



CEDARS-SINAI®

Safety Net Analytics Program - Los Angeles (SNAP-LA)

**Leveraging i2i Systems Part 2:
Enlisting Data Stewards to Ensure Accurate, Complete Data**

July 13, 2017

Webinar Reminders

1. Everyone is **UNMUTED.**
2. Remember to chat in questions!
3. Webinar is being recorded and will be posted and sent out via email



To Do's Summary

- ❑ **Webinars:** Attend upcoming webinars on July 27 and August 10.
- ❑ **Coach Check-in:** Schedule coach check-in between July 15-31.
- ❑ **Consultation Support:** Email Megan (mobrien@careinnovations.org) if you have requests for Jerry, Boris, or Loretta.



*Mastering Data
Stewardship for
Optimal Data
Quality:
Part 2*

Prepared for SNAP LA
Date 07/13/2017



Health Initiatives Consulting

*Mastering Data Stewardship for Optimal Data Quality:
Creating and Maintaining a Data Dictionary*

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HEALTH INITIATIVES CONSULTING, INC.

Loretta Khangura, MPH, BSN, RN, CHTS-CP, VP Practice Transformation, Health Initiatives Consulting, Inc.

Loretta has been a nurse for 30 years. She earned an MPH from Johns Hopkins University in 2013. She has decades of experience in Public Health, Primary Care and Healthcare Analytics. She has worked in governmental public health, home health, hospitals, and the population healthcare IT industry. She has been a Perinatal Program Manager, QI Director, and Director of Population Health in FQHCs. She works with clinics and providers across the country to provide business intelligence to improve clinical processes and outcomes. Loretta's passion is playing with data to tell stories and solve every-day problems to improve health.

Objectives

1. Identify a key contact/responsible role and one alternate for each eCQM (or internal quality measure).
2. Identify two strategies, using i2iTracks, to open dialog for improved data capture.
3. List at least two key actions to ensure data accuracy and completeness for CQMs.
4. Create a report inventory for all CQMs, including annotations regarding any data mapping variances from the data dictionary.
5. Create a plan to complete the objectives accomplished in this webinar series for all priority CQMs for your organization.

Homework

1. Complete a Data Dictionary for all data points related to the eCQMs
2. Complete a list of all related alerts/prompts related to the eCQMs and their mapping in the EMR and i2iTracks (or other PHM tool)
3. Identify staff roles that enter each of the data points
4. Document gaps, inconsistencies, and/or inaccuracies in any of the related data points

Identify a key contact/responsible role and one alternate for each eCQM (or internal quality measure).

CMS124 Cervical Cancer Screening

CMS117 Childhood Immunization Status

CMS69 BMI Screening and Follow-Up Plan

Creating Dialog CMS124 Cervical Cancer Screen

Lists

Data Validation Process

Alerts

Huddles

Patient Visit Summaries

Lists for Validation and Outreach

General Filters Fields

```
(  
  Active  
  AND Gender = Female  
  AND Age between 21 and 64 years  
  AND NOT Received: Procedure / Referral: 'Hysterectomy' (Period = Any period; Location = Any; Min Times = 1)  
)  
AND  
(  
  (  
    Age between 21 and 29 years  
    AND NOT Received: Procedure / Referral: 'Pap/Cervical Cancer Screening' (Period = The last 3 year(s); Location = Any; Min Times = 1)  
    AND NOT Have Pap Test (Value: Any value; Period = The last 3 year(s); Min Count = 1)  
  )  
  OR  
  (  
    Age between 30 and 64 years  
    AND NOT Received: Procedure / Referral: 'Pap/Cervical Cancer Screening' (Period = The last 3 year(s); Location = Any; Min Times = 1)  
    AND NOT Have Pap Test (Value: Any value; Period = The last 3 year(s); Min Count = 1)  
    AND NOT Have HPV Hybrid Capture 2 (High Risk Probe) (Value: Any value; Period = The last 5 year(s); Min Count = 1)  
  )  
)  
AND  
(  
  Had Visit (Type = 'Visit Medical (UDS Match)'; Period = The last 2 year(s); Min Count = 1)  
  OR Have Appointment (Period = Today; Min Count = 1; Status = Not Completed or Unknown; External Status = Any; Type = Any; Provider = Any; Resource = Any; Location = Any)  
  OR Have Appointment (Period = The next 2 month(s); Min Count = 1; Status = Not Completed or Unknown; External Status = Any; Type = Any; Provider = Any; Resource = Any; Location = Any)  
)
```

