ANTICIPATED CHANGES TO THE 2018 ANNUAL CLINICAL REPORT SET

RCHC DATA GROUP PRESENTATION

FEBRUARY 13, 2018

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AGENDA

Part 1

- Relevant Update
- 2018 Measure Set (UDS, QIP, ACO and PIP)
- Anticipated BridgeIT Report Changes
- Future Versions of RCHC Documents

Part 2

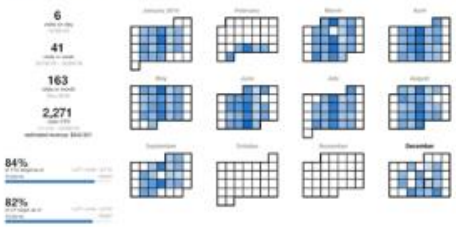
- OSHPD Reporting

RELEVANT UPDATE

Progress With the First Cohort

Quality Measures

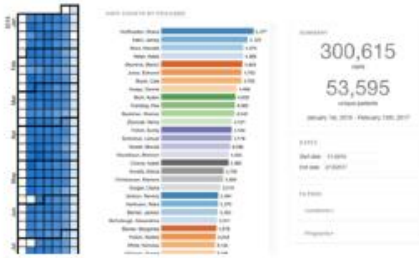
Productivity



Reports

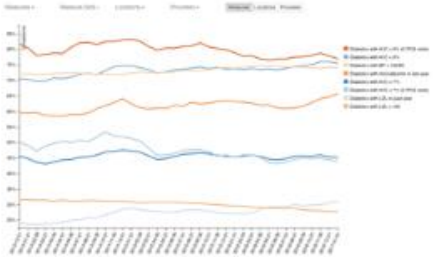
Visit Planning

Visit Calendar

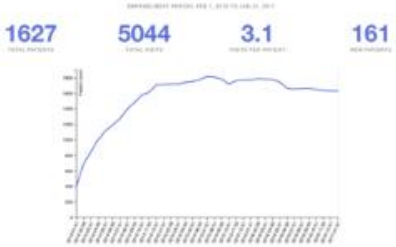


Population Explorer

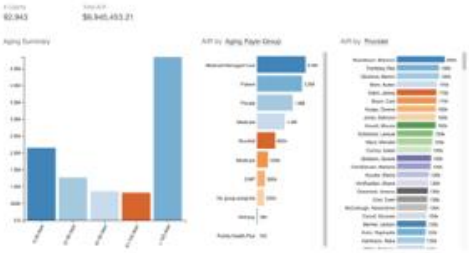
Quality Measure Trends



Panel Explorer



A/R Aging



Cervical Cancer Screening (UDS 2017 Table 6B)	Percentage of women 23-64 years of age who were screened for cervical cancer using either of the following criteria: Women age 23-64 who had cervical cytology performed every 3 years; Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	34%	2438 / 7145
Colorectal Cancer Screening (UDS 2017 Table 6B)	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	23%	1307 / 5771
Controlling High Blood Pressure (UDS 2017 Table 7)	Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period	53%	2338 / 4426
Coronary Artery Disease (CAD): Lipid Therapy (UDS 2017 Table 6B)	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy	78%	244 / 311
Diabetes: Hemoglobin A1c Poor Control (<8%) (UDS 2017 Table 7)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) less than 8.0 percent during the measurement period	47%	1182 / 2495
Diabetes: Hemoglobin A1c Poor Control (<=9%) (UDS 2017 Table 7)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) less than or equal to 9.0 percent during the measurement period	59%	1464 / 2495
Early Entry Into Prenatal Care First Trimester (UDS 2017 Table 6B)	Percentage of prenatal care patients who entered prenatal care during their first trimester. Note: The measure itself is not dependent on which category of performance measurement achievement a woman might fall into	76%	438 / 578

Coronary Artery Disease (CAD): Lipid Therapy (UDS 2017 Table 6B)

