
Validating and Reporting the 2018 QIP Clinical Measures Using BridgeIt and Relevant (Version 1)



Serving Sonoma, Napa, Marin & Yolo Counties

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Introduction

These instructions were designed for staff at RCHC clinics who are familiar with the basic functions of BridgeIt and Relevant. Several reports created by RCHC exist in BridgeIt that can be used to validate data and summarize results for the Partnership Healthplan 2018 Quality Incentive Program (QIP) report. Likewise, Relevant is developing a set of QIP reports, but they are not complete for all health centers at the time of publishing these instructions. Version 2 will be released with more details on Relevant report names and functions. Nonetheless, a section on how to run Relevant reports is included near the end of version 1 of this document.

Each QIP clinical measure has its own Relevant and BridgeIt report. Relevant Quality Measures should have “2018” in the title of the measure and may need to be activated first in order to appear on the main Quality Measures list. **It is very important that the health center uses the latest version of the BridgeIT reports, which is documented in the RCHC BridgeIT Report Index¹.** Current names and versions of the reports are listed on the Report Index and RCHC will update the index on the RCHC Peer Collaboration portion of the main RCHC website. The instructions below are specific to the set of reports released during 2018 (with possible updates released afterwards, as necessary). Note that some reports may keep the same name (for example, CAD_LipidLower_v5) but have a new sub-version number (the CAD report is now version 5.1). The sub-version number is found in the Project Note of the report (right-click the report and choose “About” then read the Note in the window that opens). **First and foremost, the health center should compare the version numbers on the Index with the version numbers of the reports in the Toolbox and replace reports with the newest version from the BridgeIT Warehouse when available².**

The QIP clinical domain measures are reported annually in the early year. Reporting requirements described below are based on the document “2018 Primary Care Provider Quality Improvement Program (PCP QIP) Measurement Specifications for FAMILY MEDICINE PRACTICES.” An associated list of codes is available on the Partnership Health Plan website. Family Practice health centers are required to report eleven clinical domain measures, which all have corresponding reports in BridgeIT and Relevant. There are other QIP measures that Partnership calculates on behalf of the health center or that the health center reports without using BridgeIt. See the QIP document from Partnership for further details on the other measures. The instructions below only describe the clinical domain measures.

¹ As of the writing of these instructions, the most recent version is from December 2018. However, this index is periodically updated as new versions of the reports become available.

² It is recommended that outdated reports be renamed and moved to another folder within the Toolbox in case you need to use them in the future for reference or comparison.

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The BridgeIT instructions below are sectioned into individual measures. Additional detail on how to run the reports can be found in the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, June 2018). Many of the BridgeIt reports that summarize data also have an associated validation report that are used to identify records with missing or incorrect data. Instructions for using these reports appear in the Appendix of the main Instructions document just mentioned. 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, June 2018). A summary comparison of the QIP and other annual report measures is named Comparison of Measurements Between Different Projects and Funders (version 16, June 2018). All documents can be obtained from Redwood Community Health Network (they are placed on the Peer Collaboration webpage of RCHC.net).

Description of Clinical Domain Measures (for Family Medicine Practices)

The instructions below are applicable only for the 2018 reporting year because typically there are changes to the measures from year-to-year. All reports should be run with the measurement period January 1 to December 31, 2018. Users are strongly urged to begin validating the data well-before the end of the calendar year.

Family Practice health centers must report on all of the following measures:

1. Annual Monitoring for Patients on Persistent Medications
2. Well-Child Visits
3. Controlling High Blood Pressure
4. Cervical Cancer Screening
5. Colorectal Cancer Screening
6. Diabetes Management: HbA1C good control (Less Than 9%)
7. Diabetes Management: Retinal eye exam
8. Diabetes Management: Nephropathy
9. Breast Cancer Screening
10. Childhood Immunization Combo 3
11. Immunizations for Adolescents

The report descriptions in the BridgeIT section below appear in the same order as in the QIP instructions. Each section in the instructions below names the current BridgeIt report and version, the parameters and filters needed to obtain the correct numerator and denominator for the measure,

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where to find the result summary in the Excel output, and how to validate the data. Note that for the annual QIP, health centers are required to submit data to Partnership on individual patients. To do this, it is recommended that no initial filters be placed on the report (so that it shows the maximum number of patients). Patients can then be matched between the lists by the name/date of birth or their CIN number (using the column subscriberNo). If the health center wants to estimate the measure percentage for all patients currently with Partnership Healthplan insurance, use the filters described in the sections below, in addition to a filter for the name of the Partnership insurance class your health center uses in the column InsClassName.

