

# Details on Changes to the 2018 BridgeIT Annual Clinical Report Set

RCHC Data Group Presentation, April 10, 2018

By Ben Fouts, Data Analyst

# Agenda

1. New Documents
2. Reports for New Measures
3. Retired Reports
4. Modified Reports
5. Next Steps: RCHC
6. Next Steps: Health Centers (YOU!)

# Current (April 10) Environment

- ▶ Reports are being tested now. They are not in the BridgeIT Warehouses yet
- ▶ We are waiting for the RCHC Data Standards and Integrity Committee meeting next week
- ▶ BridgeIT reports will likely be released next week. Look for the announcement by e-mail

# 2018 Update to Reports

- ▶ 2018 technical documentation for the UDS, QIP, and ACO reports were scrutinized
- ▶ Differences between 2017 and 2018 in the measure language and coding were identified
- ▶ All reports are now directed at 2018 definitions
- ▶ For the 2018 UDS, hopefully the differences between the technical specifications referenced in the PAL and the instruction manual to be released later in the year are minimal

# Link to Relevant

- ▶ It is good to have a second set of eyes (and brains!)
- ▶ There are different ways to pull the data. Comparing with Relevant, some lessons were learned.
- ▶ The new BridgeIT reports will hopefully display data more closely to the Relevant reports, but it won't be exact
- ▶ Validation process identifies differences between the two sets of reports and defines what those differences are

# Ongoing Work

- ▶ Discussions in the Data Standards and Integrity Committee
- ▶ Transition to Relevant this year
- ▶ Likely that further changes to the BridgeIT report set will be small
- ▶ Likely that there will be no 2019 BridgeIT report set (??)

# New Documents

To be Released When the Reports are Ready



<https://www.rchc.net>



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## Peer Collaboration



### Data Peer Workgroup

The RCHC Data Leads meet monthly on the second Tuesday from 12:30 p.m. to 1:30 p.m. Agenda topics are determined by federal, state and agency reporting requirements, as well as, current evidence based care programs where the health centers collaborate. The meetings are an opportunity to learn about report updates, share aggregated data dashboards, look at performance against common benchmarks, and look at systems of data validation.

RCHC Contact: [Colleen Petersen](#)



[+ Additional Resources and Companion Documents](#)



# Comparison Document

## Comparison of Measurements Between Different Projects and Funders

Redwood Community Health, April 2018

Version 16

Measure Name (and Report Name)	UDS/BPHC (2018)		QIP/Partnership (2018)		PIP (2018)		ACO (2018)	
	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator
Cervical Cancer Screening  (Cervical Cancer Screening_v9)	<ul style="list-style-type: none"> <li>Between 23 and 64 years of age at the end of the reporting period</li> <li>Had at least one medical visit during reporting period</li> <li>Had a medical visit prior to 65th birthday</li> <li>Female</li> <li>Exclusion: had a hysterectomy and no residual cervix</li> </ul>	Had either of the following: <ul style="list-style-type: none"> <li>A pap test in the three years prior to the end of the measurement period (age 23 to 64 years)</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Continuously enrolled PHP members between 24 and 64 years at the end of the reporting period</li> <li>Female</li> <li>Exclusion: had a hysterectomy and have no residual cervix</li> </ul>	Had either of the following: <ul style="list-style-type: none"> <li>A pap test in the three years prior to the end of the measurement period (age 24 to 64 years)</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Between 23 and 64 years of age at the end of the reporting period</li> <li>Had at least one medical visit during reporting period</li> <li>Had a medical visit prior to 65th birthday</li> <li>Female</li> <li>Exclusion: had a hysterectomy and no residual cervix</li> </ul>	Had either of the following: <ul style="list-style-type: none"> <li>A pap test in the three years prior to the end of the measurement period (age 23 to 64 years)</li> <li>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)</li> </ul>		
Breast Cancer Screening  (Breast Cancer Screening_v7)			<ul style="list-style-type: none"> <li>Between 50 and 74 years of age at the end of the measurement period</li> <li>Had at least one encounter during the reporting period</li> <li>Female</li> <li>Exclusions: had bilateral mastectomy or a right and a left unilateral mastectomy</li> </ul>	Had a mammogram during the 27 months prior to the end of the measurement period			<ul style="list-style-type: none"> <li>(PREV-5, ACO 20, CMS125v6)</li> <li>Between 51 and 74 years of age at the beginning of the measurement period</li> <li>Had at least one encounter during the reporting period</li> <li>Female</li> <li>Exclusions: had bilateral mastectomy or a right and a left unilateral mastectomy</li> </ul>	Had a mammogram during the 27 months prior to the end of the measurement period
Colorectal Cancer Screening  (ColRect Cancer Screening_v7)	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT in the past year</li> <li>FIT-DNA in the past 3 years</li> <li>Sigmoidoscopy in the past 5 years</li> <li>CT colonography in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Continuously enrolled PHP members between 51 and 75 years at the end of the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT in the past year</li> <li>FIT-DNA in the past 3 years</li> <li>Sigmoidoscopy in the past 5 years</li> <li>CT colonography in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT in the past year</li> <li>FIT-DNA in the past 3 years</li> <li>Sigmoidoscopy in the past 5 years</li> <li>CT colonography in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>(PREV-6, ACO 19, CMS130v6)</li> <li>Between 50 and 75 years of age at the beginning of the measurement period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT in the past year</li> <li>FIT-DNA in the past 3 years</li> <li>Sigmoidoscopy in the past 5 years</li> <li>CT colonography in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>