Lists for Validation and Outreach

(Active

AND Gender = Female

AND Age between 21 and 64 years

AND NOT Received: Procedure/Referral: 'Hysterectomy' (Period = Any period; Location = Any; Times = 1)

)

AND

(

Had Visit (Type=Any; Period= The last 2 year(s); Min Count=1)

OR Have Appointment (Period= Today)

OR Have Appointment (Period=Next 2 Month(s)

)

(Continued on Next Slide)

AND

(

(

Age between 21 and 29 years

AND NOT Received: Procedure/Referral: 'Pap' (Period = The last 3 year(s))

AND NOT Have Pap Test (Value: Any Value; Period=The last 3 year(s))

)

OR

(

Age between 30 and 64 years

AND NOT Received: Procedure/Referral: 'Pap' (Period = The last 3 year(s))

AND NOT Have Pap Test (Value: Any Value; Period=The last 3 year(s))

AND NOT Have HPV Hybrid Capture 2 (High Risk Probe) (Value: Any); Period=The last 5 year(s))

)

)

What to include in a list?

Patient Search Properties (Pap Due)

General | Filters | **Fields**

Show the default fields in the search results

Show the following fields in the search results:

Name	Details
ID	
Name	
DOB	
Pap/Cervical Cancer Screening...	
Pap Test (Last Result)	Any period
Pap Test (Last Date)	Any period
HPV Hybrid Capture 2 (High Ris...	Any period
HPV Hybrid Capture 2 (High Ris...	Any period
Hysterectomy (Last Value)	
Hysterectomy (Last Date)	

Patients | Overdue Profile Items

	Pap/Cervica... ▼	Pap Test (L... ▼	Pap Test (L... ▼	HPV Hybrid... ▼	HPV Hybrid... ▼
<input type="checkbox"/>	4/2/2014	WNL	4/2/2014		
<input type="checkbox"/>	9/26/2013	WNL	9/26/2013		
<input type="checkbox"/>	5/21/2014	TNP	10/28/2013	Present	10/30/2013
<input type="checkbox"/>	12/20/2011	TNP	2/22/2014		
<input type="checkbox"/>	6/14/2014	TNP	6/17/2014		
<input type="checkbox"/>	9/19/2013	TNP	1/3/2014		
<input type="checkbox"/>		POSITIVE	11/26/2013		
<input type="checkbox"/>		POSITIVE	4/19/2014		
<input type="checkbox"/>		POSITIVE	1/18/2014		

Analytics Validation Report

Date Range: 1/1/2017 - 6/30/2017

Validation - Cervical CA Screening

Item	Value	%
1. Pap Statistics Comparison		
A. Basic Stats		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab in Prior 3 Years	1992	11.75%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN)	3593	21.19%
c. Women with Documented Hysterectomy EVER	3668	21.63%
1. Pap Test Lab AFTER Hysterectomy	149	4.06%
2. Pap Procedure AFTER Hysterectomy	211	5.75%
B. Comparison		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab no Procedure	530	3.13%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN) no Lab	2131	12.57%
c. Pap Procedure AND Lab in Prior 3 Year	1462	8.62%

Pap Test Lab AFTER Hysterectomy	
Report: Validation - Cervical CA Screening	
Report Item: Pap Test Lab AFTER Hysterectomy	
Hysterectomy (PopIQ) date	Pap Test date
4/29/2017	12/20/2014
6/13/2017	7/9/2016
2/9/2017	2/8/2017
6/22/2017	1/20/2017
1/13/2017	11/30/2016
6/28/2017	3/10/2017

Include Outliers in All Reports

Date Range: 1/1/2017 - 6/30/2017

Validation - Cervical CA Screening

Item	Value	%
1. Pap Statistics Comparison		
A. Basic Stats		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab in Prior 3 Years	1992	11.75%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN)	3593	21.19%
c. Women with Documented Hysterectomy EVER	3668	21.63%
1. Pap Test Lab AFTER Hysterectomy	149	4.06%
2. Pap Procedure AFTER Hysterectomy	211	5.75%
2. Women Overdue for Pap	11470	67.64%
a. Have an appointment in next 2 months	1368	11.93%
b. Do NOT Have an appointment in next 2 months	10102	88.07%

Creating Pap test after hysterectomy element

Setup Field

Field Name: OK
Cancel

Data Element:

Report On:

Period: ...

