
Reporting the PHASE Program Clinical Measures [Version 9]



Serving Sonoma, Napa, Marin & Yolo Counties

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Introduction

BridgelT and Relevant reports are available from RCHC that display patients in the reportable denominators of the Kaiser Permanente PHASE (Preventing Heart Attacks and Strokes Every Day) initiative. These patients are assumed to be eligible for PHASE-related clinical and case management activities. The reports can be used to summarize data for quarterly reporting.

Similar to reports in the RCHC BridgelT Annual Clinical Report Set, the PHASE report can be filtered to display particular patient sub-populations and has associated output sheets that display an overview of patient results. The BridgelT report can also be used for identifying patients for further evaluation and action. Version 8 of the PHASE instructions contain details on how to use the report for case management activities.

The present instructions were written for staff at RCHC-affiliated clinics who are familiar with the basic functions of BridgelT 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 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 December, 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. The Relevant reports appear in the Reports section of the software and not in the Quality Measures section. Both BridgelT and Relevant reports can be run for any measurement period.

Copies of the PHASE Reports

In BridgelT, there is a single report that displays all patients. This report is named PHASE_v8. The subpopulations can be filtered on the data sheet or in the output. This single report is used for all reporting and case management activities.

In Relevant, there are separate reports for each sub-population. These reports are intended for quarterly reporting. They are named as follows:

- RCHC PHASE ASCVD Patients
- RCHC PHASE DM Measures
- RCHC PIP PHASE HTN Measures
- RCHC PHASE All Patients

PHASE Population Definition

The initial denominator of the BridgeIT PHASE report is defined as all patients 18 years of age and older with at least one diagnosis code on their Problem List from one of seven diagnosis groups described below, or who have been identified as a PHASE program participant by the health center. Note that the initial denominator shown by the BridgeIT report is different than the PHASE Eligible population. The PHASE Eligible population does not include patients with only hypertension and not any of the other six diagnosis groups mentioned here.

Below are the lists of ICD-9 and ICD-10 codes that are used by the BridgeIT report to define the initial report denominator. Note that an asterisk (*) denotes any number or no number. Codes must appear on the patient's Problem List to be considered. The Relevant reports use the same set of codes for the these sub-populations.

Diabetes Mellitus (abbreviated "DM"): ICD-9 are 250.*, 357.2, 362.0*, 366.41 and 648.0; ICD-10 are E10*, E11*, E13* and O24* (but not O24.4* or O24.9*)

Essential Hypertension (abbreviated "HTN" and not considered a necessary diagnosis for the PHASE Eligible population): ICD-9 are 401.0, 401.1 and 401.9; ICD-10 is I10

Atherosclerotic Cardiovascular Disease (abbreviated "ASCVD"): This is a combination of all the codes mentioned below for Abdominal Aortic Aneurysm, Coronary Artery Disease, Peripheral Artery Disease, and Transient Ischemic Attack/Cerebrovascular Accident

Abdominal Aortic Aneurysm (abbreviated "AAA"): ICD-9 are 441.3, 441.4 and 441.9; ICD-10 are I71.3, I71.4 and I71.9.

Coronary Artery Disease (abbreviated "CAD"): ICD-9 are 410.*, 411.*, 412*, 413.*, 414.0*, 414.2, 414.3, 414.8, 414.9, V45.81 and V45.82; ICD-10 are I20*, I21*, I22*, I23*, I24*, I25* (but not I25.3, I25.41 or I25.42), Z95.1 and Z98.61

Peripheral Artery Disease (abbreviated "PAD"): ICD-9 are 440.1*, 440.2*, and 440.4; ICD-10 are I70.0, I70.1, I70.20*, I70.21*, I70.229, I70.235, I70.245, I70.25, I70.269 and I70.299

Transient Ischemic Attack/Cerebrovascular Accident (abbreviated "TIA"): ICD-9 are 433*, 434*, 435, 435.1, 435.2, 435.3, 435.8, 435.9, 436, 438.9 and V12.54; ICD-10 are G45.0, G45.1, G45.8, G45.9, G46.3, G46.4, I63*, I65*, I66*, I67.2 and Z86.73

Using the Bridgelt Report to Summarize PHASE Data

Upon initially running the report, the user is asked to define a measurement period with a start date and an end date. For quarterly reporting, this is normally a year of time, ending the last day of the quarter (RCHC will provide the measurement period dates). The number of visits is calculated from the measurement period range as well as other items that are associated with dates (e.g., last lab completed, last blood pressure, etc.).

