VALIDATING 2019 UDS CLINICAL DATA USING RELEVANT

By Ben Fouts, Data Analyst
Redwood Community Health Coalition
Data Workgroup Webinar, November 12, 2019

Agenda

The focus of this presentation is on clinical data

- The Process of Obtaining Trustworthy Data
- RCHC Relevant Validation Resources
- Other Considerations

THE PROCESS OF OBTAINING TRUSTWORTHY DATA

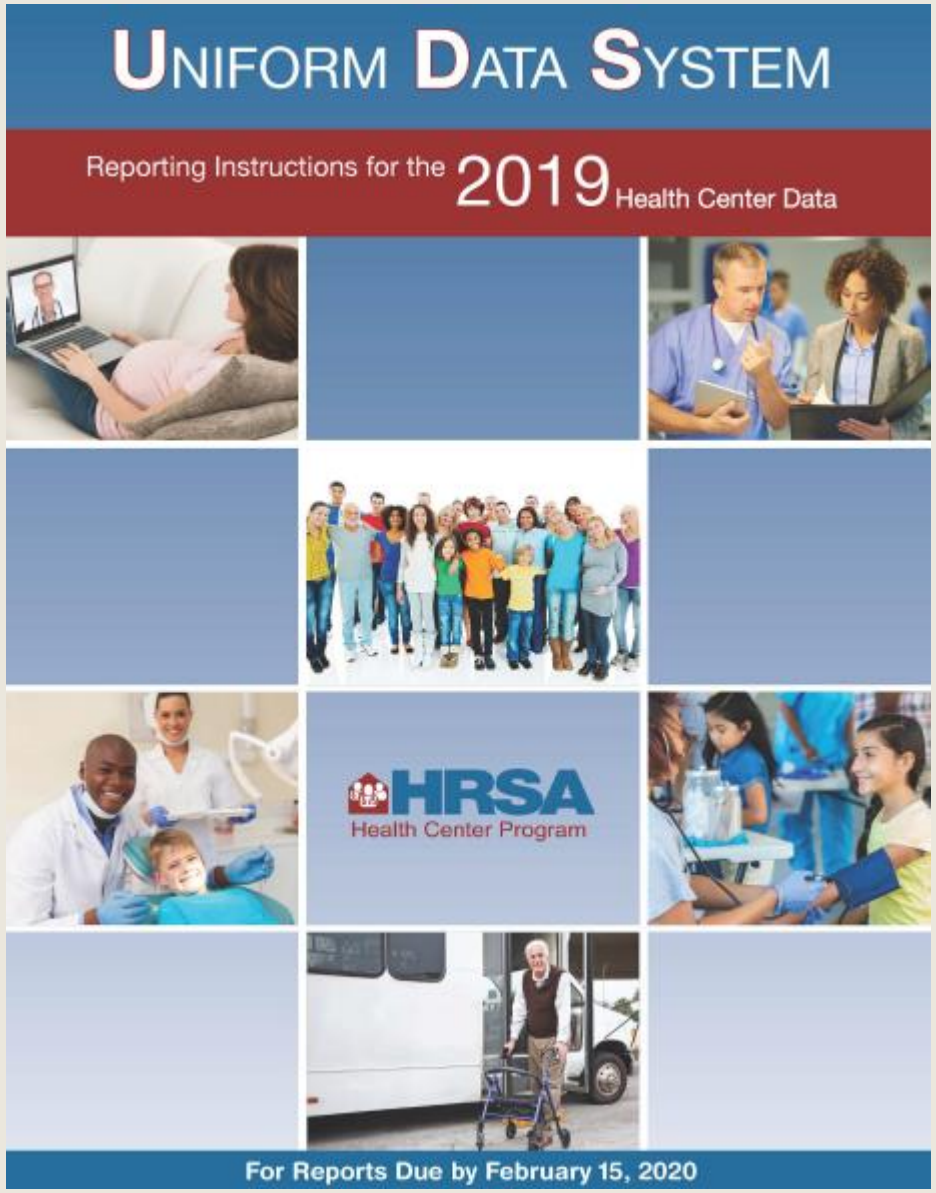
Validity and Reliability

Download the UDS Manual

https://bphc.hrsa.gov/datareporting/reporting/index.html

2019 UDS Resources

- 2019 UDS Tables (PDF - 885 KB)
- 2019 UDS Manual (PDF - 1.7 MB)
- **Uniform Data System (UDS) Changes for Calendar Year (CY) 2019**
  The Program Assistance Letter (PAL) 2019-01 (PDF - 342 KB) provides an overview of approved changes to the Health Resources and Services Administration's CY 2019 UDS that is reported by Health Center Program awardees and look-alikes by February 15, 2020. Detailed information regarding these changes will be included in the 2019 UDS Manual.
- **2019 Uniform Data System (UDS) Changes Webinar**
  May 9, 2019
  Presentation (PDF – 919 KB) | On Demand Webinar Recording
  Detailed information on the changes related to the 2019 UDS, including possible changes for 2020, and revised clinical measures resulting from continued alignment with electronic specified clinical quality measures.



The Goal is to Obtain Trustworthy Data

- What is “Trustworthy” data?

- Two components:
  - ✓ **Validity**
  - ✓ **Reliability**

Data Validity

“**Validity** refers to the accuracy of an assessment -- whether or not it measures what it is supposed to measure. In other words, is the data sufficiently complete and error free to be convincing for its purpose and context?”

- Most of this presentation will cover a set of reports that can be used to ensure that important components of the clinical measures are complete and error free

Data Reliability

"**Reliability** is another term for consistency. In other words, is the report repeatable, and will it give the same results?"

