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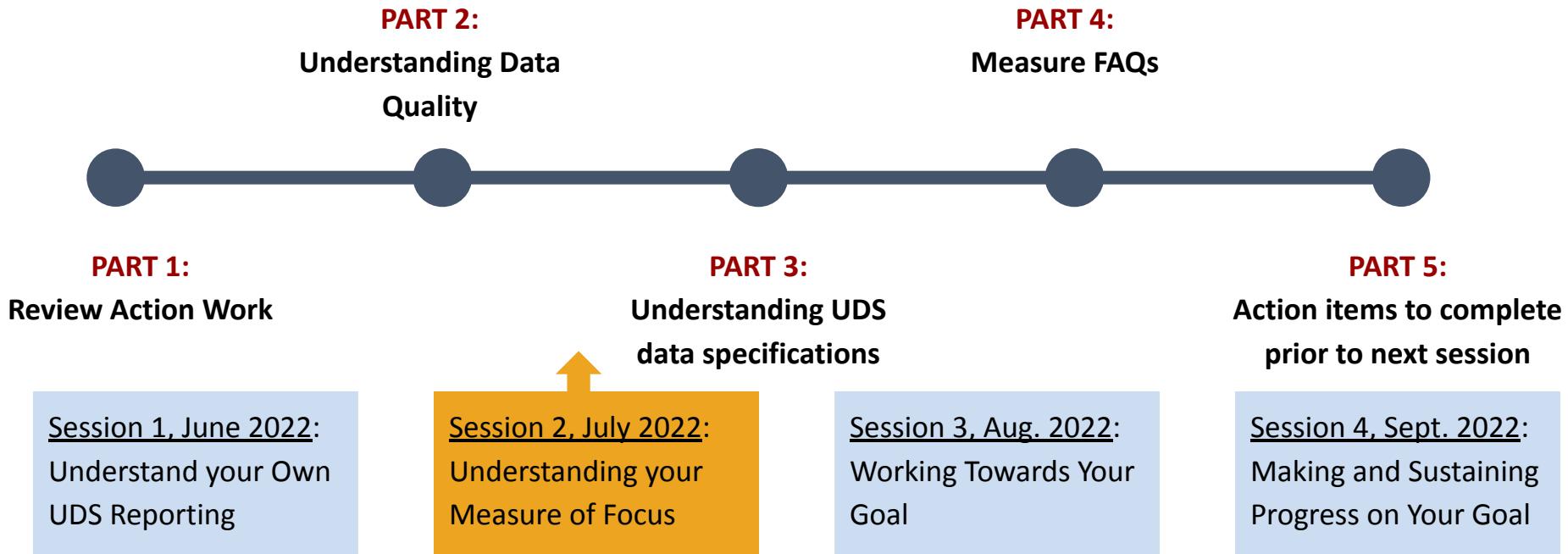
Reporting Assistance and Process
Improvement Discussion

Session 2

Vision: Healthy Communities, Healthy People



Roadmap for Today



About Us

Let's take a moment to see what each shared from last session!





Part 1

Review Action Work

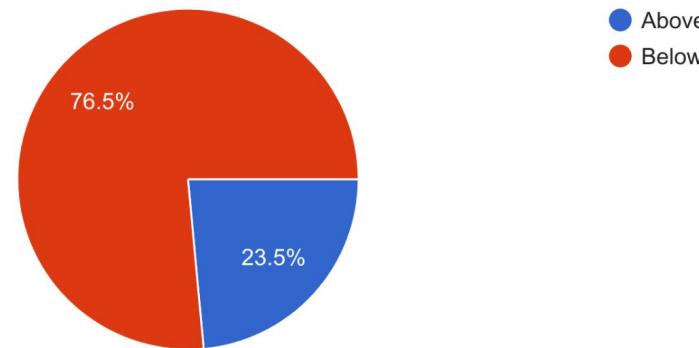


Where are we now?

