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

Serving Sonoma, Napa, Marin & Yolo Counties

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Purpose

The purpose of this document is to clearly define the standard system setup or configuration needed in eCW in order for the BridgeIt Annual Clinical Report set to function properly.

Summary of Content

The setup is described for each report. The second table in Appendix A shows that some reports have similar categories of setup and can use the same BridgeIt review report to confirm that setup. Instructions on how to configure lab groups, LOINC codes and medication groups are included in the other appendices.

Introduction

This document outlines the eCW system set-up necessary for the collection of BridgeIt annual clinical reports to function properly. These reports were designed to work for all Redwood Community Health Coalition (RCHC) health centers that enter data in a standard manner. RCHC periodically releases new versions of the reports, so the report names contained herein are current as of the writing of this document. The most current version of the BridgeIt Report Index, available on the RCHC IHIT Website, displays the present report versions.

Users of the reports should have taken the BridgeIt introductory course and be very familiar with how to find reports in the Warehouse, import and run them, and then filter and display results. A separate document titled “Instructions for Using the BridgeIt Annual Clinical Report Set” (version 13, July 2017) describes how to use the reports. This document is referred to as “the annual report instructions” in the text below. Another document named “Technical Documentation For the BridgeIt Annual Clinical Report Set” (version 13, July 2017) is also available from RCHC. This document details the way the denominator population is extracted and how the numerator columns are calculated. It will be referred to as the “technical document” below.

It is a good idea for health centers to establish a procedure for proposing and approving changes to the configuration of eCW so that key management leaders can have input. The configuration recommendations in this document can potentially affect the workflow of different departments (medical, financial, front desk, etc.) and require that staff be appropriately trained on how to enter data.

The annual reports and associated validation reports can then be used to authenticate data entry and give feedback to staff. Actual changes to the configuration of eCW should follow health center policy and only be made after all parties have had a chance to study how the changes might affect their own work flow, reports already in-use, etc.

In Appendix A, there is a table summarizing the categories of set-up needed for all of the annual reports. Similar types of set-up have similar approaches (for example, setting-up Rx groups, or associating LOINC codes to labs). Some of the reports also have supplemental validation reports, which are displayed on the second table in Appendix A. Although validation reports will not be specifically discussed in this document (they are explained in the appendix of the instruction manual), they may be affected by incomplete or improper system set-up.

General System Set-up

Many of the reports in the annual report set have a column "PrimCareVisitsPeriod" that counts the number of primary care visits in the measurement period. According to the technical document (in the section called Common Column Definitions), these visits are defined, in part, by the specialty of the resource provider. The report searches for specific text in the Specialty field of the resource provider's administrative record indicating that the provider is a primary care medical provider able to make independent decisions on health care.

Examples of acceptable primary care specialty names are: Family Medicine, Internal Medicine, Pediatrics, Obstetrics, Gynecology, Midwife, Nurse Practitioner and Physician Assistant.

There is a BridgeIt report called "Table 5 Provider and Resource Mapping" that can be used to identify active providers with appointments in a measurement period, but without an assigned Specialty (the specialty column is on the far right). All primary care medical providers who make independent clinical decisions and see patients should have an appropriate Specialty in their administrative record in order to have their visits counted on the clinical reports.

Some health centers additionally group providers into teams (or pods) that normally work together or share panels. The BridgeIt reports summarize the measures for the entire health center, for individual providers, and for teams. To get a team summary, the health center must assign each provider to a team. This is done using the field "Anesthesia License" in the provider's Personal Info Window (see screenshot below). The report simply displays the text entered into that field and groups the records accordingly. Therefore, enter exactly the same team name text for all providers on a specific team.

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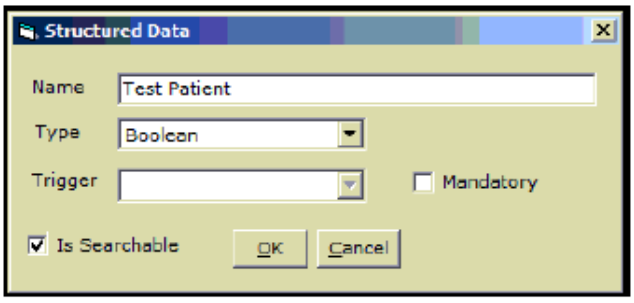
Similarly, individual insurance names can be grouped into an Insurance Class in eCW. This is normally done so that financial information can be summarized by class, but the BridgeIt also displays a column for Insurance Class. It is recommended that health centers have at least two Insurance Classes: one for Partnership Medicaid Managed Care (for the QIP report) and one for Medicare (for the ACO report). Other classes may be useful for other internal purposes.

Health centers commonly have "test" patients that they use to test workflows or data entry. If these patients have the last name exactly "Test" or "Template" then they are automatically filtered from the report results. Otherwise, a health center can mark these patients in Structured Demographics to automatically exclude them from the clinical reports. To do this, first create a Patient Structured Demographics field named exactly "Test Patient" (see screenshot below)[1]. Then go into each test patient's record and select "Yes" for that field in structured demographics.



[1] For more details, see the document from Heckman Consulting "EMR Setup and Data Entry Best Practices to Optimize EMR Reporting."

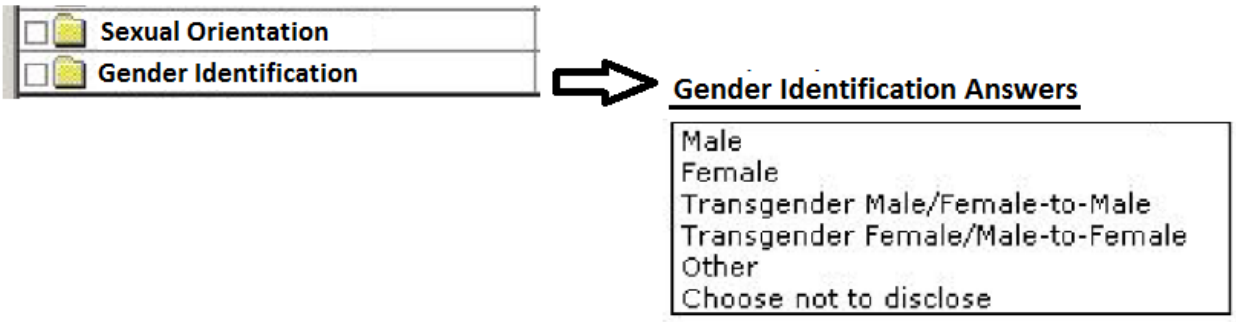
Cervical Cancer Screening (UDS, PIP and QIP Reports)

Report name: Cervical Cancer Screening_v8

Setup: In order for cervical cancer screening tests (i.e., pap labs) to be recognized by the report, they must be assigned to a lab category called "Pap Test." First, this category (with exact spelling) must be created in the system. Then, the appropriate cervical cancer screening tests must be assigned to the category. There are more detailed instructions on this procedure in Appendix B.

Check for a report in the Warehouse (see the UDS_Modified subfolder[2]) called "Clin_Lab Tests UDS Review LAB GROUP." This report displays all of the lab test names and their associated lab groups. You can also see the last time the lab has been ordered (column LastOrderedDate) and if the lab has been ordered frequently (column TestCount). To use this report for the present purposes, filter the LabTestName column for key words that might describe cervical cancer screening tests (e.g., pap, surepath, old i2i screening names, etc.) and check to see if these have been associated to the Pap Test lab category. Then, after clearing all filters, filter the LabGroupName column for "Pap test" and ensure that all labs have been assigned to this group are indeed cervical cancer screening tests.

In order to more precisely identify transgender patients who need cervical cancer screening, it is recommended that health centers add a field in Patient Information Structured Data or Social History called Gender Identification. The answers (or options) are displayed below. Transgender patients who require cervical cancer screening would have the option "Transgender Male/Female-to-Male" marked in their record. This is also the set-up recommended by eCW and Heckman Consulting to identify transgender patients for Table 3B of the UDS report.



[2] For example: Warehouses \ Workgroup \ Redwood Clinical Reports \ Workbook \ UDS_Modified or Warehouses \ Workgroup \ Redwood Clinical Folder \ Workbook \ UDS_Modified

Breast Cancer Screening (ACO Report)

Report name: Breast Cancer Screening_v6

Setup: Mammograms used in this report have a diagnostic imaging name with the text "mammo" anywhere in it. Check the names of all of the breast cancer screening diagnostic image names you use in eCW.

All completed images must meet minimum criteria for proper entry into structured data. In order for the image result to be included on the report, it must have an associated date (that is, a collected date, which is preferred, or a resulted or reviewed date) and some kind of result. Staff should be properly trained to review image results according to these guidelines.

Colorectal Cancer Screening (UDS, PIP, QIP and ACO Reports)

Report name: ColRect Cancer Screening_v6

Setup: To be recognized by the report, the FOBT (or FIT, or other acceptable screening test) must be associated with a suitable LOINC code (these are 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, or 58453-2). See Appendix C for instructions on how to associate LOINC codes to lab tests. There is a report called "Clin_Lab Tests with Attributes UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that can be used to view all lab test attributes and their associated LOINC codes (or lack thereof). The LOINC code (if one is associated) appears in the column LOINCCode. The columns "LabTestName" or "LabAttribute" can be filtered (searched) for the names your health center uses for these tests. For example, many FOBT or FIT tests have the key words "fecal" or "occult" or "globin" in the lab name or attribute name. Therefore, health centers should filter for any of these names and then search for appropriate FOBT and FIT tests missing a LOINC code or associated with another code (note: other kinds of labs besides FOBT and FIT tests may have these key words in the name).

Colonoscopies used in the report numerator have a diagnostic imaging name with the text "colonoscopy" anywhere in it. Sigmoidoscopies have a diagnostic imaging name with the text "sigmoidoscopy" anywhere in it. Check all of the colonoscopy and sigmoidoscopy diagnostic image names in eCW to make sure they contain the appropriate text.

