

Report Updates

RCHC DATA GROUP WEBINAR
FEBRUARY 14, 2017
PRESENTED BY BEN FOUTS MPH

Agenda

1. Change to Hepatitis C Treatment Candidate Report
2. New Hepatitis C Screening Report
3. Proposed 2018 QIP Measures
4. 2017 UDS Clinical Measures
5. Change to Cervical Cancer Screening Report
6. Overview of 2016 OSHPD Reporting

Update to Hepatitis C Reports

TREATMENT CANDIDATE REPORT
AND
SCREENING REPORT

Hepatitis C Treatment Candidate Report

- Report name: HepC_Qualify_v3
- This report displays patients with a hepatitis C diagnosis code on their Problem List. Columns show the last result of key labs.
- January 26 e-mail from Bryanna Samborski to the RCHC Hep C, Cirrhosis and Colorectal Cancer Workgroup. Contains:
 1. Report location in Warehouse
 2. New version of report notes (version 3) in attachment

Hepatitis C Treatment Candidate Report

- **CHANGE:** column for cirrhosis added to the report (yes/no if a cirrhosis diagnosis code appears on the Problem List)
- Therefore, when properly filtered, the report can show patients with diagnosed hepatitis C but not diagnosed cirrhosis

New Hepatitis C Screening Report

- Report name: HepC_Screen_v1
- Same January 26 e-mail from Bryanna Samborski contains:
 1. Report location in Warehouse (same)
 2. Report notes (version 1) in attachment

New Hepatitis C Screening Report

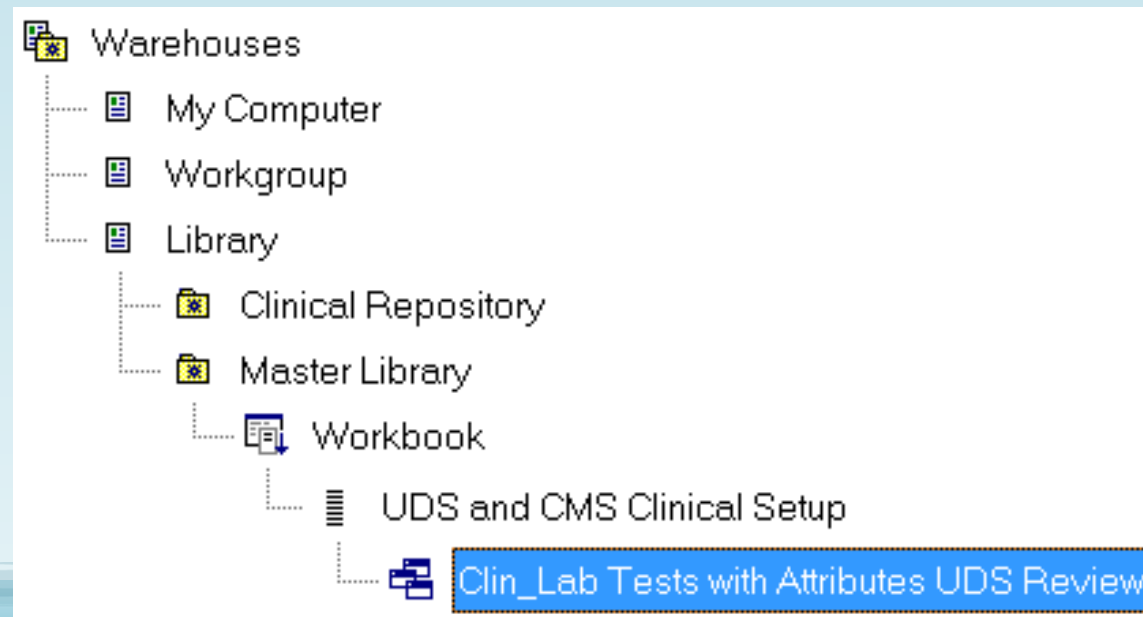
- Denominator: This report displays patients born between 1945 and 1966 with at least one primary care medical visit in the measurement period (exclusion: if patient had a HCV diagnosis)
- Numerator: Patients who ever had one of three types of HCV screen
 1. HCV antibody test
 2. HCV RNA test
 3. RIBA test

