

PARTNERSHIP ELECTRONIC CLINICAL DATA SYSTEMS (ECDS) MEASURES

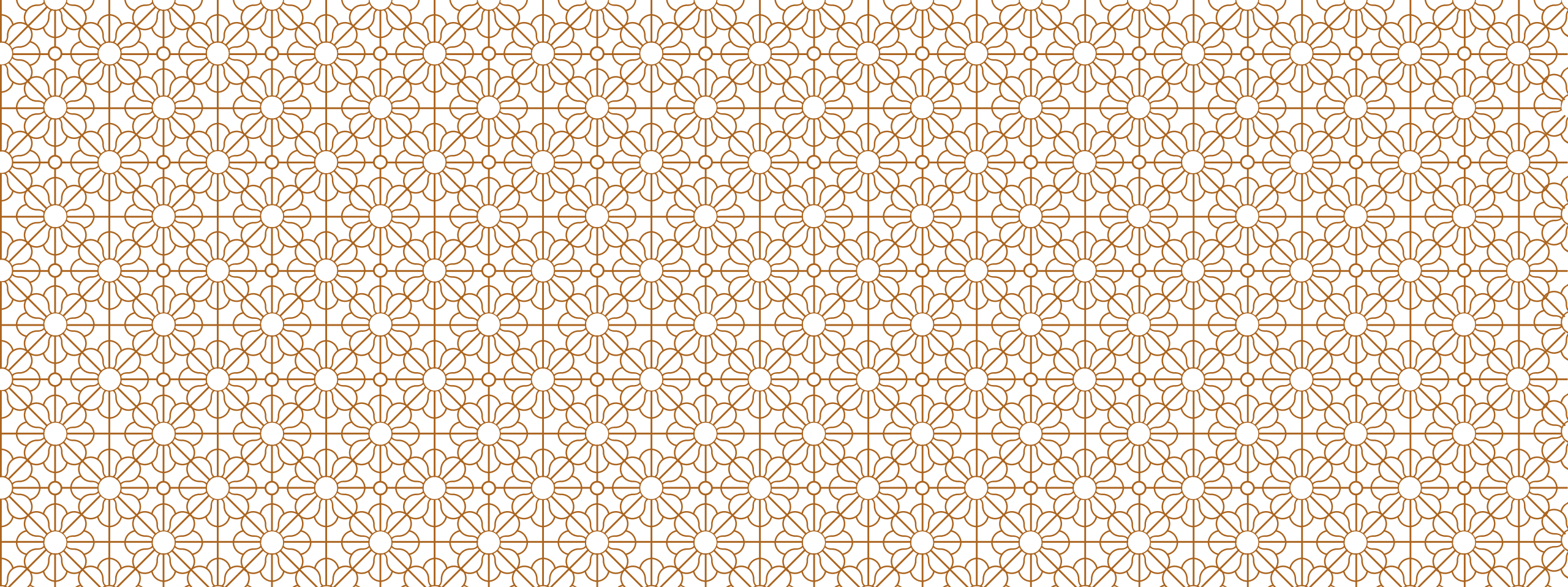
RCHC Data Workgroup Webinar

March 8, 2022

By Ben Fouts MPH, Data Analyst

AGENDA

1. General Overview of the New Electronic Approach
2. Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
3. Breast Cancer Screening (BCS-E)
4. Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
5. Five Depression Measures
6. Timeline



GENERAL OVERVIEW OF THE NEW ELECTRONIC APPROACH

2022 Reporting Year

WHAT ARE ECDS MEASURES?

- ❖ The 2022 QIP measures are the same set as the 2021 measures
- ❖ There are new ECDS measures (based on HEDIS definitions)
- ❖ ECDS (Electronic Clinical Data Systems) – a new way of submitting data
- ❖ Patient data to be entered into an Excel template and securely sent to Partnership
- ❖ 2022 is a transition year— report development, report testing, data integration testing (on Partnership's side)

FUTURE TRENDS

- ❖ Submitting more detailed patient information is a broad trend
- ❖ For example, the UDS will be doing something similar in the future

“The UDS Patient-Level Submission (UDS+) is a redesigned section of the UDS report that will replace the existing patient-oriented tables, aggregated at the health center level, with patient-level data in the 2023 UDS report.”

(<https://bphc.hrsa.gov/datareporting/reporting/udsmmodernization.html>)

WHY IS ELECTRONIC DATA SUBMISSION NEEDED?

Explanation from partnership: *“ECDS measures systematically supplement Administrative (Claims) Data received by the health plan with data extracted from provider electronic medical record systems.”*

- ❖ The main idea is for service providers to send a secure file containing only Partnership members with data applicable to the quality measure.
- ❖ They will join this data to their own records to more precisely evaluate the quality measure

WHY IS THIS DATA NEEDED?

