Instructions for Using the BridgeIt Annual Clinical Report Set (Version 14)

Serving Sonoma, Napa, Marin & Yolo Counties

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Purpose

This document provides instructions on how to run and use the BridgeIt annual clinical report set, including the common and unique features of the reports, the filters and output used to view results, and how to validate the data.

Summary of Content

Each of the reports in this document is described with a standard set of sub-sections. These are:

- Report name. The name of the report as it appears in BridgeIt. Note that at any time a version of the report with a higher version number may be released. The current report names and version numbers are listed in the BridgeIT Report Index available from RCHC.
- Summary. General description of the measure.
- For Use With. The major agencies that use the results of the report.
- Population definition. How the population, or denominator, is defined. In some cases, more detail is contained in the Technical Document.
- Parameters. The initial input the user enters to define the population. In most cases, these are the measurement period start and end dates. The specific dates may be different among funders, so please refer to the funder's own instructions[1].
- Unique Column Definitions. Detail on how the unique columns of each report are calculated or what they show. Again, more detail is provided in the Technical Document.
- Datasheet output columns. The name and a brief description of the columns that appear in datasheet view.
- Excel output. The worksheets that summarize the data in different ways
- Suggested uses of filters. How the results can be filtered for reporting to funders or validation purposes.

The Appendix contains information on the associated validation reports. For each validation report, this section describes the report name in BridgeIt, the annual clinical report in which it is associated, what the report contains, as well as its suggested use.

[1] For example, UDS = calendar year

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Introduction

These instructions cover a set of BridgeIt reports designed by RCHC to obtain clinical data for the measures required by the major health center funders, like the UDS (Uniform Data System), QIP (Quality Improvement Project), ACO (Accountable Care Organization), and PIP (Performance Improvement Project) reports. In addition to reporting the measures annually to the funders, these reports can be used for validating data quality in eCW (looking for missing or erroneous data) and producing internal monitoring and performance improvement reports (for example, a dashboard).

In order for the reports to work properly, health centers must properly configure their systems and enter data into eCW in a standard manner. A separate document titled "Technical Documentation for the BridgeIt Annual Clinical Report Set" (version 14, June 2018) is also available from RCHC. This document details the way the denominator population is extracted and how the numerator columns are calculated. The text below refers to this as the "Technical Document." Another document, "System Set-Up For the BridgeIt Annual Clinical Report Set" (version 6, July 2017[2]) summarizes the eCW configuration needed for the reports to run properly and gives instructions on how to configure and check the system. This document is referred to as "the System Set-up document" below.

The following is the list of reports included in the BridgeIt Annual Clinical Report Set:

- Adult Weight Screening and Follow-up (UDS and ACO Reports)
- Annual Monitoring for Patients on Persistent Medications (QIP Report)
- Asthma Pharmacologic Therapy (UDS Report)
- Birth Weight From Deliveries (UDS Report)
- Blood Pressure Control Among Patients With Hypertension (UDS, QIP, ACO, and PIP Reports)
- Blood Sugar and Other Measures Among Patients With Diabetes (UDS, QIP, ACO, and PIP Reports)
- Breast Cancer Screening (ACO and QIP Reports)
- Cervical Cancer Screening (UDS, PIP and QIP Reports)
- Child and Adolescent Weight Assessment and Counseling (UDS Report)
- Childhood Immunization Combo 3 (ACO Report)
- Colorectal Cancer Screening (UDS, PIP, QIP and ACO Reports)
- Coronary Artery Disease (CAD): Controlling LDL Cholesterol (UDS Report)
- Dental Sealants (UDS Report)
- Depression Remission at Twelve Months (ACO Report)
- Depression Screening and Follow-up (UDS and ACO Reports)
- Early Entry Into Prenatal Care (UDS Report)

[2] Note that documents from 2017 will likely be updated later in 2018

- Immunizations for Adolescents (ACO Report)
- Influenza Immunization (ACO Report)
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet Medication (UDS and ACO Reports)
- Medication Reconciliation After Discharge (ACO Report)
- Nephropathy Screening Test Among Patients With Diabetes (QIP Report)
- Newly Identified HIV Cases With Timely Follow-up (UDS Report)
- Pneumonia Vaccination for Older Adults (ACO Report)
- Screening for Future Fall Risk (ACO Report)
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (ACO Report)
- Tobacco Use Screening and Cessation Intervention (UDS and ACO Reports)
- Well Child Visits (QIP Report)

From the list above, it can be seen that some measures are reportable to more than one funder. Depending on the specific definitions of the numerator and denominator, the BridgeIt datasheet results can be filtered and grouped in different ways. The instructions in each section include details on how the report may be filtered and summarized for different reporting agencies.

Although each report covers a different subject and indicator, some effort was made to standardize the way the report runs and the format of the results. These similarities are described in the next section, Standard Method for Running the Reports and Viewing the Results. Below this are sections detailing the individual reports.

When comparing the results of the annual reports to other sources of eCW data (such as registry reports, EBO/Cognos reports, or other BridgeIt reports), be mindful of the exact population definitions so that you compare “apples to apples.” Of course, if different sets of patients are selected using different criteria and displayed with different assumptions, the numerators and denominators will be different. For example, the QIP diabetes measure centers on Partnership patients with two or more primary care visits in the measurement year whereas the UDS diabetes measure allows one or more visits in a year. If you run a report from the registry, or if you make your own report in BridgeIt, make sure that you use the exact definitions if you want to directly compare results.

Also, keep in mind that some health centers have active “test” patients with real visits, diagnosis codes, labs, etc. The reports automatically remove these patients if their last name is exactly “Test” or “Template.” If eCW contains test patients with other pretend names (“Santa Claus” etc.), you will need to mark them with the Patient Information structured data element “Test Patient.” See the set-up document for further details.

Standard Method for Running the Reports and Viewing the Results

Where possible, the reports are located in the BridgeIt Warehouse. Health centers might see the report set in a slightly different folder, but this is the general default: Warehouses \ Workgroup \ Clinical Reports \ Workbook \ Annual Clinical Report Set New

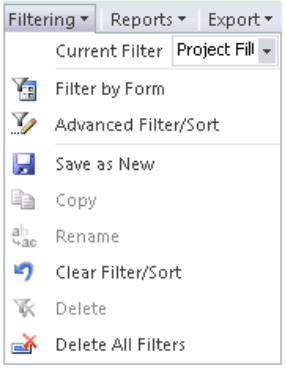
You must first import these reports to your own personal workbook. To do this, right click on the report name in the Warehouse, choose “Import” and follow the instructions. It is a good idea to delete the old report versions (or at least move them to an archive folder) so that the main clinical report folder is not cluttered. However, remember that if you delete a report, you will also delete any saved filters or custom worksheets you have created.

To run a report, right-click on it and choose “Create new results.” The report will ask you to enter parameters, which are a measurement period start date and end date. If you run a report and there are zero visits in the visit count column, you have probably reversed the start and end dates in the parameters.

The list of records in BridgeIt is called a data sheet. If the font is blue, that means that the list is filtered in some way. You will need to check the filters to see what records are being displayed. Every time that you close the data sheet, it will automatically save the current filter. To use that filter the next time you run the report, simply click the “Apply Filter” button. You can see what is being filtered by clicking Advanced Filter/Sort on the Filtering drop-down menu (and deciphering the grid) or by looking for and clicking on the small filter symbol at the top of the individual columns that are filtered.

To display a summary of data in an Excel pivot table, click the “Output” drop-down menu at the top of the data sheet screen, then hover over “Excel Workbook” to bring up a sub-menu with the option “Open for viewing.” Then immediately go back to Output/ Excel Workbook and click on “Refresh all.” If you do not refresh, you will be looking at old data. To move between the different worksheets in the Excel file, click on the button that looks like a sheet of paper on the far left-hand side of the Workbook Menu.

Health centers can create and save their own unique filters. Once the desired filter is applied, click the Filtering drop-down menu, then click “Save as New” and give it a descriptive name (see figure below). Filters can then be found and used at a later time from the Current Filter drop-down list. It is a good idea to save filters in this way and use them consistently each time you run a particular report (for example, for a monthly dashboard).



Cervical Cancer Screening

Report name: Cervical Cancer Screening_v9

Summary: This report shows the percentage of patients who have a properly documented cervical cancer screening (pap test).

For Use With: UDS, QIP and PIP reports

Population definition: Females between 24 and 64 years of age on the end date of the measurement period and without a hysterectomy. The recommendation is to screen women 21 to 64 years of age, but the look-back period is applied in order to give them enough time to get screened.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date.

Unique Column Definitions: There are two columns that show the status of cervical cancer screening. First, patients are considered in the numerator if the last pap lab date before the measurement period end date occurred within 36 months (3 years) of the measurement period end date (in this case, the column PAPLast36Mths = "Yes"). Patients are also considered for the numerator if they had suitable pap and HPV tests on the same date within 60 months (5 years) of the measurement period end date (in this case, the column PAP_HPV_Last60Mths = "Yes"). The final outcome is displayed by the report (column Pap_HPV_Combined_Status = "Yes") and summarized in the output. See the Technical Document for details on the age/screening calculation.

The intent of the measure is that all patients in the age range with a cervix are screened for cervical cancer. Transgender patients are included in the denominator if they are marked "Female" or "Male-T" in the Gender_Identity column. This column combines results from the Sex field and Transgender fields on the Patient Information screen with the Gender Identify field in Patient Information Structured Data or in Social History. See the Technical Document for more details.

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Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
sex	Gender, as entered into the "Sex" field on the Patient Information Screen
Gender_Identity	Combination of fields in eCW that identify patient as transgender (-T)
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
SubscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
AnyVisitsPeriod	All visits in the measurement period with a claim
LastPapDate	Date of the last pap test before the end of the measurement period
PAPLast36Mths	Will display "Yes" if the pap was within 36 months of the end of the measurement period.
Last_PapHPVDate	Date of the last pap and HPV lab tests when performed together before the end of the measurement period
PAP_HPV_Last60Mths	Will display "Yes" if the last concurrent pap and HPV tests were within 60 months of the end of the measurement period
Pap_HPV_Combined_Status	Will display "Yes" if the patient meets all of the age, pap test and pap/HPV test criteria.
Hysterectomy_Exclude	Will display "Exclude" if the patient had a hysterectomy entered into Surgical History or Medical History, or an appropriate diagnosis code on the Problem List, and is not already included in the numerator of the measure
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: Shows a summary of the patients who had ("Yes") and did not have ("No") cervical cancer screening, as described above. The overall summary is on the worksheet

"PapHPV_Combined_Summary." Furthermore, these results are broken down by rendering provider and rendering provider team.

Suggested Uses of Filters:
For the UDS and PIP measures: In the datasheet view, the user should filter for patients with one or more primary care visits (column PrimCareVisitsPeriod > 0) and without a hysterectomy (column "Hysterectomy_Exclude" not equal to "Exclude"). Also, filter for denominator patients based on gender and gender identity (Gender_Identity = "Female" or "Male-T").

QIP report: When matching patients in eCW to the Partnership denominator file, remove all filters in order to get as many potential matches as possible on the BridgeIt data sheet. To get an estimate of the measurement for Partnership patients identified in your system, filter the data sheet for the Partnership Managed Care insurance class your health center uses (using the columns insuranceName and/or InsClassName), with at least one primary care visit in the measurement period (column PrimCareVisitsPeriod > 0), without a hysterectomy (column "Hysterectomy_Exclude" = "No") and included in the denominator based on gender and gender identity (Gender_Identity = "Female" or "Male-T").

For validation: In the Appendix, there is a description of a validation report (under "Cervical Cancer Screening List Validation") that can be used to view pap and HPV test data in more detail. This description contains three suggested uses for validation of the data.

The main validation question to ask when using the Cervical Cancer Screening report is, are there patients who had lots of visits in the measurement period but no pap test or no recent test? Filter the list for patients without a pap test (Pap_HPV_Combined_Status = "No") but many visits (sort PrimaryCareVisitsPeriod in descending order). Why did these patients not have a pap test performed? The validation report can also be used to find patients with results documented incorrectly.

Health centers should ensure that transgender patients are appropriately included in the denominator. Patients marked "Female-T" are not considered to be part of the denominator by the report logic described in the Technical Manual. Therefore, filter the report for any of these patients (Gender_Identity equal to "Female-T") who have a documented cervical cancer screen (Pap_HPV_Combined_Status = "Yes") and then enter their transgender status (likely "Transgender: Female/Male-to-Female") into Patient Information Structured Data or in Social History, depending on which your health center uses.

Breast Cancer Screening

Report name: Breast Cancer Screening_v7

Summary: This report shows the percentage of appropriate patients who had documented breast cancer screening (mammogram).

For Use With: ACO and QIP reports

Population definition: The initial population for the report consists of females between 50 and 74 years of age (QIP age range), but can be filtered for 51 to 74 years (ACO age range). The look-back period for a mammogram to screen for breast cancer is 27 months before the end of the measurement period (that is, 24 months plus a three-month grace period). Patients are excluded if they had a bilateral mastectomy or two unilateral mastectomies (see the Technical Document, version 14, for details on how this is defined in eCW)

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date.

Unique Column Definitions: Patients are considered as having had a mammogram if the last mammogram date before the measurement period end date occurred within 27 months of the measurement period end date. The column MammoLast27Mths will display “Yes” if this is true.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
sex	Gender, as entered into the "Sex" field on the Patient Information Screen
Gender_Identity	Combination of fields in eCW that identify patient as transgender (-T)

Column name	Column description
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
AnyVisitPeriod	All visits in the measurement period with a claim
LastMammoDate	Date of the last mammogram before the end of the measurement period
MammoLast27Mths	Will display "Yes" if the mammogram was within 27 months of the end of the measurement period
Exclude_BilatMastect	Will display "Exclude" if the patient had a bilateral mastectomy or two unilateral mastectomies on different dates entered into the Problem List, Surgical History or Medical History
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: Shows a summary of the patients who had and did not have a mammogram as described above. In addition to a general summary (on the worksheet Mammo_Summ), the results are broken down in by rendering provider (worksheet Mammo_Rendering) and rendering team (worksheet Mammo_Team).

Suggested Uses of Filters

For both the ACO and QIP measures, the user should add filters for patients with 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 and gender identity (Gender_Identity = "Female" or "Male-T"). The ACO measure requires an additional filter to remove patients who are 50 years old (AgeEndReporting not equal to 50).

For validation: In the Appendix, there is a description of a validation report that can be used to view mammogram data in more detail. The description under the heading "Breast Cancer Screening Image Validation" contains several suggested uses for validation of the data. For example, the validation report can be used to find mammogram image records containing incomplete or erroneous data.

The Breast Cancer data report can also be used for validation. Look for patients who had lots of visits in the measurement period but no recent mammogram. Why did these patients not have a mammogram performed? 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").

Colorectal Cancer Screening

Report name: ColRect Cancer Screening_v7

Summary: Percent of patients in universe who received appropriate screening for colorectal cancer

For Use With: UDS, QIP, PIP and ACO reports

Population definition: Patients between 51 and 75 years of age at the end of the measurement period with at least one visit during the measurement period and no exclusion criteria.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date.

Unique Column Definitions: The unique columns display information that help determine the outcome of the numerator. There are five possible ways that a patient can be screened for colorectal cancer, which are:

1. The last fecal occult blood test (FOBT) lab was within one year of the measurement period end date. The column Last_FOBT_LOINC displays the last date a FOBT with the appropriate LOINC code was properly entered into structured data by MU criteria (see the Technical Document for details)
2. The last fecal immunochemical test (FIT) lab was within three years of the measurement period end date. The column Last_FIT_LOINC displays the last date a FIT with the appropriate LOINC code was properly entered into structured data by MU criteria (see the Technical Document)

3. The last colonoscopy image was within ten years of the measurement period end date. The column LastCscopyImage displays the last date a colonoscopy with the appropriate name was properly entered into structured data (see the Technical Document)
4. The last CT colonography image was within five years of the measurement period end date. The column LastCgraphImage displays the last date a CT colonography with the appropriate name was properly entered into structured data (see the Technical Document)
5. The last sigmoidoscopy image was within five years of the measurement period end date. The column LastSscopyImage displays the last date a sigmoidoscopy with the appropriate name was properly entered into structured data (see the Technical Document)

If any of these conditions are met, the column Screened will display "Yes." If the patient had a screen but it is outdated, the column Screened will display "Old screen." Otherwise, the column will display "Never screened."

The column "Exclude_Colect_ColCancer" will display "Exclude" if the patient had evidence of colorectal cancer or colectomy documented on the Problem List, Surgical History or Medical History (see the Technical Document for details).

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period

Column name	Column description
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
Last_FOBT_LOINC	Last date of FOBT lab before the end of the measurement period (by LOINC code and proper entry into structured data)
Last_FIT_LOINC	Last date of FIT lab before the end of the measurement period (by LOINC code and proper entry into structured data)
LastCscopyImage	Last date of colonoscopy image before the end of the measurement period (by image name and proper entry into structured data)
LastCgraphImage	Last date of CT colonography image before the end of the measurement period (by image name and proper entry into structured data)
LastSscopyImage	Last date of sigmoidoscopy image before the end of the measurement period (by image name and proper entry into structured data)
Screened	Will display "Yes" if the FOBT date, FIT date, CT colonography date, colonoscopy date, or sigmoidoscopy date was within the respective time limits
Exclude_Colect_ColCancer	Will display "Exclude" if colorectal cancer or a complete colectomy was entered as text into Surgical History or Medical History, or as an ICD-9/10 code into the Problem List
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The end result of the screening (a summary of the column Screened) is shown in the worksheet “Colorectal Cancer Screen Summ.” There are additional worksheets that shows this result broken down by rendering provider (“Colorectal Cancer Screen Rendering”) and rendering provider team (“Colorectal Cancer Screen Team”).

Suggested Uses of Filters:
For the all reporting agencies, filter for patients having at least one primary care medical visit in the measurement period (PrimCareVisitsPeriod > 0) and no exclusion criteria (Exclude_Colect_ColCancer not equal to “Exclude”).

QIP report: When matching patients in eCW to the Partnership denominator file, remove all filters in order to get as many potential matches as possible on the BridgeIt data sheet. Use the filters mentioned above to get an estimate of the measurement for Partnership patients identified in your system (also add a filter to the data sheet for the Partnership Managed Care insurance class your health center uses).

Validation: look at patients who have not been screened (Screened = “Never screened” or “Old screen”) and have no exclusion criteria (Exclude_Colect_ColCancer not equal to “Exclude”) but have many visits in the measurement period (sort the column PrimCareVisitsPeriod descending). What happened to these patients? Why weren’t they screened?

There are two associated validation reports described in the Appendix. The first is a validation report (under the section Colorectal Cancer Lab Test Validation) that can display FOBT and FIT lab records that do not meet the eCW/Meaningful Use structured data criteria. The second validation report (under Colorectal Cancer Image Validation) shows screening images that have incomplete or incorrect data entry.

Blood Sugar and Other Measures Among Patients With Diabetes

Report name: Diabetes_v8

Summary: This report shows the status of A1c labs, blood pressure, eye exams and foot exams for patients with diabetes.

For Use With: UDS, QIP, PIP and ACO reports (note: different funders have different requirements)

Population definition: Patients between 18 and 75 years of age who have an active diagnosis of diabetes on their Problem List and no exclusion criteria.

Parameters: Measurement Period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement Period end date. All labs and exams displayed on the report occurred before the end of the Measurement Period.

Unique Column Definitions: The last date and value for the A1c lab test before the end of the measurement period are shown in the columns LastA1CDate and LastA1CResult. There are columns that place the result into categories defined by the UDS (LastA1CStatus_UDS) and the QIP and ACO (LastA1CStatus_QIP_ACO). There is also a column that gives additional detail that can be used for performance improvement activities (LastA1CStatus_Detailed).

The other reportable measure (for QIP only) is the DM retinal eye exam. The column LastDM_EyeExam will display the last eye exam date documented and the column LastNegEyeExam displays the date of the last negative eye exam. These are summarized into categories (column DM_EyeExam_Status) that are defined by the QIP measure (see the Technical Document for details). Note that the Diabetes Nephropathy report (see next section) has been optimized for all QIP measures.

The last blood pressure date and value (columns LastBPDate and LastBPResult) are also displayed. This variable is no longer being reported to any funding agency but remain on the report for clinical improvement activities. If health centers monitor it on a dashboard, the column LastBPStatus will summarize the blood pressure status. Similarly, the last diabetic foot exam date (LastDM_FootExam) and status (DM_FootExam_Status) are displayed by the report although not reported to any funding agency.

The BridgeIt general diabetes report does not evaluate the QIP diabetes nephropathy measure. See the next section, "Nephropathy Screening Test Among Patients With Diabetes."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
AnyVisitsPeriod	All visits in the measurement period with a claim
LastA1CDate	Date of the last A1c test before the end of the measurement period
LastA1CResult	Value of the last A1c test before the end of the measurement period
LastA1CStatus_Detailed	Detailed A1c categories that are useful for targeting performance improvement activities
LastA1CStatus_UDS	A1c categories defined by the UDS report
LastA1CStatus_QIP_ACO	A1c categories defined by the QIP and ACO reports

Column name	Column description
LastBPDate	Date of the last blood pressure before the end of the measurement period
LastBPResult	Value of the last blood pressure before the end of the measurement period
BPSys	Value of the last systolic blood pressure before the end of the measurement period
BPDias	Value of the last diastolic blood pressure before the end of the measurement period
LastBPStatus	Will display the category of the last blood pressure value (less than 140/90 mmHg or not under 140/90 mmHg) if the blood pressure was performed in the year before the end of the measurement period
LastDM_EyeExam	The last date that a diabetic eye exam was properly documented
LastNegEyeExam	The last date that a diabetic eye exam was documented as being negative for retinopathy
DM_EyeExam_Status	Will display “In numerator: Had eye exam in past year or normal exam in past 2 years” if the patient had an eye exam in the past year or a negative result on an eye exam in the past two years
LastDM_FootExam	The last date that a diabetic foot exam was properly documented
DM_FootExam_Status	Displays “Had foot exam in past year” if the eye exam date was within a year of the measurement period end date
QIP_Exclude	Will display "Exclude from QIP denominator" if the patient meets the QIP exclusion criteria
PHASE_Enrollment	Will display "PHASE patient” if the patient was enrolled in the PHASE program
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output spreadsheets are named for the variable data they contain, and in the case of the A1c measure, also for the funder definition of the measure. Each measure has a main summary output sheet and also output sheets that display the data by rendering provider and rendering provider team. The sheet names for these contain the suffixes “Rendering” and “Team.”

The names of the output sheets, by funder (or by no funder) are:

- UDS uses “A1c UDS Summ” (for Table 7, use “A1c UDS Race Ethnicity”)
- QIP uses “A1c QIP ACO” and “Eye Exam Status”
- ACO uses “A1c QIP ACO”
- PIP uses “A1c QIP ACO”
- No funder (for your information only): BP Status and Foot Exam Status

Suggested Uses of Filters

UDS and ACO reports: filter for patients with one or more visits in the measurement period (PrimCareVisitsPeriod > 0).

QIP report: NOTE that the report Diabetes Nephropathy report (see next section) has been optimized for reporting all QIP measures at once. If using the regular diabetes report for a dashboard or other performance improvement activities, filter for one or more visits in the measurement period (PrimCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude does not equal "Exclude from QIP denominator"). However, using the Diabetes Nephropathy report is more efficient if you are intending on pulling all diabetes QIP measures at once.

PIP report: Filter for one or more visits in the measurement period (PrimCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude does not equal "Exclude from QIP denominator").

For validation: Filter out any patients with a primary care visit (PrimaryCareVisitsPeriod > 0) and then sort by last A1c result (LastA1CResult). Are any of the values unusually high or low (i.e., out of the clinical range for the test, indicating a typo)? Is there any text in the result field that is making it unreadable by the report?

Next, filter for patients without a recent A1c result (LastA1CResult is null or not within the last year) and sort the entire list by primary care visits (the column PrimaryCareVisitsPeriod in descending order). Are there patients who have lots of visits in the measurement period but no A1c test or no recent test? Repeat the same two-step procedure for blood pressure, DM eye exam and DM foot exam status columns. Why did these patients not get the required tests when they were seen many times?

There are also two validation reports for diabetes described in the Appendix. The first is under the section heading Diabetes Problem List Validation and can be used to ensure that patients who truly have diabetes have an appropriate code on the Problem List. The second, under the heading Diabetes Lab Test Validation, displays all A1c tests ordered in the measurement period and can be filtered for those with incomplete entry into structured data.

Nephropathy Screening Test Among Patients With Diabetes

Report name: Diabetes_Nephropathy_v4

For Use With: QIP report

Population definition: Patients between 18 and 75 who have an active diagnosis of diabetes on their Problem List and no exclusion criteria. For the year-long measurement period of the QIP report, patients must have at least two primary care medical visits in the two years prior to the measurement period end date. Partnership also requires that denominator patients be capitated Medi-Cal members and continuously enrolled with a PCP organization (i.e., the health center) for at least nine months during the year-long reporting period. Enrollment cannot be calculated by the BridgeIt report, and so the actual denominator is supplied by Partnership Healthplan. Nonetheless, the BridgeIT report can be used to make an estimate of the measure using the appropriate filters.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date.

Unique Column Definitions: The unique columns correspond to the numerator criteria of the measure. In general, measure components with a date attached have columns that display the last date and if that date occurred within a year of the Measurement Period end date.

The criteria for inclusion in the numerator of the nephropathy measure are any of the following: a nephropathy screening test/urine microalbumin within the past year (NephroScreen_Last1Y), a visit with a Nephrologist in the past year (Nephrologist_Last1Y), a kidney transplant ever (KidneyTransplant), treatment for nephropathy (Current_Nephropathy_ESRD_CKD), or had an ACE inhibitor or ARB therapy medication in the past year (ACE_ARB_Therapy_1Y). See the Technical Document for details on how these numerator criteria are evaluated. If any of the numerator inclusion criteria are true, then the final outcome column Nephropathy_Status will display “Include in numerator.”

This report also displays the columns for the QIP blood sugar and eye exam measures. These columns are the same as on the regular Diabetes report.

