Differences Between the 2022 and 2023 UDS Clinical Measure Set Results

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Agenda

- Age Definition Differences
- Visit Definition Differences
- Common Exclusions
- Individual Measures

Note on Data Studies in this Presentation

- Data studies mentioned in this presentation were conducted with the measurement period 7/1/2022 to 6/30/2023

- Summaries are for all health centers using Relevant who are affiliated with Aliados Health, except for Santa Rosa

- The data cited in this presentation is for illustrative purposes only

- The main objective of these studies is to show trends and give some context to the differences a health center might encounter when examining their own data

- Note that there is always variability in the data among individual health centers

Relevant Help Center (Under UDS & Regulatory Reporting)

Age Definition Differences

Age Definition Changes

- Some age range definitions in the UDS manual changed from being calculated at the **beginning** of the measurement period to calculated at the **end** of the measurement period

- Colorectal Cancer Screen had a major clinical definition change (more on that later)

- Some measures remained the same (for example, adult weight screening: "Patients 18 years of age or older on the date of the visit…")

- Some measures (like depression remission) do not use age

Summary of Changes to Measure Denominators Due to Age Definition Modifications

Quality Measure	Old Definition (Uses Measurement Period Start Date)	New Definition (Uses Measurement Period End Date)	Change in denominator	Impact
Cervical Cancer Screening	Between 23 and 63 years	Between 24 and 64 years	0.01%	Not significant
Breast Cancer Screening	Between 51 and 73 years	Between 52 and 74 years	-0.02%	Not significant
Child and Adolescent Weight Assessment and Counseling	Between 3 and 16 years	Between 3 and 17 years	6.80%	Yes, significant
Colorectal Cancer Screening	Between 50 and 74 years	Between 46 and 75 years	21.93%	Yes, significant
Controlling High Blood Pressure	Between 18 and 84 years	Between 18 and 85 years	2.43%	Yes, significant
Diabetes: Hemoglobin A1c Poor Control	Between 18 and 74 years	Between 18 and 75 years	2.55%	Yes, significant
Advanced Illness Exclusion	>= 65 years	>= 66 years	-0.06%	Not significant

The change is denominator is the change solely due to the difference in age definitions

Colorectal Cancer Screening

- This is a special case because the actual clinical guideline changed
  - ✓ 2022 definition: adults 50–75 years of age
  - ✓ 2023 definition: adults 45–75 years of age

Impact to the Measure

- The denominator increased almost 22% because a new age group was added
- For all Aliados Health (except Santa Rosa), the measure numerator…
  - ❖ Using the 2022 definition is around 43%
  - ❖ Using the 2023 definition is around 40%
    - o The added age group (45 to 49 years) has a numerator of around 25%
    - o The other age group (50 to 75 years) has a numerator of around 43%

Visit Definition Differences

New Visit Definition for Clinical Measures (Tables 6B and 7)

- Page 89 of the **2023 UDS Manual**: "For UDS clinical quality measure reporting, include and evaluate patients for the denominator who had at least one **eligible countable visit** during the measurement period as specified in the measure."

- Page 84 of the **2022 UDS Manual**: "For UDS clinical quality measure reporting, include and evaluate patients for the denominator who had at least one **medical visit** during the measurement period…"

Relevant Medical Visits

- The concept of a UDS Medical Visit has traditionally been mapped in Relevant
- This is defined in the Data Element visit_set_memberships
- It is still important to maintain this definition in your Relevant instance for other groups of quality measures and other purposes
- Periodically check which providers contribute to medical visits and which do not in the system

Eligible Countable Visit

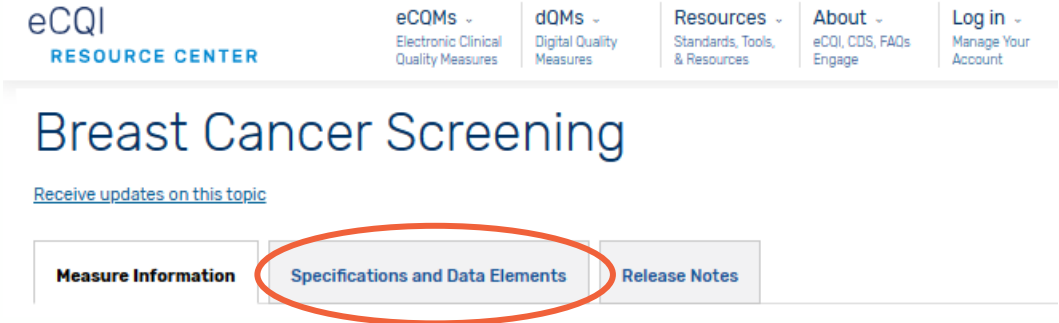- Each quality measure has its own unique definition
- These visits are defined by CPT codes used for billing
- The measure steward defines the Value Sets of codes to be used for a specific measure
- Any visit with any of these codes is considered an eligible countable visit
- Relevant has built these Value Sets into the measure SQL in place of the UDS Medical Visit definition used in previous years

Need More Specifics?