- This is important for the year-to-year comparison of UDS data.
- Data elements should be mapped the same way each year (for example, providers and insurance)
- Value Sets versus hard-coding (for example, for diagnosis codes)

RCHC RELEVANT VALIDATION RESOURCES

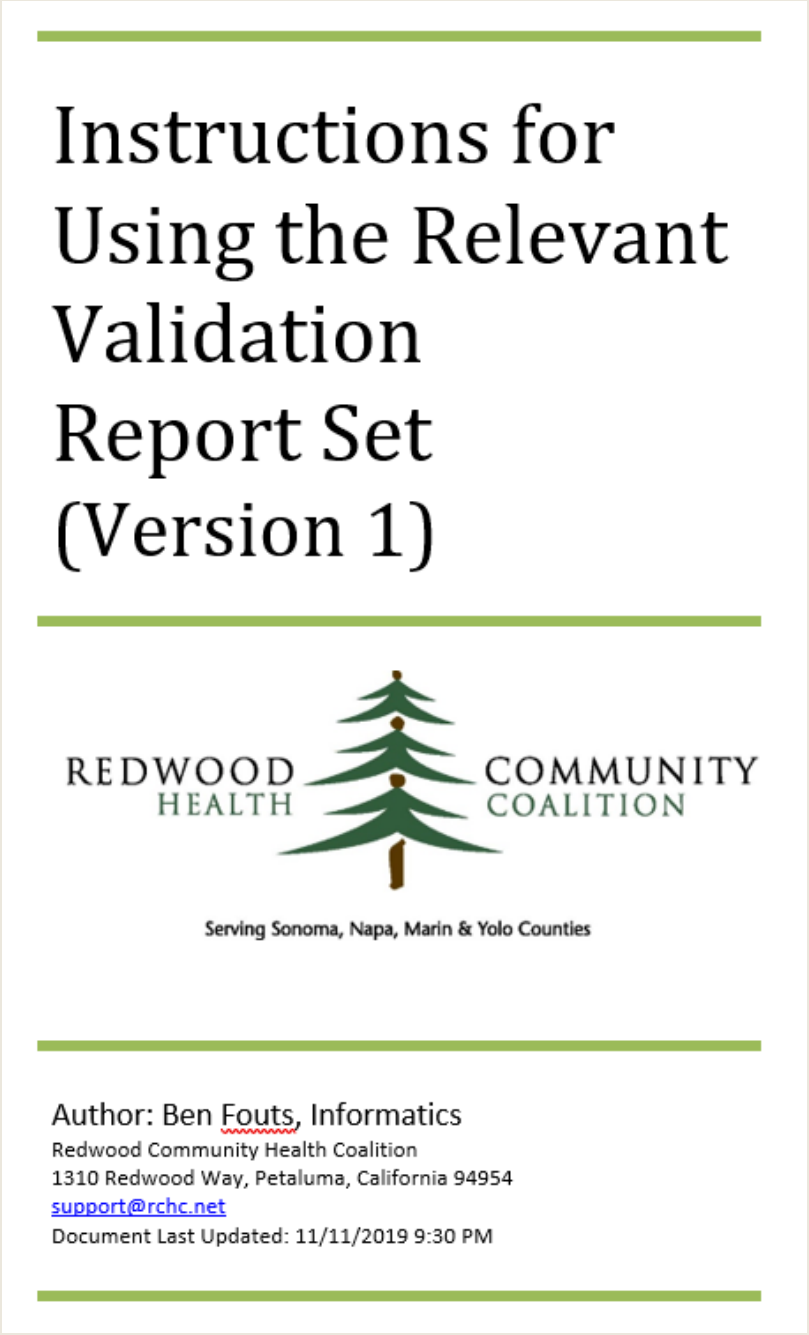
New Report Set

2019 RCHC Validation Report Set

- 12 reports available this month
- One more available as soon as the new medications Transformer is finished and copied to all instances of Relevant
- There will be a set of reports for eCW users and a set for Nextgen users. Although they will be generally the same, the descriptions below are specific to the eCW reports

Instructions Package

- Similar format as old (BridgeIT) manual
- The instructions cover report set-up and customization, as well as report use
- This presentation will focus on how the reports should be used



Instructions

- Not yet complete
- Screen shots are from the draft version

Instructions for Using the Relevant Validation Report Set (Version 1)

REDWOOD HEALTH COMMUNITY COALITION

Table of Contents

Each Section Has the Same Format

Problem List Validation Report

Report Name: RCHC Problem List Validation Report

Background and Context

The standard approach approved by the RCHC Data Standards and Integrity Committee is that there needs to be an approach to defining if a patient has been clinically diagnosed with a particular chronic disease. The stewards of the quality measures provide Value Sets that contain the lists of diagnosis codes (commonly referred to as ICD codes) that officially define the chronic diseases. However, in electronic health records, diagnosis codes can appear in several places, like on encounter assessments, claims and the Problem List.

For our purposes, we are only considering the Problem List as the location in the electronic health record (EHR) where the clinical diagnosis is placed. This was approved by the RCHC Data Standards and Integrity Committee. Authorized users of the EHR should be able to add diagnosis codes to the Problem List when the clinical diagnosis is made and also to remove the codes if the disease is resolved. Some EHRs also allow users to associate additional information with the code that is helpful, such as the date of disease onset. Having a list of all clinically-diagnosed chronic diseases together in place in the EHR also promotes proper workflow, clinical care, and meeting the objectives of Meaningful Use. Therefore, the Problem List should be used as the sole source of diagnosis "truth" and should be maintained as such for individual patients.

Because of this strong association, the Problem List Validation Report is helpful for identifying patients who potentially have an issue with a code on their Problem List. This issue can take two forms:

1. There is NOT a code for a particular chronic disease on the Problem List but a code for that disease appeared on an encounter assessment or claim recently. As mentioned above, this could have occurred because the diagnosis was provisional or because of billing purposes. However, it could also be the case that somebody forgot to legitimately add the code to the Problem List.
2. A code for a particular chronic disease appears on the Problem List but a code for that disease has NEVER appeared on an encounter assessment or claim in the past. In this case, the code on the Problem List might be there in error.

Instructions for Using the Relevant Validation Report Set (Version 1)

Note that the validation report is merely suggesting patients for further review. To add a code to or remove a code from the Problem List is a clinical decision that should be made by an authorized provider.

