Early Preparation for the UDS Report: Beginning the Data Validation Process

By Ben Fouts, MPH

RCHC Data Group Webinar

September 12, 2017

Agenda

- Available Documents and How They Are Used
- Verification of 2017 Changes to Measures
- Clinical Validation Process
  - ➢ General Approach
  - ➢ Categories of BridgeIT Clinical Validation Reports
  - ➢ Examples Using BridgeIT

Available Documents and How They Are Used

Get the Official 2017 UDS Instructions

- The UDS Manual is located here: https://bphc.hrsa.gov/datareporting/reporting/index.html

- Available on the RCHC IHIT Portal

Bureau of Primary Health Care

Uniform Data System Reporting Instructions for 2017 Health Center Data

2017 UDS Manual—August 31, 2017
OMB Number: 0915-0193, Expiration Date: 02/28/2018

HRSA Health Center Program

Instructions for Table 6B: Quality of Care Measures

This table reports data on selected quality of care measures. BPHC first implemented these measures in 2008 and has been updating and adding to them since then. BPHC will continue to revise and expand these measures consistent with the National Quality Strategy, the CMS electronic Clinical Quality Measures, and other national quality initiatives.

The quality of care measures reported are "process measures," which means that they document services that have been shown to be correlated with and serve as a proxy for good long-term health outcomes. We know that individuals who receive timely routine and preventive care are more likely to have an improved health status.

By increasing the proportion of health center patients who receive timely preventive care and routine acute and chronic care, we can expect an improved health status of the patient population in the future. Specifically:

- **Early entry into prenatal care:** The probability of adverse birth outcome will be reduced, *if* women enter care in their first trimester.

- **Childhood immunization status:** Children will be less likely to contract vaccine preventable diseases or to suffer from the sequelae of these diseases, *if* they receive their vaccinations in a timely fashion.

- **Cervical cancer screening:** Early detection and treatment of abnormalities can occur and women will be less likely to suffer adverse outcomes from human papillomavirus (HPV) infection and cervical cancer, *if* women receive Pap tests as recommended.

- **Weight assessment and counseling for nutrition and physical activity for children and adolescents:** The likelihood of obesity and its sequelae will be reduced, *if* clinicians ensure their patients' body mass index (BMI) percentile is recorded, and *if* patients (and parents) are counseled on nutrition and physical activity (regardless of the patient's weight).

- **Preventive care and screening: Body mass index (BMI) screening and follow-up plan:** The likelihood of the debilitating sequelae of serious weight problems can be reduced, *if* clinicians routinely calculate and record the BMI for their adult patients, and *if* they identify patients with weight problems and develop a follow-up plan for overweight and underweight patients.

- **Preventive care and screening: Tobacco use: Screening and cessation intervention:** Patients will be more likely to quit using tobacco and will therefore have a lower risk of cancer, asthma, emphysema, and other tobacco related illnesses, *if* patients are routinely queried about their tobacco use and are provided with effective cessation counseling and pharmacologic intervention if they are tobacco users.

- **Use of appropriate medications for asthma:** Patients will be less likely to have asthma attacks, will require fewer emergency room visits, and be less likely to develop complications related to asthma, including death, *if* patients identified with persistent asthma are provided with appropriate pharmacological intervention.

Instructions for Table 7: Health Outcomes and Disparities

This table reports data on health status measures by race and Hispanic or Latino ethnicity. The health outcome and disparity measures reported are "intermediate outcome measures," which means that they document measurable outcomes of clinical intervention as a surrogate for good long-term health outcomes. Use and analysis of clinical quality measures by health centers in their Plan, Do, Study, Act (PDSA) cycles is one tool that can lead to improved health care for patients.

Increasing the proportion of health center patients who have a good intermediate health outcome generally leads to improved health status of the patient population in the future. Specifically:

- **Low Birth Weight:** There will be fewer children who suffer the multiple negative sequela of low birth weight, such as delayed or diminished intellectual and/or physical development, *if* fewer babies have low birth weight.

