

Issues for the RCHC Data Standards and Integrity Council

January 11, 2021 Meeting

Version 1, By Ben Fouts MPH, RCHC Data Analyst

A. Final 2021 QIP Measures

Reports: QIP Report Set

Description: The Primary Care Provider Quality Improvement Program (PCP QIP), in collaboration with Partnership HealthPlan of California (PHC) providers, has released the measure specifications for the 2021 measurement year¹. This program provides incentives based on meeting specific performance thresholds in a set of quality measures. The measure definitions and thresholds tend to change year-to-year. Each Primary Care Provider Site (i.e., a clinic location that has been designated with a unique PCP ID assigned by Partnership) reports the measures separately for their patient population. The measurement period begins on January 1 and ends on December 31, 2021.

In terms of changes to the measure set, much of what we anticipated in the November 2020 Data Standards and Integrity Council became true. Prominently, the threshold for full points is now the national HEDIS 75th percentile and the threshold for half points is the 50th percentile. These were the threshold percentiles in 2019. The 2021 exceptions to this are the Colorectal Cancer Screening measure, where full-points correspond to the 50th percentile and half-points to the 25th percentile, as well as the new Child and Adolescent Well Care Visit measure, where the full-point target is set at the 50th percentile, with no half-points available.

Below is the list of 2021 clinical measures and thresholds for Family Practice settings. As expected, most of the 2020 Monitoring Measures have been shifted to 2021 Reporting Measures.

Measure Name	Relation to 2020 Measures	Thresholds	
		Full Points	Half Points
Asthma Medication Ratio	Reporting Measure	68.52%	63.58%
Breast Cancer Screening	Monitoring Measure	63.98%	58.67%
Cervical Cancer Screening	Monitoring Measure	66.49%	60.65%
Colorectal Cancer Screening	Reporting Measure	41.84%	32.24%
Childhood Immunization Status: Combo 10	Reporting Measure	42.02%	34.79%
Immunizations for Adolescents – Combo 2	Monitoring Measure	40.39%	34.43%
Well-Child Visits in the First 15 Months of Life	Reporting Measure	69.83%	65.83%
Child and Adolescent Well Care Visits	New Measure	Released later	Released later
Comprehensive Diabetes Care: HbA1c Control	Reporting Measure	55.96%	50.97%
Controlling High Blood Pressure	Reporting Measure	66.91%	61.04%

¹ Documentation available at: <http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx>

Changes to QIP Clinical Measures:

1. **Controlling High Blood Pressure.** The denominator definition changed to members who had at least two visits on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the current measurement year (i.e., 1/1/2020 to 6/30/2021). *The 2020 definition takes patients with hypertension and two visits between January 1 of the year prior to the measurement year and December 31 of the current measurement year (i.e., 1/1/2019 to 12/31/2020).*
2. **Well Child Visits in the First 15 Months of Life.** Well child visits counted for the numerator must be at least 14 days apart. *The 2020 definition does not specify how many days between dates of service.*
3. **Breast Cancer Screening.** Mammogram lookback period changed to “women who have received a mammogram any time during the measurement year” (reference: page 16 of the QIP instructions, version 12/31/2020). *The previous definition accepted mammograms up to 27 months prior to the end of the measurement period.* **NOTE:** this may be a typo because I did not find the same change on any 2021 HEDIS or 2021 eCQM documents.

New QIP Measure: **Child and Adolescent Well-Care Visits**

- Denominator: The number of assigned members 3 to 17 years of age as of the end of the measurement period
- Numerator: The number of denominator patients who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
- Note: Well-child visits may be performed in-person, or virtually by phone or video.

Relevant reports will be available for all of the 2021 QIP Measures.

In terms of the non-clinical domains, Access and Operations now has two measures, Ambulatory Care Sensitive Admissions (formerly a 2020 Monitoring Measure) and Risk Adjusted Readmission Rate (formerly a 2019 Reported Measure). The 2020 Access and Operations measure, PCP Office Visits, was changed to a 2021 Monitoring Measure). Furthermore, Avoidable ED Visits (formerly a 2020 Monitoring Measure) is the 2021 reporting measure for the domain Appropriate Use of Resources and the CAHPS survey is the reporting measure for the Patient Experience domain. Non-clinical domains are usually calculated by Partnership and there are no corresponding Relevant reports for them.

B. Follow-up from November 2020 Topic: Using Value Sets With ICD-9 Codes to Define Patient Populations with Chronic Diseases

Reports: Quality Measures that use diagnosis codes defined by Value Sets

Issue: Should ICD-9 diagnosis codes on the Problem List for chronic diseases be considered by the Relevant Transformers or should there be a report added to the Validation Report Set that identifies patients with only ICD-9 codes so that they can be reviewed by the health center and converted to ICD-10 codes?

Description: A study done at two health centers found that around 2% or 3% of patients could be identified for the denominators or exclusions of standard clinical measures because they still had an active ICD-9 diagnosis code on their problem list, but no corresponding ICD-10 code for the same condition category.

Some health centers are connecting directly to the Value Sets in Relevant to define diagnosis codes, while others have a list of codes (generally the same codes) entered directly into the SQL of their Transformers or Importers. So, this issue likely effects all eCW and NextGen health centers because the Value Sets will always be the official source of acceptable codes for diagnosis categories (e.g., diabetes, hypertension, depression, etc.) no matter how the Transformers or Importers use those Value Sets. Nonetheless, the ICD-9 Value Sets are no longer being updated annually and may contain inappropriate codes or may be missing codes altogether.

This issue does not impact the majority of measures because 18 of 29 Value Sets have both ICD-9 and ICD-10 Value Sets “turned on.” The rest of the Value Sets have only the ICD-10 Value Sets turned on. Therefore, there is some inconsistency. The study also found that among the diagnosis categories with only the ICD-10 Value Sets turned on, around 3% to 5% more patients would qualify for the diagnosis category.

No immediate changes are being proposed right now because we are in the middle of the UDS and QIP reporting period. However, we should agree on a standard to recommend to Relevant for later in the year. Here are some options:

1. Just keep everything the same even though it is inconsistent.
2. Add ICD-9 Value Sets to the 10 diagnosis categories that currently consider only ICD-10 Value Sets. This would add more patients to those diagnosis categories, but it is currently unknown if those patients are actually appropriate or not because it is unknown if those old ICD-9 codes are appropriate or not for the current measure definitions. As mentioned earlier, ICD-9 Value Sets are no longer being updated.
3. Remove the ICD-9 Value Sets from consideration (i.e., turn them “off”) in the 18 diagnosis categories and create a Validation Report that displays patients who have an ICD-9 diagnosis code in a diagnosis category but no corresponding ICD-10 code in the same category so that they can be audited. Note that some time will need to be spent checking patients and adding ICD-10 codes as appropriate. The trade-off is that since we have not really used ICD-9 codes in a few years, it is probably a good idea to ensure that these patients still warrant such a diagnosis.