The Problem List Validation Report targets the major chronic diseases identified in the UDS and QIP Quality Measures. Value Sets are used to define the diagnosis codes that describe the chronic diseases. The exception is that the Value Set for persistent asthma is not included on this report because there is a special report for that (see section "Persistent Asthma Validation Report" below). These Value Sets are:

Population category	Population criteria	Value Set
Diabetes	Diagnosis: Diabetes	Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)
Hypertension	Essential Hypertension Diagnosis	Essential Hypertension (2.16.840.1.113883.3.464.1003.104.12.1011)
IVD	Ischemic Vascular Disease Diagnosis	Ischemic Vascular Disease (2.16.840.1.113883.3.464.1003.104.12.1003)
Depression/ Bipolar	Diagnosis of Depression	Depression diagnosis (2.16.840.1.113883.3.600.145)
	Diagnosis of Bipolar	Bipolar Diagnosis (2.16.840.1.113883.3.600.450)
ASCVD	History of Clinical ASCVD Diagnoses	UNION OF
	["Diagnosis": "Myocardial Infarction"]	Myocardial Infarction (2.16.840.1.113883.3.526.3.403)
	["Diagnosis": "Cerebrovascular disease, Stroke, TIA"]	Cerebrovascular disease, Stroke, TIA (2.16.840.1.113762.1.4.1047.44)
	["Diagnosis": "Atherosclerosis and Peripheral Arterial Disease"]	Atherosclerosis and Peripheral Arterial Disease (2.16.840.1.113762.1.4.1047.21)
	["Diagnosis": "Ischemic heart disease or coronary occlusion, rupture, or thrombosis"]	Ischemic heart disease or coronary occlusion, rupture, or thrombosis (2.16.840.1.113762.1.4.1047.46)
	["Diagnosis": "Stable and Unstable Angina"]	Stable and Unstable Angina (2.16.840.1.113762.1.4.1047.47)

Section Headings (For Each Report)

- Report Name
- Background and Context
- Report Description
- Parameters
- Relevant Database
- Column Definitions
- Custom Set-up at Health Center

Column Definitions

- List of columns and definitions

Instructions for Using the Relevant Validation Report Set (Version 1)

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Column Definitions

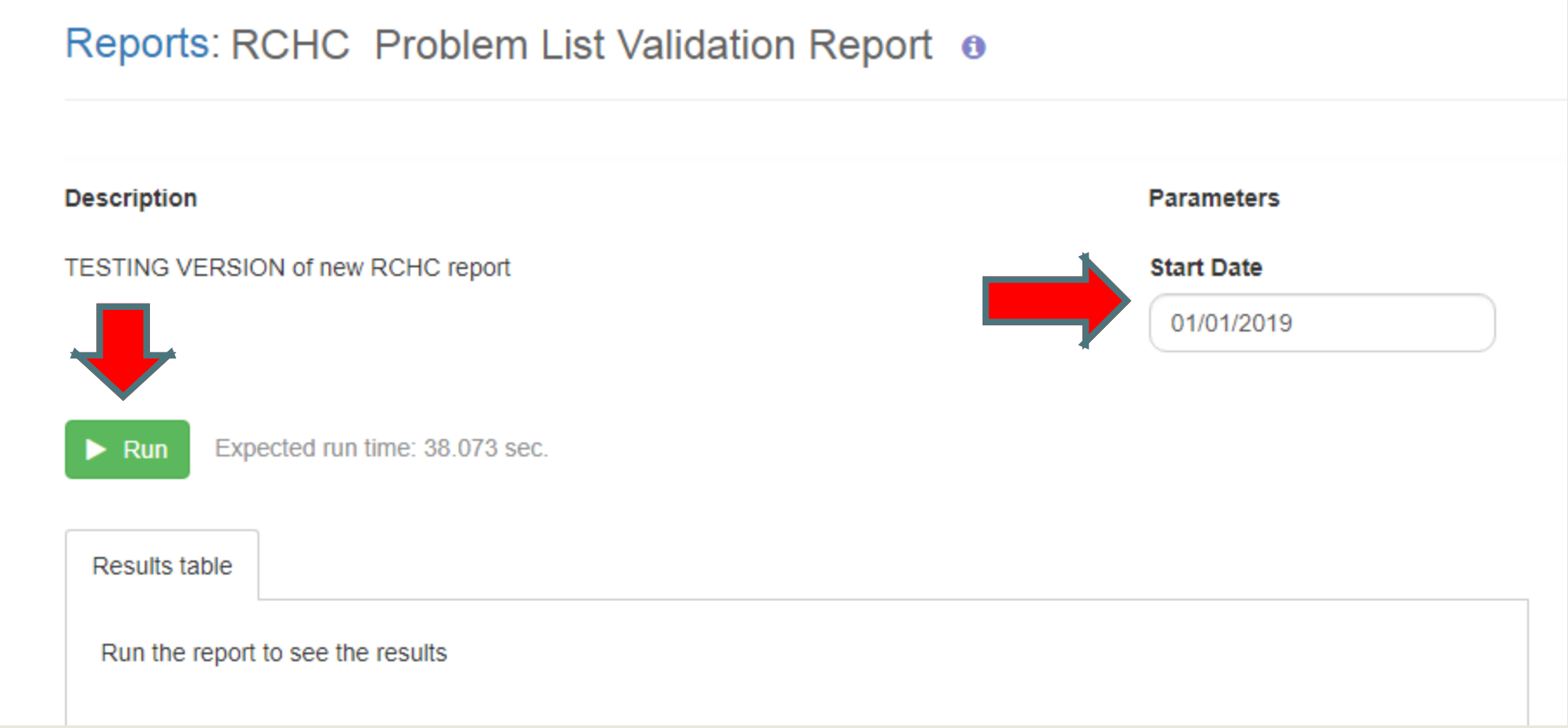
Column Name	Column Description
patient_id	The internal patient reference code
Account_No	The account number that appears in EHR
Pat_Last_Name	Patient last name
Pat_First_Name	Patient first name
Date_Of_Birth	Patient date of birth
Age_Now	Age as of the day the report is run
Last_UDS_Medical_Visit	The date of the last UDS medical visit in the measurement period
Count_UDS_Medical_Visits	The number of UDS medical visits in the measurement period
Diagnosis_Category	The Value Set diagnosis category referenced in the row
ProbList_Exists	Displays "Yes" if a diagnosis code from the diagnosis category Value Set appears on the Problem List. Otherwise, will display "No"
ProbList_Detail	Displays the first date that any diagnosis code from the diagnosis category Value Set appeared on the Problem List, along with the code itself
Assessm_Exists	Displays "Yes, in past one year" if a diagnosis code from the diagnosis category Value Set appeared on an Assessment in the year prior to when the report was run. Otherwise, it will display "Yes, but more than a year ago" if it was only on an assessment before a year ago or "Never" it if never appeared
Assessm_Detail	Displays the last date that any diagnosis code from the diagnosis category Value Set appeared on an Assessment, along with the code itself
Claim_Exists	Displays "Yes, in past one year" if a diagnosis code from the diagnosis category Value Set appeared on a Claim in the year prior to when the report was run. Otherwise, it will display "Yes, but more than a year ago" if it was only on a Claim before a year ago or "Never" it if never appeared
Claim_Detail	Displays the last date that any diagnosis code from the diagnosis category Value Set appeared on a Claim, along with the code itself
Record_Summary	Summarizes the combination of codes present or missing from the Problem List, Assessments in past year or Claim in past year
Check_Action	Suggests adding a diagnosis code to the Problem List or verifying the code already on there, based on the findings in the row

