

# DESCRIPTION OF NEW 2018 BRIDGEIT CLINICAL REPORTS

By Ben Fouts, Report Architect/Data Analyst

RCHC Data Lead Webinar, June 12, 2018

# NEW DOCUMENTS

Will be placed on the RCHC Peer Collaboration Website

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

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Document Last Updated: 6/11/2018 8:46 PM

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“The Technical Document”

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

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Document Last Updated: 6/11/2018 9:37 PM

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“The Instructions Document”

# “The BridgelT Report Index”

## Most Recent Versions of Documents and Clinical Bridget Reports

### Key Documents

Updated: June 2018

Instruction manual:	Instructions_Bridgelt Clinical Annual Reports_v14 (June 2018)
Technical document:	Technical_Bridgelt Clinical Annual Reports_v14 (June 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 June 2018

Report name in Bridgelt	Type		Last update
Adult_Weight_v9	Data summary		June 2018
Asthma_Pharma_v8	Data summary		June 2018
Asthma_Validation_v4	Validation		June 2018
Breast Cancer Screen Validation_v3	Validation	Version 3.1	March 2015
Breast Cancer Screening_v7	Data summary		June 2018
Breast Cancer Exclusion_v1	Validation		June 2018
CAD_LipidLower_v5	Data summary		June 2018
CAD_Validation_v5	Validation		June 2018
Cervical Cancer Screening_v9	Data summary		June 2018
Cervical Cancer Screen Validation_v6	Validation		June 2018
Cervical Cancer Exclusion_v1	Validation		June 2018
Child_Weight_v7	Data summary		June 2018
ColRect Cancer Screening_v7	Data summary		June 2018
ColRect_Image_Validation_v4	Validation		June 2018
ColRect_LabTest_Validation_v3	Validation		June 2018
ColRect Cancer Exclusion_v1	Validation		June 2018
CVD_Statis_v2	Data summary		June 2018
CVD_Validation_v1	Validation		June 2018
Dental_Sealants_v1	Data summary		December 2015
Depression_Screen_Followup_v8	Data summary		June 2018
Depress_Diag_Validation_v3	Validation		June 2018
Depress_Screen_Validation_v5	Validation		June 2018
Depression_Remission_v4	Data summary		June 2018
Diabetes_Nephropathy_v4	Data summary		June 2018
Diabetes_v8	Data summary		June 2018
DM_LabTest_Validation_v3	Validation		June 2018
DM_Validation_v4	Validation		June 2018
Fall_Risk_v1	Data summary		March 2015
HIV_Timely_Followup_v4	Data summary		October 2015
HIV_FirstDx_Validation_v3	Validation		October 2015
Hypertension_v8	Data summary		June 2018
HTN_Validation_v3	Validation		June 2018
Influenza_Immuniz_v3	Data summary		June 2018
IVD_Aspirin_v7	Data summary		June 2018
IVD_CarVasSurg_Validation_v5	Validation		June 2018
Med_Reconciliation_v2	Data summary		December 2017
Pneumonia_Vacc_v2	Data summary		December 2017
QIP_PersistMeds_v2	Data summary		June 2018
QIP_PersMedsLab_Validation_v2	Validation		June 2018
QIP_Well_Child_Visits_v3	Data summary		June 2016
Tobacco_v7	Data summary		June 2018
UDS_Deliveries_v4	Data summary		March 2015
UDS_Prenatal_v5	Data summary		November 2016

Comparison of Measurements Between Different Projects and Funders

Redwood Community Health, June 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>

“The Report Comparison Document”

# UNIFORM DATA SYSTEM

Reporting Instructions for the **2018** Health Center Data



For Reports Submitted February 15, 2019



2018 Primary Care Provider Quality Improvement Program (PCP QIP)  
Measurement Specifications

## FAMILY MEDICINE PRACTICES

Developed by: The QIP Team

[QIP@partnershiphp.org](mailto:QIP@partnershiphp.org)

