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

**November 7, 2022 Meeting**

Version 1, By Ben Fouts MPH, RCHC Data Analyst

1. **New MCAS Measures and Related Data Elements in Relevant**

Reports: MCAS Quality Measures Created by Relevant

Issue: List new MCAS Measures and Proposed Data Elements

Description: Relevant will be completing the MCAS Quality Measure Set towards the end of November or early December. This measure set is based on CMS specifications, which mostly mirror HEDIS specifications. The Data Elements will be based on HEDIS Value Sets. Relevant is updating the HEDIS Value Set table in Relevant and will add a HEDIS medications table as well.

The measures will be named according to the standard naming convention discussed in the last DSIC meeting. For example: “Unhealthy Alcohol Use Screening and Follow-Up (Aligns With 2022 HEDIS Measure ASF)”

The following is a list of the new MCAS Quality Measures:

* Lead Screening in Children
* Chlamydia Screening in Women
* Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
* Developmental Screening in the First Three Years of Life
* Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits
* Follow-Up Care for Children Prescribed ADHD Medication
* Metabolic Monitoring for Children and Adolescents on Antipsychotics
* Topical Fluoride for Children
* Antidepressant Medication Management
* Concurrent Use of Opioids and Benzodiazepines
* Use of Opioids at High Dosage in Persons Without Cancer
* Use of Pharmacotherapy for Opioid Use Disorder
* Contraceptive Care – All Women Ages 21 to 44
* Contraceptive Care – Postpartum Women Ages 21 to 44
* Prenatal and Postpartum Care
* Prenatal Immunization Status
* Prenatal Depression Screening and Follow-Up
* Postpartum Depression Screening and Follow-Up

Below is a partial list of new Data Elements that will be placed in Relevant. All have corresponding HEDIS Value Sets except for one (marked with \*) that will come from structured data and two (marked with \*\*) that likely come from a mix of Value Set codes and structured data.

Lead Screening in Children

* Lead blood tests

Chlamydia Screening in Women

* Chlamydia labs
* Sexual activity observations\*\*
* Pregnancy tests

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

* Glucose labs
* Antipsychotic Prescriptions

Developmental Screening in the First Three Years of Life

* Child development screens\*

Metabolic Monitoring for Children and Adolescents on Antipsychotics

* Antipsychotic Prescriptions

Topical Fluoride for Children

* Topical fluoride applications

Antidepressant Medication Management

* Antidepressant Medications\*\*\*
* Antidepressant Prescriptions\*\*\*

Contraceptive Care – All Women Ages 21 to 44

* Contraceptive observations
* Infertility cases

Prenatal and Postpartum Care

* Postpartum treatments\*\*

\* Data will most likely come from EHR Structured Data fields where screening results are entered

\*\* Data may come from a mix of Value Set codes and EHR Structured Data fields

\*\*\* The difference between “medications” and “prescriptions” will be explored in the next section

1. **Contrasting Medication Observations versus Prescriptions in Relevant**

Reports: MCAS Measures Follow-Up Care for Children Prescribed ADHD Medication, Metabolic Monitoring for Children and Adolescents on Antipsychotics, and Antidepressant Medication Management

Issue: Is there a direct way to define how long a patient has been taking a medication within a defined period of time?

Description: The three measures above have a requirement for Treatment Days, which is defined as “The actual number of calendar days covered with prescriptions within the specified measurement interval.”

For example, the first numerator for the measure Antidepressant Medication Management is “The percentage of [patients] who remained on an antidepressant medication for at least 84 days (12 weeks).”

Note that this is in contrast to other established medication measures such as “Statin Therapy for the Prevention and Treatment of Cardiovascular Disease” which asks whether the patient was taking the medication any time in the measurement period. The main EHR medication tables in Relevant seem to display medication observations, or in other words, was the patient still taking the medication around the time of the visit.

The key point is that we need to extract the number of days a prescription should last. Two data questions are:

1. How is a “prescription” defined in the EHR and is this data available in Relevant?
2. If prescription data is available, is there a reliable way to count Treatment Days? Is that data entered consistently into a specific field?

RCHC and Relevant want to get a sense if it is even possible to make a “standard” for pulling prescription data that can be used to calculate Treatment Days.