HCV Screening Labs

- Labs defined by the LOINC codes in the report notes
- Health centers should ensure that all HCV screening tests have been associated with a LOINC code that will be picked up by the report. There are three categories.
- Work with your health center “expert” on identifying HCV screening labs in each category (i.e., the provider who participates in the Hep C, Cirrhosis and Colorectal Cancer Workgroup)
- Use the standard BridgeIT set-up report to view the labs and LOINC codes

Standard Lab LOINC BridgeIT Report

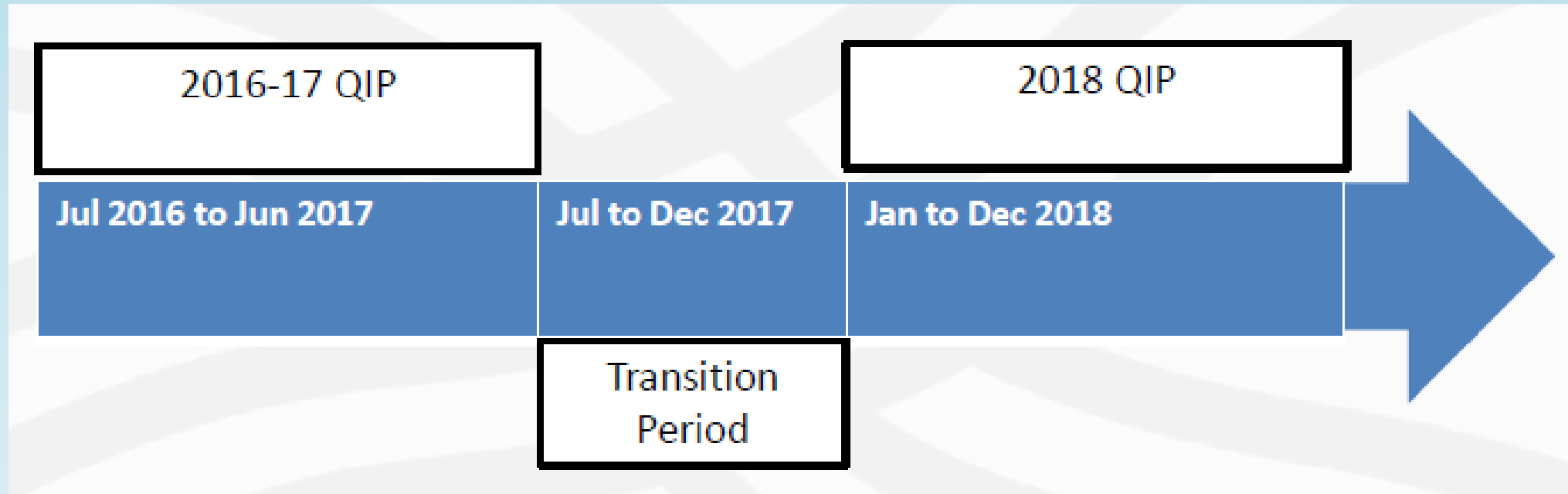
- Report name: Clin_Lab Tests with Attributes UDS Review
- Since this measure is looking back through all history, it is a good idea to assign an appropriate LOINC code to all relevant labs (active and inactive)



Proposed 2018 QIP Clinical Measures

NOTE: THESE MEASURES ARE NOT
OFFICIALLY DEFINED YET BY PARTNERSHIP








QIP Timeline



QIP Reporting Details

Period Name	Report Due	Measurement Period	Measure Set
2016-17 QIP	Summer, 2017	July 1, 2016 to June 30, 2017	2016-17 QIP
Transition Period	Beginning of 2018	July 1, 2017 to December 31, 2017	2016-17 QIP
2018 QIP	Beginning of 2019	January 1, 2018 to December 31, 2018	2018 QIP

