



RELEVANT 2020 QUALITY MEASURE SET-UP

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Data Workgroup Webinar, November 10, 2020



AGENDA

- Overview of What Has Changed in Relevant
- Set-up Procedures for Relevant
- Validation Reports That Help With Set-Up

OVERVIEW OF WHAT HAS CHANGED IN RELEVANT

Mostly the UDS Measures



SEE THE ANNOUNCEMENT E-MAIL FROM RELEVANT



Paul Salcuni

UDS 2020 and Visit Planning Notes

9/18/2020

Take a look at some information about recent feature updates, ...

Recent & Upcoming Changes

September 18, 2020

Here's a look at what's changed recently.

Visit Planning now includes a new lightweight communication tool for providers to share notes about upcoming appointments, especially to support teleworking. [Read more](#) about this feature.

The **UDS 2020 Report** is available now! [Read more](#) about changes and [required mappings](#).

The UDS 2020 Report also now includes drill-throughs to patient lists to help with validation or outreach.

“OLD” MEASURE

QM Name: Use of Appropriate Medications for Asthma

- No longer a UDS Quality Measure
- Relevant will not update it
- No new eCQM or Value Sets

- But you can continue to use it if it is a priority at your health center



NEW MEASURES

- Breast Cancer Screening
- Depression Remission at Twelve Months
- HIV Screening

UPDATES TO MEASURES

Four standard measures now exclude patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period or with advanced illness and frailty. They are:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c Poor Control

BLOOD PRESSURE DEFINITION

- Measure name: Controlling High Blood Pressure
- UDS/HRSA vs. QIP/HEDIS
- As discussed in the Data Standards and Integrity Council meetings, there is a difference in the definition for what kinds of blood pressures are acceptable for reporting to each agency
- More on this on a later slide...

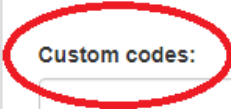


TABLE 6A: SELECTED DIAGNOSES AND SERVICES

- All standard diagnosis codes and procedure codes in Table 6A are hard-coded in the SQL
- But now, for the “Selected Services Rendered” section (beginning on Line 21), you can also add additional codes (or even “dummy” codes) for procedures.

NEW FEATURE IN RELEVANT (TABLE 6A)

Table 6A: Selected Services Rendered

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/ Screening/ Preventive Services				
21	HIV Test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 Custom codes: <input type="text"/>		

SET-UP PROCEDURES

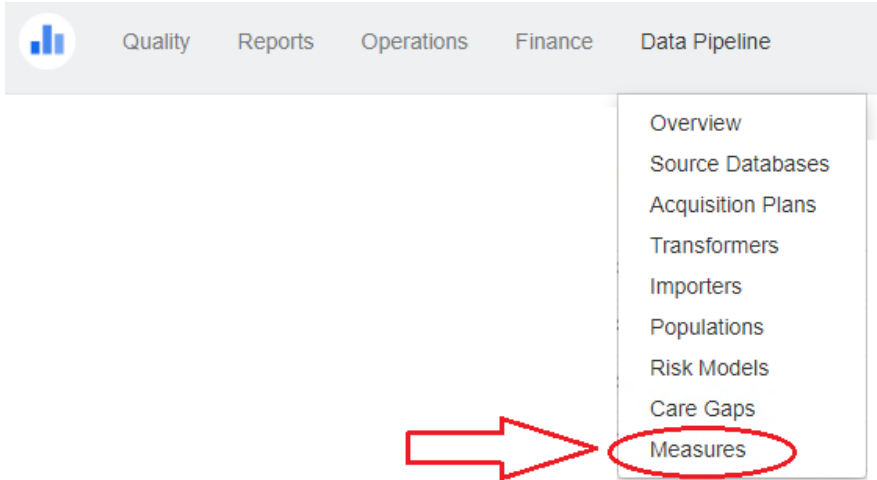
Create new or check existing Transformers and Importers



TIPS

- Set-up and validate the necessary Transformers/Importers first
- Compare the 2019 and 2020 results for the same measurement period.
 - ✓ Are there any numerical differences in the denominator, numerator or exclusions?
 - ✓ Do the differences make sense in light of any possible changes to the measure definition?
 - ✓ Do the results compare to last year? Can you explain any observed differences to the UDS editor?

VIEW LIST OF ACTIVE/INACTIVE QMS



A screenshot of a navigation menu with the following items: Quality, Reports, Operations, Finance, and Data Pipeline. The 'Data Pipeline' menu is expanded, showing a list of options: Overview, Source Databases, Acquisition Plans, Transformers, Importers, Populations, Risk Models, Care Gaps, and Measures. A red arrow points to the 'Measures' option, which is also circled in red.

