



Aliados Health

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Two New Reports

1. Pediatric Care Management Report

2. QIP-EHR Comparison Report

By Ben Fouts, Data Analyst,
Aliados Health Data Workgroup, April 15, 2025

AGENDA

1. Pediatric Care Management Report
2. Note on the 2025 QIP Quality Measures
3. QIP-EHR Comparison Report



Pediatric Care Management Report

Applies to all health centers who are interested in this concept

This is an optional report that can be customized



Pediatric Care Management Report

- Discussed in the March 2025 DSIC Meeting (associated Issues Document available on the Aliados Health website)
- Report developed and shared by Marin Community Clinics
- Runs in Relevant. Based on common Data Elements
- Report can be customized by the health center (SQL knowledge needed)
- Will be available by the end of April (e-mail forthcoming with instructions)



Pediatric Care Management Report

- Purpose: To identify patients in need of more intensive case management or recall because they are falling behind in certain pediatric care preventive services or are getting close to the “cut-off” dates for those services
- Provides a weighted score that can be used to prioritize or group patients with the most need
- Outreach lists can be ordered by a Priority Risk Score
- The patient group with the highest score range can be placed into a high-intensity case management group (the size and nature of the group depends on health center resources)



Focus of Report

- Three pediatric measures:

Measure	Months of age limit (cut-off date)	Goal
Well-Child Visits in the First 15 Months of Life	By 15 months of age	6 well-child visits
Lead Screening in Children	By 24 months of age	One blood lead test
Childhood Immunization Status	Flu: By 24 months of age	Flu: 2 doses
	PCV: By 12 months of age	PCV: 3 doses

- Note that not all childhood immunizations are covered
- The pneumococcal vaccine (PCV) is assessed for 3 doses by 12 months of age (instead of the actual measure final goal of 4 doses by 24 months)



Design of the Report

- Universe: all active patients under 2 years of age
- Calculations:
 - Age of patient, in months (as of the date the report is run)
 - Count of well-child visits at least 14 days apart
 - Count of blood lead tests
 - Count of pneumococcal vaccines
 - Count of flu vaccines (and seasonal availability)
- Optional Calculations (health center decides)



“Weight” Calculations

- *“In statistics, weights are numerical values assigned to data points to indicate their relative importance or influence in calculations. This allows for more precise representation of data when some observations are more significant than others.” (courtesy of AI)*
- The weight calculations on the next slides are used by Marin Community Clinics
- These weights will appear by default in the report weight calculations
- However, different weight values or different placement of weights in the tables can be customized by the health center



Weight Calculation: Well-Child Visits in the First 15 Months of Life

*Goal: 6 visits by
15 months of age*

Months of age	Count of Well-Child (WC) Visits					
	0	1	2	3	4	5
0	0.2					
1	0.2					
2	0.8	0.2				
3	100	0.2	0.2			
4	100	0.5	0.5	0.2		
5	100	0.5	0.5	0.2		
6	100	100	0.5	0.5	0.2	
7	100	100	0.5	0.5	0.2	
8	100	100	0.5	0.5	0.2	
9	100	100	0.5	0.5	0.2	
10	100	100	0.5	0.5	0.2	
11	100	100	100	0.5	0.5	0.2
12	100	100	100	0.5	0.5	0.2
13	100	100	100	0.8	0.8	1
14	100	100	100	0.8	0.8	1

Note: 100 is the Special Examination Category



Weight Calculation: Lead Screening in Children

Months of age	Count of lead tests
	0
0 to 15 months	
16 to 18 months	0.2
19 to 22 months	0.5
23 months	1

*Goal: 1 lead test by
24 months of age*



Weight Calculation: Childhood Immunization Status (PCV only)

Months of age	Count of PCV		
	0	1	2
0 to 6 months			
7 to 9 months		0.8	0.8
10 to 11 months			1

*Goal: 3 PCV by 12
months of age*



Weight Calculation: Childhood Immunization Status (Flu only)

*Goal: 2 flu vaccines by 24 months
of age (1 per season, depending
on availability relative to when
the report is run)*

Months of age	Count of flu vaccines	
	0	1*
0 to 5 months		
6	0.4	
7	0.4	
8	0.4	
9	0.4	
10	0.4	
11	0.4	
12	0.4	
13	0.4	
14	0.4	
15	0.4	
16	0.4	0.8
17	0.4	0.8
18	0.6	0.8
19	0.6	0.8
20	0.6	
21	0.6	
22	0.6	1
23		1



Optional Weight Calculations

- “Noted” code will be included. These calculations can be ignored or turned on
- These weights are customizable. Health centers can add additional conditions as well

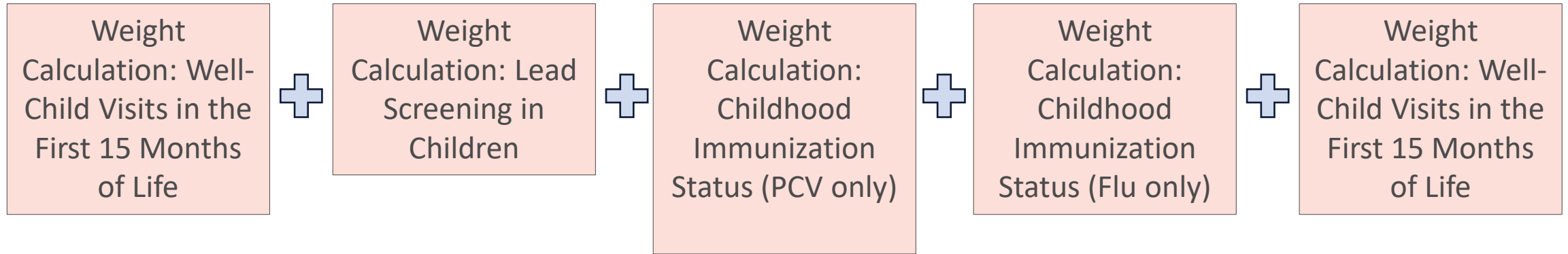
Description	Weight	Comment
Partnership QIP denominator (any measure)	5	For health centers with uploaded QIP denominators
Complex Care Patient (health center definition)	20	Epic code
3 no-shows in past 3 visits	0.5	Epic or eCW code
2 no-shows in past 3 visits	0.2	Epic or eCW code
Outside PCP (health center definition)	100	Special examination category
No visit during last 18 months	100	Special examination category

