
Validating and Reporting the 2018 Performance Improvement Program (PIP) Clinical Measures [Version 7]



Serving Sonoma, Napa, Marin & Yolo Counties

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Purpose

The purpose of this document is to describe how to run the Bridgelt reports in order to obtain the data for the four 2018 Performance Improvement Program (PIP) clinical measures.

Summary of Content

Each PIP clinical measure has its own Bridgelt report. The three sections below name the current Bridgelt report and version for each of the four measures, the parameters and filters needed to obtain the correct numerator and denominator for the measure, where to find the result summary in the Excel output, and how to validate the data. Additional detail on how to run the reports can be found in the Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14) and a description of the eCW fields and calculations used in the report design can be found in the Technical Documentation for the Bridgelt Annual Clinical Report Set (Version 14). These documents can be found on the Redwood Community Health Coalition (RCHC) Website¹. Detailed information on the Performance Improvement Program, including a rationale for and definition of the measures, exists in the document “Redwood Community Health Coalition, Performance Improvement Program, Program Year 2018” available directly from RCHC.

Introduction

These instructions were written for staff at RCHC-affiliated clinics who are familiar with the basic functions of Bridgelt. All reports should be run with a measurement period of one year (12 months) ending on the last day of the quarter specified by the schedule (see 2018 program documentation). This measurement period length, reported every quarter, is commonly called a “rolling” time frame. Basically, it is asking, every quarter, “how were patients doing who were seen in the past year?”

The report version numbers in this document have been updated to reflect the most current Bridgelt reports as of April, 2018. Note that Bridgelt reports are periodically updated, so please refer to the most current version numbers on the “Bridgelt Report Index” available on the RCHC Peer Collaboration website and make sure you have imported the most recent versions from the Bridgelt Warehouse.

¹ Found in the section Additional Resources and Documents under the Data Peer Workgroup heading of the Peer Collaboration page on the website www.rchc.net

Cervical Cancer Screening

Report name: Cervical Cancer Screening_v9

Parameters and filters: Upon running the report, enter the measurement period of one year. When viewing the datasheet, add filters for one or more primary care visits (column PrimCareVisitsPeriod > 0), patients without a hysterectomy (column Hysterectomy_Exclude not equal to "Exclude") and no male-to-female transgender patients (Gender_Identity = "Female" or "Male-T" and not "Female-T")².

Result summary: The data for the measure "Cervical Cancer Screening" is on the output sheet "PapHPV_Combined_Summary." The numerator is the number of patients in the row "Yes" and the denominator is in the row "Grand Total."

Data validation: The report Cervical Cancer Screen Validation_v6 displays cervical cancer screening labs that have not been properly entered into structured data. Run it for a period longer than the measurement period for the report (remember, HPV labs can be done up to 5 years ago). Filter for labs that do not meet inclusion criteria (MeetsSummRptCriteria = "No") yet appear to have been actually done. Possible reasons why the lab could not be recognized by the report could be that there was no result date (Result_Date is blank), the received checkbox was not checked (Received_Checkbox = "No"), or there were no lab values in the yellow row on the Lab Results window (LabValuesPresent = "No") OR no results in the Results text box (Report_Lab_Result is blank). See the section "Cervical Cancer Screening Lab Test Validation" in the appendix of the document Instructions for Using the Bridgell Annual Clinical Report Set (Version 14) for more detail.

² This filter is specific for health centers entering gender identity data into Patient Information Structured Data or Social History in the standard manner specified in the Technical Document (version 14). These health centers should remove male-to-female transgender patients from the denominator (Gender_Identity not "Female-T").

Colorectal Cancer Screening

Report name: ColRect Cancer Screening_v7

Parameters and filters: Upon running the report, enter the measurement period of one year. When viewing the datasheet, add filters for one or more primary care visits in the measurement period (PrimCareVisitsPeriod >0) and no exclusion criteria (Exclude_Colrect_ColCancer not equal to "Exclude").

Result summary: The data summary appears on the output sheet "Colorectal Cancer Screen Summ." The numerator is the value in the row "Yes" and the denominator is the value in the row "Grand Total."

Data validation: There are two reports that show potentially incomplete colorectal screening labs (ColRect_LabTest_Validation_v3) and images (ColRect_Image_Validation_v4). Both are described in detail in the appendix of the document, Instructions for Using the Bridgell Annual Clinical Report Set (Version 14).