Minimum Count:

Must have occurred

Must have occurred

Fasting

Any of the following

Include Advanced Event Criteria:

1	Hysterectomy (PopIQ) occurred at least 1 ...	Add
		Edit
		Remove

Save

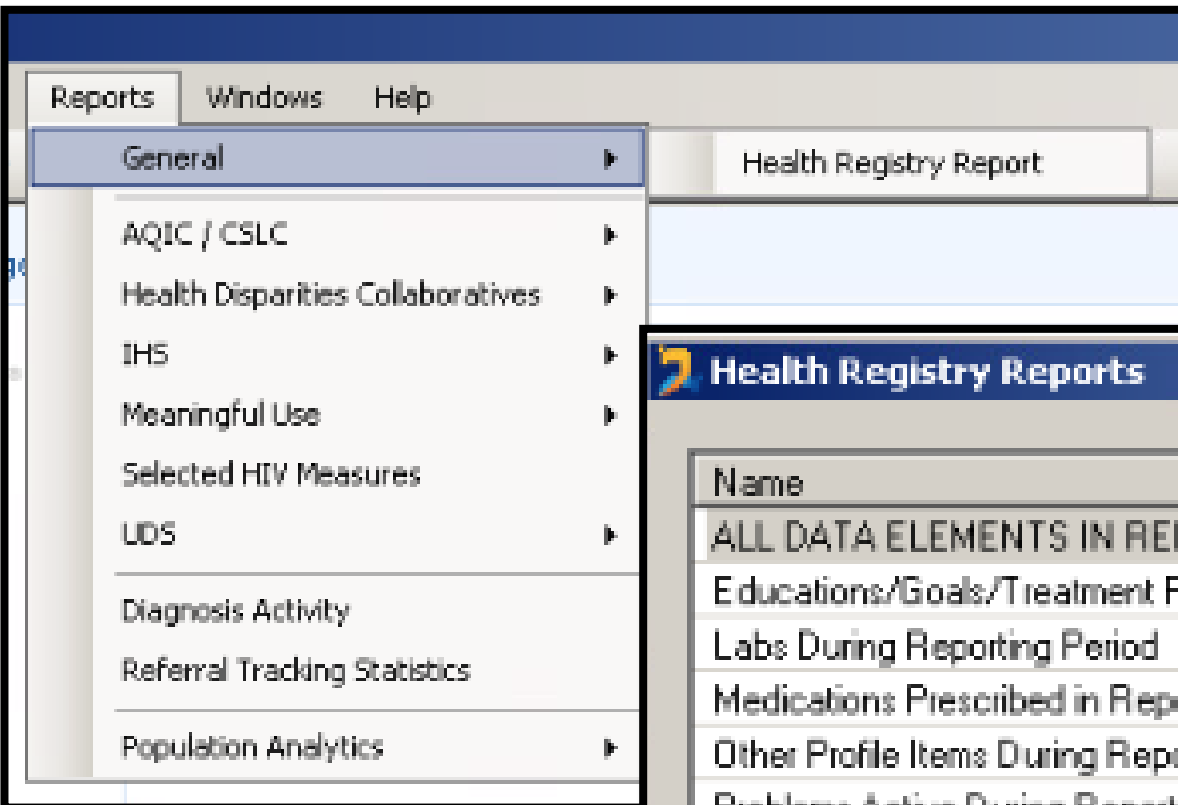
Advanced Event Criteria

... at least time(s)

during

OK Ca

Health Registry Reports



A screenshot of a configuration window titled 'Health Registry Reports'. The window contains a table with two columns: 'Name' and 'Enabled'. The table lists various report elements and their status. To the right of the table are three buttons: 'Add', 'Edit', and 'Disable'.

