

UDS and QIP Updates, QIP Reporting (2016-17)



RCHC Data Group Webinar
By Ben Fouts, Data Analyst
June 13, 2017

Agenda

- 2016 RCHC UDS Aggregation
- 2017 UDS Changes
- 2017 QIP Transition Period
- 2016-2017 QIP Clinical Measure Training



2016 RCHC UDS Aggregate Data

Summary of UDS Data Recently Submitted

Aggregate Data

- 2016 UDS Data placed on graphs. We now have historical data from 2011 to 2016.
- Graphs already distributed



2017 UDS Changes

Brief Notes on What to Expect

Webinar on HRSA website

<https://bphc.hrsa.gov/datareporting/reporting/index.html>

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Uniform Data System (UDS) Resources

Each year, Health Center Program grantees and look-alikes report on their performance using the measures defined in the Uniform Data System (UDS). HRSA offers manuals, webinars, trainings online and at various state/regional/national meetings, and other technical assistance resources to assist health centers in collecting and submitting their data.

UDS Manuals

- [2016 UDS Manual](#) (PDF - 2 MB)
- [2015 UDS Manual](#) (PDF - 2 MB)
- [2014 UDS Manual](#) (PDF - 2 MB)

For prior year manuals, please contact the [BPHC Helpline](#).

On-Demand Webinars

Calendar Year 2017 UDS	➔
Calendar Year 2016 UDS	➔
Calendar Year 2015 UDS	➔
Calendar Year 2014 UDS	➔

Related

- [Program Assistance Letters](#)
- HRSA based the FY 2015 [Health Center Quality Improvement Awards](#) on the [Health Center Adjusted Quartile Ranking](#).
- [Online UDS Trainings](#)
- [UDS Mapper](#)

More Data & Reporting

- [Health Center Program Grantee Data](#)
- [UDS Resources](#)

Presentation and webinar recording

On-Demand Webinars

Calendar Year 2017 UDS



2017 Uniform Data System (UDS) Changes Webinar

May 9, 2017

[Presentation](#) (PDF - 641 KB) | [On Demand Webinar Recording](#)

This UDS technical assistance webinar provided detailed information for health centers and stakeholders on the changes related to the 2017 UDS. The session included a summary of the approved changes for 2017 UDS, including possible changes for 2018 and 2019, and revised clinical measures resulting from alignment with electronic specified clinical quality measures (eCQMs).



Slideshow from the Bureau

[https://www.bphc.hrsa.gov/
datareporting/
reporting/
2017udschanges.pdf](https://www.bphc.hrsa.gov/datareporting/reporting/2017udschanges.pdf)

UNIFORM DATA SYSTEM

**2017 Uniform Data System (UDS)
Reporting Changes
For Reports Due February 15, 2018**

Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
May 9, 2017, 1:00–2:30 p.m. (EDT)

Changes Already Made to Report Set

- Some obvious changes have already been made
- The existing reports have many of the required changes
- See the reports on the last Report Index (on IHIT Portal)

Most Recent Versions of Documents and Clinical Bridgelt Reports

Key Documents

Updated: April 2017

Instruction manual: Instructions_Bridgelt Clinical Annual Reports_v12 (December, 2016)
Technical document: Technical_Bridgelt Clinical Annual Reports_v12 (November, 2016)
System Set-Up Document: SystemSetup_Bridgelt Clinical Annual Reports_v5 (December, 2016)
Validating the data: Instructions_Validating_Cleaning_Data_v4 (April, 2016)

Bridgelt Reports

Color coding: **New version of report**

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
Breast Cancer Screen Validation_v3	Validation	Version 3.1	March 2015
Breast Cancer Screening_v6	Data summary	Version 6.1	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 8.1	April 2017
Child_Weight_v6	Data summary	Version 6.1	November 2016

Cervical Cancer Screening

- Definition going back to “old” (i.e., 2015 and prior) definition
- CHANGE: Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in the past 5 years (IF did not have a pap test in the past three years)
- Report Cervical Cancer Screening_v8 (version 8.1)
- Column “Pap_HP_V_Combined_Status” has the updated definition

Adult BMI Screening and Follow-Up

- Deleted: Separate parameters for patients age 65 and older. Now, for all ages 18 years and older, normal parameters are age BMI => 18.5 and < 25 kg/m²
- Report Adult_Weight_v8
- Column “UDS_Measurement_Result” has the updated definition

Future Changes to the Report Set

- New report versions will be finished in July
- Report Index will be updated
- To be discussed in the next Data Group meeting

- NOTE that these changes might make a difference in your ongoing measure. It might be obvious if it is graphed.
- THEREFORE they should be discussed with your performance improvement team.

