Reporting the 2020 PHASE Program Clinical Measures [Version 10]

Serving Sonoma, Napa, Marin & Yolo Counties

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Introduction

The purpose of this document is to describe how to obtain valid measurement results from the Relevant software in order to provide results on the eight 2020 PHASE performance measures. Each PHASE clinical measure has a corresponding Relevant Quality Measure or Report that can be used to monitor progress towards the stated goals and report data at the requested times.

These instructions were written for staff at RCHC-affiliated clinics who are familiar with the basic functions 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. 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?"

Wherever possible, the data extraction tools used to obtain the PHASE measures are based on standard Relevant Transformers and Importers that have been developed for the UDS measures. Therefore, if validation on these Quality Measures has already occurred, the PHASE data should also be similarly valid. The instructions below refer to the 2019 versions of the Quality Measures, but when the 2020 versions are available, they should be validated and used. In addition to the Quality Measures, there is a new report that is used to obtain the diabetes data. This report should be copied from the RCHC instance of Relevant to your own instance and then validated.

One step in report validation is looking at the SQL code in Relevant. Some general suggestions are made in the sections below to ensure that the Transformers, Importers and Quality Measure code is following the recommended and standard set-up. Some knowledge if SQL coding is needed for these functions.

The Data Validation sections for the measures below reference a set of validation reports that have been developed by RCHC. See the document "Instructions for Using the Relevant Validation Report Set" for more detail. This document that can be acquired from RCHC.

Obtaining Data in Relevant Using Quality Measures

The instructions below display the current Relevant Quality Measure names as of the writing of these instructions (which are the 2019 versions). However, it is recommended that health centers switch to the 2020 versions of the Quality Measures when they become available.

To obtain data in Relevant, navigate to the Quality Measures section of the webpage and find the Quality Measure you are interested in by scrolling down or using the name filter at the top of the page. Select the measure by clicking on the name.

Because you will be reporting on a Measurement Period that ended in a previous month, the default Measurement Period on the measure webpage will most likely need to be changed. Use the appropriate year-long Measurement Period ending with the date that corresponds to the end of the quarter you are reporting. For example, in Relevant, the date parameter field looks like this when reporting after the end of 2020:

Measurement period: January 1, 2020—December 31, 2020

Once the correct Measurement Period is entered, the numerator and denominator appear in the "Compliance" box. These are reported to RCHC.
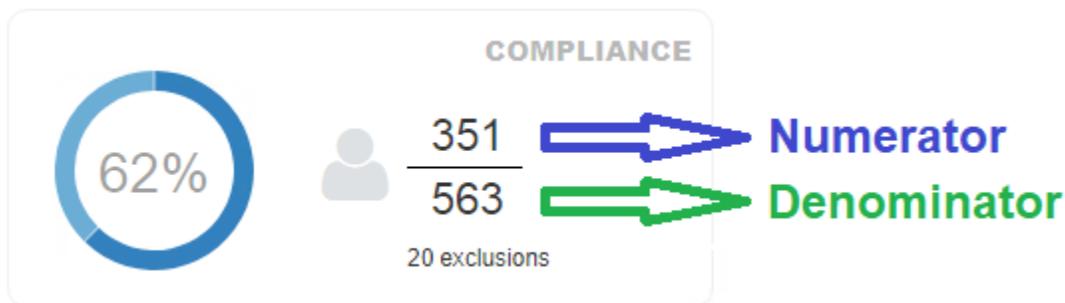
Obtaining Data in Relevant Using a Report

The three diabetes measures use a Report to summarize the data. The particular year-long measurement period should be entered into the report parameters. Once the report has finished running, navigate to the appropriate tab (specified in the instructions below) and copy the pivot table to your own Excel file. For each diabetes measure, there is one pivot table that contains numbers and one that contains the percentages. You may need to do some minor formatting in Excel to adapt the table to your needs.