- **Controlling High Blood Pressure:** There will be less cardiovascular damage, fewer heart attacks, and less organ damage later in life, *if* there is less uncontrolled hypertension.

- **Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%):** There will be fewer long-term complications such as amputations, blindness, and end-organ damage, *if* there is less poorly controlled diabetes.

The clinical health outcome and disparity measures described in this manual must be reported by all health centers using specifications detailed in the measure definitions below. Many of the UDS health outcome and disparity measures are now aligned with CMS e-CQMs for Eligible Professionals. The January 2017 Addendum eReporting update is used for the 2017 reporting period. (Although there are other updates available from CMS, *they are not to be used* for the 2017 reporting.) The eReporting specifications can be found at the CMS' eCQI Resource Center at https://ecqi.healthit.gov/ep. E-CQM measure numbers and links are provided to assist you, where applicable. For clarification or interpretation of aligned CMS e-CQMs, please contact the measure steward. Additionally, the use of official versions of vocabulary value sets as contained in the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov/ is encouraged for health centers capable of appropriately using this resource as defined below to support the data reporting of these health outcomes and disparity measures.

Column Logic Instructions
The column logic reflected here specifically applies to the High Blood Pressure and Diabetes measures.

Column A (2a and 3a): Number of Patients in the Universe (Denominator)
Report the total number of patients who fit the detailed criteria described for the specified measure. *Consider patients meeting the criteria in the health center's total patient population, including all sites, all programs, and by all providers.*

Because the initial patient population for two measures is defined in whole or in part in terms of age, comparisons to the numbers on Table 3A and Table 7 will be made when evaluating your

Note on the Text for the Measures

Some measures have additional information on:
- Specification Guidance
- Clinical Guidance
- UDS Reporting Considerations

Get the Right BridgeIT Reports

- Available on the RCHC IHIT Portal
- Use the list of reports to ensure that you have the correct and most recent versions
- The "Type" column distinguishes between Data Summary and Validation reports.

Most Recent Versions of Documents and Clinical BridgeIt Reports

Key Documents   *Updated: July 2017*

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

BridgeIt Reports   *Color coding: New versions of reports and documents in 2017*

Report name in BridgeIt	Type		Last update
Adult_Weight_v8	Data summary		April 2017
Asthma_Pharma_v7	Data summary	Version 7.1	November 2016
Asthma_Validation_v3	Validation		October 2015
Breast Cancer Screen Validation_v3	Validation	Version 3.1	March 2015
Breast Cancer Screening_v6	Data summary	Version 6.1	October 2015
CAD_LipidLower_v4	Data summary	Version 4.2	November 2016
CAD_Validation_v4	Validation		November 2016
Cervical Cancer Screen Validation_v5	Validation	Version 5.1	March 2015
Cervical Cancer Screening_v8	Data summary	Version 8.2	July 2017
Child_Weight_v6	Data summary	Version 6.1	November 2016
ColRect Cancer Screening_v6	Data summary		August 2016
ColRect_Image_Validation_v3	Validation	Version 3.1	March 2015
ColRect_LabTest_Validation_v2	Validation	Version 2.2	March 2015
Dental_Sealants_v1	Data summary		December 2015
Depress_Diag_Validation_v2	Validation		October 2015
Depress_Screen_Validation_v4	Validation		July 2017
Depression_Screen_Followup_v7	Data summary		July 2017
Depression_Remission_v2	Data summary		October 2015
Diabetes_Nephropathy_v3	Data summary	Version 3.1	November 2016
Diabetes_v7	Data summary	Version 7.2	July 2017
DM_LabTest_Validation_v2	Validation	Version 2.2	October 2015
DM_Validation_v3	Validation		November 2016
Fall_Risk_v1	Data summary		March 2015
HeartFailure_BetaBlocker_v2	Data summary		October 2015
HighBP_Screen_Followup_v2	Data summary	Version 2.1	July 2017
HIV_FirstDx_Validation_v3	Validation		October 2015
HIV_Timely_Followup_v4	Data summary		October 2015
HTN_Validation_v2	Validation	Version 2.1	December 2015
Hypertension_v7	Data summary	Version 7.2	July 2017
Influenza_Immuniz_v1	Data summary	Version 1.1	October 2015
IVD_Aspirin_v6	Data summary		July 2017
IVD_CarVasSurg_Validation_v4	Validation		July 2017
Med_Documentation_v1	Data summary		October 2015
Pneumonia_Vacc_v1	Data summary	Version 1.1	October 2015
QIP_DTaP_Immuniz_v2	Data summary		June 2015
QIP_Opioid_Safety_v1	Data summary		October 2016
QIP_OpioidLab_Validation_v1	Validation		October 2016
QIP_PersistMeds_v1	Data summary		October 2016
QIP_PersMedsLab_Validation_v1	Validation		October 2016
QIP_Well_Child_Visits_v3	Data summary		June 2016
Tobacco_v6	Data summary	Version 6.2	April 2017
UDS_Deliveries_v4	Data summary		March 2015
UDS_Prenatal_v5	Data summary		November 2016