About three quarters in this group were below the prior year national average.

Was your 2021 Childhood Immunization compliance rate ABOVE or BELOW the national average for the measure in 2020?

17 responses

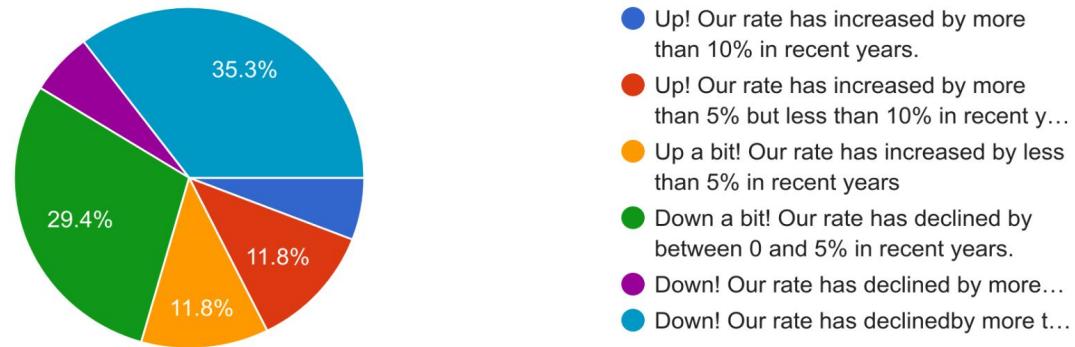


Where are we now?

About a quarter have seen a **trend upwards** (improving!); the others have seen declines (many significant).

In recent 3-5 years, has your Childhood Immunization compliance rate been trending UP or DOWN?

17 responses



Problem Statements

Here are two problem statements from this group.

.... we saw 14,811 unique patients with 135 children eligible for vaccine. We are **trying to** achieve a 40% childhood vaccination percentage. **But**, the following challenges have resulted in a very low percentage of children receiving vaccine **for the following reasons** 1. With the general distrust of vaccines increasing, we continue to experience great vaccine hesitancy. 2. Fewer children having well child exams who are eligible for vaccine (159 in 2019 31% vaccination rate, 150 in 2020 (13% vaccination rate) and 135 in 2021 (4% vaccination rate) 3. Nursing staff turnover and therefore lower competency for giving vaccine. **We feel like we** are failing young children by ensuring they are protected from communicable disease.

WE ARE a health center that serves traditionally underserved, marginalized populations within the rural areas of North Eastern Pennsylvania with a patient population of 32882 and we are **TRYING TO** recover from the effects COVID has had on **Quality Measures** and overall improve childhood immunization **BUT** issues include children being seen for sick visits, but not establishing care later, parent compliance with fully immunizing their children to the UDS standards and **BECAUSE** it can be made difficult for the organization to keep after parents to immunization their children within the timeframe allotted, in turn it **MAKES US FEEL** as though the data is a poor depiction of the care provided by TWCCH.





Part 2

Understanding Data Quality



Three Layers of Data Use and Quality

External Reporting and Performance

Regulatory or Statutory Requirements (UDS, PI, P4P) | PCMH | Grants, etc.

Quality Improvement & Population Management

Registry and exception reporting | QI PDSAs | Trending and monitoring

Point of Care

Pre-visit planning | Huddle | Care Management

Adapted from

<https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qm-slides-ead.pdf>



Remember: Data is not an IT or clinical project, it is the CURRENCY OF CHANGE

Team Role	Responsibilities
Leadership/ Executive	Leadership level sponsor for project; Helps to acquire appropriate resources for program as needed
Population Management Lead	Responsible for oversight of population management and population management programs
Network/ Database Administrator	Provide access to network and EHR systems; Performance and security support
EHR/ Health IT Lead	Identify EHR templates and tables for data element capture including orders, labs, etc.; Review with clinical and QI team
QI Lead	Identify data capture workflows; complete lookup/ mapping; conduct data validation chart audits when needed
Provider and Clinical Representation	Identify data capture workflows; identify PHI data capture location and criteria; support/ provide feedback on data validation and accuracy