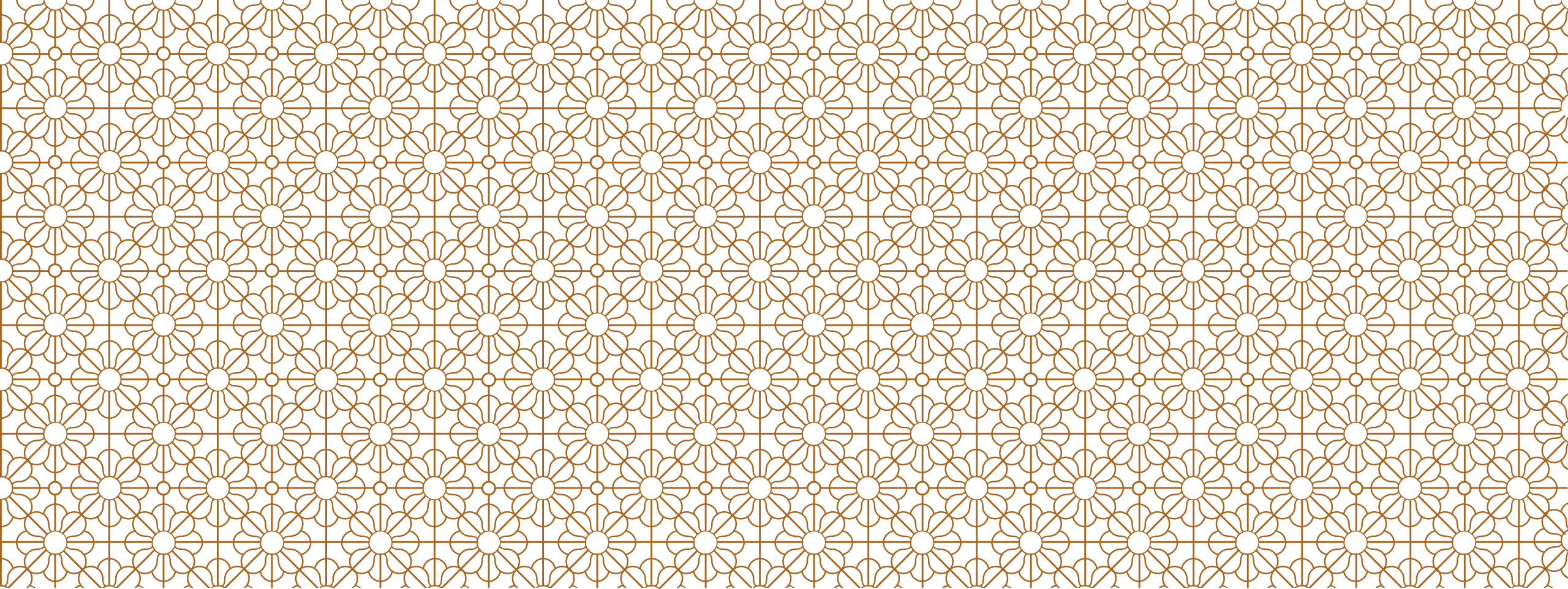
- ❖ Partnership gets most of its information from claims
- ❖ Claims are visit-based, but sometimes meaningful information exists outside the visit. For example, current diagnosis codes on the patient's problem list or events in medical history
- ❖ PLUS, when considering procedure and diagnosis codes and claims...
 - Sometimes not all services a patient receives can be coded
 - Sometimes not all relevant codes make it onto claims
 - Sometimes not all claims make it to Partnership
 - Sometimes there are errors in claim processing at Partnership

LIST OF 2022 QUALITY MEASURES

1. Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
2. Breast Cancer Screening (BCS-E)
3. Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
4. Five depression measures (submitted as one file)

ADDITIONS TO RELEVANT

- ❖ For eCW and NextGen health centers
- ❖ Reports and Quality Measures that will be based on the Production Database in Relevant
- ❖ Reports that display data that can be copied to the submission template
- ❖ Quality Measures that track the data for Partnership patients (or all patients, if the health center chooses)



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD-E)

