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

**March 2, 2020 Meeting**

Version 1, By Ben Fouts MPH, RCHC Data Analyst

1. **Standard Definition of “Uninsured” Patients**

Report: PHASE Diabetes A1c Control Measure, Stratified by Uninsured Patients

Issue: In the January 2020 DSIC meeting, we discussed a standard procedure for determining a patient’s medical insurance in Relevant. Now, we will focus on how to define an “uninsured” patient. There is currently not universal agreement among health centers on patients belonging to the None/Uninsured (Table 4, Line 7) category on the UDS report.

The purpose of today’s DSIC discussion is to agree (or choose to investigate further) which types of insurance that should be placed in the “uninsured” category because they are not full-scope medical insurance. This will lead to consistency between the health centers for the definition of an uninsured patient for the measure when the data is aggregated.

Description: For uninsured patients, the UDS Manual says to “Report patients who did not have medical insurance at the time of their last visit.” Furthermore, it states, “Do not report public programs that reimburse for selected services, such as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Breast and Cervical Cancer Control Program (BCCCP); or Title X, as a patient’s primary medical insurance.”

In Relevant, insurance names are “mapped” to UDS insurance categories[[1]](#footnote-1). If no insurance name exists, the patient is assigned to the uninsured category by default. An analysis was conducted in the Relevant RCHC Aggregate instance to see which insurance names were mapped to the uninsured category[[2]](#footnote-2).

Additional Information: Below is a partial list of uninsured insurance “names” that either exist as payer names in the EHR or were default names assigned by Relevant when no payer name existed for the patient. These names are mapped to the uninsured category:

* No Insurance Assigned
* No claim
* No payer
* Patient
* Private Pay
* Uninsured
* Sliding Fee Schedule (with variations in NextGen)

There are other groups of insurance names that likely fit the definition of “uninsured” from the UDS manual because they cover only selected services. However, not all health centers have classified these in the same way. Therefore, the DSIC should decide if they actually belong in the “uninsured” category or not.

The table below displays six types of health insurance (in columns) that likely fit into the UDS “uninsured” category definition[[3]](#footnote-3). The data cells of the table show the number of health centers that placed the type of insurance into one of the four UDS categories of insurance. The definitions of insurance type appear below the table[[4]](#footnote-4).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UDS Category | CDP | Every Woman Counts | Family PACT | Ryan White | CMSP | Path to Health |
| Uninsured | 5 | 2 | 6 | 2 | 3 | 3 |
| Medicaid | 1 | 2 | 3 | 0 | 1 | 1 |
| Private | 0 | 0 | 0 | 0 | 1 | 1 |
| Other public | 1 | 0 | 1 | 1 | 1 | 0 |

* CDP (Cancer Detection Program). Has been renamed the Breast and Cervical Cancer Treatment Program (BCCTP). It provides needed cancer treatment to eligible individuals diagnosed with breast and/or cervical cancer and who are in need of treatment.
* Every Woman Counts. Provides eligible women with free breast and cervical cancer screening services, such as mammograms, clinical breast exams, Pap tests, and human papillomavirus (HPV) tests.
* Family PACT (Family Planning, Access, Care and Treatment Program). Provides comprehensive family planning services to eligible California residents.
* The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved
* CMSP (County Medical Services Program). Provides health coverage for uninsured low-income, indigent adults that are not otherwise eligible for other publicly funded health care programs. A wide array of inpatient and outpatient benefits are provided through the CMSP Benefit. Covered services are subject to prior authorization requirements, medical necessity and clinical guidelines, provider network requirements, and/or benefit limits may apply.
* Path to Health. Path to Health is a pilot project of the CMSP Governing Board for the period of 2019-2021. Patients must be already enrolled in restricted scope/emergency only Medi-Cal but lacking coverage for preventative health services and routine prescription medications.

1. **New Measure Set:** **Geriatric Workforce**

Report: New report Geriatric High-Risk Medications

Issue: Adoption of a new standard measure

Description: The definitions is below. There are two similar measures with the same denominator.

* Denominator - Patients 66 years of age or older as of the end of the measurement year who have had at least one UDS medical visit to the health center in the last year.
* Numerator #1 - Patients who have one or more high risk medications on their current medication list
* Numerator #2 - Patients who have two or more high risk medications on their current medication list

The other measure in this set is the Fall Risk Assessment measure, which was previously part of the ACO report set in BridgeIT.