Adapted from
<https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qm-slides-ead.pdf>



Targeted, Cross-Functional QI Efforts Have Better Returns



More ‘bang for your buck’



Mindful of people’s limited bandwidth



Builds trust



Ensures that changes will actually be reflected in the measure/ reports/ data





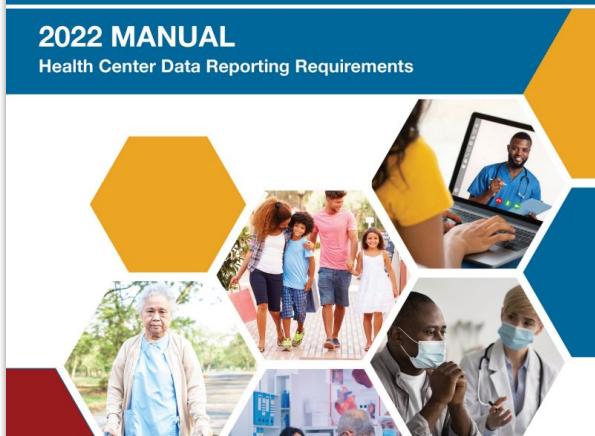
Part 3

Understanding UDS Data Specifications



Getting Started with Clinical Quality Measures: UDS Specific Guidance

Uniform Data System



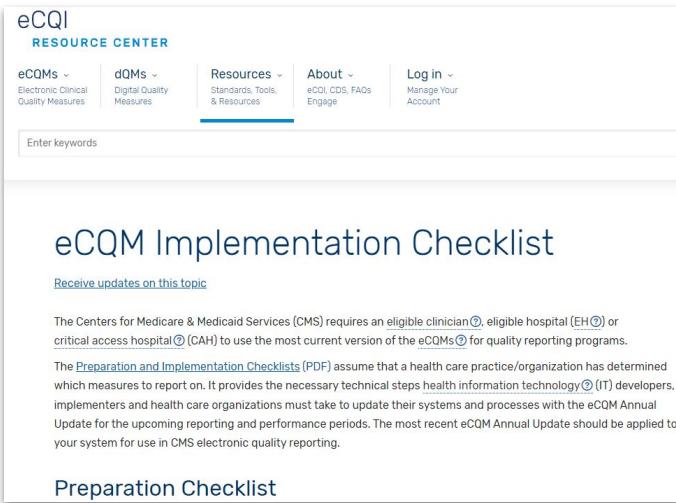
UDS Manual:

- Definitions and instructions specific to the UDS are in the [2022 UDS Manual](#).
- Clinical quality measures include links to eCQMs as well as UDS specific considerations.
- Remember that UDS measures **limit reporting to patients who had at least one UDS countable medical visit** during the calendar year (dental visits for dental sealant measure).

Year-over-year changes:

- [Program Assistance Letter \(PAL\)](#)
- [UDS Changes Webinar](#) (typically each May)

Getting Started with Clinical Quality Measures: eCQI Resource Center



The screenshot shows the eCQI Resource Center website. The top navigation bar includes links for eCQMs, dQMs, Resources (which is currently selected), About, and Log in. Below the navigation is a search bar with the placeholder "Enter keywords". The main content area features a large title "eCQM Implementation Checklist" and a sub-section titled "Preparation Checklist". A note from CMS about the use of eCQMs for reporting is also present.