Published: November 28, 2017

Updated: June 5, 2018

## BRIDGEIT IMPORT

- Recommended to move all old versions to another folder (with another name)
- You can keep the same names for the reports, except for the 10 that did not change. If you are going to bulk-import, change the names of these reports too

# CANCER SCREENING

New 'exclusion' validation reports



## CERVICAL CANCER SCREENING

- Cervical Cancer Screening\_v9 (UDS, QIP and PIP reports)
- LOINC Codes added for pap tests and HPV in addition to the previous criteria.
- Exclusions updated (via the Data Standards and Integrity Committee). See Technical Document and also the Appendix of the Instructions Document

## CERVICAL CANCER VALIDATION REPORTS

- Cervical Cancer Exclusion Validation (Cervical Cancer Exclusion\_v1)
- NEW exclusion reports for all cancer reports (example for colorectal cancer)
- Use report to check for ambiguous or non-specific text indicating a possible exclusion. Add appropriate diagnosis code
- Cervical Cancer Screening Lab Test Validation (Cervical Cancer Screen Validation\_v6)

## BREAST CANCER SCREENING

- Breast Cancer Screening\_v7 (ACO and QIP reports)
- Exclusions updated (via the Data Standards and Integrity Committee).
- Bilateral code
- Two unilateral codes (left and right)
- Two unilateral codes (different dates)

## BREAST CANCER VALIDATION REPORTS

- Breast Cancer Exclusion Validation (Breast Cancer Exclusion\_v1)
- Use to find non-specific text in surgical or medical history. Add the correct diagnosis code to Problem List
- Breast Cancer Screening Image Validation (Breast Cancer Screen Validation\_v3) – NO CHANGE

## COLORECTAL CANCER SCREENING

- ColRect Cancer Screening\_v7 (UDS, QIP, PIP and ACO reports)
- Exclusions updated (via the Data Standards and Integrity Committee).
- FIT-DNA within 3 years (check LOINC codes)
- CT colonography image was within five years (check image name)

# COLORECTAL CANCER VALIDATION REPORTS

- Colorectal Cancer Exclusion Validation (ColRect Cancer Exclusion\_v1). EXAMPLE in BridgeIT
- Validate text and, if warranted, add a diagnosis code to the Problem List
- Colorectal Cancer Lab Test Validation (ColRect\_LabTest\_Validation\_v3)
- Colorectal Cancer Image Validation (ColRect\_Image\_Validation\_v4)

# DIABETES AND HYPERTENSION

## DIABETES: BLOOD SUGAR AND OTHER MEASURES

- Diabetes\_v8 (UDS, QIP, PIP and ACO reports)
- Old LDL measure removed
- Old UDS exclusion removed



## DIABETES VALIDATION

- Diabetes Problem List Validation (DM\_Validation\_v4)
- Diabetes Lab Test Validation (DM\_LabTest\_Validation\_v3)
- Changes to make the reports more efficient, changes to make the columns more logical

## DIABETES: NEPHROPATHY

- Diabetes\_Nephropathy\_v4 (QIP report)
- Minor changes to LOINC codes for nephropathy screening tests

## HYPERTENSION: BLOOD PRESSURE CONTROL

- Hypertension\_v8 (UDS, QIP, PIP and ACO reports)
- All measures focus only on “essential” hypertension
- Exclusion diagnosis codes updated

## HYPERTENSION PROBLEM LIST VALIDATION

- HTN\_Validation\_v3
- You can now find patients with an old “general” hypertension code on the Problem List but no “essential” code

# PREGNANCY

No changes to these reports

## EARLY ENTRY INTO PRENATAL CARE

- UDS\_Prenatal\_v5 (UDS report)
- NO CHANGE

## BIRTH WEIGHT FROM DELIVERIES

- UDS\_Deliveries\_v4 (UDS report)
- NO CHANGE

# SCREENING AND FOLLOW-UP



## CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING

- Child\_Weight\_v7 (UDS report)
- Exercise counseling: V65.41 or Z71.82 are the specific codes
- General counseling codes (Z71.89 or Z71.9) must be paired with the description "Exercise counseling."