Parameters

- Most reports have a Measurement Period Start Date parameter
- The report runs from this start date until the date the report is run
- This date range is used to limit the data to the measurement period you are interested in. For example, a measurement period is used to display patients seen in the measurement period, or display only labs ordered in the measurement period, depending on the purpose of the report

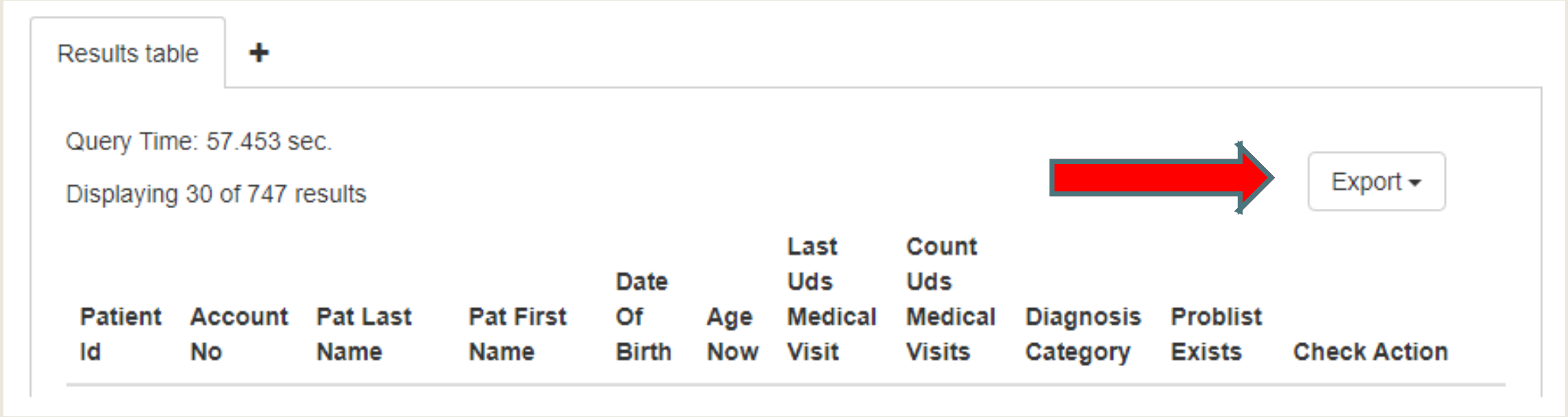
Running the Report

Once the report is set-up in your system, just enter a start date and click Run



Viewing the Results

- Note that some of the reports might take a minute or two to complete!
- Not all columns may be displayed on the screen. So, EXPORT the data in Excel, where you can also sort and filter the data how you prefer



Three Groups of Validation Reports

- **Record-Level Validation Reports** – these reports show individual records that may need to be investigated further
- **Quality Measure (QM) Understanding Reports** – list Value Set codes and their equivalents in your system
- **System Set-Up Reports** – list all elements in your system

Record-Level Validation Reports

1. Problem List Validation
2. Persistent Asthma Diagnosis Validation Report
3. Incomplete Labs
4. Incomplete Images
5. Cancer Exclusion Validation Report

These reports list specific records that are candidates for further review in the EHR

1. Problem List Validation *Purpose*

- There should be one “source of truth” for a patient diagnosed with a chronic disease. The RCHC Data Standards and Integrity Committee agreed that this should be the Problem List.
- Therefore, we need to make sure that all patients WITH a chronic disease have an appropriate diagnosis code on the Problem List and all patients WITHOUT the chronic disease do not have a code on the Problem List

1. Problem List Validation
Records Displayed

Diagnosis Code Value Sets: Diabetes, Hypertension, IVD, Depression/Bipolar, and ASCVD (persistent asthma has a separate report). Patients displayed:

1. There is NOT a code for a particular chronic disease on the Problem List but a code for that disease appeared on an encounter assessment or claim in the past year.
2. A code for a particular chronic disease appears on the Problem List but a code for that disease has NEVER appeared on an encounter assessment or claim ever in the past.

1. Problem List Validation, *Columns*

Results table +

Query Time: 57.453 sec.