- **eCQM Implementation Checklist**
 - 5 Preparation Steps
 - 7 Implementation Steps
- **eCQM supports include:**
 - [eCQI Resource Center](#): On the page for each measure, in the “Measure Information” tab, there is the option to “compare” -- e.g., 2021 to 2022. **This highlights changes year over year.**
 - [eCQM Flows](#): Workflows for each eCQM, updated annually and downloads as a ZIP file.
 - [Technical Release Notes: 2022 Performance Period Electronic Clinical Quality Measures \(eCQMs\) for EP/ECI](#)
 - [eCQM value sets](#): Brings you to the VSAC site, where you can search value sets
 - Additional resources on the [EC Resources page](#)

Action Item 1

Complete the first 5 steps of the eCQM implementation checklist. The link is on the previous slide! Remember, UDS uses Eligible Clinician eCQMs.



<https://ecqi.healthit.gov/ecqm-implementation-checklist>



References to Help with Understanding Measures

UDS Clinical Measures Handout (Quick Reference)

UNIFORM DATA SYSTEM					
UDS Clinical Quality Measures					
Table	Line/Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)
6B	7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year
6B	10	Childhood Immunization Status	CMS117v10	Percentage of children 2 years of age or younger diagnosed with status and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two diphtheria-tetanus-pertussis (DTP) and four H influenzae type B (Hib); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); one meningitis (RV); and two influenza (flu) vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period

Telehealth Impacts UDS Clinical Measures

Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting			
Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits or telehealth with other services performed by external providers	Do not include services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator), requirements?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	<ul style="list-style-type: none">• OB/GYN routine check up• Physical with primary care provider (PCP) established in the prior year through a comprehensive in-person exam• Prenatal care patients seen through telehealth in the current year should be included.	<p>Yes. Trimester of entry may be identified in this way.</p>	Yes
Childhood Immunization Status, CMS117v9, Table 6B, Line 10	<ul style="list-style-type: none">• Well-child visits for newborns• Acute pain or illness• Signs or symptoms	<p>No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.</p>	Yes
Cervical Cancer Screening, CMS124v9, Table 6B, Line 11	<ul style="list-style-type: none">• Physical with PCP• OB/GYN routine check up• Acute pain or illness• Signs or symptoms of conditions	<p>No. Clinical cytology/pIV testing are not acceptable in this way. These services cannot be conducted via telehealth.</p>	Yes
Breast Cancer Screening, CMS125v9, Table 6B, Line 11a	<ul style="list-style-type: none">• Physical with PCP• OB/GYN routine check up• Acute pain or illness• Signs or symptoms	<p>No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.</p>	Yes

Exclusions and Exceptions for UDS CQMs

2022 UDS Clinical Measures Exclusions	
Measure	Exclusions
Childhood Immunization Status CMS117v10	<ul style="list-style-type: none">Patients who were in hospice care for any part of the measurement periodWomen who had a hysterectomy with no residual cervix or a congenital absence of cervixPatients who were in hospice care for any part of the measurement periodPatients who received palliative care during the measurement period
Cervical Cancer Screening CMS124v10	<ul style="list-style-type: none">Women who had a bilateral mastectomy or who have a history of a left unilateral mastectomyPatients who were in hospice care for any part of the measurement period
Breast Cancer Screening CMS125v10	<ul style="list-style-type: none">Women aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement periodPatients aged 66 and older with frailty for any part of the measurement period; advanced illness (with one inpatient visit per month) or taking dementia medications during the measurement period



All available on <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/clinical-care>



What does this look like in practice?



In the Clinic

How do you operationalize measure updates in your clinical workflows?



In the Data

How do you operationalize measure updates in your EHR/ health IT systems?



Accessing Full eCQM Specifications

Available to all at

<https://vimeo.com/635520357>



Accessing Codes for All Measures

Download all codes from the VSAC site:

Once logged in, go to Download Tab → 2022 Reporting → eCQM Value Sets for Eligible Clinicians

Two download options:

- Download Excel Sorted by CMS ID to get the full set for each measure-- you'll match the CMS # from the Manual to the CMS # on the Tabs of the downloaded spreadsheet. There are more measures in the spreadsheet than there are in the UDS.
- Download Excel Sorted by Value Set Name to find codes for just certain value sets (remember, value sets are the defined components of each measure).