Note that because this is a complex report, it will take a longer time to run as compared to other Bridgelt reports. When this report was tested, it sometimes took between 5 and 10 minutes to complete and display results. During this time, it may appear like Bridgelt is frozen, or text may display indicating the Bridgelt toolbox is “Not Responding.” Alternately, the entire screen may look blank or greyed-out. In some situations, a window may pop-up with a message such as “Please wait...” or a message asking if the user wants to restart the program or wait for it to respond (always click to wait). All of this is completely normal.

The report initially displays all patients with any of the diagnoses regardless of visits. Typically, the column PrimCareVisitsPeriod is then filtered for those patients having at least one primary care medical visit in the measurement period. Filters are also used to further define segments of the denominator population, depending on what specifically is desired by the user. For reporting purposes, filters can be applied on the Data Sheet or in the output.

The output sheets on the PHASE Bridgelt report display summary data for several measures on the PHASE Health Center Reporting Template. There are also three measures in the Screening and Follow-up section of the PHASE template that are based on the general patient population (and use UDS definitions). Therefore, the three standard Bridgelt reports are used for those measures.

Beginning on the next page is a list of the measure definitions from the reporting template along with the Bridgelt filters needed to obtain the measure denominator. None of the measures are based on the initial patient population displayed by the report, so appropriate filters must be used in every case. At the very least, patients for all measures must have been seen by a primary care medical provider in the measurement period (PrimCareVisitsPeriod > 0). Filters can be added to the data sheet¹, but filters for most measures can also be applied on the output sheet. For your convenience, there is a section beginning on page 8 that contains a table briefly describing the filters, output sheets, and rows with the denominator and numerator data (where applicable) for each measure.

¹ If adding filters to the data sheet, the user must always manually “refresh” the data in the output. This must occur each time a new filter is applied. If applying filters in the output, refresh once just after opening the output for viewing.

Reporting the PHASE Program Clinical Measures



Section 1: Patient Population Measures

1. Diabetes patients. The number of patients with a diagnosis of diabetes (type 1 or type 2) who are aged 18-75 years, have been seen in the measurement period, have had at least two primary care medical visits in the two years prior to the end of the measurement period, and have no exclusions. Use the filter DM_Clin_Denom = "Yes." This filter is equivalent to:

- a) DM_diag = "Yes"
- b) AgeEndReporting between 18 and 75
- c) PrimCareVisitsPeriod > 0
- d) 2Y_PrimaryCareVisits > 1
- e) Exclusion_DM not equal to "Exclude"

Output sheet: "Diabetes_BP"

2. ASCVD patients. The number of patients with a diagnosis of Clinical ASCVD, any age. NOTE: manual filters on the data sheet must be applied for this measure.

- a) PrimCareVisitsPeriod > 0
- b) ASCVD_diag = "Yes"

Output sheet: "Patient_Count"

3. Hypertension patients. The number of patients with a diagnosis of Essential Hypertension, who were diagnosed with Essential Hypertension at least six months prior to the end of the Measurement Period, who are aged 18-85 years, have been seen in the measurement period, and have no exclusions. Use the filter HTN_Denom = "Yes." This filter is equivalent to:

- a) HTN_diag = "Yes"
- b) HTN_DiagnosisBeforePriorDate = "Yes"
- c) AgeEndReporting between 18 and 85
- d) PrimCareVisitsPeriod > 0
- e) Exclusion_HTN not equal to "Exclude"

Output sheet: "Hypertension_BP"

4. Unduplicated patients. The number of unduplicated patients who meet at least one of the above criteria for diabetes patients, ASCVD patients or hypertension patients. NOTE: manual filters on the data sheet must be applied for this measure.

- a) PrimCareVisitsPeriod > 0
- b) All_Pts_Denom = "Yes" (this filter is equivalent to all of the filters for the measures #1 to #3 above).

