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

May 7, 2018 Meeting

Version 1, By Ben Fouts MPH, RCHC Data Analyst

Part 1: Follow-up on Issues From March and April Meetings

1. **Standardized Text for Cancer Screening Exclusions from Surgical and Medical Histories**

Reports: Cervical Cancer, Colorectal Cancer Screening and Breast Cancer

Additional Information: The proposal is to make the exclusion definitions more precise in order to minimize the number of patients incorrectly included (or not included) in the measure exclusion.

To identify exclusions, the data report would search for any of the following:

| Measure | Exclusion Description | Text in Surgical or Medical History | Diagnosis Code on Problem List |
| --- | --- | --- | --- |
| Cervical Cancer Screening | Women who had a hysterectomy with no residual cervix | * Hysterectomy PLUS
* Total, complete or radical (but not ‘subtotal’)

Absence of cervix | Q51.5, Z90.710, or Z90.712 |
| Colorectal Cancer Screening | Total colectomy or colorectal cancer | * Colorectal cancer
* Malignant neoplasm of the
* colon
* cecum
* appendix
* hepatic flexure
* rectosigmoid junction
* rectum
* anus
* anal canal
* cloacogenic zone
* large intestine
* Colectomy, PLUS
* Total, complete or radical (but not partial, hemi, or sub)
 | C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, Z85.038, or Z85.048 |

To be excluded from breast cancer screening, the patient must have had the entire breast removed from both sides. Therefore, in addition to using the term “mastectomy” there must be an indication that the whole breast was removed (as opposed to a partial mastectomy) and that both breasts were removed (as opposed to only one, or a unilateral mastectomy). The table on the next page proposes how combinations of a bilateral mastectomy or two unilateral mastectomies may be picked up by the report from three locations in the medical record.

|  |  |  |
| --- | --- | --- |
| Mastectomy | Text in Surgical or Medical History | Diagnosis Code on Problem List |
| Bilateral | * Mastectomy, PLUS
* Bilateral, double, or (left and right) PLUS
* Total, complete or radical
 | * Z90.13: Acquired absence of bilateral breasts and nipples
 |
| Two Unilaterals (Specific) | Two records of:* Mastectomy, PLUS
* Unilateral and left, or unilateral and right (but not both left and right in same record), PLUS
* Total, complete or radical
 | Both codes of:* Z90.11: Acquired absence of right breast and nipple
* Z90.12: Acquired absence of left breast and nipple
 |
| Two Unilaterals (General or Mix of General/Specific) | Two records in Surgical History with different surgery dates:* Mastectomy, PLUS
* Unilateral PLUS
* Total, complete or radical
 | Two of the following codes with different Onset dates:* Z90.11: Acquired absence of right breast and nipple
* Z90.12: Acquired absence of left breast and nipple
* Z90.13: Acquired absence of bilateral breasts and nipples
 |

To identify patients with general cancer terms, the validation reports will display the following patients:

| Measure | Text in Surgical or Medical History | Diagnosis Code on Problem List |
| --- | --- | --- |
| Cervical Cancer Screening | * Hysterectomy, by itself, OR
* Missing total, complete and radical
 | Not applicable |
| Colorectal Cancer Screening | * Colectomy, by itself, OR
* Missing total, complete and radical
 | Not applicable |
| Breast Cancer Screening | * Mastectomy, by itself, OR
* Missing total, complete and radical OR
* Missing bilateral, double, unilateral, left and right
 | Not applicable |
| * Two unilateral mastectomies in Surgical History (by the definition in the table above for general or mix) but WITHOUT surgery dates entered
 | * Two unilateral mastectomies on the Problem List (by the definition in the table above for general or mix) but WITHOUT onset dates entered
 |

As mentioned in the last meeting, this approach assumes that a patient who meets the normal denominator criteria should be screened unless there is enough evidence in the medical record to exclude them. When a provider sees a denominator patient, alerts in eCW or Relevant Visit Planning may prompt the provider to initiate the cancer screening process. If the provider determines that the patient should indeed be excluded from this screening, the correct diagnosis code should be placed on the Problem List, or the key text into Surgical History, so the alert will no longer be active. This action will also cause the data report to exclude the patient.

1. **Standardized Text for Cardiovascular Surgery** **from Surgical and Medical Histories**

Reports: Ischemic Vascular Disease (IVD) and Use of Aspirin or Another Antiplatelet; Coronary Artery Disease (CAD) and Lipid Therapy

Additional Information: The two reports above use cardiovascular events to identify patients in the denominator. These events are:

1. Experiences, identified by a diagnosis code on the Problem List and Onset Date. These are different types of myocardial infarctions, septal defects, and cardiac ruptures
2. Surgical procedures, identified by text in Surgical History with a Surgical Date. These are different types of heart and vessel surgeries.

Below is a table containing the proposed diagnosis codes and text for picking up these events in the data report.

|  |  |
| --- | --- |
| Diagnosis Code on Problem List  | Text in Surgical History |
| I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, or I25.2 | * PCI
* Percutaneous coronary intervention
* CABG
* Coronary artery bypass grafting
* PTCA
* Percutaneous transluminal coronary angioplasty
* Coronary artery bypass
* Stent
 |

Part 2: Other Issues to Consider

**Decision to Designate the PHQ-9 as Secondary Screening or as Follow-up to Screening**

Report: Screening for Clinical Depression and Follow-Up Plan

Description: Three reporting agencies (UDS, QIP and PHASE) use this measure, but none of the instructions are specific enough to determine if the PHQ-9 should be used as a secondary screening tool or as follow-up to screening. Based on a slide presentation from the Bureau of Primary Health Care, the BridgeIT report was changed last year to designate the PHQ-9 as a secondary screening tool, which is used to qualify a patient for a diagnosis of depression and therefore other kinds of follow-up. Most health centers have adopted this general model and the logic scheme is illustrated on page 4 (source: the BridgeIT Technical Manual, Version 12). However, there have been recent observations that perhaps the Bureau thinks the PHQ-9 should be re-designated as a type of follow-up (see the second logic scheme on page 5, source is the BridgeIT Technical Manual, Version 10a). My current recommendation is to not change the definition.

Pro: Do not change the definition because:

1. There is no official document from the Bureau of Primary Healthcare addressing this issue. Therefore, it may be up to us to agree on the best protocol to follow.
2. The current logic scheme is closest to recommended clinical guidelines.
3. Most health centers have already adopted this approach and put a lot of effort into instructing their teams to follow these guidelines and enter data accordingly.
4. It is confusing to everybody to switch back-and-forth year-to-year depending on a few words buried in a slideshow.

Con: If the PHQ-9 is allowed as one of the designated follow-ups to a positive depression screen, the measure percentage improves by a few points at most health centers.

Note that the measure could improve because one subpopulation of patients is moved into the numerator. These are the patients who screened positive on the PHQ-2, then screened positive on the PHQ-9, but then did not receive any other kind of follow-up. From the current perspective of the BridgeIT report, all patients with a positive PHQ-9 should have one of the following four follow-up activities: getting a referral to a behavioral health provider, seeing a behavioral health provider, starting an anti-depressive medication, or having another follow-up activity entered into structured data. In other words, patients with a positive PHQ-9 and no other follow-up are not being adequately treated for their newly-diagnosed depression.

The current BridgeIT report logic scheme (where the PHQ-9 is considered a secondary screening tool):



The previous logic scheme (where the PHQ-9 is considered follow-up):