Follow the BridgeIT Instructions for the UDS Clinical Measures

- Available on the RCHC IHIT Portal
- Contains instructions for running the data reports and also a general description of the validation process for each measures
- The validation process depends on the type of data the report uses

Validating and Reporting the 2017 UDS Clinical Measures (Version 1)

REDWOOD HEALTH COMMUNITY COALITION

Serving Sonoma, Napa, Marin & Yolo Counties

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Document Last Updated: 7/22/2017 8:41 AM

Data Validation Section

- For each report, there is a section on Data Validation.

- There may be more than one step to the validation. There may be more than one source of data in BridgeIT. There may be more than one field in eCW that is the focus of the validation.
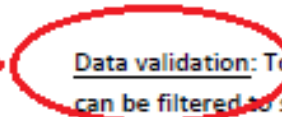
Asthma Pharmacologic Therapy

Report name: Asthma_Pharma _v7

Parameters and filters: Upon running the report, enter the measurement period (i.e., 1/1/2017 to 12/31/2017). When viewing the datasheet, filter for patients with one or more primary care visits during the measurement period (PrimCareVisitsPeriod >0), persistent asthma (HasPersistentAsthma = "Yes") and no exclusion criteria (Exclude_UDS does not equal "Exclude"). Age criteria (patient age between 5 and 64) is automatically applied.

Result summary: The datasheet "AsthmaMeds" in the Excel output displays results that can be used for the UDS report Table 6B, Section H. The Grand Total on this worksheet is the denominator (Columns a and b in the UDS table for this measure) and the value in the row "Yes" (for AsthmaMedWithin1Y) is the numerator (Column c, "NUMBER OF PATIENTS WITH ACCEPTABLE PLAN").

Data validation: To validate the denominator, run the report called Asthma_Validation_v3. This report can be filtered to show all patients *without* a persistent asthma diagnosis description on the problem list, but *with* a persistent asthma diagnosis description on any assessment. It can also be used to make sure that patients have an asthma diagnosis code (ICD-9 or ICD-10 code) on their problem list if they have ever had an asthma diagnosis code on any assessment or claim. See the section "Asthma Problem List Validation" in the appendix of the Instructions for Using the BridgeIt Annual Clinical Report Set, Version 13 (July 2017), for more details.

More Specific Instructions

- Available on the RCHC IHIT Portal
- Provides additional detail on how to run the Data Summary reports and on the definitions of each column

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

REDWOOD HEALTH COMMUNITY COALITION

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Document Last Updated: 7/22/2017 9:03 AM

Specific Instructions for the Validation Reports

- The Appendix of the general instruction manual (page 99) contains very specific instructions on how to use the validation reports
- It will be covered more later in this presentation

Appendix: Supplementary Validation Reports

The validation reports are not clinical reports themselves, but provide additional detail to check the data quality of the associated clinical reports. These reports should be run on a scheduled basis to check the completeness of data entry and to implement performance improvement activities based on the results. It is recommended that they be run and corrections to the data made in eCW (if necessary), before the final results are used for annual funder reports, dashboards, etc.