New Measure

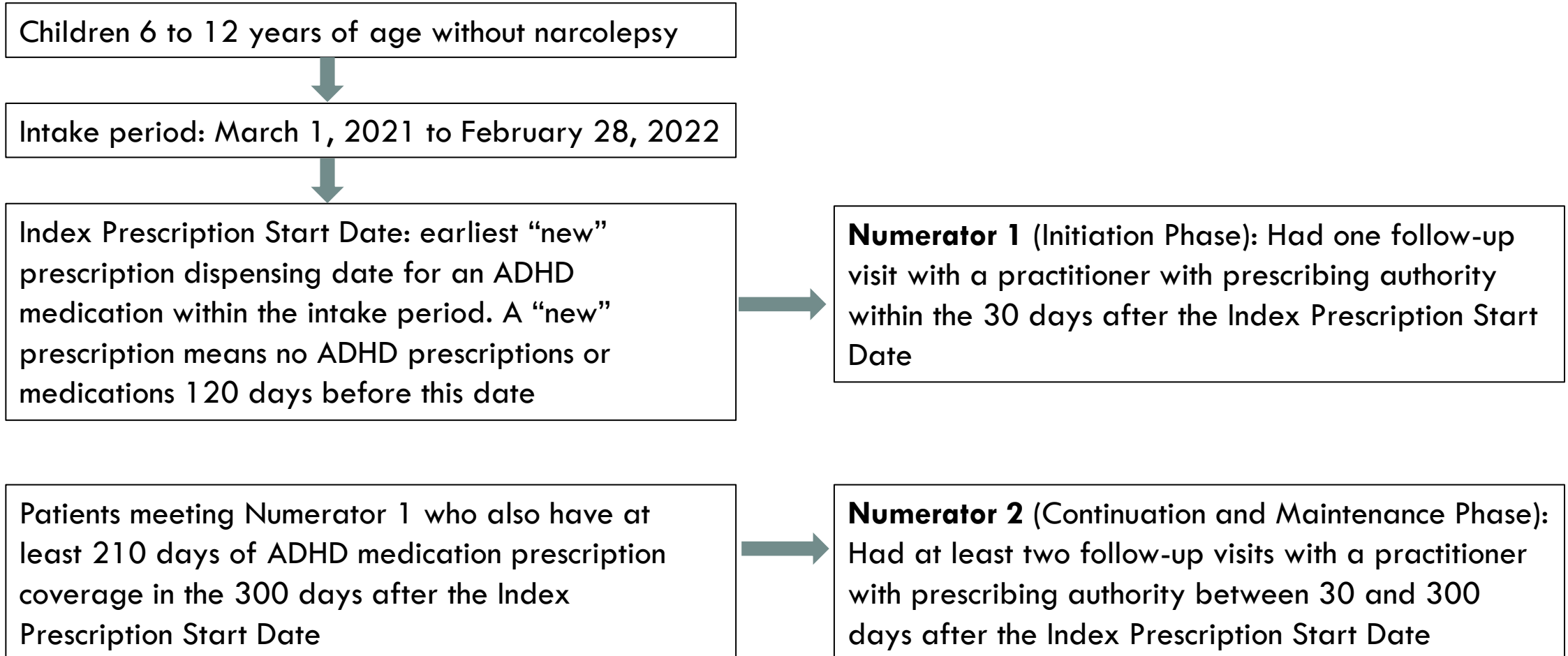
MEASURE DEFINITION (ABBREVIATED)

Definition: The percentage of children (6 to 12 years of age) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are calculated:

1. The percentage of denominator patients who had one follow-up visit within 30 days of when the first ADHD medication was dispensed
2. For denominator patients who remained on the medication for an additional 210 days, the percentage of patients who had at least two visits between 30 and 300 days of when the first ADHD medication was dispensed

