populations (including the largest groups) are not effected



# Effected Patient Population

- Patients who had a positive PHQ-2 and then a positive PHQ-9, but no other documented follow-up.
- These are patients who have a PHQ-9 result of Moderate Depression, Moderately severe depression or Severe Depression, and then no further action was performed.

# Effected Patient Population

In other words, these patients did not have (according to protocol):

1. A visit to a behavioral health provider, or a referral to one
2. A medication for depression
3. Any other specific documentation of follow-up or further evaluation of depression



# Those Not Effected

- Most patients in the entire denominator are screened for depression with the PHQ-2 and have a negative result. They are not effected by the change.
- Many other patients are recognized as having depression and are treated according to protocol. They are not effected by the change.

# NEW Validation Report

- Displays all PHQ-2 in measurement period: date and screening result
- For each PHQ-2,
  1. Displays the PHQ-9 result, if done on same date
  2. Displays the depression follow-up activities, if done on same date
  3. A column marks the first positive initial and secondary screenings in the measurement period
- Column for exclusion (if the patient was already diagnosed with depression)



# Cervical Cancer Screening

Change to Gender Identification

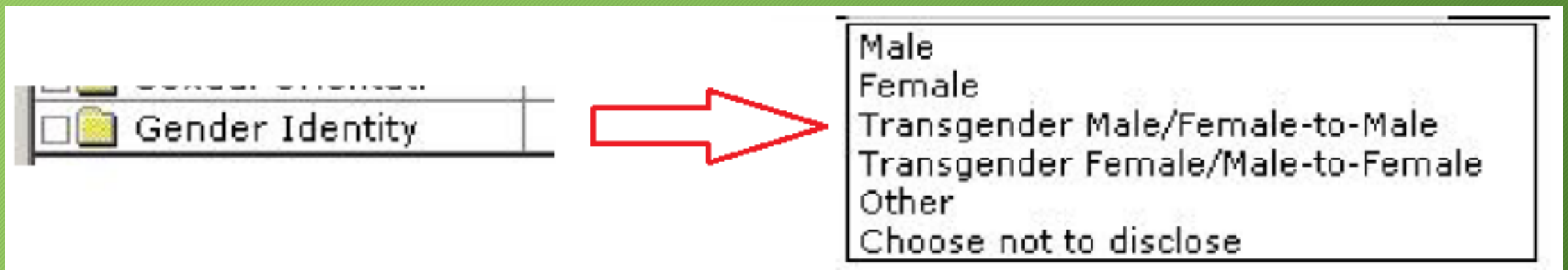
# Potential Confusion

- The report must have a clear, standard logic across all health centers to identify patients for the denominator
- Because of the many ways that gender identity status can be entered into eCW, there are potential logical conflicts.
- For example, there are some patients with “Female” selected on the Patient Information screen and “Male” in Social History.




# Preferred Data Entry

- The most preferred location for identifying transgender patients is in Patient Information Structured Demographics or Social History (your choice)
- Patient Information Structured Demographics (option #1):



The image shows a screenshot of a medical form. On the left, there is a table with a header row and one data row. The data row has a checkbox and a dropdown menu. The dropdown menu is open, showing a list of options. A red arrow points from the dropdown menu to the list of options.

Gender Identity
<input type="checkbox"/>  Gender Identity

Male

Female

Transgender Male/Female-to-Male

Transgender Female/Male-to-Female

Other

Choose not to disclose

# Preferred Data Entry

- Social History (option #2)

The screenshot displays a software interface for data entry. The main window is titled "Structured Data" and contains a section for "SO/GI Data". This section has a list of items with checkboxes: "Sexual Orientation:", "Gender Identity:", and "Date Taken/Updated:". A mouse cursor is pointing at the "Gender Identity:" checkbox. To the right of this list are buttons for "+ Add", "+ Add child", "Update", "Remove", and "Reorder".

Below the "SO/GI Data" section, a "Structured text" sub-window is open. It has a title bar with a close button and a "Default" tab. Inside, there is a section for "Gender Identity:" with its own "+ Add" and "Remove" buttons. Below this is a table with two columns: "Name" and "Default".