Note: 100 is the Special Examination Category



Overall Priority Risk Score

- All weight scores are summarized for individual patients
- Priority Risk Score =



Risk Category

- Priority Risk Score ranges can be adjusted by the health center
- Action taken for each category is decided by the health center

Description	Priority risk score range	Example of Action
Level 1	Between 6.1 and 99	Intensive Pediatric Needs. Significantly behind. At MCC, enrolled in Pediatric Complex Care
Level 2	Between 0.3 and 6	Pediatric Care Management. Behind in multiple areas. At MCC, additional reminders and support to catch up
Level 3	Less than or equal to 0.2	Pediatric standard of care. On-track with well visits and immunizations. At MCC, appointment scheduled before next care cliff
Special Examination Category	100 or more	Look at them separately because of likely special circumstances. Not added to routine patient case management lists



Other Report Notes

- Lots of notations will appear in the report SQL so that areas of customization can be recognized by programmers
- There will be columns for each of the measure categories so that case management staff can easily see what services are needed for each patient (one report row = one patient)
- Summary tabs will show the number of patients by weight score each measure as well as the priority risk score and risk category. These totals can be used to refine the weight magnitude and risk category ranges



Notes on the 2025 QIP Quality Measures

For two groups of health centers



See March 2025 Data Workgroup Slides



2025 QIP Quality Measures

Two groups of health centers

1. Health centers that have their monthly QIP denominator files uploaded into Relevant in a standard manner AND have a method to integrate monthly Partnership enrollment into Relevant
 - QIP Quality Measures display QIP denominators and can use the comparison report
2. Health centers without any patient lists from Partnership in Relevant
 - QIP Quality Measures display denominators based on the entire health center population (as patients meet denominator definitions)



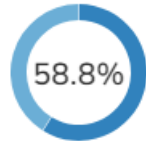
Group 1: Regular Denominator Upload

- Essential that the QIP denominator list is uploaded each month
- This will make the QM graph smooth (month-to-month data, just like other Quality Measures such as the UDS measures)
- The current month data and graph will not display results until there denominator data uploaded for that month

Breast Cancer Screening (QIP 2025) ✓

No data available

Breast Cancer Screening (UDS 2024 Table 6B) ✓



283
481

58.7%
Compliance target

+0.1
Percentage points

+1
Patient



Group 2: No Partnership uploads in Relevant

- This group should use the QIP Quality Measures that display all-patient populations
- 2025 QIP Quality Measures will be available on the Aliados aggregate later in April. Watch for the e-mail
- You can copy them from the aggregate at your convenience or request Aliados Health to copy them for you
- Group 1 can also use any all-patient Quality Measures they like (use a different name to distinguish between the two)



Validation of the 15 QIP Measures

- Two measures with small changes (blue highlighting)
- Four new monitoring measures (green highlighting)
- If you already validated the 2024 version and the 2025 results are exactly the same (numbers in the denominator, numerator and exclusion), you probably do not need to perform a full validation (rows with no highlighting)

Breast Cancer Screening (QIP 2025)
Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)
Cervical Cancer Screening (QIP 2025)
Child and Adolescent Well-Care Visits (QIP 2025)
Childhood Immunization Status (QIP 2025)
Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)
Colorectal Cancer Screening (QIP 2025)
Controlling High Blood Pressure (QIP 2025)
Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)
Diabetes: Retinal Eye Exam (QIP 2025)
Immunizations for Adolescents (QIP 2025)
Lead Screening in Children (QIP 2025)
Topical Fluoride for Children (QIP 2025)
Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)
Well-Child Visits in the First 15 Months of Life (QIP 2025)



Ensure You Have the Data Elements for the New Measures

Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)

- Data Element: Chlamydia Labs
- HEDIS Value Set Name: Chlamydia Tests
- HEDIS Value Set: OID = 2.16.840.1.113883.3.464.1004.1060

Topical Fluoride for Children (QIP 2025)

- Data Element: Topical Fluoride Applications
- HEDIS Value Set Name: Application of Fluoride Varnish
- HEDIS Value Set: OID = 2.16.840.1.113883.3.464.1004.2403



QIP-EHR Comparison Report

For health centers that have QIP denominators uploaded into Relevant



Report Comparing QIP to EHR Numerators

- **Report name:** QIP EHR Comparison Report [2025 Edition]
- **Custom parameter:** QIP Measure Names 2025
- Covers all 15 QIP Quality Measures
- Measures must be joined to monthly QIP denominators
- Uses the Quality Measure results, so the Quality Measures must be enabled in Relevant (i.e., running at night)
- Please do not change any of the SQL code in the measures or change the measure keys



QIP Measure Files from Partnership

- Each month, Partnership provides the QIP denominator based on their projection of which patients will be in the HEDIS denominator December 31, 2025
- In other words, this is not a rolling denominator relative to the HEDIS definition at the end of each month during the year
- The QIP numerator is also relative to the final December 2025 date
- This makes sense because you do not want to see patients dropping out of the denominator (unless they lose eligibility) or off the numerator during the year
- They make final adjustments at the end of the year to get the official evaluation population in January 2026



QIP Quality Measures in Relevant

- All Quality Measures in Relevant evaluate the numerator based on the measurement period ending in a particular month.
- For example, the “look-back” period for the April measurement period ends April 30, 2025. The look-back period varies in length depending on the measure. Many measures look back one year.