Blood Sugar and Other Measures Among Patients With Diabetes (UDS, QIP, ACO, and PIP Reports)

Report name: Diabetes_v7

Setup: To be recognized by the report, the HbA1c and LDL tests must be associated with a particular LOINC codes (HbA1c: 17855-8, 17856-6, 41995-2, 4548-4, 4549-2, or 4637-5; LDL: 13457-7 and 18262-6). See Appendix C for instructions on how to associate them. There is a report called "Clin_Lab Tests with Attributes UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that can be used to view all lab tests and their associated LOINC codes (or lack thereof). The columns "LabTestName" or "LabAttribute" can be filtered (searched) for the names your health center uses for these tests. The LOINC code (if one is associated) appears in the column LOINCCode.

The preferred location for the annual diabetic eye exam is as an Image with the name "Diabetic Eye Exam" or "Retinopathy" (although the reports accepts labs with these names as well). Likewise, the annual diabetic foot exam can also appear as an Image (or a lab) with the name "Diabetic Foot Exam."

Nephropathy Screening Test Among Patients With Diabetes (QIP Report)

Report name: Diabetes_Nephropathy_v3

Setup: Nephropathy screening is primarily done with lab tests. There is a long list of nephropathy screening codes supplied by Partnership Health Plan in the appendix of the Technical Manual (version 12). See Appendix C for instructions on how to associate the LOINC codes with labs. There is a report called "Clin_Lab Tests with Attributes UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that can be used to view all lab tests and their associated LOINC codes (or lack thereof). The columns "LabTestName" or "LabAttribute" can be filtered (searched) for the names your health center uses for these tests. The LOINC code (if one is associated) appears in the column LOINCCode.

A patient can also be included in the numerator if he or she was prescribed an ACE Inhibitor or ARB. These medications are identified by their association with the Rx Groups "ACE Inhibitors" or "ARBs"

respectively. Therefore, the health center must identify the appropriate ACE or ARB medications in their formulary and add them to each Rx Group. These medication groups are also used for the measure Coronary Artery Disease (CAD) Controlling LDL Cholesterol. Refer to the section on the CAD measure and to Appendix D below for more instructions.

Patients can also be referred to a Nephrologist for further evaluation. Therefore, any outside providers or organizations that provide this service must have with a specialty containing the text “nephrologist" or "nephrology.” This is entered into the record of the referral provider or organization in eCW.

Blood Pressure Control Among Patients With Hypertension (UDS, QIP, ACO, and PIP Reports)

Report name: Hypertension_v7

Setup: The report recognizes a blood pressure vital as having the text “*BP*” (where * can be any letters or no letter). Check to make sure that all appropriate blood pressure vital names contain the text “BP” and no vital names have the text “BP” that are not blood pressure vitals. There is a BridgeIt report called “Clin_Vitals Keys used” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all vital names used in your system.

Screening for High Blood Pressure and Follow-up Documented (ACO Report)

Report name: HighBP_Screen_Followup_v2

Setup: The report recognizes a blood pressure vital as having the text “*BP*” (where * can be any letters or no letters). Check to make sure that all appropriate blood pressure vital names contain the text “BP” and that no other kinds of vitals have names with the text “*BP*.” There is a BridgeIt report called “Clin_Vitals Keys used” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all vital names used in your system.

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The recommended lifestyle modifications should be set-up here: Structured data in Preventive Medicine ➔ Counseling ➔ BP Management ➔

- Pre-Hypertensive BP Follow-Up Plan
- First Hypertensive BP Follow-Up Plan
- Referral to alternative/primary care provider
- Physical Activity
- Weight Reduction Recommendation
- Dietary Recommendation
- Moderation of ETOH Consumption Recommendation

There are two 'second hypertensive reading' interventions tracked by the report. The first is based on lab LOINC codes for various urinalysis and CBC labs, as well as an EKG. The codes are: 24321-2, 24323-8, 24356-8, 24357-6, 2888-6, 57021-8, 57782-5, 58410-2, 11524-6, and 34534-8. See Appendix C for instructions on how to associate the LOINC codes with labs. The second is the prescription of an anti-hypertensive medication, which is identified by its association with the anti-hypertensive Rx Group. This medication group must be named like "Antihypertens*" or "Anti-Hypertens*" where "*" is any characters or no characters[3]. The health center must identify the appropriate anti-hypertensive medications in their formulary and add them to this Rx Group (see Appendix D).

Early Entry Into Prenatal Care (UDS Report)

Report name: UDS_Prenatal_v5

Setup: In addition to having an OB visit, patients who had a delivery in the measurement period are also included in the denominator by the report. This is entered as a date into the field "Delivery Date" of the discharge tab of the OB flowsheet.

There are different ways that trimester of care is entered or calculated by the report. These are detailed in the technical document and depend on where the patient had the first prenatal visit (that is, with the health center or at another facility), and if the health center providers are calculating and entering the trimester themselves (or if the report needs to make a calculation).

[3] Note that the medication group name is allowed only a certain number of characters in eCW. Also note that this is the same medication group used by the PHASE report (for those health centers participating in the PHASE program).

If the patient received care at another facility, the provider must determine the trimester that the patient first entered care at the other facility and enter it into the Initial OB Physical (preferred location) or into Form A. The recommended text for this field is "Trimester of first visit if NOT with grantee" (although the report looks for any field with the word "trimester" along with "first" or "elsewhere"). Valid entries into this field must contain any of the following words: 1, 2, 3, first, second or third.

For patients who started care at the health center, the health center can choose to have the prenatal providers calculate the trimester themselves or have the report make the calculation. If the providers are to enter the trimester directly, they should use a field called "Trimester started prenatal care" (although "Trimester of Entry to Care" is also picked up by the report) on the Initial OB Physical or Form A (the report looks in both places). Valid entries into this field must contain any of the following words: 1, 2, 3, first, second or third.

If the health center providers are not calculating and entering the trimester themselves for patients first seen at the health center, the report makes the calculation. There are three ways that this calculation can be made. The preferred method is to take the data of the first visit that is entered by the provider into a field called "Date began prenatal care (UDS)" on Form A. Entry into this field must be a properly-formatted date with no additional characters. If no date is entered into structured data, the report makes a calculation based in the weeks of gestation entered into the field "Weeks of gest." on the OB flowsheet tab is used, or the combination of the EDD from the Estimated Delivery Date tab and the first OB visit date.

Birth Weight From Deliveries (UDS Report)

Report name: UDS_Deliveries_v4

Setup: The health center needs to track patients who have left the practice or lost the baby during the pregnancy because these patients must be excluded from the denominator. Unfortunately, nearly every health center enters this in a different way and there is a long history of data entry. The recommended field is called "Other outcome" on the OB Discharge tab. The report searches for text in this field containing any of the following key words: SAB, TAB, abortion, stillborn, stillbirth, miscarriage, fetal demise or transfer.

Birth information is entered into the Discharge tab. This information consists of the following:

1. The date the baby was delivered is entered into a field called “Delivery Date” (this is the recommended name, although “Date of delivery” is also acceptable).
2. The UDS reports birth weight in grams, so it is recommended that the health center enters this into a field called “Birth Weight by grams” (there are variations with historic data that are also picked up by the report). Although it is better to always enter the birth weight in grams, some health centers have historically entered pounds and ounces into the fields “Birth Weight (lbs.)” and “Birth Weight (oz.).” Pounds and ounces are converted to grams by the report.
3. The report also will indicate if the birth was live because this is reported on the UDS. It is recommended that the text “Live birth” be entered into the field “Outcome Baby 1” or “Outcome.”
4. The report displays the provider name text entered into the field “Delivered by” or “Delivery Provider.”
5. If the delivery provider is affiliated with the health center, enter “Yes” into the field “Delivered by Grantee Provider.” If the delivery was not performed by a grantee provider, enter “No.”
6. Lastly, the report will indicate that there are possible multiple births if any text is entered into a numbered baby field, which is a field with a name containing “baby 2” or “baby 3” etc., such as “Outcome Baby 2.”

Child and Adolescent Weight Assessment and Counseling (UDS Report)

Report name: Child_Weight_v6

Setup: To be included in the numerator, patients must have had a BMI percentile, nutrition counseling and physical education counseling. These are determined as follows:

1. The report recognizes the BMI percentile vital as having text like “*BMI Perc*” or “*BMI %*” (where * can be any letters or no letter). There is a BridgeIt report called “Clin_Vitals Keys used” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all vital names used in your system. Use it to make sure that all appropriate BMI percentile vital names contain this text and that no inappropriate vital names contain this text.
2. The preferred method of entering nutrition counseling is in structured data here: Preventive Medicine ➔ Counseling ➔ Communication to patient ➔ Counseling for nutrition provided ➔ “Yes.” The health center should have this structured data element programmed and providers trained to enter data appropriately. There is a BridgeIt report called “Clin_Preventive Structured

Data Setup" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all the names of preventive medicine elements used in your system.

3. The preferred method of entering physical activity counseling is in structured data here: Preventive Medicine ➔ Counseling ➔ Communication to patient ➔ Counseling for physical activity provided ➔ "Yes." The health center should have this structured data element programmed and providers trained to enter data appropriately. There is a BridgeIt report called "Clin_Preventive Structured Data Setup" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all the names of preventive medicine elements used in your system.

Adult Weight Screening and Follow-up (UDS and ACO Reports)

Report name: Adult_Weight_v8

Setup: The report recognizes the BMI vital as having the text "BMI." There is a BridgeIt report called "Clin_Vitals Keys used" (in the Master Library of the BridgeIt Warehouse, in the UDS and CMS Clinical Setup) that shows all vital names used in your system. Check it to make sure that BMI vital name in your system is "BMI."

The health center should have two structured data elements in Preventive Medicine to indicate the following:

1. A BMI management follow-up plan documented: Preventive Medicine➔ Counseling ➔ Care Goal Follow Up Plan ➔ BMI Management Provided ➔"Yes" (this is also picked up from HPI, but Preventive Medicine is recommended)
2. A dietary consultation documented: Preventive Medicine➔ Counseling ➔ Provider to provider communication ➔ Dietary consultation order provided ➔"Yes" (note that the report also accepts "Dietary consultation ordered")

There is a BridgeIt report called "Clin_Preventive Structured Data Setup" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all the names of preventive medicine elements used in your system. Use this report to check that you have these questions in your system.