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Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
PrimCareVisits_2y	Primary care medical visits in the two years prior to the end of the measurement period
LastNephroScreenDate	Last date of the Nephropathy screening test (urine microalbumin)
NephroScreen_Last1Y	Will display “Had nephropathy screen in past year” if the screen was performed in the year prior to the end of the measurement period
LastNephrologistApptDate	Last date that the patient saw a Nephrologist
Nephrologist_Last1Y	Will display “Yes” if the last date that the patient saw a Nephrologist was within a year of the end of the measurement period
KidneyTransplant	Will display “Yes” if the patient had a diagnosis code for kidney transplant (renal transplant) on the Problem List
Nephropathy_ESRD_CKD_ProbList	Will display “Yes” if a nephropathy, ESRD or CKD diagnosis code exists on the patient’s Problem list
Nephropathy_ESRD_CKD_DateAssem	Last date a nephropathy, ESRD or CKD diagnosis code appeared on an assessment
Current_Nephropathy_ESRD_CKD	Will display “Yes” if there was a nephropathy, ESRD or CKD diagnosis code on the patient’s Problem list or a nephropathy, ESRD or CKD diagnosis code on an assessment in the year prior to the end of the measurement period
Last_ACE_ARB_Date	Last date that a medication from the "ACE Inhibitors" Rx group or the "ARBs" Rx group was verified in the Current Medications window before the end of the measurement period
ACE_ARB_Therapy_1Y	Will display “Yes” if patient had an ACE inhibitor or ARB therapy medication within one year of the measurement period end date
Nephropathy_Status	Will display “Include in numerator” if any of the screening criteria for the measure was met
LastA1CDate	Date of the last A1c test before the end of the measurement period
LastA1CResult	Value of the last A1c test before the end of the measurement period
LastA1CStatus_QIP	A1c categories defined by the QIP report

Column name	Column description
LastDM_EyeExam	The last date that a diabetic eye exam was properly documented
LastNegEyeExam	The last date that a diabetic eye exam was documented as being negative for retinopathy
DM_EyeExam_Status	Will display "In numerator: Had eye exam in past year or normal exam in past 2 years" if the patient had an eye exam in the past year or a negative result on an eye exam in the past two years
Last_Exclusion_Date	The last date that the patient had a diagnosis code for gestational diabetes or steroid-induced diabetes on an assessment
QIP_Exclude	Will display "Exclude from QIP denominator" if the patient meets the QIP exclusion criteria
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: There are three groups of worksheets associated with the three QIP diabetes measures. The sheet "Nephropathy_summ" gives an overall summary of the Nephropathy Screening measure, the sheet "QIP A1c Control" displays a summary for the HbA1c Good Control measure, and the sheet "DM Eye Exam" displays the final outcome for the Retinal Eye Exam measure. All of these measures are also broken down by Rendering Provider and Rendering Provider Team.

Suggested Uses of Filters

When matching patients on the BridgeIT report to the Partnership denominator file, remove all filters in order to get as many potential matches as possible on the BridgeIt data sheet. To get an estimate of the measurement for Partnership patients identified in your system, filter the data sheet for the Partnership Managed Care insurance class your health center uses (using the columns insuranceName and/or InsClassName), for patients with two or more primary care visits in the past two years (PrimCareVisits_2y > 1), and without exclusion criteria (QIP_Exclude not equal to "Exclude from QIP denominator"). Note that if you are using the report for a dashboard or performance improvement purpose, filter for one or more primary care visits in the measurement period instead (PrimCareVisitsPeriod > 0).

For validation: Run the report for a measurement period of a year and filter for any patients with at least one primary care visit in that time (PrimaryCareVisitsPeriod > 0) and no exclusion criteria (QIP_Exclude not equal to "Exclude from QIP denominator") but who did not meet the numerator criteria (Nephropathy_Status = "Exclude from numerator") but had lots of visits (sort the column PrimaryCareVisitsPeriod in descending order and start from the top). Why were these patients not screened for nephropathy in any way?

The same procedure can be used for blood sugar and eye exams. Instead of a filter for nephropathy status, add a filter for missing A1c (LastA1CStatus_QIP equal to “Not measured in past year” or “No Result”) or a filter for missing eye exam (DM_EyeExam_Status equal to “Not in numerator: Old eye exam or abnormal exam”). Why did these patients not get the required tests when they were seen many times?

Blood Pressure Control Among Patients With Hypertension

Report name: Hypertension_v8

Summary: This report shows if patients with hypertension have adequate control of their blood pressure.

For Use With: UDS, QIP, PIP and ACO reports

Population definition: Patients between 18 and 85 years of age who have an active diagnosis of essential hypertension on their Problem List and no exclusion criteria.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement Period end date.

Patients should be excluded if they had end stage renal disease (ESRD), stage 5 chronic kidney disease, dialysis or renal transplant any time before the end of the Measurement Period, or were pregnant during the measurement period. In this case, the column Exclusion_HTN will display “Exclude.”

Unique Column Definitions: The report shows a number of columns about the last blood pressure taken before the measurement period end date. The last blood pressure date (column LastBPDatePeriod) and value (column LastBPValuePeriod) before the end of the measurement period are displayed. The blood pressure value is also broken down into the systolic and diastolic components and evaluated according to the numerator definition supplied by the funding agency.

For the UDS and ACO reports, “controlled” blood pressure means that the systolic pressure in under 140 mmHg and the diastolic blood pressure is under 90 mmHg. Any other combination of blood pressures, or if the blood pressure was not taken in the year prior to the measurement period, is considered

"uncontrolled." The measure status for the UDS and ACO reports appears in the column LastBPStatus_UDS_ACO.

The QIP and PIP measures[3] take into consideration the patient's age and potential diabetes diagnosis when evaluating the blood pressure. The table on the next page shows the intersection of the variables necessary for the patient to meet the criteria for inclusion into this numerator. If the patient meets the conditions of the numerator, the text "Controlled (QIP definition)" will appear in the column LastBPStatus_QIP. All other blood pressure combinations are considered uncontrolled and the text "Uncontrolled (QIP definition)" displays in that column.

Criteria for including patient in the numerator of the QIP and PIP measures. Only the last blood pressure reading in the Measurement Period is considered.

Age range (displayed in column AgeEndReporting)	Patient with DM diagnosis on Problem List (displayed in column Diabetes_Diagnosis)	Blood pressure range in mmHg (displayed in columns BPSys / BPDias)
Between 18-59 years	Yes or No	<140 / <90
Between 60-85 years	Yes	<140 / <90
Between 60-85 years	No	<150 / <90

The column Last_Tobacco_Use_Status will display Never, Previous or Current tobacco use, depending on the last response to the tobacco assessment in Social History.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
Gender	Gender
Zipcode	Address zipcode

[3] As well as Hearts of Sonoma County

Column name	Column description
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
LastBPDate_MonthYear	Date of the last blood pressure before the end of the measurement period (formatted to month and year only)
LastBPDatePeriod	Date of the last blood pressure before the end of the measurement period
LastBPValuePeriod	Value of the last blood pressure before the end of the measurement period
BPSys	Value of the last systolic blood pressure before the end of the measurement period
BPDias	Value of the last diastolic blood pressure before the end of the measurement period
LastBPStatus_Detailed	Blood pressure categories (detailed, but not reported as such)
LastBPStatus_UDS_ACO	Blood pressure categories defined by the UDS and ACO reports
LastBPStatus_QIP	Blood pressure categories defined by the QIP report
EssHTN_EarliestDiagnosisDate	Earliest date that an essential hypertension diagnosis code was placed on the patient's Problem List
EssHTN_DiagnosisBeforePriorDate	Will display "Yes" if the earliest essential hypertension diagnosis date is 6 or more months prior to the Measurement Period end date
Diabetes_Diagnosis	Will display “Yes” if a diagnosis for diabetes appears on the patient’s Problem List
PHASE_Enrollment	Will display "PHASE patient” if the patient was enrolled in the PHASE program
Last_Tobacco_Use_Status	Will display the last tobacco use status in terms of Current, Previous, Never or Unknown tobacco use. If blank, no tobacco use assessment was done, or the data entered was non-standard
Exclusion_HTN	Will display "Exclude" if the patient met any of the exclusion criteria
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The worksheets summarize the data in the status columns. There are summaries for the UDS report (output “BP UDS Race Ethnicity” is for Table 7), ACO (output “BP UDS ACO”), and the QIP and PIP reports (“BP QIP”). There is another worksheet that shows a more detailed breakdown of blood pressure status (output “BP Detailed,” which is based on the report column LastBPStatus_Detailed) for use with performance improvement projects. All measures are also displayed by Rendering Provider and Rendering Provider Team. Lastly, there is a worksheet that lists individual patients for the Hearts of Sonoma County project (Hearts_Sonoma_County_List).

Suggested Uses of Filters

UDS, PIP, QIP and ACO reports: Filter for 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").

For validation: Filter for patients with at least one visit of any kind (PrimCareVisitsPeriod > 0) and then sort by last blood pressure result (LastBPValuePeriod). Are any of the values unrealistically high or low? Compare text in "LastBPValuePeriod" to "BPSys" and "BPDias." Is there any text in the value field that is not readable by the report? Sort by number of primary care visits (PrimaryCareVisitsPeriod). Are there patients with many visits but without a blood pressure when it is routine to get a blood pressure reading during a primary care visit?

Early Entry Into Prenatal Care

Report name: UDS_Prenatal_v5

Summary: This report displays the age ranges of prenatal patients and the trimester in which they entered care.

For Use With: UDS report

Population definition: Patients who had an OB visit date or a delivery during the measurement period.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. This period is also applied to OB visit dates and delivery dates to draw patients for the denominator.

Patient age is calculated relative to the UDS Age Date. Normally, this date is June 30 when the report is run for the calendar year. If the user is not interested in the patient age portion of the measure, simply enter any date, such as the same date as the end of the measurement period (this date will not affect other calculations in the report).

Unique Column Definitions: The age that appears in the data sheet column AgeUDS is calculated relative to the date entered into the UDS Age Date parameter when the report is first run. This age is then used to calculate the UDS age categories from Table 6B (this appears in the column Table6BGroup).

The first OB visit and the number of OB visits are calculated from the range of OB visits completed before the measurement period end date and associated with a particular pregnancy. The measurement period start date is not used in this calculation. Note that is it possible for one patient to have more than one pregnancy in a long measurement period (for example, one year).

The column TrimesterOfEntry shows the best estimated trimester of entry into care. If a patient was seen first at another facility, the column WithGranteeFirstVisit will display “No” and the text of the trimester from the initial OB physical (first priority) or FORM A (second priority) will be displayed in the column TrimesterOfEntry. If the patient was first seen at the grantee facility (i.e., your health center), and providers at the facility determine and record the trimester of entry directly into eCW, it will be shown in the columns Provider_trimester and TrimesterOfEntry. If no text was entered for the trimester at the grantee facility or another facility, the report will calculate the trimester based on the first OB visit date and the final estimated delivery date (or EDD -- see the Technical Document for details on this calculation). The first OB visit date can come from structured data or from the date of the first OB flowsheet. In this case, the trimester will appear in the columns Trimest_calc_EDD and TrimesterOfEntry. If this calculation cannot be made (Trimest_calc_EDD = “No calculation”), the report will attempt another calculation based on the first time the weeks of gestation was entered into the OB flowsheet. This result is displayed in the columns Trimest_calc_wgest and TrimesterOfEntry. If none of these methods can produce results using valid data, the text “Bad data” will appear in the column TrimesterOfEntry.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeUDS	Age relative to the parameter "UDS Age Date"
Table6BGroup	The age category that appears on UDS Table 6B
Ethnicity	Ethnicity

Column name	Column description
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
NumberOBVisits	The number of OB visits associated with the pregnancy before the measurement period end date
EDD_Used	The Estimated Due Date (EDD) used (will be the Final EDD, or if no valid Final, the Initial EDD)
DeliveryDate	Delivery date (if delivered)
WithGranteeFirstVisit	Will display "Yes" if the patient had the first visit with the grantee
Provider_trimester	The trimester of entry determined by the provider (if the health center enters this)
FirstOBVisit_Location	The first OB visit date taken directly from structured data or from the first OB flowsheet
Trimest_calc_EDD	The trimester calculated from the first OB visit date and the estimated date of delivery (displayed only when Provider_trimester is blank)
WeeksGestationText	First weeks of gestation text entered during the pregnancy (displayed only when Provider_trimester and Trimest_calc_EDD are blank)
Trimest_calc_wgest	Trimester calculated from the first weeks of gestation text (displayed only when a calculation can be made using WeeksGestationText)
TrimesterOfEntry	Trimester of entry into care (with or not with the grantee)
PregID	A unique code assigned to the pregnancy by eCW.
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The UDS report requires health centers to provide data on prenatal patient age groups and the trimester of entry into care. The two worksheets used for UDS reporting are “UDS Age” and “UDS Trimester.” Two additional worksheets display trimester broken down by rendering providers (Trimester_Rendering) and rendering teams (Trimester_Team).

Suggested Uses of Filters

UDS: the report runs without the need of additional filtering.

Validation: Sort the column “TrimesterOfEntry” in ascending order. Are there any non-standard values that make it difficult to view the summary of the data without exporting it to Excel and rearranging and adding the rows? Trace the source of the data (for example, the trimester of entry directly entered by the provider). What can be done about preventing non-standard text in the associated fields in the

future? Lastly, sort the report by account number and look for duplicate pregnancies (these will have similar EDD or delivery dates, but different numbers in the column PregID).

Birth Weight From Deliveries

Report name: UDS_Deliveries _v4

Summary: This report displays the number of prenatal patients who delivered, the number of grantee provider deliveries, and the birth weight ranges of live deliveries.

For Use With: UDS report.

Population definition: The population of this report purposefully contains more patients than the UDS definition so that the user can identify records with missing data. By the UDS instructions, the universe should be all prenatal care patients who were known to have delivered during the measurement period, even if the delivery was performed by another provider. Therefore, the report contains the following subpopulations of patients:

1. Patients who have a delivery date during the measurement period.
2. Patients who do not have a recorded delivery date, but who have a Final EDD during the measurement period.
3. Patients who do not have a recorded delivery date and do not have a Final EDD, but who have an Initial EDD during the measurement period.

Strictly speaking, some follow-up should be done for the patients on the list who do not have a delivery date but *are likely* to have delivered during the measurement period. Some of these patients can be filtered out of the denominator because a valid explanation appears in the column OtherOutcome (for example, the patient might have had a documented miscarriage or moved to another state). Some patients may be truly lost to follow-up, but some of them may have had incomplete data entered about the delivery. See the Validation part of the Suggested Uses of Filters section, below, for suggestions on how to identify records for follow-up.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which the deliveries or assumed deliveries are drawn.

Unique Column Definitions:
Similar to the trimester report, the first OB visit and the number of OB visits are calculated from the range of OB visits completed before the measurement period end date and associated with a particular pregnancy. There are also columns for the initial and final estimated date of delivery (EDD).

The report also contains some columns that give information on the birth, such as the delivery date, if the delivery was performed by the grantee, the name of the provider who did the delivery, and if it was a live birth. There is also a column called OtherOutcome that contains information on patient transfers, loss of pregnancy, etc.

The next column, PossibleMultipleBirth, displays "Check" when data has been entered into one of the fields indicating a multiple birth. For example, "Birth weight by grams-baby 2" or "Outcome Baby 2." These will need to be checked individually for validity and the results *added to the summary*, if appropriate.

Then, there is a short series of weight columns. First comes BirthWeightGrams, which is the birth weight when it is entered in grams. If the birth weight is entered in pounds and ounces, it appears in the columns WeightLBS and WeightOZ and then is converted to grams and displayed on the column ConversionGrams. The column BirthWeightFinal shows the final weight in grams. The UDS categories are displayed in the column UDSBirthWtStatus, which uses the weight in BirthWeightFinal. Finally, if the birth weight cannot be converted into grams because of confusing text, it appears in the column BirthWeightText.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned

Column name	Column description
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
FirstOBVisit	The date of the first OB visit associated with the pregnancy
NumberOBVisits	The number of OB visits associated with the pregnancy before the measurement period end date
Init_EDD_date	Initial due date
Final_EDD_date	Final due date
DeliveryDate	Delivery date (if delivered)
DeliveryGrantee	Will display "Yes" if the patient is had a delivery with the grantee and "No" if not
DeliveryProvider	The name of the provider who performed the delivery
LiveBirth	Will display "Live birth" if documented
OtherOutcome	Will display text such as transfer out, miscarriage, etc.
PossibleMultipleBirth	Will display "Check" if there is an indication of multiple births (for example, twins)
BirthWeightGrams	The birth weight of the baby when it is entered in grams
WeightLBS	The birth weight of the baby when it is entered in pounds
WeightOZ	The birth weight of the baby when it is entered in ounces
ConversionGrams	Conversion of pounds and ounces to grams
BirthWeightFinal	Will display BirthWeightGrams, but if that is zero, it will display ConversionGrams
UDSBirthWtStatus	The UDS birth weight category associated with the figure in BirthWeightFinal
BirthWeightText	The birth weight text when the report cannot convert it to a number of grams
PregId	A unique ID number assigned to a pregnancy by eCW. Can be used to see if records on the report are true duplicates (very rare)
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output summarizes data for the three parts in Table 7, Section A of the UDS report. Filters must be properly used in order to identify the correct patients for each summary. (Note: the report does not show the number of HIV Positive Pregnant Women for the top line. This data is displayed on the BridgeIt report HIV_Timely_Followup_v4.)

1. UDS Table 7, Section A, Line 2: Deliveries Performed by Grantee Provider. Excel worksheet name is "UDS deliv by grantee prov." After validating data and entering any missing information (see Validation section, below), filter the list for a DeliveryDate in the measurement period, a known birth weight (BirthWeightFinal > 0), and no patients with outcomes other than deliveries (OtherOutcome is blank).

Then, filter out any deliveries that were not performed by a grantee provider (DeliveryGrantee = "No" or other such text). Next, order the list alphabetically (A to Z) for the column PossibleMultipleBirth and write down the account numbers of those patients with "Check" in the column. You will have to look these patients up in eCW and see if they actually had a multiple birth. If so, document in your notes if the birth was with a grantee provider and was live, along with the race, ethnicity and birth weight of each additional baby. These will have to be manually added to the totals in the BridgeIt summary for this measure and the other sections below (if appropriate). Furthermore, if your health center providers deliver patients from other prenatal providers (for example, if they share call), add these deliveries to this line.

2. UDS Table 7, Section A, Column 1a: Prenatal care patients who delivered during the year. Excel worksheet name is "UDS Patients Delivered." Filter the column OtherOutcome to remove patients who lost their babies during pregnancy (but not at the delivery, like stillbirths), moved out of the area or were otherwise lost to follow-up. Some validation may have to occur to the resulting list to identify any patients with missing delivery information (see Validation section, below). Once any missing information is entered into eCW, the list can be further filtered so that it shows only patients who were known to have delivered. The best way to do this is filter for all patients with a delivery date (DeliveryDate) in the measurement period and a known birth weight (BirthWeightFinal > 0).

3. UDS Table 7, Section A, Columns 1b – 1d: Birth weight of infants born to prenatal care patients during the year. Excel worksheet name is "UDS birth weights." After validating data and entering any missing information (see Validation section below), the list should have only patients with a delivery date (DeliveryDate) in the measurement period and a known birth weight (BirthWeightFinal > 0). Make sure the OtherOutcome column does not include any outcomes indicating the baby died during birth (for example, "Stillborn"). Add any babies born to patients who had multiple births to these columns.

Typically, only the outcome data on birth weights is reported on health center dashboards. Therefore, there are also outputs for birth weight category by rendering provider (UDS birth weights_Rendering) and rendering team (UDS birth weights_Team).

Suggested Uses of Filters:
The filters needed for the lines in the UDS report are described above in the Excel output section.

Validation. Below are the various ways to validate the data.

1. Sort the list by last name, first name and date of birth. Are there any duplicate patients with different account numbers? Sort the list by account number. Are there any patients with

duplicate pregnancies? A duplicate pregnancy would have similar dates in any of these fields: FirstOBVisit, Init_EDD_date, and/or Final_EDD_date. Do not enter the birth date and weight into the duplicate pregnancy record or it will be counted twice by the report (if these fields are left blank in the duplicate record, it will be ignored once the final filters are applied).

2. Filter records for no delivery date (DeliveryDate is blank). What happened to these patients? See column "OtherOutcome" for some explanation, but research those who have no explanation in that field. Also, look for patients with a birth weight or other information indicating a birth occurred but no delivery date was entered.
3. Filter records for no birth weight (UDSBirthWtStatus = "No weight in grams" or blank). Are there records with any indication that a birth occurred, like there is a provider name in the column "DeliveryProvider" or a "Yes" in the column "LiveBirth"?
4. Filter records for no birth weight (UDSBirthWtStatus = "No weight in grams" or blank) and filter for records that have a delivery date (DeliveryDate is not blank). Why is there no birth weight when there is a recorded delivery date? Is the rest of the record complete? That is, does it indicate if the birth was live and with a grantee provider, both of which are needed to report on the UDS?
5. Filter out the blanks in the column "BirthWeightText." Many of these have text that cannot be converted into a weight in grams by the computer. The user will have to do that by hand.
6. Filter for records that have a birth weight in grams (BirthWeightGrams > 0). Then sort by the column "LiveBirth." What is the birth status of the baby when the column "LiveBirth" is blank and the column "OtherOutcome" is blank? Are all these birth weights reportable on the UDS?
7. View all patients who were delivered by someone other than the grantee (column DeliveryGrantee = "No"). Do you recognize some of the names in the column "DeliveryProvider"? Do they actually work for the health center? (The number of births by grantee providers is reported on Line 2)
8. View all patients who were delivered by the grantee (column DeliveryGrantee = "Yes"). Do you not recognize some of the names in the column "DeliveryProvider"? Are any of the names actually of providers not affiliated with the health center? (The number of births by grantee providers is reported on Line 2)
9. Sort by the column "WeightLBS." To convert pounds to grams, the report takes the first number in each record under the "WeightLBS" and multiplies it by a conversion factor. However, some people enter a number like "8.6" to mean "8 pounds and 6 ounces" which the report sees as a regular number with a decimal. The report might also not understand text such as "8#6" for "8 pounds and 6 ounces" and multiply only the 8 by the conversion factor. Also, look for grams or unusually high or low number in this column.

Child and Adolescent Weight Assessment and Counseling

Report name: Child_Weight_v7

Summary: This report displays the percentage of children 3 to 17 years who had a BMI percentile documented AND nutrition counseling documented AND physical activity counseling documented during the measurement period

For Use With: UDS report

Population definition: Children between 3 and 17 years of age with at least one primary care visit during the measurement period. Patients who were pregnant any time during the measurement period are excluded.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date. Dates for the BMI percentile, nutrition counseling and physical activity counseling must be before the measurement period end date.

Unique Column Definitions: The report shows the last date before the end of the measurement period of a documented BMI percentile (LastBMIPcntleDate), nutrition counseling entered in preventive structured data (LastCounsel_Nut), nutrition counseling on an assessment (LastCounsel_Nut_ICD_Date) or a claim (LastCounsel_Nut_CPT_Date), physical activity counseling entered in preventive structured data (LastCounsel_Phys), and physical activity counseling on an assessment (LastCounsel_Phys_ICD_Date). See the Technical Document (version 14, June 2018) for more details on how these are calculated.

The BMI percentile value (must be a number, no text) documented on the last date is shown in the column LastBMIPcntleValue. If the last date is within one year of the measurement period end date, “Yes” will appear in the corresponding column BMIPcntle_LastYear. If any of the three sources of nutrition counseling were entered within one year of the measurement period end date, “Yes” will appear in the column Couns_Nut_LastYear. If any of the two sources of physical activity counseling was entered within one year of the measurement period end date, “Yes” will appear in the column Couns_Phys_LastYear. The text “Met criteria” will appear in the column Final_Measure_Status when the patient had a BMI, nutrition counseling, and physical activity counseling in the past year. Otherwise, this column displays “Did not meet criteria.”

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Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
Gender	Gender
zipcode	Zip code
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastBMIPcntleDate	Last BMI percentile date before the measurement period end date
LastBMIPcntleValue	Value of BMI percentile at the last date one was taken before the measurement period end date
BMIPcntle_LastYear	Will display "Yes" if the last BMI percentile date was within one year of the measurement period end date
LastCounsel_Nut	Last preventive medicine nutrition counseling date before the measurement period end date
LastCounsel_Nut_CPT_Date	Last date that a CPT code for nutrition counseling appeared on a claim
LastCounsel_Nut_ICD_Date	Last date that a diagnosis code for nutrition counseling appeared on an assessment
Couns_Nut_LastYear	Will display "Yes" if nutrition counseling was documented in preventive medicine, on a claim or on an assessment within one year of the measurement period end date
LastCounsel_Phys	Last preventive medicine physical activity counseling date before the measurement period end date
LastCounsel_Phys_ICD_Date	Last date that a diagnosis code for physical activity counseling appeared on an assessment
Couns_Phys_LastYear	Will display "Yes" if physical education counseling was documented in preventive medicine or on an assessment within one year of the measurement period end date
Final_Measure_Status	Will display "Met criteria" if all three numerator criteria are met
Exclusion_Pregnant	Will display "Yes" if the patient should be excluded from the denominator because she was pregnant during the measurement period
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run

Column name	Column description
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: There are worksheets in the Excel output that show the final result and the intermediate results. The worksheet "UDS_summary" summarizes the column Final_Measure_Status and gives the number and percentage of patients that met and did not meet the measurement criteria. The summary on this sheet is used for the UDS report. The final measurement status is also shown by rendering provider on the worksheet "Summary_rendering" and rendering team on the worksheet "Summary_Team."