National Library of Medicine
Value Set Authority Center

Welcome back, & ji

Download

VSAC Downloadable Resources

This page contains groups of value sets designated for a particular program usage. You can search the entire repository of published VSAC value sets in the [Search Value Sets](#) tab.

CMS eCQM & Hybrid Measure Value Sets

CMS Pre-rulemaking eCQM Value Sets

C-CDA Value Sets

CDCREC Roll-up codes

eCQMs will not be eligible for reporting to CMS unless and until they are proposed and finalized through notice, public comment, and rulemaking each applicable program. For more information about eCQMs please visit the [eCQI Resource Center](#).

► 2023 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets

► 2022 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets

▼ May 2021 Release eCQM & Hybrid Measure Value Sets Publication Date: May 06, 2021

Expansion Version: eCQM Update 2021-05-06

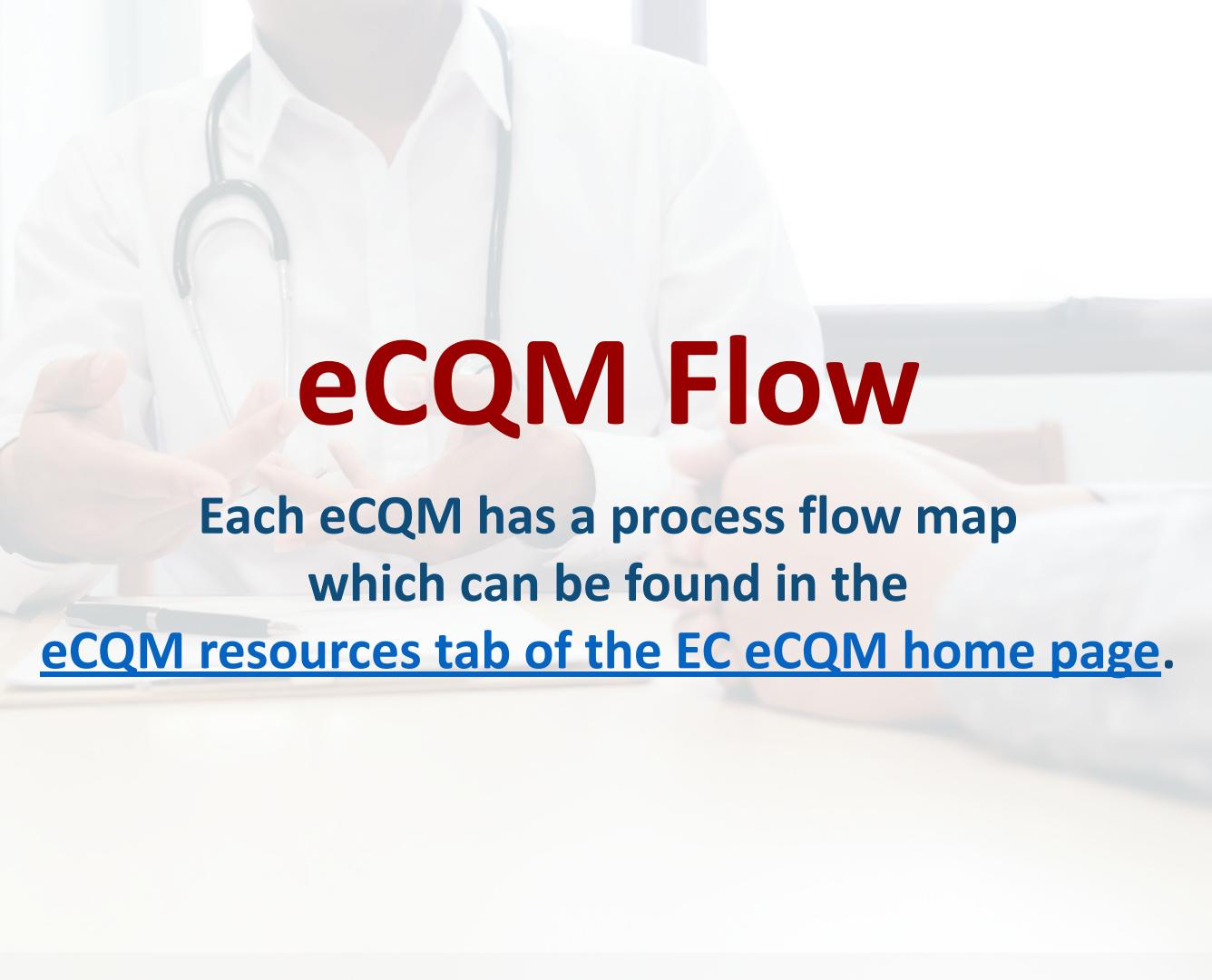
Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Eligible Hospitals Published May 06, 2021	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Professionals and Eligible Clinicians Published May 06, 2021	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)