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Tobacco Use Screening and Cessation Intervention (UDS and ACO Reports)

Report name: Tobacco_v6

Setup: The report looks to see if patients have been screened for tobacco use. Tobacco use screening can appear on an assessment or claim (no set-up needed) or entered into Social History structured data (preferred). Different health centers have different questions. The report currently recognizes these questions: “Smoking status,” “Current Tobacco Use,” “Are you a...?" (with options related to smoking or tobacco use), “Other Tobacco products used?” and “Besides cigarettes?” The report views any response to a tobacco-related question in Social History as being screened. There is a BridgeIt report called “Clin_Social History Structured Data UDS Review” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all the names of social history elements used in your system.

To be considered a tobacco user, the report looks at the response to the smoking questions in Social History structured data mentioned above (preferred). If the response is “Yes” or begins with “Current…” the report counts the patient as a tobacco user. Tobacco use can also be indicated with a code on an assessment or claim, but this does not require further set-up.

To qualify for having received tobacco cessation intervention, the following items should be properly configured:

1. Tobacco cessation counseling can be entered into structured data as follows: Preventive Medicine ➔ Counseling ➔ Smoking ➔ Patient Counseled on the dangers of tobacco use and urged to quit ➔ Date. The health center should have this structured data element programmed and providers trained to enter data appropriately. There is a BridgeIt report called “Clin_Preventive Structured Data Setup” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all the names of preventive medicine elements used in your system.
2. A medication in the tobacco cessation Rx group verified by the provider in the Current Medications window. The health center must identify the appropriate medications from its formulary and group them into an Rx group. Appendix D contains instructions on how to create the “Tob Cessation” Rx group and associate Smoking cessation agents to it. There is a BridgeIt report called “Clin_Medications and Med Groups” (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your

system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D.

Asthma Pharmacologic Therapy (UDS Report)

Report name: Asthma_Pharma _v7

Setup: The report identifies patients with persistent asthma in two ways. The health center can choose which is most suitable for them. These are:

1. (Recommended.) Patients with an asthma ICD-10 diagnosis code on the problem list (J45.3*, J45.4*, or J45.5* where "*" means any number or no number) that is specific for persistent asthma. The report will also identify any patients who still have an old ICD-9 asthma code (493*) coupled with a description with the word "persistent" in it. Normally, additional set-up is not needed for diagnosis codes.
2. The last asthma severity classification entered contains the word "persistent" (for example, "Mild Persistent," "Moderate Persistent" or "Severe Persistent"). The structured data element for this is: HPI ➔Asthma ➔ Asthma Severity Classification (note that this field can also be mapped to a Smart Form). The health center should have this structured data element programmed and providers trained to enter data appropriately. There is a report in BridgeIt called "Clin_HPI Structured Data UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that lists all the names and options of the HPI elements.

To determine the numerator of the measure, the asthma report recognizes particular medications used by patients. The health center must identify the appropriate medications from their formulary and group them into an Rx group. Appendix D contains instructions on how to create the "Asthma Meds" Rx group and associate inhaled corticosteroids (and combinations) to it. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D.

Well Child Visits (QIP Report)

Report name: QIP_Well_Child_Visits_v3

Setup: This report does not require additional set-up. As mentioned in the section above "General System Set-up," insurance names for Partnership Medicaid Managed Care should be associated with a descriptive Insurance Class. This is useful for estimating the QIP denominator. Also, all primary care medical providers who make independent decisions on patient care should have an appropriate description in the Specialty field of their record in eCW.

Coronary Artery Disease (CAD): Controlling LDL Cholesterol (UDS and ACO Reports)

Report name: CAD_LipidLower_v4

Setup: Patients with Coronary Artery Disease (CAD) should have an appropriate diagnosis code entered on their Problem List. Additionally, for one of the ACO measures, patients must also have diabetes (also on the Problem List) or a left ventricular ejection fraction (LVEF) of under 40%. The LVEF is entered into HPI structured data (see the set-up description for Heart Failure: Beta-Blocker Therapy below for further detail).

The UDS measure evaluates LDL lab results for the exclusion. To be recognized by the report, the LDL test must be associated with the LOINC codes 13457-7 or 18262-6 (these are is the same codes used on the diabetes and IVD reports). See Appendix C for instructions on how to associate the LOINC codes with labs.

This report recognizes particular medications used by patients. There are four medication groups that must be set-up with appropriate medications assigned to them. Exact text must be used to name the Rx groups:

- UDS Lipid Meds or UDS Lipd Meds
- ACE Inhibitors
- ARBs

The health center must identify the appropriate medications from their formulary and group them into an Rx group. Appendix D contains instructions on how to accomplish this, along with suggestions for some groups. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (UDS and ACO Reports)

Report name: IVD_Asprin_v6

Setup: This report recognizes particular medications used by patients. The health center must identify two groups of medications for this report:

I. Appropriate aspirin and other antiplatelet medications. Appendix D contains instructions on how to create the "Aspirin Therapy" Rx group and associate aspirin or other antiplatelet medications to it. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D. Note that the measure definition changed from "antithrombotic" to "antiplatelet" in 2017 and so any medications that are not aspirin or antiplatelet medications should be removed from that Rx group.

II. Anticoagulant medications. Appendix D contains instructions on how to create an Rx group called the "Warfarin" or "Coumadin" Rx group[4] and associate anticoagulant medications to it.

[4] For these Rx Groups, the report will accept other names, so long as they have the text "Warfarin" or "Coumadin" in it.

Heart Failure: Beta-Blocker Therapy (ACO Report)

Report name: HeartFailure_BetaBlocker_v2

Setup: Patients included in the denominator must have chronic heart failure (an ICD-9 or ICD-10 placed on the Problem List) and a left ventricular ejection fraction (LVEF) under 40%. The eCW recommendation for the standard location for LVEF is one of the following (both have a number data type):

- HPI ➔ Echocardiogram ➔ Left ventricular assessment ➔ Result (%)
- HPI ➔ Echocardiogram ➔ Ejection fraction ➔ Result (%)

There is a report in BridgeIt called "Clin_HPI Structured Data UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that lists all the names and options of the HPI elements. It can be filtered to see if these elements exist in the system.

This report recognizes particular medications used by patients. The health center must identify the appropriate beta blocker medications from their formulary and group them into an Rx group. Appendix D contains instructions on how to create the "Beta Blocker" Rx group and associate medications to it. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D.

Depression Screening and Follow-up (UDS and ACO Reports)

Report name: Depression_Screen_Followup_v7

Setup: This report has several set-up components. The first four components below are structured data elements in HPI. There is a report in BridgeIt called "Clin_HPI Structured Data UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that lists all the names and options of the HPI elements. It can be filtered to see if the HPI-related elements exist in the system.

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Initial depression screening (preferred option). The PHQ-2 consists of two questions are entered into the Smart Form or HPI ➔ Depression Screening (or Depression/Anxiety Screening) ➔ PHQ-2 (or variation). These questions are "Little interest or pleasure in doing things" and "Feeling down, depressed, or hopeless." A PHQ-2 is considered completed if both questions are answered and a positive screen is recognized when either of these questions is answered with any text other than "No" or "Not at all." Note that these questions also appear on the PHQ-9.

Initial depression screening (second option). Alternately, the result of the screen can be directly entered into structured data here: HPI ➔ Depression Screening ➔ Intervention ➔ Depression Screening Findings. Any text entered into this field will be interpreted as the patient was screened, but only the text "Positive" indicated the screen was positive for depression.

Secondary depression screening. This commonly is the administration of a full PHQ-9 into the Smart Form or HPI ➔ Depression Screening (or Depression/Anxiety Screening) ➔ PHQ-9 (or variation) ➔ Total Score (or Interpretation).

Additional evaluation for depression (follow-up option #1). Alternately, the additional evaluation can be added to a structured data element here: HPI ➔ Depression Screening ➔ Intervention ➔ Additional Evaluation for Depression.

Antidepressant medication group (follow-up option #2). This report recognizes particular medications used by patients. The health center must identify the appropriate antidepressant medications from their formulary and group them into an Rx group. Appendix D contains instructions on how to create the "Antidepressants" Rx group and associate medications to it. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any). For instructions on how to use this report, refer to the section "Checking for Proper Medication Assignment" in Appendix D.

Referral to a qualified outside provider (follow-up option #3). Make sure that any outside providers (individuals or facilities) qualified to diagnose and treat depression have in the Specialty field of their eCW administrative record any of the following terms: "Behavioral Health," "Mental Health," "Psychiatry," "Psychiatrist," "Psychology," "Psychologist" or "Clinical Social Worker."

Health center behavioral health providers (follow-up option #4). Make sure that any behavioral health providers at your health center qualified to diagnose and treat depression have any of the following

terms in their Specialty field: "Behavioral Health," "Mental Health," "Psychiatry," "Psychiatrist," "Psychology," "Psychologist" or "Clinical Social Worker."

Structured data for behavioral health intervention (follow-up option #5). This is entered here: HPI ➔ Depression Screening (or Depression/Anxiety Screening) ➔ Intervention ➔ Follow-Up for Depression.

Depression Remission at Twelve Months (ACO Report)

Report name: Depression_Remission_v2

Setup: This report uses the score of the PHQ-9. The standard location for PHQ-9 tests is on a Smart Form or HPI ➔ Depression Screening (or Depression/Anxiety Screening) ➔ PHQ-9 (or variation) ➔ Total Score. The Total Score is some kind of number.

There is a report in BridgeIt called "Clin_HPI Structured Data UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that lists all the names and options of the HPI elements. It can be filtered to see if this element exists in the system.

Newly Identified HIV Cases With Timely Follow-up (UDS Report)

Report name: HIV_Timely_Followup_v4

Setup: The date that a patient was newly diagnosed with HIV must be entered into structured data in order for the report to recognize it. This date can be entered in either of the two locations below. A date without additional text must be entered into either of these fields for the report to recognize it.

1) The Date of Onset attached to the diagnosis code placed on the Problem List (no set-up needed, just training on where to put it);
2) Of, the date is placed in structured data here: HPI ➔ HIV ➔ Date of positive test.

One of the ways that appropriate 'follow-up' can occur is through a referral an outside (outgoing referral) HIV specialist provider. Make sure that any outside providers (individuals or facilities) qualified to treat HIV has the word "HIV" anywhere in the Specialty field of their eCW administrative record.

Documentation of Current Medications in Medical Record (ACO Report)

Report name: Med_Documentation_v1

Setup: No additional set-up is necessary for this report.

