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

**March 1, 2021 Meeting**

Version 1, By Ben Fouts MPH, RCHC Data Analyst

1. **Self-Monitored Blood Pressure “Notes” Field**

Reports: Controlling High Blood Pressure

Issue: Can there be a consensus on distinguishing blood pressures that come directly from a remote monitoring device?

Description: Previously, the RCHC Data Standards and Integrity Council (DSIC) agreed that health centers should distinguish between blood pressures that are taken or verified visually by providers or trained health center staff and blood pressures that are reported by patients without verification. Both kinds of blood pressures can be entered into the EHR, but they need to be separated because the UDS version of the Controlling High Blood Pressure quality measure does not accept unverified blood pressures, while the QIP version of the quality measure does.

If both types of blood pressures are being entered into the EHR, health centers should have implemented a procedure in Relevant to distinguish between them in order to accurately report the 2020 UDS and QIP measures. This is done in the SQL code of the Importer “Blood Pressure Readings” or its associated Transformer (depending how the health center has it set-up, the Transformer might be called “relevant\_bps”). The field in this Importer called “exclude\_from\_uds” is used for this purpose (i.e., it displays TRUE when the blood pressure is an unverified type of blood pressure).

For further research and quality control purposes, the DSIC is being asked to consider a sub-category for one source of blood pressure readings. Some health center EHRs have the ability to accept blood pressure readings electronically from a remote monitoring device. Both the UDS and QIP reports accept this kind of blood pressure. The objective is to examine this data as a process measure and also to see if these devices are becoming more common over time.

Questions for the group:

1. Which health centers currently have a protocol for accepting blood pressures from remote monitoring devices?
2. Which health centers do not currently have a protocol, but have been discussing it?

In order for these readings to be distinguished on the RCHC aggregate level, they must be identified by the health center on the record-level. The Importer “Blood Pressure Readings” has a field named “notes” that is a text field and can be used for this purpose. The DSIC would need to agree on standard key words that could be programmed into that field of the Importer (or its associated Transformer) when the reading is from a remote device. For example, the phrase could be “Direct from remote device” or “Communicated from remote device” or even just “Electronic.”

1. **HEDIS Alcohol Screening Measure**

Report: Alcohol Misuse Screening and Counseling (SBIRT) - 2019 QIP (which will be upgraded to a 2021 version)

Issue: Can health centers enter alcohol screening into structured data in a structured and standard manner?

Description: The quality measure “Alcohol Misuse Screening and Counseling” is a unit of service measure for the 2021 Partnership HealthPlan Quality Improvement Program (QIP). The Measure Requirements section of the instructions says that Partnership will pay for up to two screenings for an individual every six months. They propose using the CPT codes G0442 (Alcohol screening) and G0443 (Alcohol counseling).

However, subsequent discussions with Partnership have led to the thought that a screening result would be useful for quality purposes. The result of the screen is likely something that would have to be entered into structured data in the EHR.

Questions for the group:

1. Which health centers currently enter alcohol screening in structured data?
2. What is the appearance of this data? Is it on a template? Where is the data stored (e.g., HPI, Social History, etc.)? Are the answers to individual questions entered or just an overall result?
3. For health centers that do not currently enter alcohol screening in structured data, would you consider adding it?
4. **Adding the 2021 QIP Quality Measures to Individual Instances of Relevant**

Reports: The 2021 QIP Quality Measures

Issue: What is the preferred method that these Quality Measures get copied to the Individual Instances of Relevant?

Description: Ben Fouts is currently working on the 2021 versions of the QIP Quality Measures that will work in Relevant for health centers using both the eCW and NextGen.

Questions for the group:

1. For Quality Measures (not “Reports”), do health centers prefer that RCHC add them automatically to their Relevant, or do they want to be responsible for copying SQL from the RCHC Aggregate instance on their own?
2. Do health centers have their own designated “point person” for Relevant technical issues, or do some health centers completely rely on Relevant Support?