Additionally, there are worksheets that show number the intermediate results of the three components of the numerator. First, the number and percentage of patients who had a BMI percentile documented in the past year is summarized for the whole clinic ("BMI"), rendering provider ("BMI_Rendering") and rendering team ("BMI_Team"). Second, the number and percentage of patients who had nutrition counseling in the past year is summarized for the whole clinic ("Nut_Counsel"), rendering provider ("Nut_Counsel_Rendering") and rendering team ("Nut_Counsel_Team"). Third, the number and percentage of patients who had physical activity counseling in the past year is summarized for the whole clinic ("PhysAct_Counsel"), rendering provider ("PhysAct_Counsel_Rendering") and rendering team ("PhysAct_Counsel_Team").

Suggested Uses of Filters

For the UDS report: filter for patients who were not pregnant during the measurement period (Exclusion_Pregnant not equal to "Exclude"). The datasheet already shows patients seen at least once in the measurement period and in the correct age range.

Validation: There are three conditions that must be met in order for a patient to meet the measurement criteria. Validation of the data should be done on all three conditions.

First, check the BMI percentile data. Normally, measurements for weight and height are taken during primary care visits, so it is unusual for a patient to be seen many times during the measurement period without this happening. Therefore, investigate patients without a BMI percentile in the past year (BMIPcntle_LastYear is not "Yes") but many primary care visits (sort PrimCareVisitsPeriod descending).

Then, check patients who had a BMI percentile in the past year (BMIPcntle_LastYear = "Yes") but no counseling for nutrition (Couns_Nut_LastYear is not "Yes") and/or no counseling for physical activity (Couns_Phys_LastYear is not "Yes"). Why did these patients not get counseling? Are there some

rendering providers who have particularly low levels of documentation (see Excel output worksheet "Summary_rendering")?

Adult Weight Screening and Follow-up

Report name: Adult_Weight_v9

Summary: This report displays the percentage of adults who had a BMI documented AND if weight was determined to be outside of normal limits based on age, an appropriate weight management follow-up plan documented.

For Use With: UDS and ACO reports

Population definition: Adults 18 years of age and older with at least one primary care visit during the measurement period. Patients who were pregnant or received palliative care any time during the measurement period are excluded.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date. Dates for the BMI and follow-up plan must be before the measurement period end date.

Unique Column Definitions: This indicator is relatively complicated, so please refer to the document "Technical Documentation For the BridgeIt Annual Clinical Report Set" (version 14, June 2018) for more detail, including a logic scheme diagram.

The main column used for summarizing the end result is Final_Measurement_Result. This column will display "Meets documentation criteria" when the patient was screened for weight and, when outside the normal BMI range, had appropriate follow-up.

Other unique columns display intermediate results, like if the BMI was documented within the correct time frame (column BMIDate_MeetsCriteria), the last date before the end of the measurement period that a BMI was documented (column LastBMIDate), and the numerical value of the BMI at that visit

(column LastBMIValue). The column BMICategory determines if the patient is within normal weight limits or not, and if the patient needs follow-up or not.

Other intermediate results include the type and date of follow-up that was performed. These are dietary consultation (column Last_Dietary_Consult), weight counseling by diagnosis or procedure code (column Last_Counsel_Code), weight counseling in structured data (Last_Dietary_Counsel and Last_PhysAct_Counsel), and BMI management documentation (column LastBMIManagement). If any of the follow-up activity dates were within one year of the last BMI date (in column LastBMIDate), then the column LastYear_HadFollowup will display "Yes."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
Gender	Gender
zipcode	Zip code
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
LastBMIDate	Last BMI date before the measurement period end date
BMIDate_MeetsCriteria	Will display "Yes" if the last BMI date was at the last medical visit or within one year of the last medical visit
LastBMIValue	Value of BMI at the last date one was taken before the measurement period end date
BMI_Class_CDC	To help identify groups of patients for purposes other than reporting, this column displays the CDC categories for BMI (underweight, overweight, obese, etc.)
BMICategory	If the patient did not have a BMI at last visit or within one year of the last visit, this column will display "BMI

Column name	Column description
	date does not meet criteria." Otherwise, will display “Normal” if the BMI is considered normal according to definition (0 or "Follow up plan needed" if outside normal parameters.
Last_Dietary_Consult	Last date that a dietary consult was documented in Preventive Medicine before the measurement period end date
Last_Counsel_Code	Last date that the ICD-9 codes V65.3, V65.41 or Z71.3 appeared on an assessment or CPT codes 97802, 97803, or 97804 appeared on a claim before the measurement period end date
Last_Dietary_Counsel	Last date there was nutrition/dietary counseling documented in Preventive Medicine structured data before the end of the measurement period
Last_PhysAct_Counsel	Last date there was physical activity/exercise counseling documented in Preventive Medicine or HPI structured data before the measurement period end date
LastBMIManagement	Last date that BMI management was documented in Preventive Medicine before the measurement period end date
LastYear_HadFollowup	If any of the above forms of follow-up were documented within one year of the date the BMI outside of normal limits was taken, this column will display "Yes"
Final_Measurement_Result	Will display "Meets documentation criteria" or "Does not meet documentation criteria" depending on BMI status and follow-up
Exclusion_Preg_Pallative	Will display "Exclude" if patient the patients meets the exclusion criteria for the measure
PHASE_Enrollment	Will display "PHASE patient” if the patient was enrolled in the PHASE program
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The final outcome is displayed on the sheet Final_Summary. The number of patients with BMI charted and follow-up plan documented, as appropriate, is in the row “Meets documentation criteria.” This final result is also displayed by rendering provider and rendering team (output sheets Final_Summary_Rendering and Final_Summary_Team).

The Excel output also summarizes patients so you can see how many fit the different intermediate results. This is presented in two ways. First, the number and percentage of patients who met the BMI screening component only (output BMIDateCriteria), and this is also broken down by rendering provider and team (outputs BMIDateCriteria_Rendering and BMIDateCriteria_Team). Second, of those patients identified as having weight outside of normal limits, how many had a follow-up plan documented. This is shown on the sheet HadFollowup (with associated rendering provider and team sheets as well). Note that the follow-up output sheets contain a filter above the pivot table that must be set to "Follow up plan needed" to only show patients who actually need a follow-up plan.

Additionally, there is a worksheet called “BMICategory_MeasureResult” with a cross-tab of the datasheet columns BMICategory and MeasureResult. The information in these pivot tables show information about the patients and also quality of care. The table below shows the different groups of patients shown in the report pivot tables. The important categories for performance improvement are in the column “Does not meet documentation criteria” because these patients count against the health

center in the measurement result. These patients may have not gotten a BMI within the required time limit, or not received a follow-up when their weight was outside of normal limits.

Column "BMICategory" (ACO or UDS)	Column "Final_Measurement_Result" (ACO or UDS)		Grand Total
	Meets documentation criteria	Does not meet documentation criteria	
BMI date does not meet criteria	No results here	Patients who do not meet the BMI date criteria and therefore do not meet the BMI measurement criteria	Patients with no BMI or last BMI not within required date range
Follow up plan needed	Patients who needed a follow-up plan and got one	Patients who needed a follow-up plan but did not get one	Patients with last BMI within required date range but BMI outside of normal limits
Normal weight	Patients who had a BMI within the required date range and that BMI was within normal limits	No results here	Patients with last BMI within required date range and BMI within normal limits
Grand Total	Patients counting for the health center in the final result	Patients counting against the health center in the final result	Total patients in the denominator

Suggested Uses of Filters: To be included in the denominator of the UDS and ACO reports, patients must have no exclusion criteria (Exclusion_Preg_Pallative = not equal to "Exclude"). Patients displayed initially on the datasheet are 18 years and older with one or more primary care visits during the measurement period.

To validate the report, look for patients without a recorded BMI (LastBMIDate is null) but many visits (order descending the column PrimCareVisitsPeriod). Investigate why they were seen many times but did not have a documented BMI (i.e., weight and height).

Also, look for patients who were expected to have a weight management plan (BMICategory = "Follow up plan needed") but did not have one documented (LastYear_HadFollowup = "No"). These patients should be sorted by number of primary care visits (sort PrimCareVisitsPeriod descending) so that the patients with the most visits are examined first.

Tobacco Use Screening and Cessation Intervention

Report name: Tobacco_v7

Summary: The report shows the percentage of adults asked about tobacco use in the past two years, and if they were tobacco users, had a tobacco cessation intervention (which can be tobacco cessation counseling and/or pharmacological intervention).

For Use With: UDS and ACO reports

Population definition: Adults 18 years of age and older with at least two medical visits or at least one preventive visit during the measurement period.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date.

Unique Column Definitions: In addition to a count of the number of primary care visits within the measurement period (column PrimCareVisitsPeriod), there is a column that displays the number of preventive visits within the measurement period (column PreventiveVisitsPeriod). Refer to "Technical Documentation For the BridgeIt Annual Clinical Report Set" (version 14, June 2018) for a definition of preventive visits. The column Annual_Visit_Denom will display the text "Add to annual report denominator" if the patient had two or more primary care medical visits or one or more preventive visits in the measurement period. There is also a column that shows the date of the last primary care visit (column LastPrimCareVisitDate).

The tobacco assessment, user and intervention components of the report are described in detail in the Technical Document ("Technical Documentation for the BridgeIt Annual Clinical Report Set" version 14, June 2018). All components must have occurred within two years of the end of the measurement period. In brief, the column AnyTobacAssessm2Y displays "Yes" or "No" depending if a tobacco assessment was entered into Social History structured data, or particular tobacco-related CPT, ICD-9 or ICD-10 codes used during the visit. If the patient was a tobacco user (indicated by entry into Social History or the use of the CPT or ICD-9/ICD-10 codes), the column TobacUserWithin2Y will display "Yes." The column TobaccoCessIntervWithin2Y will display "Yes" if tobacco cessation counseling was entered into Preventive Medicine, an appropriate CPT code used, or if a tobacco cessation medication was verified by the provider.

The column Composite_result will display “Assessed and intervened with as appropriate” or “Not assessed and intervened with as appropriate” depending on the result of the assessment and intervention components, as described by the UDS and ACO instructions. Patients are included in the numerator if they were assessed for tobacco use within two years of the end of the measurement period and not found to be tobacco users. Furthermore, patients are included in the numerator if they were found to be a tobacco user and had an intervention within two years of the end of the measurement period. Conversely, if the patient was not screened within two years, or was found to be a tobacco user but did not receive an intervention within two years, the patient is not included in the numerator.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Number of primary care medical visits in the measurement period
PreventiveVisitsPeriod	Number of preventive visits in the measurement period
Annual_Visit_Denom	Will display "Add to annual report denominator" if the patient had two or more primary care medical visits OR one or more preventive visits in the measurement period
LastPrimCareVisitDate	Last date of primary care visit before the end of the measurement period
TobacUseIWithin2Y	Will display "Yes" if patient had a Tobacco Use Disorder ICD-9/ICD-10 code on an assessment more recently than two years before the end of the measurement period
TobacCounselCPTICDWithin2Y	Will display "Yes" if patient had a Smoking and Tobacco Use Cessation Counseling CPT code on a claim, or an ICD-10 code for Tobacco Abuse Counseling on an assessment, more recently than two years before the end of the measurement period

Column name	Column description
LastStructTobacAssessm	Last date of tobacco assessment in Social History before the end of the measurement period
StructAssessmWithin2Y	Will display “Yes” if the last structured tobacco assessment date was within two years of the end of the measurement period
AnyTobacAssessm2Y	Will display “Yes” if there was any tobacco assessment (by ICD-9/ICD-10, CPT or structured data element) more recently than two years before the end of the measurement period
LastStructTobacUserDate	Last date of documented tobacco use in the Social History structured data before the end of the measurement period
StructTobacUserWithin2Y	Will display “Yes” if the last structured tobacco use date was within two years of the end of the measurement period
TobacUserWithin2Y	Will display “Yes” if there was any documented tobacco use (by ICD-9, ICD-10, CPT or structured data element) more recently than two years before the end of the measurement period
LastStructTobacCounselDate	Last date of documented tobacco counseling in Preventive Medicine before the end of the measurement period
StructTobacCounselWithin2Y	Will display “Yes” if LastTobacCounselDate was more recent than two years before the end of the measurement period
LastTobacMedDate	Last date that a medication from the Tobacco Cessation Rx Group was verified in the Current Medications window before the end of the measurement period
LastTobacMedName	The name of the medication that was verified on the LastTobacMedDate
TobacMedWithin2Y	Will display "Yes" if the patient had a medication from the Tobacco Cessation Rx Group verified more recently than two years before the end of the measurement period
TobaccoCessIntervWithin2Y	Will display “Yes” if there was any documented tobacco cessation (by CPT, ICD, medication, or structured data element) more recently than two years before the end of the measurement period
Composite_result	Will display “Assessed and intervened with as appropriate” if the patient met the criteria for tobacco screening and cessation intervention.
PHASE_Enrollment	Will display "PHASE patient” if the patient was enrolled in the PHASE program
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output:

The outputs display the final composite outcome, but also the assessment and cessation components for performance improvement purposes. The final outcome is summarized on the output named “Tobac_Composite” and is further broken-down by rendering provider (Tobac_Composite_Rendering) and rendering team (Tobac_Composite_Team). The assessment component (relevant to all patients in the denominator) is summarized on the output “Tobac_Assessm” and is also shown by rendering provider (Tobac_Assessm_Rendering) and rendering team (Tobac_Assessm_Team). The tobacco cessation component is relevant only to those patients who were identified as tobacco users. Therefore, there is a filter right on the output sheets for tobacco cessation that should be set (TobacUserWithin2YVisit = “Yes”) whenever the data is summarized (the filter setting can be saved when the report is closed so that it always filters the same way). The tobacco cessation worksheets are named Tobac_Cessation, Tobac_Cessation_Rendering (for the rendering provider) and Tobac_Cessation_Team (for the rendering team).

Suggested Uses of Filters:
For the composite measure of the UDS and ACO reports, filter the column Annual_Visit_Denom for the text "Add to annual report denominator."

Data validation can be done on patients without a tobacco assessment in Social History over the past two years (AnyTobacAssessm2YVisit = "No") but with many primary care visits in the measurement period (sort descending the column PrimCareVisitsPeriod and examine patients at the top of the list). Investigate why a tobacco assessment was not done. However, keep in-mind that for some health centers, the structured data field to enter the tobacco assessment was not available in eCW until recently.

Data validation can also be done on tobacco users (TobacUserWithin2Y = "Yes") who did not have documented tobacco counseling (StructTobacCounselWithin2Y = "No"). Start with patients with many primary care visits in the measurement period (sort descending the column PrimCareVisitsPeriod). Investigate why tobacco counseling was not done while keeping in mind that some health centers did not create a counseling structured data element until recently.

Asthma Pharmacologic Therapy

Report name: Asthma_Pharma _v8

Summary: This report shows the percentage of patients 5 to 64 years of age with persistent asthma who were using an acceptable pharmacologic therapy.

For Use With: UDS report

Population definition: Patients age 5 to 64 years currently diagnosed with persistent asthma and had at least one primary care visit during the measurement period. Patients with emphysema, chronic obstructive pulmonary disease, cystic fibrosis, or acute respiratory failure should be excluded.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the last visit date before the measurement period end date.

Unique Column Definitions: To be included in the denominator, the patient must have a persistent asthma ICD-10 code added to the Problem List (see the Technical Document for details). The initial population displayed by the report is any patient in the age group with a general asthma code on the Problem List, so the column HasPersistentAsthma must be filtered for “Yes” to obtain the report denominator

To be included in the numerator, the patient must have been using an asthma medication within the past year. Asthma medications are defined by the health center by assigning them to the correct Rx Group (to do this, see Appendix D of the System Set-up document, version 6, July 2017). The last date before the measurement period end date that a medication in the Asthma Meds group was verified appears in the column LastAsthmaMedDate. If this date was within one year of the measurement period end date, a “Yes” will appear in the column AsthmaMedWithin1Y.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
HasPersistentAsthma	Will display "Yes" if the patient has a "persistent" asthma diagnosis on the Problem List (ICD-10 codes)
LastAsthmaMedDate	Last date that a medication from the Asthma Meds group was verified in the Current Medications window before the end of the measurement period
LastAsthmaMedName	The name of the medication that was verified on the LastAsthmaMedDate
AsthmaMedWithin1Y	Will display "Yes" if the patient had a medication from the Asthma Meds group verified within a year of the

Column name	Column description
	measurement period end date
Exclude_UDS	Will display "Exclude" if the patient has a diagnosis code on the Problem List for emphysema, chronic obstructive pulmonary disease, cystic fibrosis, or acute respiratory failure
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The number and percentage of patients who had an asthma medication verified within one year of the measurement period end date is shown on the worksheet “AsthmaMeds.” This is also broken down by rendering provider (output “AsthmaMeds_Rendering”) and rendering team (output “AsthmaMeds_Team”).

Suggested Uses of Filters: To view denominator patients for the UDS report, filter for patients with one or more primary care visits during the measurement period (PrimCareVisitsPeriod >0), persistent asthma (HasPersistentAsthma = “Yes”) and no exclusion criteria (Exclude_UDS does not equal “Exclude").

In the Appendix, there is a description of an asthma validation report that can be used to confirm patients have “persistent” asthma and have the correct asthma diagnosis codes on the Problem List. See that section for more detail.

Well Child Visits

Report name: QIP_Well_Child_Visits_v3

Summary: This report displays the percentage of children 3 to 6 years of age who received one or more well-child visits with a PCP within a year of the end of the measurement period.

For Use With: QIP report

Population definition: Partnership managed care patients between 3 and 6 years with at least one outpatient visit with a PCP or OB/GYN during the measurement period. Partnership also requires that denominator patients be capitated Medi-Cal members and continuously enrolled with a PCP organization (i.e., the health center) for at least nine months during the year-long reporting period.

Enrollment cannot be calculated by the BridgeIt report, and so the actual denominator is supplied by Partnership Healthplan. Nonetheless, the BridgeIT report can be used to make an estimate of the measure using the appropriate filters.

Parameters: Measurement period start date and measurement period end date. For the Partnership report, this is one year. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period end date.

Unique Column Definitions: The report shows the last well-child visit date ever (column LastWellChildDateEver) and the number of well-child visits in the year prior to the end of the measurement period (column WellChildVisits1Y). Additionally, the report shows the number of visits of any type within measurement period (column Count_AnyVisit_MP). With the information in these columns, it displays the patient's status relative to the goal of the indicator in the column WellChildStatus. This column displays "Had well-visit in past year" if the patient had a well-child visit in the year prior to the end of the measurement period. If the patient had a well-child visit, but just not in the past year, it will display "No well-visit in past year." If there was not a visit billed on any claim in the past year, the column will display "No visit of any kind in measurement period."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
Count_AnyVisit_MP	The number of visits (of any type) in the measurement period.

Column name	Column description
LastWellChildDateEver	Last well-child visit ever before the measurement period end date
WellChildVisits1Y	Number of well-child visits within a year of the measurement period end date
WellChildStatus	Will display "Had well-visit in measurement period" if there is 1 or more visits in the column WellChildVisitsPeriod. If not, it will display "No well-visit in measurement period" or "Never had visit" depending if the patient has a date in the LastEncounterAny field
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: There are three worksheets in the output. The sheet named “PHP Summary Well Child Visits” shows a summary of the column “WellChildStatus” and is used to estimate the final QIP measure when the proper filters are applied. This measure is also broken down by rendering provider (“Well Child Visits by Rendering”) and rendering provider team (“Well Child Visits by Rendering Team”).

Suggested Uses of Filters:
QIP report approximate measure: The column InsClassName should be filtered for Partnership Managed Care patients. Also filter for patients with one or more visits in the measurement period (Count_AnyVisit_MP > 0).

Matching patients to a list supplied by Partnership: do not use any filters so that you can view as many potential patients as possible at one time.

Validation: Sort patients with many visits in the measurement period (sort the column Count_AnyVisit_MP descending) but no well-child visit (WellChildStatus = “No well-visit in measurement period”). What happened to these patients? Why were they seen many times without a well-child visit?

Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol

Report name: CAD_LipidLower_v5

Summary: This report is used for the UDS Coronary Artery Disease measure that focuses on patients who were prescribed a lipid-lowering therapy in the past year.

For Use With: UDS report

Population definition: The population is composed of adults 18 years of age and older with a diagnosis of coronary artery disease (CAD) or with a history of myocardial infarction or certain cardiac surgeries in the past. To be included, the patient had to have had at least one primary care visit during the measurement period and at least two primary care visits any time ever before the end of the measurement period. Patients are excluded from the denominator if the last LDL measure in the past year had a result of less than 130 mg/dL.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date. The data sheet is automatically filtered for patient age and CAD diagnosis, myocardial infarction diagnosis or history of cardiac surgery.

Unique Column Definitions: To be included in the UDS numerator, the patient must have been using a lipid lowering medication within the past year. In order for the report to identify specific medications, the health center must assign the clinically appropriate medications to the Rx group UDS Lipd Meds. The column Last_LL_Med_Date will show the last date that there was an action on a lipid lowering medication and if that date was within one year, the column LLMedWithin1Y will display “Yes.”

The column UDS_Final_Result is used to summarize the numerator. If there was an action on a lipid lowering medication within the past year, this column will display “Include in numerator (had medication).” The column will display “No lipid lowering medication” if there was never an action on a lipid lowering medication or if the last action was more than a year before the end of the measurement period.

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There is also a set of columns showing LDL lab results in order to evaluate the exclusion criteria. The column UDS_ExcludeLDL will display "Exclude" if the last LDL date (LastLDLDate) was within a year of the measurement period end date and the result (LastLDLResult) on that date was <130 mg/dL. Patients are excluded only if they are not otherwise using lipid lowering medication.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
PrimCareVisitsEver	Primary care visits any time before the end of the measurement period
Last_LL_Med_Date	Last date that a medication from the "UDS Lipd Meds" Rx group was verified in the Current Medications window before the end of the measurement period
LLMedWithin1Y	Will display "Yes" if the patient had a medication from the "UDS Lipd Meds" Rx group verified within a year of the measurement period end date
UDS_Final_Result	Will display “Include in numerator (had medication)” if patient had a lipid lowering medication within one year of the measurement period end date and should be included in the numerator
LastLDLDate	Date of the last LDL test before the end of the measurement period
LastLDLResult	Value of the last LDL test before the end of the measurement period
UDS_ExcludeLDL	Will display "Exclude" if patient was not using lipid lowering medication and had an LDL result of <130 mg/dL on the last LDL lab in the prior year
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The summary for the UDS report appears on the output "UDS_LL_Meds_Summary." There are also associated summaries by Rendering Provider and Rendering Team.

Suggested Uses of Filters:
The user must filter for one or more primary care visits in the measurement period (PrimCareVisitsPeriod > 0), two or more primary care visits any time before the end of the measurement period (PrimCareVisitsEver > 1) and no exclusion criteria (UDS_ExcludeLDL not equal to "Exclude").

Validation: Filter for patients who meet the denominator criteria above, but do not meet the numerator criteria (UDS_Final_Result = "No lipid lowering medication"). Sort descending by the number of primary care visits (PrimCareVisitsPeriod) and investigate why these patients did not have an appropriate medication prescribed.

Next, filter for patients who meet the denominator criteria but never had an LDL lab completed (LastLDLDate is <blank>). Sort descending by the number of primary care visits (PrimCareVisitsPeriod) and investigate why a patient with coronary artery disease never had an LDL lab performed even though they had many visits.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Report name: IVD_Aspirin_v7

Summary: This report shows all patients with ischemic vascular disease (IVD) or who had a myocardial infarction or certain cardiac surgeries in the two years prior to the end of the reporting period.

For Use With: UDS and ACO reports

Population definition: The denominator population is defined as patients aged 18 years and older with at least one primary care medical visit in the measurement period and one of the following: a diagnosis of ischemic vascular disease (IVD) or discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the two years prior to the end of the reporting period. Patients on anticoagulant medications are excluded from the UDS

denominator. The numerator is composed of denominator patients who were prescribed aspirin or another antiplatelet therapy in the past year.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period end date.

Unique Column Definitions: The report initially displays all patients in the denominator and who may potentially be in the denominator. The column Denominator_Type is used to filter for patients that meet the denominator definition of the measure, which is having been diagnosed with IVD (the column Denominator_Type will display "Include: IVD code on problem list"), or having a myocardial infarction or certain cardiac surgeries in the two years prior to the end of the reporting period (the column Denominator_Type will display "Include: Myocardial Infarction with Appropriate Date" or "Include: Cardiac Surgery with Appropriate Date" depending on the type). This column can also be used to filter for patients who need to be checked further for inclusion in the denominator, which commonly means that they are missing an associated event date (see the Technical Document, version 14). In this case, the column will display "Unknown…" and list the location where it found an old date or a missing date.

Patients who were using an anticoagulant like Warfarin or Coumadin in the past year are excluded from the denominator. These patients will have the text "Exclude" in the column Exclusion_Anticoag.

To be included in the numerator, the patient must have been using aspirin or another antiplatelet therapy medication within the past year. The last date before the measurement period end date that a medication in the Aspirin Therapy Rx group was verified appears in the column "Last_Aspr_Med_Date." If this date was within one year of the measurement period end date, a "Yes" will appear in the column "AsprMedWithin1Y."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period

Column name	Column description
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
Last_Aspr_Med_Date	Last date that a medication from the "Aspirin Therapy" Rx group was verified in the Current Medications window
AsprMedWithin1Y	Will display "Yes" if the patient had a medication from the "Aspirin Therapy" Rx group verified within a year of the measurement period end date
Denominator_Type	Will display "Include…" if the patient should be included in the denominator and "Unknown…" if some criteria are met but not date criteria
Exclusion_Anticoag	Will display "Exclude" if the patient had a medication from the Warfarin, Coumadin or Anticoagulant Rx group verified within a year of the measurement period end date
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The worksheet "UDS_Aspirin_Summary" displays the UDS and ACO summary of the column AsprMedWithin1Y. This result is also broken down by rendering provider ("UDS_Aspirin_Rendering") and rendering team ("UDS_Aspirin_RenderingTeam"). The worksheet "Denominator_Type_Summary" displays the number of patients in each of the denominator type categories (included in denominator and unknown) and is for your information only.

Suggested Uses of Filters:
UDS and ACO: Filter for patients with one or more primary care visits during the measurement period (PrimCareVisitsPeriod >0) and included in the denominator (Denominator_Type = "Include: IVD code on problem list" or " Include: Myocardial Infarction with Appropriate Date" or "Include: Cardiac Surgery with Appropriate Date"). Also, add a filter for the exclusion (column Exclusion_Anticoag not equal to "Exclude").