Screening for Future Fall Risk (ACO Report)

Report name: Fall_Risk_v1

Setup: The Future Fall Risk Assessment must be documented in structured data in order for the report to pick it up. The BridgeIt report looks in Preventive Medicine (preferred) or HPI for an item like this: Screening ➔ Fall Risk Screening ➔ Fall Risk Assessment

Pneumonia Vaccination for Older Adults (ACO Report)

Report name: Pneumonia_Vacc_v1

Setup: In order for the report to determine if patients received a pneumonia vaccine, it looks for a particular code assigned to the vaccine in the vaccine set-up. All pneumococcal polysaccharide vaccines (PPSV23 or Pneumovax) must be assigned to CVX code 33.

Another type of vaccine (PPV13 or Prevnar) is displayed by the report for your information, but is not officially part of the numerator as of the writing of these instructions. This kind of vaccine is identified by the CVX codes 100 or 133.

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Influenza Immunization (ACO Report)

Report name: Influenza_Immuniz_v1

Setup: In order for the report to determine if patients received an influenza vaccine, it looks for a particular code assigned to the vaccine in the vaccine set-up. Influenza vaccines can have any of the following CVX codes: 111, 135, 140, 141, 144, 149 or 150. Alternately, the vaccine can be associated with a CPT code in the vaccine set-up. These codes are: 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90685, 90686, 90687, or 90688.

Childhood Immunization: DTaP (QIP Report)

Report name: QIP_DTaP_Immuniz_v2

Setup: In order for the report to determine if patients received a series of four DTaP vaccines, it looks for a particular code assigned to the vaccine in the vaccine set-up. DTap (diphtheria, tetanus, and pertussis) vaccines can have any of the following CVX codes: 20, 50, 110, or 120. Alternately, the vaccine can be associated with a CPT code in the vaccine set-up. These codes are: 90698, 90700, 90721, 90723, or 90731.

Dental Sealants (UDS Report)

Report name: Dental_Sealants_v1

Setup: In order for the report to identify dental patients, dental visits must be consistently entered into eCW. The report defines a dental visit as one with a Resource Provider with the word “dentist” or “dental” in the Specialty field of the Provider’s administrative record in eCW.

To further define the denominator and to provide candidates for the numerator of the measure, the report looks for CDT codes, which are entered as procedure codes on a claim. Therefore, the health center must also be generating (but not necessarily submitting) claims with the following codes:

1. Codes for oral assessment, comprehensive evaluation or periodic oral evaluation: D0120, D0145, D0150, D0180, or D0191.
2. Codes for a caries risk assessment of moderate or high risk: D0602 or D0603.
3. Sealants on any tooth: D1351.

Annual Monitoring for Patients on Persistent Medications (QIP Report)

Report name: QIP_PersistentMeds_v1

Setup: A persistent medication is picked up by the report when it is verified by the provider in the Current Medications window. The health center must identify the appropriate medications from its formulary and group them into the correct Rx group. There are three Rx groups used by the report. The names of the groups are "ACE Inhibitor," "ARB," and "Diuretic." Appendix D contains instructions on how to create Rx groups and associate the correct medications to it (refer to the section "Checking for Proper Medication Assignment"). There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any).

The persistent medication monitoring report considers three types of labs for inclusion in the numerator. These are the lab metabolic panel, the serum creatinine lab and the serum potassium lab. The health center must make sure that the appropriate labs have the designated name and/or LOINC code. These labs are identified as follows:

1. Lab panel has a lab name similar to "comprehensive metabolic panel" or "basic metabolic panel."
2. Serum Creatinine has a lab attribute name similar to "Creatinine, Serum" or any of the following LOINC codes: 11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9,

40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51619-5, 51620-3, 59826-8, 59834-2, or 62425-4.

3. Serum Potassium has a lab attribute name similar to "Potassium, Serum" or any of the following LOINC codes: 12812-4, 12813-2, 22760-3, 2823-3, 2824-1, 29349-8, 32713-0, 39789-3, 39790-1, 41656-0, 51618-7, or 6298-4

Appendix C contains instructions on how to associate LOINC codes with lab attributes. There is a report called "Clin_Lab Tests with Attributes UDS Review" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that can be used to view all lab tests and their associated LOINC codes (or lack thereof). The columns "LabTestName" or "LabAttribute" can be filtered (searched) for the names your health center uses for these tests. The LOINC code (if one is associated) appears in the column LOINCCode.

U-Tox Screens Among Patients on Opioid Chronic Pain Medications (QIP Report)

Report name: QIP_Opioid_Safety_v1

Setup: Opioids are picked up by the report when they are associated with the "Opioids" (or "Opiates") Medication Group and verified by the provider in the Current Medications window. Appendix D contains instructions on how to create Rx groups and associate the correct medications to it. There is a BridgeIt report called "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) that shows all of the medications in your system as well as what Rx group they are assigned (if any).

For the numerator, the report is flexible in looking for urine toxicology labs. Labs will be picked up that have names containing key words like drug screen, drug abuse, urine drug, or urine tox in them. Many health centers already have lab names like these. Alternately, the health center can create a Lab Group with the words "Drug Screen" or "Drug Monitoring" in the name and then assign appropriate labs to it. This is recommended when the health center uses drug screening labs with names different than the ones above.

If creating a Lab Group for this measure, use the report "Clin_Lab Tests UDS Review LAB GROUP" (check for a report in the Warehouse subfolder UDS_Modified[5]) to confirm which labs have been assigned to the Lab Group. This report displays all of the lab test names and their associated lab groups. You can also see the last time the lab has been ordered (column LastOrderedDate) and if the lab has been ordered frequently (column TestCount). To use this report for the present purposes, filter the LabTestName column for the non-standard key words your health center uses for UTox screens. Then check to see if these tests have been assigned to the Drug Screen Lab Group using the LabGroupName.

[5] For example: Warehouses \ Workgroup \ Redwood Clinical Reports \ Workbook \ UDS_Modified or Warehouses \ Workgroup \ Redwood Clinical Folder \ Workbook \ UDS_Modified

Appendix A: Report Categories

The tables below identify the reports by general name. To find the name of the current version of the report available in the BridgeIt Warehouse, report to the Report Index, which is available on the RCHC IHIT Portal. This index is updated more frequently than the Report Set-Up document.

Categories of Report Configuration

Some reports are set-up in a similar manner. This chart shows the categories of configuration and the BridgeIt review report that can be used to confirm the configuration (see the notes on the page after the end of the table).

Annual Report Name	Configuration Category										
	Diagnosis codes on problem list	Vitals	Lab tests (by name or lab group)	Lab tests (by LOINC)	Diagnostic image	Rx Groups	Surgical history text	Preventive medicine structured data	Social history structured data	HPI structured data	OB Physical, Form A or Discharge
Cervical Cancer Screening	x		x				x				
Breast Cancer Screening	x				x		x				
Colorectal Cancer Screening	x			x	x		x				
Blood Sugar and Other Measures Among Patients With Diabetes	x	x		x	x				x		
Nephropathy Screening Test Among Patients With Diabetes	x			x		x					
Blood Pressure Control Among Patients With Hypertension	x	x									
Screening for High Blood Pressure and Follow-up Documented		x		x				x			
Early Entry Into Prenatal Care											x
Birth Weight From Deliveries											x
Child and Adolescent Weight Assessment and Counseling		x						x			
Adult Weight Screening and Follow-up		x						x			

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Annual Report Name	Configuration Category										
	Diagnosis codes on problem list	Vitals	Lab tests (by name or lab group)	Lab tests (by LOINC)	Diagnostic image	Rx Groups	Surgical history text	Preventive medicine structured data	Social history structured data	HPI structured data	OB Physical, Form A or Discharge
Tobacco Use Screening and Cessation Intervention						x		x	x		
Asthma Pharmacologic Therapy	x					x				x	
Well Child Visits											
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol	x			x		x					
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	x			x		x	x				
Heart Failure: Beta-Blocker Therapy	x					x				x	
Depression Screening and Follow-up	x					x				x	
Depression Remission at Twelve Months	x									x	
Newly Identified HIV Cases With Timely Follow-up	x									x	x
Documentation of Current Medications in Medical Record											
Screening for Future Fall Risk								x			
Pneumonia Vaccination for Older Adults											
Influenza Immunization											
Childhood Immunization: DTaP	x										
Dental Sealants											
Annual Monitoring for Patients on Persistent Medications			x	x		x					
U-Tox Screens Among Patients on Opioid Chronic Pain Medications			x			x					
SEE NOTE NUMBER REFERENCED ON NEXT PAGE	--	1	2	3	4	5	--	6	7	8	--

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NOTES

The BridgeIt data review reports can be used to check the configuration in your system. Since health centers no longer share a Warehouse, there is no longer a standard location for the reports.

A. Master Library (Warehouses \ Library \ Master Library \ Workbook \ UDS and CMS Clinical Setup)
B. Possibly another folder. Check your UDS Setup and Data Review folder (if it was previously imported, but note that these might be old versions) or the UDS Modified folder (Warehouses \ Workgroup \ Redwood Clinical Reports \ Workbook \ UDS_Modified)[6]

The BridgeIt data review reports are named below. The number refers to the note number referenced on the previous page. All reports appear in the Warehouse Master Library (location A above) unless otherwise noted as in possibly another folder (location B).

1. The BridgeIt report "Clin_Vitals Keys used" displays a list of vital names in your system.
2. The BridgeIt report "Clin_Lab Tests UDS Review LAB GROUP" displays a list of lab and lab group names in your system (in UDS Modified folder, see point B above)
3. The BridgeIt report "Clin_Lab Tests with Attributes UDS Review" displays a list of lab attribute names and LOINC codes in your system.
4. The BridgeIt report "Clin_Imaging Tests UDS Review" displays a list images in your system.
5. The BridgeIt report "Clin_Medications and Med Groups" displays a list of medication names and groups in your system.
6. The BridgeIt report "Clin_Preventive Structured Data Setup" displays a list of preventive medicine data elements in your system.
7. The BridgeIt report "Clin_Social History Structured Data UDS Review" displays a list of social history data elements in your system.
8. The BridgeIt report "Clin_HPI Structured Data UDS Review" displays a list of HPI data elements in your system.