Breast Cancer Screening (Line 11a), CMS125v11

1. Click on measure ID in the UDS manual

eCQI RESOURCE CENTER

eCQMs
Electronic Clinical Quality Measures

dQMs
Digital Quality Measures

Resources
Standards, Tools, & Resources

About
eCQI, CDS, FAQs Engage
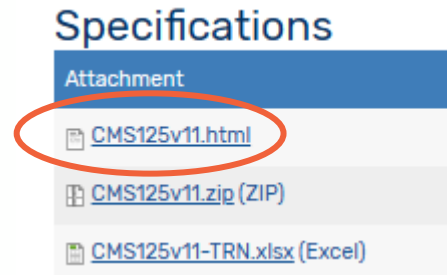
Log in
Manage Your Account

Breast Cancer Screening

Receive updates on this topic

| Measure Information | Specifications and Data Elements | Release Notes |

2. Webpage opens – click on Specifications and Data Elements

Specifications

Attachment
CMS125v11.html
CMS125v11.zip (ZIP)
CMS125v11-TRN.xlsx (Excel)

Next slide…

3. Open the HTML attachment on the list

eCQM Title	Breast Cancer Screening		
eCQM Identifier (Measure Authoring Tool)	125	eCQM Version Number	11.0.000

CMS125v11

4. A webpage with the technical specification opens. Scroll down to the definitions

Population Criteria

◢ Initial Population

```
exists ( ["Patient Characteristic Sex": "Female"] )
  and AgeInYearsAt(date from
    end of "Measurement Period"
  )in Interval[52, 74]
  and exists AdultOutpatientEncounters."Qualifying Encounters"
```

Definitions

◢ AdultOutpatientEncounters.Qualifying Encounters

```
( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Annual Wellness Visit"]
  union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Online Assessments"]
  union ["Encounter, Performed": "Telephone Visits"] ) ValidEncounter
  where ValidEncounter.relevantPeriod during day of "Measurement Period"
```

Data Criteria (QDM Data Elements)

- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services Initial Office Visit, 18 and Up" using "Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Online Assessments" using "Online Assessments (2.16.840.1.113883.3.464.1003.101.12.1089)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)"

5. You can view the Value Set codes in Relevant with the Value Set OID from the specifications

```sql
SELECT * FROM rdm.cqm_value_set_codes
WHERE value_set_oid = '2.16.840.1.113883.3.464.1003.101.12.1080'
```

Example: Breast Cancer Screening

- Old (2022) definition: Patients with a medical visit during the measurement period
- New (2023) definition: Patients with a visit having a billed CPT code belonging to any of these Value Sets:
  - ✓ Office Visit
  - ✓ Annual Wellness Visit
  - ✓ Preventive Care Services Established Office Visit, 18 and Up
  - ✓ Preventive Care Services Initial Office Visit, 18 and Up
  - ✓ Home Healthcare Service
  - ✓ Online Assessments
  - ✓ Telephone Visits

What is the Impact to the Measures?

- A study was done to compare data definitions

- Looked at measures with simple medical visit. Therefore, excluded those with no medical visit definition (like depression remission and dental sealants) or complex visit definitions (like adult weight screening and tobacco screening)

- Examined visits included/excluded by the new definition and also unduplicated patients included/excluded by the new definition

By Visits (Summary)

		2023 Definition	
		Included	Not included
2022 Definition	Included	Common	Was included but now no longer included
	Not included	Was not included but now is being included	

		2023 Definition	
		Included	Not included
2022 Definition	Included	88.2%	6.1%
	Not included	5.7%	

By Visits (Detailed)