Output sheet: "Patient_Count"

Section 2: Prescription Measures

5. to 7. Prescription measures for diabetes patients. The number of patients with a diagnosis of diabetes (type 1 or type 2) who are aged 55-75 years, have been seen in the measurement period, have had at least two primary care medical visits in the two years prior to the end of the measurement period, and have no exclusions. Use the filter DM_Perscript_Denom = "Yes." This filter is equivalent to:

- a) DM_diag = "Yes"
- b) AgeEndReporting between 55 and 75
- c) PrimCareVisitsPeriod > 0
- d) 2Y_PrimaryCareVisits > 1
- e) Exclusion_DM not equal to "Exclude"

Output sheets: "Diabetes_Statin" "Diabetes_ACE_ARB" and "Diabetes_Statin_ACE_ARB"

8. Prescription measure for hypertension patients. This denominator is the same as the hypertension patient population in Section 1, above. It is the number of patients with a diagnosis of Essential Hypertension, who were diagnosed with Essential Hypertension at least six months prior to the end of the Measurement Period, who are aged 18-85 years, have been seen in the measurement period, and have no exclusions. Use the filter HTN_Denom = "Yes." This filter is equivalent to:

- a) HTN_diag = "Yes"
- b) HTN_DiagnosisBeforePriorDate = "Yes"
- c) AgeEndReporting between 18 and 85
- d) PrimCareVisitsPeriod > 0
- e) Exclusion_HTN not equal to "Exclude"

Output sheet: "Hypertension_Meds"

Section 3: Screening and Follow-up Measures

9. Tobacco screening & follow-up. The number of patients aged 18 years and older seen for at least two primary care medical visits in the measurement year or at least one preventive visit in the measurement year. Use the report Tobacco_v8 with the filter Annual_Visit_Denom = "Add to annual report denominator." *Output sheet: "Tobac_Composite"*

10. BMI screening & follow-up. The number of patients who were 18 years of age or older seen for at least one primary care medical visit in the measurement year. Use the report Adult_Weight_v9 with the filter Exclusion_Preg_Pallative not equal to "Exclude." *Output sheet: "Final_Summary"*

11. Depression screening & follow-up. The number of patients aged 12 years and older seen for at least one primary care medical visit in the measurement year. Use the report Depression_Screen_Followup_v8 with the filter StartMP_Dx_ProbList_Exclude not equal to "Exclude." *Output sheet: "Outcome_Summ"*

Section 4: Clinical Quality Measures

12 and 13. Diabetes controlled blood pressure and controlled A1c. This denominator is the same as the diabetes patient population in Section 1, above. It is the number of patients with a diagnosis of diabetes (type 1 or type 2) who are aged 18-75 years, have been seen in the measurement period, have had at least two primary care medical visits in the two years prior to the end of the measurement period, and have no exclusions. Use the filter DM_Clin_Denom = "Yes." This filter is equivalent to:

- a) DM_diag = "Yes"
- b) AgeEndReporting between 18 and 75
- c) PrimCareVisitsPeriod > 0
- d) 2Y_PrimaryCareVisits > 1
- e) Exclusion_DM not equal to "Exclude"

Output sheets: "Diabetes_BP" and "Diabetes_A1c"

14. Hypertension controlled blood pressure. This denominator is the same as the hypertension patient population in Section 1, above. It is the number of patients with a diagnosis of Essential Hypertension, who were diagnosed with Essential Hypertension at least six months prior to the end of the Measurement Period, who are aged 18-85 years, have been seen in the measurement period, and have no exclusions. Use the filter HTN_Denom = "Yes." This filter is equivalent to:

- a) HTN_diag = "Yes"
- b) HTN_DiagnosisBeforePriorDate = "Yes"
- c) AgeEndReporting between 18 and 85
- d) PrimCareVisitsPeriod > 0
- e) Exclusion_HTN not equal to "Exclude"

Output sheet: "Hypertension_BP"

The output sheets on the PHASE BridgeIT report are named after the measure (for example, the sheet "Hypertension_BP" is used for the hypertension blood pressure measure). Each sheet has optional filter(s) above the data summary table that can be used instead of filters directly on the data sheet.

Note that the output sheet named "Number_patients" simply counts the number of patients after filters are added. These filters can be placed on the data sheet (be sure to refresh the output) or chosen from the drop-down filters contained in the output sheet. Regardless of method, normally the user should not combine filters on both the data sheet and the output. Therefore, for example, if you are adding filters to the data sheet, make sure that no filters are selected on the output sheet.