Validation: Filter for patients who meet the denominator criteria (see above) but do not meet the numerator criteria for use of Aspirin or other antiplatelet (AsprMedWithin1Y = "No"). Sort descending by the number of primary care visits (PrimCareVisitsPeriod) and investigate why patients with many visits were not using an antiplatelet medication.

Filter for patients with “Unknown” denominator status (Denominator_Type = “Unknown: Myocardial Infarction on Problem List WITHOUT Date or with Old Date” or " Unknown: Cardiac Surgery in Surgical History WITHOUT date or with old date”). Did any of these patients actually have a myocardial infarction or certain cardiac surgeries in the two years prior to the end of the reporting period but are missing that date in their medical record? Do any of these patients have an old date but are candidates for an IVD diagnosis on their Problem List? Note that the IVD validation report (see the Appendix) gives more detailed information to identify candidates for updating the medical record with more specific information.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Report name: CVD_Statins_v2

Summary: This report shows patients who are considered at high risk for cardiovascular events, based on age, diagnosis and lab results.

For Use With: ACO Report

Population definition: This report has a relatively complicated denominator composed of three populations defined by combinations of age, diagnosis, and LDL lab results. See the Technical Document for detail. Briefly, these populations are:

1. Patients aged 21 years or older with a diagnosis of arteriosclerotic cardiovascular disease (ASCVD).
2. Patients aged 21 years or older with a diagnosis of hypercholesterolemia or an LDL-C lab value equal to or greater than of 190 mg/dL ever in the past.
3. Patients aged 40 through 75 years with a diagnosis of diabetes and the highest LDL-C lab value in the past three years between 70–189 mg/dL.

Patients are excluded from the measure if they had a medical reason to not be taking statins (pregnant, breastfeeding or an allergy to the medication), if they had diabetes and a low LDL value (under 70 mg/dL), or if they had a diagnosis of rhabdomyolysis, active liver disease, hepatic disease or insufficiency

(including hepatitis A or B), end-stage renal disease (ESRD), or receiving palliative care. See the Technical Document for detail.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period end date.

Unique Column Definitions: This report contains many descriptive columns because the ACO report requests several fields of data for individual patients. When summarizing the data, only a few filters and columns are considered.

The column Denom_Pop will display which of the three possible denominator populations the patient falls into (evaluated in order). There is also a validation report that displays detail on how patients meet the denominator criteria and identifies patients who may be missing a diagnosis code for ASCVD on their Problem List (see instructions in the Appendix at the end of this document, under the heading "CVD Diagnosis Validation").

After the series of standard columns, the report displays a set of columns showing if the patient has a diagnosis code on the problem list for three chronic conditions (ASCVD, hypercholesterolemia and diabetes). Then there is a series of columns displaying LDL test results, depending on the denominator parameters. These columns come in triplets: a column that displays "Yes" if the parameter is met, then a column for the relevant lab date and column for the lab value on that date. The numerator column is StatinMedWithin1Y, which is determined from the last statin medication date column Last_Statin_Med_Date. Lastly, there are columns for the four types of exclusions and a single column (Exclusion_Any) that is used for filtering patients with any exclusion.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeStartReporting	Age at the end of the measurement period
Ethnicity	Ethnicity

Column name	Column description
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
AnyVisitsPeriod	All visits in the measurement period with a claim
Denominator_Pop	Will display the first denominator population the patient is found to belong to (Pop 1, Pop 2 or Pop 3 -- see Technical Document)
Diag_ASCVD	Will display "ASCVD Diagnosis" if the patient has an arteriosclerotic cardiovascular disease diagnosis code on the Problem List
Diag_Hyperchol	Will display "Hypercholesterolemia Diagnosis" if the patient has a hypercholesterolemia diagnosis code on the Problem List
Diag_DM	Will display "DM Diagnosis" if the patient has a diabetes diagnosis code on the Problem List
DM_LDL_Under70	Will display "Yes" if the patient has diabetes and an LDL lab value under 70 mg/dL on the last date taken before the end of the Measurement Period
DM_LDL_Under70_Last_Date	The last date before the end of the Measurement Period that a patient with diabetes had an LDL lab value under 70 mg/dL
DM_LDL_Under70_Last_Value	The value of the LDL lab referred to in the column DM_LDL_Under70_Last_Date
DM_LDL_70_189_3y	Will display "Yes" if the patient has diabetes and an LDL lab value between 70 mg/dL and 189 mg/dL on any date in the three years before the end of the Measurement Period
DM_LDL_70_189_3y_Date	The last date within three years before the end of the Measurement Period that a patient with diabetes had an LDL lab value between 70 mg/dL and 189 mg/dL
DM_LDL_70_189_3y_Value	The value of the LDL lab referred to in the column DM_LDL_70_189_3y_Date
LDL_190_Ever	Will display "Yes" if the patient had an LDL lab value of 190 mg/dL or greater on any date before the end of the Measurement Period
LDL_190_Ever_Date	The last date before the end of the Measurement Period that a patient had an LDL lab value of 190 mg/dL or greater
LDL_190_Ever_Value	The value of the LDL lab referred to in the column LDL_190_Ever_Date
Last_Statin_Med_Date	Last date that a medication from the "Statins" Rx group was verified in the Current Medications window
StatinMedWithin1Y	Will display "Yes" if the patient had a medication from the "Statins" Rx group verified within a year of the measurement period end date
Exc_PregBrstfeed	Will display "Exc pregnant or BF" if the patient was pregnant or breastfeeding in the Measuremet Period
Excl_StatAllergy	Will display "Excl allergy statin" if the patient is allergic to a statin medication
Excl_DM_LowLDL	Will display "Excl DM with LDL under 70" if the patient has diabetes and the most recent LDL lab was under 70 mg/dL
Exc_OthrDiagn	Will display "Excl other diagnosis" if the patient has a code on the Problem List for rhabdomyolysis, active liver disease, hepatic disease or insufficiency, ESRD, or palliative care
Exclusion_Any	Will display "Exclude" if the patient met at least one of the conditions from the individual exclusion columns
ActivePt	Will display "Yes" if the patient is active

Column name	Column description
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: After filtering the data sheet (see below) and refreshing the output, the basic summary of the measure is displayed on the worksheet StatinUse_Summary. The data is also broken down by Rendering Provider (StatinUse_Rendering) and Rendering Team (StatinUse_Team). The output Denom_Pop_Type displays the number and percentage of patients in each population.

Suggested Uses of Filters: To view patients in the denominator, filter for one or more visits in the measurement period (PrimCareVisitsPeriod > 0) and no exclusions (Exclusion_Any not equal to "Exclude"). Patients meeting the denominator criteria for any of the three patient populations are automatically displayed.

Validation: Filter for patients who meet any of the the denominator criteria (see above) but do not meet the numerator criteria for use of statin medication (StatinMedWithin1Y = "No"). Sort descending by the number of primary care visits (PrimCareVisitsPeriod) and investigate why patients with many visits were not using a statin.

Depression Screening and Follow-up

Report name: Depression_Screen_Followup_v8

Summary: This report shows the percentage of patients aged 12 years and older who were screened for clinical depression at least once in the measurement period AND if a screen was positive, a follow-up plan was documented on the same day as the screen.

For Use With: UDS and ACO reports

Population definition: The denominator is composed of patients aged 12 years or older with at least one primary care medical visit in the measurement period. A patient is excluded from the denominator if he or she was diagnosed with depression before the start of the measurement period.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which visits, depression screens, and follow-up activities are drawn. The age displayed in a column of the report is calculated relative to the measurement period end date.

Unique Column Definitions: The unique columns on the report are relevant to the depression screening and follow-up activities required by the UDS and ACO reports. The BridgeIt data sheet shows the number of depression screens using the PHQ-2 (column Count_PHQ2_MP) or entered into HPI (Count_HPIScreen_MP) performed in the measurement period. If the patient had at least one screen of either type, the column Screened_MP will display "Yes."

If the patient had at least one positive screen, at least one of the seven defined follow-up activities must have been documented on the date of the first positive screen in the measurement period in order to be included in the numerator. On the report, each of the follow-up activities has its own column, which will display "Yes" if the activity occurred on the same date. See the Technical Document (version 14, June 2018) for data definitions of these activities. The columns are PHQ9_Score_SameDay (additional evaluation for depression using the PHQ-9), OtherAddEval_SameDay (additional evaluation for depression entered into HPI structured data), AntiDep_Med_SameDay (pharmacological intervention), Referral_SameDay (referral out to a behavioral health provider), BH_Provider_SameDay (an encounter with a health center behavioral health provider), HPI_Interv_SameDay (documentation of a depression intervention or follow-up entered into structured data), and PatientRefused_SameDay (patient refusal of a depression intervention documented in HPI). If any of the follow-up columns have a "Yes" then the column Any_Followup_SameDay will also display "Yes." In this case, the patient is included in the numerator and the outcome columns (Detailed_Outcome and Reporting_Outcome) indicate the patient was appropriately screened and followed-up.

Patients who were screened in the Measurement Period and only have negative screens are also placed in the numerator of the measure. Since these patients do not need follow-up, the column Any_Followup_SameDay displays "Follow-up not necessary" and the outcome columns indicate the patient was appropriately screened.

The column Detailed_Outcome summarizes the data and is most useful for targeting performance improvement activities. The column Reporting_Outcome summarizes the composite measure and is used for UDS and ACO reporting.

When the patient is not screened, or is screened but did not have follow-up, the patient is not included in the numerator. If missing a screen in the measurement period, the column Screened_MP will display

"No" and the outcome columns will indicate the patient was appropriately screened. If missing follow-up on the first positive screen, the column Any_Followup_SameDay will display "No, did not have follow-up on the same day" and the outcome columns will indicate the patient was not appropriately followed-up.

Patients are excluded from the denominator if they were diagnosed with depression before the start of the measurement period (in this case, the column StartMP_Dx_ProbList_Exclude will display "Exclude"). For your information, the column Current_Dx_ProbList_Exclude will display "Yes" if the patient has a current (i.e., on the day the report is run) diagnosis for depression on the Problem List. Do not use the current depression diagnosis for excluding patients when reporting for the UDS or ACO reports.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team name to which the rendering provider belongs
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
Count_PHQ2_MP	The number of PHQ2 that the patient had in the measurement period
Count_ScreenHPI_MP	The number of depression screens that were entered into structured data in the measurement period
Screened_MP	Will display "Yes" if the patient was screened at least once with a PHQ2 or any screening result entered into structured in the measurement period

Column name	Column description
First_Positive_Screen_Date	Date of the first positive screen in the measurement period, either from the PHQ2 or from structured data
Positive_Screen_MP	Will display “Yes” if the patient had at least one positive screen for depression in the measurement period, either from the PHQ2 or from structured data
PHQ9_SameDay	Will display “Yes” if the patient had been further evaluated for depression on the same day as the positive screen
PHQ9_Score_SameDay	Will display “Yes” if the patient had an action on a PHQ-9 fully administered on the same day as the positive screen
OtherAddEval_SameDay	Will display “Yes” if the patient had other additional evaluation for depression entered into HPI structured data
AntiDep_Med_SameDay	Will display “Yes” if the patient had an action on an anti-depression medication on the same day as the positive screen
Referral_SameDay	Will display “Yes” if the patient had a referral to a behavioral health provider on the same day as the positive screen
BH_Provider_SameDay	Will display “Yes” if the patient had a visit with a behavioral health provider on the same day as the positive screen
HPI_Interv_SameDay	Will display “Yes” if the patient had a depression intervention documented in HPI on the same day as the positive screen
PatientRefused_SameDay	Will display “Yes” if the patient had a refusal of depression intervention documented in HPI
Any_Followup_SameDay	Will display “Yes” if the patient had any depression follow-up on the same day as the positive screen
Detailed_Outcome	Displays a more detailed summary of the screening and follow-up activities
Reporting_Outcome	Will display “Appropriately screened/followed-up" if the patient met the criteria for depression screening and follow-up
StartMP_Dx_ProbList_Exclude	Will display "Exclude" if the patient had been diagnosed with depression before the beginning of the measurement period
Current_Dx_ProbList	Will display “Depression or bipolar currently on Problem List” if a depression or bipolar diagnosis code is present on the patient’s Problem List when the report is run
PHASE_Enrollment	Will display "PHASE patient” if the patient was enrolled in the PHASE program
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output summary used for reporting the composite measures is named “Outcome_Summ.” This summary is also broken down by rendering provider and rendering provider team (Outcome_Summ_Rendering and Outcome_Summ_Team). While the composite measure is reported on the annual report, there are also outputs for the intermediate measures and one for the detailed outcome in order to assist performance improvement activities. These are also broken down by rendering provider and rendering provider team. They are:

1) Patients that were screened for depression (intermediate measure): Dep_Screening, Dep_Screening_Rendering, and Dep_Screening_Team.
2) Of patients with a positive screen, how many had follow-up documented (intermediate measure): Dep_Followup, Dep_Followup_Rendering, and Dep_Followup_Rend. On these sheets, the filter for the field Positive_Screen_MP must be set to "Yes" in order to view only patients who were expected to have a depression follow-up activity.
3) The composite measure with detailed categories used for performance improvement activities: Detail_Screen_Eval, Detail_Screen_Eval_Rendering, and Detail_Screen_Eval_Team.

Suggested Uses of Filters: To gather data for the UDS and ACO reports, you must filter the data sheet for patients with no diagnosis of depression or bipolar disorder at the beginning of the measurement period (the column StartMP_Dx_ProbList_Exclude not equal to "Exclude"). The criterion for patients with one or more primary care visits during the measurement period is automatically applied.

To validate the report, look for patients who are not included in the numerator, but had several visits in the measurement period. To do this, filter the column Screened_MP for "No" (and the column StartMP_Dx_ProbList_Exclude to not display "Exclude") and then sort the column PrimCareVisitsPeriod descending. This will show patients not screened at all in the measurement period but with many visits at the top of the list. Why were they not screened when there was opportunities to do so?

Another validation is for patients who had a positive secondary screen but no follow-up for depression on the same day. Filter the column Detailed_Outcome for "No follow-up on same day as first positive screen" (and StartMP_Dx_ProbList_Exclude to not display "Exclude").

In the appendix (see the section Positive Depression Screens and Follow-up Validation Report), there is a validation report that shows the individual PHQ-2 screening activities in the measurement period, along with the follow-up activities when indicated. This report gives more detail on what happened on individual dates in the measurement period. In contrast, the data report described above gives a summary of screening activities and, when indicated, the follow-up activities on a single date in the measurement period. There is also a validation report that helps ensure that the Onset date associated with the depression diagnosis o the Problem List is accurate.

Depression Remission at Twelve Months

Report name: Depression_Remission_v4

Summary: This report shows patients with major depression or dysthymia who have an initial PHQ-9 in a specific time span with a score of over 9, indicating depression. To be included in the numerator, a second PHQ-9 must have occurred in a time span approximately a year after and have a score of under 5, indicating remission.

For Use With: ACO report

Population definition: The initial population is comprised of patients who are aged 18 years and older, have a diagnosis of major depression or dysthymia, and no diagnosis of bipolar disorder or personality disorder. This population is further limited to patients with a pair of PHQ-9 tests administered within specific time frames. More detail about these time frames are given in the Technical Document (version 14, June 2018).

Parameters: Measurement period start date and measurement period end date (for this report, this is defined as the Report Measurement Period. The user should enter the same time period that is used for the other ACO reports when preparing the data for an annual report (or even for a dashboard). These dates are used by the report to calculate the Denominator Identification Measurement Period. Even though the report displays the number of primary care visits in the measurement period, this is not used in any report filters. The patient age is calculated relative to the measurement period end date.

Unique Column Definitions: The three measurement periods are displayed in pairs:

1. Report Measurement Period. This is the same measurement period as used on the other reports. For example, if the ACO measurement year is 2018, the Report Measurement Period would be January 1, 2018 to December 31, 2018. The columns that display these dates are Report_Period_End and Report_Period_End.
2. Denominator Identification Measurement Period. This is the period of time in which the initial PHQ-9 indicating depression is obtained (if one was administered then and had an appropriate score). It is automatically calculated by the report from the Report Measurement Period start date and end date. The columns that display these dates are Denom_ID_Period_Start and Denom_ID_Period_End.
3. Measurement Assessment Period. This is the period of time in which the PHQ-9 indicating remission is obtained (if one was administered then and had an appropriate score). It is

automatically calculated by the report from the date of the initial (or "Index") PHQ-9. The columns that display these dates are Measure_Assess_Start and Measure_Assess_End.

The report shows the number of PHQ-9 tests with a score of over 9 administered in the Denominator Identification Measurement Period in the column Denom_ID_Period_AnyPHQ9. If at least one initial PHQ-9 with a score of over 9 appeared, the last such test in the period is designed the Index PHQ-9. The report shows the Index Date (column Index_PHQ9_Date) and score (column Index_PHQ9_Score) of that test. The report also displays the number of PHQ-9 tests documented in the Measurement Assessment Period, along with the date (Measure_Assess_PHQ9_Date) and score (Measure_Assess_PHQ9_Score) of the last test in that period. If the last test had a score of under 5, the column Depres_Remiss_Outcome will display "Include in numerator: Remission PHQ-9 (score below 5)." Otherwise, the column will display the reason why the patient was not included in the numerator or denominator.

Datasheet output columns:

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team name to which the rendering provider belongs
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
Report_Period_Start	Report Measurement Period Start Date (entered by user)
Report_Period_End	Report Measurement Period End Date (entered by user)
Denom_ID_Period_Start	Denominator Identification Measurement Period Start Date (calculated by report)
Denom_ID_Period_End	Denominator Identification Measurement Period End Date (calculated by report)
Denom_ID_Period_AnyPHQ9	The number of PHQ-9 tests administered in the Denominator Identification Measurement Period (with any score)
Index_PHQ9_Date	The first date of a PHQ-9 administered in the Denominator Identification Measurement Period

Column name	Column description
	(with a score of over 9)
Index_PHQ9_Score	The score of the first PHQ-9 administered in the Denominator Identification Measurement Period (with a score of over 9)
Measure_Assess_Start	Measurement Assessment Period Start Date (calculated by report)
Measure_Assess_End	Measurement Assessment Period End Date (calculated by report)
Measure_Assess_AnyPHQ9	The number of PHQ-9 tests administered in the Measurement Assessment Period (with any score)
Measure_Assess_PHQ9_Date	The last date of a PHQ-9 administered in the Measurement Assessment Period
Measure_Assess_PHQ9_Score	The score of the last PHQ-9 administered in the Measurement Assessment Period
Depres_Remiss_Outcome	Will display detailed information on if the patient meets the denominator and numerator criteria for the report
Depres_Remiss_Summary	This column is used to summarize the data for the measure in the output. If the data sheet is properly filtered, this column should not display patients that are excluded from the denominator.
Denom_Depress_Dysthym_Diag	Will display "Had diagnosis of major depression or dysthymia" if the patient had a diagnosis for major depression or dysthymia placed on the problem list before or during the Denominator Identification Measurement Period
Exclude_Bipolar_Personality_Death	Will display “Exclude” if a diagnosis code for bipolar disorder or personality disorder is present on the patient’s Problem List when the report is run, or if the patient was marked Deceased
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The summary is shown on the output sheet “Depression_Remission_Summary.” This is also displayed by Rendering Provider and Rendering Team. Additionally, there is a detailed summary on the output sheet “Depression_Remission_Detailed” and this is also broken down by Rendering Provider and Rendering Team.

Suggested Uses of Filters:
ACO Report: Filter the column Denom_Depress_Dysthym_Diag for "Had diagnosis of major depression or dysthymia" and the column Exclude_Bipolar_Personality_Death to not include “Exclude.” Then filter the column Depres_Remiss_Outcome to not include “Not in denominator: No Index PHQ-9.” This will leave only patients in the denominator (i.e., those with the appropriate diagnosis set and with PHQ-9 tests in the appropriate measurement periods).

Newly Identified HIV Cases With Timely Follow-up

Report name: HIV_Timely_Followup_v4

Summary: This report shows all newly diagnosed HIV patients and if they had follow-up within three months of their new diagnosis date.

For Use With: UDS report

Population definition: The denominator is composed of patients with a documented new HIV diagnosis date between the date three months before the start of the measurement period and the date three months before the end of the measurement period (called the HIV diagnosis date reporting period)[4]. For the UDS report, patients should also have at least one visit in the past two years.

Parameters: Measurement period start date and measurement period end date. For the UDS report, this should be the normal calendar year. For dashboards, this should be the same month examined in the other reports. The report automatically calculates the two-year visit period and the HIV diagnosis date reporting period.

Unique Column Definitions:
The unique columns are relevant to the HIV diagnosis and follow-up. The date that the patient was first diagnosed with HIV is displayed in the column HIV_diag_date. This date can come from the Onset date attached to the Problem List diagnosis code, or from HPI structured data (see the Technical Document for further detail). There are two types of HIV follow-up that are acceptable. The first is an outgoing referral to a provider or who initiates treatment for HIV. The report shows when the appointment was made (ReferTo_ApptMade), when patient was seen (ReferTo_ApptDate), and the individual provider or facility the patient was referred to (ReferTo_Name). Note that the user must go into eCW to look for evidence that this appointment was actually kept. The second acceptable follow-up is an encounter with a health center medical provider where HIV was addressed. The first encounter date with a health center medical provider where there was an HIV diagnosis code on the assessment is displayed in the column First_HC_Prov_Enc. If the date of the referral or the encounter date with the health center

[4] For example, if running the report for the 2018 UDS year (1/1/2018 and 12/31/2018), it will show patients with a documented new HIV diagnosis date between 10/1/2017 and 9/30/2018. For dashboard measures limited to a month of patient visits, the report looks at patients newly diagnosed in the month three months ago.

provider is within 90 days of the HIV diagnosis date (HIV_diag_date column), the column HIV_Followup_Outcome will display “Had HIV Followup.”

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
AnyVisitPeriod	All visits in the measurement period with a claim
2Years_PrimCareVisits	Primary care medical visits in the two years prior to the end of the measurement period
HIV_diag_date	Earliest date of HIV diagnosis (from the Onset date attached to the Problem List diagnosis code, or from HPI structured data)
HIV_diag_date_MP-3M	Will display “First diagnosed in HIV diagnosis reporting period” if the earliest date of HIV diagnosis is within the HIV diagnosis date reporting period.
Any_HIV_diag_date	Will display “Has initial HIV diagnosis date documented” the patient has an initial HIV diagnosis date (any date) or “No initial HIV diagnosis date documented” if there was never an initial date properly documented
ReferTo_ApptMade	The date that the first outgoing referral was made after the HIV diagnosis date. The referral had to be with an HIV specialist, or was associated with an HIV diagnosis code
ReferTo_ApptDate	The appointment date of the first referral after the HIV diagnosis date
ReferTo_Name	The name of the HIV specialist or organization the first referral was made to
First_HC_Prov_Enc	The date of the first encounter with a health center medical provider after the HIV diagnosis date where an assessment was made containing an HIV diagnosis code
HIV_Followup_Outcome	Will display “Had HIV Followup within 90 days” if the referral out date or the health center provider encounter date were within 90 days of the first HIV diagnosis date
Pregnancy_Status	Will display “Pregnant during measurement period” is the patient was pregnant during the measurement period
ActivePt	Will display "Yes" if the patient is active

Column name	Column description
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output summary used for the UDS report is named HIV Followup 90 Days. This output sheet displays the number and percentage of patients with a new HIV diagnosis who received follow-up within 90 days (based on the column HIV_Followup_Outcome). This outcome is also shown by rendering provider (output HIV Followup 90 Days Rendering) and rendering team (output HIV Followup 90 Days Team). Note that a new HIV diagnosis is a relatively rare event and so some measurement periods might not contain any patients in the denominator.

An additional output exists that helps with monitoring the quality of data entry (Initial_HIV_Diag). This output, and its related outputs for rendering providers (Initial_HIV_Diag_Rendering) and rendering teams (Initial_HIV_Diag_Team), displays the number and percentage of patients who have and do not have an initial HIV diagnosis properly documented.

Suggested Uses of Filters:
UDS HIV follow-up measure (UDS Table 6B, Section L): When first running the report, enter the normal measurement period (January 1 to December 31) into the parameters. The BridgeIt report will automatically calculate the HIV diagnosis date reporting period, or in other words, the range of time for the new HIV diagnosis (which for the UDS report would be October 1 to September 30). Filter for patients who were newly diagnosed in that period of time (HIV_diag_date_MP-3M = “First diagnosed in HIV diagnosis reporting period”) and who had a visit in the past 2 years (2Years_PrimCareVisits > 1)

If running this report to gather data for a dashboard that spans a month of time, the measurement period date range should be the month you are normally using for the other reports (for example, many dashboards report on data from ‘last month’). The report automatically calculates the HIV diagnosis date reporting period for a range of three months prior, in order to give enough time for follow-up to occur. Again, filter for newly diagnosed patients in that period of time (HIV_diag_date_MP-3M = “First diagnosed in HIV diagnosis reporting period”) but do not filter for patients seen in the measurement period or the past two years (in other words, do not add a filter to the column PrimCareVisitsPeriod or the column 2Years_PrimCareVisits).

Note that there is a validation report that is used to ensure that patients with HIV have the date of new HIV diagnosis properly documented. See the section “Initial HIV Diagnosis Validation” in the Appendix for further detail.

UDS HIV Positive Pregnant Women (UDS Table 7, Line 0): When first running the report, enter the normal measurement period (January 1 to December 31) into the parameters. Filter for any primary care visits in the measurement period (PrimCareVisitsPeriod > 0) and pregnant during the measurement period (Pregnancy_Status = "Pregnant during measurement period"). The number of patients displayed on the data sheet is the number reported on Line 0 in Section 7 of the UDS Report (there is no Excel output for this measure on the BridgeIt report).