## ADULT WEIGHT SCREENING AND FOLLOW-UP

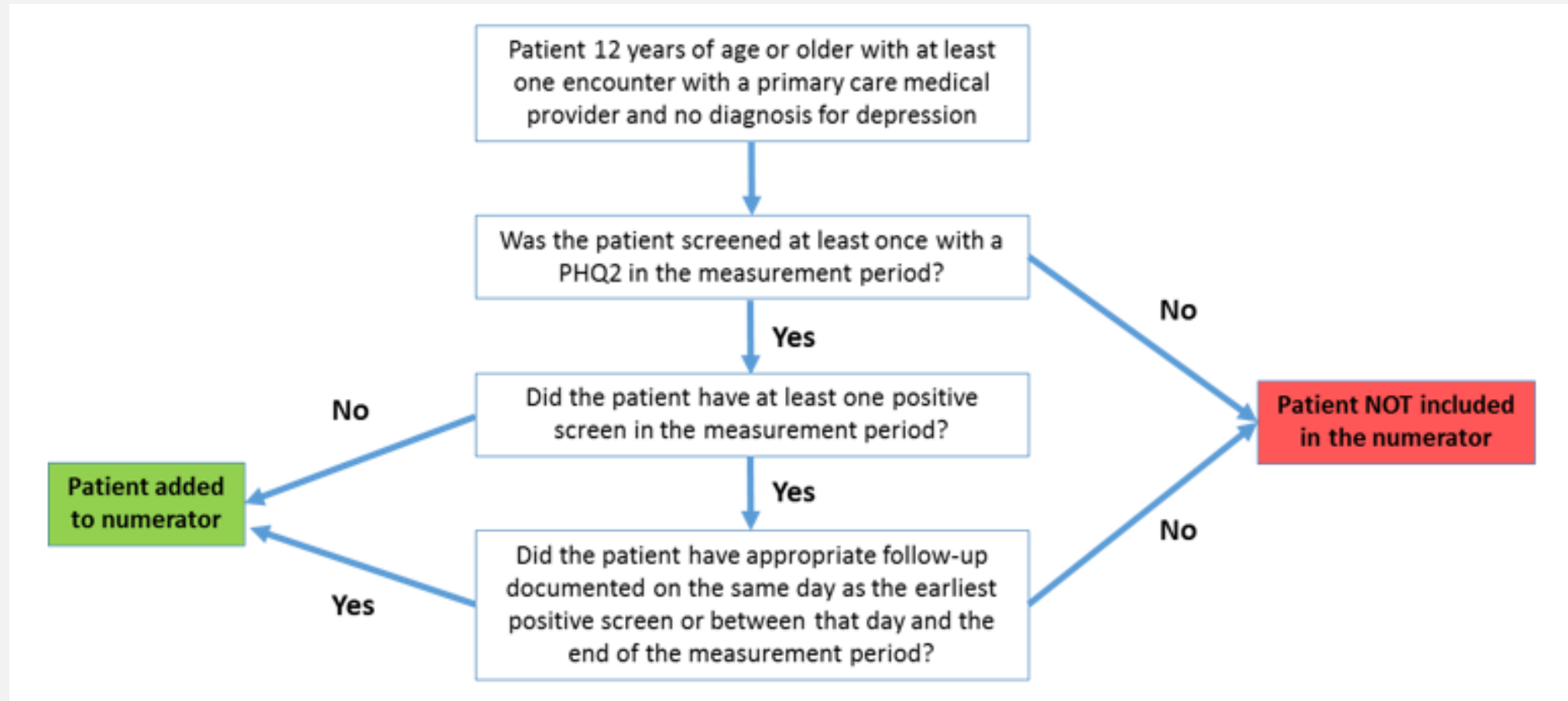
- Adult\_Weight\_v9 (UDS and ACO reports)
- Same exercise counseling codes as child weight report
- “Normal” weight range the same for both measures:  
BMI  $\geq$  18.5 and BMI  $<$  25