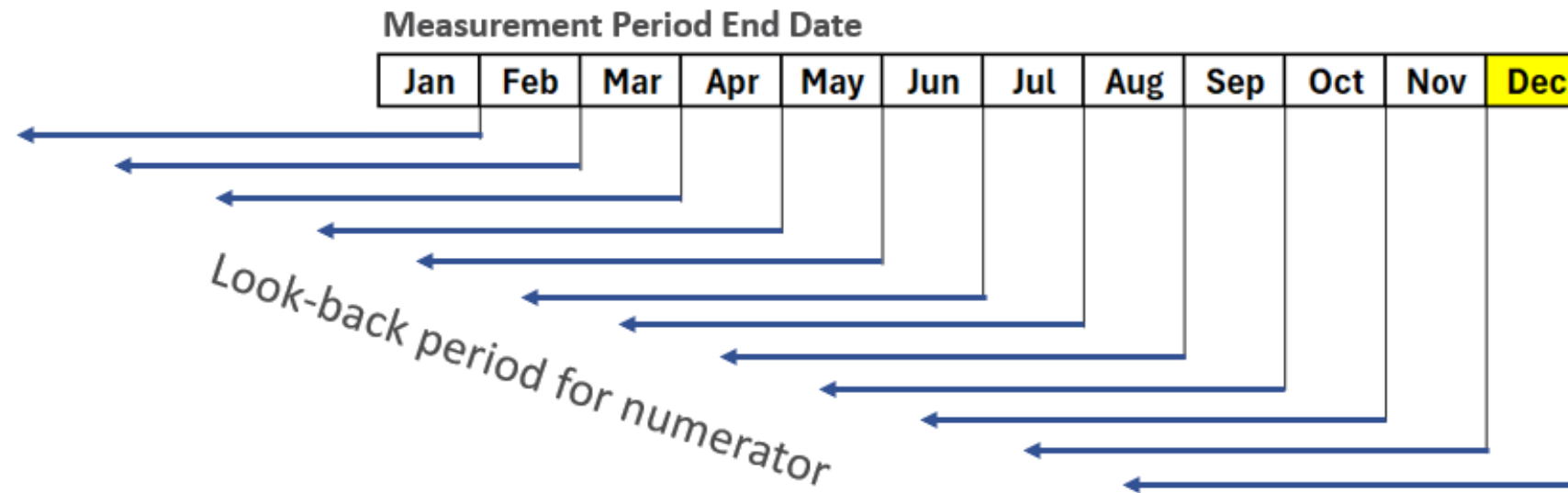


- Therefore, the Quality Measures show a rolling measurement period. In other words, they show how the denominator population is doing in the measure as of the last day of the measurement period.

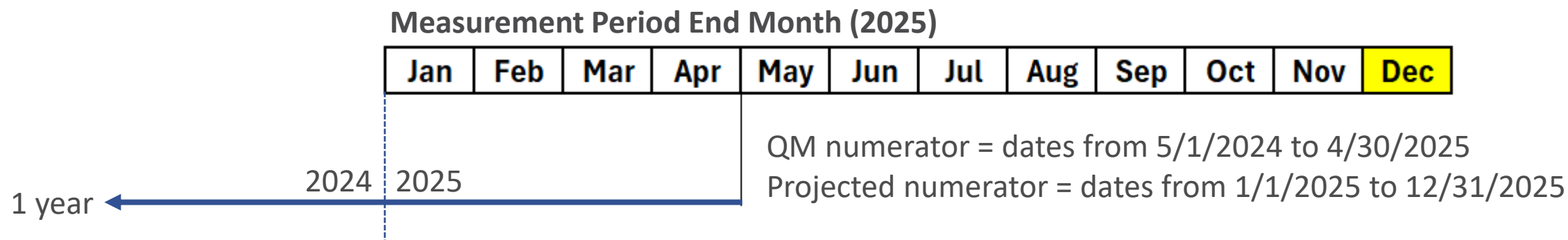


Concept: Current vs Projected Numerator

- The measurement period ending **December** (2025) is the “official” period for the program quality evaluation
- Each Relevant Quality Measure produces a series of measurement period data runs as the year progresses. Note that December data is not available until December!



