

# Use of BridgelyT Validation Reports to Ensure Clinical Measure Denominator Accuracy

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Data Peer Workgroup Webinar

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# AGENDA

1. Documents
2. Problem Lists (General)
3. Problem Lists (Special)
4. Exclusions

NOTE: no webinar was recorded for this session. If you have any questions or would like additional detail, please feel free to e-mail Colleen and Ben.

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# Data Workgroup Documents: www.rchc.net

- **BridgelT Training**

- 2018 BridgelT Reports (recording, 6/2018)
  - 2018 BridgelT Reports (slides, 6/2018)
  - Changes: 2018 Measures (slides, 2/2018)
  - Changes: 2018 Measures (recording, 2/2018)
  - BridgelT Report Index (6/2018)
  -  2018 BridgelT Annual Clinical Report Set Updates (recording, 4/2018)
  - 2018 BridgelT Annual Clinical Report Set Updates (slides, 4/2018)
  -  BridgelT Report Updates-July 2017 (Depression Screening and Follow-up, Cervical Cancer Screening, Blood Pressure Calculation and more) (video)
  -  Report Update - OSHPD - Cirrhosis - QIP 2018 (video)
  - Report Update - OSHPD - Cirrhosis - QIP 2018 (slides)
  - Instructions\_BridgelT Clinical Annual Reports\_v14 
  - System Setup - BridgelT Annual Clinical Reports - v6
  - BridgelT Technical Document -v14
  - Year End Reporting Updates (slides) (12/2017)
  -  Year End Reporting Updates (recording) (12/2017)
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# BridgelT Clinical Report Instruction Manual (Version 14)

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

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Serving Sonoma, Napa, Marin & Yolo Counties

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# Go to the Appendix to See the Instructions for the Validation Reports

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# Other Useful Documents

- The Technical Document specifies all of the codes (e.g., diagnosis codes) and locations in eCW where the data is pulled
  - Be familiar with the denominator definitions so that you know what the validation report is focusing on.
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# Tips on Using the Validation Reports

- The reports provide a list of candidates for a specified action (e.g., adding a code to the Problem List). Further evidence in the medical record (eCW) is necessary to make a final determination.
  - In many cases, a clinical decision must be made by a provider.
  - Follow clinic guidelines for how medical records should be modified and updated (i.e., who is responsible for those decisions, how should they get the lists, etc.)
  - Run the reports in a standard manner. For example, you may decide that all lists consist of active patients seen in 2018.
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# Transition to Relevant

- There is a lot of overlap between Relevant reports and BridgeIT reports. So, many of the criteria are the same
  - BridgeIT validation reports will be transformed into Relevant validation reports
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# A note on “Denominator Accuracy”

- Goal: Minimize false positives and false negatives
  - Structured data helps eliminate the
  - Some changes to the reports cause false positives and false negatives to become more common
  - You do not have to run the validation reports and make changes to the medical records to make them more accurate. The consequence is that your annual measures might be slightly inaccurate and your care gaps (or other case management activities) might be slightly mistaken.
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# “False” Definitions

- **Denominator**

- False positive: Included in denominator but should NOT
- False negative: NOT included in denominator but should be

- **Exclusion**

- False positive: identified as an exclusion but should NOT
  - False negative: NOT identified as an exclusion but should be
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# Denominator Accuracy Validation Reports: Problem Lists (General)

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# Problem List Validation Reports (General)

- Diabetes Problem List Validation
- Hypertension Problem List Validation \*\*
- CAD Problem List Validation
- CVD Diagnosis Validation
- Depression Diagnosis Validation \*\*
- Initial HIV Diagnosis Validation \*\*

\*\* Needs Date of Onset

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# Example: Diabetes Validation Report

- DM\_Validation\_v4
  - Filter first for active patients seen recently (i.e., last year, last 18 months, etc.)
  - Look for patients WITHOUT a diabetes diagnosis on the Problem List but with a diabetes code on an assessment or claim. Do they actually have diabetes? In other words, should they be in the denominator?
  - Look for patients with an old ICD-9 diabetes code on their Problem List. Should it be updated?
  - Look for patients with a diabetes diagnosis on the Problem List but WITHOUT a diabetes code on an Assessment or Claim. Do they actually have diabetes? Do they have a recent A1c or evidence of being treated?
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# Denominator Accuracy Validation Reports: Problem Lists (Special)

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# Problem List Validation Reports (Special)

- Asthma Problem List Validation
  - IVD Problem List Validation
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# Asthma Problem List Validation (Priority)