2018 Measure Recommendations

2016-2017 Measures	2018 Recommendations
Clinical Domain	
<p>Family Medicine:</p> <ol style="list-style-type: none">1. Monitoring Patients on Persistent Medications2. Well Child Visits (3-6 years)4. Controlling High Blood Pressure5. Cervical Cancer Screening6. Colorectal Cancer Screening7. Diabetes Management: HbA1C Good Control8. Diabetes Management: Retinal Eye Exams3. Childhood Immunization (DTaP) 9. Diabetes Management: Nephropathy 	<p>Family Medicine:</p> <ol style="list-style-type: none">1. Monitoring Patients on Persistent Medications2. Well Child Visits (3-6 years)3. Controlling High Blood Pressure4. Cervical Cancer Screening5. Colorectal Cancer Screening6. Diabetes Management: HbA1C Good Control7. Diabetes Management: Retinal Eye Exams8. Breast Cancer Screenings 9. Childhood Immunization Combo-3 10. Immunizations for Adolescents 
 Deleted measures	 Added measures

New Breast Cancer Screening Measure

- Definition: Percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years
- Similar but not exactly the same as the current ACO measure
- The current BridgeIT report is probably okay to use, but once the 'official' specifications are released, Ben will make a determination if a change needs to be made to the report and what filters should be used

New Childhood Immunization Measure

- Definition: The percentage of children 2 years of age who have had all required doses of the below seven immunizations by their second birthday: DTaP, IPV, MMR, HiB, HepB, VZV, and PCV
- Similar but not exactly the same as the current UDS measure
- There is no current BridgeIT report for childhood vaccinations. Ben will revisit it once the 'official' specifications are released

New Immunizations for Adolescents Measure

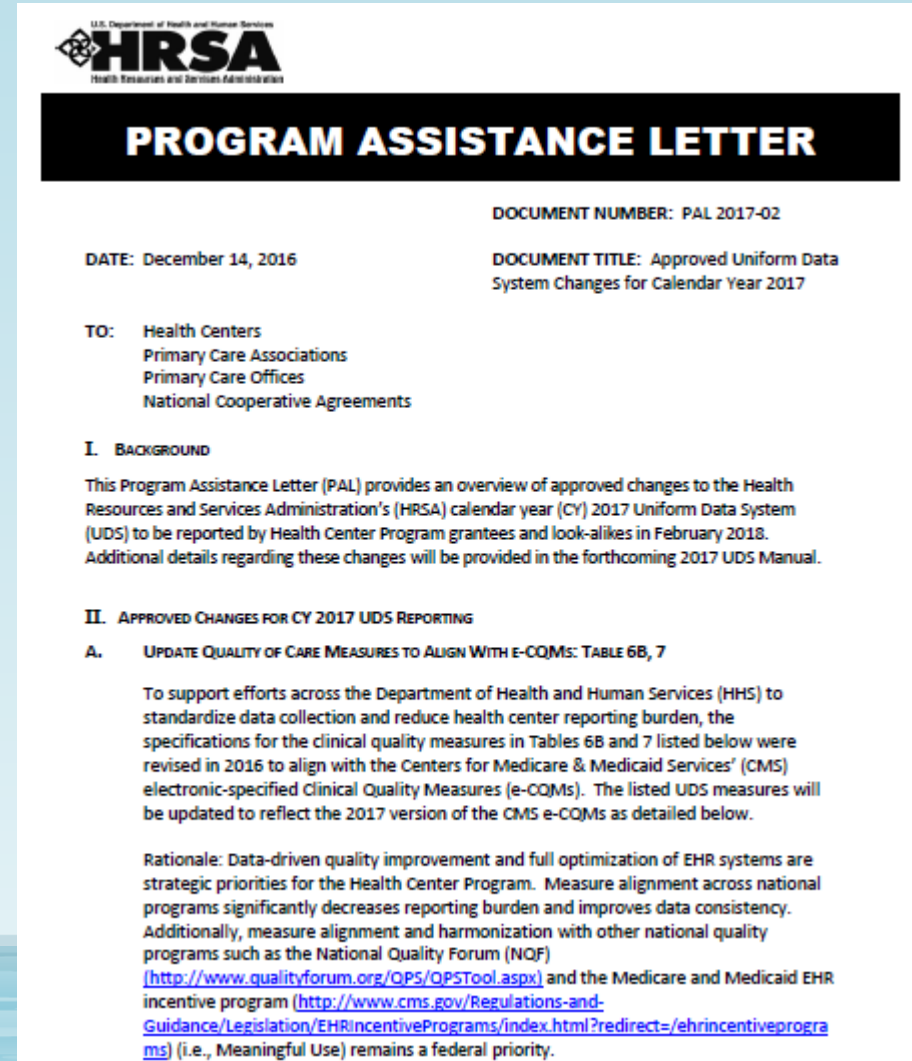
- Definition: Percentage of adolescents 13 years of age who had TDaP, meningococcal, and two doses of the HPV vaccine by their 13th birthday
- No similar measure.
- Will need a new BridgeIT report. Ben will design it once the 'official' specifications are released