Section 1: Cardiovascular Measures

1. Hypertension blood pressure control.

Specification reference: CMS165v8

Similar common measure: Controlling High Blood Pressure, UDS Table 7, Section B, Line i

Denominator definition: Number of patients between 18 and 85 years of age with at least one medical visit during measurement period, and diagnosed with essential hypertension

Numerator definition: Number of denominator patients with at least one blood pressure performed in the measurement period and the latest result had a value less than 140/90 mmHg

Exclusion definition: Patients pregnant during the measurement period or with end stage renal disease (ESRD), Stage 5 chronic kidney disease, dialysis, or a renal transplant

Relevant Quality Measure: Controlling High Blood Pressure (UDS 2019 Table 7)

Data validation: The Quality Measure defines denominator patients with hypertension using the Importer "Essential Hypertension Cases." These patients have a standard diagnosis on their Problem List (the standard diagnoses are defined by the Value Set OID = "2.16.840.1.113883.3.464.1003.104.12.1011"). Ensure that the Importer and/or Transformer is capturing the correct diagnosis codes.

It is important that the Importer displays patients who actually have essential hypertension and does not display patients who do not have essential hypertension. The report "RCHC Problem List Validation Report" can be used in Relevant to display patients who do NOT have a code for essential hypertension on the Problem List but a code for essential hypertension appeared on an encounter assessment or claim in the past year. The report also shows patients with a code for essential hypertension on the Problem List but a code for essential hypertension has NEVER appeared on an encounter assessment or claim in the past. In both of these cases, a confirmation of the clinical diagnosis is necessary, and then a code for essential hypertension is added to or removed from the Problem List, as appropriate.

2. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Specification reference: CMS347v3

Similar common measure: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, UDS Table 6B, Section I, Line 17a

Denominator definition: Number of patients with least one medical encounter during the measurement period and belonging to any of the three groups that quality for being high risk for cardiovascular events:
1) Patients aged 21 years or older with an active clinical diagnosis of atherosclerotic cardiovascular disease (ASCVD);
2) Patients aged 21 years or older who have ever had an LDL-C result greater than or equal to 190 mg/dL or with a previous or active diagnosis of familial or pure hypercholesterolemia;
3) Patients aged 40 to 75 years with an active clinical diagnosis of diabetes and with any LDL-C result of 70 to 189 mg/dL in the three years prior to the end of the measurement period

Numerator definition: Number of denominator patients using statin therapy in the prior year.

Exclusion definition: patients who have end-stage renal disease (ESRD), active liver disease, hepatitis A or B, hepatic disease or insufficiency, rhabdomyolysis, or an allergy or intolerance to statin medication. Patients who were pregnant or breastfeeding in the measurement period. Patients receiving palliative care. Patients with diabetes who have the most recent LDL-C laboratory result < 70 mg/dL and are not taking statin therapy.

Relevant Quality Measure: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (UDS 2019 Table 6B)

Data validation: The denominator of the Quality Measure is composed of patients that come from three populations (see definition above). Patients with ASCVD are identified with the Importer "ASCVD Cases." These patients have a standard diagnosis on their Problem List, which comes from the five Value Sets listed below. Ensure that the Importer and/or Transformer is capturing the correct diagnosis codes listed in the standard Value Sets (to see a list of codes, use the validation report "RCHC List of QM Value Set Codes").

Value Sets that define ASCVD:
- Ischemic heart disease or coronary occlusion, rupture, or thrombosis (defined by the Value Set OID = 2.16.840.1.113762.1.4.1047.46)
- Cerebrovascular disease, Stroke, TIA (defined by the Value Set OID = 2.16.840.1.113762.1.4.1047.44)
- Atherosclerosis and Peripheral Arterial Disease (defined by the Value Set OID = 2.16.840.1.113762.1.4.1047.21)

- Myocardial Infarction (defined by the Value Set OID = 2.16.840.1.113883.3.526.3.403)
- Stable and Unstable Angina (defined by the Value Set OID = 2.16.840.1.113762.1.4.1047.47)

For other populations in the denominator, use these Value Sets to define the diagnosis codes:
- Hypercholesterolemia (defined by the Value Set OID = 2.16.840.1.113762.1.4.1047.100). The Importer used in the QM is "Hypercholesterolemia Cases."
- Diabetes (Value Set OID = 2.16.840.1.113883.3.464.1003.103.12.1001). The Importer used in the QM is "Diabetes Cases."