[6] Alternately, the location might be Warehouses \ Workgroup \ Redwood Clinical Folder \ Workbook \ UDS_Modified

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Categories of Record-Level Validation Reports

See the appendix of the Annual Report Instruction Manual (version 12) for a description of the three basic types of validation reports. The most recent version of the BridgeIt Report Index (updated periodically during the year) will list the current report names.

Annual Report Name	Validation Report Name	Validation procedure name in Instruction Manual	Validation Category			
			Problem List Validation	Lab Test Validation	Image Validation	Other
Cervical Cancer Screening	Cervical Cancer Screen Validation_v5	Cervical Cancer Screening Lab Test Validation		x		
Breast Cancer Screening	Breast Cancer Screen Validation_v3	Breast Cancer Screening Image Validation			x	
Colorectal Cancer Screening	1. ColRect_LabTest_Validation_v2 2. ColRect_Image_Validation_v3	1. Colorectal Cancer FOBT Lab Test Validation 2. Colorectal Cancer Image Validation		x	x	
Blood Sugar and Other Measures Among Patients With Diabetes	1. DM_Validation_v3 2. DM_LabTest_Validation_v2	1. Diabetes Problem List Validation 2. Diabetic LDL and A1c Lab Test Validation	x	x		
Blood Pressure Control Among Patients With Hypertension	HTN_Validation_v2	Hypertension Problem List Validation	x			
Asthma Pharmacologic Therapy	Asthma_Validation_v3	Asthma Problem List Validation	x			x
Coronary Artery Disease (CAD): Controlling LDL Cholesterol	CAD_Validation_v4	CAD Problem List Validation	x			
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	IVD_CarVasSurg_Validation_v4	IVD Problem List Validation	x			
Depression Screening and Follow-up	1. Depress_Diag_Validation_v2 2. Depress_Screen_Validation_v4	1. Depression Diagnosis Validation Report 2. Positive Depression Screens and Follow-up Validation Report	x			x
Newly Identified HIV Cases With Timely Follow-up	HIV_FirstDx_Validation_v3	Initial HIV Diagnosis Validation Report	x			
Annual Monitoring for Patients on Persistent Medications	QIP_PersMedsLab_Validation_v1	Persistent Medications Lab Test Validation		x		
U-Tox Screens Among Patients on Opioid Chronic Pain Medications	QIP_OpioidLab_Validation_v1	Opioid Lab Test Validation		x		

Appendix B: Lab Category Set-up for the Cervical Cancer Screening Report

This is a help document that will assist you in mapping your eCW system to the BridgeIT Cervical Cancer Screening Report.

Note that the same basic procedure is followed for adding a lab group for UTox screens. This is optional (see the section above U-Tox Screens Among Patients on Opioid Chronic Pain Medications). The Lab Group name is "Drug Screen" or "Drug Monitoring."

MAPPING PAP (LAB) TESTS

STEP ONE: Creating a LAB category (if it does not already exist)

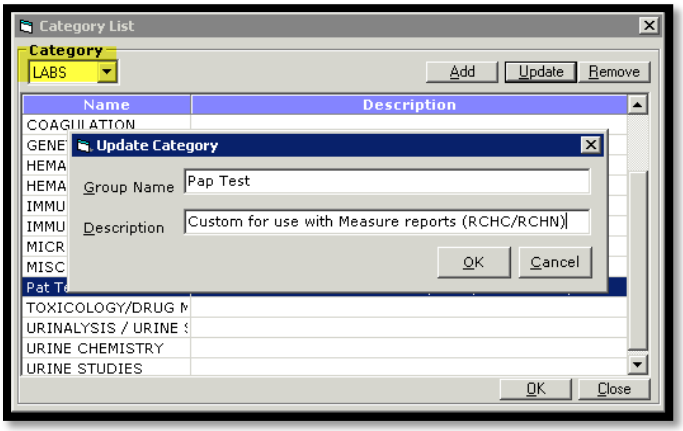
1) EMR menu > Labs, DI & Procedures > Configure Labs & DI Categories

    a. Select "LABS" category in the drop down box

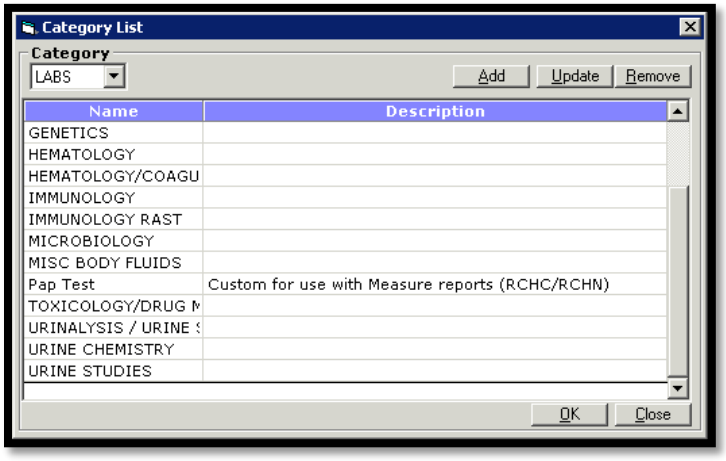
        i. Check to see if there is already a group in your system named "Pap Test." If there is, then go to STEP TWO (below) if you need to add labs to it.

        ii. If there is no "Pap Test" group, click ADD

        iii. Enter "Pap Test" in the Group Name field (exact spelling necessary) and a description (optional, but potentially useful)



iv. Click OK



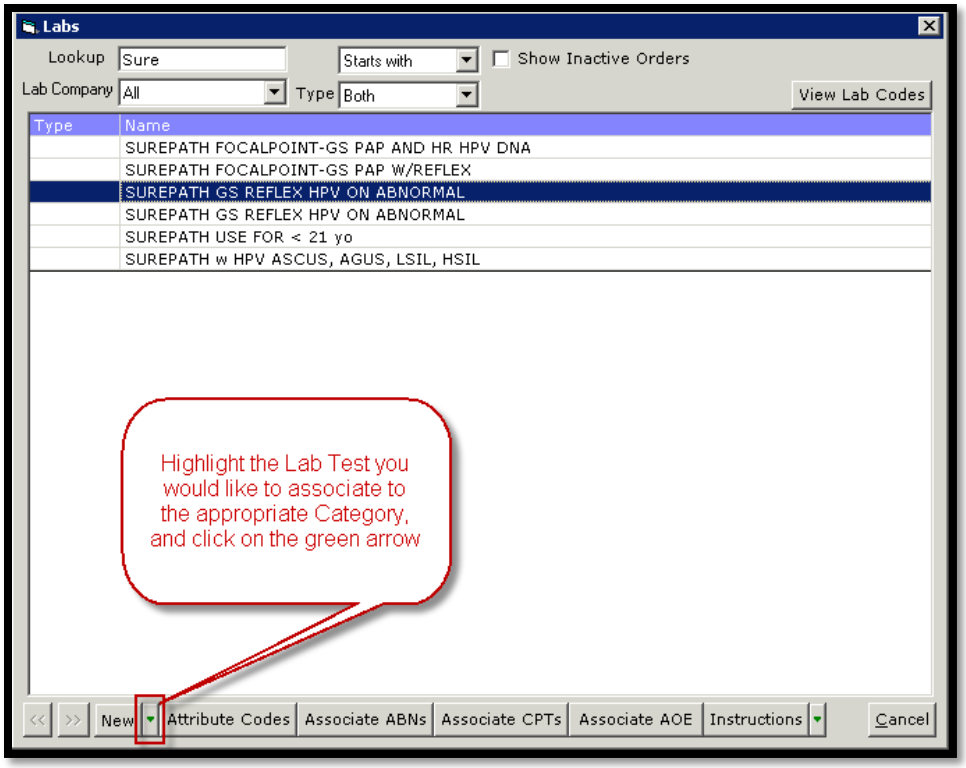
Verify your screen matches the above for Pap Test.

STEP TWO: Mapping labs to the appropriate LAB category

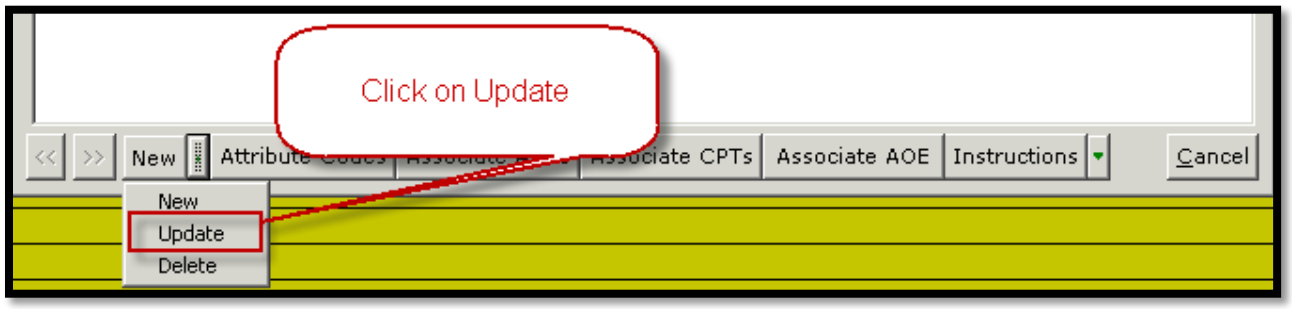
1) EMR menu > Labs, DI & Procedures

   a. Select Labs

   b. Search for and select the name of the pap test that needs to be added to the Lab Group (see figure on next page)