Validation: The first step is to run the validation report (see the section "Initial HIV Diagnosis Validation" in the Appendix) to ensure that all patients with HIV have an HIV diagnosis on their problem list. Once all of these patients appear in the potential denominator of the data report, the next step is make sure that all the patients have an initial diagnosis date properly documented. To do this, filter the list for patients missing the proper documentation (Any_HIV_diag_date = "No initial HIV diagnosis date documented") and look these patients up in eCW. Note that other filters for active patients (ActivePt) or patients seen in a chosen measurement period (PrimCareVisitsPeriod or AnyVisitPeriod) can also be used.

The final validation step is to filter for patients newly diagnosed with HIV in the measurement period (HIV_diag_date_MP-3M = "First diagnosed in HIV diagnosis reporting period") but without any follow-up (HIV_Followup_Outcome = "No HIV Followup in 90 days"). What happened to these patients? Why were they not referred or seen for HIV care by a primary care medical provider within 90 days after they were newly diagnosed?

Medication Reconciliation After Discharge

Report name: Med_Reconciliation_v2

Summary: This report shows patients who had a hospital discharge date entered into structured data, and if those patients then had medication reconciliation entered into structured data.

For Use With: ACO Report

Population definition: Patients aged 18 years and older who were discharged from a hospital or inpatient facility in the reporting period and then saw a prescribing practitioner, clinical pharmacist or registered nurse within 30 days.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period start date.

Unique Column Definitions: This report displays patients with unique discharge dates (column DischargeDate) in rows, not unique patients. For each discharge date, there are columns that display "Yes" if the patient had a visit with a primary care provider, nurse or pharmacist within 30 days (column HadVisit30Days) and had medication reconciliation entered into structured data (column HadMedReconciliation30Days). This latter column is used for the numerator summary.

There are a couple of other helpful columns on the report. The column OngoingCareVisits shows the total number of visits to a primary care provider, nurse or pharmacist in the Measurement Period. Note that the visit definition is not the same as on other standard reports. The column Med_List_Action_30Days displays the first date within 30 days of the discharge date that there was any action on the patient's Medication List. Note that evidence of an action does not necessarily mean that the discharge medications were reconciled.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeStartReporting	Age at the start of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team name to which the rendering provider belongs
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
OngoingCareVisits	Number of visits with primary care providers, nurses or pharmacists in the measurement period

Column name	Column description
DischargeDate	Date of hospital or inpatient care discharge, as entered into structured data
HadVisit30Days	Will display "Yes" if patient had a visit with a primary care provider, nurse or pharmacist within 30 days of the discharge date
HadMedReconciliation30Days	Will display "Yes" if medication reconciliation was documented in structured data within 30 days of the discharge date
Med_List_Action_30Days	Will display the date of the first action on a medication on the patient's medication list within 30 days of the discharge date.
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The summary for the measure is displayed on the output “Medication_Rec.” Additional summaries by Rendering Provider (“Medication_Rec_Rend”) and Rendering Team (“Medication_Rec_Team”) are also available.

Suggested Uses of Filters: To obtain a summary for the measure, filter for patients who had a visit within 30 days of their discharge date (column HadVisit30Days = "Yes").

For validation, filter for patients with a visit within 30 days (column HadVisit30Days = "Yes"), no medication reconciliation documented (column HadMedReconciliation30Days = “No”) but some kind of action on the Medication List (HadMedReconciliation30Days is not equal to <blank>). Were discharge medications actually reconciled but this activity was not entered into structured data?

Screening for Future Fall Risk

Report name: Fall_Risk_v1

Summary: Percentage of patients 65 years and older who were screened for future fall risk.

For Use With: ACO report

Population definition: Patients aged 65 years and older at the beginning of the measurement period with at least one medical primary care visit in the measurement period.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period start date.

Unique Column Definitions: Regardless if the Fall Risk Assessment is being entered into Preventive Medicine (recommended location) or HPI (see Technical Document), the last date an assessment was documented is displayed in the column LastFallRisk_Date. If that date was within one year of the end of the measurement period, the column Fall_Risk_1Y will display "Yes."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeStartReporting	Age at the start of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastFallRisk_Date	Displays the last date a fall-risk assessment was documented
Fall_Risk_1Y	Will display "Yes" of the last fall-risk assessment date was within a year of the end of the measurement period
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The worksheet Fall Risk Assessed contains the summary of patients assessed for fall risk in the past year. This summary is also broken down by Rendering Provider (output Fall Risk Assessed_Rendering) and Rendering Team (output Fall Risk Assessed_Team).

Suggested Uses of Filters: The ACO report does not require any additional filters.

For validation, look for patients with many primary care visits (sort column PrimCareVisitsPeriod descending) but no fall risk assessment (column Fall_Risk_1Y = "No"). Why did these patients not have a documented assessment?

Pneumonia Vaccination for Older Adults

Report name: Pneumonia_Vacc_v2

Summary: Older adults who were ever given a pneumococcal vaccine

For Use With: ACO report

Population definition: Patients aged 65 years and over at the beginning of the measurement period and at least one primary care medical visit in the measurement period.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the measurement period end date.

Unique Column Definitions: There are two pneumococcal vaccines that are accepted by the report (see Technical Document, version 14, June 2018) for details. The column Last_PPV13_Date displays the last date that a PCV13 (commonly called "Prevnar") was given any time before the end of the measurement period. The column Last_PPSV23_Date displays last date that the PPV23 (commonly called "Pneumovax") was given any time before the end of the measurement period. If either vaccine was given to the patient, the text "Had pneumococcal vaccine documented" appears in the column Pneumo_Vacc_Status.

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Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeStartReporting	Age at the start of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period
Last_PPV13_Date	The last date before the end of the measurement period that the pneumococcal vaccine PPV13 (commonly called “Prevnar”) was given
Last_PPSV23_Date	The last date before the end of the measurement period that the pneumococcal vaccine PPV23 (commonly called “Pneumovax”) was given
Pneumo_Vacc_Status	Will display “Had pneumococcal vaccine documented” if either of the pneumococcal vaccines was given before the end of the measurement period
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output Pneumo_Vacc_Status displays a summary the vaccination status of all patients in the datasheet. This is also broken down by rendering provider (output Pneumo_Vacc_Status_Rend) and team (output Pneumo_Vacc_Status_Team).

Suggested Uses of Filters:
ACO report: Filter for one or more primary care medical visits in the measurement period (PrimCareVisitsPeriod > 0)

Validation: filter for patients without a vaccination (Pneumo_Vacc_Status = "Did not ever have pneumococcal vaccine documented") but with many visits in the measurement period (sort PrimCareVisitsPeriod descending). What happened to them? Why did they not get vaccinated?

Influenza Immunization

Report name: Influenza_Immuniz_v3

Summary: The percentage of patients seen in the flu season who received an influenza immunization or reported receiving one.

For Use With: ACO report

Population definition: Patients 6 months of age or older with at least one visit in the flu season (October to March)

Parameters: This report has two sets of parameters: one for the measurement period and one for the flu season. They are used differently depending if you are running the report for the ACO or a dashboard.

The flu season is defined as running from October of one year to March the next year.

For the ACO. The ACO report looks at patients seen in the flu season. Since this report normally covers a calendar year, the flu season would begin on October 1 of the year prior to the calendar year and end on March 31 of the calendar year. For example, to report for 2018, the flu season would run October 1, 2017 to March 31, 2018. The measurement period entered into the parameters would still be January 1 to December 31. 2018[5].

[5] The number of visits in the measurement period is not used for any calculations or filters relevant to ACO reporting, but is necessary for the report to execute. Visits are instead used for dashboard reporting.

For dashboard reports. The dashboard looks at patients seen within the measurement period (a month, a quarter, or a year) and in the flu season[6] even if these do not overlap Therefore, the measurement period would be the normal month, quarter, or year (the same as when you run the other clinical reports for your dashboard). The flu season would be the current flu season (if the measurement period end date is in the months October to March) or the last flu season (if the measurement period end date is from April to September). For example, if your measurement period is November 1 to November 30, 2018, the flu season would be October 1, 2018 to March 31, 2019. When the measurement period is not in the flu season, you would look at the last flu season. In another example, if your measurement period is April 1 to April 30, 2018, the flu season would be October 1, 2017 to March 31, 2018.

Unique Column Definitions: The flu season start and end dates that the user choses in the parameters are shown in the columns FluSeason_Start_Date and FluSeason_End_Date. The last date the patient was seen by a primary care medical provider is shown in the column Last_Visit_Date_FluSeason. If the patient received an influenza immunization that flu season (going back to August 1 the same year as the flu season start date), the date is shown in the column Last_InfluVacc_Date_FluSeason. The status (had an immunization or did not have an immunization) is shown in the column Influenza_Immuniz_Status.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeStartReporting	Age at the start of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned

[6] This is like saying, for example, “Of patients seen at the health center last month, what percentage are currently up-to-date on their influenza immunization?” If the measurement period end date is within the date range of a flu season, the report should be looking to see if the patient was vaccinated in that current season. After all, the patient was seen in that flu season. If the measurement period end date is not within the flu season, the report should be looking at the last flu season.

Column name	Column description
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	The number of primary care medical visits in the measurement period
Number_Visits_FluSeason	The number of primary care medical visits in the flu season
Last_Visit_Date_FluSeason	The last visit date (any kind of visit) between the dates the user enters in the parameters for the flu season
Last_InfluVacc_Date_FluSeason	The last influenza vaccination date between the dates the user enters in the parameters for the flu season
Influenza_Immuniz_Status	Will display “Had influenza immunization during specified flu season” if an influenza vaccine was given between the dates the user enters in the parameters for the flu season
FluSeason_Start_Date	The date the user entered in the parameters for the start of the flu season
FluSeason_End_Date	The date the user entered in the parameters for the end of the flu season
Eggs_ProbList	Will display "Egg ICD" if a diagnosis code for an egg allergy was found on the Problem List
Egg_Allergy_Text	Will display "Egg text" if any key words for an egg allergy were found in the Allergies and Intolerance section of eCW
Exclusion_EggAllergy	Will display "Exclude" if the patient if any of the exclusion criteria are met
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The summary of patients in the denominator is shown on the output worksheet InfluenzImmun_Summary. This summary is also broken down by rendering provider (output InfluenzImmun_Rendering) and rendering team (output InfluenzImmun_Team).

Suggested Uses of Filters:
ACO report: If matching a denominator list, no filters are needed (the report is automatically filtered for patients seen in the flu season).

Dashboard or other measure estimate: Filter patients seen in the measurement period (PrimCareVisitsPeriod > 0) and no exclusions (column Exclusion_EggAllergy not equal to “Exclude”). The report is automatically filtered for patients seen in the flu season.

Validation: Run the report with the measurement period date range the same as the flu season date range. Then sort the list for patients with many visits in the flu season (sort the column PrimCareVisitsPeriod descending) but no influenza vaccine (Influenza_Immuniz_Status = “Did not have

influenza immunization during specified flu season"). What happened to them? Why did they not get vaccinated?

Childhood Immunization Combo 3

Report name: QIP_Child_Immun_v1

Summary: Infants who were given a number of recommended vaccines before they turn two years of age.

For Use With: QIP report

Population definition: Patients who turn two years of age during the reporting period. Partnership also requires that denominator patients be capitated Medi-Cal members and continuously enrolled with a PCP organization (i.e., the health center) for at least nine months during the year-long reporting period. Enrollment cannot be calculated by the BridgeIt report, and so the actual denominator is supplied by Partnership Healthplan. Nonetheless, the BridgeIT report can be used to make an estimate of the measure using the appropriate filters.

Parameters: Measurement period start date and measurement period end date. The patient's second birthday must fall between these dates to be included in the initial population of the report. All vaccine dates and visit dates are taken from the period of time before the second birthday (not before the measurement period end date, like on other reports).

Unique Column Definitions: This report displays a summary of the information found in eCW for each of the seven vaccines. The requirements for each (and the method of data extraction) is detailed in the Technical Document (version 14, June 2018). Basically, each vaccine has a column (named with the vaccine abbreviation and the text "_number") that displays the number of vaccines administered in the defined time-frame and if that number met the minimum number required (column name with vaccine abbreviation and text ending in "_Final"). Some of the vaccines allow a historical illness in place of vaccination, and these columns (column name with vaccine abbreviation and text ending in "_Illness") will show if the diagnosis code came from the Problem List or an Assessment. The overall summary column is named Had_All_Vaccines, which will indicate if the patient had all required vaccines, had some of the vaccines, or had none of the vaccines.

Note that the MMR vaccine is a special case. This vaccine targets three illnesses (measles, mumps and rubella) frequently in combination, but vaccines for each illness can also be given separately. The column MMR_Number counts the number of combination vaccines (combination meaning all three components were covered). If vaccines for the individual components were given and these components area to add up to the equivalent of two MMR vaccines, the column MMR_2More_Combos will indicate "Yes" but these records should be audited to confirm the information. If there were individual components administered but they appear to not meet the definition for fully vaccinated for MMR. The column MMR_Partial will indicate that the record should be checked in eCW. The BridgeIT report does not make any complex calculations to integrate combination and individual MMR components and so this should be done by manual examination of the record in eCW.

Patients who have a contraindication or reaction to vaccines and otherwise do not meet all of the numerator criteria are considered for the exclusion. This is defined by diagnosis codes from the Problem List (column Excl_ProbList_Code), from an Assessment (column Excl_AssessEver_Code), or key words from the Allergies and Intolerance window of eCW (column Excl_AllergyIntoler_Text). If any evidence for an exclusion is found, the column Exclusion_Any_Final will display "Exclude."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
Second_Birthday	Date of second birthday
Days42_Birthday	Date 42 days after birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance

Column name	Column description
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisits_Before2Y	Number of primary care medical visits before the patient's second birthday
LastPrimCareVisit_Before2Y	Date of last primary care medical visit before the patient's second birthday
DTaP_Number	Number of diphtheria, tetanus and acellular pertussis (DTaP) vaccines administered between 42 days after birth to 2 years of age
DTaP_Final	Will display 'Yes' if the patient had 4 or more DTaP vaccines in the appropriate age period
IPV_Number	Number of polio (IPV) vaccines administered between 42 days after birth to 2 years of age
IPV_Final	Will display 'Yes' if the patient had 3 or more IPV vaccines in the appropriate age period
MMR_Number	Number of measles, mumps and rubella (MMR) vaccines administered up to 2 years of age
MMR_2More_Combos	Will display "Yes (double-check record)" if the patient had two or more separate vaccines for the components of the MMR vaccine (i.e., measles, mumps or rubella by themselves) and those components appear to add up to the necessary combination
MMR_Partial	Will display "Partial MMR (double-check record)" if the patient had any separate vaccines for the components of the MMR vaccine (i.e., measles, mumps or rubella by themselves) but those components appear to be less than the necessary combination
MMR_Illness	Will display the illness name (i.e., measles, mumps or rubella) and the location of the diagnosis code (i.e., found on Problem List or Assessment)
MMR_Final	Will display "Yes" if the patient had 2 or more MMR vaccines (or combinations) or the illness
HiB_Number	Number of haemophilus influenza type B (HiB) vaccines administered between 42 days after birth to 2 years of age
HiB_Final	Will display 'Yes' if the patient had 3 or more HiB vaccines in the appropriate age period
HepB_Number	Number of hepatitis B (Hep B) vaccines administered up to 2 years of age
HepB_Illness	Will display the illness name (i.e., Hepatitis B) and the location of the diagnosis code (i.e., found on Problem List or Assessment)
HepB_Final	Will display 'Yes' if the patient had 3 or more Hep B vaccines in the appropriate age period or the illness
VZV_Number	Number of chicken pox (VZV) vaccines administered Up to 2 years of age
VZV_Illness	Will display the illness name (i.e., Varicella Zoster) and the location of the diagnosis code (i.e., found on Problem List or Assessment)
VZV_Final	Will display 'Yes' if the patient had 1 or more VZV vaccines in the appropriate age period or the illness
PCV_Number	Number of pneumococcal conjugate (PCV) vaccines administered between 42 days after birth to 2 years of age
PCV_Final	Will display 'Yes' if the patient had 4 or more PCV vaccines in the appropriate age period
Had_All_Vaccines	Will display "Yes, include in numerator" if patient received all required vaccines (or had the illness, where defined)
Excl_ProbList_Code	Will display "Yes: diagnosis code for exclusion" if a diagnosis code for a contraindication or reaction to vaccines was found on the Problem List
Excl_AssessEver_Code	Will display "Yes: diagnosis code for exclusion" if a diagnosis code for a contraindication or reaction to vaccines was found on an Assessment
Excl_AllergyIntoler_Text	Will display "Yes: exclusion text" if any key words were found in the Allergies and Intolerance section of eCW

Column name	Column description
Exclusion_Any_Final	Will display "Exclude" if the patient did not have all required vaccines and if any of the exclusion criteria are met
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output “Child_Immuniz_Summ” summarizes the column Had_All_Vaccines of the report. This data is also displayed by Rendering Provider (“Child_Immuniz_Rendering”) and Rendering Team (“Child_Immuniz_Team”).

Suggested Uses of Filters:
Matching patients to a list supplied by Partnership: do not use any filters so that you can view as many potential patients as possible at one time.

QIP report approximate measure: Filter for 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”).

Validation: Examine active patients (column ActivePt = “Active”) with no exclusions (column Exclusion_Any_Final not equal to “Exclude”) who had no vaccines at all (column Had_All_Vaccines = “No, no vaccines entered”) but many visits (sort the column PrimCareVisits_Before2Y descending). Why did patients with many visits not get vaccinated at all?

As mentioned above, the MMR vaccine is more complicated because it is possible to immunize for all components together or individually. For active patients who may be close to meeting the numerator criteria (columns ActivePt = “Active,” column Exclusion_Any_Final not equal to “Exclude” and Had_All_Vaccines = “No, only partially vaccinated”), check those who did not meet the MMR criteria (column MMR_Final = “No”) but had some partial vaccines (column MMR_Partial = “Partial MMR (double-check record)"). To save time, it is best to focus on patients who are only missing the MMR but have all the rest of their vaccines (i.e., the other “_Final” columns for each vaccine display “Yes”). That way, any audited records can potentially contribute to the numerator of the measure.

Note that when using the data report to look at individual patients, the validation report QIP_ChildImm_Validation_v1 may be helpful because it displays detail on all of the individual vaccines given to a patient. See the instructions for this report in the Appendix below.

Immunizations for Adolescents

Report name: QIP_Adolesc_Immun_v1

Summary: Infants who were given a number of recommended vaccines before they turn two years of age.

For Use With: QIP report

Population definition: Patients who turn thirteen years of age during the reporting period. Partnership also requires that denominator patients be capitated Medi-Cal members and continuously enrolled with a PCP organization (i.e., the health center) for at least nine months during the year-long reporting period. Enrollment cannot be calculated by the BridgeIt report, and so the actual denominator is supplied by Partnership Healthplan. Nonetheless, the BridgeIT report can be used to make an estimate of the measure using the appropriate filters.

Parameters: Measurement period start date and measurement period end date. The patient's thirteenth birthday must fall between these dates to be included in the initial population of the report. All vaccine dates and visit dates are taken from the period of time before the thirteenth birthday (not before the measurement period end date, like on other reports).

Unique Column Definitions: This report displays information found in eCW for each of the three vaccines. The requirements for each (and the method of data extraction) is detailed in the Technical Document (version 14, June 2018). Basically, each vaccine has a column (named with the vaccine abbreviation and the text "_Number") that displays the number of vaccines administered in the defined time-frame and the last date in the time-frame (named with the vaccine abbreviation and the text "_LastDate"). The overall summary column is named Had_All_Vaccines, which will indicate if the patient had all required vaccines, had some of the vaccines, or had none of the vaccines.

The HPV is slightly more complex because, to meet the criteria, the patient needs at least two vaccines 146 days apart. Therefore, for this vaccine, there are additional columns for the first HPV date (column HPV_SecondDate) and the final status of the vaccine (column HPV_Final will indicate if two or more vaccines were 146 days apart, less than 146 days apart, or if there were fewer than 2 HPV vaccines

administered). Only one vaccine for MCV and Tdap is required, so these vaccines do not have a "_Final" evaluation column.

Patients who have a contraindication or reaction to vaccines and otherwise do not meet all of the numerator criteria are considered for the exclusion. This is defined by diagnosis codes from the Problem List (column Excl_ProbList_Code), from an Assessment (column Excl_AssessEver_Code), or key words from the Allergies and Intolerance window of eCW (column Excl_AllergyIntoler_Text). If any evidence for an exclusion is found, the column Exclusion_Any_Final will display "Exclude."

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
13th_Birthday	Date of thirteenth birthday
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisits_9yto13Y	Number of primary care medical visits between the patient's ninth and thirteenth birthdays
LastPrimCareVisit_9yto13Y	Date of last primary care medical visit between the patient's ninth and thirteenth birthdays
MCV_Number	Number of meningococcal conjugate vaccines between the patient's 11th and 13th birthday
MCV_LastDate	Last date of meningococcal conjugate vaccine between the patient's 11th and 13th birthday
Tdap_Number	Number of tetanus, diphtheria toxoids and acellular pertussis vaccines between the patient's 10th and 13th birthday
Tdap_LastDate	Last date of tetanus, diphtheria toxoids and acellular pertussis vaccine between the patient's 10th and 13th birthday
HPV_Number	Number of human papillomavirus vaccines between the patient's 9th and 13th birthday

Column name	Column description
HPV_LastDate	Last date of human papillomavirus vaccine between the patient's 9th and 13th birthday
HPV_SecondDate	First date of human papillomavirus vaccine between the patient's 9th and 13th birthday
HPV_Final	Will display "Yes (had 2 or more, with more than 146 days between)" if the patient had two or more HPV vaccines between the patient's 9th and 13th birthday and these vaccines were at least 146 days apart
Had_All_Vaccines	Will display "Yes, include in numerator" if patient received all required vaccines
Excl_ProbList_Code	Will display "Yes: diagnosis code for exclusion" if a diagnosis code for a contraindication or reaction to vaccines was found on the Problem List
Excl_AssessEver_Code	Will display "Yes: diagnosis code for exclusion" if a diagnosis code for a contraindication or reaction to vaccines was found on an Assessment
Excl_AllergyIntoler_Text	Will display "Yes: exclusion text" if any key words were found in the Allergies and Intolerance section of eCW
Exclusion_Any_Final	Will display "Exclude" if the patient did not have all required vaccines and if any of the exclusion criteria are met
ActivePt	Will display "Active" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The output “Adolesc_Immuniz_Summ” summarizes the column Had_All_Vaccines of the report. This data is also displayed by Rendering Provider (“Adolesc_Immuniz_Rendering”) and Rendering Team (“Adolesc_Immuniz_Team”).

Suggested Uses of Filters:
Matching patients to a list supplied by Partnership: do not use any filters so that you can view as many potential patients as possible at one time.

QIP report approximate measure: Filter for 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 with no exclusions (column Exclusion_Any_Final not equal to “Exclude”). Note that for the Partnership list match, patients are defined by enrollment and not by visits. For the approximate measure, visits in the measurement period cannot be used to define the denominator because it would not include many active patients who should have been immunized but simply did not come in for a visit.

Validation: Examine active patients (column ActivePt = “Active”) with no exclusions (column Exclusion_Any_Final not equal to “Exclude”) who had no vaccines at all (column Had_All_Vaccines = “No, no vaccines entered”) but many visits (sort the column PrimCareVisits_9yto13Y descending). Why did patients with many visits not get vaccinated at all?

Dental Sealants

Report name: Dental_Sealants_v1

Summary: This version of the BridgeIt report does not display the correct denominator or numerator for the measure. It therefore is not suggested for use on monthly dashboards. To report on the UDS, health centers will need to perform an audit using dental charts to obtain the correct denominator and numerator. However, the report can provide appropriate patient candidates that can be randomized for the audit.

For Use With: UDS report

Population definition: The initial population displayed by the report is composed of patients between the ages of 6 and 9 years at the end of the measurement period and with at least one encounter with a dental provider in the measurement period. A more precise denominator is obtained through a dental chart audit. This is described in the section "Suggested Uses of Filters" below.

Parameters: Measurement period start date and measurement period end date. These define the measurement period, or the period of time from which patient visits are drawn. CDT codes are drawn from claims in the period of one year prior to the end of the measurement period. Patient age is determined at the end of the measurement period.

Unique Column Definitions: There are columns to help guide the denominator determination and the numerator determination, but neither the denominator nor the numerator can be determined solely with the report.

Two columns help with the denominator determination: Had_OralEval and Risk_Carries. Each will indicate if there was at least one appropriate CDT code on a claim in the year prior to the end of the measurement period. See the Technical Documentation for the BridgeIt Annual Clinical Report Set (version 14, June 2018) for a listing of these codes. Dental patients must have had an oral assessment, comprehensive evaluation or periodic oral evaluation and a caries risk assessment of moderate or high risk in the past year. However, the report will not display if the patient does not have all non-sealable first permanent molars (this is needed to exclude patients from the denominator). This must be determined from the dental record.

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Two columns help with the numerator determination: Had_Dental_Sealant and Last_Dental_Sealant. These columns only suggest that the patient may have had a sealant on a permanent first molar tooth, but cannot be used as the definitive numerator. This must be determined from the dental record. However, the report will confirm if a general sealant CDT code appeared on a claim in the year prior to the end of the measurement period. The last date of the sealant code can be used to check a specific date in the dental record.

Datasheet output columns: the columns below are shown on the datasheet.