Measurement period: February 12, 2017—February 11, 2018

COMPLIANCE

78%

244 / 311

150 exclusions

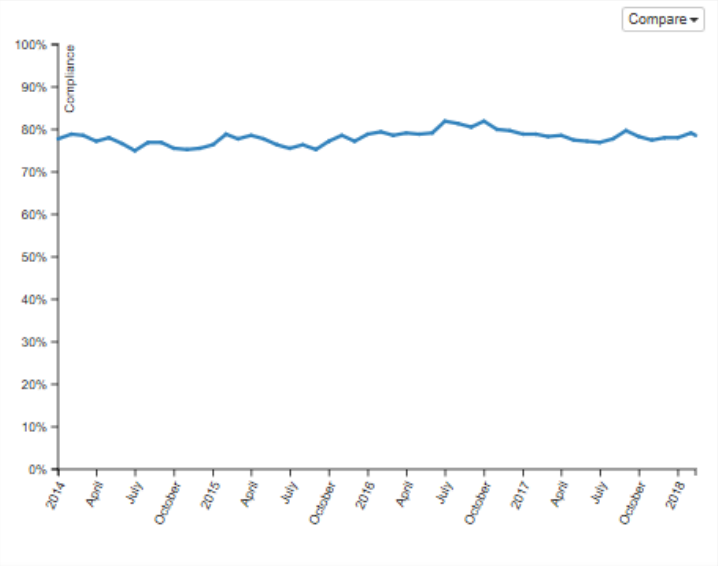
TARGET

Click here to set up up a target

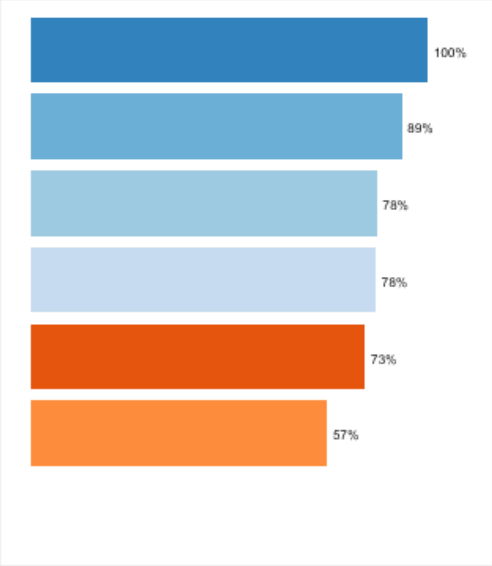
FILTERS

Locations	Providers	Provider Teams	Payers
All	All	All	All
Payer Groups	**Genders**	**Races**	**Ethnicities**
All	All	All	All

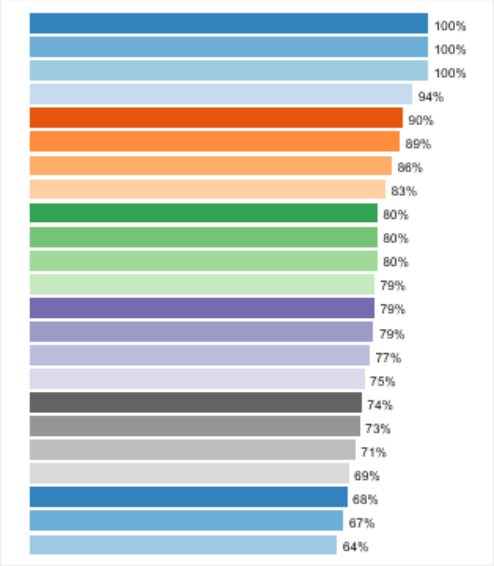
Compliance trend



Compliance by Location



Compliance by Provider



* Names of locations and providers removed from this screenshot

FIRST COHORT

- Winters
- CommuniCare
- Clinic Ole

REPORT NOTES

- New Relevant clinical reports are generally based on RCHC standards, as specified in the Technical Manual
- Looking at the measures with a 'new' set of eyes sometimes helps to re-examine assumptions and approaches

REPORT NOTES

- There will be a standard set of clinical measures and validation reports
- Reports can be easily transferred between health centers, especially those that rely on standard data entry

REPORT NOTES

There will also be a number of set-up reports, such as:

- Medications in Rx Groups
- Lab attributes and LOINC codes
- Vaccines and CVX codes

REPORT NOTES

There will also be a number of data quality reports, such as:

- Incomplete labs and images
- Patients possibly missing a key chronic disease diagnosis code on Problem List

RELEVANT VALIDATION

- Reports are being validated now
- Ability to display random patients
- Ability to send feedback on individual patients if they look different in eCW

RELEVANT VS BRIDGEIT

- Ben is also running the Relevant reports vs the BridgeIT reports and identifying areas of difference
- The BridgeIT reports will be updated for the 2018 measure definitions so you can use them for comparison to Relevant

2018 MEASURES

Anticipated Changes to the 2018 BridgeIT Annual Clinical Report Set

UDS, QIP, AND ACO REPORTS

- Technical documents are now available from all of these funders
- Ben is going through all of the instructions and the coding lists

CURRENT PROGRESS

- Some changes are small. Typically, there are some differences in diagnosis codes added and removed from the diagnosis lists. I have noticed that these tend to be codes not commonly used.
- However, other measure definitions have changed