1. **Standard Definition of Sexual History Structured Data**

Report: No specific report currently, but one can be built in the future. More for case management.

Issue: The Infectious Disease Workgroup would like to have a standard among health centers for entry of sexual history data. This is useful for establishing risk and evaluating the need for certain screenings (for example, chlamydia testing). This issue went to the RCHC eClinicalWorks user group who recommended a set of questions (see below, under Description). The DSIC should approve these questions or propose changes or other ideas to be sent back to the respective committees.

Also, where is the most appropriate location for thse questions in the EHR? For example, in eCW health centers, should these questions go in HPI or Preventive Data structured data?

Description: The questions are as follows:

1. Have you been sexually active in the past year?

{Answer data type: Boolean, i.e., Yes/No}

1. Do you have sex with men, women, or both?

{Answer data type: Structured: “Male” ; “Female” ; “Both Male and Female”}

1. How many people have you had sex with in the past year (with males)?
2. How many people have you had sex with in the past year (with females)?

{Answer data type Numerical}

1. **Old PHASE and PIP Measures**

Report: Relevant Reports named

* RCHC PHASE DM Measures
* RCHC PIP PHASE HTN Measures
* RCHC PHASE ASCVD Patients
* RCHC PHASE All Patients

Issue: The 2020 PHASE and PIP program measures are now aligned with standard measures based on eCQMs. The measures will now be reported using Relevant Quality Measures and so the old RCHC Relevant PHASE and PIP report set is no longer needed. There are “RCHC” Transformers for several concepts (for example, statins, ACE and ARB medications) that are now redundant because Relevant Transformers were developed in 2019 for certain QMs. Any redundant RCHC Transformers not being used for other purposes should be removed.

Does the DSIC agree that these measures (see next section) will no longer be followed and that health centers should remove any reports they are not actively following? Members of the committee would direct their Relevant programmers to study if the RCHC Transformers are being used for purposes other than PIP or PHASE reporting and then delete them from the system along with the reports. If the Transformers are being used for other purposes, they should be replaced by the Relevant transformers.

Description: It is proposed to officially retire the “old” measures below.

PHASE

* Number of diabetes patients (non-UDS definition)
* Number of ASCVD patients
* Number of hypertension patients (non-UDS definition)
* Number of unduplicated patients with any of these diagnoses
* Patients with diabetes using a statin medication
* Patients with diabetes using an ACE or ARB medication
* Patients with diabetes using a statin, ACE or ARB medication
* Patients with hypertension using an antihypertensive medication
* Diabetes controlled blood pressure (non-UDS definition)
* Diabetes controlled A1c (non-UDS definition)
* Hypertension controlled blood pressure (non-UDS definition)

PIP

* Blood Pressure Control Among Patients With Hypertension (non-UDS definition)
* Blood Sugar Control Among Patients With Diabetes (non-UDS definition)

The table below displays an example of a Transformer and Importer analysis at one of the health centers. At your own health center, you will need to see if any of your current Importers are based on the RCHC Transformer before you decide to delete the RCHC Transformer. This is in addition to determining if the RCHC Transformer is used in any custom reports or Care Gaps.

| RCHC Transformer | Relevant Importer | Comment on Importer Code | QM That Uses the Importer |
| --- | --- | --- | --- |
| rchc\_ascvd | ASCVD Cases | Based on RCHC Transformer | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (UDS 2019 Table 6B) |
| rchc\_ess\_htn\_cases | Essential Hypertension Cases | SQL in Importer | Controlling High Blood Pressure (UDS 2019 Table 7) |
| rchc\_dmexclusion | Gestational Diabetes Cases | Not added to QIP QM (Importer does not exist) | Nephropathy Screening or Evidence of Nephropathy QIP 2019 (RCHC) |
| Steroid Induced Diabetes Cases | Not added to QIP QM (Importer does not exist) | Nephropathy Screening or Evidence of Nephropathy QIP 2019 (RCHC) |
| rchc\_dialysis\_treatments | Dialysis Treatments | SQL in Importer | Controlling High Blood Pressure (UDS 2019 Table 7) |
| rchc\_renal\_transplants | Renal Transplants | Based on Transformer: relevant\_renal\_ transplants | Controlling High Blood Pressure (UDS 2019 Table 7) |
| rchc\_statins | Statin Medications | Based on RCHC Transformer | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (UDS 2019 Table 6B) |
| rchc\_ace\_arb | ACE Inhibitor Medications | Based on Transformer: relevant\_ace\_inhibitor\_ medications | Nephropathy Screening or Evidence of Nephropathy QIP 2019 (RCHC) |
| ARB Medications | Based on Transformer: relevant\_arb\_ medications | Nephropathy Screening or Evidence of Nephropathy QIP 2019 (RCHC) |
| rchc\_antihypert | (None) | Not used for any other QM, so no Importer exists | No QM |