There are three basic types of validation reports available in BridgeIt. They are:

1. **Problem List Validation Reports.** These reports search for particular diagnosis (ICD-9 and ICD-10) codes on various parts of the health record and are intended to identify patients who perhaps are missing a diagnosis code on their Problem List. This is essential because several reports rely on the Problem List to identify denominator patients. *Without the code on the Problem List, they would otherwise be missed by the annual report.*
2. **Lab Test Validation Reports.** Lab test results must be entered into structured data according to the eCW/Meaningrul Use criteria (see page 8 of the Technical Document). These reports identify labs that perhaps were performed, but not properly entered. *These labs would otherwise be missed by the annual report.*
3. **Image Validation Reports.** Although image results do not have to conform to strict Meaningful Use Criteria, they still must meet minimum requirements to be considered by the BridgeIt annual reports as complete. These validation reports show records of images that were perhaps performed, but not properly entered. *These images would otherwise be missed by the annual report.*

Some Problem List validation reports also suggest patients who should be included or excluded from the data report denominator based on free text in their Medical History or Surgical History. The medical records of these patients should be examined to see if they fit the criteria of the specific measure.

Other Sources for UDS Measure Definitions

1. Appendix A of the document, Validating and Reporting the 2017 UDS Clinical Measures (Version 1)
   - Columns compare 2016 and 2017 measure definitions
   - Differences are in bolded italic text
2. Document, Comparison of Measurements Between Different Projects and Funders (Version 14)
   - Columns compare measure definitions among the different funders (UDS, QIP, PIP and ACO)

Appendix A: Comparison of 2016 and 2017 UDS Measures

The table below compares the 2016 definition of the measure to the 2017 definition for those measures that changed. The specific changes are emphasized in italic font.

Measure Name	2016 UDS Definitions (From 2016 BPHC Instruction Manual)		2017 UDS Definitions (From May 2017 Slideshow "2017 Uniform Data System (UDS) Reporting Changes For Reports Due February 15, 2018"	
	Denominator	Numerator	Denominator	Numerator
Cervical Cancer Screening	• Between 23 and 64 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Female • Exclusion: had a hysterectomy and no residual cervix	*Had pap test in the past three years prior to the end of the measurement period*	• Between 23 and 64 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Female • Exclusion: had a hysterectomy and no residual cervix	*Had either of the following:* *• A pap test in the past three years (age 23 to 64 years)* *• A pap test and an HPV test performed simultaneously in the past five years (age 30 to 64 years)*

Adult Weight Screening and Follow-up	• 18 years or older during the reporting year and ever seen after 18th birthday
	• Had at least one medical visit during the reporting period
	• Exclusion: pregnant or had palliative care during the reporting period
		• Had a BMI documented at last visit in the reporting period or within 6 months of the last visit
		• When the most recent BMI is outside "normal" parameters, a follow-up plan is documented at that visit or within 6 months of that visit
		• *Definition of normal parameters*
		  1. *Age 18 to 64 years: BMI => 18.5 and < 25 kg/m2*
		  2. *Age 65 years and older: BMI => 23 and < 30 kg/m2*
			• 18 years or older during the reporting year and ever seen after 18th birthday
			• Had at least one medical visit during the reporting period
			• Exclusion: pregnant or had palliative care during the reporting period
				• Had a BMI documented at last visit in the reporting period or within 6 months of the last visit
				• When the most recent BMI is outside "normal" parameters, a follow-up plan is documented at that visit or within 6 months of that visit
				• *Definition of normal parameters for all ages (18 years and older): BMI => 18.5 and < 25 kg/m2*