Concept: Current vs Projected Numerator



- Example with a look-back period of one year (ending April 30, 2025)
- For the measurement period ending April 30, 2025, some numerator dates will be in 2024 and some will be in 2025
- The “projected” measurement period for the December (“official”) measurement is January 1 to December 31, 2025
- Therefore, to calculate a projected numerator, take only the 2025 dates present in the EHR numerator

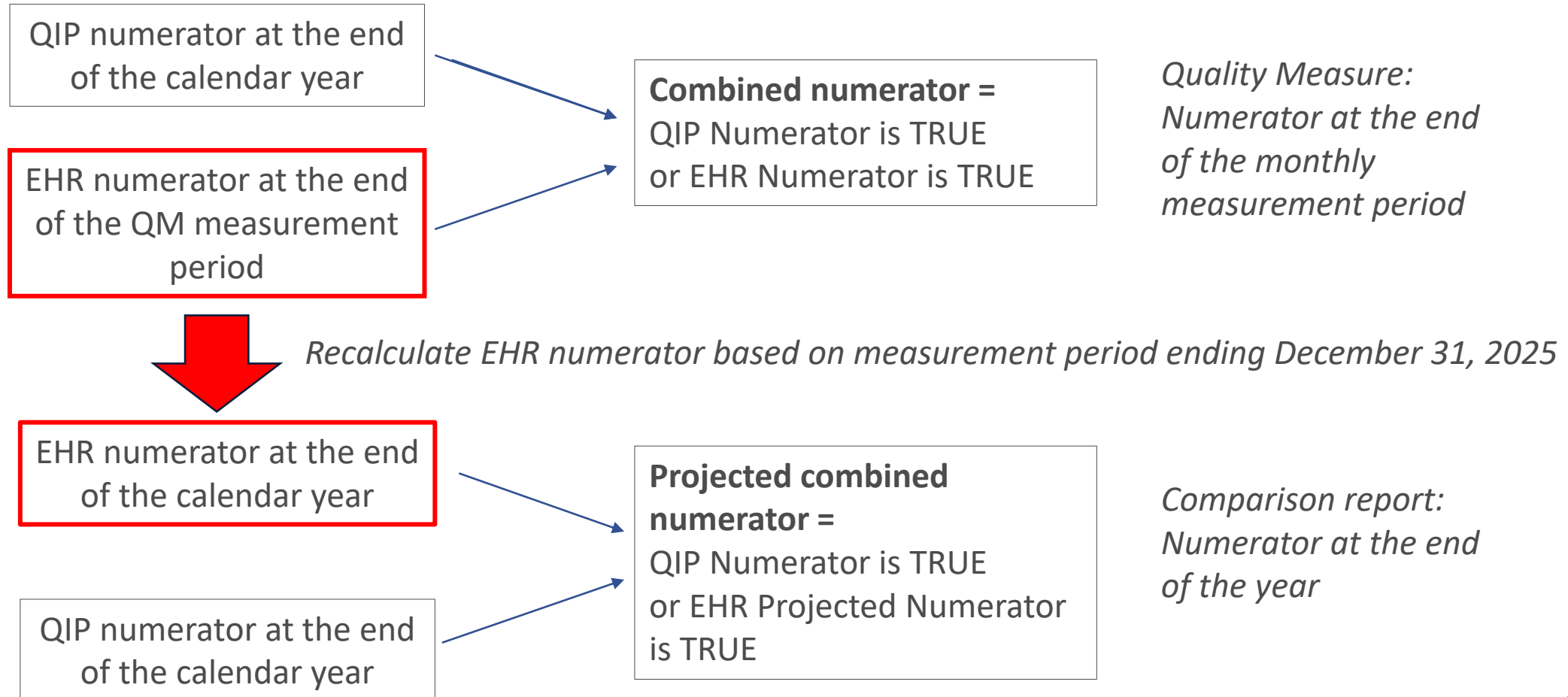


Another Perspective of the Projected Numerator

- As patients have visits during the year and get services, there is always new data from the EHR to provide to Partnership. They get some data from claims but health centers can also provide it directly from their EHR
- Projected numerator assumption: EHR numerator data is provided to Partnership so that Partnership updates their “official” numerator by the end of the year.
- At any one time, the projected numerator is the combination of the existing QIP numerator plus the EHR numerator data (relative to the measurement period end date of 12/31/2025) that will be provided to Partnership