Reporting the PHASE Program Clinical Measures



BridgIT Filters and Output Sheets: Completing the KP PHASE Health Center Reporting Template (Clinical and Quality Measures)

All measures on the KP PHASE Data Reporting Template can be obtained using BridgIT reports. Most of the data comes from the main PHASE report (PHASE_v8), but the three measures in the section “Screening and Follow-up” use reports from the BridgIT Annual Clinical Report Set. The measurement period for all reports should be one year ending on the last day of the quarter, as specified by Kaiser. Follow the brief instructions below to obtain the data for each measure.

Measure	Report Name	Filters on data sheet or output	Output sheet and data to copy
Patient Population			
Diabetes patients	PHASE_v8	<ul style="list-style-type: none"> DM_Clin_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Diabetes_BP” Denominator: “Grand Total”
ASCVD patients	PHASE_v8	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 ASCVD_diag = “Yes” 	<ul style="list-style-type: none"> Sheet “Patient_Count” Denominator: “Total”
Hypertension patients	PHASE_v8	<ul style="list-style-type: none"> HTN_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Hypertension_BP” Denominator: “Grand Total”
Unduplicated patients	PHASE_v8	<ul style="list-style-type: none"> All_Pts_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Patient_Count” Denominator: “Total”
Prescription			
Diabetes statin	PHASE_v8	<ul style="list-style-type: none"> DM_Perscript_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Diabetes_Statin” Numerator: “Yes” Denominator: “Grand Total”
Diabetes ACE/ARB	PHASE_v8	<ul style="list-style-type: none"> DM_Perscript_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Diabetes_ACE_ARB” Numerator: “Yes” Denominator: “Grand Total”
Diabetes statin and ACE/ARB	PHASE_v8	<ul style="list-style-type: none"> DM_Perscript_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Diabetes_Statin_ACE_ARB” Numerator: “Yes” Denominator: “Grand Total”
HTN antihypertensive	PHASE_v8	<ul style="list-style-type: none"> HTN_Denom = “Yes” 	<ul style="list-style-type: none"> Sheet “Hypertension_Meds” Numerator: “Yes” Denominator: “Grand Total”
Screening and Follow-up			
Tobacco screening & counseling	Tobacco_v8	<ul style="list-style-type: none"> Annual_Visit_Denom = “Add to annual report denominator” 	<ul style="list-style-type: none"> Sheet: “Tobac_Composite” Numerator: row “Assessed and intervened with as appropriate” Denominator: “Grand Total”
BMI screening & follow-up plan	Adult_Weight_v9	<ul style="list-style-type: none"> Exclusion_Preg_Pallative <u>not</u> “Exclude” 	<ul style="list-style-type: none"> Sheet: “Final_Summary” Numerator: row “Meets documentation criteria” Denominator: “Grand Total”

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Depression screening & follow-up plan	Depression_Screen_Followup_v8	<ul style="list-style-type: none"> • StartMP_Dx_ProbList_ Exclude <u>not</u> "Exclude" 	<ul style="list-style-type: none"> • Sheet: "Outcome_Summ" • Numerator: row "Appropriately screened/followed-up" • Denominator: "Grand Total"
Clinical quality			
Diabetes controlled blood pressure	PHASE_v8	<ul style="list-style-type: none"> • DM_Clin_Denom = "Yes" 	<ul style="list-style-type: none"> • Sheet "Diabetes_BP" • Numerator: "Yes" • Denominator: "Grand Total"
Diabetes controlled A1c	PHASE_v8	<ul style="list-style-type: none"> • DM_Clin_Denom = "Yes" 	<ul style="list-style-type: none"> • Sheet "Diabetes_A1c" • Numerator: "Yes" • Denominator: "Grand Total"
Hypertension controlled blood pressure	PHASE_v8	<ul style="list-style-type: none"> • HTN_Denom = "Yes" 	<ul style="list-style-type: none"> • Sheet "Hypertension_BP" • Numerator: "Yes" • Denominator: "Grand Total"

Using the Relevant Reports to Summarize PHASE Data

Because most of the PHASE measures have slightly different definitions than similarly-named UDS measures, there are separate Relevant reports for them. However, the three screening measures have the same definitions, so the Quality Measure data can be used for them.

In any case, make sure that the correct measurement period is used to obtain the data. For Relevant Quality Measures, the default period initially displayed on the webpage may not be the required 12-month span of time. Set the Measurement Period drop-down field to the correct time frame. For Relevant reports, manually enter the measurement period into the Query Parameters before running the report.