Use of Appropriate Medications for Asthma

- New exclusion added to definition: chronic obstructive bronchitis
- 2016 exclusions: chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure

IVD Use of Aspirin or Another Antiplatelet (#1)

- The 2015 definition does not have any exclusions
- New exclusion added to definition: anticoagulant medications (e.g., warfarin, heparin, dalteparin)
- New column to be added. It will be the same as on the new PHASE report.
- The recommended group name is “Warfarin sodium” but the report will pick up any group with the text “Warfarin” or “Coumadin” (but NOT the text “Anticoagulation”)

IVD Use of Aspirin or Another Antiplatelet (#2)

- Measure name changed from “Another Antithrombotic” to “Another Antiplatelet”
- Numerator: active medication of aspirin or another antiplatelet. No longer specifies other antithrombotic
- Action by health center: Check your med group “Aspirin Therapy” to make sure that it does not contain any antithrombotics. Then add any missing antiplatelets (e.g., clopidogrel, prasugrel, etc.)

Screening for Depression and Follow-Up

- Deleted: No longer permits PHQ-9 (patient health questionnaire) as follow-up from a positive PHQ-2
- NOTE this probably WILL make a BIG difference in your ongoing measure if it is graphed
- NOTE that you should probably discuss this with your performance improvement team. Providers and others should know the ways that follow-up can be appropriately documented for patients with a positive screen for depression



2017 QIP Transition Period

Quick note on transition period

New Instructions Available

<http://www.partnershiphp.org/Providers/Quality/Pages/2017-PCP-QIP-Transition-Period.aspx>



About PCP QIP Transition Period

This page includes measurement documents and tools referring to the program period spanning July 1, 2017, through December 31, 2017. This measurement period serves to transition the QIP to a calendar year beginning January 1, 2018.

Measurement Set Documents

Measure Specifications

Updated May 31, 2017

Measures vary by practice type. The following documents include measure descriptions and requirements as well as data submission processes by type.

[Click here for Family Medicine](#)

[Click here for Internal Medicine](#)

[Click here for Pediatric Medicine](#)



2017 Transition Period

- This is for the report you will be working on in January 2018
- Note that the measurement period is still one year long (even though it will be done six months after the last report)
- Measurement period is 1/1/2017 to 12/31/2017 (NOT 7/1/2017 to 12/31/2017)

Differences Between 2016-2017 and Transition 2017 Measure Definitions

- I did not detect any differences in the instructions
- I did not detect any differences in the code lists



QIP Training 2016-2017

Clinical Measures

Get the Latest Version of the Instructions



About PCP QIP 2016 - 2017

This page includes measurement documents and tools referring to the program year spanning, July 1, 2016 through June 30, 2017.

Measurement Set Documents

Summary of Measures and Thresholds

Updated May 24, 2017

Includes measure descriptions, weights, and targets.

Click here for Summary of Measures and Thresholds

Measure Specifications

Updated May 16, 2017

Measures vary by practice type. The following documents include measure descriptions and requirements as well as data submission processes by type.

Click here for Family Practice

Click here for Internal Medicine

Click here for Pediatric Medicine

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

Instructions

File name is “2016-2017 QIP Specifications (Family Practice)05_16_2017_updated”



**2016-2017 Primary Care Provider Quality Improvement Program (QIP)
Measurement Specifications**

FAMILY MEDICINE PRACTICES

Developed by: The QIP Team

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QIP BridgeIT Instructions

- IHIT Portal
- Folder: Committee-CLINICAL / Reporting / 2016-17 QIP

Validating and Reporting the 2016-2017 QIP Clinical Measures Using BridgeIt (Version 1)



Serving Sonoma, Napa, Marin & Yuba Counties

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Document Last Updated: 11/19/2016 4:53 AM

Reporting Procedure

- Partnership supplies the denominator for each measure.
- You must return data on individual patients (the numerator)
- Obviously, it is easiest to do this electronically
- Partnership will calculate the numerator and assign points to each measure

General BridgeIT Procedure

- Run the BridgeIT report for the measurement period
- The measurement period for the annual clinical report is July 1, 2016 to June 30, 2017
- Copy the raw Data Sheet to Excel (or, only copy the essential columns). DO NOT FILTER
- Match the raw data to the Partnership denominator list

Match Patients to Partnership List

- ❖ Fastest method: copy unfiltered data to Excel and match electronically using a program like AbleBits

<https://www.ablebits.com/>



Merge Excel worksheets

Merge Tables Wizard quickly finds and merges matching data from the lookup Excel table to the main one.