Name	Default
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender Male (Female to Male)	<input type="checkbox"/>
Transgender Female (Male to Female)	<input type="checkbox"/>
Other	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>

Vertical scroll bars are visible on the right side of the "Structured text" window.



# Transgender Patients in Structured Fields

- Transgender: Male/Female-to-Male (included in denominator)
- Transgender: Female/Male-to-Female (not included in denominator)
- Combinations of the Sex field and Transgender field on the Patient Information screen can be confusing to staff unless they are well-trained

Sex\*   Female ☐ Transgender

# Patients Considered for the Cervical Cancer Screening Denominator (Population #1)

Most patients in the denominator:

- i. Marked “F” (Female) for the Sex field on the Patient Information screen
- ii. AND the Transgender checkbox on Patient Information screen is not marked
- iii. AND no transgender option (“Transgender: Female/Male-to-Female” or “Transgender: Male/Female-to-Male”) is selected in Patient Information Structured Data or in Social History



# Patients Considered for the Cervical Cancer Screening Denominator (Population #2)

Transgender patients identified in the preferred way:

- i. The option “Transgender: Male/Female-to-Male” is selected for the Gender Identity question in Patient Information Structured Data or in Social History
- ii. If this is marked, no consideration given to selections in the Sex or Transgender fields on the Patient Information screen

# Patients Considered for the Cervical Cancer Screening Denominator (Population #3)

Transgender patients identified in the alternate way:

- i. Marked “M” for the Sex field on the Patient Information screen
- ii. AND a check in the Transgender checkbox on the Patient Information screen
- iii. AND the option “Transgender: Female/Male-to-Female” is not selected in Patient Information Structured Data or in Social History.



# Patients NOT Considered for the Cervical Cancer Screening Denominator

1. Patients marked “M” (Male) for the Sex field on the Patient Information screen AND the Transgender checkbox is not marked AND transgender options are not selected in Patient Information Structured Data or in Social History

# Patients NOT Considered for the Cervical Cancer Screening Denominator

2. The option “Transgender: Female/Male-to-Female” is selected for the Gender Identity question in Patient Information Structured Data or in Social History (regardless of selections in the Sex or Transgender fields on the Patient Information screen).



# Patients NOT Considered for the Cervical Cancer Screening Denominator

3. Marked “F” for the Sex field on the Patient Information screen AND marked a check in the Transgender checkbox on the Patient Information screen AND transgender options are not selected in Patient Information Structured Data or in Social History

# Report Changes

- The logic was changed so that the transgender questions in Patient Information Structured Data or in Social History are always considered first, no matter what combinations of data in the other fields exist
- Note that all other non-standard/custom answers are ignored



# Report Changes

- All patients marked as transgender in any way (in denominator or not) are now displayed so that you have the option of verifying them in eCW. You will use a specific filter to define the actual denominator.
- Being clear and consistent in identifying transgender patients for the cervical cancer report will also help for Table 3B of the UDS Report

# Exclusion for Hysterectomy: Change in Logic

- The report looks for text similar to “hysterectomy” in Medical History and Surgical History, along with some ICD-9/ICD-10 codes on the Problem List (see details in the Technical Document)
- The logical change is that “Exclude” will not appear in the column Hysterectomy\_Exclude when the patient is already included in the measure numerator
- In other words, if a patient met the numerator criteria (eg, she had a pap or a pap/HPV combination) she will not be excluded from the denominator.



# Blood Pressure Calculation

Definition of “Lowest” Blood Pressure

# Slightly Modified Definition: The Vital

Blood pressure vital definition

- Previous: Begins with “BP\*”
- New: Anything with “\*BP\*”

Previous and new versions of the report recognize that it is possible for a patient to have more than one blood pressure in a day



# Slightly Modified Definition: The 'Lowest' BP

The 'lowest' blood pressure definition

- Previous: Let the computer decide the minimum value
- New: Control the minimum value based on systolic and diastolic blood pressures

# Blood Pressure is Composed of Two Values

- The systolic and the diastolic blood pressures
- For example, 135/85 mmHg
- Therefore, when somebody says the 'lowest' they have to consider both scores. But how is this done?