Measure	Medical visits not part of the measure visit value sets (no longer included)	Had a value set visit that was not considered a medical visit (newly included)	Common medical visit and value set visit
Breast Cancer Screening	6.6%	5.9%	87.4%
Cervical Cancer Screening	9.5%	6.7%	83.8%
Childhood Immunization Status	0.8%	0.6%	98.7%
Colorectal Cancer Screening	5.8%	6.0%	88.1%
Controlling High Blood Pressure	6.3%	6.1%	87.6%
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	6.2%	7.9%	85.9%
HIV Screening	8.0%	4.5%	87.5%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	8.1%	4.4%	87.4%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	6.7%	13.2%	80.1%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	6.7%	5.2%	88.1%
Child and Adolescent Weight Assessment and Counseling	2.7%	2.1%	95.2%
Unweighted Average	6.1%	5.7%	88.2%

By Unduplicated Patients (Summary)

		2023 Definition	
		Included	Not included
2022 Definition	Included	Common	Was included but now no longer included
	Not included	Was not included but now is being included	

		2023 Definition	
		Included	Not included
2022 Definition	Included	97.9%	1.2%
	Not included	0.9%	

By Unduplicated Patients (Detail)

Measure	Had only medical visits and not any value set visits (no longer included)	Had only value set visits and not any medical visits (newly included)	Had any combination of medical and value set visits	Patient Net Difference
Breast Cancer Screening	1.3%	1.0%	97.7%	-0.3%
Cervical Cancer Screening	2.2%	1.2%	96.6%	-1.0%
Childhood Immunization Status	0.2%	0.2%	99.6%	0.0%
Colorectal Cancer Screening	1.2%	1.1%	97.6%	-0.1%
Controlling High Blood Pressure	0.9%	0.9%	98.2%	0.0%
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	0.8%	1.1%	98.1%	0.3%
HIV Screening	2.0%	1.0%	97.0%	-1.0%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	1.3%	0.4%	98.3%	-0.9%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	1.8%	1.9%	96.3%	0.2%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	1.0%	0.7%	98.3%	-0.3%
Child and Adolescent Weight Assessment and Counseling	0.7%	0.6%	98.7%	-0.1%
Unweighted Average	1.2%	0.9%	97.9%	-0.3%

Conclusion

- The impact to the measure denominator varies from 1% fewer patients to 0.3% more patients among the measures in the study

- This is not a very great impact overall

- Individual health centers may see greater variations among individual measures

Further Studies on Visits

- The study investigated visits **newly included** in the measure definition

- Two measures selected: Breast Cancer Screening and Controlling High Blood Pressure

- What kind of visits are these? What provider attended the visit? What CPT codes were used?

Newly Included Visits by UDS Staff Category

Table 5 UDS Staff Category Mapped in Relevant	Breast Cancer Screening	Controlling High Blood Pressure
Total Physicians	8%	9%
Total NP, PA, and CNMs	5%	6%
Other Medical Care Services	0%	0%
Total Dental Services	0%	0%
Total Mental Health Services	35%	28%
Substance Use Disorder Services	6%	6%
Other Professional Services	25%	32%
Total Vision Services	1%	1%
Pharmacy Personnel	0%	0%
Total Enabling Services	5%	4%
Null	15%	14%
Newly included visits	9,851	14,569

Observations

- Some medical providers were being recognized as such for Table 5 in Relevant but were not mapped for UDS medical visits in the Data Element visit_set_memberships (i.e., due to incomplete mapping). This was limited to only a few health centers.

- <null> on the previous table also due to incomplete mapping

- Other professional services like nutritionists, podiatrists and chiropractors

Observations, continued

- Visits for mental health and other staff categories are newly included because of CPT codes used

- For example, with breast cancer screening, the most common CPT codes recognized on visits with mental health providers:

Value set name	CPT	% of newly recognized MH visits
Online Assessments	G0071	34%
Office Visit	99213	31%
Office Visit	99214	14%

Common Exclusions

Several Measures Have the Same Exclusions

Quality Measure	Hospice care for any part of the measurement period	Palliative care for any part of the measurement period	Advanced Illness Exclusion
Breast Cancer Screening	Yes	Yes	Yes
Colorectal Cancer Screening	Yes	Yes	Yes
Cervical Cancer Screening	Yes	Yes	
Controlling High Blood Pressure	Yes	Yes	Yes
Diabetes: Hemoglobin A1c Poor Control	Yes	Yes	Yes
Depression Remission at Twelve Months	Yes	Yes	
Adult Weight Screening and Follow-up	Yes	Yes	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Yes	Yes	
Tobacco Use Assessment and Cessation Intervention	Yes		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Anti-Thrombotic	Yes		
Childhood Immunization Status	Yes		
Child and Adolescent Weight Assessment and Counseling	Yes		

Hospice and Palliative Care During the Measurement Period

- Make sure the Data Elements are mapped
  - ❖ hospice_care_interventions
  - ❖ palliative_care_cases
- These can be mapped to the Value Sets, questions in structured data, referrals, etc.

