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

**November 1, 2021 Meeting**

Version 1, By Ben Fouts MPH, RCHC Data Analyst

1. **Final Conclusions on New Relevant Importers (or Equivalent)**

Reports: Quality Measures to be Created

Issue: During various DSIC meetings in 2021, we discussed adopting some data elements that would be used to evaluate a number of new Quality Measures that RCHC or the member health centers will be reporting in 2022. If these are approved by the council today, RCHC will propose that Relevant create new Importers (or something equivalent) so that standardized data can be used by the new Quality Measures in the Relevant Production Database.

Description: The new Quality Measures and their data elements and definitions are discussed below. To help with reporting and performance improvement, we propose that health centers agree to establish the following Importers (and related Transformers) in Relevant, along with the fields in their Electronic Health Records (EHRs) if they do not already exist.

**Unhealthy Alcohol Use Screening and Follow-Up** (first discussed in DSIC March 1, 2021)**.** This is a HEDIS measure that will be reported to Partnership HealthPlan electronically through their new Electronic Clinical Data System (ECDS). The measure approach is similar to other preventive screening measures we already report: patients should be screened for alcohol misuse and if they screen positive, some kind of counseling should be done.

New Importer: Unhealthy Alcohol Use Screening

Fields from structured data:

* Performed on date
* Screen name (e.g. AUDIT, AUDIT-C, Single question screen)
* Screen raw score
* Screen result (true/false)

New Importer: Alcohol Counseling or Other Follow-Up

Fields from structured data:

* Performed on date

**Follow-up Care for Children Prescribed ADHD Medication.** This is a HEDIS measure that will be reported to Partnership HealthPlan electronically through their new Electronic Clinical Data System (ECDS). The measure looks at children 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.

New Importer: ADHD Medications

Since this is a medication Importer, no new set-up is needed in the EHR. The Importer will have the same structure as other Relevant medication Importers.

Fields:

* Started on
* Ended on

**Depression Measures Data Elements** (first discussed in DSIC September 13, 2021). In 2021, Partnership HealthPlan piloted a submission for the Electronic Clinical Data System (ECDS) that combined some depression and perinatal depression measures. A report was produced on the Relevant Staging Database because the data definitions were not available in the Production Database. It is preferable to have this report run in the Production Database, but the following changes would be needed to the Importers. No new set-up is needed in the EHR.

Existing Importer: Depression Screens

Fields from structured data that need to be added:

* Screen name
* Screen raw score

Existing Importer: Pregnancies

Fields from existing EHR tables:

* LMP date
* EDD date

**Screening for Future Fall Risk** (first discussed in DSIC May 3, 2021). This is a measure for the Geriatrics Workforce Enhancement Program (GWEP). The measure looks at screening for future fall risk among older patients.

New Importer: Fall Risk

Fields from structured data:

* Performed on date

**Education and Support of Caregivers for Patients with Dementia** (first discussed in DSIC May 3, 2021). This measure looks at patients with dementia whose caregiver(s) were provided with education on dementia disease management and were referred to additional resources.

New Importer: Dementia Caregiver Support

Fields from structured data:

* Performed on date
* Caregiver identified (true/false)
* Education (true/false)
* Referral (true/false)
* Exclude patient (true/false)
1. **Adding Universal Data Elements to Relevant**

Issue: Should the Data Standards and Integrity Council make recommendations on using Universal Data Elements in Relevant for all member health centers?

Description: Relevant is proposing a heavier reliance on certain kinds of Data Elements as a way to standardize data and make the Pipeline run faster at night. These universal Data Elements pull and evaluate all instances of one type of data, for example, labs, medications, immunizations and diagnosis codes.

An advantage to using these is that all of the data of one type is pulled into one table in a standard manner. For example, if you have a definition of a completed lab, it can be used to create a large table of all completed labs (e.g., relevant\_labs) that can then be further queried to create the specific lab-related Transformers and Importers (e.g., a1c labs, pap labs, etc.) using Value Sets. This standard data is also readily available for ad hoc reports.

If a universal table is not created, then the (hopefully standardized) SQL must exist in the separate Transformers and Importers. Executing this standard SQL several times for several Transformers/Importers may be slow for more complicated data with many table JOINS and based on EHR tables with hundreds of thousands of records (for example, individual medication Transformers).

A disadvantage is that there would need to be a switch in the Transformers and Importers from the current SQL code pointing to the raw EHR tables to new SQL code pointing to the universal Data Elements. This would then need to be validated. So, time and effort would need to be invested to get more standardized and accessible data.

For Quality Measures and standard reports, using universal Data Elements might be an option for some data types when new Importers are not possible. For example, if a measure looks at the result of a particular lab, it would be possible to identify those labs within the SQL code of the report without an Importer by using the universal Data Element. This approach, however, would not make that lab available for other purposes (like Care Gaps), which is the advantage of having specific Importers.

Note that the proposed Importers we looked at in the last section are mostly from Structured Data. These are proposed as Importers because of variance among the health centers in the way that this kind of data is structured. In other words, it is less likely that standard SQL in a Quality Report could rely on a universal Data Element for structured data (even if one exists) because there are no Value Sets for this kind of data.