## TOBACCO USE SCREENING AND CESSATION INTERVENTION

- Tobacco\_v7 (UDS and ACO reports)
- CPT codes for “preventive” visits updated
- Lookback is 2 years from the end of the measurement period

## DEPRESSION SCREENING AND FOLLOW-UP

- Depression\_Screen\_Followup\_v8 (UDS and ACO reports)
- DEFINITION CHANGED
- See e-mail from RCHC
- PHQ-9 is now considered follow-up. Therefore, if they screened positive with a PHQ-2, they can be included in the numerator with a PHQ-9 on the same day (with any score)
- This is only a change to the data and should not result in a change to your clinical guidelines or additional staff training



Follow-up defined as: administration of a PHQ-9; visit with a behavioral health provider; referral to a behavioral health provider; action on an anti-depressant medication; entry of Follow-up for Depression into HPI; patient refuses (will be designed like in Relevant)

## DEPRESSION VALIDATION REPORTS

- Depression Diagnosis Validation (Depress\_Diag\_Validation\_v3)
- Positive Depression Screens and Follow-up Validation Report (Depress\_Screen\_Validation\_v5)
- Lists details on all positive depression screens and any follow-up that happened on the same day

## DEPRESSION REMISSION AT TWELVE MONTHS

- Depression\_Remission\_v4 (ACO Report)
- Updated diagnosis codes for major depression or dysthymia

CARDIOVASCULAR



## IVD: ASPIRIN OR ANOTHER ANTIPLATELET

- IVD\_Asprin\_v7 (UDS and ACO reports)
- IVD diagnosis codes updated
- Key words for surgeries updated (as per the Data Standards and Integrity Committee)
- Medication group “Anticoagulant” added

## IVD PROBLEM LIST VALIDATION

- IVD\_CarVasSurg\_Validation\_v5 EXAMPLE
- Denominator determined from Problem List codes or from a history of certain surgeries in Surgical History or Medical History (time-limited)
- Therefore, the validation report looks for surgeries that are not associated with a date
- If the patient can be clinically diagnosed with IVD, put an appropriate ICD-10 code on the Problem List

## CAD: LOWERING LDL CHOLESTEROL

- CAD\_LipidLower\_v5 (UDS report)
- CAD diagnosis codes updated
- Key words for surgeries updated (as per the Data Standards and Integrity Committee)
- Old ACO measures removed
- Patients must have had an LDL lab to be considered for the numerator (but are excluded if this lab is under 130 mg/dL)

## CAD PROBLEM LIST VALIDATION

- CAD\_Validation\_v5
- Data report denominator determined from Problem List codes or from a history of certain surgeries in Surgical History or Medical History (not time-limited)
- If the patient can be clinically diagnosed with CAD, put an appropriate ICD-10 code on the Problem List

## CVD: STATIN THERAPY

- CVD\_Statins\_v2 (ACO Report)
- Non-ACO health centers can use it too. Keep in-mind it has a complicated denominator
- Diagnosis codes updated

## CVD PROBLEM LIST VALIDATION

- CVD\_Validation\_v1
- This measure does not include surgeries, so it is not as complicated as the other CV measures. The validation report just looks at diagnosis codes and LDL tests so patients without a ASCVD diagnosis code on the Problem List may be considered for one

# IMMUNIZATIONS

# PNEUMONIA VACCINATION FOR OLDER ADULTS

- Pneumonia\_Vacc\_v2 (ACO report)
- NO CHANGE



# INFLUENZA IMMUNIZATION

- Influenza\_Immuniz\_v2 (ACO report)
- Updated CVX codes

## CHILDHOOD IMMUNIZATION COMBO 3

- QIP\_Child\_Immun\_v1 (QIP report)
- NEW REPORT
- Very complex. May take a while to run
- See Technical Document for details