More about [Merge Tables Wizard](#)

Alternate Matching Methods

- Long method: Filter data sheet in Bridgelt for each patient individually by subscriber number (Partnership membership number), and/or patient name and birthdate
- Longest method: look patients up individually in eCW

Optional: Estimating Outcomes

- Use the Bridgelt reports to estimate the outcome measurements right now
- Compare to the thresholds provided by Partnership to see where you stand now
- Use the data to prioritize performance improvement projects
- Consider adding measures to a monthly dashboard

Estimations

- Follow instructions in the text of the 2016-17 QIP Manual or go to the Appendix for a summary table
- Report name column
- Filters and output

Appendix: Filters and Output Sheets for Data Summary

The standard annual report is run from 7/1/2016 to 6/30/2017 unless the measure is reported quarterly. However, all of the measures can also be estimated for different time periods, including those less than a year in length. When attempting to match patients to a denominator list provided by Partnership, do not use any filters. If summarizing the data, use the filters and output sheets specified below. If you are making an estimate for Partnership patients only, also use a filter for the Partnership Managed Care Insurance Class your health center uses (on column InsClassName).

Measure	Report Name	Filters on data sheet	Output sheet
Annual Monitoring for Patients on Persistent Medications	<u>QIP_PersistMeds_v1</u>	<ul style="list-style-type: none"> • For a measurement period less than one year: <u>PrimCareVisitsPeriod</u> > 0 • For a measurement period equal to one year: no filter for visits • <u>PastYear_180Days_PersMed</u> = "Include in denominator: 180 days or more on persistent meds in past year" 	<u>Monitor_PersMeds</u>
Well Child Visits	<u>QIP_Well_Child_Visits_v3</u>	<ul style="list-style-type: none"> • <u>Count_AnyVisit_MR</u> > 0 • <u>ActivePt</u> = "Yes" 	PHP Summary Well Child Visits
Childhood Immunization - <u>DTaP</u>	<u>QIP_DTaP_Immuniz_v2</u>	<ul style="list-style-type: none"> • <u>ActivePt</u> = "Yes" • <u>Exclude_Reaction</u> not equal to "Exclude" 	<u>DTaP_Status</u>
Cervical Cancer Screening	Cervical Cancer Screening_v8	<ul style="list-style-type: none"> • <u>PrimCareVisitsPeriod</u> > 0 • <u>AgeEndReporting</u> not equal to 23 • <u>Hysterectomy_Exclude</u> not equal to "Exclude" • Sex = "Female" –OR– <u>Gender_Identity</u> not "Female-T" (depending how your health center is entering transgender individuals) 	<u>Pap_HPVS_Summary</u>
Colorectal Cancer Screening	<u>ColRect</u> Cancer Screening_v6	<ul style="list-style-type: none"> • <u>PrimCareVisitsPeriod</u> > 0 • <u>AgeEndReporting</u> not equal to 50 • <u>Exclude_Colrect_ColCancer</u> not equal to "Exclude" 	Colorectal Cancer Screen <u>Support</u>
Controlling High Blood Pressure	Hypertension_v7	<ul style="list-style-type: none"> • <u>PrimCareVisitsPeriod</u> > 0 • <u>EssHTN_Diagnosis_Code</u> = "Essential Hypertension" 	BP QIP