1. **UDS 2020 Measures**

Report: Anticipated New 2020 UDS Measure Reports

Issue: In the November 5, 2019 DSIC meeting, we briefly discussed seven new Clinical Quality Measures proposed by the Bureau of Primary Health Care in the Program Assistance Letter (PAL) dated July 22, 2019 (titled “Proposed Uniform Data System Changes for Calendar Year 2020”). We have not seen any further information about the status of these proposed measures (i.e., if they were approved or not), but the DSIC should anticipate that they will be approved and begin the initial preparation for standards around them.

Description: Since the new standards are based on Value Sets, we will be able to identify diagnosis codes, procedure codes, labs, and medications in a similar manner as our other Quality Measures. However, it is sometimes true that focusing on billed procedures (CPT codes) undercounts the actual number of services because they do not always appear on claims. Therefore, the DSIC should gather data and consider alternatives in structured data as a means to accurately count patients who qualify for the numerators of these measures.

Additional Information: There are three proposed measures that could be considered for additional structured data elements.

1. Diabetes: Eye Exam (CMS131v8)

* Value set for “Retinal or Dilated Eye Exam” contains only SNOMED codes
* The Partnership QIP has the same measure. The QIP Value Set has CPT codes, but not every health center does eye exams and bills for them
* Old BridgeIT standard recommendation: a lab or image with the name “Diabetic Eye Exam”
* **Proposed DSIC Standard for approval:** This exam should be entered as a lab or an image with the name “Diabetic eye exam” but it is acceptable if your health center already has one with text like retinal eye exam or retinopathy screening.

1. Diabetes: Foot Exam (CMS123v7)

* SNOMED codes only for Diabetic foot examination and monofilament foot sensation test
* The Partnership QIP does not have the same measure. There may be CPT codes for this procedure, but it is likely that health centers do not consistently bill for them
* Old BridgeIT standard recommendation: a lab or image with the name “Diabetic Foot Exam”
* **Proposed DSIC Standard for approval:** This exam should be entered as a lab or an image with the name “Diabetic foot exam” but it is acceptable if your health center already has one with text like monofilament or foot exam (just make sure that there are no more general names for foot exam labs or images).

1. Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists (CMS74v9)

* Fluoride treatments can be done by a dentist or a medical provider.
* Dental component. Denominator is composed of patients 0 to 20 years of age who had a clinical oral evaluation (value set has a number of “D” codes, so these are done in the dental department). The numerator is composed of denominator patients who had a topical application of fluoride (value set also has a number of “D” codes)
* Medical component. Denominator is composed of patients 0 to 20 years of age who had a “preventive” medical visit. The numerator is composed of denominator patients who had a topical application of fluoride (CPT 99188, Application of topical fluoride varnish by a physician or other qualified health care professional).
* This procedure would normally be billed, but should we also consider putting it somewhere else, like in structured data?

1. See the Relevant Transformer “relevant\_payers” and the Importer “Payers” [↑](#footnote-ref-1)
2. The result of insurance mapping, by patient and by year, is stored in the Relevant Importer “Insurance Enrollments.” The code for this analysis was placed on the Slack Channel February 25, 2020. [↑](#footnote-ref-2)
3. These “types” of insurance have different payer names in the EHR, but generally have a key word (for example, “CDP” or “CMSP”) in the name. [↑](#footnote-ref-3)
4. These definitions were copied from the respective websites [↑](#footnote-ref-4)