**Issues for the RCHC Data Standards and Integrity Council**

**March 7, 2022 Meeting**

Version 1, By Ben Fouts MPH, RCHC Data Analyst

1. **2022 Partnership** **Electronic Clinical Data Systems (ECDS) Measures**

Reports: Quality Measures and data submission reports to be created

Issue: Standardize the EHR and Relevant to begin testing data submission toward the last quarter of 2022.

Description: In previous DSIC meetings, we have discussed the four Electronic Clinical Data Systems (ECDS) measures and ideas to implement them in Relevant. RCHC has been working with Relevant to develop new Importers so that standard Quality Measures and reports can be designed on the Relevant Production Database. The measures are:

1. Five depression measures (submitted as one file). Pilot testing of a new Relevant report (in the Staging Database) has already begun. This will be switched to a standard report in the Production database.
2. Depression Screening and Follow up (DSF). This measure has already been established in Relevant and no further work is needed.
3. Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS). New measure.
4. Depression Remission or Response for Adolescents and Adults (DRR). New measure (note that this is not the measure Depression Remission at Twelve Months).
5. Prenatal Depression Screening and Follow-Up (PND). New measure.
6. Post-partum Depression Screening and Follow-Up (PDS). New measure.
7. Breast Cancer Screening (BCS-E). This measure has already been established in Relevant and no further work is needed.
8. Follow-Up Care for Children Prescribed ADHD Medication (ADD-E). New measure.
9. Unhealthy Alcohol Use Screening and Follow-Up (ASF-E). New measure.

The technical documents for measures #2 to #4 are being developed now by Partnership. RCHC will develop the reports and Quality Measures in Relevant. Health centers should establish data elements in their EHR if they do not already exist (see next section). Considering it is already 2022, it is recommended that these be put into use as soon as possible.

An official submission schedule will be released by Partnership when the technical documents are available perhaps later this Spring. For now, informal discussions indicate that health centers will run the report and submit an initial list of patients in the Fall or last quarter of 2022. Then there will be a full submission of 2022 data at the beginning of 2023. RCHC would like to have the Quality Measures and reports completed in the Summer of 2022. But to program the Transformers and Importers necessary for these measures, the data elements should already exist and be in-use at the health centers.

Additional Information: The following are EHR data elements that should exist and be standardized. Health centers may already have these data elements in their system along with clinic workflows and policies. The Data Standards and Integrity Committee should agree on standardizing the data extracted from the EHR.

**Depression measures.** Health centers have already been using the PHQ-2 and PHQ-9 for depression screening. However, there may be other depression screening tools used in special cases or for special populations that should be standardized. Partnership lists these tools (from HEDIS specifications) along with the score that is considered a “positive screen.” If your health center uses any of these tools, what is interpreted as a “positive screen” should be the same between Partnership and the health center (i.e., the clinical practice, the EHR template if it produces a result, and Relevant programming). The instrument name and score will be sent to Partnership.

|  |  |  |  |
| --- | --- | --- | --- |
| Instrument Name | Positive Finding | Adults (18+ years) | Teens (≤17 years) |
| Patient Health Questionnaire (PHQ-9) | Total Score ≥10 | Yes | Yes |
| Patient Health Questionnaire Modified for Teens (PHQ- 9M) | Total Score ≥10 |   | Yes |
| Patient Health Questionnaire-2 (PHQ-2) | Total Score ≥3 | Yes | Yes |
| Beck Depression Inventory-Fast Screen (BDI-FS) | Total Score ≥8 | Yes | Yes |
| Beck Depression Inventory (BDI-II) | Total Score ≥20 | Yes |   |
| Center for Epidemiologic Studies Depression Scale- Revised (CESD-R) | Total Score ≥17 | Yes | Yes |
| Duke Anxiety-Depression Scale (DUKE-AD) | Total Score ≥30 | Yes |   |
| Geriatric Depression Scale Short Form (GDS) | Total Score ≥5 | Yes |   |
| Geriatric Depression Scale Long Form (GDS) | Total Score ≥10 | Yes |   |
| Edinburgh Postnatal Depression Scale (EPDS) | Total Score ≥10 | Yes | Yes |
| My Mood Monitor (M-3) | Total Score ≥5 | Yes |   |
| PROMIS Depression | Total Score (T Score) ≥60 | Yes | Yes |
| Clinically Useful Depression Outcome Scale (CUDOS) | Total Score ≥31 | Yes |   |

**Unhealthy Alcohol Use Screening and Follow-Up.** These are the standard alcohol screens listed by partnership (from HEDIS specifications). along with the score that is considered a “positive screen.” If your health center uses any of these tools, what is interpreted as a “positive screen” should be the same between Partnership and the health center (i.e., the clinical practice, the EHR template if it produces a result, and Relevant programming). The instrument name and interpretation will be sent to Partnership.

|  |  |
| --- | --- |
| Instrument Name | Positive finding |
| Alcohol Use Disorders Identification Test Screening Instrument (AUDIT) | Total Score >= 8 |
| Alcohol Use Disorders Identification Test Consumption Screening Instrument (AUDIT-C) | Total Score >= 4 (for men) and >= 3 (for women) |
| Single-Question Screen, i.e., “How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day?” | Total Score >= 1 |

Questions for discussion:

* Do any health centers already use an alcohol screening instrument mentioned above? Which is it and how does it appear (e.g., on a template)?
* Do any health centers use an SBIRT but no AUDIT or AUDIT-C? Does the SBIRT have the same single-question language as appears above?

Similar to the depression screening and follow-up measure, if a patient has a positive alcohol screen, some kind of follow-up should be performed. There are counseling and intervention CPT and ICD-10 codes that can appear on a claim, but the health center should also consider putting the follow-up in structured data so that it can be picked up the report in cases where the code does not appear on a claim.

According to HEDIS, ‘Alcohol Counseling or Other Follow-Up Care’ can consist of the following:

* + Feedback on alcohol use and harms.
	+ Identification of high-risk situations for drinking and coping strategies.
	+ Increase the motivation to reduce drinking.
	+ Development of a personal plan to reduce drinking.
	+ Documentation of receiving alcohol misuse treatment.

Questions for discussion:

* Do any health centers already use a structured data element for alcohol counseling or follow-up? Could you provide examples of wording or workflow? How does it appear (e.g., on a template)?