Therefore, the Bridgelt reports can be used for two purposes. First, they can be used to display candidates that can be matched to the denominator lists supplied by Partnership. Keep in-mind that some patients appearing on the denominator list from Partnership might not appear to have Partnership Managed Care insurance in eCW, or might have other characteristics that would otherwise exclude them from the specified denominator. Therefore, do not initially filter the Bridgelt data sheet or else you may miss some patients that appear on the denominator list from Partnership. There is a paragraph titled “Denominator list matching” for each measure below.

The second purpose of the report is to estimate the measurement percentage for Partnership patients. This is a rough approximation because Bridgelt can provide data only for patients in eCW identified as Partnership Managed Care patients by their primary insurance. This is not the precise denominator for the measure, which consists of patients continually enrolled in Partnership Managed Care for 11 of 12 months in the measurement period. Only Partnership can provide the true denominator. The Bridgelt report does not calculate continuous enrollment. The list from Partnership is more accurate than any list derived from eCW/Bridgelt because it also includes patients assigned to the health center but not yet seen by the health center (and thus not in eCW) and excludes patients of the health center who previously had Partnership insurance but have since been dropped (yet may continue to appear having that insurance in eCW). In any case, Bridgelt can provide the best estimate available. Instructions to create this estimate appear in the sub-section “Result summary” of each measure.

It is recommended that health centers with more than one insurance name for Partnership Managed Care group these names into an insurance class. That way, filtering for these patients can be done more conveniently. Both the patient’s primary insurance and insurance class are displayed on the Bridgelt reports. Before running the reports to look at summary data, check to see that all possible Partnership Managed Care insurance names are included in the Partnership Managed Care insurance class.

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BridgeIt Report Instructions

Annual Monitoring for Patients on Persistent Medications

Report name: QIP_PersistentMeds_v2

Parameters: Enter the measurement period start date and end date into the parameters. These are used to define periods of time when medications are used and labs performed. All medications and labs considered by the report have dates before the end of the measurement period. Columns may look at dates in the measurement period, in the year prior to the end of the measurement period, or any time in history before the end of the measurement period.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. If the patient is on the denominator list supplied by Partnership but not in the report, check to see that the patient was ever seen at your health center, or if the patient had any ACE/ARB or diuretic medications on the medication list.

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName) and for patients using either ACE/ARB for 180 days or more in the past year or diuretics for 180 days or more in the past year (column PastYear_180Days_PersMed = "Include in denominator: 180 days or more on persistent meds in past year"). It is not necessary to add a filter for visits if your measurement period is one year (in that case, the report is already showing all patients on persistent medications in the year). However, if you are using a measurement period of less than a year (e.g., a month, a quarter, etc.), set the filter PrimCareVisitsPeriod > 0 (in that case, you will get patients on persistent medications in the past year AND seen in the measurement period). The Excel output "Monitor_PersMeds" shows the percentage of filtered patients who had or did not have a lab panel or serum potassium/creatinine in the past year.

Data Validation: Sort the list to display patients with many actions on ACE/ARB medications in the measurement period at the top (sort the column Number_Dates_ACE-ARB_MedAction_MP in descending order, or the column Number_Dates_ACE-ARB_Prescript_MP in descending order if you only want to look at patients with prescriptions from your health center). Start with patients who never had a lab panel or serum creatinine or serum potassium test (Monitoring_Lab_Status = "Never had monitoring

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lab”). Investigate why they did not get a monitoring lab at all even though they were documented as using the medication many times. Then filter for patients with many medication actions or prescriptions but had an old monitoring lab date (Monitoring_Lab_Status = “Old monitoring lab”). Investigate why they did not get a monitoring lab in the past year even though they were documented as using the medication many times.

The report also displays similar columns for diuretic medications, so the same procedure can be followed. The first step is to sort the list to display patients with many actions on diuretic medications in the measurement period at the top (sort the column Number_Dates_Diuret_MedAction_MP in descending order, or the column Number_Dates_Diuret_Prescript_MP in descending order if you only want to look at patients with prescriptions from your health center). Then look at patients without monitoring labs and with old monitoring labs as described above.

