

# Early Preparation for the 2018 UDS Report

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*Serving Sonoma, Napa, Marin & Yolo Counties*

# AGENDA

1. Considerations for Using Relevant and BridgeIT Together
2. Recommended Financial and Demographic Data Tools and Procedures in BridgeIT
3. Recommended Clinical Data Tools and Procedures in BridgeIT
4. Next Steps

# Considerations for Using Relevant and BridgeIT Together

Clinical and Demographic/Financial Reports

We Are Still in a Transition Period

# You Need to Trust the Data

- What is the most “Trustworthy” source or data?
- “**Validity** refers to the accuracy of an assessment -- whether or not it measures what it is supposed to measure. In other words, is the data sufficiently complete and error free to be convincing for its purpose and context?”
- “**Reliability** is another term for consistency. In other words, is the report repeatable, and will it give the same results?”

# Will you Use BridgeIT, Relevant or Both?

- Some health centers are not using BridgeIT any more for clinical reporting and are relying completely on Relevant
- Some health centers are currently validating the Relevant reports with the eventual goal of abandoning BridgeIT
- Importantly, you need to get to a place where you “trust” the data. If you switch (or have switched) to Relevant, are you sure that the clinical data is valid?

# Current Status of the Clinical Reports

- BridgeIT reports for all 2018 UDS clinical measures exist (except childhood immunization). Extensive documentation exists for how these reports were designed and where the data is pulling from.
- Relevant reports for all 2017 UDS clinical measures exist and they are currently designing and testing the 2018 reports. We expect these to be ready by the end of the year.
- For some measures, the Relevant reports consider non-standard eCW items. So, the results might be more accurate, but the health center will have to create and maintain a data dictionary for these items.

# Consistent UDS Reporting

- Keep in-mind that year-to-year consistency in UDS reporting is vital
- You will be questioned by the UDS Editor if your numbers are substantially different
- Answering “Well, we are using a different data system” would probably not be sufficient to explain the changes
- You would need to investigate differences on the record level and have evidence to support the explanation

# What is the Most “Trustworthy” Source?

- At the end of the year, you might consider running the 2018 clinical reports in both Relevant and BridgeIT and then comparing the results to what was reported on the 2017 UDS.
- Compare denominator number and numerator percentage
- Investigate Relevant measures that are substantially different from 2017 results. Are the BridgeIT results closer to what was expected? Explore the differences between the two sets of results.



# Comparing Relevant and BridgeIT Results

## Denominator

- Separate exclusions from denominator patients and consider these separately.
- Match exclusion and denominator patients\* from each report, then examine those in one but not the other.

## Numerator

- Match denominator patients from each report\* and display the numerator result. Examine patients in one numerator but not the other.

\* *Some health centers have used AbleBits for this purpose*

# Current Status of the Financial Reports

- BridgeIT reports for all UDS demographic and financial reports are available. These will be modified slightly at the end of the year by BridgeIT Stephanie. Documentation exists for how to use these reports.
- Data “clean-up” reports also currently exist in BridgeIT
- Relevant reports are being developed for demographic and financial reporting. Will these be ready by the end of the year? Will health centers complete validation of these reports by the end of the year?

# Plan Ahead for Financial Reporting

- Plan to use again whatever system you used last year for demographic/financial reporting
- Even if the Relevant reports are ready, it is good to have another set of data for comparison
- Therefore, it is recommended to proceed with the set-up and data cleaning procedures in BridgeIT. As in other years, you should begin these early because of the time-crunch later.
- Set-up and clean-up work from records in BridgeIT will also help results in Relevant

# Recommended Financial and Demographic Data Tools and Procedures in BridgeIT

Overview of the Main Things to Begin Now

# Demographics and Financial Reporting

- Start with mapping in the BridgeIT UDS Mapping Database
- Three different tables to complete:
  1. Insurance
  2. Providers
  3. Two types of adjustments
- Run the reports in the “UDS and CMS BridgeIT Data Mapping” folder to see current mapping (and to confirm mapping later)
- To have all providers and insurance names mapped into the proper UDS categories is also valuable for the design of the Relevant reports