Notes on 2017 UDS Clinical Measures

NOTE: THE 2017 INSTRUCTION MANUAL
HAS NOT YET BEEN RELEASED BY HRSA

Program Assistance Letter 2017-02

- Google “PAL 2017-02” (although, you should be on the list-serve for these things)
- **DOCUMENT TITLE:** Approved Uniform Data System Changes for Calendar Year 2017



The image shows a document header for HRSA (Health Resources and Services Administration) with the title "PROGRAM ASSISTANCE LETTER". Below the header, it lists the document number (PAL 2017-02), date (December 14, 2016), and title (Approved Uniform Data System Changes for Calendar Year 2017). The recipients are Health Centers, Primary Care Associations, Primary Care Offices, and National Cooperative Agreements. The document is divided into sections: I. BACKGROUND, II. APPROVED CHANGES FOR CY 2017 UDS REPORTING, and A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLE 6B, 7. The background section explains that the letter provides an overview of approved changes to the HRSA calendar year (CY) 2017 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2018. The approved changes section details the update of quality of care measures to align with e-CQMs, specifically Tables 6B and 7. The rationale for these changes is to standardize data collection, reduce reporting burden, and improve data consistency across national programs. It also mentions alignment with other national quality programs like the National Quality Forum (NQF) and the Medicare and Medicaid EHR incentive program, which remains a federal priority.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: PAL 2017-02

DATE: December 14, 2016

DOCUMENT TITLE: Approved Uniform Data System Changes for Calendar Year 2017

TO: Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of approved changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2017 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in February 2018. Additional details regarding these changes will be provided in the forthcoming 2017 UDS Manual.

II. APPROVED CHANGES FOR CY 2017 UDS REPORTING

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLE 6B, 7

To support efforts across the Department of Health and Human Services (HHS) to standardize data collection and reduce health center reporting burden, the specifications for the clinical quality measures in Tables 6B and 7 listed below were revised in 2016 to align with the Centers for Medicare & Medicaid Services' (CMS) electronic-specified Clinical Quality Measures (e-CQMs). The listed UDS measures will be updated to reflect the 2017 version of the CMS e-CQMs as detailed below.

Rationale: Data-driven quality improvement and full optimization of EHR systems are strategic priorities for the Health Center Program. Measure alignment across national programs significantly decreases reporting burden and improves data consistency. Additionally, measure alignment and harmonization with other national quality programs such as the National Quality Forum (NQF) (<http://www.qualityforum.org/QPS/QPSTool.aspx>) and the Medicare and Medicaid EHR incentive program (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>) (i.e., Meaningful Use) remains a federal priority.

Measure Details

- Page 1 and 2 contain links to the measure definitions
- Same issue as last year: how close will the official UDS instructions follow the technical definitions?
- For now, only general conclusions can be made

Adult Weight Screening and Follow-up

OLD (2016) measure denominator defines “Normal” weight range for two age ranges (see page 36 of Technical Document, v12)

BMI Category	18 to 64 years		65 years and older	
	Lower range	Upper range	Lower range	Upper range
Normal	BMI \geq 18.5	BMI $<$ 25	BMI \geq 23	BMI $<$ 30
Outside of normal	BMI $<$ 18.5	BMI \geq 25	BMI $<$ 23	BMI \geq 30

NEW (2017) measure denominator defines “Normal” weight range for only one age range: “Age 18 years and older BMI \geq 18.5 and $<$ 25 kg/m²”