GENERAL: LANGUAGE FOR MEDICAL AND SURGICAL HISTORIES

RCHC Data Standards Committee will work on standard language to identify these procedures in the text of medical and surgical histories

1. Exclusions for cervical, colorectal and breast cancer screening
2. Cardiac surgery, acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI)

GENERAL: EXCLUSIONS

- Apply exclusions from the denominator only to patients who do not otherwise meet numerator criteria
- Patients effected (example): patient with a pap in the past 3 years but hysterectomy in surgical history. This patient would be included in denominator and numerator.
- Investigating this proposal for all applicable measures

CERVICAL CANCER SCREENING

- Now there are good lists of LOINC codes for pap and HPV labs. Relevant using LOINC codes
- BridgeIT switching from pap lab group to LOINC codes
- Validation report to display all labs associated with these codes and all "old" pap group labs so you can make sure they have an appropriate code

BREAST CANCER SCREENING

- New 2018 QIP measure
- Current report has ACO definition, which is basically the same as the QIP definition
- Add exclusion codes for left unilateral mastectomy and right unilateral mastectomy

COLORECTAL CANCER SCREENING

Numerator criteria not changed:

- FOBT in the past year
- Sigmoidoscopy in the past 5 years
- Colonoscopy in the past 10 years

New numerator criteria:

- FIT-DNA in the past 3 years
- CT colonography in the past 5 years

DIABETES

- UDS and ACO have no exclusions
- QIP has exclusion for gestational diabetes or steroid-induced diabetes, which applies to patients not otherwise in the numerator

HYPERTENSION

- All measures (UDS, QIP and ACO) use the "essential" hypertension definition
- Columns for general hypertension will be removed from the BridgeIT report
- Use the validation report to identify patients with only general hypertension codes who may be candidates for an essential hypertension code. This is a clinical decision.

CAD AND LIPID LOWERING MEDICATIONS

- Again, exclusion if patient not otherwise in the numerator
- The exclusions are intolerance to lipid lowering medications or last LDL in past year was under 130 mg/dL
- No LDL = no exclusion

ADULT BMI SCREENING AND FOLLOW-UP

- For both the UDS and the ACO, the look-back period for BMI screening and weight follow-up is at the last visit in the measurement period or within 12 months of that visit

TOBACCO SCREENING AND CESSATION

- For both the UDS and the ACO, the look-back period for tobacco screening and tobacco cessation intervention is 24 months prior to the end of the measurement period

ASTHMA MEDICATIONS

- Now that ICD-10 codes are well-established for identifying patients with persistent asthma on the Problem List, the new version of the report will display <u>but not use</u> the structured data field for Asthma Severity Classification (equal to persistent) as evidence for diagnosis of persistent asthma
- Problem List = source of truth for clinical diagnosis

UPDATES TO CODES (SMALL CHANGES)

- Depression screening and follow-up (UDS and ACO)
- Annual Monitoring for Patients on Persistent Medications (QIP)
- Possibly IVD and lipid lowering medications (UDS and ACO)
- Possibly Pneumonia vaccinations (ACO)

NEW REPORT: CHILDHOOD IMMUNIZATION COMBO 3

- New QIP Measure on childhood immunizations
- Denominator: children turning 2 years of age in reporting period
- Similar to the UDS measure, but with fewer vaccines
- QIP (7 vaccine names) and UDS (10 vaccine names)

LIST OF VACCINES (COMBO 3)

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HiB)
- Three hepatitis B (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV).

NOTES ON THE COMBO 3

- Not all vaccine data may be in eCW (i.e., if a patient got a vaccine from another provider)
- Exclusion for contraindication to any vaccine or history of illness with the preventable disease
- Vaccines and exclusions will be identified with codes (CPT, CVX and ICD). A new section of the Technical Document will describe these codes.

NEW REPORT: IMMUNIZATIONS FOR ADOLESCENTS

- New QIP Measure on adolescent immunizations
- Denominator: patients turning 13 years of age in reporting period
- Exclusion for contraindication to any of the vaccines

IMMUNIZATIONS FOR ADOLESCENTS

Three vaccine names:

1. One meningococcal conjugate vaccine
2. One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
3. Two HPV vaccines

NEW RCHC DOCUMENTS IN 2018

- 2018 Measure Comparison Document
- BridgeIT Report Index
- BridgeIT Technical Document (Version 14)
- BridgeIT General Report Instructions (Version 14)
- 2018 UDS BridgeIT Instructions (Version 1)
- 2018 QIP BridgeIT Instructions (Version 1)
- 2018 PIP BridgeIT Instructions (Version 1)

QUESTIONS?