Advanced Illness Definition (2023)

- Age 66 years or above and <u>living in a nursing home</u> any time before the end of the measurement period

- Age 66 years or above with advanced illness and frailty. Defined as having frailty AND one of the following:

    A. Advanced illness diagnosis on Problem List <u>AND at least two visits with an advanced illness diagnosis on the assessment in the past two years</u>

   B. Used dementia medications in the past two years

The Advanced Illness Definition is Different for Controlling High Blood Pressure

- Modified criteria: Age 66 to 80 years with advanced illness and frailty (same definition as above but different age range)

- Additional criteria: Age 81 years or above with frailty

Previous Discussion

- See June 6, 2023 Data Workgroup slides on the QIP measures for additional details

- The exclusions are the same for common Quality Measures
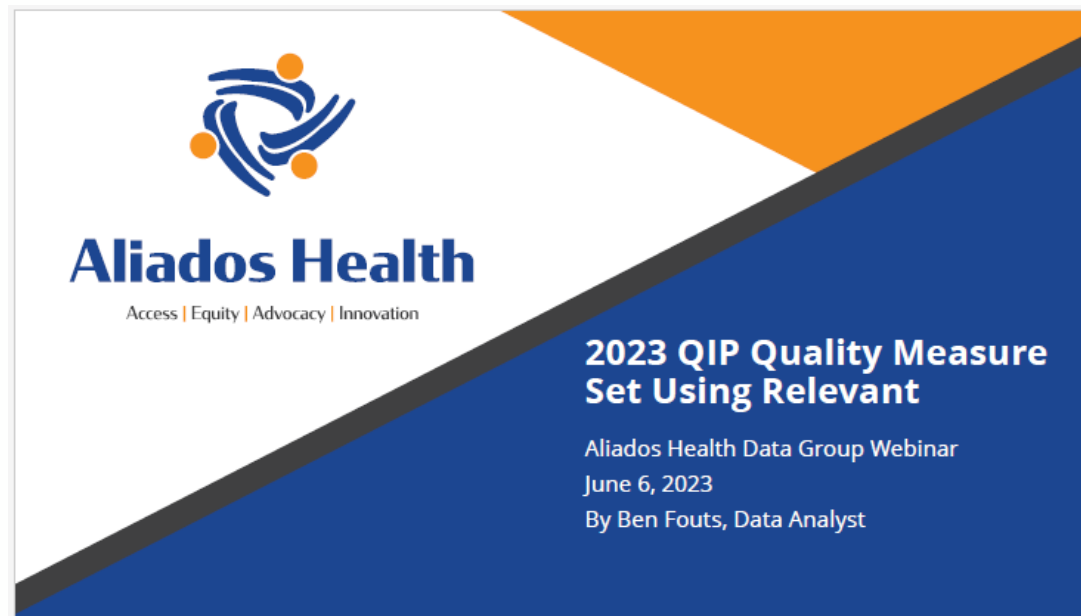
Other Differences Observed in Individual Measures

Data studies

- Investigation done on measures that seems to changed a lot
- Data not gathered on every single definition change
- Data summarized for all Aliados-Affiliated Health Centers with Relevant except Santa Rosa (data from Santa Rosa was not consistent in the Aliados aggregate at the time of data pull)
- Measurement period was mid-2022 to mid-2023
- We are interested in trends and not extracting exact comparison data

Comparison of Results From 2022 and 2023 Measure Sets (Part 1)

Quality Measure	Number in Denominator	Number in Numerator	Numerator Percentage
Breast Cancer Screening	-0.3%	-0.2%	0.1%
Cervical Cancer Screening	-1.0%	-0.8%	0.2%
Controlling High Blood Pressure	0.2%	0.3%	0.1%
Diabetes: Hemoglobin A1c Control	0.5%	0.0%	-0.3%
IVD Use of Aspirin or Another Anti-Thrombotic	-1.0%	-0.8%	0.1%
Childhood Immunization Status	-0.1%	-0.5%	-0.1%
Dental Sealants for Children	0.0%	0.0%	0.0%
Early Entry Into Prenatal Care	0.0%	0.0%	0.0%
HIV Linkage to Care	1.0%	0.0%	-0.6%
HIV Screening	-0.9%	-1.2%	-0.1%
Statin Therapy for the Prevention and Treatment of CVD	-0.5%	-0.5%	0.0%