Adult Weight Screening and Follow-up

- In other words, the category for 65 years and older was collapsed into the category for 18 to 64 years.
- This will likely increase the number of patients in the denominator because the upper range is BMI over 25 instead of over 30 (and older patients tend to be heavier in our society)
- The current BridgeIT report will need to be modified (the column BMICategory will evaluate the new BMI range)

Cervical Cancer Screening

- OLD (2016) measure numerator is switching back to the older (2015) measure definition
- 2016 numerator: Had a cervical cytology performed in the three years prior to the end of the measurement period
- 2017 numerator:
 1. Women age 23-64 who had cervical cytology performed in the past 3 years
 2. Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in the past 5 years

Cervical Cancer Screening

- This change will likely increase the percentage of your numerator
- The current BridgeIT report (Cervical Cancer Screening_v8) already evaluates the measure according to the 2017 UDS definition because this definition is the same as the current QIP definition
- However, a new version of the Cervical Cancer Screening BridgeIT report is being created anyway

Cervical Cancer Screening: Gender Identity

- On page 80 and 81 of the 2016 Heckman BridgeIT UDS Instructions, there is a discussion of two locations where patient Gender Identity and Sexual Orientation can be entered into eCW
- Most health centers have already established these questions in Patient Structured Demographics. This location is used by the current BridgeIT report (see page 10 of the Technical Document, v12)
- I have gotten feedback that some health centers are preferring to put the questions into Social History

Gender Identity, continued

- The new version of the BridgeIT Cervical Cancer Screening report will also pick up the Gender Identity questions from Social History
- The new version of the breast cancer screening report will also pick up Gender Identity from both locations

Overview of 2016 OSHPD Reporting Using BridgeIT

FOR THOSE BRIDGEIT USERS WHO ARE VERY FAMILIAR WITH THE
GENERAL PROCEDURE FOR OBTAINING THE DATA

More Detailed OSHPD Training

- RCHC Webinar on February 16 at 9:00am
- If you did not see an invitation, ask Colleen Petersen (RCHC)
- This will be the very basic training for using the OSHPD reports
- Targeted to staff who have not yet used the OSHPD BridgeIT reports
- As always, the webinar will be recorded and placed on the RCHC IHIT Portal

OSHDP Instructions and Forms

The manuals are now available:

1. https://www.oshpd.ca.gov/HID/ALIRTS/FormsUserGuides.html#PC_SC
2. RCHC IHIT Portal



INSTRUCTIONS FOR COMPLETING

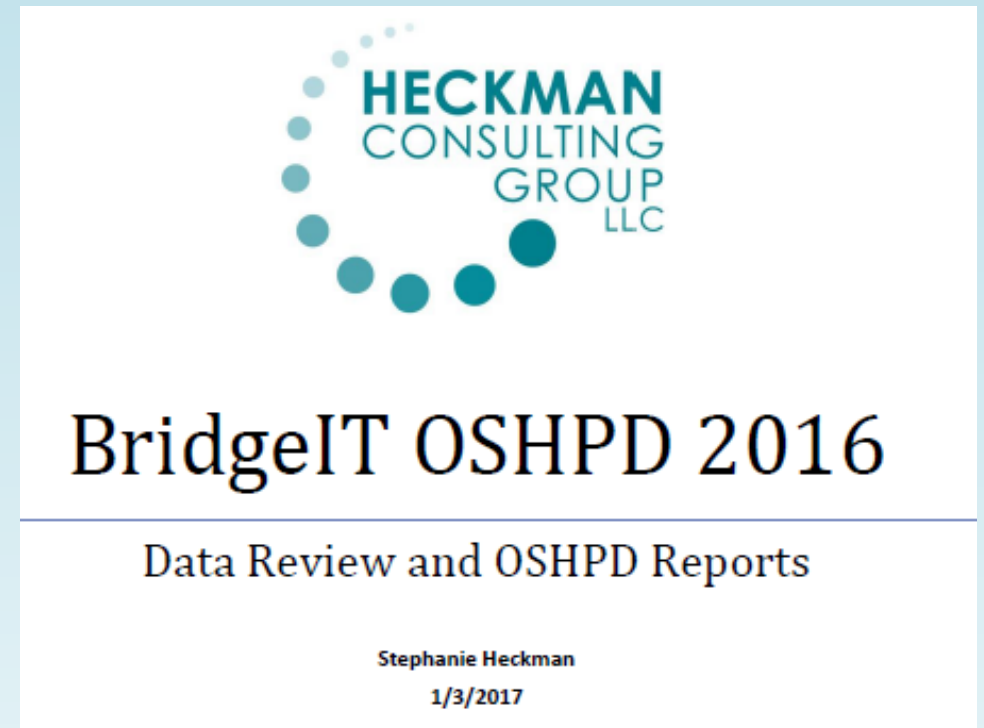
**ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS
(COMMUNITY AND FREE)**