Name	Enabled
ALL DATA ELEMENTS IN REPORT PERIOD (Excludes Labs)	Yes
Educations/Goals/Treatment Plans During Report Period	Yes
Labs During Reporting Period	Yes
Medications Prescribed in Report Period	Yes
Other Profile Items During Report Period	Yes
Problems Active During Report Period	Yes
Procedures During Report Period	Yes
Validation Cervical Cancer Screening	Yes

Chapter 15: Health registry Reports

Patients Tab:

The only criteria that determine WHO will be included in the report. All other tabs determine what you will see about those patients.



The screenshot shows a dialog box titled "Health Registry Report Properties". It has a "Name" field with the text "Educations During Report Period" and a "Description" field with the text "For audit of Education data elements". Below these fields are several tabs: "General", "Patients", "Age Ranges", "Profile Items", "Mammogram and Pap", "Perinatal", and "Labs". The "Patients" tab is selected and highlighted with a red rectangular box. Under the "Patients" tab, there are several options under the heading "Only include patients who:":

- Are being tracked for: [text box] ... X
- Are active
- Had a visit during the reporting period
 - Any visit type
 - Any of these visit types: [text box] ...
- Are defined by the following search: [text box] ... X

Buttons for "OK" and "Cancel" are located in the top right corner of the dialog box.

Add all data elements on a tab.
Pay attention to the Default Period

The screenshot shows the 'Health Registry Report Properties' dialog box. The 'Name' field contains 'Educations During Report Period' and the 'Description' field contains 'For audit of Education data elements'. The 'Educations' tab is selected and highlighted with a red box. Below it, the 'Default Period for Educations' section has three radio button options: 'during the reporting period.' (selected), 'during or prior to the reporti', and 'during the'. A red arrow points to the first option. An 'Add' button is visible next to a search field. A sub-dialog box titled 'Select one or more profile items' is open, showing a list of items with checkboxes, all of which are checked. The 'Select All' button is highlighted with a red box. The sub-dialog also has 'GO', 'X', 'OK', and 'Cancel' buttons.

Name: Educations During Report Period

Description: For audit of Education data elements

General | Patients | Age Ranges | **Educations** | Mammogram and Pap | Perinatal | Labs

Procedures / Referrals | Treatment Plans | Other Profile Items

Allergies | **Educations** | Goals | Immunizations | Medications | Problems

Educations to include:

Name	The visit date must be:

Default Period for Educations:

- during the reporting period.
- during or prior to the reporti
- during the

Select one or more profile items

Only show items that contain: [] GO X

- BMI Follow-Up Order (S9470)
- Depression Follow-Up
- DSME Education
- Exercise (i2i)
- HIV Risk Counseling
- Mental Health Education
- Nutrition (NQF)
- PT ED Metered Dose Inhaler
- Smoking Cessation Education (NQF)

Select All | Select None

OK | Cancel

Other Profile Items – Special Considerations

Any numeric value item needs to have some parameters assigned to display the number of patients with a value.

Using ≥ 0 will capture all patients with a value.

Health Registry Report Properties

Name: Other Profile Items During Report Period

Description: For audit of other profile items data elements

General | Patients | Age Ranges | Profile Items | Mammogram and Pap | Perinatal | Labs

Allergies | Educations | Goals | Immunizations | Medications | Problems

Procedures / Referrals | Treatment Plans | Other Profile Items

Other Profile Items to Include:

Name	The visit date must be:
MH: HTN Exclude from Dx	during the default period
Peak Flow	during the default period
PHQ 9 Score	during the default period
PHQ-2 Result (Pos vs Neg)	during the default period
Poverty Level (A-G)	during the default period

Default Period for Other Profile Items:

during the reporting period.

during or prior to the reporting period.

during the [] [] prior to the end of the

Profile Item

Other Profile Item: PHQ 9 Score

Entries of this type must have a visit date that is:

during the default period.

during the reporting period.

during or prior to the reporting period.

during the [] [] prior to the end of the reporting period.