# Possible Considerations

- 1) Take the lowest systolic blood pressure (regardless of diastolic blood pressure)
- 2) Take the lowest diastolic blood pressure (regardless of systolic blood pressure)
- 3) Take the lowest sum of the systolic and diastolic blood pressures together

# Blood Pressure Example

A patient has three blood pressures recorded during a visit. Which is the lowest?

A) 135 / 90

B) 155 / 70

C) 140 / 75



# Blood Pressure Example

Which is the lowest?

A) 135 / 90

B) 155 / 70

C) 140 / 75

Method #1: Take the lowest systolic blood pressure  
(regardless of diastolic blood pressure)

Answer: A

# Blood Pressure Example

Which is the lowest?

A) 135 / 90

B) 155 / 70

C) 140 / 75

Method #2: Take the lowest diastolic blood pressure  
(regardless of systolic blood pressure)

Answer: B



# Blood Pressure Example

Which is the lowest?

A) 135 / 90

B) 155 / 70

C) 140 / 75

Method #3: Take the lowest sum of the systolic and diastolic blood pressures together

Answer: C

# Final RCHC Decision

- Take the blood pressure reading with the lowest systolic pressure (method #1) UNLESS that blood pressure reading ALSO has a diastolic pressure of over 90 mmHg, then take the lowest combined systolic and diastolic blood pressures (method #3)



# Blood Pressure Example: RCHC Answer

Which is the lowest?

A) 135 / 90

B) 155 / 70

C) 140 / 75

Answer: A

This reading has the lowest systolic pressure and does not have a diastolic pressure over 90

# Reports With Blood Pressure Readings

These reports will have new versions:

- Hypertension\_v7 (version 7.2)
- HighBP\_Screen\_Followup\_v2 (version 2.1)
- Diabetes\_v7 (version 7.2)