Concept: Combined Numerators

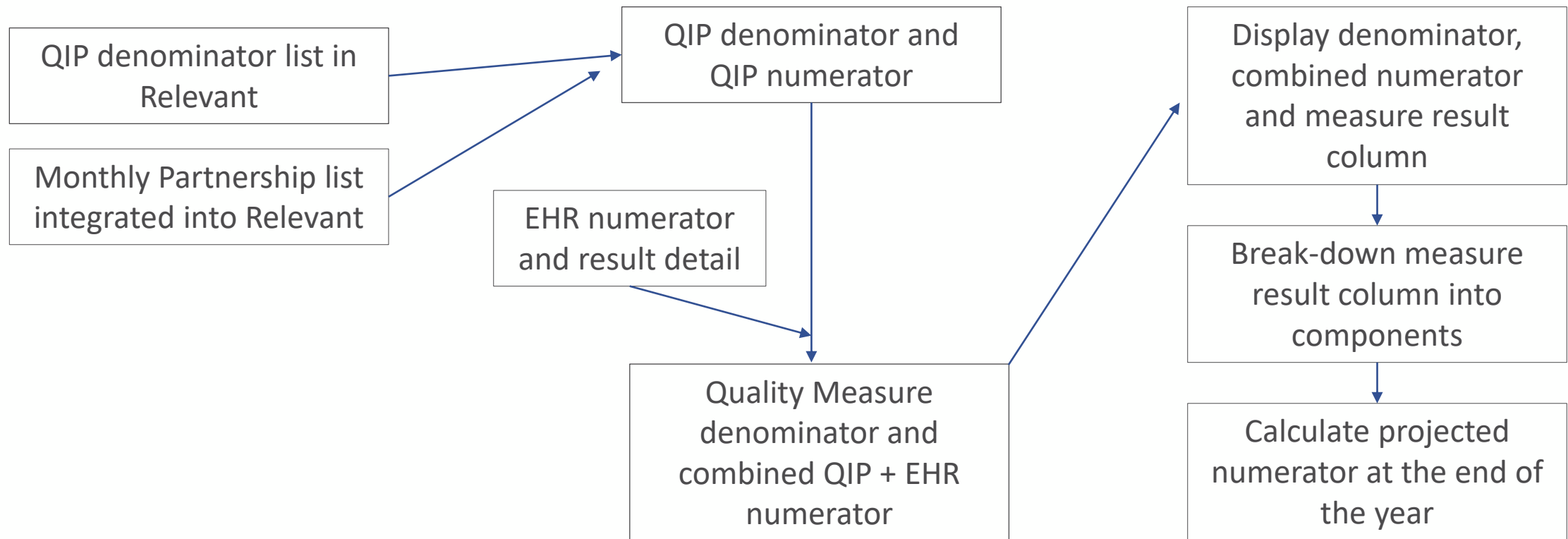


Data Flow Diagram

Partnership Uploads

QIP Quality Measures

Comparison Report



Report Parameters

- End date is the measurement period end date of the Quality Measure (must be the last day of the month)
- Measure name is one or more of the 15 QIP Quality Measures

MP End Date (last day of month)

02/28/2025

Measure name

All

Breast Cancer
Screening (QIP 2025)

Breast Cancer
Screening for Ages
40 to 51 Years (QIP
2025)

Cervical Cancer
Screening (QIP 2025)

Child and Adolescent
Well-Care Visits (QIP
2025)



Results Tab Format

- Each row is one denominator patient for one measure
- Export results to view patients for recall or obtain data for upload to eReports
- The report is “yours” and so feel free to change the columns
- Results display patient_id and CIN which can be used for joins
- Because of the scientific notation problem with the CIN when using Excel, the column Patient_cin_space displays the CIN with a <space> character at the end. This can be removed in Excel using the TRIM function.



Data Displayed by the Report

- All information comes from the QIP Quality Measures
- Customization options if you want to use the lists for recall (eg, add phone number) or case management (eg, add primary provider), etc.
- **Default patient information columns** (you can join to rdm.patients or other tables as you like because patient_id and CIN are displayed in the results):
 - first_name_ehr
 - last_name_ehr
 - date_of_birth_ehr
 - mrn_ehr
 - patient_cin_space
 - patient_cin_raw



Data Displayed by the Report: Measure Info and Numerators

- measure_order
- measure_name
- qip_numerator (*true/false*)
- ehr_numerator (*true/false*)
- qm_combined_numerator (*true/false*)
- projected_ehr_numerator (*true/false*)
- projected_combined_numerator (*true/false*)
- full_point_target (%)
- partial_point_target (%)



Data Displayed by the Report: Result Text and Other Details

- qm_ehr_result
- data_item_text_upload
- date_1_upload
- date_2_upload
- result_1_text_upload
- result_2_text_upload
- exclusion (*true/false*)
- exclusion_text
- service_due_date



Format of QIP QM measure_results column

- PATIENT CIN:
 - QIP NUMERATOR:
 - EHR NUMERATOR:
 - EHR RESULT:
 - EHR Exclusions:
-
- PATIENT CIN: 99997458F9; QIP NUMERATOR: FALSE; EHR NUMERATOR: TRUE; EHR RESULT: Last well-child visit: 07/01/2024;



Upload Data Overview

- These are dates and results (depending on the measure) that can be sent to Partnership on the templates they provide
- You may have to organize and format the data before copying it to the template
- All data should be validated before being sent to PHP
- If a patient is already in the QIP numerator, nothing needs to be reported to Partnership
- Therefore, no upload data is displayed by the report for patients with column QIP numerator = TRUE



Upload Data Not Displayed

- Three measures do not display upload data:
 - Childhood Immunization Status (QIP 2025)
 - Immunizations for Adolescents (QIP 2025)
 - Well-Child Visits in the First 15 Months of Life (QIP 2025)
- Shows “No results displayed for upload” in data_item_text_upload column
- These have too many potential data fields (too many columns) or else the data is not currently gathered and displayed by the Quality Measure



Upload Data Format

- Most measures show screening dates
 - data_item_text_upload (refers to the item whose date is being displayed)
 - date_1_upload (date of data item)
 - date_2_upload (second date of data item, if applicable)
 - result_1_text_upload (result text, if applicable)
 - result_2_text_upload (second result text, if applicable)
-
- Next slide shows which measures display data in these fields



“TRUE” in a cell below means something can be displayed in the column, like a date or a result

measure_name	data_item_text_upload	date_1_upload_data	date_2_upload_data	result_1_text_upload_data	result_2_text_upload_data
Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)	Mammogram performed on	TRUE			
Breast Cancer Screening (QIP 2025)	Mammogram performed on	TRUE			
Cervical Cancer Screening (QIP 2025)	Cervical cytology	TRUE			
	HPV test	TRUE			
Child and Adolescent Well-Care Visits (QIP 2025)	Last well-child visit	TRUE			
Childhood Immunization Status (QIP 2025)	No results displayed for upload				
Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)	Chlamydia lab date	TRUE			
Colorectal Cancer Screening (QIP 2025)	colonoscopy	TRUE			
	FOBT/FIT	TRUE			
	FIT-DNA	TRUE			
	colonoscopy	TRUE			
	sigmoidoscopy	TRUE			
	CT colonography	TRUE			
Controlling High Blood Pressure (QIP 2025)	Last blood pressure	TRUE		TRUE	TRUE
Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)	Last A1c result	TRUE		TRUE	
Diabetes: Retinal Eye Exam (QIP 2025)	Eye exam	TRUE			
	Negative eye exam	TRUE			
	Eye enucleation	TRUE			
Immunizations for Adolescents (QIP 2025)	No results displayed for upload				
Lead Screening in Children (QIP 2025)	Last lead blood test	TRUE			
Topical Fluoride for Children (QIP 2025)	One fluoride application	TRUE			
	Two fluoride application	TRUE	TRUE		
Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)	One well child visit	TRUE			
	Two well child visits	TRUE	TRUE		
Well-Child Visits in the First 15 Months of Life (QIP 2025)	No results displayed for upload				