It is important that the Importers display patients who actually have ASCVD or diabetes and do not display patients who do not have these diagnoses. The report "RCHC Problem List Validation Report" can be used in Relevant to display patients who do NOT have a code for ASCVD or diabetes on the Problem List but a code for ASCVD or diabetes appeared on an encounter assessment or claim in the past year. The report also shows patients with a code for ASCVD or diabetes on the Problem List but a code for ASCVD or diabetes has NEVER appeared on an encounter assessment or claim in the past. In both of these cases, a confirmation of the clinical diagnosis is necessary, and then a code for ASCVD or diabetes is added to or removed from the Problem List, as appropriate.

This report also uses results from the LDL lab. First, make sure that Relevant is picking up all LDL labs (use the Validation Report "RCHC List of QM Lab Names and Attributes" to get a list of the LDL labs and attributes in your system). Once you are sure that your LDL Transformer and Importer are picking up the right LDL labs (Value Set OID = 2.16.840.1.113883.3.464.1003.198.11.1029), check for any incompleted labs using the Validation Report "RCHC Incomplete Labs Validation Report." Note that this lab requires that a numerical value appear in the Lab Value field.

Finally, the report is also picking up statin medications, which are defined with three Value Sets:
- High intensity statin therapy (Value Set OID = 2.16.840.1.113762.1.4.1047.97)
- Low intensity statin therapy (Value Set OID = 2.16.840.1.113762.1.4.1047.107)
- Moderate intensity statin therapy (Value Set OID = 2.16.840.1.113762.1.4.1047.98)

The names of the statin medications should be double-checked using the Validation Report "RCHC List of QM Medications."

Section 2: Diabetes Measures

3. Diabetes: A1c poor control

Specification reference: CMS122v8

Similar common measure: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent), UDS Table 7, Section C, Line i

Denominator definition: Number of patients between 18 and 75 years of age with at least one medical visit during measurement period and diagnosed with diabetes

Numerator definition: Number of denominator patients with last A1c test over 9% or no A1c test in the Measurement Period

Exclusion definition: Patients receiving hospice care.

Relevant report name: Diabetes: Hemoglobin A1c Control (>9%) and BP Control (PHASE)

Relevant output pivot table: "A1c by Health Center (#)" and "A1c by Health Center (%)"

Data validation: The Quality Measure defines denominator patients with diabetes using the Importer "Diabetes Cases." These patients have a standard diagnosis on their Problem List (the standard diagnoses are defined by the Value Set OID = "2.16.840.1.113883.3.464.1003.103.12.1001"). Ensure that the Importer and/or Transformer is capturing the correct diagnosis codes.

It is important that the Importer displays patients who actually have diabetes and does not display patients who do not have diabetes. The report "RCHC Problem List Validation Report" can be used in Relevant to display patients who do NOT have a code for diabetes on the Problem List but a code for diabetes appeared on an encounter assessment or claim in the past year. The report also shows patients with a code for diabetes on the Problem List but a code for diabetes has NEVER appeared on an encounter assessment or claim in the past. In both of these cases, a confirmation of the clinical diagnosis is necessary, and then a code for diabetes is added to or removed from the Problem List, as appropriate.

To define the numerator, the report identifies hemoglobin A1c labs using the Importer "A1c Labs." These labs have standard LOINC codes (defined by the Value Set OID = "2.16.840.1.113883.3.464.1003.198.12.1013"). To see all of the labs in your system that correspond to these LOINC codes, use the report "RCHC List of QM Lab Names and Attributes." Ensure that the Importer and/or Transformer is capturing all of the correct labs and not missing any.

Once you know that the Quality Measure is capturing the correct A1c tests, use the report "RCHC Incomplete Labs Validation Report" to identify any A1c labs that appear to have been done, but are missing essential data. Note that this lab requires that a numerical value appear in the Lab Value field.

