RAPID

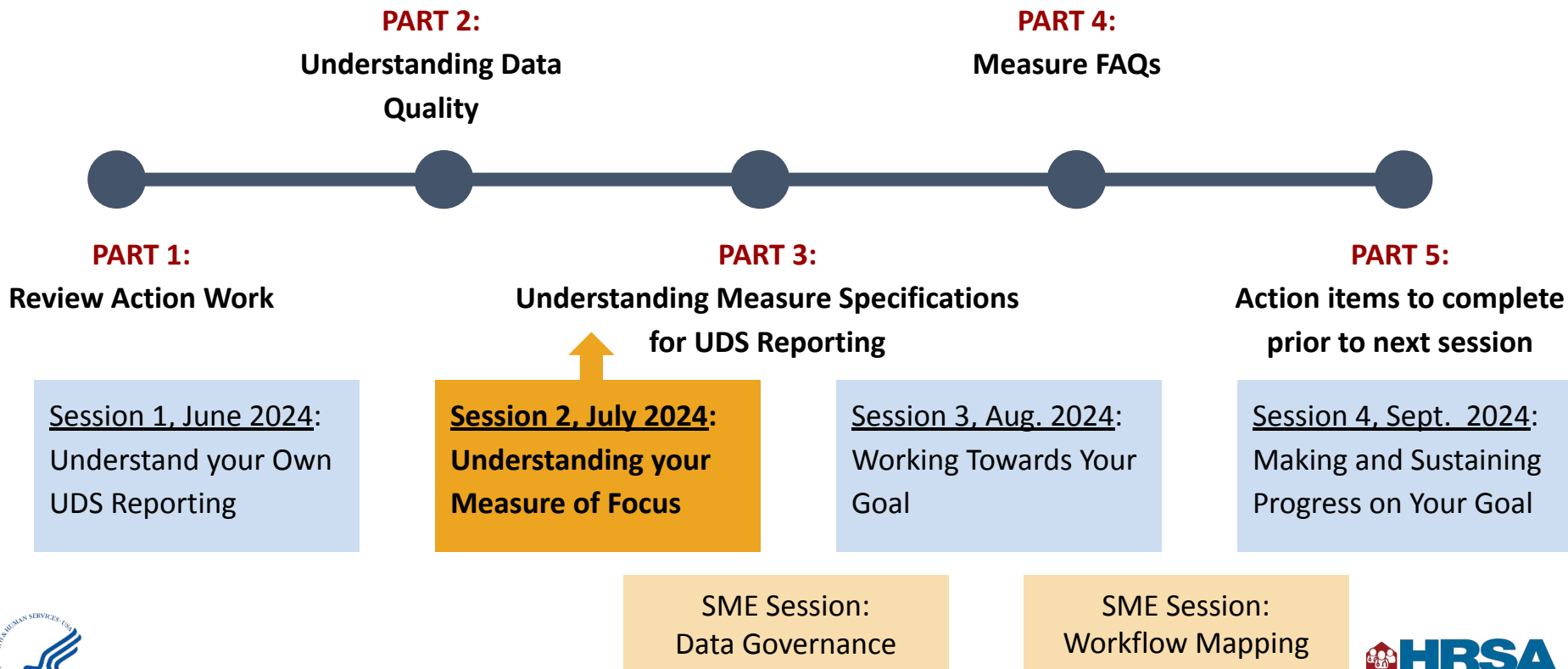**Reporting Assistance and Process Improvement Discussion**

Session 2

Vision: Healthy Communities, Healthy People
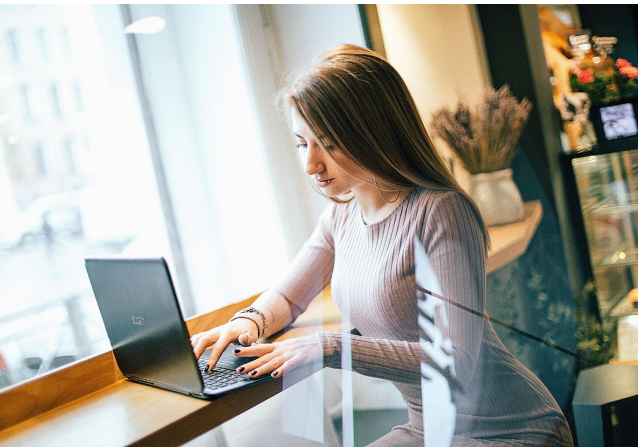
Roadmap for Today