Partial Upload Data

- You can choose to upload whatever data you have, even if the patient is not currently in the EHR numerator
- Two measures have a requirement for two visit dates. The report will display one or both of those dates if they are applicable to the projected numerator
- A “partial data upload” is when the health center sends Partnership a single date even when that patient is not currently in the EHR numerator



Partial Upload Data Displayed

Topical Fluoride for Children (QIP 2025)

1. projected_combined_numerator = TRUE
 - Both treatment dates in 2025 (displayed in columns date_1_upload and date_2_upload)
2. projected_combined_numerator = FALSE and qm_ehr_result = "One fluoride application"
 - One treatment date in 2025 (displayed in column date_1_upload)



Partial Upload Data Displayed

Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)

1. projected_combined_numerator = TRUE
 - Both well-child dates between 15-30 months (displayed in columns date_1_upload and date_2_upload)
2. projected_combined_numerator = FALSE and qm_ehr_result = “One well child visit (needs two)”
 - One well-child date between 15-30 months (displayed in column date_1_upload)



Due Date field

- This field shows if a patient is due for the preventive service now (i.e., today's date) or at some future time in the calendar year (i.e., their previous service will age-out by the end of this year).
- If a patient is already in the QIP numerator, no Due Date will be displayed
- There is normally a converse relationship to the upload data fields. A patient has a due date when the service is needed now or during this calendar year. A patient has upload data when the service has been provided.



Measures With Set Look-Back Period of One Year

- Upload data shown only when the patient is not in the QIP numerator and the service date was within the look-back period relative to December 31, 2025
- Due date appears for patients who are:
 - ✓ Not in QIP numerator
 - ✓ AND either have no service (so, due now) or have a service that will age-out before the end of the year (due date is 1 year after the last service date)

Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)
Lead Screening in Children (QIP 2025)



Measures With Set Look-Back Periods Greater Than One Year

- Upload data shown only when the patient is not in the QIP numerator and the service date was within the look-back period relative to December 31, 2025
- Due date appears for patients who are:
 - ✓ Not in QIP numerator
 - ✓ AND either have no service (so, due now) or have a service that will age-out before the end of the year (age-out date shown)

Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)
Breast Cancer Screening (QIP 2025)
Cervical Cancer Screening (QIP 2025)
Colorectal Cancer Screening (QIP 2025)
Diabetes: Retinal Eye Exam (QIP 2025)



Upload/Due Date for Controlling High Blood Pressure

- Upload data shown only when patient is not in the QIP numerator and the blood pressure reading was in 2025 and in control (ie, under 140/90)
- Due date appears for patients who are:
 - ✓ Not in QIP numerator
 - ✓ AND
 - Have no BP in 2025 (including those with last EHR BP in 2024)
 - –OR – have a 2025 BP not in control
- Due date is always the day the report is run and NOT with any date calculation. The health center can use its own policy to decide who to recall and when (the last QM BP date and value is displayed in the column ehr_result)



Upload/Due Date for Diabetes A1c

- Upload data shown only when the patient is not in the QIP numerator and the A1c reading was in 2025 and in control (ie, under 9%)
- Due date appears for patients who are:
 - ✓ Not in QIP numerator
 - ✓ AND
 - Have no A1c in 2025 (including those with last EHR A1c in 2024)
 - –OR – have a 2025 A1c not in control
- Due date is always the day the report is run and NOT with any date calculation. The health center can use its own policy to decide who to recall and when (the last QM A1c date and value is displayed in the column ehr_result)



Upload/Due Date for Topical Fluoride

- Upload data shown only when patient not in QIP numerator and any fluoride treatment was in 2025
- Due date appears for patients who are:
 - ✓ Not in QIP numerator
 - ✓ AND have no fluoride treatment dates in 2025 or only one date in 2025 (including those with last fluoride date in 2024)
- Due date is always the day the report is run and NOT with any date calculation. The health center can use its own policy to decide who to recall and when (the last QM fluoride treatment date and value is displayed in the column ehr_result)



Upload/Due Date for Child and Adolescent Well-Care Visits

- Upload data shown only when patient not in QIP numerator and had a well-child visit in 2025
- Due date is always the day the report is run and NOT with any date calculation. The health center can use its own policy to decide who to recall and when (the last QM well child date and value is displayed in the column ehr_result)



No Due Date Displayed for Birthday Measures

- Birthday measures are those where services must be rendered by a particular date relative to the patient's birthday (eg, by 2nd birthday)
- These are more complex (for example, immunizations have spacing between them) or depend on the health center's policies for visit spacing

Childhood Immunization Status (QIP 2025)
Immunizations for Adolescents (QIP 2025)
Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)
Well-Child Visits in the First 15 Months of Life (QIP 2025)



Exclusions

- Exclusions are shown regardless of numerator status
- Fields:
 - exclusion (*true/false*)
 - exclusion_text (*whatever the QM displays as text*)



Report Tabs: Results

- Shows all the records for the measure(s) and measurement period you choose
- Use Export button to copy entire list to Excel [Export results](#)
- You can use the filters to see particular groups of records but you cannot export only the filtered records
- Therefore, most often you will be managing the lists using filters/sorting in Excel

Columns

Filters

> Measure_order

> Measure_name

> First_name_ehr

> Last_name_ehr

> Date_of_birth_ehr

> Mrn_ehr

> Patient_cin_space

> Qm_combined_numerator

> Qip_numerator

> Ehr_numerator

> Projected_ehr_numerator

> Projected_combined_nu...