c. Click on the arrow and select Update



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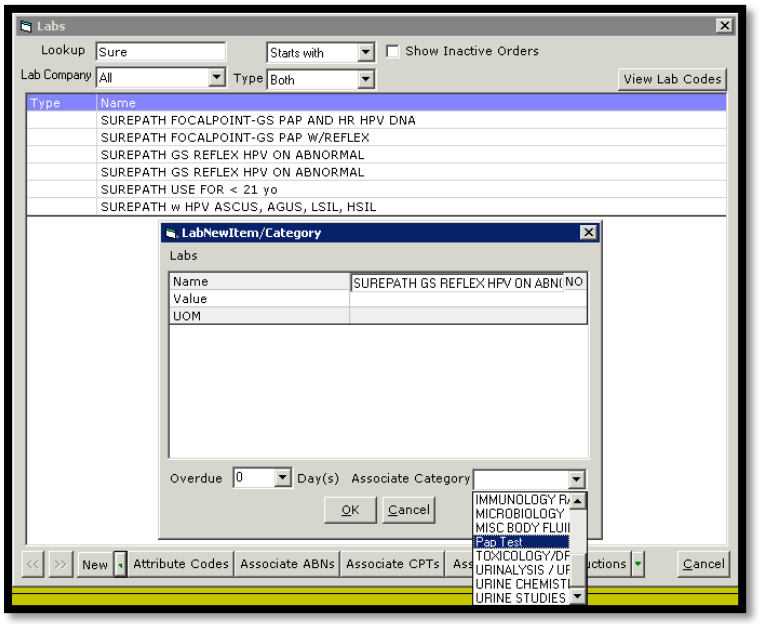
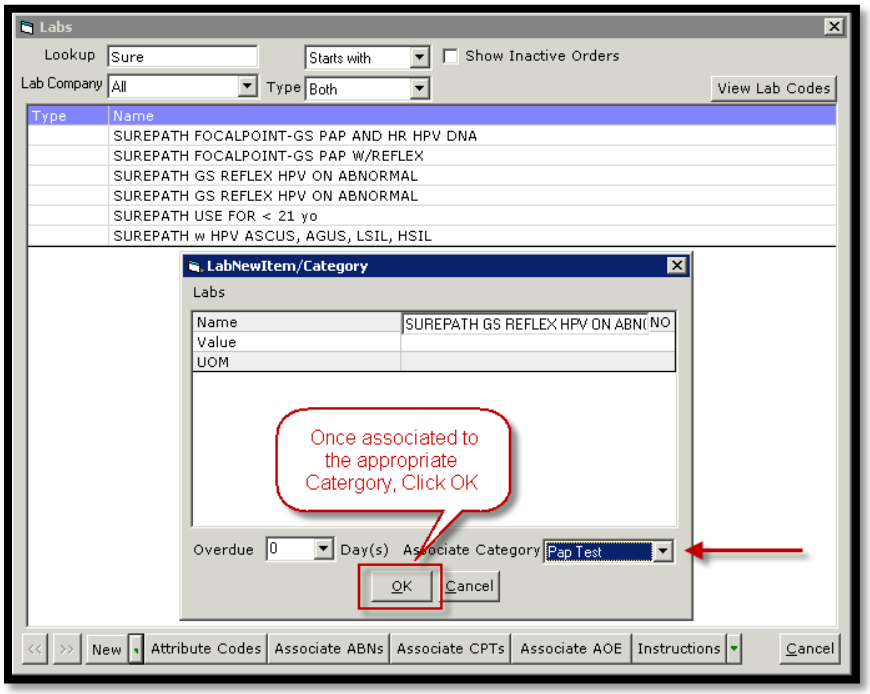
d. Pick the correct item (Pap Test) in the "Associate Category" drop down list



e. Click OK



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Perform steps a through e for each appropriate cervical cancer screening test.

Use the report in the Warehouse (see the UDS_Modified subfolder in the Redwood Clinical Reports folder) called "Clin_Lab Tests UDS Review LAB GROUP" to identify cervical cancer screening labs that are not yet associated with the correct Lab Group. To do this, run the report and filter the column LabGroupName for the text "Pap Test." These are the labs currently assigned to the Pap Test Lab Group. Ensure that all of these labs are indeed cervical cancer screening labs. Next, remove all the filters. Add a filter to the column LabGroupName exclude "Pap Test" and order the column LabTestName ascending. Then, scan down or filter the LabTestName column for common cervical cancer screening test names (for example, "…pap…" or "…cervical…" or "…surepath…" etc.). Record the names of labs not associated with the Pap Test Lab Group and then add them to the group (see STEP TWO above).

HPV lab tests do not have to be mapped in this manner.

Appendix C: Associating LOINC Codes to Labs

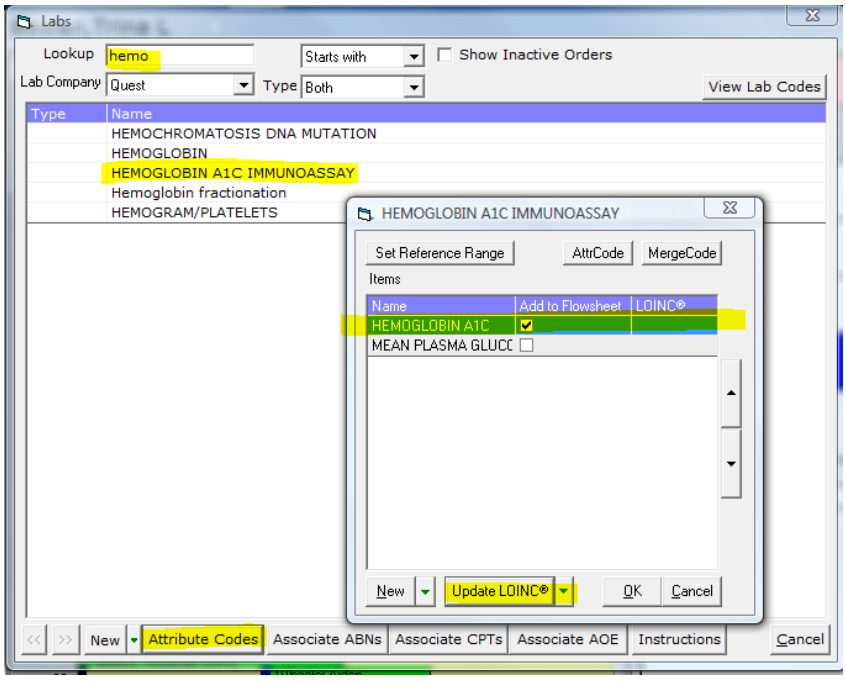
According to eCW, "LOINC codes are industry-standard codes that are associated with lab attributes. Quality Measures are created using LOINC codes so they can be standardized and distributed throughout a community and between practices" (Page 384, System Administrator Users Guide Version 8.0.47).

MAPPING LOINC CODES TO LAB TESTS

1) EMR menu > Labs, DI & Procedures > Labs

2) Use the Lookup field to search for the lab you want to associate (a search for "hemo" is in the example below).

3) From the lookup results, highlight the lab you want to associate and click Attribute Codes button near the bottom of the window. Look to see if there is a lab attribute listed in the window with the the correct LOINC code. If not, highlight the particular lab attribute and click arrow next to the Update LOINC button (see screenshot below).



4) In the drop-down list that opens when you click the Update LOINC arrow, click the Update option to open the Associate LOINC window.

5) Search for and highlight the LOINC code you want to associate with the selected attribute and click the OK button. The Technical Document gives a list of appropriate LOINC codes for each test attribute.

Appendix D: Creating Rx Groups and Associating Medications

Many of the measures evaluate patients who are taking certain classes of medications. Because medication lists that appear in eCW can come from different sources and contain different names, individual health centers must select and place the appropriate medications into groups that can be identified by the respective BridgeIt reports.

The UDS instructions (2016 UDS Manual, Version 1.1 – the 2017 manual is not available at this time) describe the class of medications for their measures:

- Tobacco: a smoking cessation medication. This medication may be a prescription or an Over the Counter (OTC) product
- Asthma: an inhaled corticosteroid, or an acceptable pharmacological agent (specifically: inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, or methylxanthines).
- Coronary Artery Disease: the instructions are not more specific than "lipid lowering therapy."
- Ischemic Vascular Disease: the instructions are not more specific than "Aspirin or another antiplatelet drug." (NOTE: this measure has changed for the 2017 UDS report, but specific medications have not been identified other than clopidogrel and prasugrel, which were specified on a UDS slideshow presentation)

The QIP instructions ("2016-2017 Primary Care Provider Quality Improvement Program (QIP) Measurement Specifications: FAMILY MEDICINE PRACTICES") give lists of medications for each measure. These are displayed in the next section. The medication groups are:

- Persistent Medications: ACE inhibitors, ARBs, and Diuretics
- Opioid Chronic Pain Medications: Opioids

The ACO instructions ("2016 Group Practice Reporting Option (GPRO) Web Interface Narrative Measure Specifications") name the class of medications for each measure:

- Coronary Artery Disease: ACE inhibitor or ARB therapy
- Heart failure: beta-blocker therapy should include bisoprolol, carvedilol, or sustained release metoprolol succinate.
- Ischemic Vascular Disease: the instructions are not more specific than "aspirin or another antithrombitic therapy."
- Tobacco Cessation Intervention: the instructions are not more specific than "pharmacotherapy."
- High blood pressure screening and follow-up: the instructions are not more specific than "Anti-Hypertensive Pharmacologic Therapy."

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- Depression follow-up: the instructions are not more specific than "pharmacological interventions."

Health centers choose which medications in their drug formulary are suitable for each measurement (normally by consulting the Medical Director, or the appropriate Clinician's Committee, etc.). At the end of this appendix are some suggested medication lists. Once a complete and unique list has been developed and approved by the health center according to policy, the medication names are associated with an Rx Group according to the instructions below.

The BridgeIt reports look for Rx Groups with specific names. The names recognized for each measure are:

Measurement	Rx Group Name (use exact name, no additional spaces or characters)
Tobacco cessation intervention	"Tob Cessation" or "Tobacco Cess"
Asthma pharmacologic therapy	"Asthma Meds"
CAD and use of drug therapy for lowering LDL cholesterol	"UDS Lipid Meds" or "UDS Lipd Meds"
1. CAD (and DM or LVEF) and use of ACE inhibitors 2. Nephropathy Screening Test Among Patients With Diabetes 3. Annual Monitoring for Patients on Persistent Medications	"ACE Inhibitors"
1. CAD (and DM or LVEF) and use of ARB therapy 2. Nephropathy Screening Test Among Patients With Diabetes 3. Annual Monitoring for Patients on Persistent Medications	"ARBs"
IVD and use of Aspirin or another antiplatelet	"Aspirin Therapy"
IVD and use of Aspirin or another antiplatelet (Anticoagulants)	"Warfarin" or "Coumadin"[7]
Heart failure and beta-blocker Therapy	"Beta Blocker" or "Beta Blockers"
Depression intervention	"Antidepressants"
Screening for high blood pressure and follow-up documented	"Antihypertens" or "Anti-Hypertens"[8]
Annual Monitoring for Patients on Persistent Medications	"Diuretic"[9]
U-Tox Screens Among Patients on Opioid Chronic Pain Medications	"Opioids" or "Opiates"

[7] For these Rx Groups, the report will accept other names, so long as they have the text "Warfarin" or "Coumadin" in it.