PART 2:
Understanding Data Quality

PART 4:
Measure FAQs

PART 1:
Review Action Work

PART 3:
Understanding Measure Specifications for UDS Reporting

PART 5:
Action items to complete prior to next session

Session 1, June 2024: Understand your Own UDS Reporting

Session 2, July 2024: Understanding your Measure of Focus

Session 3, Aug. 2024: Working Towards Your Goal

Session 4, Sept. 2024: Making and Sustaining Progress on Your Goal

SME Session: Data Governance

SME Session: Workflow Mapping

HRSA Health Center Program

About Us

Let's take a moment to see what each shared from last session!
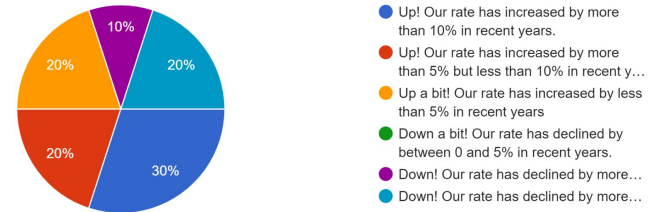
Part 1

Review Action Work

Where are breast cancer screening rates currently for this cohort?

The majority of this cohort are below the national average; but trends are positive, with 70% improving.

Was your 2023 breast cancer screening compliance rate (as reported in the prior question) ABOVE or BELOW the national average for the measure in 2022?

10 responses

- Above
- Below

70%

30%
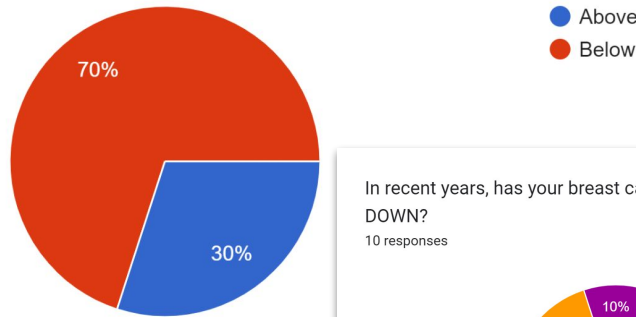
In recent years, has your breast cancer screening measure compliance rate been trending UP or DOWN?

10 responses

- Up! Our rate has increased by more than 10% in recent years.
- Up! Our rate has increased by more than 5% but less than 10% in recent y...
- Up a bit! Our rate has increased by less than 5% in recent years
- Down a bit! Our rate has declined by between 0 and 5% in recent years.
- Down! Our rate has declined by more...
- Down! Our rate has declined by more...

10%

20%

20%

20%

30%

Problem Statements

Here are three **breast cancer screening** problem statements.

We are a small, multisite suburban FQHC LAL in the Bay Area who sees patients across the lifespan **trying to** improve the accuracy of documented breast CA screening services provided to our patients, **but** lack consistently followed breast CA screening workflows across our three clinic sites **because** of ambiguous EHR click paths, understaffing, and high staff turnover.

We are a small health center serving a patient population that is uninsured, underinsured, and low income **trying to** improve our breast cancer screening rates **but** struggle with issues like patient compliance and documentation **because** patient and staff education on this issue is important also, we need to ensure that these measures are correctly documented in the patient charts and that the data analytics team is pulling the reports correctly **which makes us feel that staff training and patient education can help us overcome some of the barriers.**

Getting the patients to have their mammogram completed.