> Qm_ehr_result



Report Tab Overview

- Numerator percentages compared to partial and full targets
- Combined QIP-Projected EHR Numerator
- Plus sub-numerators
 - ✓ QIP Numerator
 - ✓ Current EHR Numerator (end of measurement period)
 - ✓ QM Numerator (QIP + EHR numerators, at end of measurement period)



Tab for Projected Results at End of Year (Combined QIP and Projected EHR Results)

Combined QIP-Projected EHR Results (% no exclusions)						
measure_order	measure_name	partial_point_target	full_point_target	projected_combined_numerator		Totals
				false	true	
1	Breast Cancer Screening (QIP 2025)	59.51%	63.48%	48.1%	51.9%	100.0%
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)	0.00%	52.68%	58.5%	41.5%	100.0%
3	Cervical Cancer Screening (QIP 2025)	61.56%	67.46%	33.3%	66.7%	100.0%
4	Child and Adolescent Well-Care Visits (QIP 2025)	58.07%	64.74%	91.4%	8.6%	100.0%
5	Childhood Immunization Status (QIP 2025)	34.79%	42.34%	97.6%	2.4%	100.0%
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)	0.00%	55.95%	91.4%	8.6%	100.0%
7	Colorectal Cancer Screening (QIP 2025)	38.07%	43.71%	71.9%	28.1%	100.0%
8	Controlling High Blood Pressure (QIP 2025)	69.37%	72.75%	54.2%	45.8%	100.0%
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)	60.83%	63.50%	75.6%	24.4%	100.0%
10	Diabetes: Retinal Eye Exam (QIP 2025)	59.41%	64.06%	76.3%	23.8%	100.0%
11	Immunizations for Adolescents (QIP 2025)	40.88%	48.80%	81.0%	19.0%	100.0%
12	Lead Screening in Children (QIP 2025)	71.11%	79.51%	91.2%	8.8%	100.0%
13	Topical Fluoride for Children (QIP 2025)	0.00%	19.30%	100.0%		100.0%
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)	0.00%	69.43%	47.8%	52.2%	100.0%
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)	64.99%	69.67%	55.0%	45.0%	100.0%
Totals				64.1%	35.9%	100.0%

Compare the Projected Combined Numerator to the 2025 partial and full point targets to see where you stand at the end of the measurement period

NOTE: early in the year, it is likely that most of the measures will be below both target levels



Report Tabs: QIP Results

QIP Results (#)

		qip_numerator	false	true	Totals
measure_order	measure_name				
1	Breast Cancer Screening (QIP 2025)				
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)				
3	Cervical Cancer Screening (QIP 2025)				
4	Child and Adolescent Well-Care Visits (QIP 2025)				
5	Childhood Immunization Status (QIP 2025)				
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)				
7	Colorectal Cancer Screening (QIP 2025)				
8	Controlling High Blood Pressure (QIP 2025)				
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)				
10	Diabetes: Retinal Eye Exam (QIP 2025)				
11	Immunizations for Adolescents (QIP 2025)				
12	Lead Screening in Children (QIP 2025)				
13	Topical Fluoride for Children (QIP 2025)				
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)				
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)				
Totals					

QIP Results (%)

		qip_numerator		false	true	Totals
measure_order	measure_name	partial_point_target	full_point_target			
1	Breast Cancer Screening (QIP 2025)	59.51%	63.48%	50.6%	49.4%	100.0%
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)	0.00%	52.68%	60.5%	39.5%	100.0%
3	Cervical Cancer Screening (QIP 2025)	61.56%	67.46%	35.9%	64.1%	100.0%
4	Child and Adolescent Well-Care Visits (QIP 2025)	58.07%	64.74%	94.4%	5.6%	100.0%
5	Childhood Immunization Status (QIP 2025)	34.79%	42.34%	97.6%	2.4%	100.0%
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)	0.00%	55.95%	94.0%	6.0%	100.0%
7	Colorectal Cancer Screening (QIP 2025)	38.07%	43.71%	73.0%	27.0%	100.0%
8	Controlling High Blood Pressure (QIP 2025)	69.37%	72.75%	94.4%	5.6%	100.0%
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)	60.83%	63.50%	85.8%	14.2%	100.0%
10	Diabetes: Retinal Eye Exam (QIP 2025)	59.41%	64.06%	80.9%	19.1%	100.0%
11	Immunizations for Adolescents (QIP 2025)	40.88%	48.80%	84.1%	15.9%	100.0%
12	Lead Screening in Children (QIP 2025)	71.11%	79.51%	97.1%	2.9%	100.0%
13	Topical Fluoride for Children (QIP 2025)	0.00%	19.30%	100.0%		100.0%
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)	0.00%	69.43%	67.4%	32.6%	100.0%
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)	64.99%	69.67%	80.0%	20.0%	100.0%
Totals				68.2%	31.8%	100.0%



Report Tabs: Projected EHR Results

Projected EHR Results (#)