# New BridgeIT Report Index

## Most Recent Versions of Documents and Clinical Bridgelt Reports

### Key Documents

Updated: April 2018

Instruction manual:	Instructions_Bridgelt Clinical Annual Reports_v14 (April 2018)
Technical document:	Technical_Bridgelt Clinical Annual Reports_v14 (April 2018)
System Set-Up Document:	SystemSetup_Bridgelt Clinical Annual Reports_v6 (July 2017)
Validating the data:	Instructions_Validating_Cleaning_Data_v5 (November, 2017)

### Bridgelt Reports

Color coding: New versions of reports and documents in April 2018

Report name in Bridgelt	Type		Last update
Adult_Weight_v9	Data summary		April 2018
Asthma_Pharma_v8	Data summary		April 2018
Asthma_Validation_v4	Validation		April 2018
Breast Cancer Screen Validation_v3	Validation	Version 3.1	March 2015
Breast Cancer Screening_v7	Data summary		April 2018
CAD_LipidLower_v5	Data summary		April 2018
CAD_Validation_v5	Validation		April 2018
Cervical Cancer Screening_v9	Data summary		April 2018
Cervical Cancer Screen Validation_v6	Validation		April 2018
Child_Weight_v7	Data summary		April 2018
ColRect Cancer Screening_v7	Data summary		April 2018
ColRect_Image_Validation_v3	Validation	Version 3.1	March 2015
ColRect_LabTest_Validation_v3	Validation		April 2018
CVD_Statins_v2	Data summary		April 2018
Dental_Sealants_v2	Data summary		April 2018
Depression_Screen_Followup_v8	Data summary		April 2018
Depress_Diag_Validation_v3	Validation		April 2018
Depress_Screen_Validation_v5	Validation		April 2018
Depression_Remission_v4	Data summary		April 2018
Diabetes_Nephropathy_v3	Data summary	Version 3.1	November 2016
Diabetes_v8	Data summary		April 2018
DM_LabTest_Validation_v3	Validation		April 2018
DM_Validation_v4	Validation		April 2018

# New Technical Document

- ▶ Version 14
- ▶ Includes the two new reports
- ▶ Updated codes and definitions
- ▶ Note that for each report with a new version, there is a section that summarizes the change

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## Technical Documentation For the BridgIt Annual Clinical Report Set (Version 14) ←

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Document Last Updated: 4/8/2018 3:00 PM

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# New “Large” Instructions Manual

- ▶ Version 14
- ▶ Updated column definitions
- ▶ Description of updated validation reports

## Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14)



Serving Sonoma, Napa, Marin & Yolo Counties

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# Reports for New Measures

New QIP Measures

# QIP: Childhood Immunization Combo 3

- ▶ QIP\_Immuniz\_Combo3\_v1
- ▶ Patients who turn 2 years of age in measurement period
- ▶ Will rely on CVX codes (a validation report can be used to check the associated immunization codes)
- ▶ Will show only what has been entered into eCW
- ▶ Could this also be used to make a similar UDS immunizations report? Very complex.

# Childhood Immunization Combo 3

## Immunizations:

- ❑ 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).

# QIP: Immunizations for Adolescents

- ▶ QIP\_Immuniz\_Adolesc\_v1
- ▶ Patients who turn 13 years of age in measurement period
- ▶ Will rely on CVX codes (a validation report can be used to check the associated immunization codes)
- ▶ Again, the report will show only what has been entered into eCW



# Immunizations for Adolescents

## Immunizations:

- ❑ One meningococcal conjugate;
- ❑ One tetanus, diphtheria toxoids and acellular pertussis (Tdap);
- ❑ Two human papillomavirus (HPV).