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
Dental_Visits_MP	Number of encounters in the measurement period with a dental provider
Had_OralEval	Will display “Yes” if there was an oral assessment, comprehensive evaluation or periodic oral evaluation CDT code on a claim in the year prior to the end of the measurement period
Risk_Carries	Will display “Moderate to high risk” if there was a CDT code for a caries risk assessment of moderate or high risk on a claim in the year prior to the end of the measurement period
Had_Dental_Sealant	Will display “Had sealant on any tooth ” if there was a CDT code for dental sealants (in general) on a claim in the year prior to the end of the measurement period
Last_Dental_Sealant	Last date there was a there was a CDT code for dental sealants (in general) on a claim in the year prior to the end of the measurement period
Random_Number	Displays a random number between 1 and 1000 each time the report is run
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

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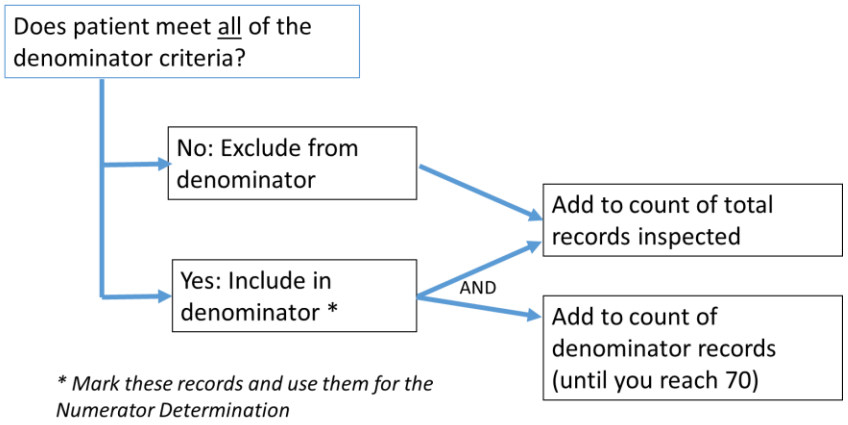
Excel output: Since the report does not display the correct denominator or numerator, there is no output. The total number of patients is displayed at the bottom of the window in the form of "Record: Y of X" where X is the number of records currently displayed (including displayed when filtered).

Suggested Uses of Filters:
Although the BridgeIt report cannot be used to determine the denominator and numerator with confidence like the other reports in the set, it can be used to direct the chart audit. There is additional information on chart audits in Appendix C of the UDS Instruction Manual. The method below follows the section in Appendix C titled "Identifying Dental Sealants Universe Where Codes and Caries Risk Level Are Unavailable" (page 181 of the 2018 UDS Instruction Manual).

1. Sort the column Random_Number in ascending order to move the records into random order.
2. Begin the audit with the patient records at the top, moving through them downwards in order. When inspecting records, you must keep a count of two things: the number of records inspected and the number of records included in the denominator. Stop inspecting records when you reach 70 records included in the denominator.
3. Inspection is done using dental records. To qualify for the denominator, the patient must meet all three of the following conditions:
    a. The patient had at least one oral assessment, comprehensive evaluation or periodic oral evaluation in the measurement year. Information can come from BridgeIt (column Had_OralEval = "Yes") or the dental record.
    b. The patient had a caries risk assessment of moderate or high risk. Information can come from BridgeIt (column Risk_Carries = "Moderate to high risk") or the dental record.
    c. The patient does not have all non-sealable first permanent molars (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing). Information comes the dental record.
4. If completing the UDS report, Table 6B, Line 22, column (a) is calculated by first dividing 70 by the number of records you had to review to find the 70. This ratio is multiplied by the total number of patients between the ages of 6 and 9 years who have at least one encounter with a dental provider in the measurement period (this is the initial population displayed by the BridgeIt report). Column (b) is 70.
5. The last step is inspecting the sample of 70 charts to see if they should be included in the numerator[7]. Patients in the numerator must have a sealant on a permanent first molar tooth in

[7] To save time, this can actually be done simultaneously with the denominator determination

the measurement year. This information comes from the dental record, but two columns on the BridgeIt report, Had_Dental_Sealant and Last_Dental_Sealant, can hint at where to look.



Annual Monitoring for Patients on Persistent Medications

Report name: QIP_PersistentMeds_v2

Summary: This report focuses on patients 18 years and older who have been on select persistent medications for more than 180 days in the past year and measures the percentage of them who had specific monitoring tests in the past year.

For Use With: QIP report

Population definition: The denominator of this measure takes patients who have used persistent medications (ACE inhibitors, ARBs or diuretics) for 180 days or more within the year prior to the end of the measurement period. The numerator is composed of patients who had a metabolic panel in the past year or serum creatinine AND serum potassium in the past year.

Parameters: Measurement period start date and measurement period end date. These define the period of time from which patient visits are drawn. Patient age is calculated relative to the Measurement period end date. All date calculations are drawn from before the end of the measurement period.

Unique Column Definitions: This report contains several columns that display all the components of this measure. See the Technical Document (version 14, June 2018) for a detailed description of the calculations used.

There are two sets of similar medication columns. ACE and ARB medications are placed in one group and diuretics in the other. To be included in the denominator, the patient had to be using medication(s) in either group for at least 180 days in the past year. Each set of nine columns have the descriptor "ACE-ARB" or "Diuret" in the name referring to the group of medications. In the description of the columns below, an "RX" denotes the descriptor for either group.

To determine the number of days the patient has been on a medication belonging to either group, the report takes the first date that there was an action on a medication in the year prior to the end of the measurement period (First_RX_Date_1Y) and the last date before the end of the measurement period (Last_RX_Date_MP). The number of days between these two dates is displayed in the column (DaysOn_RX_1Y). If the number of days on the medication is greater than 180 days, the column PastYear_180Days_PersMed will display the text "Include in denominator: 180 days or more on persistent meds in past year."

There are also some columns that can help you to examine patients who might be close to the 180 day limit or who might have been not continually using the medications during the measurement period. The column First_RX_Date shows the first date ever that the patient had an action on the medication in the group and can be used to see if the patient had a history of medication use before the year prior to the end of the measurement period. The column RX_DurationDays_1Y displays the total number of days of medication duration (entered into the Current Medications window) for the medication during the year prior to the end of the measurement period. This method is less accurate than comparing the first and last dates of medication action, but allows the user to optionally examine patients who have DaysOn_RX_1Y < 180 days but RX_DurationDays_1Y > 180 days for inclusion in the denominator.

There are also some columns that simply give additional information that may be useful in monitoring patients or for performance improvement activities. The report shows the number of actions on the medications in the group in the measurement period (column Number_Dates_RX_MedAction_MP) and the number of prescriptions in the measurement period (column Number_Dates_RX_Prescript_MP). It also shows the name of the last medication in the group with an action before the end of the measurement period (column Last_RX_MedName) and the last provider responsible for that medication

(column Last_RX_MedProvider). If there is more than one medication or more than one provider on that date, the report is able to show only a single one.

Columns for the numerator show the last date of a metabolic panel lab (column Last_LabPanel_Date), the last date of a serum creatinine lab (column Last_SerCreatin_Date) and the last date of a serum potassium lab (column Last_SerPotass_Date) entered properly into lab structured data before the end of the measurement period. The column Monitoring_Lab_Status will display “Had persistent meds monitoring lab in past year” if either of the numerator criteria are met: A) the patient had a metabolic panel lab within a year prior to the end of the measurement period; or, B) the patient had a serum creatinine lab and a serum potassium lab within a year prior to the end of the measurement period.

Two additional columns (columns Last_LabPanel_Billed and Last_CreatPotass_Billed) display the last date that a metabolic panel or a serum creatinine/serum potassium lab was billed using CPT codes defined by Partnership. Some health centers do not use these codes and these columns are not part of the numerator calculation. However, they may be used for validation purposes (see the section Suggested Uses of Filters below).

Datasheet output columns

Column name	Column description
DatasetName	Health center name
AccountNo	Account number
PatLastName	Patient last name
PatFirstName	Patient first name
DateOfBirth	Date of birth
AgeEndReporting	Age at the end of the measurement period
Ethnicity	Ethnicity
race	Race
PrimaryFacility	Primary facility to which the patient is assigned
RenderingProv	Primary provider (the 'rendering' provider) to which the patient is assigned
RenderingTeam	The team to which the rendering provider is assigned
insuranceName	Primary insurance name
InsClassName	Class of the primary insurance
subscriberNo	The outside account number (e.g., the CIN for Partnership Health Plan patients)
PrimCareVisitsPeriod	Primary care medical visits in the measurement period
LastPrimCareVisitPeriod	Date of last primary care medical visit in the measurement period

Column name	Column description
AnyVisitsPeriod	Number of visits of any kind in the measurement period
First_ACE-ARB_Date	The earliest date that there was an action on an ACE or ARB medication any time before the end of the measurement period
First_ACE-ARB_Date_1Y	The earliest date that there was an action on an ACE or ARB medication in the year prior to the end of the measurement period
Last_ACE-ARB_Date_MP	The last date that there was an action on an ACE or ARB medication before the end of the measurement period
Number_Dates_ACE-ARB_MedAction_MP	The number of actions on an ACE or ARB medication in the measurement period
Number_Dates_ACE-ARB_Prescript_MP	The number of prescriptions for an ACE or ARB medication in the measurement period
DaysOn_ACE-ARB_1Y	The number of days between the first and last date that there was an action on an ACE or ARB medication in the year prior to the end of the measurement period
ACE-ARB_DurationDays_1Y	The sum of the number of days of duration entered into the Current Medications window for ACE and ARB medications during the year prior to the end of the Measurement Period
Last_ACE-ARB_MedName	The name of the last ACE or ARB medication with an action before the end of the measurement period
Last_ACE-ARB_MedProvider	The provider responsible for the last ACE or ARB medication with an action before the end of the measurement period
First_Diuret_Date	The earliest date that there was an action on a diuretic medication any time before the end of the measurement period
First_Diuret_Date_1Y	The earliest date that there was an action on a diuretic medication in the year prior to the end of the measurement period
Last_Diuret_Date_MP	The last date that there was an action on a diuretic medication before end of the measurement period
Number_Dates_Diuret_MedAction_MP	The number of actions on a diuretic medication in the measurement period
Number_Dates_Diuret_Prescript_MP	The number of prescriptions for a diuretic medication in the measurement period
DaysOn_Diuret_Med_1Y	The number of days between the first and last date that there was an action on a diuretic medication in the year prior to the end of the measurement period
Diuret_DurationDays_1Y	The sum of the number of days of duration entered into the Current Medications window for diuretic medications during the year prior to the end of the Measurement Period
Last_Diuret_MedName	The name of the last diuretic medication with an action before the end of the measurement period
Last_Diuret_MedProvider	The provider responsible for the last diuretic medication with an action before the end of the measurement period
PastYear_180Days_PersMed	Will display the text "Include in denominator: 180 days or more on persistent meds in past year" if the patient was using persistent meds for more than 180 days, as determined by the first and last med dates in the year before the end of the measurement period
Ever_180Days_PersMed	Will display "180 days or more on persistent meds ever" if the patient had ever been on persistent medications for 180 days or more before the end of the measurement period
PastYear_Duration_180Days_PersMed	Will display the text “180 days or more of ACE/ARB or diuretic duration in past year" if the patient was using persistent meds for more than 180 days, as determined by the summation of the medication duration in the year before the end of the measurement period
Last_LabPanel_Date	The last date before the end of the measurement period that a metabolic panel was entered properly into lab structured data
Last_SerCreatin_Date	The last date before the end of the measurement period that a serum creatinine lab was entered properly into lab structured data
Last_SerPotass_Date	The last date before the end of the measurement period that a serum potassium lab was entered properly into lab structured data
Monitoring_Lab_Status	Will display "Had persistent meds monitoring lab in past year" if the patient had a metabolic panel in the past year or a serum creatinine lab and a serum potassium lab in the past year
Last_LabPanel_Billed	The last date that a metabolic panel lab was billed

Column name	Column description
Last_CreatPotass_Billed	The last date that a serum creatinine or serum potassium lab was billed
ActivePt	Will display "Yes" if the patient is active
LastAppt	Last appointment date (any kind) relative to the date the report was run
NextAppt	Next appointment date (any kind) relative to the date the report was run

Excel output: The measurement summary is shown on the output Monitor_PersMeds. There are also outputs that display the numerator by Rendering Provider (Monitor_PersMeds_Rendering) and Rendering Provider Team (Monitor_PersMeds_Team).

Suggested Uses of Filters:
QIP report approximate measure: The column InsClassName should be filtered for Partnership Managed Care patients and inclusion in the denominator (PastYear_180Days_PersMed = “Include in denominator: 180 days or more on persistent meds in past year”). If running the report for periods of time not equal to one year (for example, a month or a quarter), add a filter for primary care visits in the measurement period (PrimCareVisitsPeriod > 0).

Matching patients to a list supplied by Partnership: do not use any filters so that you can view as many potential patients as possible at one time.

Validation: Sort the data sheet 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 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 two columns that display the last date a lab panel or creatinine/potassium lab was billed before the end of the Measurement Period. 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_PersMedsLab_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 below for a description of this report (under the heading "Persistent Medications Lab Test Validation").

Appendix: Supplementary Validation Reports

The validation reports are not clinical reports themselves, but provide additional detail to check the data quality of the associated clinical reports. These reports should be run on a scheduled basis to check the completeness of data entry and to implement performance improvement activities based on the results. It is recommended that they be run and corrections to the data made in eCW (if necessary), before the final results are used for annual funder reports, dashboards, etc.

There are three basic types of validation reports available in BridgeIt. They are:

1. **Problem List Validation Reports**. These reports search for particular diagnosis (ICD-9 and ICD-10) codes on various parts of the health record and are intended to identify patients who perhaps are missing a diagnosis code on their Problem List. This is essential because several reports rely on the Problem List to identify denominator patients. *Without the code on the Problem List, they would otherwise be missed by the annual report.*
2. **Lab Test Validation Reports**. Lab test results must be entered into structured data according to the eCW/Meaningrul Use criteria (see page 8 of the Technical Document). These reports identify labs that perhaps were performed, but not properly entered. *These labs would otherwise be missed by the annual report.*
3. **Image Validation Reports**. Although image results do not have to conform to strict Meaningful Use Criteria, they still must meet minimum requirements to be considered by the BridgeIt annual reports as complete. These validation reports show records of images that were perhaps performed, but not properly entered. *These images would otherwise be missed by the annual report.*

Some Problem List validation reports also suggest patients who should be included or excluded from the data report denominator based on free text in their Medical History or Surgical History. The medical records of these patients should be examined to see if they fit the criteria of the specific measure.

Diabetes Problem List Validation

Report name: DM_Validation_v4

Associated annual report: Blood Sugar and Other Measures Among Patients With Diabetes

Description: Unlike the annual reports, this report does not have a measurement period start date or end date. It simply shows all patients who have any diabetes diagnosis code (an ICD-9 code like 250.*, 357.2, 362.0*, 366.41, or 648.0* or an ICD-10 code like E10.*, E11.*, E13.* or O24.* [but excluding O24.4* and O24.9*"] where "*" is any number) on the Problem List, on any assessment, or on any claim. If a diagnosis code appears in any of these places, a "Yes" appears in the applicable column. The name of the column contains which code set they are displaying (for example, DM_ICD9_Diag_ProbList for diabetes ICD-9 codes) and where they are getting the codes from ("_ProbList" for problem list, "_Assessm" for assessments and "_Claim" for claims). For each of these locations, there is also a column that displays if either an applicable ICD-9 or ICD-10 code was found in the location (for example, DM_Any_Diag_Claim will display "Yes" if an ICD-9 or an ICD-10 code was found on any claim).

There are also columns that can be used to filter and view only active patients (where the column ActivePt = "Active"), patients of particular Rendering Providers (column RenderingProv) or seen last in a particular time frame (column Last_PrimCareAppt). These have similar definitions as the columns on the clinical reports.

Suggested Uses:

1. The report can be used to identify patients possibly missing a diabetes diagnosis code on their Problem List. Filter for active patients (the column ActivePt = "Active") and at least one visit (PrimCare_visits_ever > 0). Then filter for patients without a diabetes code on their Problem List (DM_Any_Diag_ProbList = blank (do not place filters on the columns DM_Any_Diag_Assessm or DM_Any_Diag_Claim). The remaining patients do not have a diabetes code on their problem list, but have had one on an assessment, on a claim, or both. Therefore, check the patient records to see if they are candidates for a clinical diagnosis of diabetes, and thus should legitimately have an appropriate diagnosis code added to their Problem List. Note that the patient list can be sorted by rendering provider or further filtered by last medical visit date. Users should follow clinic procedures for determining if a patient should have an appropriate diagnosis code added to the Problem List.
2. The report can be used to identify patients with a diabetes diagnosis code on their problem list that is possibly an error. Filter for active patients (the column ActivePt = "Active") and at least

one visit (PrimCare_visits_ever > 0). Then filter for patients who have never been assessed or billed using a diabetic code (DM_Any_Diag_Assessm = blank and DM_Any_Diag_Claim = blank). Do not place a filter on the column DM_Any_Diag_ProbList. This filtering array should leave patients with a diabetic code on their Problem List but without a diabetic code on any assessment or claim. Confirm that these patients actually have diabetes using evidence in the patient record. Users should follow clinic procedures for determining if a patient should have a mistaken diagnosis code removed from the Problem List.

3. The report can be used to identify patients with only ICD-9 diabetes codes on the problem list, and not any ICD-10 codes. This is useful if your health center is attempting to convert the ICD-9 codes to ICD-10 codes for all patients with diabetes. Filter the column DM_ICD9_Diag_ProbList = "Yes" and leave the column DM_ICD10_Diag_ProbList blank. You can also filter for active patients (the column ActivePt = "Active"), patients with at least one visit (PrimCare_visits_ever > 0), and seen last in a time period you choose (Last_PrimCareAppt).

Hypertension Problem List Validation

Report name: HTN_Validation_v3

Associated annual report: Blood Pressure Control Among Patients With Hypertension

Description: Unlike the annual reports, this report does not have a measurement period start date or end date. It simply shows all patients who have any hypertension diagnosis code (an ICD-9 code 401.0, 401.1, 401.9 or the ICD-10 code I10) on the Problem List, on any assessment, or on any claim. Patients with any of the old general hypertension codes[8] on the Problem List but no essential hypertension code are also displayed.

If a diagnosis code for essential hypertension appears on the Problem List, the text "Yes" will be displayed in the column EssHTN_Any_Diag_ProbList. Furthermore, the columns EssHTN_ICD9_Diag_ProbList and EssHTN_ICD10_Diag_ProbList distinguish ICD-9 and ICD-10 diagnosis codes appearing on the Problem List. The next columns display "Yes" if any ICD-9 or ICD-10 essential

[8] The general hypertension codes, or in other words, the non-essential hypertension codes, are: [ICD-9] like 401* (but not 401.0, 401.1, or 401.9), 402*, 403*, 404*, 405*; [ICD-10] like I10* (but not I10 itself), I11*, I12*, I13*, I14*, or I15*" where * is any number or no number.

hypertension diagnosis code has ever appeared on an Assessment (EssHTN_Diag_Assessm) or claim (EssHTN_Diag_Claim).

Since only essential hypertension codes are now acceptable to identify patients with "hypertension," the validation report can be used to filter for patients with any of the old general hypertension codes on the Problem List but no essential hypertension codes. The column NonEssential_HTN_ProbList will display "Yes" if this is true and the column NonEssential_HTN_Code will display the code it picks up (it only displays a maximum of one code).

There are also columns that can be used to filter and view only active patients (where the column ActivePt = "Active"), patients of particular Rendering Providers (column RenderingProv) or seen last in a particular time frame (column Last_PrimCareAppt). These have similar definitions as the columns on the clinical reports.

Suggested Uses: For all suggested uses, filter for patients who are active (column ActivePt = "Active") and seen by a primary care provider within a period of time that is reasonable to you (a filter for a date range, such as the last year or the last 18 months, can be applied to the column Last_PrimCareAppt). Then add the following filters, depending on the task:

1. Identify patients without an essential hypertension diagnosis code on their Problem List (filter column EssHTN_Any_Diag_ProbList = "No"), but with an essential hypertension code on an assessment (filter column EssHTN_Diag_Assessm = "Yes") or claim in the past (filter column EssHTN_Diag_Claim = "Yes"). Check the patient record of these patients to see if they are candidates for a clinical diagnosis of essential hypertension, and therefore an appropriate diagnosis code on their Problem List. Note that the patient list can be sorted by rendering provider or further filtered by number of visits (if that helps to prioritize frequently seen patients). Users should follow clinic procedures for determining if a patient should have an appropriate diagnosis code added to the Problem List.
2. The report can be used to identify patients with only ICD-9 essential hypertension codes on the problem list, and not any essential hypertension ICD-10 codes. This is useful if your health center is attempting to convert the ICD-9 codes to ICD-10 codes for all patients with essential hypertension. Filter the column EssHTN_ICD9_Diag_ProbList = "Yes" and filter the column EssHTN_ICD10_Diag_ProbList = <blank>.
3. The report can be used to identify patients with a hypertension diagnosis code on their problem list that is possibly an error. Filter for patients with a diagnosis code on their Problem List (column EssHTN_Any_Diag_ProbList = "Yes") but who have never been assessed or billed using a

hypertension code (columns EssHTN_Diag_Assessm = <blank> and EssHTN_Diag_Claim = <blank>). Confirm that these patients actually have essential hypertension using evidence in the patient record. Users should follow clinic procedures for determining if a patient should have a mistaken diagnosis code removed from the Problem List.

4. Patients may legitimately have a general hypertension code on their Problem List and not have essential hypertension. However, it may be a good idea to occasionally check this list to see if an essential hypertension code is clinically appropriate (especially if they have already had an essential hypertension code placed on an assessment or claim). To obtain this kind of list, filter the column NonEssential_HTN_ProbList – "Yes." The general hypertension code that the validation report is picking up is displayed in the column NonEssential_HTN_Code (only a maximum of one code is shown).

Asthma Problem List Validation

Report name: Asthma_Validation_v4

Associated annual report: Asthma Pharmacologic Therapy

Description: This report displays all patients who may have persistent asthma. This can appear as a diagnosis code (ICD-10 like J45.3*, J45.4*, and J45.5* or ICD-9 like 493.* with an accompanying code description containing the word "persistent") on the Problem List, an assessment or claim (claim is ICD-10 only). The report will display "Yes" if the codes appear on the current Problem List (columns ProbList_ICD10_AsthmaPers and ProbList_ICD9_AsthmaPers), any assessments (columns Assess_ICD10_AsthmaPers and Assess_ICD9_AsthmaPers) or any claims (column Claim_ICD10_AsthmaPers).

Additionally, a patient can be identified as having persistent asthma using the Asthma Severity Classification question in HPI. The last HPI Asthma Severity Classification date (Last_HPI_Severity) and text (Last_HPI_Classif) are also displayed. If the last classification contains the word "persistent," then "Yes" will appear in the column Last_HPI_Pers.

The measure denominator for the asthma data report is restricted to patients with a persistent asthma ICD-10 code on the Problem List. Therefore, the main function of the asthma validation report is to display patients without the ICD-10 code on the Problem List, but with an indication elsewhere in the

record (assessments, claims, HPI or an old ICD-9 on the Problem List) that the patient may have persistent asthma. An independent clinical provider should review the medical record to determine if a persistent asthma ICD-10 diagnosis code should be placed on the Problem List.

To help further narrow patients for updating records or performance improvement activities, the report contains columns for the last primary care visit date (column Last_PrimCareAppt), the last resource provider seen (Last_ResourceProv), the number of primary care visits in the past (PrimCare_visits_ever), as well as the patient's rendering provider (RenderingProv) and active status (ActivePt).

Furthermore, if the patient was using any appropriate asthma medications (i.e., one associated with the Rx Group "Asthma Meds" – see the Technical Document[9]), the column AsthmaMedWithin1Y will display "Yes." The report runs with a measurement period end date parameter that is tied to the asthma medications. This is normally set for the same date that the report is run in order to get "current" patient information.

Suggested Uses: Use this report to identify patients who are missing a persistent asthma ICD-10 diagnosis code on their problem list.

To use the report, first filter for active patients (column ActivePt = "Active") with at least one visit ever (column PrimCare_visits_ever > 0) and, optionally, with a visit in any particular date range the user wants (using column Last_PrimCareAppt). Second, filter for patients without a persistent asthma ICD-10 code on the Problem List (ProbList_ICD10_AsthmaPers = <blank>). Then, identify potential candidates for the addition of a persistent asthma ICD-10 code on the Problem List with the following filters (add one-at-a-time according to your preference, or combinations using the BridgeIT Advanced Filter):

1. Filter the list for patients with a general ICD-9 code and a description indicating that the patient has persistent asthma on the Problem List (column ProbList_ICD9_AsthmaPers = "Yes").
2. Filter for patients with an ICD-9/persistent description (column Assess_ICD9_AsthmaPers) or a persistent asthma ICD-10 code (column Assess_ICD10_AsthmaPers) on any assessment.
3. Filter for patients with a persistent asthma ICD-10 code on any claim (column Claim_ICD10_AsthmaPers)
4. Filter for patients who have been identified as having persistent asthma on the last the Asthma Severity Classification in HPI (column Last_HPI_Pers = "Yes").

[9] These medications are identified in the same manner as on the asthma clinical report

Note that these groups of patients are only potential candidates for a persistent asthma ICD-10 code on the Problem List. The decision to place such a code on a patient's Problem List must be made by a qualified provider after review of the patient record and in accordance with clinic policy.

CAD Problem List Validation

Report name: CAD_Validation_v5

Associated annual report: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol

Description: This report shows all patients who have any coronary artery disease diagnosis code on the Problem List or on any assessment or claim in the past, or had certain cardiac surgeries. All codes and key words are detailed in the Technical Manual, version 14.

The report contains columns that can be used to filter and view only active patients (where the column ActivePt = "Active"), patients of particular Rendering Providers (column RenderingProv) or seen last in a particular time frame entered by the user (column Last_PrimCareAppt). These have similar definitions as the columns on the clinical reports.

Columns that end in the suffix "_Denom" display data that meet the denominator criteria for the CAD data report. Other columns provide additional information for validation. Ideally, all patients who can be clinically diagnosed with CAD should have a CAD code on the Problem List.

Suggested Uses: The report can be used in three ways. The first set of filters for all three narrow the initial population on the data sheet to those patients more likely to be in the measure denominator or more likely to be seen at the health center in the future. For all uses, filter for active patients (the column ActivePt = "Active") and either seen ever ((PrimCare_visits_ever > 0) or seen within a period of time that is reasonable to you (column LastVisit_MP shows the last visit with a claim before the end of the measurement period, so you can use a date range, such as the last year or the last 18 months).