Comparison of Measurements Between Different Projects and Funders

Version 14

Redwood Community Health, July 2017

Measure Name (and Report Name)	UDS/BPHC (2017)		QIP/Partnership (2017)		PIP (2017)		ACO (2016)	
	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator
Cervical Cancer Screening (Cervical Cancer Screening_v8)	• Between 23 and 64 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Had a medical visit prior to 65th birthday • Female • Exclusion: had a hysterectomy and no residual cervix	Had either of the following: • A pap test in the three years prior to the end of the measurement period (age 23 to 64 years) • A pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years)	• Continuously enrolled PHP members between 24 and 64 years at the end of the reporting period • Female • Exclusion: had a hysterectomy and have no residual cervix	Had either of the following: • A pap test in the three years prior to the end of the measurement period (age 24 to 64 years) • A pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years)	• Between 23 and 64 years of age at the end of the reporting period • Had at least one medical visit during reporting period • Had a medical visit prior to 65th birthday • Female • Exclusion: had a hysterectomy and no residual cervix	Had either of the following: • A pap test in the three years prior to the end of the measurement period (age 23 to 64 years) • A pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years)		
Breast Cancer Screening (Breast Cancer Screening_v6)							• (ACO 20; NQF 0031) • Between 52 and 74 years during the reporting period • Had at least one encounter during the reporting period • Female • Exclusions: had bilateral mastectomy or two unilateral mastectomies	Had a mammogram during the past 27 months

Compare Results to Benchmarks and Prior Data

- Available on the RCHC IHIT Portal
- Benchmark Document has been updated with 2016 UDS Data
- The BASICS OF BENCHMARKING was presented in the April RCHC Webinar

Clinical Measure Name	Partnership Health Plan							UDS (Bureau of Primary Healthcare)					
	National CMS Data (2015)				2015-2016 Submission	2017 Transition Period		2015 UDS Submission			2016 UDS Submission		
	25th	50th	75th	90th	(Southern Region*)	Half points	Full points	National	California	RCHC	National	California	RCHC
Cervical cancer screening			71.3%	76.0%	56.5%	63.7%	69.9%	56.0%	57.3%	68.1%	54.4%	57.7%	61.7%
Colorectal cancer screening	56.6%				34.3%	39.1%	51.2%	38.3%	41.2%	43.0%	39.9%	41.7%	44.3%
Adult Weight Screening and Follow Up								59.4%	62.2%	46.6%	62.5%	64.9%	55.4%
Child Weight Screening and Follow Up								57.9%	56.0%	49.1%	62.9%	64.0%	68.0%
Tobacco Assessment and Intervention								82.8%	82.1%	68.6%	85.2%	85.5%	75.1%
Depression Screening and Follow-up								50.6%	48.0%	49.8%	60.3%	56.4%	55.9%
Diabetes: HbA1c under 9%			63.5%	69.7%	65.7%	63.1%	70.7%	70.2%	70.2%	70.4%	67.9%	67.1%	63.7%

Verify 2017 Changes to UDS Measures

Context

- Before we had the official 2017 UDS instruction manual, we had to make a best guess on the specific changes that were proposed to the clinical measures
- Last year, not all "anticipated" changes actually happened

Conclusion

- After review of the new manual, all of the planned changes mentioned in the June and July 2017 Data Group Webinars were actually incorporated

- THEREFORE, all reports on the RCHC July 2017 Report Index and all of the instructions in version 1 of the RCHC BridgeIT UDS Instructions are correct and should be used

Cervical Cancer Screening

- Definition going back to "old" (i.e., 2015 and prior) definition
- CHANGE for the numerator:
  - Include women age 23-64 who had cervical cytology performed in the past 3 years
  - If not in that group, include women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in the past 5 years

Adult BMI Screening and Follow-Up

- Parameters for "Normal" weight range changed. Previously, they were based on age. Now, there is one range for all adults

- CHANGE -- Normal weight parameters: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2

Use of Appropriate Medications for Asthma

- Change -- Add exclusion to denominator: chronic obstructive bronchitis

IVD Use of Aspirin or Another Antiplatelet

Two changes:

1. CHANGE -- New exclusion added to definition: anticoagulant medications (e.g., warfarin, heparin, dalteparin)

2. CHANGE -- Measure name changed to "Another Antiplatelet" (old definition referred to "Another Antithrombotic")

Screening for Depression and Follow-Up

- No specific mention of this change in the 2017 UDS Instruction Manual. However, it appeared in a Bureau slideshow.
- CHANGE – The PHQ-9 (patient health questionnaire) is no longer part of the follow-up plan (i.e., additional evaluation for depression) but rather is part of the depression screen.
- Therefore, a 'positive screen' for depression would normally involve a positive PHQ-9. An acceptable follow-up plan activity must occur on the same day as the positive screen
- See the July 2017 Data Group Webinar for more detail