## CHILDHOOD IMMUNIZATION VALIDATION REPORT

- QIP\_Child\_Immun\_Valid\_v1
- NEW REPORT
- The data report just counts the vaccines. The validation report displays their individual dates
- You can see the status of each vaccine

## IMMUNIZATIONS FOR ADOLESCENTS

- QIP\_Adolesc\_Immun\_v1 (QIP report)
- NEW REPORT
- Because there are only three vaccines for adolescents (and two of these only need one shot), the dates are shown directly on the report. No validation report.

## IMMUNIZATION SET-UP REPORT

- List\_Immuniz\_v1
- In UDS Modified folder
- Lists all immunizations by name, CVX code and CPT code
- Displays number of times used and last use
- EXAMPLE

# MEDICATION USE

## ASTHMA PHARMACOLOGIC THERAPY

- Asthma\_Pharma \_v8 (UDS report)
- Denominator defines persistent asthma only with ICD-10 codes now

# ASTHMA PROBLEM LIST VALIDATION

- Asthma\_Validation\_v4
- Use the validation report to identify non-denominator patients with an old ICD-9/”persistent” description combination or a persistent result on the last Asthma Severity Classification



## ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

- QIP\_PersistentMeds\_v2 (QIP report)
- Lab LOINC codes updated
- Columns for serum creatinine and serum potassium separated

# PERSISTENT MEDICATIONS LAB TEST VALIDATION

- QIP\_PersMedsLab\_Validation\_v2
- Lab LOINC codes updated

## MEDICATION RECONCILIATION AFTER DISCHARGE

- Med\_Reconciliation\_v2 (ACO report)
- NO CHANGE

OTHER REPORTS WITH NO  
CHANGE

## HIV: TIMELY FOLLOW-UP

- HIV\_Timely\_Followup\_v4 (UDS report)
- NO CHANGE

## INITIAL HIV DIAGNOSIS VALIDATION

- HIV\_FirstDx\_Validation\_v3
- NO CHANGE

## WELL CHILD VISITS

- QIP\_Well\_Child\_Visits\_v3 (QIP report)
- NO CHANGE

## SCREENING FOR FUTURE FALL RISK

- Fall\_Risk\_v1 (ACO report)
- NO CHANGE



## DENTAL SEALANTS

- Dental\_Sealants\_v1 (UDS report)
- NO CHANGE

CONNECTION TO RELEVANT

## TRANSITION TO RELEVANT

- How much longer will we be using BridgelT?
- How will you use BridgelT to validate Relevant?
- Will you have BridgelT as a backup for the 2018 UDS or QIP?
- If you are using Relevant exclusively, you should have a data dictionary.

## COMPARE RESULTS (BRIDGEIT VS RELEVANT)

There should be a lot of overlap between BridgeIT and Relevant. Possible sources of difference:

- All BridgeIT reports have the current 2018 data definitions (assume that Relevant does too, but check)
- Relevant built-in some custom data queries for some health centers, which would make a difference for non-standard data entry
- Different data models?

## VALIDATE THE BRIDGEIT REPORTS

- If there are any differences between results on the BridgeIT reports and the Relevant reports, understand what they are and how it effects the data
- There may be a bit more tinkering with the BridgeIT or Relevant reports
- The Technical Document and the Instructions Document describe all of the standards and data capture expressions (like LOINC codes, ICD codes, CVX codes, etc.)

## INTO THE FUTURE

- Possibly no more versions of BridgelT reports (unless there are small updates that arise from validation over the next few weeks)
- Goal is a full set of reports in Relevant (adding PIP, QIP and other reports)
- New reports will be created in Relevant only
- Please let Ben know when you are shutting BridgelT off

# QUESTIONS