The first use is to identify patients who do not have a CAD diagnosis on the Problem List, but have had a CAD code appear on any assessment or claim in the past. Whether or not the patient is in the denominator of the data report, these patients should be considered for a CAD diagnosis code on the Problem List. Set the filters for patients without a Problem List diagnosis code (CAD_Any_Diag_ProbList_Denom not equal to "Yes") but with a code on an assessment

(CAD_Any_Diag_Assessm = “Yes") or claim (CAD_Any_Diag_Claim = Yes"). The filters for assessment or claims can be added one at a time on the data sheet or together (using the Advanced Filter).

The second use is to identify patients with an old CAD ICD-9 code on the Problem List but no new CAD ICD-10 on the Problem List. Some health centers intend to convert all ICD-9 codes to ICD-10 codes for current patients. Filter for patients without an ICD-10 code (CAD_ICD10_Diag_ProbList not equal to “Yes") but with an ICD-9 code on the Problem List (CAD_ICD9_Diag_ProbList = “Yes").

The third use is to identify patients who have had certain cardiac surgeries in the past but do not have a CAD diagnosis on the Problem List. Although these patients quality for the denominator of the measure, if they can legitimately be diagnosed with CAD, they should have a CAD code on the Problem List (note: a clinical diagnosis needs to be done by a qualified provider according to health center guidelines). Filter for patients who had a key word for a cardiac surgery in their history (Cardiac_Surgery_Any_Denom = “Yes") but no CAD code on their Problem List (CAD_Any_Diag_ProbList_Denom not equal to "Yes").

IVD Problem List Validation

Report name: IVD_CarVasSurg_Validation_v5

Associated annual report: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Description: In general, it is recommended that all patients who should legitimately have an IVD diagnosis, get that diagnosis placed on their Problem List. This is a clinical decision that should be made by a provider according to guidelines approved by the health center. The IVD validation report can be used to display candidates that may be considered for this diagnosis.

This report displays patients who meet the denominator criteria, or possibly may meet the denominator criteria, for the IVD measure. See the Technical Document (version 14) for details on the standard ways that these patients are identified using particular fields and time-frames in eCW[10]. Some columns on the validation report have a suffix in the name like “_Denom” and indicate with text in the row that the patient meets the denominator criteria. Other columns have a suffix in the name like “_Fix” and indicate

[10] The text in this section references diagnosis codes and key words that the IVD data report and validation report picks up. The Technical Document details what these are.

with text that some minimal evidence exists that the patient may meet certain criteria, but that the record may need to be updated or fixed in order to be included in the data report denominator. In some cases it might be because of missing dates or data not appearing in the standard location. Again, a provider or authorized staff member would need to enter dates or diagnosis codes, where appropriate.

This report is quite complex and casts a wide net to identify patients who may be currently 'overlooked' for clinical intervention because they do not have an IVD diagnosis on their Problem List. Two columns to the far-right side of the Data Sheet attempt to direct you to the specific field that may need to be further investigated and 'fixed.' The column Patient_Valid_Status will show if the patient is in the data report denominator or not. If the patient is not in the denominator but may have some evidence in the record to consider, the column Recommended_Action will direct you to the place in eCW to look.

Suggested Uses: The report can be used in two ways. First, follow the steps 1 through 2f below to show all patients without an IVD diagnosis on the Problem List, but possibly should have one placed on it.

1. Run the report with a Measurement Period end date equal to today. Filter for patients who are not in the IVD denominator (column Patient_Valid_Status= "Not in denominator"), who are active (column ActivePt = "Active") and seen within a period of time that is reasonable to you (column LastVisit_MP shows the last visit with a claim before the end of the measurement period, so you can use a date range, such as the last year or the last 18 months).
2. Note that none of these patients have an IVD diagnosis on the Problem List (column PL_IVD_Any_Denom displays "No"). The column Recommended_Action displays what you should consider in the medical record when making the decision to add an IVD diagnosis to the Problem List. Note that this column only can show one reason, but they may be potentially more than one reason (therefore, scan the other columns on the report for more 'fix' text). In the order that the report considers, here are the potential reasons:
    a. Recommended_Action = "IVD on assessment or claim, possible add IVD to PL." This means that there was at least one IVD diagnosis code on an assessment (column Assessm_AnyDiag_IVD = "Yes) or claim (column Claim_AnyDiag_IVD = "Yes) in the past.
    b. Recommended_Action = "MI code on PL without Onset Date, possible add IVD to PL." This means that a code for a myocardial infarction appeared on the Problem List but did not have an Onset Date (column PL_MI_ICD10_Fix = "MI with no date: fix"). Although the Onset Date may be added to the code on the Problem List (if that information is available), an IVD code should be primarily considered. Note that some patients may have an old (i.e., over 2 years ago) Onset Date but still could be considered for the IVD diagnosis.

c. Recommended_Action = “MI only on assessment, possible add MI and/or IVD to PL.” In this case, a myocardial infarction diagnosis code appeared on an assessment some time in the past (column Assessm_MI = “Yes”), but does not appear on the Problem List. Although an IVD diagnosis code should be considered first for the Problem List, an MI diagnosis code with Onset Date can be added to the Problem List.
d. Recommended_Action = “MI in Surgical or Medical History, possible add MI and/or IVD to PL.” This means that a myocardial infarction was entered into Surgical History (column SH_MI_Fix = “Yes”) or Medical History (column MH_MI_Fix = “Yes”). Although an IVD diagnosis code should be considered first for the Problem List, an MI diagnosis code with Onset Date can be added to the Problem List.
e. Recommended_Action = “Surgery in Surgical History with no date, possible add IVD to PL.” Key words identifying certain surgical procedures in Surgical History are accepted by the report, but they must be associated with a date to be considered for the data report denominator. This recommended action is saying that a key word was found, but was not associated with a date, or the date was not in a format recognized by the report (column SH_Surgery_Fix = “Surgery with no date: fix”). Although an IVD diagnosis code should be considered first for the Problem List, a date can be added to Surgical History for the existing surgery.
f. Recommended_Action = “Surgery in Medical History, possible add IVD to PL.” In this case, a key word identifying a certain surgical procedure was found in Medical History (column MH_Surgery_Fix = “Surgery with no date: fix"). This is not the standard location and items in Medical History can never be associated with a date in a structured field. Although an IVD diagnosis code should be considered first for the Problem List, proper surgery text and date can be added to Surgical History.
g. Recommended_Action = “Check record for possible IVD code on PL.” This is a default value that means that, in some rare cases, the logic of the complex programming has resulted in no recommendation. Therefore, look at the other columns of the validation report manually to see why the patient was not in the denominator but assumed to have something to investigate. For example, the patient might have had a surgery or MI over two years ago. By definition, this patient would not be included in the denominator of the data report, but it may still be a candidate for an IVD diagnosis on the Problem List of other clinical criteria are met (this is a decision made by a provider).

The second way to use the report is to identify patients with only ICD-9 IVD codes on the problem list, and not any corresponding ICD-10 codes. This is useful if your health center is attempting to convert the ICD-9 codes to ICD-10 codes for all patients with IVD. To display these patients,

1. Run the report with a Measurement Period end date equal to today. Filter for patients who are not in the IVD denominator (column Patient_Valid_Status= “Not in denominator”), who are active (column ActivePt = “Active”) and seen within a period of time that is reasonable to you (column LastVisit_MP shows the last visit with a claim before the end of the measurement period, so you can use a date range, such as the last year or the last 18 months).
2. Filter the column PL_IVD_ICD9_Denom= “Yes” and set the column PL_IVD_ICD10_Denom to <blank>.

CVD Diagnosis Validation

Report name: CVD_Validation_v1

Associated annual report: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Description: The data report displays three populations of patients that should be included in the denominator based on age, diagnosis and LDL lab values. The validation report displays additional patients who meet some criteria but not others (i.e., may be outside of the age range or have diabetes only) or who have had a key diagnosis code on an assessment or claim but not one on the Problem List.

Suggested Uses: Patients on the validation report who are not in the denominator of the data report may be considered for further actions. These actions should be performed by a provider based on clinical guidelines.

Run the report with a Measurement Period end date equal to today. Filter for patients who are not in the data report denominator (column Denominator_Pop = “Not in denominator”), who are active (column ActivePt = “Active”) and seen within a period of time that is reasonable to you (column LastVisit_MP shows the last visit with a claim before the end of the measurement period, so you can use a date range, such as the last year or the last 18 months). Then add the following filters, depending on the task:

1. Patients without an ASCVD diagnosis on the Problem List (ASCVD_Diag_ProbList = “No”) and 21 years of age and older (Age_Group not equal to “Under 21 years (not in denominator)”). If these patients have had an ASCVD code on an assessment (ASCVD_Diag_Assessm) or claim

(ASCVD_Diag_Claim) in the past, they should be considered for an ASCVD code on their Problem List.

2. Patients without a hypercholesterolemia diagnosis on the Problem List (Hyperchol_Diag_ProbList = "No") and 21 years of age and older (Age_Group not equal to "Under 21 years (not in denominator)"). If these patients have had a hypercholesterolemia code on an assessment (Hyperchol_Diag_Assessm) or claim (Hyperchol_Diag_Claim) in the past, they should be considered for a hypercholesterolemia code on their Problem List.
3. Patients between 40 and 75 years of age (Age_Group = "Between 40 and 75 years") with diabetes (DM_Diag_ProbList = "Yes"). These patients would be included in the denominator if they had an LDL over 70 mg/dL. Therefore, look for patients who never had an LDL test (LastLDL_date is blank) or did not have one in the past 3 years (LastLDL_date is within three years of measurement period end date). Alternately, if your health center has a clinical guideline on the frequency of LDL labs for patients with diabetes, use that date range in the column LastLDL_date. These patients could be recalled for an LDL test.

Although patients with diabetes appear in one of the populations of the denominator, validation of patients with diabetes is done on the diabetes validation report.

Depression Diagnosis Validation

Report name: Depress_Diag_Validation_v3

Associated annual report: Depression Screening and Follow-up

Description: The depression screening data report excludes patients who were diagnosed with depression before the start of the measurement period [11]. Therefore, it is important that patients have a diagnosis code for depression added to their problem list and that the Date of Onset associated with that diagnosis is accurate.

[11] See the Technical Document for details on the diagnosis codes used. The data report looks for a specific list of ICD-9 and ICD-10 codes.

Suggested Uses: There are two main objectives to using this validation report. The first objective is to identify patients who appear to have a depression diagnosis because they had a corresponding ICD-9 or ICD-10 code on an assessment or claim, but do not have such a diagnosis code on their problem list. After running the validation report, first filter for active patients (ActivePt = "ActivePt") aged 12 years and older (AgeToday >=12) who have had at least one visit to the health center (PrimCare_visits_ever > 0). Then add the following filters:

1. Filter for patients without a depression diagnosis code on their Problem List (Depr_Any_Diag_ProbList= blank) but do not place filters on the columns Depr_Any_Diag_Assessm or Depr_Any_Diag_Claim. The remaining patients do not have a depression code on their problem list, but have had one on an assessment, on a claim, or both. Therefore, check the patient records to see if they are candidates for a clinical diagnosis of depression, and thus should legitimately have an appropriate depression code added to their Problem List. Note that the patient list can be sorted by rendering provider (RenderingProv) or last medical visit date (Last_PrimCareAppt). Users should follow clinic procedures for determining if a patient should have an appropriate diagnosis code added to the Problem List. If a depression diagnosis is added to the Problem List, ensure that the Date of Onset reflects the historical date that the patient was first diagnosed.
2. The report can be used to identify patients with only ICD-9 depression codes on the problem list, and not any ICD-10 codes. This is useful if your health center is attempting to convert the ICD-9 codes to ICD-10 codes for all patients with depression. Filter the column Depr_ICD9_Diag_ProbList = "Yes" and the column Depr_ICD10_Diag_ProbList to <blank>. Again, you can also filter by rendering provider and last visit date if you choose. Also, remember that If a depression diagnosis is added to the Problem List, ensure that the Date of Onset reflects the historical date that the patient was first diagnosed.

The second objective to using this validation report is to identify patents who were diagnosed with depression earlier that what can be interpreted from the problem list entry. The column Earliest_Any_ProbList_Date shows the earliest date any depression code (ICD-9 or ICD-10) was added to the problem list. On the depression data report, this date is used to determine if the patient should be excluded from the denominator. Similarly, the column Earliest_Any_Assessm_Date displays the earliest date that an assessment contained a depression diagnosis code (ICD-9 or ICD-10 code) and the column Earliest_Any_Claim_Date shows the earliest date that a claim contained a recognized standard ICD-9 or ICD-10 code for depression in any position (i.e., primary, secondary, tertiary and quaternary diagnosis positions).

To identify patients who might have been diagnosed with depression earlier than suggested by the date associated with the diagnosis on the Problem List (displayed in column Earliest_Any_ProbList_Date), filter the column Possible_Action for "Earlier depression diagnosis possible…" The report gives a hint on which date might be earlier by looking at the earliest dates in the following order: assessments (column Depr_Any_Diag_Assessm), claims (column Depr_Any_Diag_Claim) or HPI structured data (column Earliest_HPI_Screen_Date). The user should compare the earliest date associated with the Problem List (this is the one used by the data report) with the recommended column first, but also check the other date columns for the earliest one. If there is a significant gap between them, the patient record in eCW should be checked. If the date of depression diagnosis is found to be earlier than what the report is picking up (column Earliest_Any_ProbList_Date), enter the actual earliest depression diagnosis date into the Date of Onset of the appropriate problem list diagnosis code.

Note that this report is merely suggesting patients for additional investigation. It is recommended that an authorized provider make a clinical determination to add any diagnosis to the problem list and when the initial diagnosis was made. Always be sure to follow health center procedure.

Initial HIV Diagnosis Validation

Report name: HIV_FirstDx_Validation_v3

Associated annual report: Newly Identified HIV Cases With Timely Follow-up

Description: It is important that all patients with HIV have an HIV diagnosis code on their Problem List as well as a date of initial diagnosis. The initial diagnosis date can be associated with the diagnosis code on the Problem List (it is entered as the Onset Date) or can be entered into the appropriate structured data field (in HPI, see the Technical Document for more detail). If these patients do not have such a date in either location, the HIV Linkage to Care Report will not recognize them as being newly diagnosed.

The validation report initially displays patients with an initial HIV diagnosis date in HPI or any HIV diagnosis code (ICD-9: 042, 079.53 or V08; ICD-10: B97.35, B20 or Z21) on any assessment, claim or the Problem List. These records should be filtered to show patients without an HIV diagnosis on the Problem List and/or without a date of initial diagnosis.

Instruction Manual: BridgeIt Annual Clinical Report Set (Version 14)

This report has a different set of columns than the other Problem List Validation Reports because of the measure requirements. The unique columns on this report are as follows:

A. Onset Date columns. The Onset Date is entered as part of the HIV diagnosis code on the problem list. This is the preferred location for entry of the initial diagnosis date. The associated columns are:
    i. HIV_ICD9_Onset_Date: the earliest Onset Date attached to an HIV ICD-9 code
    ii. HIV_ICD10_Onset_Date: the earliest Onset Date attached to an HIV ICD-10 code
    iii. HIV_Any_Onset_Date: will display “Yes” if there was an Onset Date attached to any HIV code
B. Logged Date columns. The Logged Date is the time-stamp date the diagnosis code was actually entered into the Problem List. The associated columns are:
    i. First_HIV_ICD9_Logged_ProbList: the earliest Logged Date attached to an HIV ICD-9 code
    ii. First_HIV_ICD10_Logged_ProbList: the earliest Logged Date attached to an HIV ICD-10 code
    iii. HIV_Any_Logged_ProbList: will display “Yes” if there was a Logged Date attached to any HIV code
C. Assessment Date columns. The Assessment Date is the date of the encounter where an HIV diagnosis code was entered an assessment. The associated columns are:
    i. First_HIV_ICD9_Assess: the earliest Assessment Date attached to an HIV ICD-9 code
    ii. First_HIV_ICD10_Assess: the earliest Assessment Date attached to an HIV ICD-10 code
    iii. HIV_Any_Assess: will display “Yes” if there was an Assessment Date attached to any HIV code
D. Claim Date columns. The Claim Date is the date of the encounter where an HIV diagnosis code was entered on a claim (any position). The associated columns are:
    i. First_HIV_ICD9_Claim: the earliest Claim Date attached to an HIV ICD-9 code
    ii. First_HIV_ICD10_Claim: the earliest Claim Date attached to an HIV ICD-10 code
    iii. HIV_Any_Claim: will display “Yes” if there was an Claim Date attached to any HIV code
E. StructData_HIV_diag_date: The New HIV Diagnosis Date entered into HPI structured data (if properly documented).

F. HIV_diag_date: The earliest HIV diagnosis date taken from either the Onset Date or the date in HPI structured data. This is the date the data report uses to extract patients for the measure denominator.

Suggested Uses: When first running the report, enter a measurement period into the parameters (for example, a typical UDS measurement period). The parameters are only used to count primary care visits for the column PrimCareVisitsPeriod. This is an optional column for filtering, just as the patient active/inactive status column (ActivePt) is optional.

There are three different ways that the report can be filtered and used. It is a good idea to proceed through the lists in the same order as they are given below. The three ways are:

1. Find patients missing an HIV diagnosis code on their Problem List but potentially have HIV. First, filter for patients who do not have an HIV diagnosis code on their Problem List (HIV_Any_Logged_ProbList = <blank>). The remaining patients either have an HIV diagnosis code on any assessment, any claim, or had an initial HIV diagnosis date entered into HPI. Following clinic procedure, use evidence in the patient's eCW record to determine if a diagnosis code for HIV should be placed on the Problem List. If it is concluded that a code should be entered, be sure to also enter the initial date of HIV diagnosis into the Onset Date field.
2. Find patients who have an HIV diagnosis code on their Problem List, but no date of initial HIV diagnosis. First, filter for all patients with an HIV diagnosis code on their Problem List (HIV_Any_Logged_ProbList = "Yes"), but no initial HIV diagnosis date entered in the Onset Date or the appropriate HPI field (HIV_diag_date = <blank>). Investigate these patient records and enter the initial date of HIV diagnosis into the Onset Date on Problem List (preferred) or into HPI structured data.
3. Find patients with only an ICD-9 HIV code and no ICD-10 HIV code on their Problem List. Filter the column First_HIV_ICD9_Logged_ProbList for all dates (not <blank>) and the column First_HIV_ICD10_Logged_ProbList for no dates (equal to <blank>). This gives a list of patients who should have their ICD-9 HIV codes transformed to ICD-10 HIV codes.

Note that this report is merely suggesting lists of patients for additional investigation. It is recommended that an authorized provider make a clinical determination to add an appropriate diagnosis to the Problem List along with the initial diagnosis date. Always be sure to follow health center procedure for these actions.

Cervical Cancer Exclusion Validation

Report name: Cervical Cancer Exclusion_v1

Associated annual report: Cervical Cancer Screening

Description: The two uses of this report are to reduce the number of false negatives and false positives in the exclusion column of the associated annual report. First, use this report to find patients who have general text in their medical record that indicates a possible exclusion, but this text is not specific enough to meet the exclusion documentation standard (the more common use). Second, use this report to verify that patients who are identified as "Excluded" from the screening measure indeed meet the exclusion criteria (note that this is more rarely observed). See the Technical Document for the definition of all exclusion standards.

Health centers should follow their own workflows and procedures to amend the medical record so that patients who should legitimately be excluded from cervical cancer screening are properly identified, as well as patients who need screening be screened. Any Alerts or Care Gaps should also be programmed with the same standards so that patients are appropriately recalled or otherwise identified as candidates for screening according to clinical standards.

The validation report also includes a column for transgender patients (Gender_Identity) that uses the same definitions as the same column on the data report. Extra consideration should be taken with these patients to make sure that full and accurate documentation exists in the medical record to describe their transgender status and need for cancer screening. It is suggested that these records be filtered separately and examined so that the appropriate application of exclusion criteria can be made by someone familiar with the documentation process (see the Technical document for definitions).

The columns of the validation report can be filtered to show patients identified by the data report as excluded from the cervical cancer screening measure and patients who possibly should be excluded, but do not have enough specific evidence to actually exclude them. The columns that end with "_Correct" display the last date associated with an eCW field meeting the data report exclusion criteria (see the table below or the Technical Document for details): column ProbList_Correct for a Problem List diagnosis code, column SurgHist_Correct for appropriate text in surgical history, and MedHist_Correct for appropriate text in medical history. If the patient can be excluded on the data report using any of these three criteria, the column Excluded_On_DataRpt will display "Yes."

Specific Exclusion Text (Meets Exclusion Criteria)	Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is "Possible")

• Absence of cervix
• Hysterectomy (or partial word like "hysterect") plus another of these words:
  • Complete
  • Radical
  • Total (but not Subtotal)
	Any partial word like "hysterect" without the presence of
	  • Complete
	  • Radical
	  • Total

The next couple of columns display the last date associated with an eCW field containing a key word indicating a possible exclusion, but not the full, specific wording required for an exclusion. This non-specific text is defined in the table above and can come from Surgical History (column SurgHist_Poss, where "_Poss" is short for "possible") or Medical History (column MedHist_Poss). There are also two columns that display the last date that the text absence of cervix or hysterectomy was entered into the non-standard eCW locations of GYN History Free Text (column GynHistFree_Poss) or GYN History Structured Data (column GynHistStruct_Poss). If the patient record meets any of these possible criteria, but does not meet the specific criteria, the column Check_Record will display "Yes."

Suggested Use: The primary use of this report is to find and correct the records of patients who should be excluded from the report, but who are not recognized by the report (i.e., the "false negatives"). The suggested filters are:

1. Patients not already excluded from the data report. Column Excluded_On_DataRpt = "No"
2. Patients with 'possible' exclusion criteria. Column Check_Record = "Yes"
3. Active patients. Column ActivePt = "Active"
4. Data report age range (optional). AgeEndReporting between 24 and 64
5. Patients who have been to the health center recently for any appointment. Column LastAppt = date range of your choice (for example, past 6 months, past year, past 18 months, etc.)

The secondary use of the report is to identify patients who are excluded by the data so their eCW records can be verified (i.e., the "false positives"). These patients tend to be rare and it is probably not necessary to routinely perform this task. Nonetheless, the validation report displays the eCW location where the exclusion was picked up and its associated date. The suggested filters are:

1. Patients excluded from the data report. Column Excluded_On_DataRpt = "Yes"
2. Active patients. Column ActivePt = "Active"

3. Data report age range (optional). AgeEndReporting between 24 and 64
4. Patients who have been to the health center recently for any appointment. Column LastAppt = date range of your choice (for example, past 6 months, past year, past 18 months, etc.)

The three "_Correct" columns display the last date that there was an appropriate entry into Surgical History, Medical History or the Problem List.

Breast Cancer Exclusion Validation

Report name: Breast Cancer Exclusion_v1

Associated annual report: Breast Cancer Screening

Description: The two uses of this report are to reduce the number of false negatives and false positives in the exclusion column of the associated annual report. First, use this report to find patients who have general text in their medical record that indicates a possible exclusion, but this text is not specific enough to meet the exclusion documentation standard. This is the more common use of the report. Second, use this report to verify that patients who are identified as "Excluded" from the screening measure indeed meet the exclusion criteria (note that this is more rarely observed). See the Technical Document for the definition of all exclusion standards.

Health centers should follow their own workflows and procedures to amend the medical record so that patients who should legitimately be excluded from breast cancer screening are properly identified, as well as patients who need screening be screened. Any Alerts or Care Gaps should also be programmed with the same standards so that patients are appropriately recalled or otherwise identified as candidates for screening according to clinical standards.

The validation report also includes a column for the gender in the Patient Hub in eCW (aka, the "Sex" field, shown in column Gender_Hub) and a column for transgender patients (column Gender_Identity) using the same definitions as on the data report. Extra consideration should be taken with these patients to make sure that full and accurate documentation exists in the medical record to describe their transgender status and need for cancer screening. It is suggested that these records be filtered separately and examined so that the appropriate application of exclusion criteria can be made by

someone familiar with the transgender documentation process (see the Technical document for definitions).

The table below displays the data that is extracted by the validation report from various locations in eCW and placed into several columns of the report. If the data meets the exclusion criteria, it will be displayed in one of the columns with the suffix "_Correct." If the data indicates there might be a possible exclusion but the record does not currently meet the exclusion criteria, it will be displayed in one of the columns with the suffix "_Poss" (for possible). The first part of the column name indicates where the data appears in eCW. Once properly filtered (see instructions following the table below), the report produces a list of patients that may be investigated for meeting true exclusion criteria. It is recommended that a provider or other authorized staff member add an appropriate diagnosis code to the Problem List to describe the exclusion (see Technical Manual, version 14, for a list of appropriate diagnosis codes).

The table below shows the definitions of the text-based exclusions that the report picks up. Following the table is a list of columns on the validation report that correspond to these exclusions.

Specific Exclusion Text (Meets Exclusion Criteria)	Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is "Possible")
A) Surgical or medical history (for bilateral) • Mastectomy (or partial word like "mastect") plus 1. Another of these words: • Bilateral • Double • Left and right 2. And another of these words: • Total • Complete • Radical	**C1)** Surgical history (for use of the word mastectomy without qualifier for side(s)) • Any partial word like "mastect" but without the presence of • Bilateral • Double • Unilateral • Left • Right
B) Surgical history (for two unilateral) • Two entries with different dates of surgery and the word mastectomy (or partial word like "mastect") plus 1. Another of these words: • Unilateral	**C2)** Surgical history (for use of the word mastectomy without qualifier for completeness) • Any partial word like "mastect" plus 1. Another of these words: • Bilateral • Double

Specific Exclusion Text (Meets Exclusion Criteria)	Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is "Possible")
• Right (but not also left) • Left (but not also right) 2. And another of these words: • Total • Complete • Radical	• Unilateral • Left • Right 2. But <u>without</u> the presence of: • Total • Complete • Radical • Partial • Incomplete
	<u>C3)</u> <u>Surgical history (for unilateral mastectomy without surgery date)</u> • Any partial word like "mastect" plus 1. Another of these words: • Unilateral • Right (but not also left) • Left (but not also right) 2. But <u>without</u> the presence of a date in the surgery date field
	<u>D1)</u> <u>Medical history (for use of the word mastectomy without qualifier for side(s))</u> • Any partial word like "mastect" but <u>without</u> the presence of • Bilateral • Double • Unilateral • Left • Right
	<u>D2)</u> <u>Medical History (for bilateral mastectomy without qualifier for completeness)</u> • Any partial word like "mastect" plus 1. Another of these words: • Bilateral

Specific Exclusion Text (Meets Exclusion Criteria)	Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is "Possible")
	• Double • Left and right 2. But <u>without</u> the presence of: • Total • Complete • Radical • Partial • Incomplete
Diagnosis Code Combinations (Meets Exclusion Criteria)	Non-Specific Diagnosis Code Combinations (Does Not Meet Exclusion Criteria But Is "Possible")
<u>E)</u> <u>On Problem List:</u> • Z90.13 • Z90.11 <u>and</u> Z90.12 • More than one of the following with different Onset dates: Z90.10, Z90.11, Z90.12, or V45.71	**<u>F)</u>** <u>On Problem List:</u> • One or more of the following with a missing Onset date: Z90.10, Z90.11, Z90.12, or V45.71

The following is a list of columns that appear on the validation report. The bolded letters (eg, **A**) correspond to the section heading in the cells of the table above.