Questions for the group:

1. Have any health centers (eCW or NextGen) developed a proven way to list prescriptions?
2. In eCW and NextGen, there is an Rx Comment field. When this field says something like Start or Refill, are we always certain that a prescription was made on that date?
3. There appears to be a field in eCW (duration) and NextGen (Rx Quantity) that may contain the number of days the medication should last. By far, the most common entries are 30, 60 and 90, although there are lots of different number in there. Can anybody confirm this?
4. The problem with the duration and rx quantity fields is that they are also completed for records that do NOT appear to be prescriptions (like when the Rx Comment field is something like “not taking”)
5. **Establishing the ECDS Data Elements**

Reports: Prenatal Depression Screening and Follow-Up; Post-partum Depression Screening and Follow-Up; Follow-Up Care for Children Prescribed ADHD Medication; Unhealthy Alcohol Use Screening and Follow-Up

Issue: Is there a reasonable time-frame that we can agree on to establish the Data Elements so that the ECDS measures can be displayed in the health center and RCHC instances of Relevant?

Description: The August 9, 2022 Data Workgroup webinar focused on the six new Relevant ECDS Quality Measures and how to establish the new Data Elements required for four of them to run. Looking at data that is flowing into the RCHC Aggregate instance right now, the following table shows which health centers have established the new Data Elements.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Health Center | Prenatal and Postpartum Depression Screening/ Follow-Up (2 measures) | Follow-Up Care for Children Prescribed ADHD Medication | Unhealthy Alcohol Use Screening and Follow-Up | | | | | |
| Edinburgh Depression Screens | ADHD Prescriptions | AUDIT C Screens | AUDIT Screens | Single Question Alcohol Use Screens | Alcohol Counseling Or Other Followups | Alcohol Use Disorder Cases | Dementia Cases |
| Alexander V. |  | Yes | Yes |  |  | Yes |  |  |
| Anderson V. |  |  | Yes | Yes |  | Yes |  |  |
| Communicare |  |  |  |  |  |  |  |  |
| Long Valley |  |  |  |  |  |  |  |  |
| Marin City |  |  |  |  |  |  |  |  |
| Marin Comm |  |  |  |  |  |  |  |  |
| Ole |  |  | Yes |  |  | Yes |  | Yes |
| Petaluma |  |  |  |  |  |  |  |  |
| Ritter |  |  |  |  |  |  |  |  |
| Santa Rosa | Yes | Yes | Yes |  |  | Yes | Yes | Yes |
| SCIHP |  |  |  |  |  |  |  |  |
| Shasta |  |  |  |  |  |  |  |  |
| Sonoma V. | Yes |  |  |  |  |  |  |  |
| West County | Yes |  |  | Yes |  | Yes | Yes | Yes |
| Winters |  |  | Yes |  |  |  |  |  |
| WSMCMED |  |  |  |  |  |  |  |  |
|  | (optional) | (difficult) | (need at least one of these three) | | |  |  |  |

1. **Tracking Chlamydia Screening**

Reports: Chlamydia Screening in Women (future MCAS and APM Quality Measure)

Issue: Can we modify the Quality Measure definition temporarily because we are currently not collecting complete sexual activity data

Description: The HEDIS definition of this measure is, “The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.”

There will be two Data Elements in Relevant used to identify if a patient is sexually active: Pregnancy tests and sexual activity observations. If a patient gets a pregnancy test, it is assumed the patient is sexually active.

Sexual activity is a bit more complicated. There is currently not a standardized structured data field in eCW or NextGen that asks about sexual activity. Our understanding is that EPIC has such a question and so once health centers transition, they will be able to obtain a more precise denominator.

The HEDIS measure specification uses proxies for sexual activity with Value Sets. For example, diagnosis or billing codes for:

* Sexually transmitted diseases
* Use of contraceptives
* Pregnancy and birth

By basing the entire denominator on these kinds of codes, it is likely that the denominator will be vastly undercounted. In contrast, adding all patients in the age group may overcount the denominator. However, because this is a screening measure focused on the age group with the highest incidence, including all patients might be the best approach given the data.