Below is a list of the report names or Quality Measure names for each section of the PHASE template, along with screenshots of the result summary you should use. For reports, the summaries appear in pivot tables on named tabs next to the Results Table tab. For Quality Measures, the summary appears in the Compliance section of the page.

Section 1: Patient Population Measures

1. Diabetes patients. The report name is “RCHC PHASE DM Measures.” The result summary is:

A1c Measure

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

← Number of patients

2. ASCVD patients. The report name is “RCHC PHASE ASCVD Patients.” The result summary is:

ASCVD Patients

Totals	163
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← Number of patients

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3. Hypertension patients. The report name is “RCHC PIP PHASE HTN Measures.” The result summary is:

BP Measure

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

← Number of patients

4. Unduplicated patients. The report name is “RCHC PHASE All Patients.” The result summary is:

All PHASE Patients

Totals	1,145
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← Number of patients

Section 2: Prescription Measures

Note that the population for the diabetes prescription measures is further restricted to patients between 55 and 75 years of age. Therefore, use only the data in the column or row heading with “t” (for TRUE) for the field “between_55y_75y.”

5. Prescription measures for diabetes patients: statin. The report name is “RCHC PHASE DM Measures.” The result summary is:

Statin Measure

	between_55y_75y	f	t	Totals
statins_numerator				
Had statin medication in last year		71	80	151
No statin medication		37	28	65
Totals		108	108	216

Numerator

Denominator

Reporting the PHASE Program Clinical Measures



6. Prescription measures for diabetes patients: ACE/ARB. The report name is “RCHC PHASE DM Measures.” The result summary is:

ACE ARB Measure

	between_55y_75y	f	t	Totals	
ace_arb_numerator					
Had ACE/ARB medication in last year		83	77	160	Numerator
No ACE/ARB medication		25	31	56	
	Totals	108	108	216	Denominator

7. Prescription measures for diabetes patients: statin and ACE/ARB. The report name is “RCHC PHASE DM Measures.” The result summary is:

ACE/ARB and Statin Measure

	between_55y_75y	ace_arb_numerator	statins_numerator	Had statin medication in last year	No statin medication	Totals		
f				Had ACE/ARB medication in last year	65	18	83	
				No ACE/ARB medication	6	19	25	
t				Had ACE/ARB medication in last year	66	11	77	Numerator
				No ACE/ARB medication	14	17	31	
			Totals	151	65	216		

ACE/ARB and Statin Measure

	between_55y_75y	ace_arb_numerator	statins_numerator	Had statin medication in last year	No statin medication	Totals		
f				Had ACE/ARB medication in last year	65	18	83	
				No ACE/ARB medication	6	19	25	
t				Had ACE/ARB medication in last year	66	11	77	Denominator
				No ACE/ARB medication	14	17	31	
			Totals	151	65	216		

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8. Prescription measure for hypertension patients. The report name is “RCHC PIP PHASE HTN Measures.” The result summary is:

Antihypertensive Measure	
antihypertensive_numerator	Totals
Had antihypertensive medication in last year	706
No antihypertensive medication	125
Totals	831

← Numerator (points to 706)

← Denominator (points to 831)

Section 3: Screening and Follow-up Measures

9. Tobacco screening & follow-up. The report name is “Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (UDS 2018 Table 6B).” The result summary is:



10. BMI screening & follow-up. The report name is “Preventive Care and Screening: Body Mass Index (BMI) Screening And Follow-Up Plan (UDS 2018 Table 6B).” The result summary is similar to the one displayed in #9 above.

11. Depression screening & follow-up. The report name is “Preventive Care and Screening: Screening for Depression and Follow-Up Plan (UDS 2018 Table 6B).” The result summary is similar to the one displayed in #9 above.

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Section 4: Clinical Quality Measures

12. Diabetes controlled blood pressure. Report name is “RCHC PHASE DM Measures.” The result summary is:

BP Measure

bp_numerator	Totals
Controlled: < 140/90 mmHg	127
No blood pressure performed within the past year	32
Uncontrolled	57
Totals	216

Numerator

Denominator

13. Diabetes controlled A1c. Report name is “RCHC PHASE DM Measures.” The result summary is:

A1c Measure

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

Numerator

Denominator

14. Hypertension controlled blood pressure. Report name is “RCHC PIP PHASE HTN Measures.” The result summary is:

BP Measure

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

Numerator

Denominator