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-qi-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

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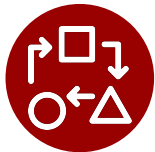# Targeted, Cross-Functional QI Efforts Have Better Returns

More 'bang for your buck'

Mindful of people's limited bandwidth

Builds trust

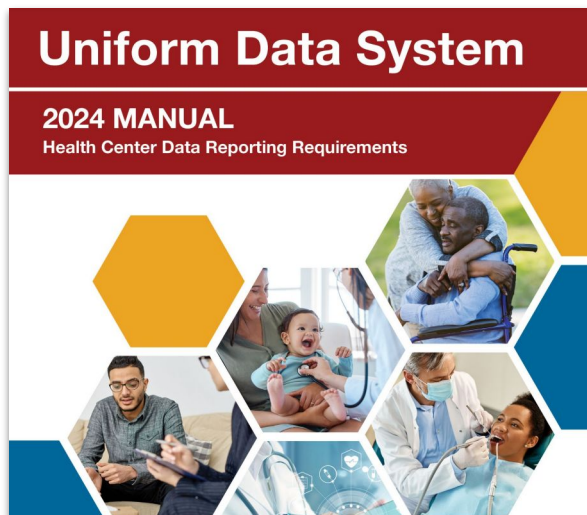Ensures that changes will actually be reflected in the measure/ reports/ data

Part 3

Understanding Measure Specifications for UDS Reporting

# Getting Started with Clinical Quality Measures:

UDS Specific Guidance

UDS Manual:

- Definitions and instructions specific to the UDS are in the [2024 UDS Manual](#).

- Clinical quality measures include links to eCQMs as well as UDS specific considerations.

- Remember that UDS clinical quality measures **limit reporting to patients who had at least one UDS countable visit** during the calendar year and **met the denominator specifications** for the measure.

   o Note that the limit to UDS *medical* patients was removed in 2023; measures are now limited only by denominator specifications.

Year-over-year changes:

- [2024 Program Assistance Letter (PAL)](#)

- [UDS Changes Webinar](#) (Held June 5, 2024)

Getting Started with Clinical Quality Measures:
eCQI Resource Center
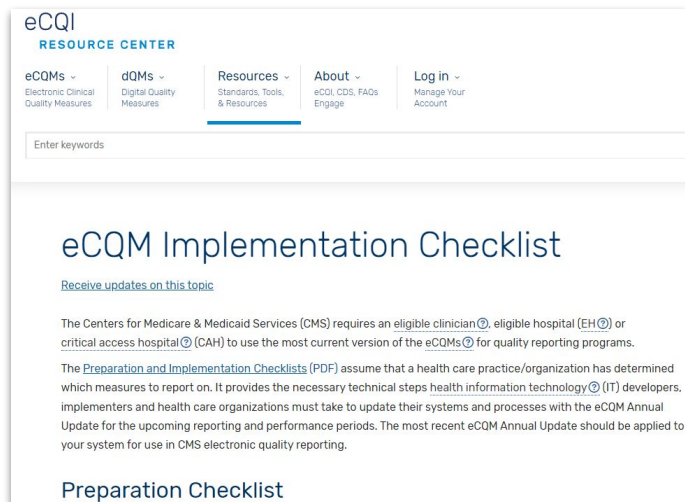
- [**eCQM Implementation Checklist**](#)
  - 6 Preparation Steps
  - 7 Implementation Steps
- **eCQM supports include:**
  - [eCQI Resource Center](#): On the page for each measure, in the "Measure Information" tab, there is the option to "compare" -- e.g., 2023 to 2024. **This highlights changes year over year.**
  - [eCQM Flows](#): Workflows for each eCQM, updated annually and downloads as a ZIP file.
  - [eCQM value sets](#): Brings you to the VSAC site, where you can search and download value sets.
  - Additional resources on the [EC Resources page](#)

Action Item 1

Complete the first 5 steps of the <u>eCQM implementation checklist</u>.

Remember, UDS uses Eligible *Clinician* eCQMs.

eCQM Flow

An official website of the United States government Here's how you know ⌄

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

Search keyword or phrases (phrase i

Find an eCQM

Breast Cancer Screening

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

Specifications

Attachment	Size
CMS125v12.html	91.27 KB
CMS125v12.zip (ZIP)	119.06 KB
CMS125v12-TRN.xlsx (Excel)	22.68 KB
CMS125v12-eCQMFlow.pdf (PDF)	1.84 MB

Only used as part of the MVP reporting and not for traditional MIPS

Each eCQM has a process flow map which can be found in the *Specifications and Data Elements* tab, under the *Attachment* header toward the top.