Show patient counts for values that are:

Greater than or equal to 0

Add

Edit

Remove

Move Up

Move Down

OK Cancel

Default Fields in Health Registry Reports

Date Range: 1/1/2017 - 6/30/2017

Health Registry Report (Other Profile Items During Report Period)

Item	Value	%
1. Patients		
A. Total Patients Included	46095	100%
2. Visit Count		
A. Patients with 0 visits	0	0%
B. Patients with 1 to 2 visits	29156	63.25%
C. Patients with 3 to 5 visits	12563	27.25%
D. Patients with 6 or more visits	4376	9.49%
3. Gender		
A. Female	26615	57.74%
B. Male	19468	42.23%
C. Unknown	12	0.03%

Item	Value	%
10. Asthma Severity Assessment (NQF)		
A. Intermittent	25	0.05%
B. Mild Persistent	1036	2.25%
C. Moderate Persistent	517	1.12%
D. Severe Persistent	197	0.43%
E. Undocumented	44320	96.15%
11. Asthma Symptoms Daytime/Nighttime (NQF)		
A. Yes	0	0%
B. No	0	0%
C. Undocumented	46095	100%
12. Birth Sex		
A. Male	16680	36.19%
B. Female	22724	49.3%
C. Unknown	35	0.08%
D. Undocumented	6656	14.44%
13. Care Plan: Eye Exam		
A. Yes	0	0%
B. Undocumented	46095	100%
14. Current Tobacco User (Medcin)		
A. Yes	13347	28.96%
B. No	15951	34.6%
C. Undocumented	16797	36.44%
15. DAST Score		
A. Greater than or equal to 0	409	0.89%
B. Undocumented	45686	99.11%

Clean up opportunities



Disable Unmapped Elements that are not Needed

Health Registry Report (Educations/Goals/Treatment Plans During Report Period)

Item	Value	%
10. Self-Management Goals		
A. Pt Goals: Exercise: Begin Exercise	421	0.91%
B. Pt Goals: Exercise: Maintain Exercise (Regularly)	214	0.46%
C. Pt Goals: Exercise: Increase Exercise	0	0%
D. Pt Goals: Smoking Cessation: Decrease Smoking	91	0.2%
E. Pt Goals: Weight Loss: Decrease Weight	23	0.05%
11. Treatment Plans		
A. Daily Weighing (I2I)	0	0%
B. Diet (I2I)	0	0%
C. Diet/Exercise Alone (I2I)	0	0%

External Data Diagnostics Tool

External Data Diagnostics

Custom Data

Problems

Medications

Labs

Allergies

CPTs

ICDs

Vitals

Only show items that contain

GO



Drag a column here to group by this column.

Name	# of Occurrences	Last 12 Months	Last Event Date	
MEDCIN #48955: PATIENT GOALS - BEGIN REGULAR EXERCISE, ___TIMES PER WEEK	21115	796	7/10/2017 12:00:00 AM	Educations: Exercise (i2i), Self Management G
MEDCIN #194812: PATIENT GOALS - MAINTAIN REGULAR EXERCISE, ___TIMES PER WEEK	19871	1320	7/10/2017 12:00:00 AM	Educations: Exercise (i2i), Self Management G
MEDCIN #194813: PATIENT GOALS - MAINT REGULAR EXERCISE, ___MIN PER SESSION	1299	438	7/10/2017 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
MEDCIN #78712: PATIENT GOALS - BEGIN REGULAR EXERCISE, ___MIN PER SESSION	603	186	7/7/2017 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
MEDCIN #345444: PATIENT GOALS - MAINTAIN REGULAR AEROBIC EXERCISE	4	4	12/6/2016 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
MEDCIN #78713: PATIENT GOALS - TO INCREASE EXERCISE TO ___TIMES PER WEEK	3	0	1/14/2013 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
	Total Occurrences...			

Explore Your Data

External Data Diagnostics

Custom Data Problems Medications Labs Allergies CPTs ICDs Vitals

Only show items that contain

Drag a column here to group by this column.