DATA FLOW FOR THE 2022 REPORTING PERIOD

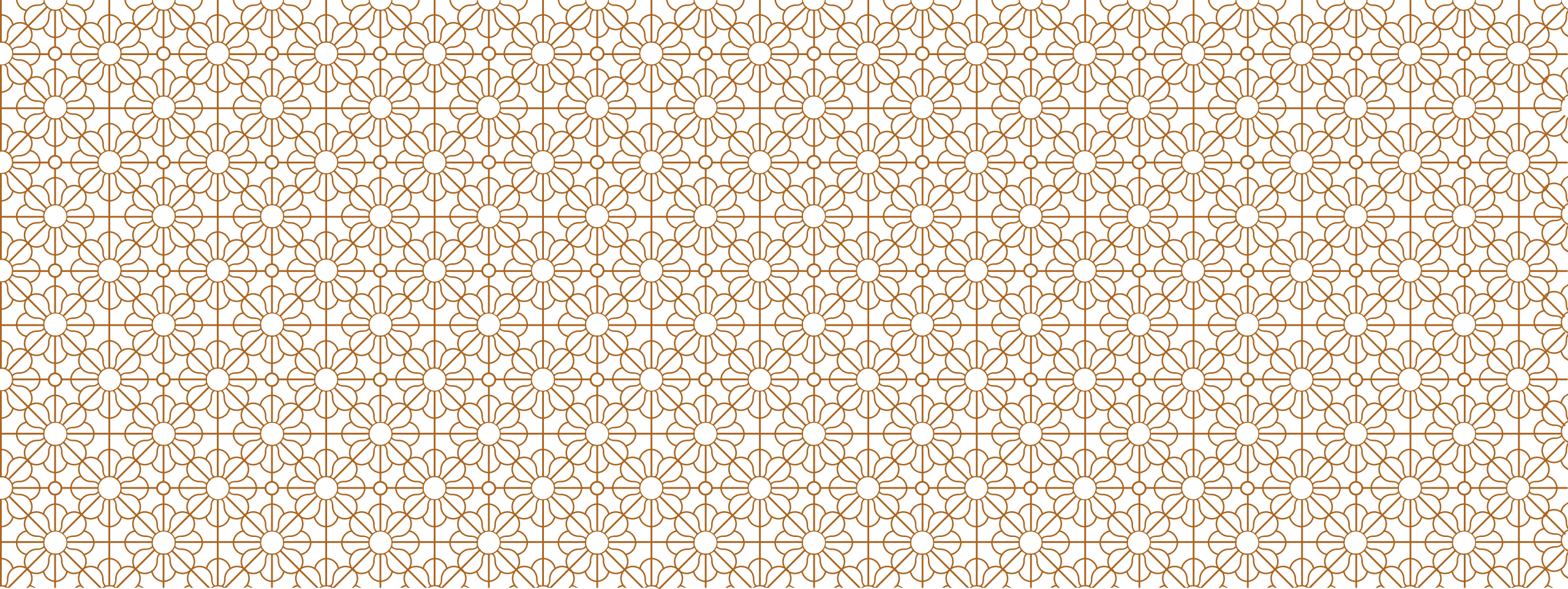


DATA COMPONENTS NEEDED

- ❖ Partnership has ADHD diagnosis, narcolepsy diagnosis and visit data, as well as prescription data (ADHD medications, dates, and the number of prescription-days dispensed)
- ❖ The file that will be sent to Partnership will have visit data (outpatient visit codes and ADHD diagnosis codes) and exclusion codes from the problem list or medical history (narcolepsy diagnosis)

RELEVANT SOFTWARE UPDATES

- ❖ Diagnosis and CPT codes will be taken directly from claims and will not have distinct Transformers/Data Elements (Importers)
- ❖ Partnership is not requesting any data on ADHD medications
- ❖ However, for the Relevant Quality Measure to work, there will need to be a new Data Element for ADHD Medications
- ❖ This new Data Element has been discussed previously in Data Standards and Integrity Committee meetings. RCHC is working with Relevant to get it added to the data model
- ❖ Technical aspects of Transformers/Data Element design will be discussed later



BREAST CANCER SCREENING (BCS-E)

Measure Already Established

MEASURE DEFINITION (ABBREVIATED)

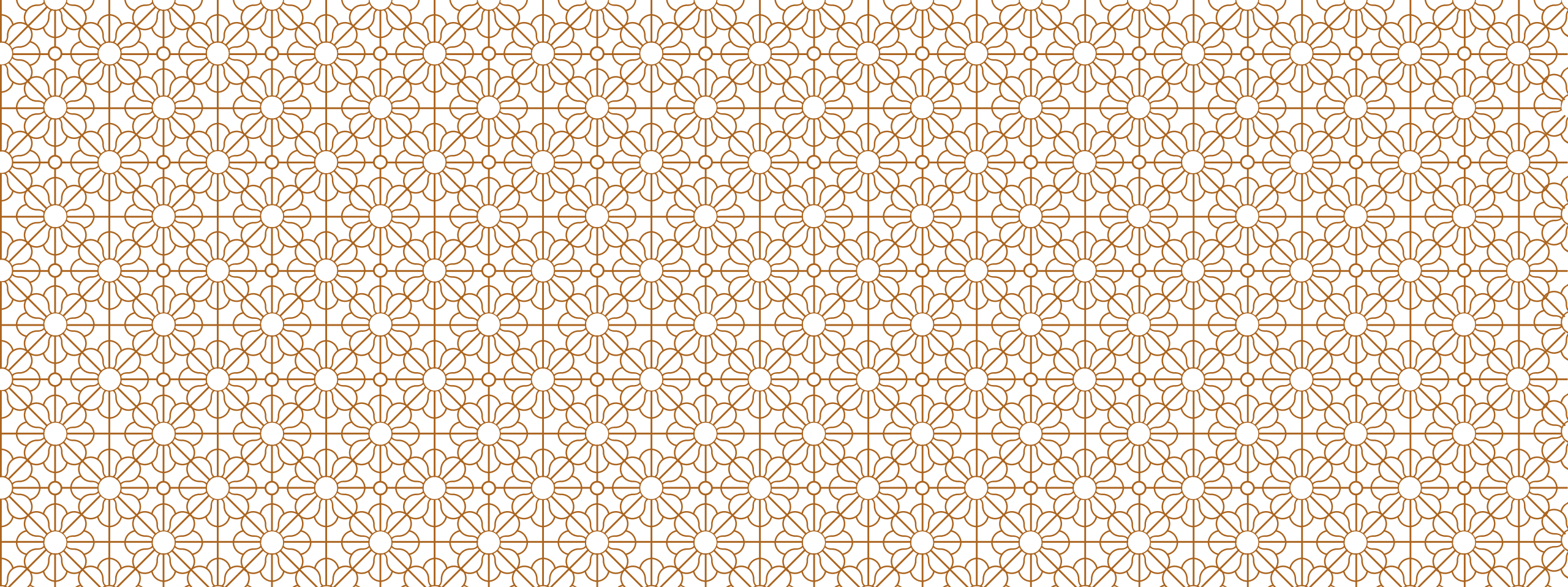
- ❖ This is the same measure as we already have. Additional data will be submitted as an ECDS measure
- ❖ The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer
- ❖ Screening look-back period is 27 months before the end of the measurement period
- ❖ Exclusions: complete bilateral mastectomy, advanced illness or frailty