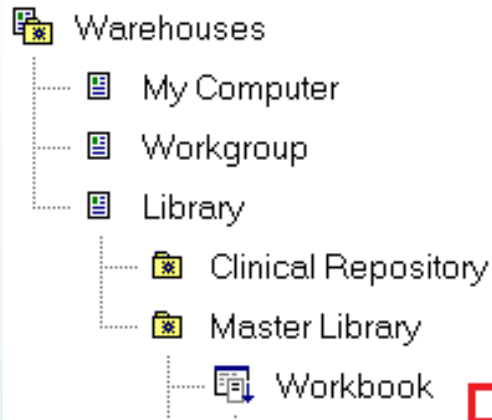
**REPORT PERIOD
JANUARY 1, 2016 THROUGH DECEMBER 31, 2016**

Heckman Consulting BridgeIT Manual

The manual is now available:

1. RCHC IHIT Portal
2. Google “Heckman OSHPD UDS”





Do not import the reports ending with “CHK” (marked with an X in the screenshot) because these are for health centers that do not enter claims into BridgeIT

- UDS OSHPD
- 1_OSHPD Claims Created missing Primary Assessment code
 - 1_OSHPD Claims missing Primary CPT Code
 - 1_OSHPD_Insurance Mapping
 - 1_OSHPD_Provider and Resource Mapping
 - OSHPD Sec 2 Encounters by Primary Care Provider and Contacts
 - OSHPD Sec 2 Encounters by Primary Care Provider and Contacts CHK ✗
 - OSHPD Sec 2 Lang and Section 3 Patient Demographics
 - OSHPD Sec 2 Lang and Section 3 Patient Demographics CHK ✗
 - OSHPD Section 3 CHDP Assessments
 - OSHPD Section 3 Episodic Programs
 - OSHPD Section 3 Episodic Programs CHK ✗
 - OSHPD Section 4 Principal Diagnosis
 - OSHPD Section 4 Principal Diagnosis CHK ✗
 - OSHPD Section 5 Principal Services
 - OSHPD Section 5 Principal Services CHK ✗
 - OSHPD Section 5 Selected Services
 - OSHPD Section 5 Selected Services CHK ✗
 - OSHPD Section 6 Contractual Adjustments
 - OSHPD Section 6 Encounters and Gross Revenue
 - OSHPD Section 6 Encounters and Gross Revenue CHK ✗
 - OSHPD Section 6 Non Contractual Adjustments

Mapping: Providers and Resources

- Use report to check current mapping: 1_OSHPD_Provider and Resource Mapping
- Add OSPHD Section 2 line number in SSN field in the Provider Setup or the Resource Code for Ad Hoc Resources that do not have Staff Profiles screen (see page 5 of the Heckman Instructions)

Section 2 (continued)

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers
60	Physicians
61	Physician Assistants
62	Family Nurse Practitioners
63	Certified Nurse Midwives