Discussion Question

What can be done with these codes
once you have downloaded them?

Why is it helpful to have them?

A semi-transparent background image of a doctor in a white coat, wearing a stethoscope, and holding a pen over a clipboard.

eCQM Flow

Each eCQM has a process flow map
which can be found in the
[eCQM resources tab of the EC eCQM home page.](#)



Part 4

Measure FAQs



Immunization Measure FAQs

Do vaccines administered on the 2nd birthday count for this measure? What about vaccines given after the 2nd birthday?

Recently, CMS117v10 has been updated noting that there is a known issue with the measure: <https://ecqi.healthit.gov/ecqm/ec/2022/cms117v10>

The problem is that CMS117v9 (2021 reporting) specified that “Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday”.

CMS117V10 (2022) reporting specified that “Children with any of the following on or before the child’s second birthday meet criteria. So, the 2022 specs include immunization on the 2nd. Birthday. But, the logic as written, has a *boundary specificity issue* that means that immunizations provided on the second birthday are not recorded as a positive (ie. A null value). This is a known issue and will not be resolved for 2022 reporting but has been resolved for 2023.

For details see:

<https://oncprojecttracking.healthit.gov/support/browse/EKI-16>



Immunization Measure FAQs

Can we mix dose series to count for this measure? (e.g., switch between the 3-4 dose HiB vaccine)

To be compliant with the measure, **a patient must have received the full course of a vaccine**. For example, if the patient received the HiB vaccine that is a 3-course series, they would be considered to be fully vaccinated for HiB after three doses have been administered. If the patient received the 4-dose series, they would only be considered fully protected after the administration of the fourth dose. The measure steward has clinical recommendation statements for each vaccination detailed on the eCQM data criteria page. The patient would need to be considered fully immunized by their second birthday.



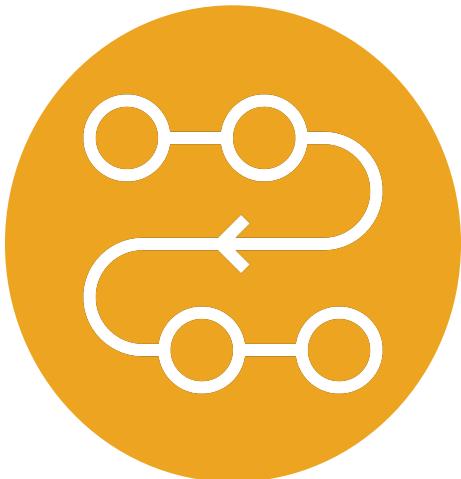
Key Considerations to Meet Measure Requirements

- Maintain/ update the problem list regularly.
- Document onset date(s) when required, such as for diagnoses.
- Document surgical history or other history (like historical or outside immunizations).
- Appropriately identify the “type” of visits.
 - Remember almost all measures require the patient have a UDS-countable medical visit in order to be included.
 - Ensuring that providers and visit types are set up correctly in your system is important.