DATA COMPONENTS NEEDED

- ❖ Partnership gets mammogram data through claims from imaging services
- ❖ Health centers may have documentation of other mammograms, such as any done before the patient was on Partnership insurance.
- ❖ Health centers also have exclusion data (mastectomies) from medical or surgical history. Other diagnosis exclusions (codes for frailty diagnosis or symptoms, and advanced illness) and procedure exclusions (frailty devices and encounters) are also identified in the EHR.

RELEVANT SOFTWARE UPDATES

- ❖ No new Transformers/Data Elements are needed
- ❖ The Quality Measure already exists



UNHEALTHY ALCOHOL USE SCREENING AND FOLLOW-UP (ASF-E)

New Measure

MEASURE DEFINITION (ABBREVIATED)

The percentage of patients 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- ❖ Unhealthy Alcohol Use Screening. The percentage of patients who had systematic screening for unhealthy alcohol use.
- ❖ Alcohol Counseling or Other Follow-up Care. The percentage of patients receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.

DATA FLOW FOR THE 2022 REPORTING PERIOD

Initial population (patients 18 years and older at the beginning of the measurement period)



Exclusions: alcohol use disorder and dementia



Numerator 1—Unhealthy Alcohol Use Screening: had a documented result for unhealthy alcohol use screening performed between January 1 and November 1, 2022



Numerator 2—Counseling or Other Follow-Up on Positive Screen: received alcohol counseling or other follow-up care on or up to 60 days after the date of the first positive screen from Numerator 1

ALLOWABLE SCREENING INSTRUMENTS

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

HEALTH CENTER PLANNING FOR THE ALCOHOL SCREEN

- ❖ Identify the alcohol screening instruments used at your health center
- ❖ Where does the data reside (e.g., HPI, Preventive Medicine, etc.)
- ❖ Become familiar with the workflow. Who asks the question(s)? Is a template used? How is a “positive score” recognized? Is the score of a positive screen the same as the positive finding table on the previous slide?

HEALTH CENTER PLANNING FOR ALCOHOL COUNSELING OR OTHER FOLLOW-UP

- ❖ Where is this counseling entered into the EHR? Are there options for different kinds of counseling or follow-up?
- ❖ Where does the data reside (e.g., HPI, Preventive Medicine, etc.)
- ❖ Become familiar with the workflow. When a “positive screen” is recognized, who is responsible for the counseling/follow-up? Is there a standard protocol for this?
- ❖ Does the counseling/follow-up done at your health center follow the HEDIS definition? Are there options in your structured data for all possible follow-up conditions? (See next slide for definitions)

ALCOHOL COUNSELING OR OTHER FOLLOW-UP

Any of the following meet the counseling/follow-up requirement for the measure (source HEDIS):

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

PERFORMANCE IMPROVEMENT IN UNHEALTHY ALCOHOL USE SCREENING AND FOLLOW-UP

- ❖ Now that this workflow is being examined and measured, there is an opportunity to monitor performance and focus on improvement
- ❖ Are there clinical guidelines or procedures officially in place at your health center for this?
- ❖ Are staff aware of it and are they appropriately trained?
- ❖ If screening has been ongoing already, what does the data look like? Can any improvements be made on the data-entry side?