# Claim Clean-Up

1. Use the report, 1\_Encounters Without Claims UDS Review
  - Check the alert, "Encounters with Vitals and Assessments"
  - Note: depending on when you run the report, some encounters might be very recent and not yet processed
2. Use the report, 1\_Claims without CPT Codes or Charges
  - Check the alerts:
    - ✓ Claim with Applied Pmts or Adjs and zero charges
    - ✓ Claims without CPT Codes
  - Note: sometimes, these are by design

*Both are in the UDS Setup and Data Review Folder*

# Demographics Clean-Up

Run the report 1\_Patient Age Race Ethnicity Review and check the alerts for:

- ✓ Age ranges
- ✓ Race/ethnicity missing or mismatch
- ✓ Sliding scale review
- ✓ Zip codes missing or invalid

# Resource for All Possible Visits

- Use the report UDS Med Visits Appointment Review (in the UDS Setup and Data Review folder) to browse all possible visits.
- You can use this report for helping to compare visit numbers in Relevant.
- For example, you should understand the exact criteria used in Relevant to define UDS visits and UDS medical visits (check the SQL directly). Then, use the filters on the BridgeIT Appointment Review report to see if any kinds of visits are being “missed”



# Recommended Clinical Data Tools and Procedures in BridgeIT

Overview of the Main Things to Begin Now

# Make Sure You Have the Most Current Reports and Documents

## Most Recent Versions of Documents and Clinical Bridgett Reports

### Key Documents

Updated: June 2018

Instruction manual: [Instructions\\_Bridgett Clinical Annual Reports\\_v14 \(June 2018\)](#)  
 Technical document: [Technical\\_Bridgett Clinical Annual Reports\\_v14 \(June 2018\)](#)  
 System Set-Up Document: [SystemSetup\\_Bridgett Clinical Annual Reports\\_v6 \(July 2017\)](#)  
 Validating the data: [Instructions\\_Validating\\_Cleaning\\_Data\\_v5 \(November, 2017\)](#)


### Bridgett Reports

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

Report name in Bridgett	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_Statin_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

## UNIFORM DATA SYSTEM

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



For Reports Submitted February 15, 2019

# Check Provider and Med Set-Up

- Both the BridgeIT and Relevant reports rely on provider specialty and medication groups. Review these lists for accuracy, especially looking for new records
- Medical Providers: Fin\_Table 5 Provider and Resource Mapping (field "Specialty")
- Medications: Clin\_Medications and Med Groups (field "RXGroupName")

*Both are in the UDS Setup and Data Review Folder*

# Incomplete Labs and Images

- Some labs may have been ordered and collected, but the record in eCW was not completed.
- The Data Standards and Integrity Committee decided that labs should continue to follow Meaningful Use criteria.
- There are five BridgeIT reports for labs and images. Check especially the pap labs and mammogram images.
- Reference: Appendix in Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14).

# Exclusions

- Run the three exclusion validation reports and make sure that the patients have the more specific exclusion criteria when warranted.
- The validation reports are for the three cancer screening reports. If the patient had a surgery that completely removed the specified organ, there is no need for further screening.
- Reference: Appendix in Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14).

# Persistent Asthma Diagnosis Codes

- Make sure that all patients who have persistent asthma have an appropriate ICD-10 code on their Problem List
- This may include patients missing a code but:
  - ❖ With a last Asthma Severity Classification indicating a 'persistent' option
  - ❖ Using an inhaled corticosteroid medication or other acceptable alternative pharmacological agent (that is, from the Asthma Meds medication group in eCW)
- Use the Asthma Problem List Validation report. See page 99 of the large BridgeIT Instruction Manual

# Next Steps

What is happening from now until the end of the year

# Next Steps: Health Centers

- Begin the validation process as soon as the 2018 Relevant Clinical Reports are available.
- Run the BridgeIT and Relevant reports for the same one-year measurement period and compare results to each other and to the results reported last year.
- Begin running the set-up reports in BridgeIT for the financial and clinical areas.
- Begin running the record-level clean-up reports for the financial, demographic and clinical areas.



# Next Steps: RCHC

- Release the document "Validating and Reporting the 2018 UDS Clinical Measures."
- Present the UDS clinical and financial reporting webinars in December.
- Be available for questions or other support in validating the data or understanding the differences between BridgeIT and Relevant.
- Work on validation reports in Relevant, distribute to health centers

# Questions?

Any topic suggestions for next month?