[8] For these Rx Groups, the report will accept other names, so long as they have the text "Antihypertens" or "Anti-Hypertens" in it.

[9] For this Rx Group, the report will accept other names, so long as they have the text "Diuretic" in it (for example, "Other Diuretics")

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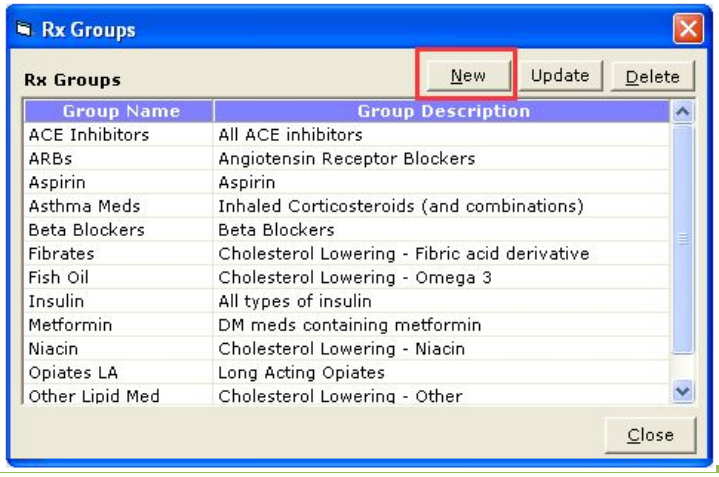
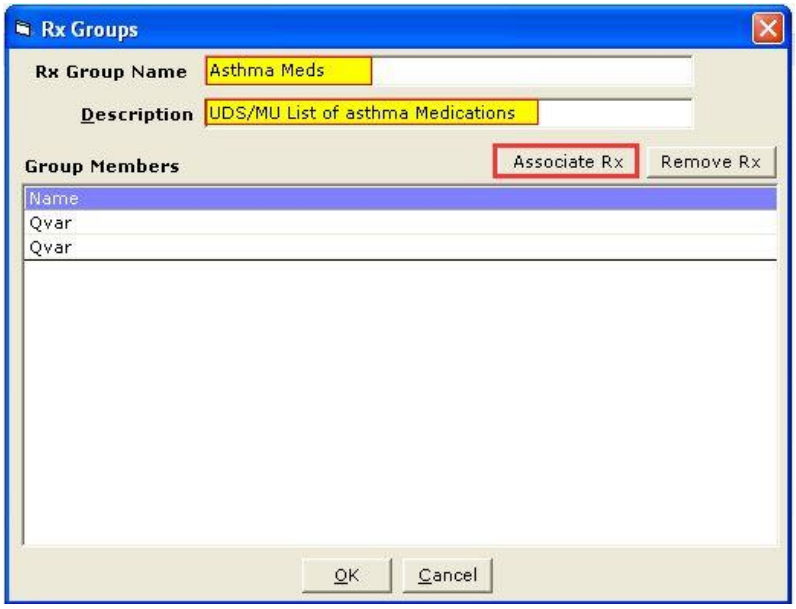
Adding an Rx Group in eCW and Associating Medications With It

1. From the EMR Menu, Choose Rx Groups.

2. In the Rx Groups window, check the list to see if the group name already exists. If not, click the New button to create a new group (see screenshot below). If the Rx Group exists and you want to add or remove medications from the group click Update.



3. When adding a new group, type the name of the group (for example, “Asthma Meds”) into the Rx Group Name field. Type a description of the group (your choice). Click the Associate Rx button to start adding medications to the list.



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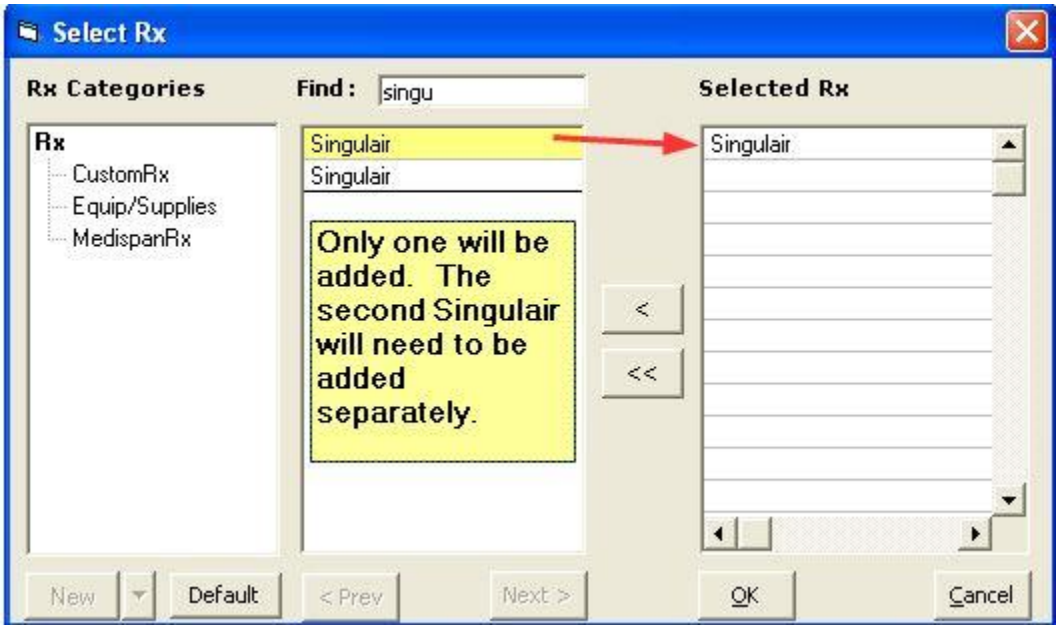
4. In the Select Rx window, add medications to the group. Type the name of the first medication into the 'Find' search box. From the results that appear, choose the medication you want added to the list. This will move the medication over to the right window. Click OK and the medication will be added to the list.



Additional Notes:

- Be aware that medications need to be added one at a time. eCW allows multiple medications to be chosen and moved to the right-window but only ONE will be added to the list. You need to click OK for each single medication you want to add.
- If a medication appears twice in the system, each instance of it must be added to the list separately. Generic and brand name medications also must be added to the list separately.
- Add all CustomRx and MedispanRx names of required medications to the lists. In the screenshot above, these are Rx Categories listed in the left-hand pane. It is sometimes necessary to click on the Rx Category to ensure that the exact med from that category is chosen.
- You can see a list of all medications and associated groups using the BridgeIt report named "Clin_Medications and Med Groups" in the Warehouse under Library\Workgroup\UDS and CMS Clinical Setup. This report has a column for Rx Category (eg, CustomRx, MedispanRx, MultumRx, etc).
- A single medication can be added to more than one Rx group

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Checking for Proper Medication Assignment

Use the BridgeIt report "Clin_Medications and Med Groups" (in the Master Library of the BridgeIt Warehouse, in the folder UDS and CMS Clinical Setup) to check for proper medication assignment. Remember that BridgeIt normally updates during the night, so if you assign medications to Rx groups in eCW, they will not appear us such on any BridgeIt report the same day.

The report "Clin_Medications and Med Groups" shows one medication record in the formulary on each row. Note that sometimes two records might have the same medication name, as sometimes happens when medication lists come from different sources (for example, MultumRx and CustomRx databases). It is important to keep in-mind that if a medication record on one row does *not* have an Rx group name in the column RXGroupName in the same row, *it is not assigned to that medication group*. It does not matter if other medications with the same or similar names have already been assigned. To be assigned to an Rx group, *every medication must be separately assigned to the group.*

To use the report "Clin_Medications and Med Groups," run it and follow the procedure below.

1. Remove all filters. Apply a filter for the Rx group (column RXGroupName) you are interested in. Check all the medications currently assigned to that group. Do they legitimately belong to that group?
2. Remove all filters. Apply a filter to the column RXGroupName to *exclude* the Rx group you are interested in. Then search for other possible medications by general name by filtering the column MedName (suggestion: the text filter "Contains…" works well for this kind of search). Are there any medications not currently assigned to the Rx group that should be?
3. Remove all filters. Sort ascending on the column MedName. Scroll down while scanning the column RXGroupName for the Rx group name you are interested in. When you find a medication with the Rx group name, look at the records immediately above and below the first record with that group. Are there any other records close to it that legitimately belong in the same Rx group but are not yet assigned to that group? Remember that they may have the exact same name, or variations of the name.

If you find a medication that is not assigned to the Rx group on this report, copy or write down the medication name (column MedName) and the Rx Type (column RXTypeName). Then, in the Select Rx window of the eCW set-up, click on the Rx Category (Rx Category = Rx Type) and search for the medication name in the Find box.

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For example, below is a report that shows two records for "Aspirin Buffered." One has been assigned to the Aspirin Therapy RxGroup and one has not. Note the one that has not been assigned has the RxTypeName equal to MultumRx. It still needs to be assigned to the Aspirin Therapy Rx group.

MedName	LastRXDate	UseCount	RXGroupName	RXGroupDesc	RXTypeName
Aspirin Buffered	5/26/2011	12			MultumRx
Aspirin Buffered	2/9/2012	56	Aspirin Therapy	Aspirin Therapy	CustomRx
Aspirin Low Dose	5/9/2012	9	Aspirin Therapy	Aspirin Therapy	MultumRx

Therefore, in the Select Rx window of eCW (see previous instructions above), click on MultumRx under RxCategories and search for Aspirin Buffered. The record for Aspirin Buffered from the MultumRx category will then need to be selected and associated to the Rx group.

Medications For Consideration to be Included in the Rx Groups

The following lists of medications come from various sources but are not intended to be definitive lists[10]. It is strongly recommended that the health center has a designated clinical provider or similar committee review and approve all appropriate medications for each medication group. The exact medication names in your formulary may vary from those on the lists below. Some medications appropriate for the numerator may also come in a combination or have a trade or generic name that may be different than on the list below. Use the BridgeIt report "Clin_Medications and Med Groups" to easily review and filter medication names and see which are assigned to which Rx Group.