NEW IMPLEMENTATION

- ❖ If your health center does not currently engage in unhealthy alcohol use screening and/or does not routinely provide alcohol counseling/follow-up, please let me know.
- ❖ I can make suggestions for questions to be put into structured data in the EHR

DATA COMPONENTS NEEDED

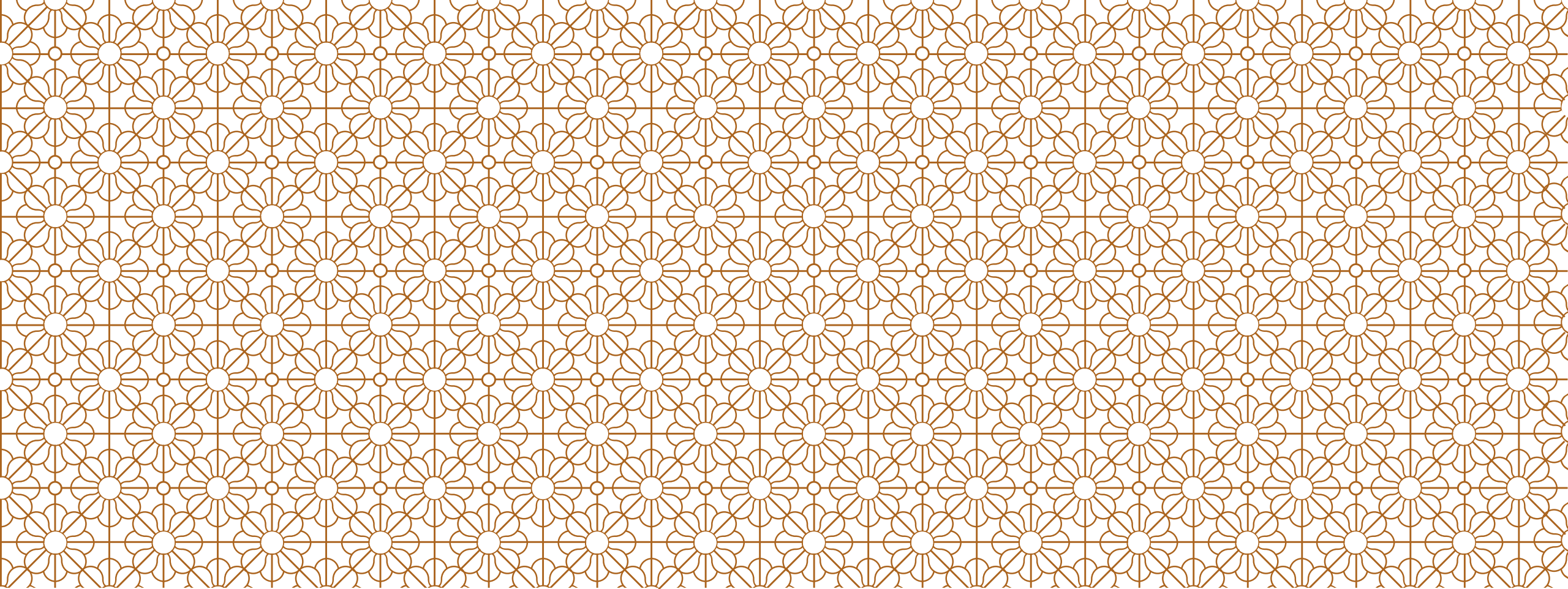
- ❖ Partnership has some data because screenings and counseling can be coded on claims. However, this data can be incomplete and is not detailed enough for measure evaluation
- ❖ Health centers will send the screening instrument name, score and interpretation, along with whether counseling was done

RELEVANT SOFTWARE UPDATES

New Data Elements:

- ❖ Unhealthy Alcohol Use Screening (for the screens)
- ❖ Alcohol Counseling or Other Follow-Up (for the follow-up)
- ❖ Alcohol Use Disorders (for the exclusion)

Technical aspects of Transformers/Data Element design will be discussed later



FIVE DEPRESSION MEASURES

Submitted as one file

DEPRESSION SCREENING DATA (STARTED 2021)

- ❖ Some health centers may have already been testing the depression screening report in 2021
- ❖ One file is sent for all combined measures



THE FIVE DEPRESSION MEASURES

1. Depression Screening and Follow up (DSF). This measure has already been established in Relevant and no further work is needed.
2. Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS). New measure.
3. Depression Remission or Response for Adolescents and Adults (DRR). New measure (note that this is not the measure Depression Remission at Twelve Months).
4. Prenatal Depression Screening and Follow-Up (PND). New measure.
5. Post-partum Depression Screening and Follow-Up (PDS). New measure.