4. Diabetes: A1c poor control among uninsured patients (disparity measure)

Specification reference: CMS122v8 (with additional focus on uninsured patients)

Similar common measure: Not reported

Denominator definition: See measure #3, with additional focus on uninsured patients

Numerator definition: See measure #3

Exclusion definition: See measure #3

Relevant report name: Diabetes: Hemoglobin A1c Control (>9%) and BP Control (PHASE)

Relevant output pivot table: "A1c by Health Center (Uninsured, #)" and "A1c by Health Center (Uninsured, %)"

Data validation: See measure #3

5. Diabetes: Blood pressure control

Specification reference: HEDIS Comprehensive Diabetes Care / NQF 0061

Similar common measure: Not reported elsewhere

Denominator definition: Number of patients between 18 and 75 years of age with at least one medical visit during measurement period and diagnosed with diabetes (same as measure #3)

Numerator definition: Number of denominator patients with at least one blood pressure performed in the measurement period and the latest result had a value less than 140/90 mmHg

Exclusion definition: Patients receiving hospice care (same as measure #3)

Relevant report name: Diabetes: Hemoglobin A1c Control (>9%) and BP Control (PHASE)

Relevant output pivot table: "BP Control by Health Center (#)" and "BP Control by Health Center (%)"

Data validation: See measure #3, ignoring the lab components. No further validation is needed for blood pressures.

Section 3: Screening and Follow-up Measures

6. Tobacco screening & follow-up.

Specification reference: CMS138v8

Similar common measure: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, UDS Table 6B, Section G, Line 14a

Denominator definition: Number of patients 18 years or older with at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period

Numerator definition: Number of denominator patients with a tobacco assessment within two years prior to the end of the measurement period and when the patient was found to be a tobacco user at the most recent assessment, the patient had tobacco use cessation counseling or a medication order for a smoking cessation agent between the most recent assessment date and the end of the measurement period

Exclusion definition: patients with limited life expectancy, or no tobacco screening or intervention due to a medical reason

Relevant Quality Measure: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (UDS 2019 Table 6B)

Data validation: The names of the tobacco cessation medications should be double-checked using the Validation Report "RCHC List of QM Medications." Tobacco Use Cessation Pharmacotherapy is defined by the Value Set OID = 2.16.840.1.113883.3.526.3.1190).

7. Body Mass Index (BMI) screening & follow-up

Specification reference: CMS69v8

Similar common measure: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, UDS Table 6B, Section F, Line 12

Denominator definition: Number of patients 18 years or older with at least one medical visit during the measurement period

Numerator definition: Number of denominator patients with a BMI documented at last visit in the measurement period or within 12 months of the last visit and when the most recent BMI is outside normal parameters, a follow-up plan is documented at that visit or within 12 months of that visit

Exclusion definition: Patients who were pregnant or received palliative care during measurement period, or no BMI in measurement period due to patient refusal

Relevant Quality Measure: Preventive Care and Screening: Body Mass Index (BMI) Screening And Follow-Up Plan (UDS 2019 Table 6B)

Data validation: No further validation is needed for the weight vital.

8. Depression screening & follow-up

Specification reference: CMS2v9

Similar common measure: Preventive Care and Screening: Screening for Depression and Follow-Up Plan, UDS Table 6B, Section M, Line 21

Denominator definition: Number of patients 12 years or older with at least one medical visit during the measurement period

Numerator definition: Number of denominator patients who were screened for clinical depression in the past year using an age appropriate standardized tool and when the last screen was positive, a follow-up plan was documented on the same date as the positive screen

Exclusion definition: patients with an active diagnosis for Depression or Bipolar Disorder before the encounter in the measurement period when a depression screen could be performed

Relevant Quality Measure: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (UDS 2019 Table 6B)

Data validation: Ensure that the Importer and/or Transformer is capturing the correct diagnosis codes for depression and bipolar disorder using the Validation Report "RCHC List of QM Value Set Codes." The Value Sets are as follows:
- Diagnosis of Depression (defined by the Value Set OID = 2.16.840.1.113883.3.600.145)
- Diagnosis of Bipolar (defined by the Value Set OID = 2.16.840.1.113883.3.600.450)

The names of medications used to treat depression should be double-checked using the Validation Report "RCHC List of QM Medications." The Value Sets used are as follows:
- Depression medications – adolescent (defined by the Value Set OID = 2.16.840.1.113883.3.600.469)
- Depression medications – adult (defined by the Value Set OID = 2.16.840.1.113883.3.600.470)