Tobacco Cessation Intervention: ACTUAT, Bupropion Hydrochloride, Chantix, Clonidine Transdermal Patch, Nicoderm, Nicorette, Nicotine Chewing Gum, Nicotine Oral Lozenge, Nicotine Transdermal Patch, Nicotrol, Nortriptyline, Topiramate, Varenicline, Wellbutrin, Zyban bupropion

Asthma Pharmacologic Therapy: Accolate, Advair Diskus, Advair HFA, AeroBid, Alvesco, arformoterol inhaled, Asmanex Twisthaler, beclomethasone inhaled, Brovana, budesonide inhaled, budesonide/formoterol inhaled, ciclesonide inhaled, cromolyn inhaled, cromolyn inhaled generic, Dulera, Flovent Diskus, Flovent HFA, flunisolide inhaled, fluticasone inhaled, fluticasone/salmeterol inhaled, Foradil Aerolizer, formoterol inhaled, Intal, Memetasone inhaled, mometasone/formoterol inhaled, montelukast, omalizumab, Perforomist, Pulmicort Flexhaler, Pulmicort Respules, Qvar, salmeterol inhaled, Serevent Diskus, Singulair, Slo-Bid, Slo-Phyllin, Symbicort, Theo-24, Theo-Dur, Theolair, Uniphyl , Xolair, zafirlukast, Zileuton, Zyflo, Zyflo CR.

[10] Sources include documents from CMS, RCHC health centers and Stephanie Heckman (BridgeIt).

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Aspirin or another antiplatelet: Aspirin (Chewing Gum, Oral Capsule, Oral Tablet, etc), Clopidogrel (Oral Tablet), Prasugrel (Oral Tablet), Ticlopidine Hydrochloride (Oral Tablet)

Anticoagulants: Apixaban, Argatroban, Bivalirudin, Dabigatran Etexilate, Dalteparin, Dalteparin sodium, Desirudin, Edoxaban, Enoxaparin sodium, Fondaparinux sodium, Heparin sodium, Rivaroxaban, Tinzaparin sodium, Warfarin sodium

Drug therapy for lowering LDL cholesterol: Advicor, altoprev, amlodipine-atorvastatin, antara, atorvastatin calcium, caduet, colesevelam HCl, colestid, colestid flavored, colestipol HCl, crestor, ezetimibe, ezetimibe-simvastatin, fenofibrate, fenofibrate micronized, fenofibric acid, fibricor, fluvastatin, gemfibrozil, juvisync, lescol, lescol XL, Lipitor, lipofen, lofibra, lopid, lovastatin, mevacor, niacin, niacin (antihyperlipidemic), niacin CR, niacin flush free, niacin flush-free ex st, niacin-50, niacin-inositol, niacin-lovastatin, niacin-simvastatin, niacor, nicotinic acid cr, pravachol, pravastatin sodium, rosuvastatin, simcor, simvastatin, sitagliptin-simvastatin, slo-niacin, tricor, triglide, trilipix, vytorin, welchol, zetia, zocor, fenoglide, livalo.

ACE Inhibitors: Accupril, Aceon, Altace, Benazepril Hydrochloride, Captopril, Enalapril Maleate, Enalaprilat, Epaned, Fosinopril Sodium, Lisinopril, Lotensin, Mavik, Moexipril Hydrochloride, Perindopril Erbumine, Prinivil, Quinapril Hydrochloride, Ramipril, Trandolapril, Univasc, Vasotec, Zestril

ARBs: Atacand, Avapro, Benicar, Candesartan Cilexetil, Cozaar, Diovan, Edarbi, Eprosartan Mesylate, Irbesartan, Losartan Potassium, Micardis, Telmisartan, Teveten, Valsartan

Diuretics: (Loop diuretics) Bumetanide, Demadex, Edecrin, Furosemide, Lasix, Torsemide; (Potassium-sparing diuretics) Aldactone, Amiloride Hydrochloride, Dyrenium, Eplerenone, Inspra, Spironolactone; (Thiazide diuretics) Aquatensen, Chlorothiazide, Chlorthalidone, Diuril, Hydrochlorothiazide, Indapamide, Methyclothiazide, Metolazone, Microzide, Thalitone, Zaroxolyn

Opioids: Abstral, Acetaminophen With Codeine, Actiq, Alfenta, Alfentanil HCL, Ascomp With Codeine, Aspirin-Caffeine-Dihydrocodein, Astramorph-PF, Avinza, Buprenex, Buprenorphine, Butalbit/Acetamin/Caff/Codeine, Butalbital Compound-Codeine, Butrans, Capital W-Codeine, Codeine Sulfate, Codeine/Butalbital/Asa/Caffeine, Conzip, Demerol, Dhcodeine Bt/Acetaminophn/Caffeine, Dihydrocodeine/Aspirin/Caffeine, Dilaudid, Dilaudid-HP, Diskets, Dolophine HCL, Duragesic, Duramorph, Embeda, Endocet, Endodan, Exalgo, Fentanyl, Fentanyl Citrate, Fentanyl Citrate/PF, Fentora, Fioricet With Codeine, Hycet, Hydrocodone Bitartrate, Hydrocodone/Acetaminophen, Hydrocodone/Ibuprofen, Hydromorphone HCL, Hydromorphone HCL/PF, Hysingla ER, Ibudone, Infumorph, Kadian, Lazanda,

Lorcet, Lortab, Meperidine HCL, Meperidine HCL/PF, Meperitab, Methadone HCL, Methadose, Morphine Sulfate, Morphine Sulfate/Naltrexone, Morphine Sulfate/PF, Ms Contin, Norco, Nucynta, Opana, Oxecta, Oxycodone HCL, Oxycodone HCL/Acetaminophen, Oxycodone HCL/Aspirin, Oxycontin, Oxymorphone HCL, Pentazocine Lactate, Percocet, Percodan, Primlev, Remifentanil HCL, Reprexain, Roxicet, Roxicodone, Sublimaze, Subsys, Sufenta, Sufentanil Citrate, Synalgos-DC, Talwin, Tapentadol HCL, Tramadol HCL, Tramadol HCL/Acetaminophen, Trezix, Tylenol-Codeine No.3, Tylenol-Codeine No.4, Ultiva, Ultracet, Ultram, Vicodin, Vicoprofen, Xartemis XR, Xodol, Xylon 10, Zohydro ER

Antidepressants: 5-Hydroxytryptophan, Amitriptyline Hydrochloride, Amoxapine, Atomoxetine, Bupropion Hydrochloride, Citalopram, Clomipramine Hydrochloride, Desipramine Hydrochloride, Desvenlafaxine, Doxepin, Doxepin Hydrochloride, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine Maleate, Folic Acid, Imipramine Hydrochloride, Imipramine Pamoate, Maprotiline Hydrochloride, Mirtazapine, Nefazodone hydrochloride, Nortriptyline, Omega-3 Acid Ethyl Esters (USP), Paroxetine, Phenelzine, Protriptyline Hydrochloride, Selegiline hydrochloride, Sertraline, ST. JOHN'S WORT EXTRACT, Tranylcypromine, Trazodone Hydrochloride, Trimipramine, Venlafaxine, and Vilazodone hydrochloride

Antihypertensives (as suggested by the PHASE project):

I. Antihypertensive classes: ACE inhibitor, Aldosterone antagonist diuretic, Alpha-1 blocker, Alpha-2 adrenergic agonist, Angiotensin II receptor antagonist, Beta-blocker, Calcium channel blocker, dihydropyridine, Combination, Nondihydropyridine calcium channel blocker, Potassium-sparing diuretic, Renin inhibitor, Stain/HTN combination, Thiazide diuretic, Vasodilator

II. Antihypertensive medication brand names: Accupril, Accuretic, Aceon, Adalat, Aldactone, Aldomet, Altace, Amturnide, Apresoline, Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, BiDil, Blocadren, Bystolic, Byvalson, Caduet, Calan, Capoten, Capozide, Cardene, Cardura, Cardura XL, Catapres, Coreg, Coreg CR, Corgard, Corzide, Cozaar, Diovan, Diovan HCT, Diuril, Dutoprol, Dyazide, Dynacirc, Dyrenium, Edarbi, Edarbyclor, Enduron, Entresto, Exforge, Exforge HCT, Hydra-Zide, Hytrin, Hyzaar, Imdur, Inderal, Inderide, Inspra, Intuniv, Isordil, Kerlone, Loniten, Lopressor, Lopressor HCT, Lotensin, Lotensin HCT, Lotrel, Lozol, Mavik, Maxzide, Micardis, Micardis HCT, Minipress, Monopril, Monopril-HCT, Nifediac, Nifedical, Norvasc, Nymalize, Plendil, Prinivil, Procardia, Sectral, Sular, Tarka, Tekamlo, Tekturna, Tekturna HCT, Tenex, Tenoretic, Tenormin, Teveten, Thalitone, Toprol XL, Trandate, Tribenzor, Twynsta, Uniretic, Univasc, Valturna, Vaseretic, Vasotec, Visken, Zaroxolyn, Zebeta, Zestoretic, Zestril, Ziac

III. Antihypertensive medication generic names: Acebutolol, Aliskiren, Amlodipine, Atenolol, Azilsartan, Benazepril, Betaxolol, Bisoprolol, Candesartan, Captopril, Carvedilol, Chlorthalidone, Chlorthiazide, Clonidine, Doxazosin, Enalapril, Eplerenone, Eprosartan, Felodipine, Fosinopril, Guanfacine, Hydralazine, Indapamide, Irbesartan, Isosorbide dinitrate, Isradipine, Labetalol, Lisinopril, Losartan, Methyclothiazide, Methyldopa, Metolazone, Metoprolol succinate,

Metoprolol tartrate, Minoxidil, Moexipril, Nadolol, Nebivolol, Nicardipine, Nifedipine, Nimodipine, Nisoldipine, Olmesartan, Perindopril, Pindolol, Prazosin, Propranolol, Quinapril, Ramipril, Sacubitril/Valsartan, Spironolactone, Telmisartan, Terazosin, Timolol, Trandolapril, Triamterene, Valsartan, Verapamil