References to Help with Understanding Measures

UDS Clinical Measures Handout (Quick Reference)

Telehealth Impacts UDS Clinical Measures

Exclusions and Exceptions for UDS CQMs

These handouts synthesize key information from the eCQMs and will be updated for 2024 reporting over the summer.
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 and reading
ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

Accessing Codes for All Measures

Download all codes from the VSAC site: Once logged in, go to Download Tab → 2024 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 then 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).

Video demonstrating process: https://hiteqcenter.org/Resources/HITEQ-Resources/accessing-value-set-codes-for-clinical-quality-measures

Discussion Question

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

Why is it helpful to have them?

Part 4

Measure FAQs

Breast Cancer Screening Measure FAQ

FAQ: One of the denominator exclusions
is a "Women who had a bilateral mastectomy or who have a history of a bilateral
mastectomy or for whom there is evidence of a right and a left unilateral mastectomy"
however it does not indicate during the reporting period, prior to the period, ever, etc.

According to the measure specifications, if documentation of bilateral mastectomy diagnosis, bilateral mastectomy procedure, or both left and right mastectomy, prior to the end of the measurement period.

So, if the patient has had both right and left mastectomy *prior to the end of 2024*, they are excluded from the breast cancer screening measure.

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Breast Cancer Screening Measure FAQ

FAQ: There was a recent update from US Preventive Services Task Force (USPSTF) breast cancer screening, saying the following: The USPSTF recommends biennial screening mammography for women aged 40 to 74 years. **Does this mean this quality measure on the UDS now includes patients 40-74 years?**

No, the USPSTF recommendation does not impact 2024 reporting.

The clinical quality measure for 2024, is still *Percentage of women **50-74 years of age** who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period*.

You can confirm this in the UDS Manual and the measure specifications.

Key Considerations to Meet Measure Requirements

- Ensure that screenings are attached to relevant visits.

- Maintain/ update the problem list regularly.

- Document onset date(s) when required, such as for diagnoses.

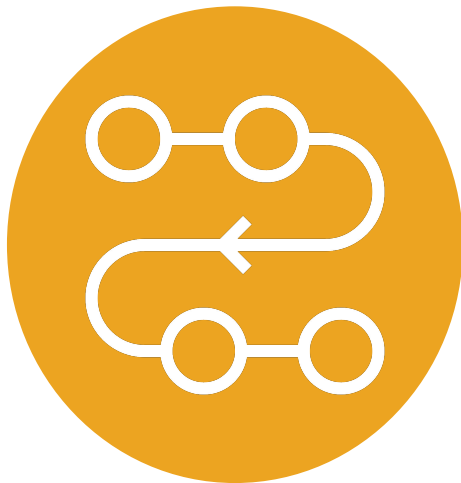- Document surgical history (e.g., hysterectomy or mastectomy) or other history accurately in your system.

- Appropriately identify eligible visits.

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?

Achieving our goals!

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?

Part 5
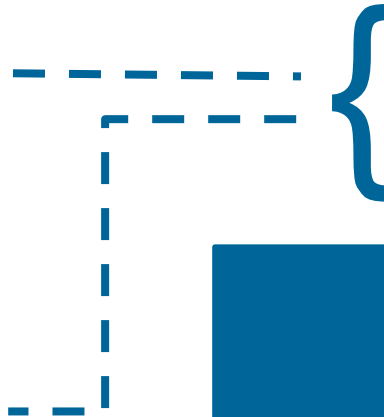
Action Items before Next Session

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 implementing measure specifications.

Now

Future

Action items before next session

After completing the first steps in the eCQM 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 component where patient records ARE meeting the measure specifications** (where you can say, this is definitely not a problem that is impacting performance on the measure).

Identify **one specific component where the patient records are NOT meeting the measure specifications** (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!

Peer Learning Session with Subject Matter Expert:
Data Governance | July 24th | 2-3pm ET

Provide overview on the fundamentals of data governance and how to apply them in the improvement efforts.

Ensure the respective RAPID measure work is sustained via data governance prioritization, oversight, and resource allocation to "hard wire" improvements

Next Cohort 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

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