For labs, run the validation report for the same measurement period as the report and filter for records that do not meet eCW/MU criteria (column MeetsMUCriteria = "No"). Then investigate what data is missing from the lab and, if possible, take steps to correct it so it can be recognized by the report. For images, run the report for a period of longer than the measurement period because the data report looks back several years for sigmoidoscopies and colonoscopies. Again, filter for incomplete imaging records (MeetsReportingCriteria = "No") and, if possible, correct them.

Blood Pressure Control Among Patients With Hypertension

Report name: Hypertension_v8

Parameters and filters: Upon running the report, enter the measurement period of one year. When viewing the datasheet, filter for one or more primary care visits in the measurement period (PrimCareVisitsPeriod > 0), diagnosed with essential hypertension prior to six months before the end of the measurement period (EssHTN_DiagnosisBeforePriorDate = "Yes"), no exclusions (Exclusion_HTN is not equal to "Exclude").

Result summary: The summary for the measure "Hypertension Control" is on the output sheet "BP QIP" (this summary uses the numerator definition for the JNC 8 Guidelines for the Management of Hypertension

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in Adults). The numerator is the value in the row “Controlled (QIP definition)” and the denominator is the value in the row “Grand Total.”

Data validation: First, look for blood pressure values on the data report that contain non-standard values by comparing text in the column “LastBPValuePeriod” to the columns “BPSys” and “BPDias.” If the report does not understand the values before or after the “/” in the column “LastBPValuePeriod” it will leave “BPSys” and “BPDias” blank. Therefore, look for rows where there is a BP recorded (LastBPValuePeriod is not blank) but there is not a systolic or diastolic value (use a filter for when “BPSys” is blank, and then use another for when “BPDias” is blank).

Use the Bridgelt report HTN_Validation_v3 to identify patients who might be missing an appropriate diagnosis of hypertension on their problem list. See the section “Hypertension Problem List Validation” in the appendix of the document Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14) for more details.

Blood Sugar Control Among Patients With Diabetes

Report name: Diabetes_v8

Parameters and filters: Upon running the report, enter the measurement period of one year. When viewing the datasheet, filter for patients with one or more primary care visits in the Measurement Period (PrimCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude does not equal “Exclude from QIP denominator”).

Result summary: The data summary appears on the output sheet “A1c QIP ACO.” The numerator is the value in the row “Less than or equal to 9%” and the denominator is the value in the row “Grand Total.”

Data validation: First, look for HbA1c values that contain non-standard text or values by sorting the last lab value (LastA1CResult) in ascending order and inspect the non-blank cells near the top and bottom of the column. Are there non-standard results that did not translate to the column LastA1CStatus_QIP? Were there results out of the normal test range, for example an A1c with a value of 75?

A separate Bridgelt report called DM_LabTest_Validation_v3 can be used to display labs incompletely or incorrectly entered into structured data. Run the report for a measurement period of the prior year (A1c

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tests pulled by the report could have been done in the past year), filter the column DM_Lab_Type for “A1c labs” and the column MeetsMUCriteria for “No.” Check these labs for a missing result date (Result_Date is blank), received checkbox not checked (Received_Checkbox = “No”), or no lab values in the yellow row on the Lab Results window (LabValuesPresent = “No”). Refer to the section “Diabetic LDL and A1c Lab Test Validation” in the appendix of the document Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14) for more details.

Use the Bridgelt report DM_Validation_v4 to identify patients who might be missing an appropriate diagnosis of diabetes on their problem list. See the section “Diabetes Problem List Validation” in the appendix of the document, Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14).

Appendix: Summary of Filters and Output Sheets

All reports should be run for a measurement period of one year and reported quarterly.

Measure	Report Name	Filters on data sheet	Output sheet
Cervical Cancer Screening	Cervical Cancer Screening_v9	<ul style="list-style-type: none"> Gender_Identity <u>not</u> equal to "Female-T" PrimCareVisitsPeriod > 0 Hysterectomy_Exclude <u>not</u> equal to "Exclude" 	PapHPV_Combined_Summary
Colorectal Cancer Screening	ColRect Cancer Screening_v7	<ul style="list-style-type: none"> PrimCareVisitsPeriod >0 Exclude_Collect_ColCancer <u>not</u> equal to "Exclude" 	Colorectal Cancer Screen Summ
Blood Pressure Control Among Patients With Hypertension	Hypertension_v8	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 EssHTN_DiagnosisBefore PriorDate = "Yes" Exclusion_HTN <u>not</u> equal to "Exclude" 	BP QIP
Blood Sugar Control Among Patients With Diabetes	Diabetes_v8	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 QIP_Exclude does <u>not</u> equal "Exclude from QIP denominator" 	A1c QIP ACO