Displaying 30 of 74 results

Export

Patient Id	Account No	Pat Last Name	Pat First Name	Date Of Birth	Age Now	Last Uds Medical Visit	Count Uds Medical Visits	Diagnosis Category	Problist Exists	Problist Detail	Assessm Exists	Assessm Detail	Claim Exists	Claim Detail	Record Summary	Check Action
[redacted]						2019-08-14	1	ASCVD	No		Yes, in past one year	Last assessment: 2019-08-14; Last code: Z86.73	Never		Code(s) on assessment in past year, but missing from Problem List	Consider adding an appropriate diagnosis code to Problem List
						2019-10-24	2	ASCVD	Yes	First Problem List date: 2017-01-05; First code: I25.2	Never		Never		Code(s) on Problem List, but no code ever on a claim or assessment	Verify diagnosis code on Problem List
						2019-07-25	9	ASCVD	Yes	First Problem List date: 2019-05-16; First code: I25.10	Never		Never		Code(s) on Problem List, but no code ever on a claim or assessment	Verify diagnosis code on Problem List

Record Summary: what is being identified in the record

Check Action: the suggested course of action

2. Persistent Asthma Diagnosis Validation Report

- Similar to the Problem List Validation report, but has additional features
- Picks up four sub-populations of patients

2. Persistent Asthma Diagnosis Validation Report (Populations)

Sub-population	Action
Diagnosis for persistent asthma on the Problem List but never had a persistent asthma medication or a claim or assessment with a persistent asthma code	Verify that a clinical diagnosis of persistent asthma is appropriate. If it is not, remove the code from the Problem List
No diagnosis for persistent asthma on the Problem List and a claim or assessment with a persistent asthma code in the past year	Consider a clinical diagnosis of persistent asthma and place an appropriate code on the Problem List
No diagnosis for persistent asthma on the Problem List and use of appropriate asthma medication in the past year	Consider a clinical diagnosis of persistent asthma and place an appropriate code on the Problem List
Patients with both a persistent and intermittent asthma code on the Problem List	Consider removing one of the codes from the Problem List depending on appropriate clinical diagnosis

2. Persistent Asthma, *Columns*

Patient Id	Account No	Pat Last Name	Pat First Name	Date Of Birth	Age Now	Last Uds Medical Visit	Count Uds Medical Visits	Persist Problist Exists	Persist Problist Detail	Intermit Problist Exists	Intermit Problist Detail	Both Persist Intermit	Assessm Exists	Assessm Detail	Claim Exists	Claim Detail	Med Exists	Med Detail	Check Action
						2019-09-05	9	No		No			Never		Never		Yes, in past one year	Last med date (past year): 2019-09-05; Last med: Fluticasone Propionate	Consider adding persistent asthma to Problem List

- This report also features a Check Action column, so you know which category the patient falls (helps you to sort patients and focus on the most important aspects of the chart).
- Note that a patient can belong to more than one sub-population. However, the Check Action column only displays one suggestion.

3. Incomplete Labs
Purpose

- Data entry into the labs structured data window should be completed in a standard manner in order for a lab to be considered “complete.”
- What is considered “complete” should follow your health center policy and training materials. Also consider eCW recommendations and Meaningful Use concepts.
- This validation reports displays labs that do not meet a set of criteria for completion.

3. Incomplete Labs
Criteria for a completed lab record

1. A lab date is present, which is a Collected Date OR a Result Date
2. AND a lab outcome is present, which is a Lab Value OR a Lab Result (exception is for A1c and LDL labs, where a Lab Value is required)
3. AND the Received Checkbox is marked
4. AND Lab Status is equal to Reviewed
5. AND no associated flags are present, which are the Lab Delete Flag OR the Lab Cancelled Flag OR the Encounter Delete Flag

3. Incomplete Labs
Records displayed

- The report will display records with some of the criteria but not all of the criteria. In other words, the record looks partially complete.
- Labs for QMs: A1c, LDL, Pap, HPV, FIT, FOBT, Nephropathy (urine protein)
- Labs pulled by Value Set code

3. Incomplete Labs, *Columns*

Patientid	Account No	Pat First Name	Pat Last Name	Date Of Birth	Encounterid	Visit Type Code	Enc Status	Lab Value Set Name	Order Date	Collected Date	Result Date	Received Checkbox	Lab Status	Test Name	Attribute Name	Lab Result	Lab Value	Attached Document

- NOTE: not all of the columns on this report are displayed. So, you need to export the data in order to see the results
- There is a column called “Main Issue” that displays:
  1. Missing Collection and Result Date
  2. Missing Lab Result and Lab Value
  3. Missing Received Checkbox
  4. Lab Status not Reviewed

Column: “Main Issue”

- The data is evaluated in the same order as the numbers on the previous slide
- Treat the data with a “grain of salt.” Know your data entry practices and understand what is being pulled by the Transformers.
- Some kinds of incompleteness (i.e., dates and results) are more vital than others (i.e., checkbox and status)

4. Incomplete Images

- Very similar to the incomplete labs report
- Images only have a Result (so “lab value” not considered)
- Images for QMs: Mammogram, Colonoscopy, and Sigmoidoscopy
- Images pulled by name
- Displays the name of an attachment to the image record (the incomplete lab report has this too, but attachments to images are more common)

4. Incomplete Images, *Columns*

Patientid	Account No	Pat First Name	Pat Last Name	Date Of Birth	Encounterid	Visit Type Code	Enc Status	Image Category	Order Date	Collected Date	Result Date	Received Checkbox	Image Status	Test Name	Image Result	Attached Document
						LAB		Mammogram	2019-10-03	2019-10-03	2019-10-03	Checked	Not Reviewed	MAMMOGRAM, BILAT DIAGNOSTIC		2019-10-03, MAMMOGRAM, BILAT DIAGNOSTIC
						NP Adult	CHK	Mammogram	2019-10-07			Checked	Not Reviewed	MAMMOGRAM, BILAT DIAGNOSTIC	Abnormal L Bx pending (Sutter)	2019-10-09, MAMMOGRAM, BILAT DIAGNOSTIC
						OV	CHK	Mammogram	2019-08-16	2019-08-19	2019-08-19	Not Checked	Not Reviewed	MAMMOGRAM, BILAT DIAGNOSTIC	Normal	2019-08-19, MAMMOGRAM, BILAT DIAGNOSTIC

There is also a column called “Main Issue” on this report that displays a summary of the record similar (but not exactly the same) as the incomplete lab report. You must export the data to see it.