More Detail on Changes to the Reports and Set-up in the July 2017 Data Group Webinar

Updates to BridgeIT Reports
(2017 UDS Reporting)

RCHC Data Group Webinar
By Ben Fouts, MPH
July 11, 2017

Clinical Validation Process

Definition of Validation

- In the sense we are using today, 'validation' means to have accurate and complete data in eCW. Another term for this is 'cleaning' the data

- In the last webinar, we used the term 'validation' to mean comparing the results of the report to the data in eCW to determine if the report is working as expected

First Step: Review the Report Set-up

- Context: Certain kinds of providers, labs, and medications must be assigned to groups, or appropriately labelled

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

First Step: Review the Report Set-up

<u>BridgeIT Reports: UDS Setup and Data Review Folder</u>

1. Medical Providers: Fin_Table 5 Provider and Resource Mapping (field "Specialty")
2. Medications: Clin_Medications and Med Groups (field "RXGroupName")
3. Lab (LOINC): Clin_Lab Tests with Attributes UDS Review (field "LOINCIDKey")

First Step: Review the Report Set-up

<u>BridgeIT Reports: UDS Modified Folder</u>

1. Lab (LOINC): Clin_Lab Tests UDS Review LAB GROUP (field "LabGroupName")

- Ensure that members of the group are correct
- Search for appropriate items that are not yet members of the group

Second Step: Incomplete Labs and Images

- Context: Some labs may have been ordered and collected, but the record in eCW was not completed. These labs will not be picked up by the data report

- Reference: Appendix in Instructions for Using the BridgeIt Annual Clinical Report Set (Version 13).

BridgeIT Reports for Incomplete Labs and Images

1. Paps for cervical cancer screening measure (Cervical Cancer Screen Validation_v5)

2. FIT/FOBT tests for colorectal cancer screening measure (ColRect_LabTest_Validation_v2)

3. Colonoscopies and sigmoidoscopies for colorectal cancer screening measure (ColRect_Image_Validation_v3)

4. A1c labs for diabetes measure (DM_LabTest_Validation_v2)

5. LDL labs for CAD measure (DM_LabTest_Validation_v2)

Cleaning Labs/Images Ordered But Not Completed

- Run report for a date range from the beginning of the year to a recent date (eg, 1/1/2017 to 8/31/2017). The report will pull labs ordered in this range

- Filter the column MeetsMUCriteria (Labs) or MeetsSummRptCriteria (images)

- These are incomplete labs. Look at them in BridgeIT or eCW to see what happened to them. Did the patient not get the lab done? Did the provider not enter all the required information?

- Follow your official protocol for completing the labs

Third Step: Check Problem Lists

- Context: Some reports on chronic disease measures rely on the eCW Problem List diagnosis codes to identify patients for the denominator. Some patients might not have any designated codes on their Problem List even though they have been previously diagnosed

- Reference: Appendix in Instructions for Using the BridgeIt Annual Clinical Report Set (Version 13).

BridgeIT Reports for Checking Problem Lists

- Asthma_Validation_v3
- CAD_Validation_v4
- Depress_Diag_Validation_v2 (needs Onset Date too)
- DM_Validation_v3
- HIV_FirstDx_Validation_v3 (needs Onset Date too)
- HTN_Validation_v2
- IVD_CarVasSurg_Validation_v4 (also check columns for Surgical History)

Idea Behind Checking Problem Lists

- Filter to display patients without a diagnosis code on their Problem List but with a code sometime in the past on an assessment or claim
- Follow your clinic protocol for dealing with these patients

Step Four: Other Specialty Reports

1. Missing trimester for prenatal measure (UDS_Prenatal_v5)
2. Missing birth info for deliveries measure (UDS_Deliveries _v4)
3. Missing follow-up on positive depression screen (Depress_Screen_Validation_v4)

Questions?