For persistent medication lab monitoring, the report is looking for labs completed in structured data. The BridgeIT report also contains columns that display the last date a lab panel or creatinine or potassium lab was billed before the end of the Measurement Period³. These columns are named Last_LabPanel_Billed and Last_CreatPotass_Billed. This is useful because you can filter for patients not meeting the numerator criteria (Monitoring_Lab_Status does not equal “Had persistent meds monitoring lab in past year”) but with a monitoring lab billed (Last_LabPanel_Billed or Last_CreatPotass_Billed filtered for the date range equal to a year prior to the end of the Measurement Period). Investigate what lab was billed on that date and why it is not being recognized by the report (for example, it may not have been completely entered into structured data).

There is a validation report available that displays all monitoring tests ordered in a chosen time frame and the essential fields from the Lab Window. The report QIP_PersistMeds_Validation_v2 should be used to find incomplete monitoring lab results (i.e., a lab panel or a serum potassium/creatinine lab). The column MeetsSummRptCriteria will display “No” for labs that do not meet inclusion criteria for the data report. See the appendix of the annual report Instructions (version 14, June 2018) for a description of this report (under the heading “Persistent Medications Lab Test Validation”).

³ The report looks for particular CPT codes on claims. See the Persistent Medications section in the Technical Document for more detail.

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Well-Child Visits

Report name: QIP_Well_Child_Visits_v3

Parameters: Enter the measurement period start date and end date into the parameters. These define the period from which well-child visits are drawn.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. Report to Partnership the last well-child visit date in the measurement period (column LastWellChildDatePeriod).

Result summary: This measure is more difficult to estimate because without the denominator file, it is hard to identify patients who have not been seen in the health center for a well-child visit, but *should have*. Nonetheless, the best approximation is done by filtering for active patients (column ActivePt = "Yes") seen at least once in the measurement period (Count_AnyVisit_MP > 0). Also filter for Partnership Managed Care patients using the insurance class column (InsClassName). This produces a denominator of active patients who, at least, have been seen in the measurement period for any reason and therefore could have been seen for a well-child visit. The results are summarized on the Excel output sheet "PHP Summary Well Child Visits" that shows the percentage of filtered patients that had a well-child visit in the measurement period.

Data Validation: Filter for active patients (column ActivePt = "Yes") without a well-child visit in the measurement period (WellChildStatus = "No well-visit in measurement period") and then sort by number of visits of any kind in the measurement period (sort descending the column (Count_AnyVisit_MP). Investigate patients with many visits in the measurement period but without a well-child visit.

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Controlling High Blood Pressure

Report name: Hypertension_v8

Parameters: Enter the measurement period start date and end date into the parameters. These define the period from which primary care visits, blood pressures, and hypertension diagnosis dates are drawn.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. The report displays the last blood pressure date (column LastBPDatePeriod) and blood pressure values (columns BPSys and BPDias) that can be reported to Partnership.

Result summary: To summarize the data, use the following filters: 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") and Partnership Managed Care patients by insurance class (column InsClassName). The measure summary is displayed on the output named "BP QIP." Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data Validation: Filter for patients with at least one primary care medical visit in the measurement period (PrimCareVisitsPeriod > 0) and then sort by last blood pressure result (LastBPValuePeriod). Check the last blood pressure result column for the records at the top of the list and the bottom of the list to see if any of the values are unrealistically high or low. Also compare text in the column LastBPValuePeriod to the values in the columns BPSys and BPDias to see if any blood pressure text is not readable as values by the report. Next, filter for patients without a blood pressure (LastBPStatus_QIP = "No blood pressure performed within the past year") and then sort the list by number of primary care visits (sort column PrimaryCareVisitsPeriod in descending order). Investigate why patients with many visits did not have a blood pressure when it is routine to get a blood pressure reading during all primary care visits.

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Cervical Cancer Screening

Report name: Cervical Cancer Screening_v9

Parameters: Enter the measurement period start date and end date into the parameters. These are used to define the period from which primary care visits and cervical cancer screening tests are drawn.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. Report to Partnership the last pap date (in the column LastPapDate) and/or the last HPV date (Last_PapHPVDate) for each matched patient. If a patient possibly had a hysterectomy, the text “Exclude” will appear in the column Hysterectomy_Exclude column of the BridgeIt report. The eCW records of such patients should be checked to confirm that this is true and to obtain a hysterectomy date to report to Partnership.

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName), one or more medical visits in the measurement period (column PrimCareVisitsPeriod > 0), no exclusion criteria (column Hysterectomy_Exclude does not equal “Exclude”) and included in the denominator based on reported gender or gender identity (Gender_Identity = “Female” or “Male-T”).