Displays exclusions separately

measure_order	measure_name	exclusion	false		true		Totals
		projected_ehr_numerator	false	true	false	true	
1	Breast Cancer Screening (QIP 2025)						
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)						
3	Cervical Cancer Screening (QIP 2025)						
4	Child and Adolescent Well-Care Visits (QIP 2025)						
5	Childhood Immunization Status (QIP 2025)						
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)						
7	Colorectal Cancer Screening (QIP 2025)						
8	Controlling High Blood Pressure (QIP 2025)						
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)						
10	Diabetes: Retinal Eye Exam (QIP 2025)						
11	Immunizations for Adolescents (QIP 2025)						
12	Lead Screening in Children (QIP 2025)						
13	Topical Fluoride for Children (QIP 2025)						
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)						
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)						
Totals							

Projected EHR Results (% with no exclusions)

Percentages without exclusions

measure_order	measure_name	partial_point_target	full_point_target	projected_ehr_numerator		
				false	true	Totals
1	Breast Cancer Screening (QIP 2025)	59.51%	63.48%	50.0%	50.0%	100.0%
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)	0.00%	52.68%	61.6%	38.4%	100.0%
3	Cervical Cancer Screening (QIP 2025)	61.56%	67.46%	45.7%	54.3%	100.0%
4	Child and Adolescent Well-Care Visits (QIP 2025)	58.07%	64.74%	91.4%	8.6%	100.0%
5	Childhood Immunization Status (QIP 2025)	34.79%	42.34%	100.0%		100.0%
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)	0.00%	55.95%	93.6%	6.4%	100.0%
7	Colorectal Cancer Screening (QIP 2025)	38.07%	43.71%	77.0%	23.0%	100.0%
8	Controlling High Blood Pressure (QIP 2025)	69.37%	72.75%	57.3%	42.7%	100.0%
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)	60.83%	63.50%	76.3%	23.8%	100.0%
10	Diabetes: Retinal Eye Exam (QIP 2025)	59.41%	64.06%	89.4%	10.6%	100.0%
11	Immunizations for Adolescents (QIP 2025)	40.88%	48.80%	85.7%	14.3%	100.0%
12	Lead Screening in Children (QIP 2025)	71.11%	79.51%	94.1%	5.9%	100.0%
13	Topical Fluoride for Children (QIP 2025)	0.00%	19.30%	100.0%		100.0%
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)	0.00%	69.43%	47.8%	52.2%	100.0%
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)	64.99%	69.67%	55.0%	45.0%	100.0%
Totals				69.5%	30.5%	100.0%



Report Tabs: Current QM Results (%)

Current QM Results (% with no exclusions)

				qm_combined_numerator		
measure_order	measure_name	partial_point_target	full_point_target	false	true	Totals
1	Breast Cancer Screening (QIP 2025)	59.51%	63.48%	40.3%	59.7%	100.0%
2	Breast Cancer Screening for Ages 40 to 51 Years (QIP 2025)	0.00%	52.68%	50.9%	49.1%	100.0%
3	Cervical Cancer Screening (QIP 2025)	61.56%	67.46%	29.2%	70.8%	100.0%
4	Child and Adolescent Well-Care Visits (QIP 2025)	58.07%	64.74%	32.6%	67.4%	100.0%
5	Childhood Immunization Status (QIP 2025)	34.79%	42.34%	97.6%	2.4%	100.0%
6	Chlamydia Screening for Ages 16 to 24 Years (QIP 2025)	0.00%	55.95%	74.7%	25.3%	100.0%
7	Colorectal Cancer Screening (QIP 2025)	38.07%	43.71%	59.7%	40.3%	100.0%
8	Controlling High Blood Pressure (QIP 2025)	69.37%	72.75%	28.1%	71.9%	100.0%
9	Diabetes: HbA1c Good Control ($\leq 9\%$) (QIP 2025)	60.83%	63.50%	31.3%	68.8%	100.0%
10	Diabetes: Retinal Eye Exam (QIP 2025)	59.41%	64.06%	36.9%	63.1%	100.0%
11	Immunizations for Adolescents (QIP 2025)	40.88%	48.80%	81.0%	19.0%	100.0%
12	Lead Screening in Children (QIP 2025)	71.11%	79.51%	85.3%	14.7%	100.0%
13	Topical Fluoride for Children (QIP 2025)	0.00%	19.30%	77.7%	22.3%	100.0%
14	Well-Child Visits for Ages 15 Months–30 Months (QIP 2025)	0.00%	69.43%	47.8%	52.2%	100.0%
15	Well-Child Visits in the First 15 Months of Life (QIP 2025)	64.99%	69.67%	55.0%	45.0%	100.0%
Totals				44.5%	55.5%	100.0%



Report Tabs: PHP Upload Table

- List of patients
- QIP_numerator = FALSE
- Exclusion = FALSE
- Data_text_item_upload NOT equal to Null and NOT equal to "No results displayed for upload"

PHP Upload Table						
Measure_order	Measure_name	First_name_ehr	Last_name_ehr	Date_of_birth_ehr	Mrn_ehr	Patient_cin_space
1	Breast Cancer Screening (QIP ...					
1	Breast Cancer Screening (QIP ...					



Report Tabs: PHP Exclusion Table

- List of patients
- QIP_numerator = FALSE
- Exclusion = TRUE
- Option to add (?): projected_ehr_numerator = FALSE

PHP Exclusion Table						
Measure_order	Measure_name	First_name_ehr	Last_name_ehr	Date_of_birth_ehr	Mrn_ehr	Patient_cin_space
1	Breast Cancer Screening (QIP ...					
1	Breast Cancer Screening (QIP ...					



If there is time...

- Demonstrate the raw results of the report in Excel
- Filter columns for different populations
- Show relationship between sub-numerators and combined numerators
- Show when the upload data is displayed
- Show what upload data is displayed



Questions?

