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# Reporting the 2018 Performance Improvement Program (PIP) Clinical Measures [Version 8]

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Serving Sonoma, Napa, Marin & Yolo Counties

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# Reporting the Performance Improvement Program (PIP) Clinical Measures



## Contents

Purpose .....	3
Summary of Content .....	3
Introduction .....	3
Cervical Cancer Screening (BridgeIT) .....	4
Cervical Cancer Screening (Relevant) .....	5
Colorectal Cancer Screening (BridgeIT) .....	5
Colorectal Cancer Screening (Relevant).....	6
Blood Pressure Control Among Patients With Hypertension (BridgeIT) .....	6
Blood Pressure Control Among Patients With Hypertension (Relevant).....	7
Blood Sugar Control Among Patients With Diabetes (BridgeIT) .....	8
Blood Sugar Control Among Patients With Diabetes (Relevant) .....	9
Appendix: Summary of BridgeIT Filters and Output Sheets .....	10

# Reporting the Performance Improvement Program (PIP) Clinical Measures



## Purpose

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

## Summary of Content

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. Each PIP clinical measure has a separate BridgeIT and Relevant report.

For the BridgeIT report set, the sections below name the version, 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. The appendix on page 10 contains an easy-to-use summary of this information. Additional detail on how to run the reports can be found in the Instructions for Using the BridgeIT 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 BridgeIT Annual Clinical Report Set (Version 14). These documents can be found on the Redwood Community Health Coalition (RCHC) Website<sup>1</sup>.

The Relevant PIP report set features a mix of Quality Measures and Reports. Note that two of the PIP measure definitions are not the same as the UDS definitions, therefore two measures must come from the Reports section of Relevant and not the Quality Measure section. These are also described below.

## Introduction

These instructions were written for staff at RCHC-affiliated clinics who are familiar with the basic functions of BridgeIT and Relevant. 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

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<sup>1</sup> 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](http://www.rchc.net)

# Reporting the Performance Improvement Program (PIP) Clinical Measures



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 BridgeIT reports as of December, 2018. Note that BridgeIT reports are periodically updated, so please refer to the most current version numbers on the “BridgeIT Report Index” available on the RCHC Peer Collaboration website and make sure you have imported the most recent versions from the BridgeIT Warehouse.

## Cervical Cancer Screening (BridgeIT)

BridgeIT 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”)<sup>2</sup>.

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 BridgeIT Annual Clinical Report Set (Version 14) for more detail.

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<sup>2</sup> 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”).

## Cervical Cancer Screening (Relevant)

Relevant Quality Measure name: Cervical Cancer Screening (UDS 2018 Table 6B)

Parameters: Make sure that the measurement period is set for the appropriate 12 months. The default period may not be the required span of time.

Result summary: Quality Measures in Relevant display the numerator and denominator as in the figure below.



## Colorectal Cancer Screening (BridgeIT)

BridgeIT 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\_Colect\_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

## Reporting the Performance Improvement Program (PIP) Clinical Measures



in the appendix of the document, Instructions for Using the BridgeIT 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.

### **Colorectal Cancer Screening (Relevant)**

Relevant Quality Measure name: Colorectal Cancer Screening (UDS 2018 Table 6B)

Parameters: Make sure that the measurement period is set for the appropriate 12 months. The default period may not be the required span of time.

Result summary: Quality Measures in Relevant display the numerator and denominator as shown in the figure on page 5, above.

### **Blood Pressure Control Among Patients With Hypertension (BridgeIT)**

BridgeIT 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”), and 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

# Reporting the Performance Improvement Program (PIP) Clinical Measures



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 BridgeIT 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 BridgeIT Annual Clinical Report Set (Version 14) for more details.

## Blood Pressure Control Among Patients With Hypertension (Relevant)

Relevant report name: RCHC PIP PHASE HTN Measures

Parameters: Since this is a report in the Report section of Relevant (and not a quality measure), you must enter the 12-month measurement period into the Query Parameters.

Result summary: Beside the Results Table tab, there is a tab named “BP Measure” containing a summary pivot table, as shown in the figure below.

bp_numerator	Totals
Controlled blood pressure	407
No blood pressure performed within the past year	192
Uncontrolled blood pressure	232
Totals	831

## Blood Sugar Control Among Patients With Diabetes (BridgeIT)

BridgeIT 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 BridgeIT 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 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 BridgeIT Annual Clinical Report Set (Version 14) for more details.

Use the BridgeIT 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 BridgeIT Annual Clinical Report Set (Version 14).



## Blood Sugar Control Among Patients With Diabetes (Relevant)

Relevant report name: RCHC PIP DM Measures

Parameters: Since this is a report in the Report section of Relevant (and not a quality measure), you must enter the 12-month measurement period into the Query Parameters.

Result summary: Beside the Results Table tab, there is a tab named “A1c Measure” containing a summary pivot table, as shown in the figure below.

A1c Measure

a1c_numerator	Totals
Patients with HbA1c <= 9%	110
Patients with HbA1c >9% Or No Test During Year	106
Totals	216

**Numerator**

**Denominator**

## Appendix: Summary of BridgeIT Filters and Output Sheets

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

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