Note: if your health center is entering data on transgender patients in a standard way, further filtering may be required. See the Technical Document for further details. These health centers should remove male-to-female transgender patients from the denominator (Gender_Identity not “Female-T”). If your health center is not yet entering data in a standard way, filter the report for only patients marked “F” in the Sex field of the Patient Information screen (Sex = “Female”).

The measure summary is displayed on the output named “Pap_HP_V_Summary.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data Validation: Validation should be done on patients who had several primary care visits during the measurement period (sort the column PrimCareVisitsPeriod in descending order) but no cervical cancer screening test in the required time (the column Pap_HP_V_Combined_Status = “No”). Investigate why these patients were not tested.

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There is another report available that displays all pap tests ordered in a chosen time frame and the essential fields in the Lab Window. The report Cervical Cancer Screen Validation_v6 should be used to find pap tests that appear to have been completed or have attached results, but all of the necessary fields have not been filled. The column MeetsSummRptCriteria will display “No” for labs that do not meet inclusion criteria. More detail is contained under the heading “Cervical Cancer Screening Lab Test Validation” in the Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14, June 2018).

The report Cervical Cancer Exclusion_v1 displays patients with non-specific exclusion criteria. Further detail needs to be added to the medical record in order for these patients to meet the specific exclusion criteria defined by the measure. See the description of this validation report in the appendix of the Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14, June 2018).

Colorectal Cancer Screening

Report name: ColRect Cancer Screening_v7

Parameters: Enter the measurement period start date and end date into the parameters. These are used to define the period from which primary care visits and colorectal cancer screening lab tests and images are drawn.

Denominator list matching: No filters should be used in Bridgelt when trying to match patients. You might find that matching patients is easier when both the Bridgelt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the Bridgelt Data Sheet by name or CIN/Subscriber number for each patient. Report to Partnership the last FOBT test date (in the column Last_FOBT_LOINC), and/or the last FIT-DNA test (in the column Last_FIT_LOINC), and/or the last colonoscopy date (in the column LastCscopyImage), and/or the last CT colonography (in the column LastCgraphImage), and/or the last sigmoidoscopy date (in the column LastSscopyImage) for each matched patient. If a patient possibly had colorectal cancer or a complete colectomy, the text “Exclude” will appear in the column Exclude_Colect_ColCancer of the Bridgelt report. The eCW records of such patients should be checked to confirm that this is true and to obtain a date to report to Partnership.

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName), one or more primary care medical visits in the measurement period (PrimCareVisitsPeriod > 0), and no exclusion criteria (Exclude_Colect_ColCancer not equal to “Exclude”).

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The measure summary is displayed on the output named “Colorectal Cancer Screen Summ.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data validation: There are three separate data validation reports available for this measure:

1. Colorectal Cancer FOBT Lab Test Validation (ColRect_LabTest_Validation_v3). This report displays all FOBT and FIT tests (associated with LOINC codes) ordered within a period of time that do not have results entered properly into the eCW structured data fields. See details under the heading “Colorectal Cancer FOBT Lab Test Validation” in the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, June 2018).
2. Colorectal Cancer Colonoscopy and Sigmoidoscopy Image Validation (ColRect_Image_Validation_v4). The report displays all colonoscopy and sigmoidoscopy images ordered within a period of time that do not have results entered properly into the eCW structured data fields. See details under the heading “Colorectal Cancer Colonoscopy and Sigmoidoscopy Image Validation” in the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, June 2018).
3. ColRect Cancer Exclusion_v1. This report displays patients with non-specific exclusion criteria. Further detail needs to be added to the medical record in order for these patients to meet the specific exclusion criteria defined by the measure. See the description of this validation report in the appendix of the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, June 2018).

Diabetes Management: HbA1C good control

Report name: Diabetes_Nephropathy_v4 (note that all three diabetes measures can be obtained at the same time using the same report and the same measurement period)

Parameters: Enter the measurement period start date and end date into the parameters (for the annual report, this is July 1 to June 30). The measurement period end date is used to define how primary care visits and hemoglobin A1c labs are drawn.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. Report to Partnership the last A1c date (column LastA1CDate)

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and value (column LastA1CResult). If the column QIP_Exclude displays the text “Exclude from QIP denominator,” check the patient record for the date of diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.