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

- 2022 denominator definition (for one of the sub-groups): current or prior diagnosis of ASCVD

- 2023 denominator definition (for one of the sub-groups): active diagnosis of ASCVD

➢ Logically, this should reduce the number of patients in the denominator

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Changes to exclusions

- 2022 definition: Patients with diagnosis of pregnancy (removed)

- 2023 definition: Patients with a documented medical reason for not being prescribed statin therapy (added)

➢The number of exclusions went down by around 9%

Comparison of Results From 2022 and 2023 Measure Sets (Part 2)

Quality Measure	Number in Denominator	Number in Numerator	Numerator Percentage
Colorectal Cancer Screening	22.0%	13.1%	-3.2%
Child and Adolescent Weight Assessment and Counseling	7.8%	7.4%	-0.2%
Adult Weight Screening and Follow-up	7.7%	28.2%	9.4%
Tobacco Use Assessment and Cessation Intervention	2.2%	1.1%	-0.8%
Screening for Clinical Depression and Follow-Up Plan	-0.4%	-3.4%	-1.9%
Depression Remission at Twelve Months	-55.3%	-57.6%	-0.3%

Colorectal Cancer Screening

- As previously discussed, the denominator age range went from 50 to 75 years (2022 definition) to 45 to 75 years (2023 definition)

- So, expect more patients in the denominator (overall, 22% higher) due to the new age group, but a lower numerator (overall, 3.2% lower) because the new group of patients were not targets of screening care gaps and case management

Child and Adolescent Weight Assessment and Counseling

- 2022 denominator definition: Patients 3 through 16 years of age at the beginning of the measurement period

- 2023 denominator definition: Patients 3 through 17 years of age at the end of the measurement period

➤ Logically, this results in more denominator patients

➤ The denominator went up 6.8% as a result of the age definition change only (it was 7.7% overall, including qualifying visit definition change)

Adult Weight Screening and Follow-up

- The 2023 visit definition study (mentioned previously) did not include the adult weight screening measure because it excludes virtual visits (the study time ran out to change it)

- However, looking at all visits (including virtual), this measure appeared to have a greater proportion of "Qualifying" visits that were not "UDS Medical" visits (n = 13.7%) compared to the average of the other measures (n = 5.7%).

- The current hypothesis is that this is the major reason why more patients are being recognized for the denominator

Adult Weight Screening and Follow-up

- 2022 numerator definition: documented BMI during most recent visit in the measurement period or during the previous 12 months of that visit

- 2023 numerator definition: documented BMI during the measurement period

➤ Logically, there is less time for a BMI to be documented

Adult Weight Screening and Follow-up

- 2022 numerator definition: follow-up plan on or after the most recent documented BMI

- 2023 numerator definition: follow-up plan to be documented during the measurement period

➢Logically, there is more time for a follow-up plan to have been documented

➢See next slide for impact

Adult Weight Screening and Follow-up

- Mini-study: Keep all 2023 measure definitions the same except for the period a follow-up plan can be documented after a BMI out of normal range. Compare the numerator outcomes:
  - ❖Using 2022 definition (follow-up plan on or after the most recent documented BMI): 44%
  - ❖Using 2023 definition (follow-up plan during the measurement period): 59%

Tobacco Use Screening and Cessation Intervention

- 2022 numerator definition: tobacco cessation intervention during the measurement period

- 2023 numerator definition: tobacco cessation intervention during the measurement period or in the six months prior to the measurement period

➤ Logically, this gives more time for a cessation intervention to be counted

Tobacco Use Screening and Cessation Intervention

Changes to exclusions

- 2022 definition: included limited life expectancy cases and documented medical reasons for not screening or providing cessation intervention (these were removed)

- 2023 numerator definition: Hospice care in measurement period (added)

➢Although generally uncommon, this change resulted in more exclusions being picked up