# Other Measure and Report Changes

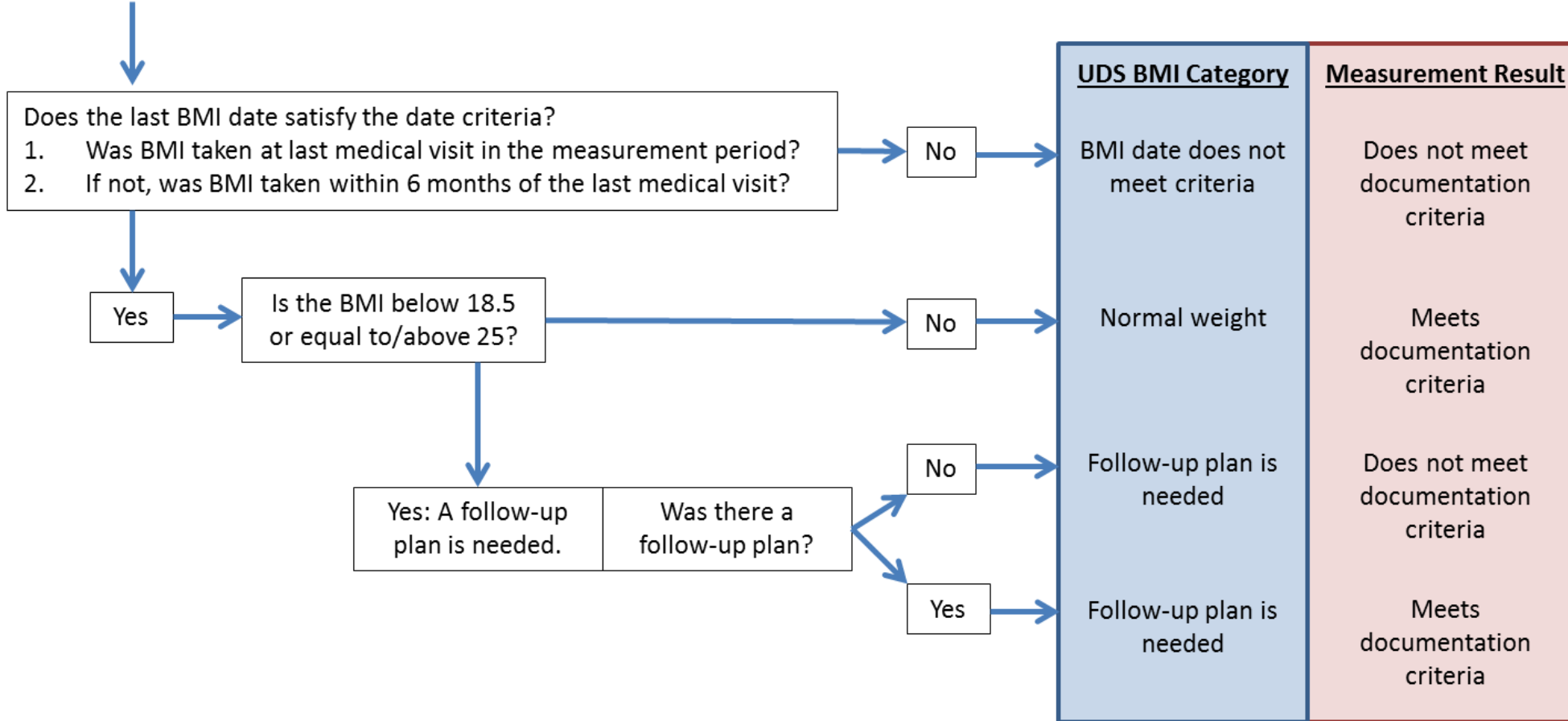
# Adult BMI Screening and Follow-Up

- Report name: Adult\_Weight\_v8
- Measure change: the UDS report no longer considers different 'normal' weight ranges by age
- Report change: new column and new outputs for the UDS outcome



## Adult Weight Assessment and Required Follow Up (UDS Definition)

*Population: Patients with at least one medical visit during the measurement year after their 18th birthday*



# IVD Use of Aspirin or Another Antiplatelet

- Report name: IVD\_Aspirin\_v6
- Measure change: Exclusion added for anticoagulant medications
- Report change: new exclusion column



# IVD Use of Aspirin or Another Antiplatelet

- Also note: health centers should ensure that all medications belonging to the 'Aspirin Therapy' medication group ONLY contain Aspirin and antiplatelet medications AND NOT any purely antithrombotic medications

# Use of Appropriate Medications for Asthma

- No new report created
- The exclusion codes that are in the current report already list codes for “chronic obstructive bronchitis”



# Possible Update to Validation Reports

- There may also be new version(s) of some validation reports
- Some of the validation reports that use ICD-10 codes from the Problem List may need to be updated so they exactly match the codes on the data reports

# Procedure for Validating New Versions BridgeIT Reports

What Every Health Center Should Do



# Report Validation

- Objective: To confirm that the BridgeIT data sheet is displaying the same information as in eCW, according to intended design
- The data should be the same for the same patient, same date and same field
- Check the Technical Document for specifics on how the report is designed, the calculations used, and the assumptions made

# Basic Procedure

1. Run a data report and validate the different sub-populations it contains
2. Take a small sample of patients in each sub-population and compare them to eCW



# Sub-Populations

1. Patients in the denominator and the numerator
2. Patients in the denominator but not the numerator
3. Patient excluded from the denominator

# Check the Records in eCW

- The Technical Document lists what fields are being used by the report and how they are manipulated by the report. Note that these are the standard fields used in a standard manner
- If you were manually auditing patients for a measure, would you come to the same conclusions as the report?
- Feel free to really ‘test’ the report by investigating patients with seemingly abnormal or illogical data



# Report errors ... ???

- If you think that you have found patient(s) on a BridgelT report with data different than in eCW, please let Colleen and Ben know
- Ben needs to know the patient account number and any details of the record (associated dates and values)
- Ben will investigate the patients
- It may be the case of different assumptions about the definition of the measure, or different interpretations of the Technical Manual

Questions?