Result summary: To get a summary of the data for Partnership patients (estimation only), filter the data sheet for Partnership Managed Care by insurance class (column InsClassName) and no exclusion criteria (QIP_Exclude does not equal “Exclude from QIP denominator”). **Filtering for the number of visits depends on your purpose.** If estimating the exact Partnership indicator during a year-long measurement period, filter for patients seen at least twice in the past two years ($\text{PrimCareVisits_2y} > 1$). In this case, use the standard year-long measurement period as you normally would in the report Parameters; the report makes a calculation for the visits in the past two years using the measurement period end date. If using the report for other measurement periods (like for a dashboard), use a filter for one or more primary care visits in the measurement period ($\text{PrimCareVisitsPeriod} > 0$).

The measure summary is displayed on the output named “QIP A1c Control.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

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. Investigate non-standard results that did not translate to the A1c status column (i.e., compare the result in the column LastA1CResult to the status text in the column LastA1CStatus_QIP). Also, look for any results out of the normal test range, for example an A1c with a value of “75.”

Next, search for patients with diabetes who have lots of visits in the measurement period but no A1c test or no recent test. To do this, filter the column LastA1CStatus_QIP for the text “Not measured in past year” or “No Result” and no exclusion criteria (QIP_Exclude displays the text “Exclude from QIP denominator”); then, sort by primary care visits (sort the column PrimaryCareVisitsPeriod in descending order). Investigate why these patients with diabetes did not get an HbA1c lab even though they were seen several times.

See the section “Diabetes Problem List Validation” in the appendix of the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, December 2018) for a description of a report that can be used to ensure that all patients with diabetes have a diabetic diagnosis code on their problem list. There is another validation report that focuses on HbA1c lab results that may not be completely entered into structured data in the same appendix (see the section “Diabetic LDL and A1c Lab Test Validation”).

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Diabetes Management: Retinal eye exam

Report name: Diabetes_Nephropathy_v4

Parameters: Enter the measurement period start date and end date into the parameters (for the annual report, this is July 1 to June 30). The measurement period end date is used to define how primary care visits and retinal eye exams are drawn.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. Report to Partnership the last date of the retinal or dilated eye exam (column LastDM_EyeExam) and, of applicable, the date of the last negative exam (column LastNegEyeExam). If the column QIP_Exclude displays the text “Exclude from QIP denominator,” check the patient record for the date of diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.

Result summary: To get a summary of the data for Partnership patients (estimation only), filter the data sheet for Partnership Managed Care by insurance class (column InsClassName) and no exclusion criteria (QIP_Exclude does not equal “Exclude from QIP denominator”). **Filtering for the number of visits depends on your purpose.** If estimating the exact Partnership indicator during a year-long measurement period, filter for patients seen at least twice in the past two years (PrimCareVisits_2y > 1). In this case, use the standard year-long measurement period as you normally would in the report Parameters; the report makes a calculation for the visits in the past two years using the measurement period end date. If using the report for other measurement periods or for purposes other than estimating the exact Partnership indicator, use the regular filter for one or more primary care visits in the measurement period (PrimCareVisitsPeriod > 0).

The measure summary is displayed on the output named “DM Eye Exam.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data Validation: Run the report for a measurement period of a year and filter for any patients with a primary care visit in that time (PrimaryCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude displays the text “Exclude from QIP denominator”). Then, filter for patients who did not meet the numerator criteria (DM_EyeExam_Status = “Not in numerator: Old eye exam or abnormal exam”) but had lots of visits (sort the column PrimaryCareVisitsPeriod in descending order). Investigate records starting from the top of the list to see why these patients not screened for retinopathy in the past year.

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Diabetes Management: Nephropathy

Report name: Diabetes_Nephropathy_v4

Parameters: Enter the measurement period start date and end date into the parameters (for the annual report, this is July 1 to June 30). The measurement period end date is used to define when primary care visits, referrals and labs are drawn.

Denominator list matching: No filters should be used in Bridgelt when trying to match patients. You might find that matching patients is easier when both the Bridgelt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the Bridgelt Data Sheet by name or CIN/Subscriber number for each patient.