Tobacco Use Screening and Cessation Intervention

Definition of tobacco use

- Now includes e-cigarettes and other electronic nicotine delivery systems

- Health centers may consider adding this question specifically to structured data or modifying the wording of the standard question
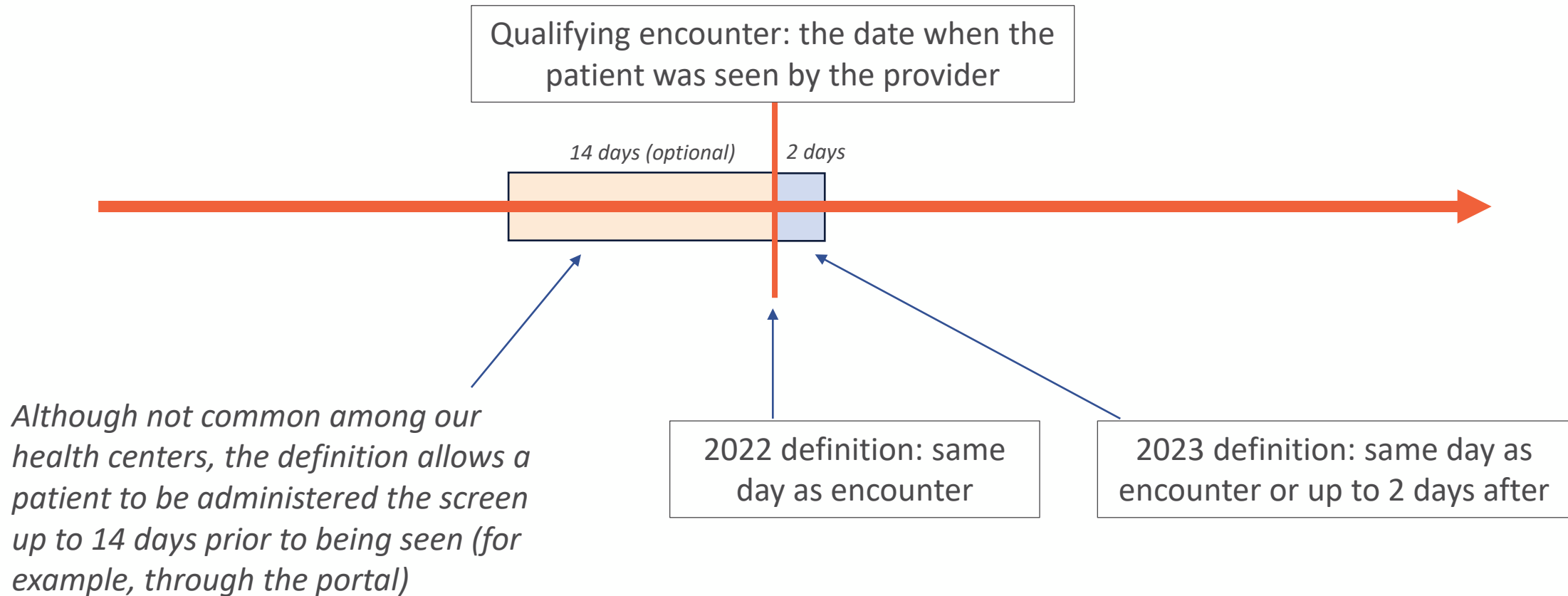
Screening for Depression and Follow-Up Plan

- 2022 numerator definition: follow-up plan documented on the date of the qualifying encounter when the patient was screened

- 2023 numerator definition: follow-up plan documented on the date of the qualifying encounter when the patient was screened or up to two days after the date of the qualifying encounter

➤ Logically, this gives more time for follow-up to occur

Screening for Depression and Follow-Up Plan

Qualifying encounter: the date when the patient was seen by the provider

14 days (optional)

2 days

Although not common among our health centers, the definition allows a patient to be administered the screen up to 14 days prior to being seen (for example, through the portal)

2022 definition: same day as encounter

2023 definition: same day as encounter or up to 2 days after

Screening for Depression and Follow-Up Plan

- Change to SQL approach in 2023 measure

- Qualifying encounter (i.e., when the patient actually saw the provider) is now more distinctly defined

- The change will tend to lower the numerator a little

- Health centers will see less of an impact if thry tend to give the depression screen in the clinic and then do same-day follow-up when positive

Screening for Depression and Follow-Up Plan

Changes to exclusions

- 2022 definition: Patients with a diagnosis of depression or bipolar disorder (modified)

- 2023 definition: Patients with a diagnosis of depression or bipolar disorder at any time prior to the qualifying visit, regardless of whether the diagnosis is active or not

➢This change did not impact the number of exclusions greatly (only about +2%)

Depression Remission at Twelve Months

- Change to SQL approach in 2023 measure
- Fewer patients in the denominator
- More investigation needed (more on this later!)

Questions?