- Column SurgHist_Bilat_Correct: displays the last date when **A** was entered into Surgical History
- Column SurgHist_2Unilat_Correct: displays "Yes" when **B** was entered into Surgical History
- Column SurgHist_Unilat_First: if there was more than one unilateral mastectomy entered into surgical history (**B**), this column displays the *earliest* date
- Column SurgHist_Unilat_Last: if there was more than one unilateral mastectomy entered into surgical history (**B**), this column displays the *latest* date
- Column MedHist_Bilat_Correct: displays last date where **A** was entered into Medical History
- Column ProbList_Correct: displays "Yes" if the Problem List contains appropriate diagnosis code combinations (**E**).
- Column Excluded_On_DataRpt: if the patient meets any of the above criteria and should be excluded from the breast cancer screening measure, this column displays "Yes"
- Column SurgHist_Poss: if the patient does not otherwise meet the exclusion criteria, this column displays the last date when **C1**, **C2** or **C3** was entered into Surgical History

- Column MedHist_Poss: if the patient does not otherwise meet the exclusion criteria, this column displays the last date when **D1** or **D2** was entered into Medical History
- Column ProbList_Poss: if the patient does not otherwise meet the exclusion criteria, displays "Yes" if the Problem List contains the diagnosis code combinations in (**F**)
- Column Check_Record: if the patient does not meet the exclusion criteria but meets any of the "possible" exclusion conditions, this column displays "Yes"

Suggested Use: As mentioned previously, there are two uses of the validation report. All purposes apply the same initial filters for patients who are active (column ActivePt = "Active") and seen within a period of time that is reasonable (column LastAppt shows the last appointment of any type, so you can use a date range, such as the last year or the last 18 months). Optionally, the data report age range can be applied (column AgeToday between 50 and 74). This report does not use a Measurement Period.

The primary use of this report is to find and correct the records of patients who should be excluded from the report, but do not have enough specific evidence to fully meet the exclusion criteria (i.e., the possible "false negatives"). The suggested filters are:

1. Patients not already excluded from the data report (column Excluded_On_DataRpt = "No")
2. Patients with 'possible' exclusion criteria (column Check_Record = "Yes")

Then check the record in eCW according to the presence of a date in the columns SurgHist_Poss or MedHist_Poss or a "Yes" in the column ProbList_Poss. See column descriptions in the previous section to understand what partial information is being picked up.

The secondary use of the validation report is to identify patients who are excluded by the data report so their eCW records can be verified (i.e., the "false positives"). Note that the data report displays a single column for exclusions but the validation report displays several columns corresponding to the location of the exclusion data in eCW as well as the date of entry. Even though some health centers might choose to not routinely perform the task of verifying exclusion criteria, the data available for use. The suggested filter to display patients excluded from the data report is column Excluded_On_DataRpt = "Yes"

Colorectal Cancer Exclusion Validation

Report name: ColRect Cancer Exclusion_v1

Associated annual report: Colorectal Cancer Screening

Description: The two uses of this report are to reduce the number of false negatives and false positives in the exclusion column of the associated annual report. First, use this report to find patients who have general text in their medical record that indicates a possible exclusion, but this text is not specific enough to meet the exclusion documentation standard. This is the more common use of the report. Second, use this report to verify that patients who are identified as "Excluded" from the screening measure indeed meet the exclusion criteria (note that this is more rarely observed). See the Technical Document for the definition of all exclusion standards.

Health centers should follow their own workflows and procedures to amend the medical record so that patients who should legitimately be excluded from colorectal cancer screening are properly identified, as well as patients who need screening be screened. Any Alerts or Care Gaps should also be programmed with the same standards so that patients are appropriately recalled or otherwise identified as candidates for screening according to clinical standards.

The table below displays the data that is extracted by the validation report from various locations in eCW and placed into several columns of the report. If the data meets the exclusion criteria, it will be displayed in one of the columns with the suffix "_Correct." If the data indicates there might be a possible exclusion but the record does not currently meet the exclusion criteria, it will be displayed in one of the columns with the suffix "_Poss" (for possible). The first part of the column name indicates where the data appears in eCW. Once properly filtered (see instructions following the table below), the report produces a list of patients that may be investigated for meeting true exclusion criteria. It is recommended that a provider or other authorized staff member add an appropriate diagnosis code to the Problem List to describe the exclusion (see Technical Manual, version 14, for a list of appropriate diagnosis codes).

The table below shows the definitions of the text-based exclusions that the report picks up from Surgical History and Medical History. Following the table is a list of columns on the validation report that correspond to these exclusions.

Specific Exclusion Text (Meets Exclusion Criteria)	Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is "Possible")
• Colorectal cancer • Malignant neoplasm plus another of these words: ✓ Colon ✓ Cecum ✓ Appendix ✓ Hepatic flexure ✓ Splenic flexure ✓ Rectosigmoid junction ✓ Rectum, anus ✓ Anal canal ✓ Cloacogenic zone ✓ Large intestine • Colectomy plus "total" and not another of these words: ✓ Partial ✓ Hemi ✓ Sub	• The word malignant neoplasm by itself or without any association with the key location words (i.e., colon, cecum, etc. to the left) • The word colectomy by itself or without the word total • The word colectomy with another of these words: ✓ Partial ✓ Hemi ✓ Sub

After the standard set of columns describing the patient (name, Rendering Provider, etc.), there are four columns that demonstrate if the patient meets the exclusion criteria and where in eCW that data comes from. If the patient could be excluded on the data report (assuming denominator criteria for the measure are met), the column Excluded_On_DataRpt will display "Yes." Other columns will display "Yes" when the location(s) in eCW they describe contain the correct exclusion criteria. These locations are the Problem List (column ProbList_Correct), Surgical History (column SurgHist_Correct), and Medical History (column MedHist_Correct). The Surgical History and Medical History columns look for text combinations described in the column "Specific Exclusion Text (Meets Exclusion Criteria)" of the table above.

Following these columns are three columns that indicate the patient may have some evidence for an exclusion and that the record should be checked. If the patient is not already excluded from the data report, the column Check_Record will display the text "Yes" indicating the record should be checked. The possible locations are in Surgical History and Medical History, which should have text combinations described in the column "Non-Specific Exclusion Text (Does Not Meet Exclusion Criteria But Is

"Possible")" of the table above. If these combinations are found, the text "Yes" will appear in the column SurgHist_Poss or MedHist_Poss respectively.

Suggested Use: For all uses of the validation report, initially filter for patients who are active (column ActivePt = "Active") and seen within a period of time that is reasonable to you (column LastAppt shows the last appointment of any type, so you can use a date range, such as the last year or the last 18 months). Optionally, the data report age range can be applied (column AgeToday between 51 and 75). This report does not use a Measurement Period.

The primary use of this report is to find and correct the records of patients who should be excluded from the data report, but do not have enough specific evidence to fully meet the exclusion criteria (i.e., the possible "false negatives"). The suggested filters is Check_Record = "Yes." Check the specific location indicated by the columns SurgHist_Poss (Surgical History) or MedHist_Poss (Medical History). Note that a provider or other authorized staff member should add a diagnosis code to the Problem List (preferred action for colorectal cancer) or additional corrected text to Surgical or Medical History. Note that in some cases, a colectomy (even a partial, hemi or sub colectomy) might have been performed because of the presence of colorectal cancer.

The second use of the validation report is to identify patients who are excluded by the data report so their eCW records can be verified (i.e., the "false positives"). Note that the data report displays a single column for exclusions but the validation report displays three columns corresponding to the location of the exclusion data in eCW. Even though some health centers might choose to not routinely perform the task of verifying exclusion criteria, the data available for use. The suggested filter to display patients excluded from the data report is column Excluded_On_DataRpt = "Yes."

Cervical Cancer Screening Lab Test Validation

Report name: Cervical Cancer Screen Validation_v6

Associated annual report: Cervical Cancer Screening

Description: This report displays all pap tests and HPV tests that were ordered within a period of time chosen by the user. A valid lab contains structured data that can be evaluated by the report, such as when the lab was completed and what were the results.

Version 6 of this report includes four columns that describe how the test is being picked up, according to definitions in the Technical Document (version 14). These columns are:

A. The column Pap_LabGroup will display "Yes" if the lab name is associated with the pap test lab group.
B. The column Cerv_Cytol_LOINC will display "Yes" if the lab has one or more attributes associated with the cervical cytology LOINC codes.
C. The column HPV_LOINC will display "Yes" if the lab has one or more attributes associated with the HPV LOINC codes.
D. The column HPV_Name will display "Yes" if the lab has the text "HPV" in its name

There is an additional column, Lab_type, that will display the type of lab in the row depending on the results of the four columns described above. The lab types are Pap only (i.e., cervical cytology), HPV only, or Pap and HPV.

Suggested Use: This report can be used as follows:

1. Note that you can use filters to separate pap and HPV labs, or labs with and without attributes (i.e., associated with LOINC codes). The column Lab_type, and the four descriptive columns before it, describe how the lab is being picked up. Using a filter or combination of filters on these columns, you can scan down the lab names (column Lab_Name) to see if it makes sense to you. You can also use these columns for the other suggested uses below.
2. Filter for labs that do not meet inclusion criteria (column MeetsSummRptCriteria = "No"). Investigate what may be wrong or incomplete about the lab that is causing it to not meet the criteria for inclusion in the data report. If possible, take steps to correct the data so it can be recognized by the report. Possible reasons could be that there was no result date (column Result_Date is blank), the received checkbox was not checked (column Received_Checkbox = "No"), or there were either no lab values in the yellow row on the Lab Results window (column LabValuesPresent = "No") OR no results in the Results text box (column Report_Lab_Result).
3. If your health center strives to ensure that labs conform to eCW/MU criteria, the column MeetsMUCriteria will display "No" for labs that do not meet that criteria. See the Technical Document for further details. This column can be filtered instead of the MeetsSummRptCriteria column. Normally this applied to labs that have at least one lab attribute. Therefore, use filters on the two lab type columns for LOINC codes (Cerv_Cytol_LOINC or HPV_LOINC) to only look at labs where MU criteria would be expected.
4. Sometimes labs that arrive as electronic or paper attachments are not properly entered into structured data, although they may be reviewed in some way by the provider. The column

Attachments will display “Report Attached: eResult” if an electronic result is attached (pink paperclip in eCW) or “Report Attached: Paper” if a paper (scanned) report was attached (grey paperclip in eCW) to the lab. Lab records not meeting inclusion criteria for the report, but associated with an attachment, should be completed.

Colorectal Cancer Lab Test Validation

Report name: ColRect_LabTest_Validation_v3

Associated annual report: Colorectal Cancer Screening

Description: This report displays all FOBT and FIT-DNA tests (associated with LOINC codes) that were ordered within a period of time chosen by the user. For a FOBT or FIT to be recognized by the BridgeIt colon cancer screening report, it must be entered properly into structured data according to the eCW/Meaningful Use (MU) criteria.

A valid lab meets the eCW/MU criteria and is in a format that can be displayed by the report. The eCW/MU criteria are that the result date must have been entered into the Lab Results window (column Result_Date on the validation report), the results must have been entered in the yellow row on the Lab Results window (column LabValuesPresent), and the Received box must have been checked on the Lab Results window (column Received_Checkbox).

Suggested Use: This report can be used as follows:

1. Filter for labs that do not meet eCW/MU criteria (column MeetsMUCriteria = “No”). If you want to look at only one lab type (FOBT or FIT-DNA) additionally filter the column Lab_type.
2. Investigate what is wrong with the lab and, if possible, take steps to correct it so it can be recognized by the report. Possible reasons could be that there is no result date (column Result_Date is blank), there are no lab values in the yellow row on the Lab Results window (column LabValuesPresent = “No”), or the received checkbox was not checked (column Received_Checkbox = “No”)
3. The column Raw_Text_LabValue is the text that appears in the yellow row of the Lab Results window. The column Report_Lab_Result is the text that appears in the Result drop-down box on the Lab Results window. These columns are included for your information only.

4. Sometimes labs that arrive as electronic or paper attachments are not properly entered into structured data, although they may be reviewed and a result may appear in the column Report_Lab_Result. The column Attachments will display "Report Attached: eResult" if an electronic result is attached (pink paperclip in eCW) or "Report Attached: Paper" if a paper (scanned) report was attached (grey paperclip in eCW) to the lab.

Diabetes Lab Test Validation

Report name: DM_LabTest_Validation_v3

Associated annual report: Blood Sugar and Other Measures Among Patients With Diabetes (for A1c labs) and the Coronary Artery Disease report (for LDL labs). Note: LDL is no longer reported as a measure on the diabetes data report. It appears on the diabetes lab validation report because it has traditionally appeared there.

Description: This report displays all LDL and A1c tests (identified by the same LOINC codes as the data report, see the Technical Document for details) that were ordered within a period of time chosen by the user. For an LDL or A1c lab test to be recognized by the associated data report, it must be entered properly into structured data according to the eCW/Meaningful Use (MU) criteria.

A valid lab meets the eCW/MU criteria and is in a format that can be displayed by the report. The eCW/MU criteria are that the result date must have been entered into the Lab Results window (column Result_Date on the validation report), the results must have been entered in the yellow row on the Lab Results window (column LabValuesPresent), and the Received box must have been checked on the Lab Results window (column Received_Checkbox). The A1c or LDL lab value must also be in numerical format. Therefore, text in that field like "normal" or "very high" or "SEE NOTE" will be ignored by the report.

Suggested Use:

1. Run the report. If you prefer to focus on one kind of lab at a time, filter for LDL or A1c labs using the column DM_Lab_Type
2. Filter for labs that do not meet eCW/MU criteria (MeetsMUCriteria = "No")
3. Investigate what is wrong with the lab and, if possible, take steps to correct it so it can be recognized by the report. Possible reasons could be that there is no result date (Result_Date is

blank), there are no lab values in the yellow row on the Lab Results window (LabValuesPresent = "No"), or the received checkbox was not checked (Received_Checkbox = "No")

4. Also check for blanks or unexpected values in the column Report_Lab_Result. This column shows the lab result that is displayed and evaluated by the report. The "raw" data is displayed in the column Raw_Text_LabValue.
5. Sometimes labs that arrive as electronic or paper attachments are not properly entered into structured data, although they may be reviewed and a result may appear in the Report_Lab_Result column. The column Attachments will display "Report Attached: eResult" if an electronic result is attached (pink paperclip in eCW) or "Report Attached: Paper" if a paper (scanned) report was attached (grey paperclip in eCW) to the lab.

Persistent Medications Lab Test Validation

Report name: QIP_PersMedsLab_Validation_v2

Associated annual report: QIP Persistent Meds

Description: This report displays all metabolic panels, serum creatinine, and serum potassium labs (identified by the same LOINC codes or names as used by the data report, see the Technical Document for details) that were ordered within a period of time chosen by the user. For these labs to be recognized by the BridgeIt persistent medications report, they must be entered properly into structured data according to the eCW/Meaningful Use (MU) criteria.

A valid lab meets the eCW/MU criteria and is in a format that can be displayed by the report (see page 8 of the Technical Document, version 14, June 2018). The eCW/MU criteria are that the result date must have been entered into the Lab Results window (column Result_Date on the validation report), any lab values must have been entered in the yellow row on the Lab Results window (column LabValuesPresent), and the Received box must have been checked on the Lab Results window (column Received_Checkbox).

Suggested Use:

1. Run the report for the measurement period you desire. If you prefer to focus on only one of the three kinds of labs at one time, filter the column Lab_Type. Alternately, if you are looking for a specific lab or attribute, filter Lab_Name or Lab_AttributeName_SerumOnly (note that the

metabolic lab has many attributes that are not all serum creatinine or serum potassium attributes).

2. Filter for labs that do not meet eCW/MU criteria (MeetsMUCriteria = "No")
3. Investigate what is missing with the lab and, if possible, take steps to correct it so it can be recognized by the report. Possible reasons could be that there is no result date (Result_Date is blank), there are no lab values in the yellow row on the Lab Results window (LabValuesPresent = "No"), or the received checkbox was not checked (Received_Checkbox = "No")
4. Sometimes labs that arrive as electronic or paper attachments are not properly entered into structured data, although they may be reviewed and a result may appear in the LabResult column. The column Attachments will display "Report Attached: eResult" if an electronic result is attached (pink paperclip in eCW) or "Report Attached: Paper" if a paper (scanned) report was attached (grey paperclip in eCW) to the lab.

Breast Cancer Screening Image Validation

Report name: Breast Cancer Screen Validation_v3

Associated annual report: Breast Cancer Screening

Description: This report shows all patients who had a mammogram image ordered during an encounter between the measurement period start date and end dates. To be recognized by the annual report, the image must have some kind of date (collected date or result date) and a result.

Suggested Use: This report can be used as follows:

1. Check the mammogram names in the column itemName by clicking at the text filter column on the column heading. Does your health center use any mammogram names not on this list?
2. Filter the column MeetsReportingCriteria for "No." The filtered records show mammograms ordered in the measurement period but without the complete or properly documented results to be included on the data report. Depending on the length of time between the measurement period end date and when the report was run, there may be some records where the mammogram was simply not yet completed. Attention should be given to those records that show some kind of action took place after the mammogram was ordered.

3. Are there patients with a legitimate collection date (column CollectedDate) but no test result (column Result)? What happened to these tests? A mammogram must have a result to be counted by the annual report.
4. Are there patients with no collection date (column CollectedDate) but with a legitimate result date (column ResultDate) but no test result (column Result is blank)? What happened to these results? A mammogram must have a result to be counted by the annual report.
5. Do any records with a collected or result date (column ImageDatePresent displays "Yes") contain text in the Result column indicating the mammogram was not actually performed? For example, "NOT DONE" or "DID NOT GO." If the column MeetsReportingCriteria equals "Yes" but the text result indicates that the mammogram was not done, this would produce a false positive on the data report. The annual report does not read the text in the Result field to understand if the test was performed or not, so this kind of text will "fool" the report. You can sort by the Result column to read the text more easily.
6. Do any records not picked up by the report (column MeetsReportingCriteria displays "No") actually contain valid image results? Add a filter for blanks in the Results column and then order it. Do you find any records with a Result like "Normal" or "Abnormal" or other text indicating a mammogram result? This indicates that a valid collection or result date was not entered.
7. Sometimes image results that arrive as electronic or paper attachments are not properly entered into structured data, although they may be reviewed and a result may appear in the Result column. The column Attachments will display "Report Attached: eResult" if an electronic result is attached or "Report Attached: Paper" if a paper (scanned) report was attached to the image record.

Colorectal Cancer Image Validation

Report name: ColRect_Image_Validation_v4

Associated annual report: Colorectal Cancer Screening

Description: This report shows all patients who had a colonoscopy, sigmoidoscopy or CT colonography image ordered during an encounter between the measurement period start date and end dates. To be recognized by the annual report, the image must have some kind of date (collected date or result date) and a result.

Suggested Use:

1. Run the report. If you prefer to focus on one kind of image at a time, filter for colonoscopy, sigmoidoscopy or CT colonography using the column Image_type (note: sigmoidoscopies and CT colonographies are relatively rare compared to colonoscopies)
2. Filter for images that do not meet reporting criteria (MeetsReportingCriteria = "No") and investigate what is wrong with the image and, if possible, take steps to correct it so it can be recognized by the report.
   A. One possible reason could be that there is no date associated with when the image was collected or resulted (ImageDatePresent = "No") yet there is an image result in the Results column.
   B. Or, there could be a text in the Result column but no legitimate date (i.e., no collected date and no result date, and the column ImageDatePresent = "No").
3. Sometimes image results that arrive as electronic or paper attachments are not properly entered into structured data, although they may have been reviewed and a result placed in the Result column. The column Attachments will display "Report Attached: eResult" if an electronic result is attached or "Report Attached: Paper" if a paper (scanned) report was attached to the image record.

Positive Depression Screens and Follow-up Validation Report

Report name: Depress_Screen_Validation_v5

Associated annual report: Depression Screening and Follow-up

Description: The associated annual report shows unduplicated patients and the results of the different kinds of depression screening and follow-up activities performed during the measurement period. This validation report shows the individual dates of the initial depression screens (PHQ-2) during the measurement period in the rows, along with the secondary screen (PHQ-9) and any follow-up activities performed on the *same date* as the initial screen. Note that the strict definition of this measure is that the secondary screen and follow-up are performed on the *same day* as an initial positive depression screen, when indicated.

If the validation report and the data report are run with the same measurement period (and both exclude patients using the column StartMP_Dx_ProbList_Exclude), the validation report will display the

same patients who had initial screens as indicated on the data report number (i.e., the validation report displays all of the PHQ-2 results counted by the column Count_PHQ2_MP on the data report when the data report is filtered for the column Initial_Screen_MP = "Yes"). Note that the number of rows in each report will not be the same because the validation report displays initial screens in rows and the data report displays unduplicated patients in the measurement period.

The validation report displays the secondary screen (PHQ-9) result (positive or negative) if it was performed on the same day as the initial screen in the column PHQ9_Result. If the PHQ-9 in that row was the first positive PHQ-9 in the measurement period, the column First_Positive_SecondaryScreen will display "Yes." In that case, the report considers only that date for possible follow-up activities.

If any of the five appropriate follow-up activities occurred on the same date as the first positive secondary screen, the text "Yes" will appear in the corresponding validation report column. For example, a "Yes" in the column AntiDep_Med_SameDay means that there was an action on an anti-depressant medication on the same day.

Suggested Use (First Procedure): Display patients with a positive initial screen (PHQ-2) in the measurement period but without any subsequent secondary screen (PHQ-9) on the same date.

1. Run the report and filter out patients with a diagnosis of depression at the start of the measurement period (column StartMP_Dx_ProbList_Exclude NOT equal to "Exclude"). Add a filter for positive initial screens (column PHQ2_Result = "Positive"). The data sheet should then show the dates of all positive screens for patients in the data report denominator.
2. Next, filter for patients without secondary screening (column PHQ9_Result = <blanks> or in other words, NOT equal to "Positive" or "Negative"). Examine the patient records in eCW to see why there was no PHQ-9 was performed as a response to a negative screen.

Suggested Use (Second Procedure): Display patients with at a positive secondary screen in the measurement period but without any subsequent follow-up activities on the same date.

1. Run the report and filter out patients with a diagnosis of depression at the start of the measurement period (column StartMP_Dx_ProbList_Exclude NOT equal to "Exclude"). Add a filter for positive secondary screens (column PHQ9_Result = "Positive")
2. Next, filter for patients with no follow-up of any kind on the same date (column Any_Followup_SameDay = "No, did not have follow-up on the same day"). Examine the patient records in eCW to see why there was no action on an antidepressant medication, referral out to a behavioral health provider, encounter with a behavioral health provider, or follow-up documentation in structured data (HPI) on the same date.

3. You can further filter the report for the first positive secondary screen that is considered by the data report for the numerator calculation. To do so, filter the column First_Positive_SecondaryScreen = "Yes."

Childhood Immunization Validation Report

Report name: QIP_ChildImm_Validation_v1

Associated annual report: Childhood Immunization Combo 3

Description: The validation report and associated data report follow the QIP definition for immunizations and not the UDS definition. Whereas the Childhood Immunization Combo 3 data report displays unduplicated patients in rows (along with number of vaccines and other summary information), the Childhood Immunization Validation Report displays the names and date (along with other specific information) of each vaccine. Therefore, this report is used to see detail on the vaccine-level that the data report summarizes.

Suggested Use: The measurement period is used to define the denominator in the same way as the data report. That is, both reports display all patients who had their second birthday in the measurement period. The user can further filter those patients based on active status (column ActivePt), number of visits before the date of the second birthday (column PrimCareVisits_Before2Y), last primary care visit before the date of the second birthday (column LastPrimCareVisit_Before2Y) or last visit date of any kind (column LastAppt). If comparing patient-to-patient between the data and validation reports, be sure to use the same measurement period and filters.

The patient records normally displayed by the report initially should be ordered so that vaccines for one patient appear together and are ordered ascending by the date given (column Vacc_Given_Date). It is possible to add filters and order the columns differently (check and modify the Advanced Filter in BridgeIT if the records do not appear in a useful order).

There should be one vaccine given to one patient in one row. The vaccine name appears in the column Vacc_Name and the type of vaccine (DTap, IPV, etc) is indicated in the set of eight columns that end in the suffix "_Type." Note that come combination vaccines can span more than one type. The type columns also indicate if the vaccine date was within the acceptable time limits for the report (see the

Technical Document). Even though only vaccines given before the patent's second birthday appear on the report, some vaccines must be given after, for example, 42 days of birth. If the vaccine was given within the acceptable time limits and is counted on the data report, the type column will read something like "…given in correct time-frame." If it was not given in the acceptable time limits, the type column will read something like "…NOT given in correct time-frame."

The validation report is used to show detail for the unduplicated patients displayed on the data report. So, if there appears to be something unexpected on the data report, or if something displayed on the data report does not look the same as what appears in eCW, the validation report should be consulted.