The report displays the following information that can be reported to Partnership:

- Date of Microalbumin test: column LastNephroScreenDate
- Date Of visit to a Nephrologist: column LastNephrologistApptDate
- Date of Renal transplant: If the column KidneyTransplant displays the text “Yes,” check the patient record for the date of the renal transplant.
- Documentation date of medical attention for kidney diseases (such as ESRD and CKD): column Nephropathy_ESRD_CKD_DateAssem. If the column Nephropathy_ESRD_CKD_ProbList displays the text “Yes,” check the patient record for the date of any associated medical attention for the identified disease.
- Date of evidence of ACE Inhibitor/ARB therapy: column Last_ACE_ARB_Date
- Date of Diagnosis of Gestational Diabetes or Steroid-Induced Diabetes: column Last_Exclusion_Date

Result summary: To get a summary of the data for Partnership patients (estimation only), filter the data sheet for Partnership Managed re by insurance class (column InsClassName) and no exclusion criteria (QIP_Exclude does not equal “Exclude from QIP denominator”). **Filtering for the number of visits depends on your purpose.** If estimating the exact Partnership indicator during a year-long measurement period, filter for patients seen at least twice in the past two years ($\text{PrimCareVisits}_{2y} > 1$). In this case, use the standard year-long measurement period as you normally would in the report Parameters; the report makes a calculation for the visits in the past two years using the measurement period end date. If using the report for other measurement periods or for purposes other than estimating the exact Partnership indicator, use the regular filter for one or more primary care visits in the measurement period ($\text{PrimCareVisitsPeriod} > 0$).

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The measure summary is displayed on the output named “Nephropathy_summ.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data Validation: Run the report for a measurement period of a year and filter for any patients with a primary care visit in that time (PrimaryCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude displays the text “Exclude from QIP denominator”). Then, filter for patients who did not meet the numerator criteria (Nephropathy_Status = “Exclude from numerator”) but had lots of visits (sort the column PrimaryCareVisitsPeriod in descending order). Investigate records starting from the top of the list to see why these patients were not screened for nephropathy.

Breast Cancer Screening

Report name: Breast Cancer Screening_v7

Parameters: Enter the measurement period start date and end date into the parameters. The QIP instructions state that there is a “run-out” period of three months, but this is used by Partnership to create their own denominator. Health centers should use the dates of service supplied by Partnership as the Measurement Period without adding any additional days.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. If the patient is on the denominator list supplied by Partnership but not in the report, check to see that the patient was ever seen at your health center. Report to Partnership the last mammogram date (column LastMammoDate).

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName), one or more primary care visits (column PrimCareVisitsPeriod > 0) and without a bilateral mastectomy (column “Exclude_BilatMastect” does not equal “Exclude”). Also, filter for denominator patients based on gender or gender identity (Gender_Identity = “Female” or “Male-T”). The measure summary is displayed on the output named “Mammo_Summ.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

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Data Validation: Look for patients who had lots of visits in the measurement period but no recent mammogram. To do this, filter the list for patients with many visits (sort PrimaryCareVisitsPeriod descending) and no exclusion criteria (Exclude_BilatMastect not equal to “Exclude”), but without a mammogram (MammoLast27Mths = “No”). Why did these patients not have a mammogram performed?

There is also a report that displays all patients with a mammogram ordered within a chosen time-frame (report name is Breast Cancer Screen Validation_v3). Note that the numerator definition looks back 27 months for mammograms, so run the report for that time-frame instead of the year-long measurement period. If you filter the column MeetsReportingCriteria for “No” the data sheet will display patients with mammograms ordered but not completed. Next, look for some evidence that the mammogram was done but not entered completely into structured data. For example, there might be a Collected Date or an electronic attachment. Enter the rest of the require data in order for the data report to recognize it as a completed image. See the Appendix in the Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14, June 2018) for more detail.

Lastly, patients should be excluded if they had a complete bilateral mastectomy. The validation report Breast Cancer Exclusion_v1 displays patients with non-specific exclusion criteria. Further detail needs to be added to the medical record in order for these patients to meet the specific exclusion criteria defined by the measure. See the description of this validation report in the appendix of the Instructions for Using the Bridgelt Annual Clinical Report Set (Version 14, June 2018).

Childhood Immunization Combo 3

Report name: QIP_Child_Immun_v1

Parameters: Enter the measurement period start date and end date into the parameters (for the annual report, this is July 1 to June 30). The measurement period end date is used to define when primary care visits and immunizations are considered.

Denominator list matching: No filters should be used in Bridgelt when trying to match patients. You might find that matching patients is easier when both the Bridgelt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the Bridgelt Data Sheet by name or CIN/Subscriber number for each patient. If the patient is on the denominator list supplied by Partnership but not in the report, check to see that the patient was ever seen at your health center. Use the columns

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of the data sheet to report to Partnership. You may need to check the medical record in eCW for additional detail such as individual vaccination dates.