2016 to 2017 QIP Measures

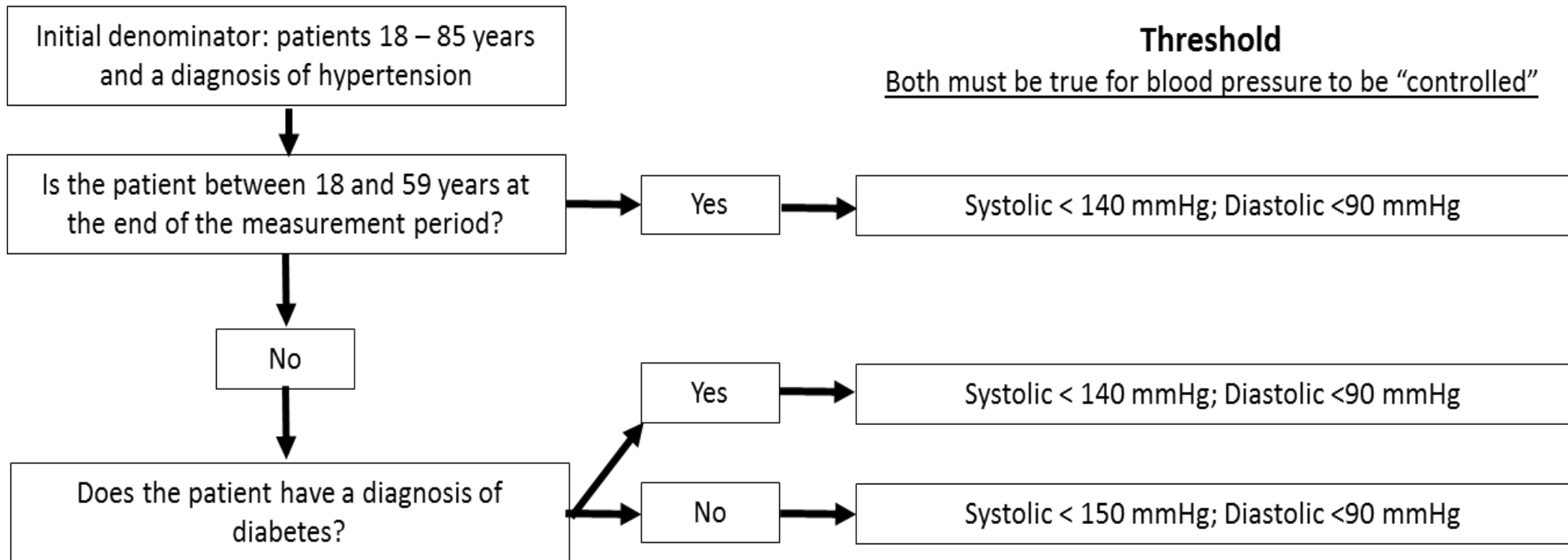
1. Monitoring for Patients on Persistent Medications
2. Well Child Visits
3. Childhood Immunization: DTaP
4. Cervical Cancer Screening
5. Colorectal Cancer Screening
6. Controlling High Blood Pressure
7. Diabetes Management
 - A. HbA1C good control
 - B. Retinal eye exam
 - C. Nephropathy

QIP vs UDS Measures

- May have similar measure names, but the numerator and denominator definitions are sometimes different
- Refer to the measure comparison document (IHIT Portal, Committee-CLINICAL / Reporting folder)
- Comparison Annual Reports – v13 (to be updated in July)

Measure Name (and Report Name)	UDS/BPHC (2016)		QIP/Partnership (2016-2017)	
	Denominator	Numerator	Denominator	Numerator
Cervical Cancer Screening (Cervical Cancer Screening_v8)	<ul style="list-style-type: none"> • Between 23 and 64 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Had a medical visit prior to 65th birthday • Female • Exclusion: had a hysterectomy and no residual cervix 	Had pap test in the past three years prior to the end of the measurement period	<ul style="list-style-type: none"> • Continuously enrolled PHP members between 24 and 64 years at the end of the reporting period • Female • Exclusion: had a hysterectomy and have no residual cervix 	Had either of the following: <ul style="list-style-type: none"> • A pap test in the past three years (age 24 to 64 years) • A pap test and an HPV test on the same date of service in the past five years (age 30 to 64 years)
Colorectal Cancer Screening (ColRect Cancer Screening_v6)	<ul style="list-style-type: none"> • Between 50 and 75 years during the reporting period • Had at least one encounter during the reporting period • Exclusions: had colorectal cancer or total colectomy 	Had at least one of the following: <ul style="list-style-type: none"> • FOBT or FIT in the past year • Sigmoidoscopy in the past 5 years • Colonoscopy in the past 10 years 	<ul style="list-style-type: none"> • Continuously enrolled PHP members between 51 and 75 years at the end of the reporting period • Exclusions: had colorectal cancer or total colectomy 	Had at least one of the following: <ul style="list-style-type: none"> • FOBT or FIT in the past year • Sigmoidoscopy in the past 5 years • Colonoscopy in the past 10 years
Blood Sugar Control Among Patients With Diabetes (Diabetes_v7)	<ul style="list-style-type: none"> • Between 18 and 75 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Diagnosed with diabetes • Exclusions: Diagnosis of gestational diabetes or steroid-induced diabetes in the past 12 months 	<ul style="list-style-type: none"> • Numerator broken down into HbA1c categories (<8% and >9%) by race and ethnicity • Patients without HbA1c test assumed to be in the >9% category and not removed from denominator 	<ul style="list-style-type: none"> • Continuously enrolled PHP members between 18 and 75 years of age at the end of the reporting period • Diagnosed with diabetes • Had two face-to-face encounters in an outpatient setting on different dates of service during the past two years 	Patients with an HbA1c lab performed within the past year and the latest result had a value equal to or less than 9%.

Example: Controlling High Blood Pressure





Questions?