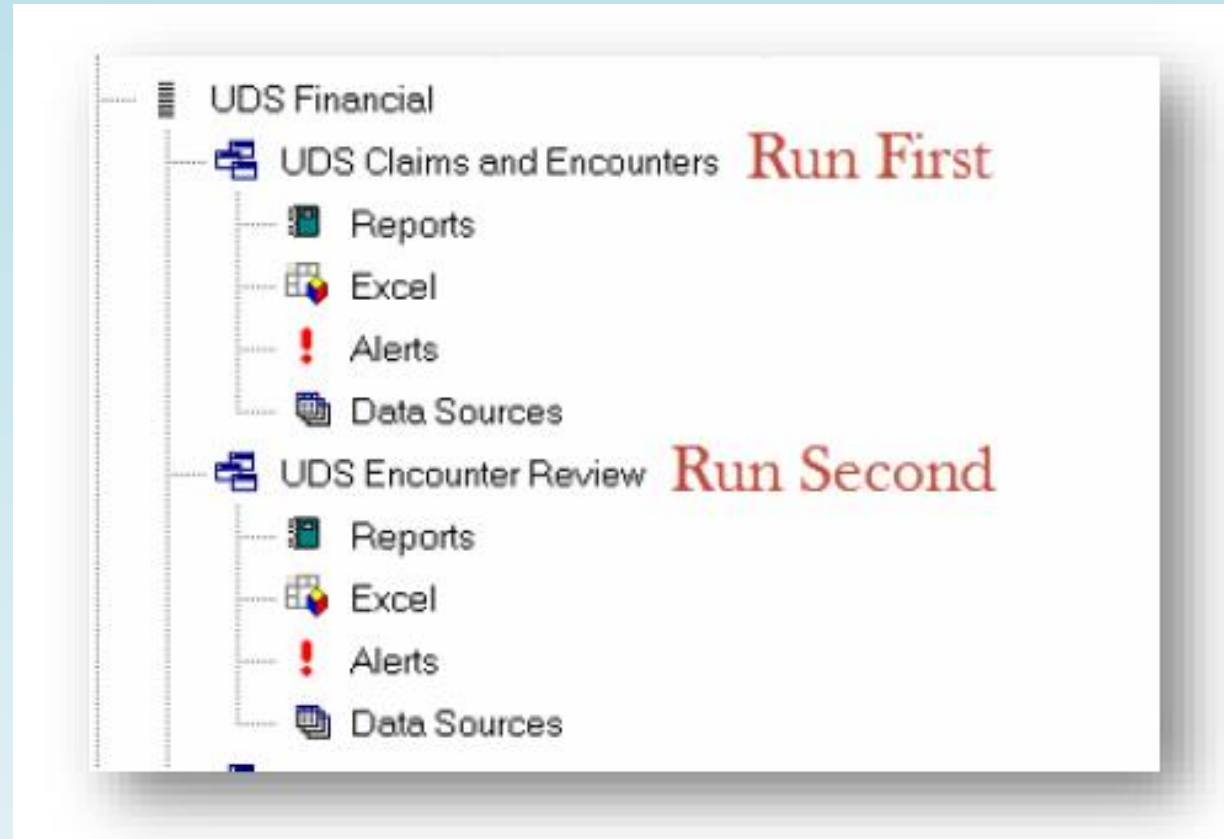
Mapping: Insurance

- Use report to check current mapping: 1_OSHPD_Insurance Mapping
- Add OSPHD Section 6 column number in the Managed Care Plan ID field of the Insurance Setup screen (see page 7 of the Heckman Instructions)

Section 6
REVENUE AND UTILIZATION BY PAYMENT SOURCE

	PAYMENT SOURCE				
	Medicare	Medicare - Managed Care	Medi-Cal	Medi-Cal - Managed Care	County Indigent / CMSP / MISP
Line No.	(1)	(2)	(3)	(4)	(5)

Similar to the UDS Report, Run These First



Data Cleaning

- Your data cleaning activities for the UDS Report should have also helped with OSHPD reporting
- There are two additional reports in the OSHPD folder:
 1. 1_OSHPD Claims Created missing Primary Assessment Code
 2. 1_OSHPD Claims missing Primary CPT Code
- Then run the rest of the BridgeIT OSHPD reports, section by section, to obtain data for the tables

Agreement Among Some OSHPD Tables

- Encounter “Totals” must equal each other in Sections 2, 4, 5, and 6
- From page 22 of the OSHPD instructions:

(Section 6)

The total number of encounters in line 1, column 19 must be equal to the total number of encounters in Encounters by Principal Diagnosis (section 4, line 25, column 1), Encounters by Primary Services (section 5, line 45, column 1), and FTE's and Encounters by Primary Care Provider (section 2, line 75, column 5). If the total number of encounters does not match in these sections, the ALIRTS application will not allow you to submit your report.

Questions?