Name	# of Occurrences	Last 12 Months	Last Event Date	Mapped To
MEDCIN #120931: EXERCISING REGULARLY	66075	20044	7/10/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #3740: MODERATE EXERCISING 3 OR MORE TIMES A WEEK	13416	6089	7/10/2017 12:00:00 AM	Education: BMI Follow-Up Order (S9470), Education: Exercise (i2i)
MEDCIN #3737: SEDENTARY LIFESTYLE	11561	3491	7/10/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #43336: REGULAR EXERCISE	5410	1561	7/7/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #194812: PATIENT GOALS - MAINTAIN REGULAR EXERCISE, ___TIMES PER WEEK	19871	1320	7/10/2017 12:00:00 AM	Education: Exercise (i2i), Self Management Goals: Pt Goals: Exercise
MEDCIN #48955: PATIENT GOALS - BEGIN REGULAR EXERCISE, ___TIMES PER WEEK	21115	796	7/10/2017 12:00:00 AM	Education: Exercise (i2i), Self Management Goals: Pt Goals: Exercise
MEDCIN #78868: GUIDANCE: CONCERNS ABOUT EXERCISE	2087	793	7/7/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #344766: ACTIVE EXERCISES	759	748	7/10/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #124092: EXERCISE INHIBITED BY CONDITION	1088	611	7/10/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #194813: PATIENT GOALS - MAINT REGULAR EXERCISE, ___MIN PER SESSION	1299	438	7/10/2017 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
MEDCIN #4752: EXERCISE FREQUENCY (TIMES/WEEK)	1446	247	7/10/2017 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #78712: PATIENT GOALS - BEGIN REGULAR EXERCISE, ___MIN PER SESSION	603	186	7/7/2017 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
TOOL: EXERCISE LOG - ADULT	796	123	7/5/2017 3:44:27 PM	Education: BMI Follow-Up Order (S9470)
MEDCIN #197134: DOCTOR'S ORDERS: EXERCISES PRESCRIBED	58	25	5/15/2017 12:00:00 AM	Education: Exercise (i2i)
TOOL: EXERCISE LOG - PEDIATRIC	105	11	7/5/2017 2:46:22 PM	Education: Exercise (i2i)
MEDCIN #43337: INSTITUTE PRESCRIBED EXERCISE PROGRAM	50646	5	8/30/2016 12:00:00 AM	Education: Exercise (i2i)
MEDCIN #345444: PATIENT GOALS - MAINTAIN REGULAR AEROBIC EXERCISE	4	4	12/6/2016 12:00:00 AM	Self Management Goals: Pt Goals: Exercise
EXERCISES STABILIZATION LUMBOSAC SPINE INCR ROM STRETCHING	9	0	10/3/2016 10:02:59 AM	

Find Data That Doesn't Make Sense

Item	Value	%
16. Depression Screening: Symptoms Status		
A. No Significant Symptoms	0	0%
B. Negative for Symptoms	2344	5.09%
C. Mild to Moderate Symptoms	2096	4.55%
D. Clinically Significant Symptoms	0	0%
E. Undocumented	41655	90.37%




External Data Diagnostics Tool

External Data Diagnostics

Custom Data | Problems | Medications | Labs | Allergies | CPTs | ICDs | Vitals

Only show items that contain

Drag a column here to group by this column.

	Name 	Last Event Date 	
	MED/CIN #304133: PREVENTIVE MED STANDARDIZED DEPRESSION SCREENING: NEGATIVE FOR SYMPTOMS	7/10/2017 12:00:00 AM	Other Profile Items: Dep
	MED/CIN #304134: PREVENTIVE MED STANDARDIZED DEPRESSION SCREENING: NO SIGNIFICANT SYMPTOMS	7/10/2017 12:00:00 AM	Other Profile Items: Dep
	MED/CIN #304135: PREVENTIVE MED STANDARDIZED DEPRESSION SCREENING: MILD TO MODERATE SYMPTOMS	7/10/2017 12:00:00 AM	Other Profile Items: Dep
	MED/CIN #304136: PREVENTIVE MED STANDARD DEPRESSION SCREENING: CLINICALLY SIGNIFICANT SYMPTOMS	7/10/2017 12:00:00 AM	Other Profile Items: Dep

Before and After Mapping Changes

Item	Value	%	Value	%
16. Depression Screening: Symptoms Status				
A. No Significant Symptoms	1012	2.2%	0	0%
B. Negative for Symptoms	2316	5.02%	2344	5.09%
C. Mild to Moderate Symptoms	2019	4.38%	2096	4.55%
D. Clinically Significant Symptoms	771	1.67%	0	0%
E. Undocumented	39977	86.73%	41655	90.37%

Documenting Effects of Mapping Updates

Run Date: 6/29/2017 7:49:10 AM
 Date Range: 1/1/2017 - 6/27/2017

Anything with more than 1% change after updated mapping has been highlighted.