2020 →

📊 Breast Cancer Screening (UDS 2020 Table 6B)

📊 Cervical Cancer Screening (UDS 2017 Table 6B)

📊 Cervical Cancer Screening (UDS 2018 Table 6B)

2019 →

📊 Cervical Cancer Screening (UDS 2019 Table 6B)

2020 →

📊 Cervical Cancer Screening (UDS 2020 Table 6B)

📊 Childhood Immunization Status (UDS 2017 Table 6B)

📊 Childhood Immunization Status (UDS 2018 Table 6B)

2019 →

📊 Childhood Immunization Status (UDS 2019 Table 6B)

2020 →

📊 Childhood Immunization Status (UDS 2020 Table 6B)

BREAST CANCER SCREENING

- New QM name: Breast Cancer Screening (UDS 2020 Table 6B)
- Old QIP QM: Breast Cancer Screening QIP 2019 (RCHC)

Measures: Breast Cancer Screening (UDS 2020 Table 6B)

Required importers

- Patients
- Mammograms
- Mastectomies
- Hospice care interventions
- Long term care stays
- Frailty cases
- Advanced illness cases
- Dementia medications

**All new for the
2020 UDS**

EXCLUSIONS FOR END-OF-LIFE

- Hospice care interventions
- Long term care stays
- Frailty cases
- Advanced illness cases
- Dementia medications

These five Importers are used for the following measures:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c Poor Control

EXCLUSIONS FOR END-OF-LIFE

- Furthermore, the following measures use one or more of these Importers (but not all of them): cervical cancer screening, depression remission, IVD and antiplatelets, adult BMI screening and follow-up,
- And then a few measures use other (previously established) Importers for similar conditions: Palliative care cases and Limited life expectancy cases
- It is a good idea to just have a look at all of these together in your Instance of Relevant and see how these are being handled

DATA SOURCES FOR EXCLUSIONS

Value Sets define diagnosis codes

- Advanced illness cases
- Frailty cases (two Value Sets)
- Long term care stays
- Palliative care cases

Possibly from structured data or dummy codes

- Limited life expectancy cases
- Hospice care interventions

DEMENTIA MEDICATIONS

- Defined by a Value Set. The four basic names of medications in the Value Set are not descriptive enough.
- When the Value Set OID is run through a comprehensive version of the relevant_medications Transformer, more medication names come up.
- Combined with a little Internet research on brand names, I came up with good list of basic medication names. There may be some variation with the names in your own system. As always, they should be verified with a designated provider at your health center before added to medication groups or hard-coded

DEMENTIA MEDICATIONS

- Aricept
- Donepezil
- Exelon
- Galantamine
- Memantine
- Namenda
- Razadyne
- Rivastigmine

SQL Example

```
WHERE items.itemname ILIKE ANY(ARRAY['%aricept%', '%donepezil%', '%exelon%', '%galantamine%', '%memantine%', '%namenda%', '%razadyne%', '%rivastigmine%'])
```

DEPRESSION REMISSION AT TWELVE MONTHS

Denominator definitions using Value Sets that define
diagnosis codes

1. Dysthymia cases (NEW)
2. Major depression including remission cases (NEW)
 - **Depression Remission at Twelve Months**
Major Depression Including Remission
(2.16.840.113883.3.67.1.101.3.2444)
 - NOT Screening for Depression and Follow-Up Plan
Depression diagnosis (2.16.840.1.113883.3.600.145)

DEPRESSION REMISSION AT TWELVE MONTHS

NEW exclusions using Value Sets that define diagnosis codes

- Personality disorder cases
- Schizophrenia or psychotic disorder cases
- Pervasive developmental disorder cases
- Bipolar cases (see next slide)

DEPRESSION REMISSION AT TWELVE MONTHS

Bipolar cases (currently one Importer)

- Note: there are also different Value Sets with overlapping (but not identical) diagnosis codes
- Depression Remission at Twelve Months
 - Bipolar Disorder (2.16.840.1.113883.3.67.1.101.1.128)
- Screening for Depression and Follow-Up Plan
 - Bipolar Diagnosis (2.16.840.1.113883.3.600.450)

DEPRESSION REMISSION AT TWELVE MONTHS

- Importer name: Phq9 and phq9 m screens
- Used to identify PHQ-9 or PHQ-9 modified for teens (PHQ-9M)
- Normally comes from structured data or wherever you put the PHQ-9 date and score.
- You might already have a standard from a previous version of the Depression Follow-up Importer (from the earlier Depression Screening and Follow-up measure).