MEASURE DEFINITION (ABBREVIATED)

3 of the 5 are screen-and-followup measures (but for different populations)

1. Depression Screening and Follow up (DSF): Patients 12 years of age and older
2. Prenatal Depression Screening and Follow-Up (PND): Patients who delivered in 2022 (screened while pregnant)
3. Post-partum Depression Screening and Follow-Up (PDS). Patients who delivered September 2021 to September 2022 (screened up to 60 days after delivery)

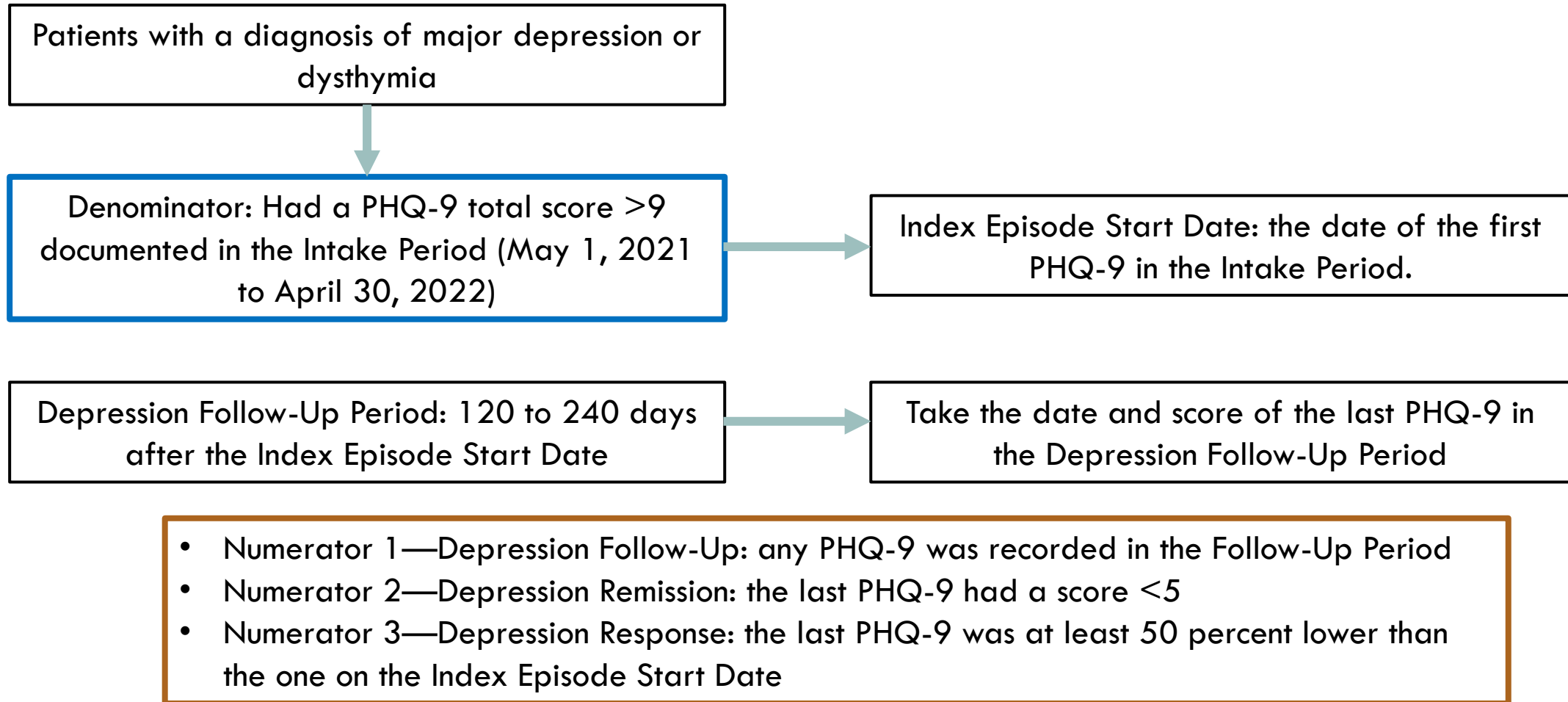
UTILIZATION OF THE PHQ-9 TO MONITOR DEPRESSION SYMPTOMS FOR ADOLESCENTS AND ADULTS (DMS)

- ❖ The percentage of patients 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.
- ❖ Basic question: Are patients with major depression or dysthymia who come to the clinic getting a PHQ-9?

DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR)

- ❖ The percentage of patients 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.
- ❖ Basic question: Are patients reducing their elevated PHQ-9 scores?

DRR DATA FLOW FOR THE 2022 MEASUREMENT PERIOD



HEDIS DEPRESSION SCREENING INSTRUMENTS

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

HEALTH CENTER PLANNING

- ❖ Identify all depression screening tools in-use
- ❖ Where does the data reside? Fields for date, name, and score
- ❖ In the data, what are the names of the tools used (they might not have the exact text names as the table on the last slide)
- ❖ Can you be alerted if any new depression tools are adopted by your health center?