5. Cancer Exclusion Validation Report *Purpose*

- Helps with exclusions for the three cancer reports: cervical, breast and colorectal cancers
- The RCHC Data Standards and Integrity Committee agreed on recommendations for the standard manner that patients with cancer exclusions should be documented in the health record.
- This report identifies patients who have incomplete evidence that they qualify for denominator exclusion.
- The record should be checked and standard exclusion notation entered

5. Cancer Exclusion Validation Report *Criteria*

Three data items are needed in order for the Quality Measure report to evaluate the exclusion:

1. Identification of the relevant organ associated with the Quality Measure
2. Indication that the entire organ was removed, not just a part of it (residual organs still need to be screened for cancer)
3. Date that the organ was removed

5. Cancer Exclusion Validation Report *Data entry*

- The preferred location for exclusions is on the Problem List because a distinct code can be entered along with an Onset Date and this combination satisfies the documentation requirements.
- Data can also be entered into Surgical History along with a date in the Surgical Date field. This option is a little more tricky because the fields are text fields.
- Medical History is the last option, but it is also a text field and does not have a separate date field

5. Cancer Exclusion Validation Report *Report design*

- The validation report looks for combinations of text in Surgical History and Medical History that point to incomplete or vague exclusion description
- The report ignores patients already excluded and limits patients to the age ranges for the Quality Measures and those with a visit in the Measurement Period you choose
- The text entry and recognized date are also displayed

Quality Measure (QM) Understanding Reports

1. List of QM Value Set Codes
2. List of QM Lab Names and Attributes
3. List of QM Medications
4. List of QM Vaccines

These reports list items in your system that are associated with the Value Sets that define standard elements needed for the Quality Measures

How to Use These Reports

- Use these reports to list the data being pulled by the Value Sets
- Are the records of labs, medications and vaccines what you expect?
- Are any displayed that should not be there? (For example, an in-house lab may have the wrong LOINC code)
- Are any missing? (For example, a vaccine in your system may not have an associated CVX code)

1. List of QM Value Set Codes

- Big list of all the Value Set codes
- Not time-limited. The report just displays all of the raw codes

Measure Qm	Cms Code	Value Set Name	Value Set Oid	Ehr Target	Code System Name	Code Value	Code Description	Code System Version	More Than One Qm
Controlling High Blood Pressure	CMS165	Pregnancy Dx	2.16.840.1.113883.3.600.1.1623	Problem	ICD10CM	O43.819	Placental infarction, unspecified trimester	2019	Yes
Controlling High Blood Pressure	CMS165	Pregnancy Dx	2.16.840.1.113883.3.600.1.1623	Problem	ICD10CM	O43.91	Unspecified placental disorder, first trimester	2019	Yes
Controlling High Blood Pressure	CMS165	Pregnancy Dx	2.16.840.1.113883.3.600.1.1623	Problem	ICD10CM	O43.92	Unspecified placental disorder, second trimester	2019	Yes
Controlling High Blood Pressure	CMS165	Pregnancy Dx	2.16.840.1.113883.3.600.1.1623	Problem	ICD10CM	O43.93	Unspecified placental disorder, third trimester	2019	Yes

2. List of QM Lab Names and Attributes

- Use this to confirm that the QM reports are picking up the right labs, and if you are missing any LOINC codes on labs (particularly in-house labs)
- The LOINC code is associated with the Lab Attribute. A single Lab Attribute can be associated with one or more lab names
- Displays a column for the Lab Category. You can see which are associated with a Value Set but not to a Lab Category (for example, cervical cancer screening)

2. List of QM Lab Names and Attributes

Qm Name	Valueset Name	Valueset Oid	Lab Category Id	Lab Category Name	Labtest Id	Labtest Name	Labattribute Id	Labattribute Name	Valueset Loinc	Valueset Loinc Description
Cervical Cancer Screening	HPV Test	2.16.840.1.113883.3.464.1003.110.12.1059			317915	HPV HIGH RISK ONLY	317916	HPV (HIGH RISK)	30167-1	Human papilloma virus 16+18+31+33+35+39+45+51+52+56 DNA [Presence] in Cervix by Probe v amplification
Cervical Cancer Screening	HPV Test	2.16.840.1.113883.3.464.1003.110.12.1059	25	PAP LABS	314481	HPV GENOTYPES 16 AND 18	314482	HPV16 DNA	59263-4	Human papilloma virus 16 DNA [Pres Cervix by Probe with signal amplifica
Cervical Cancer Screening	HPV Test	2.16.840.1.113883.3.464.1003.110.12.1059	25	PAP LABS	314481	HPV GENOTYPES 16 AND 18	314483	HPV18 DNA	59264-2	Human papilloma virus 18 DNA [Pres Cervix by Probe with signal amplifica

Present but not displayed in this screenshot (you must export to Excel):

- Number of labs in the measurement period
- Last lab date in the measurement period

3. List of QM Medications

- Similar to the lab report in that it displays all of the medications in your system associated with the Quality Measures, along with the Rx Group in your system
- This report hopefully will be finished SOON because we are waiting for a new Transformer to be validated by Relevant.
- This Transformer is the crosswalk between RxNorm codes (defined in the Value Set) and NDC codes (present in the EHR).