HIV SCREENING

- New Importer “HIV Cases.” There is an associated Value Set that defines the diagnosis codes
- This new Importer is different than the Importer “HIV initial diagnoses” for the measure “HIV Linkage to Care”

HIV SCREENING

- Also, new Importer “HIV screening tests.” There is an associated Value Set that defines the LOINC codes for the screening lab tests.
- Run the Validation Report “RCHC List All Lab Names and Attributes” to see the labs in your system belonging to this Value Set. Make sure they are correct and that there are no others missing a LOINC code

CONTROLLING HIGH BLOOD PRESSURE

Differences in eligible blood pressure reading definitions between the QIP and UDS reports

All eligible blood pressures must be documented appropriately in the patient's electronic health record

Blood pressure measurement	HEDIS/QIP	HRSA/UDS
Blood pressure taken by an appropriately trained staff member in a clinical setting	Yes	Yes
Blood pressure readings from a remote device that are digitally stored and transmitted directly to the electronic health record	Yes	Yes
Blood pressure readings from a remote device that an appropriately trained staff member can confirm visually during an E-visit or virtual check	Yes	Yes
Self-reported blood pressure readings from a digital device collected verbally from the patient by an appropriately trained staff member during an outpatient visit, telephone visit, e-visit, virtual check-in, or remote monitoring event	Yes	No
Self-reported blood pressure readings from a digital device sent to the health center via the patient portal or e-mail	Yes	No

CONTROLLING HIGH BLOOD PRESSURE

- The general idea will be that a new field will be added to the Importer “Blood Pressure Readings”
- This field will be Boolean (TRUE or FALSE)
- When the blood pressure reading follows the definition for UDS/HRSA blood pressure documentation, this field will read TRUE (otherwise, if does not meet the definition, it will read FALSE)
- I did not see any changes to the data structure or definitions in Relevant yet, but you can plan for the change now
- TIP: have a written policy or procedure that defines what blood pressures go in which field in your EHR, and then base the logic in your Transformer on it

CONTROLLING HIGH BLOOD PRESSURE

- Most health centers put the SQL definition for blood pressure readings in the Transformer that creates the table relevant_bps
- So, first make sure that all blood pressures of any kind (i.e., both UDS and QIP blood pressures) are being pulled by the Transformer. This should be in the WHERE statement of the query. This is important for health centers that added new vital names.
- Then, distinguish the UDS from the QIP blood pressures in its own column in the Transformer (most likely using a CASE WHEN command)

CONTROLLING HIGH BLOOD PRESSURE

Quality Measure report names are different

- UDS (upcoming change): Controlling High Blood Pressure (UDS 2020 Table 7)
- QIP (no change): Controlling High Blood Pressure - 2019 QIP

Quality Measure results are different

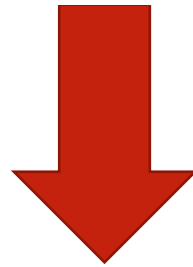
- UDS: exclusions for end-of-life (denominator)
- QIP: accepts unverified blood pressures (numerator). Is there a patient bias in what is reported?

UPCOMING CHANGES (COMMUNICATE WITH YOUR RELEVANT CONTACT PERSON)

- **Controlling High Blood Pressure.** New field for the Importer and a change to the Quality Measure logic to ignore blood pressures not accepted by the UDS measure
- **Depression Remission at Twelve Months.** Modification to the denominator so that any patient with a diagnosis of major depression or dysthymia is included (not just patients with a new diagnosis)
- **Asthma Medication Ratio.** Some of the logic is changing so that it recognizes more package sizes for oral medications and picks up additional emphysema codes for the exclusion

OTHER FEATURES IN RELEVANT (DRILL DOWNS)

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number of Charts Sampled or EHR total (b)	Number of Patients with Mammogram (c)	Percentage of Patients with Mammogram (d)
11a	MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer	392 Blue font = hyperlink	392	197	50%



Measure ↓	Start Date	End Date	Patient Name	MRN	Risk Score	DOB	Provider Name	Location	Msrmt Value	Numerator
Breast Cancer Screening (UDS 2020 Table 6B)	01/01/2020	12/31/2020			COVID 0.0				No recent mammogram	N

VALIDATION REPORTS THAT HELP WITH SET-UP

Focusing on Value Set Definitions



VALIDATION REPORT INSTRUCTIONS

Instructions for
Using the Relevant
Validation
Report Set
(eCW Edition, Version 2)



Serving Sonoma, Napa, Marin & Yolo Counties

Instructions for
Using the Relevant
Validation
Report Set
(NextGen Edition, Version 2)



Serving Sonoma, Napa, Marin & Yolo Counties

DEFINE CODES IN A VALUE SET (ECQM)

Data Criteria (QDM Data Elements)