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName), active patients (column ActivePt = "Active"), seen at least once by a primary health care medical provider before the second birthday (PrimCareVisits_Before2Y > 0) and with no exclusions (column Exclusion_Any_Final not equal to "Exclude"). The measure summary is displayed on the output named "Child_Immuniz_Summ." Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

Data Validation: See the section "Childhood Immunization Validation Report" of the appendix of the Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14, June 2018). This report displays the individual vaccines counted by the data report. Use it to compare vaccine counts in BridgeIT to those seen in eCW and to investigate any that are missing.

Immunizations for Adolescents

Report name: QIP_Adolesc_Immun_v1

Parameters: Enter the measurement period start date and end date into the parameters (for the annual report, this is July 1 to June 30). The measurement period end date is used to define when primary care visits and immunizations are considered.

Denominator list matching: No filters should be used in BridgeIt when trying to match patients. You might find that matching patients is easier when both the BridgeIt Data Sheet and the Partnership denominator list are ordered by birthdate. Alternately, you can filter the BridgeIt Data Sheet by name or CIN/Subscriber number for each patient. If the patient is on the denominator list supplied by Partnership but not in the report, check to see that the patient was ever seen at your health center. Use the columns of the data sheet to report to Partnership. You may need to check the medical record in eCW for additional detail such as individual vaccination dates.

Result summary: To summarize the data, filter for Partnership Managed Care patients by insurance class (column InsClassName), active patients (column ActivePt = "Active"), seen at least once by a primary health care medical provider in the full potential vaccination period (PrimCareVisits_9yto13Y > 0) and

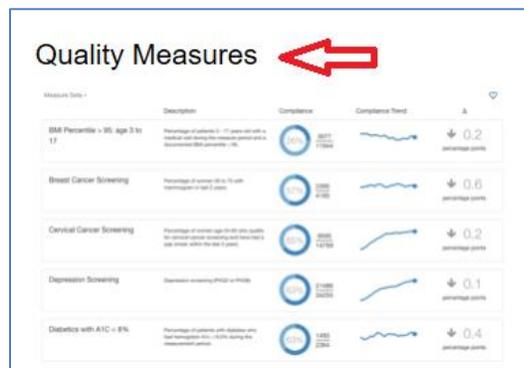
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with no exclusions (column Exclusion_Any_Final not equal to “Exclude”). The measure summary is displayed on the output named “Adolesc_Immuniz_Summ.” Note that the report does not estimate the number of patients continually enrolled in Partnership Managed Care.

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Relevant Quality Measure Instructions

Relevant Quality Measures display a summary of the UDS data in year-long periods of time. If the measurement period is set to January to December, then the UDS annual data can be viewed. Appendix C contains a list of the standard Quality Measure names for the UDS clinical measures in Tables 6B and 7.



To obtain the QIP data, go to the Quality Measures section of Relevant.

Click on the measure you are interested in.



Cervical Cancer Screening (UDS 2018 Table 6B)

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: Women age 21-64 who had cervical cytology performed every 3 years; Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Specification Guidance: The measure only evaluates whether tests were performed after a woman turns 21 years of age. The youngest age in the initial population is 23



67%
7,101 / 10,644



Measurement period: January 1, 2018—December 31, 2018

February 1, 2018 — January 31, 2019

January 1, 2018 — December 31, 2018

December 1, 2017 — November 30, 2018

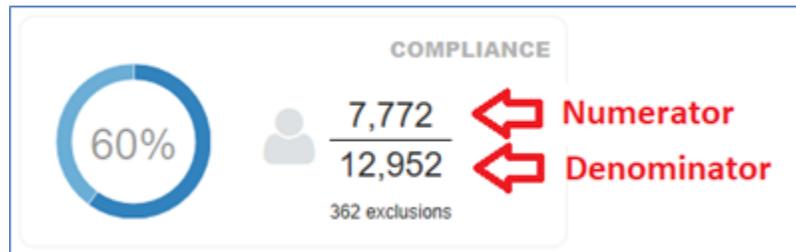


Choose the appropriate QIP measurement period from the drop-down list in the upper-right corner of the webpage.