4. List of QM Vaccines

- The Value Sets define the CVX codes
- This report lists all of the codes, the associated Value Set and Quality Measure, and the number of vaccines and last date used

Qm Name	Valueset Name	Valueset Oid	Vaccine Id	Vaccine Name	Valueset Cvx	Valueset Cvx Description	Number Vacc Mp	Last Date Mp
Childhood Immunization Status (UDS)	DTaP Vaccine	2.16.840.1.113883.3.464.1003.196.12.1214	560248	VFC-Pediarix(DTaP,Hep B,IPV)(6 Wks-6 Yrs)	110	DTaP-hepatitis B and poliovirus vaccine	1908	2019-11-08
Childhood Immunization Status (UDS)	DTaP Vaccine	2.16.840.1.113883.3.464.1003.196.12.1214	560268	PRIV-Pediarix(DTaP,Hep B,IPV)(6 Wks-6 Yrs)	110	DTaP-hepatitis B and poliovirus vaccine	22	2019-10-21
Childhood Immunization Status (UDS)	DTaP Vaccine	2.16.840.1.113883.3.464.1003.196.12.1214	560396	PAST-PEDIARIX	110	DTaP-hepatitis B and poliovirus vaccine	20	2019-09-20
Childhood Immunization Status (UDS)	DTaP Vaccine	2.16.840.1.113883.3.464.1003.196.12.1214	309455	Pentacel (DTaP, HIB, IPV) (Given in the past)	120	diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	4	2019-03-21

System Set-Up Reports

1. List all Diagnosis Codes
2. List all Medications and Rx Groups
3. List All Medication Flags
4. List All Structured Data Items

These reports list all items in your system, regardless of association with Value Sets, Quality Measures, etc.

1. List all Diagnosis Codes

- Big list of all diagnosis codes that appear on Problem Lists and Assessments
- Displays the code (ICD-9 or ICD-10), the most common descriptive name associated with it, and the number of unduplicated patients with the code on their Problem List or on an Assessment in the Measurement Period
- If the diagnosis code is associated with a Quality Measure, the report will show the Value Set name (UDS or QIP) and EHR target
- The EHR target is either the Problem List or Assessment. Although we take the Problem List to be the source of truth for chronic disease diagnosis, some diagnoses are time-limited and come from Assessments (for example, pregnancy)

1. List all Diagnosis Codes

Dxcode	Dxname Mostcommon	Problist Pts	Assessm Pts	Uds Measure Qm	Uds Value Set Name	Uds Value Set Oid	Uds Code Description	Uds Ehr Target	Qip Measure Qm	Qip Value Set Name	Qip Ehr Target
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	15	9	Diabetes: Hemoglobin A1c Poor Control	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Problem List	Diabetes - HbA1C Good Control	Diabetes	Problem List
E11.40	Diabetic neuropathy	200	110	Diabetes: Hemoglobin A1c Poor Control	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Problem List	Diabetes - HbA1C Good Control	Diabetes	Problem List
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	27	18	Diabetes: Hemoglobin A1c Poor Control	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Type 2 diabetes mellitus with diabetic mononeuropathy	Problem List	Diabetes - HbA1C Good Control	Diabetes	Problem List
E11.42	Diabetic polyneuropathy associated with type 2 diabetes mellitus	214	147	Diabetes: Hemoglobin A1c Poor Control	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Type 2 diabetes mellitus with diabetic polyneuropathy	Problem List	Diabetes - HbA1C Good Control	Diabetes	Problem List
E11.43	Diabetic autonomic neuropathy associated with type 2 diabetes mellitus	26	15	Diabetes: Hemoglobin A1c Poor Control	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Problem List	Diabetes - HbA1C Good Control	Diabetes	Problem List

2. List all Medications and Rx Groups

- Lists all medications used in a Measurement Period, along with unique patients using the medication and visits with a medication action
- The Rx Group displayed is the one (or more) assigned in the system.

Med Itemid	Med Name	Rx Group Ids	Rx Group Names	Unique Pts With Med Action	Unique Visits With Med Action	Last Visit With Med Action
289104	APAP Drops			2	12	2019-11-01
289106	APAP Extra Strength			2	9	2019-11-06
289134	Apidra	48	Insulin	1	2	2019-05-28
391046	Apixaban	31	Anticoagulant	52	290	2019-11-08

3. List All Medication Flags

- In eCW, Medication Flags (AKA, “Doctors Flags”) are used to indicate a particular action the provider takes on a medication. For example, Start, Stop, Increase, Decrease, etc.
- Displays name and ID number of each flag, along with status and number of records in the measurement period
- Can be used to understand how your medication Transformers are pulling the data
- Monitor these so that custom/non-standard flags do not creep into your system (you can inactivate those)

3. List All Medication Flags

Medication Flag Id	Medication Flag Name	Flag Status	Number Med Records
-4	Unknown	Active Flag	8224
-3	Discontinued	Active Flag	8310
-2	Not Taking	Active Flag	45351
-1	Taking / Brought Forward	Active Flag	104161
0	Stop	Active Flag	1445
1	Start	Active Flag	8810
2	Continue	Active Flag	1825
3	Increase	Active Flag	219
4	Decrease	Active Flag	737

4. List All Structured Data Items

- Lists all structured data items (Category, Item, Detail) used in a measurement period
- In eCW these are HPI, Social History, Preventive Medicine and Examination
- Displays name and ID number of each item
- Counts unique Values, total records and last date item was used

Structured Data Type	Category Id	Category Name	Symptom Id	Symptom Name	Detail Id	Detail Name	Number Unique Values	Total Records	Last Record Date
HPI	374192	CASE MANAGEMENT	21614	Symptom name not available	2042	Dental Symptoms	8	295	2019-11-08
HPI	374192	CASE MANAGEMENT	21615	Symptom name not available	2729	Substance Abuse	31	500	2019-11-08
HPI	374192	CASE MANAGEMENT	23017	Symptom name not available	2732	Current	2	12	2019-09-11
HPI	374192	CASE MANAGEMENT	23017	Symptom name not available	2733	Needs Application	2	6	2019-08-14
HPI	374192	CASE MANAGEMENT	23018	Symptom name not available	2734	RESOURCES	29	458	2019-11-07