- "Device, Applied: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Device, Order: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)"
- "Diagnosis: History of bilateral mastectomy" using "History of bilateral mastectomy (2.16.840.1.113883.3.464.1003.198.12.1068)"
- "Diagnosis: Status Post Left Mastectomy" using "Status Post Left Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1069)"
- "Diagnosis: Status Post Right Mastectomy" using "Status Post Right Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1070)"
- "Diagnosis: Unilateral Mastectomy, Unspecified Laterality" using "Unilateral Mastectomy, Unspecified Laterality (2.16.840.1.113883.3.464.1003.198.12.1071)"
- "Diagnostic Study, Performed: Mammography" using "Mammography (2.16.840.1.113883.3.464.1003.108.12.1018)"
- "Encounter, Performed: Acute Inpatient" using "Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Care Services in Long-Term Residential Facility" using "Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)"
- "Encounter, Performed: ED" using "ED (2.16.840.1.113883.3.464.1003.101.12.1085)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Frailty Encounter" using "Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Nonacute Inpatient" using "Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)"
- "Encounter, Performed: Observation" using "Observation (2.16.840.1.113883.3.464.1003.101.12.1086)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient" using "Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Medication, Active: Dementia Medications" using "Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)"

DEFINE CODES IN A VALUE SET (APPENDIX C)

Appendix C: List of Value Sets Used in Quality Measures

Value Sets define the diagnosis codes, lab codes, vaccine codes, medication codes, and procedures codes used by the Quality Measures. The sets are updated by the measure authority every year. The RCHC Data Standards and Integrity Committee recommends that health centers use the Value Sets directly to define these items in their system²². The table below shows the Value Sets for the Quality Measures that are tracked for the 2020 UDS and QIP reports.

The report “QM Value Set Codes” will display all of the codes that compose each Value Set in this table.

2020 Quality Measure	Value Set Description	OID or Unique Name	Value Set Type
Breast Cancer Screening	History of bilateral mastectomy	2.16.840.1.113883.3.464.1003.198.12.1068	Diagnosis
	Status Post Left Mastectomy	2.16.840.1.113883.3.464.1003.198.12.1069	Diagnosis
	Status Post Right Mastectomy	2.16.840.1.113883.3.464.1003.198.12.1070	Diagnosis
	Unilateral Mastectomy, Unspecified Laterality	2.16.840.1.113883.3.464.1003.198.12.1071	Diagnosis
Cervical Cancer Screening	HPV Test	2.16.840.1.113883.3.464.1003.110.12.1059	Labs
	Pap Test	2.16.840.1.113883.3.464.1003.108.12.1017	Labs
Colorectal Cancer Screening	Malignant Neoplasm of Colon	2.16.840.1.113883.3.464.1003.108.12.1001	Diagnosis
	Fecal Occult Blood Test (FOBT)	2.16.840.1.113883.3.464.1003.198.12.1011	Labs
	FIT DNA	2.16.840.1.113883.3.464.1003.108.12.1039	Labs

LIST OF CODES (OPTION #1)

- If you just want to see a list of codes that comprise the Value Set, run the report named “RCHC List of QM Value Set Codes”
- Export the results to Excel and filter for the Value Set by OID Code or name

LIST OF CODES (OPTION #2)

- If you want to see how the Value Set codes intersect with codes in your own system, run the QM Understanding Report for the code type you want
 - ✓ QM Lab Names and Attributes in EHR
 - ✓ QM Medications in EHR
 - ✓ QM Vaccines in EHR
 - ✓ (For diagnosis codes, use option #3)
- Export the results to Excel and filter for the Value Set by OID or name

LIST OF CODES (OPTION #3)

- If you want to see all codes in your own system, with columns that show if a particular code is in a Value Set or not, run the System Set-up and Utilization Report for the code type you want
 - ✓ All Diagnosis Codes
 - ✓ All Lab Names and Attributes
 - ✓ All Medications
 - ✓ All Vaccines

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**Example from NextGen
instruction manual**

CONFIRM THE USE OF VALUE SET CODES

- If your Transformers and Importers do not link directly to the Value Sets, then it is a good idea to review the codes in the 2020 Value Sets to make sure that you are using the appropriate ones
- Example: old PHASE Transformer being used for Quality Measure (see next slide)
- This situation is probably rare, but you should double-check

CARDIOVASCULAR DISEASE DEFINITION

- QM: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (UDS 2020 Table 6B)
- If your health center participated in PHASE, make sure that the Transformer that is used in the Importer “ASCVD Cases” is not the old RCHC Transformer named “rchc_ascvd” with the old hard-coded diagnosis codes
- The codes used in the past are not exactly the same as the Value Set codes defined by the eCQM

ASCVD DEFINITION

Population category	Population criteria	Value Set
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)



QUESTIONS?