# Retired Reports

These are the BridgeIT Reports That are no Longer Being Updated

# Retired Reports

- ▶ These reports are “retired” because the reporting agencies are no longer providing updated technical specifications
- ▶ You can continue to use them in your BridgIT Toolbox
- ▶ They will not appear on the BridgIT Report Index or any of the updated documents

# These Measures No Longer Reported

## QIP Reports

- ▶ Childhood Immunization: DTaP (QIP\_DTaP\_Immuniz\_v2)
- ▶ U-Tox Screens Among Patients on Opioid Chronic Pain Medications (QIP\_Opioid\_Safety\_v1)

# These Measures No Longer Reported

## ACO Reports

- ▶ Screening for High Blood Pressure and Follow-up Documented (HighBP\_Screen\_Followup\_v2)
- ▶ Heart Failure: Beta-Blocker Therapy (HeartFailure\_BetaBlocker\_v2)

# Modified Reports

These are the BridgeIT Reports with Major Changes

# Asthma Pharmacologic Therapy

- ▶ Denominator defined only by patients with persistent asthma diagnosis codes on the Problem List
- ▶ Previously ICD-9 codes and structured data have also been considered. These will be moved to the validation report

# Breast Cancer Screening

- ▶ Exclusion now includes patients with two unilateral mastectomies
- ▶ Two unilateral defined by:
  - ❖ Diagnosis codes on the problem list for right and left unilateral mastectomies
  - ❖ Two unilateral mastectomies with different surgical dates in surgical history



# Colorectal Cancer Screening

Added two numerator criteria:

- ▶ FIT-DNA lab in the last 3 years. Identified by LOINC codes. Seems like health centers I reviewed either were not using this lab or did not have the LOINC codes associated with it
- ▶ CT Colonography in the past 5 years. Add an image to your pick list with the text “CT Colonography”

# Hypertension

- ▶ All measures now use “essential” hypertension
- ▶ All columns and references to “general” hypertension removed

# Change in Look-Back Periods

## Adult Weight Screening and Follow-up

- ▶ Look-back period is within 12 months of last visit in measurement period (changed from 6 months)

## Tobacco Use Screening and Cessation Intervention

- ▶ Look-back period is two years prior to the end of the measurement period (changed from 2 years prior to last visit)

# Next Steps: RCHC

What is Happening Next

# RCHC Work Over the Next Couple of Weeks

1. Finish designing and testing the BridgellT reports
2. Upload new versions to BridgellT Warehouses
3. Finish updating all of the related documents and upload them to the Peer Collaboration Website
4. Send out an e-mail announcement about the reports and documents

# RCHC Work Over the Next Couple of Months

- ▶ Update specific instructions for the UDS, QIP and ACO reports (PIP is already done)
- ▶ Update the Set-up document and the Validating/Cleaning Data document
- ▶ Continue learning about Relevant and validating the Relevant reports against BridgeIT

# Next Steps: Health Centers

What Health Centers Should Do

# The “To Do” List

- ▶ Once the BridgellT reports are available, examine the new set-up definitions (more detail on the next slides)
- ▶ Validate the reports:
  - ❖ Compare results of new versions to results of old versions
  - ❖ Look at how the new versions effect ongoing trends, like on your dashboard
  - ❖ Compare to Relevant (if you have it) or EBO or registry reports (if you trust them)
  - ❖ Look at patient records in eCW



# Check and Set-up LOINC Codes

- ▶ Some reports have new or modified sets of LOINC codes
- ▶ Use the report Clin\_Lab Tests with Attributes Review\_2018 (will be in the UDS\_Modified folder of the Warehouse) to see Lab Groups and LOINC codes for all labs and attributes
- ▶ Cervical Cancer Screening: NEW pap lap LOINC codes added to report (but still using the lab group)
- ▶ Colorectal Cancer Screening: NEW FIT-DNA lab LOINC codes added to report

# Check and Set-up CVX Codes

- ▶ New QIP immunization reports will look for CVX codes attached to immunizations in structured data
- ▶ Use the report List\_Immuniz\_v1 (will be in the UDS\_Modified folder of the Warehouse) to see CVX codes for the new reports

# Report With Modified Diagnosis Codes

- ▶ Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
- ▶ Run the new validation report to identify patients who may have had a diagnosis code on an assessment or claim in the past but do not have a code on their Problem List
- ▶ Note that there might be interplay with text in Medical or Surgical History. The best way to identify denominator patients is with an IVD diagnosis on the Problem List (when clinically appropriate)

# More Specific Text Definitions for Cancer Surgery in Surgical History

- ▶ **UNDER DISCUSSION BY** by the Data Standards and Integrity Committee
- ▶ **Proposal:** New validation report to look for non-specific text
- ▶ **Possible work flow:** Run the report and check patients. Add an appropriate diagnosis code to Problem List or more specific text to Surgical History

# More Specific Text Definitions for Cancer

## ▶ Cervical cancer exclusion:

- ❖ Was “Hysterectomy”
- ❖ **Proposed:** Now must also include total, complete or radical

## ▶ Colorectal cancer exclusion:

- ❖ Was “Colectomy”
- ❖ **Proposed:** Now cannot include partial, hemi or sub

# Cardiovascular Episodes Identified by Text

- ▶ Details to be worked out. New validation report.
- ▶ IVD and CAD reports look for text in medical and surgical histories
- ▶ Text identifying surgeries (eg, coronary artery bypass graft or CABG) are fine
- ▶ Text identifying a medical event (eg, acute myocardial infarction or AMI) should be coded and put on the Problem List

Questions?