OTHER CONSIDERATIONS

For the UDS Report

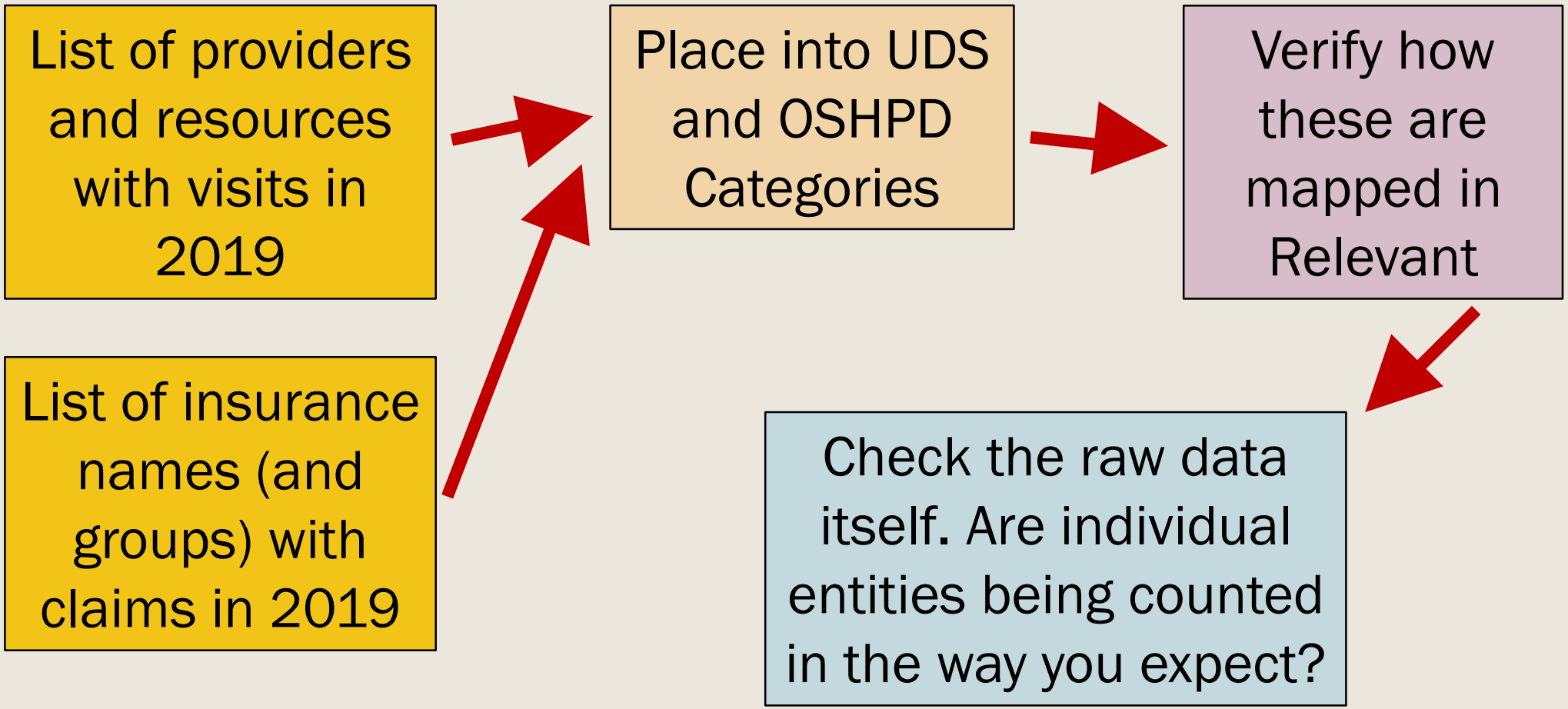
Other Considerations

- This section will not cover the details about the UDS set-up in Relevant
- BUT, there are some broad considerations that you should make while working on the set-up and examining the data

Verify and Document Your Mapping

- It is important to have good reliability from your Relevant reports. Part of having adequate data continuity year-to-year is making sure your mapping is correct and that you have properly documented it each year.
- If your insurance categories (Zip Code Table and Table 4) or staffing categories (Table 5) are really different from last year, it might be a problem with mapping

Mapping of Staff and Insurance



The Definition of a UDS Visit

- Typically, the Importer “Visits” is based on the Transformer “relevant_visits.” Look at the design of this Transformer and the assumptions it makes.
- Look at visits that are NOT UDS Visits. These will not be counted on the report. Validate them based on the definition of a visit in the 2019 UDS Manual.
- Look at visits that are UDS Visits. Are all of the Resource Providers ones listed in your mapping file?
- Sometimes you have to play with summary data in DataGrip to get this kind of information

UDS Table 6A: Selected Diagnoses and Services Rendered

- The codes used by Relevant are the ones that are specified in the UDS instructions
- But are there any services that are more frequently entered into structured data rather than billed?
- If yes, start planning reports for those now

Table 6A: Selected Services Rendered

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)
	Selected Diagnostic Tests/ Screening/Preventive Services		
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	
22	Mammogram	**CPT-4**: 77065, 77066, 77067 OR **ICD-10**: Z12.31	
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	

Examples: mammograms, SBIRT, tobacco use cessation counseling

NEW SECTION Table 5: Selected Service Detail Addendum

Table 5: Selected Service Detail Addendum

Reporting Period: January 1, 2019, through December 31, 2019

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				
Line	**Personnel by Major Service Category: Substance Use Disorder Detail**	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 5: Selected Service Detail Addendum

- These are Mental Health and Substance Abuse services provided by medical providers (Physicians, Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives)
- These visits are also counted in the medical sections of Table 5
- Plus, report substance abuse services by mental health providers, which are also reported in the mental health section of Table 5
- Since this is something new, be extra careful with the validation of this section

Table 5: Selected Service Detail Addendum

To identify visits where a mental health or substance use disorder treatment service may have been rendered, include all visits for the reporting providers with ICD-10 codes specified on Table 6A, Lines 18 through 19a for substance use disorder treatment and Lines 20a through 20d for mental health treatment.

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	Selected Mental Health Conditions and Substance Use Disorders	
18	Alcohol-related disorders	F10-, G62.1, O99.31-
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-
19a	Tobacco use disorder	F17-, O99.33-
20a	Depression and other mood disorders	F30- through F39-
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0
20c	Attention deficit and disruptive behavior disorders	F90- through F91-
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0

Questions?