HEALTH CENTER PLANNING, CONTINUED

- ❖ Does the EHR automatically calculate and display the screening result of the depression tool?
- ❖ Does that calculation consider the same scores as the table on the other slide?
- ❖ Do clinical practitioners consider the score of a “positive screen” to be the same as scores as the table on the other slide?

DATA COMPONENTS NEEDED

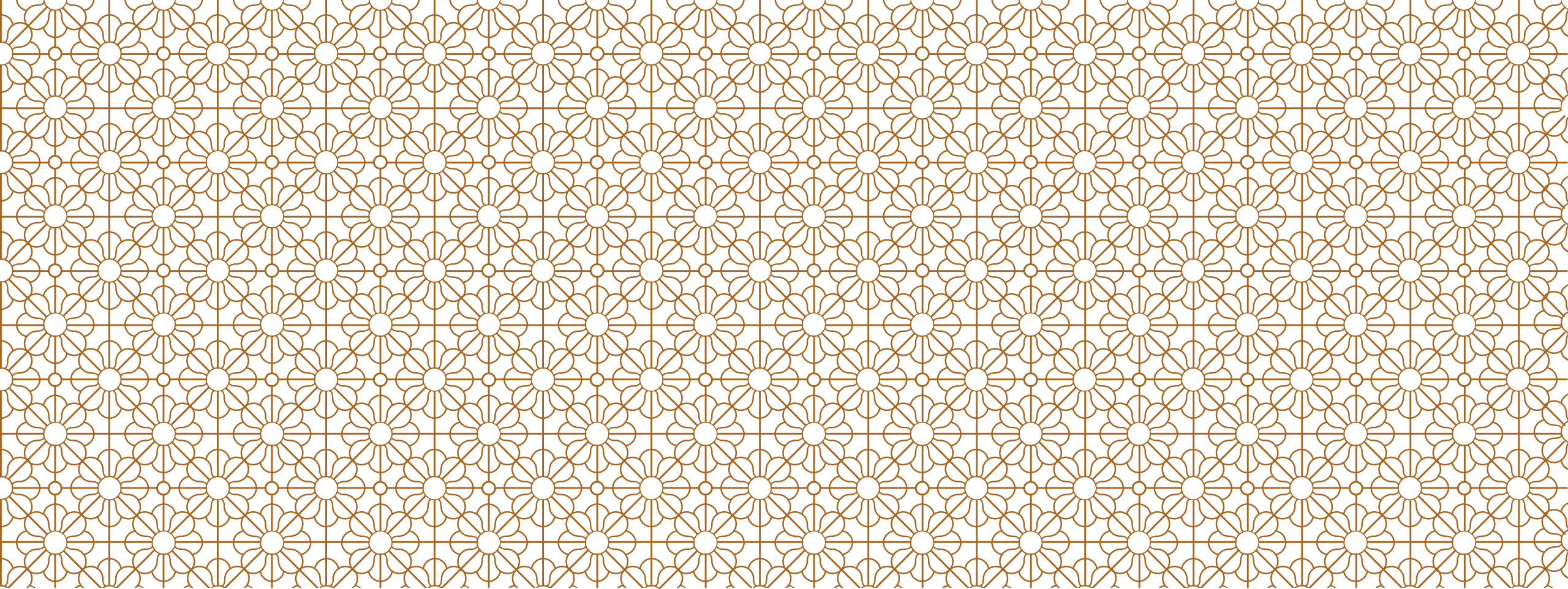
- ❖ Pregnant at time of visit (and gestation weeks/days at time of service)
- ❖ Estimated date of delivery
- ❖ Actual delivery date
- ❖ Weeks/days postpartum (and gestation weeks/days at time of delivery)
- ❖ Depression screening tools used, and their dates and scores (specifically, all PHQ-9 dates and scores)

RELEVANT SOFTWARE UPDATES

Existing Data Elements will have additional fields:

- ❖ Depression Screens: screen_name and score
- ❖ Pregnancies: last_menstrual_period and estimated_due_date

Technical aspects of Transformers/Data Element design will be discussed later



TIMELINE

For the 2022 Reporting Period
(Estimates Only)

March 2022

- Health centers establish or examine EHR data elements needed for the new quality measures
- Relevant makes changes to the data model so the appropriate Data Elements are in place

Summer 2022

- Most likely time Partnership releases technical documentation for data submission
- Reports and Quality Measures available in Relevant
- Health Centers prepare necessary Transformers/Data Elements
- Health Centers validate the data

Fall 2022

- Most likely time for initial submission of four 2022 data files (partial year data)

January 2023

- Most likely time for final submission of four 2022 data files



QUESTIONS?