References for Measure FAQs

ONC Project Tracking Jira



eCQM Known Issues Tracker (part of ONC tracking)



UDS Changes Webinar and Helplines



Access each with these links: <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>;
<https://oncprojecttracking.healthit.gov/support/projects/EKI/summary>; and
<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts>

We understand!

All of this
information is a lot
to wade through
and to translate
to your clinic's
processes!

Hard

- Extra work for staff
- Often having to chase after information
- EHRs often are not terribly conducive to some of the details.

Why else?

Important

- It's the only way to truly know who has or has not gotten the needed screenings or outcomes.
- Ensures better accuracy
- Numbers reported accurately reflect both your work and your patients

Why else?

Achieving our goals!





Part 5

Action Items before Next Session



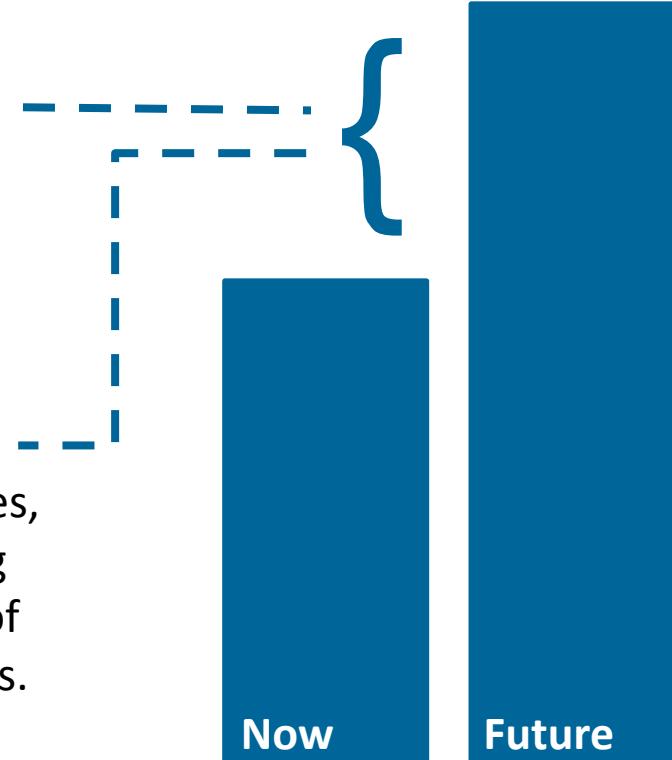
Closing the Gap from Where We Are *And Where We Want to Be*



Some portion may be addressed through patient-facing changes or improvement in care.



Some portion may be addressed through addressing other issues, such as understanding and implementation of measure specifications.



Action items before next session

After completing the first steps in the implementation checklist, access specifications and codes for the measure.

Conduct review of your own processes and documentation compared to measure specifications we've looked at.

Identify **one specific area where patient records ARE meeting the measure** (where you can say, this is definitely not a problem that is impacting performance on the measure).

Identify **one specific area where the patient records are NOT meeting the measure** (where you can say, this probably IS a problem that is impacting performance on the measure)

Note: You don't need to solve this or even describe how you are going to solve this yet!



Next Session: Session 3 Working Towards Your Goal



Review the insights you found from your review of your processes.



Analyzing the broader environment driving your clinical quality measure performance.



Establishing a SMARTIE goal based on problem statement and opportunity for improvement.



Assistance Available

UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- udshelp330@bphcdata.net

HRSA Call Center

- Assistance with EHBs account and user access questions
- 877-Go4-HRSA (877-464-4772), Option 3
- <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

Health Center Program Support

- Assistance with EHBs electronic reporting or EHB account issues
- 877-464-4772, Option 1
- <http://www.hrsa.gov/about/contact/bphc.aspx>

UDS Mapper

- Assistance with the online service area mapping tool
- <http://www.udsmapper.org/contact-us.cfm>