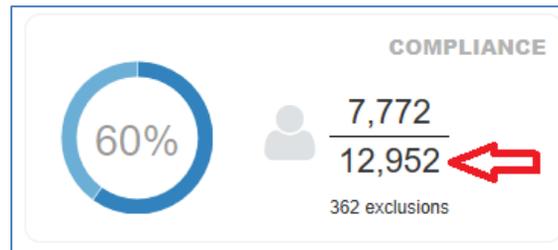
Then, look for the Compliance graph and equation on the left-side of the webpage.

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The Compliance equation contains the results for the QIP measure you are examining.



To get a list of patients in the measure, you can see a patient list by clicking on the denominator.



Use the Export feature to save a patient list to Excel. This list can be used to match patients to your denominator files from Partnership.

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Appendix A: Filters and Output Sheets for the BridgeIT Data Summary

The standard annual report is run from January 1, 2018 to December 31, 2018. However, all of the measures can also be estimated for different time periods, including those less than a year in length. When attempting to match patients to a denominator list provided by Partnership, do not use any filters. If summarizing the data, use the filters and output sheets specified below. If you are making an estimate for Partnership patients only, also use a filter for the Partnership Managed Care Insurance Class your health center uses (on column InsClassName).

Measure	Report Name	Filters on data sheet	Output sheet
Annual Monitoring for Patients on Persistent Medications	QIP_PersistMeds_v2	<ul style="list-style-type: none"> For a measurement period less than one year: PrimCareVisitsPeriod > 0 For a measurement period equal to one year: no filter for visits PastYear_180Days_PersMed = "Include in denominator: 180 days or more on persistent meds in past year" 	Monitor_PersMeds
Well Child Visits	QIP_Well_Child_Visits_v3	<ul style="list-style-type: none"> Count_AnyVisit_MP > 0 ActivePt = "Yes" 	PHP Summary Well Child Visits
Controlling High Blood Pressure	Hypertension_v8	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 EssHTN_DiagnosisBefore PriorDate = "Yes" Exclusion_HTN not equal to "Exclude" 	BP QIP
Cervical Cancer Screening	Cervical Cancer Screening_v9	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 Hysterectomy_Exclude not equal to "Exclude" Gender_Identity = "Female" or "Male-T" (in other words, exclude "Female-T" from Gender_Identity) 	PapHPV_Combined_Summary
Colorectal Cancer Screening	ColRect Cancer Screening_v7	<ul style="list-style-type: none"> PrimCareVisitsPeriod > 0 Exclude_Colrect_ColCancer not equal to "Exclude" 	Colorectal Cancer Screen Summ
Diabetes Management: HbA1C good control	Diabetes_Nephropathy_v4	<ul style="list-style-type: none"> PrimCareVisits_2y > 1 QIP_Exclude does not equal "Exclude from QIP denominator" 	QIP A1c Control
Diabetes Management: Retinal eye exam	Diabetes_Nephropathy_v4	<ul style="list-style-type: none"> PrimCareVisits_2y > 1 QIP_Exclude does not equal "Exclude from QIP denominator" 	DM Eye Exam

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Measure	Report Name	Filters on data sheet	Output sheet
Diabetes Management: Nephropathy	Diabetes_Nephropathy_v4	<ul style="list-style-type: none"> • PrimCareVisits_2y > 1 • QIP_Exclude does not equal "Exclude from QIP denominator" 	Nephropathy_summ
Breast Cancer Screening	Breast Cancer Screening_v7	<ul style="list-style-type: none"> • 	Mammo_Summ
Childhood Immunization Combo 3	QIP_Child_Immun_v1	<ul style="list-style-type: none"> • 	Child_Immuniz_Summ
Immunizations for Adolescents	QIP_Adolesc_Immun_v1	<ul style="list-style-type: none"> • 	Adolesc_Immuniz_Summ

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Appendix B: Relevant QIP Quality Measures

All Quality Measures should be displayed for the appropriate measurement period, which is the calendar year for the QIP report (1/1/2018 to 12/31/2018). Note that the default date range displayed may not be this range.

Measure	Report Name
Annual Monitoring for Patients on Persistent Medications	This section will be completed when the Relevant reports are available
Well Child Visits	
Controlling High Blood Pressure	
Cervical Cancer Screening	
Colorectal Cancer Screening	
Diabetes Management: HbA1C good control	
Diabetes Management: Retinal eye exam	
Diabetes Management: Nephropathy	
Breast Cancer Screening	
Childhood Immunization Combo 3	
Immunizations for Adolescents	