- Asthma\_Validation\_v4
  - Filter first for active patients seen recently (i.e., last year, last 18 months, etc.)
  - Displays patients with the previous “persistent” definition that do not meet the criteria for the current “persistent” definition. These patients have been dropped from the denominator of the current report.
    - Current: persistent ICD-10 code only
    - Past: ICD-9 code plus ‘persistent’ description; last Asthma Severity Classification in HPI
  - Therefore, you need to perform a one-time update in order to identify the false-negatives (i.e., patients with persistent asthma by the old definition who do not appear on the new report). This should be done ASAP.
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# Asthma Problem List Validation (Priority)

- Solution: Add ICD-10 codes for “persistent” asthma to the Problem List
  - Filter for no ICD-10 but had any of the following:
    1. ICD-9 (old) on Problem List
    2. Last Asthma Severity Classification in HPI a ‘persistent’ classification (time-limited?)
    3. Had a recent medication normally prescribed for persistent asthma
    4. ICD-9 or ICD-10 on assessment or claim
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# IVD Problem List Validation

- IVD\_CarVasSurg\_Validation\_v5
  - Most complicated of the validation reports
  - Best approach: patients should have an IVD code on the Problem List. All of these are picked up by the report.
  - Denominator definition includes patients with a surgery (CABG or PCI) or experience (AMI) in the last two years. Therefore, the events must be associated with a date.
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# IVD Problem List Validation

- Report can be used (in the normal fashion) to look at patients WITHOUT a diagnosis code for IVD on their Problem List but WITH an IVD code on an Assessment or Claim in the past
  - ADDITIONALLY, the report looks for surgeries and events that are not associated with a date.
  - Come up with a plan to 'fix' the records with surgery/events but no date. Do you add an IVD code to the Problem List or add a date to the surgery/event?
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# IVD Problem List Validation

- Filter for active patients seen recently but not in denominator
  - Helpful columns on the validation report:
    1. Patient\_Valid\_Status: shows if patient is in the denominator or not
    2. Recommended\_Action: what you should look at first to 'fix' the record
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# Denominator Accuracy Validation Reports: Exclusions

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# Exclusion Reports

- Cervical Cancer Exclusion Validation
  - Breast Cancer Exclusion Validation
  - Colorectal Cancer Exclusion Validation
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# Tips on Using the Exclusion Reports

- Again, read the Technical Document and be familiar with how the reports are pulling the exclusions.
  - Note that the definitions have recently changed to become more specific.
  - Therefore, it is likely that there are some patients are not being excluded on the new BridgeIT reports (and Relevant) but should be (false negatives).
  - On the old reports, it was likely that there were some patients being excluded who should not have been (false positives).
  - The Data Standards Committee decided that it is better to move towards more accurate reporting (i.e., minimize the false positives and negatives). It will take at least a one-time examination of the records to 'fix' some of them
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# Exclusion Report Actions

- If you come across a record for a patient that should NOT be excluded (i.e., the patient does not meet exclusion criteria), then you do not have to do anything.
  - If you come across a record for a patient that SHOULD be excluded (i.e., the patient meets exclusion criteria but the validation report says the patient does not), then you have a choice:
    1. Add an ICD-10 code to the Problem List (with Onset Date, if available)
    2. Add more specific language to Surgical History (with a Surgical Date, if available)
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# Example: Cervical Cancer Screening

- Cervical Cancer Exclusion\_v1
  - Filter first for active patients seen recently (i.e., last year, last 18 months, etc.) who are between 24 and 64 years of age
  - Filter for patients who are NOT identified as “Excluded” (column Excluded\_On\_DataRpt = “No”) but should be investigated further (Column Check\_Record = “Yes”)
  - There are columns that show the date that possible exclusion text was entered into surgical history, medical history, or gyn history. So, check those areas in eCW
  - Decide to enter the exclusion into the Problem List (using an ICD-10 code) or into med/surg history (using proper text)
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# Cancer Screening Exclusions

- Be familiar with the exclusion text. See the Technical Document (denominator section for the measure) and the Instructions Document (validation section) for lists and tables
  - Note that breast cancer exclusion is complicated and the colorectal cancer exclusion has a long list of possible key text phrases.
  - You might just decide that the 'standard' at your health center is to add an appropriate ICD-10 code to the Problem List along with an onset date
  - Care Gaps should also exclude patients who do NOT need to be screened (using the same criteria as the measurement reports)
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**Questions?**