Health Registry Report (Procedures During Reporting Period)

Item	6.29.2017		6/30/2017		Comparison	
	Value	%	Value	%	# Change	% Change
1. Patients						
A. Total Patients Included	45209	100%	45453	100%	244	0.5%
9. Procedures and Referrals						
A. AUDIT C Completed						
1. Received	1646	3.64%	1654	3.64%	8	0.5%
B. AWW F/U Visit						
1. Received	751	1.66%	761	1.67%	10	1.3%
C. AWW Initial						
1. Received	484	1.07%	488	1.07%	4	0.8%
D. Chlamydia Screening/Order						
1. Received	1051	2.32%	1252	2.75%	201	16.1%
2. Referred	49	0.11%	58	0.13%	9	15.5%
3. Received or Referred	1087	2.40%	1292	2.84%	205	15.9%
E. Colectomy						
1. Received	0	0%	0	0%		
F. Colonoscopy (i2i)						
1. Received	1062	2.35%	1064	2.34%	2	0.2%
G. Colorectal Screening (FOBT/FIT)						
1. Received	725	1.60%	725	1.60%	0	0.0%
2. Referred	15	0.03%	15	0.03%	0	0.0%
3. Received or Referred	729	1.61%	729	1.60%	0	0.0%

Summary | Data Dictionary | 6.28.17_MedicationComparison | **6.29-6.30_ProcedureComparison** | 6.29to6.28_P



Analytics Validation Report

Date Range: 1/1/2017 - 6/30/2017

Validation - Cervical CA Screening

Item	Value	%
1. Pap Statistics Comparison		
A. Basic Stats		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab in Prior 3 Years	1992	11.75%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN)	3593	21.19%
c. Women with Documented Hysterectomy EVER	3668	21.63%
1. Pap Test Lab AFTER Hysterectomy	149	4.06%
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B. Comparison		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
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c. Pap Procedure AND Lab in Prior 3 Year	1462	8.62%

Pap Test Lab AFTER Hysterectomy	
Report: Validation - Cervical CA Screening	
Report Item: Pap Test Lab AFTER Hysterectomy	
Hysterectomy (PopIQ) date	Pap Test date
4/29/2017	12/20/2014
6/13/2017	7/9/2016
2/9/2017	2/8/2017
6/22/2017	1/20/2017
1/13/2017	11/30/2016
6/28/2017	3/10/2017

File >> Tools >> External Data Diagnostics

External Data Diagnostics

Custom Data | Problems | Medications | Labs | Allergies | CPTs | ICDs | Vitals

Only show items that contain

Drag a column here to group by this column.

ID	Name	# of Occur...	Patient Count	Last Event Date	Mapped To
MEDCIN_41702	MEDCIN #41702: HYSTERECTOMY	91969	10442	7/10/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_340847	MEDCIN #340847: TOTAL HYSTERECTOMY	480	64	7/10/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_42628	MEDCIN #42628: TOTAL ABDOMINAL HYSTERECTOMY	337	25	7/10/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_340785	MEDCIN #340785: HYSTERECTOMY TOTAL, WITH REMOVAL OF BOTH TUBES AND BOTH O...	190	30	7/6/2017 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_340849	MEDCIN #340849: TOTAL HYSTERECTOMY WITH BILATERAL REMOVAL OF TUBES AND OV...	147	33	7/10/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_42634	MEDCIN #42634: VAGINAL HYSTERECTOMY	114	21	7/7/2017 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_304891	MEDCIN #304891: HYSTERECTOMY ROBOTIC-ASSISTED	37	2	4/6/2017 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_112349	MEDCIN #112349: VISIT FOR: POST-HYSTERECTOMY VAGINAL PAP SMEAR NONMALIGNA...	27	23	7/2/2014 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_340848	MEDCIN #340848: TOTAL HYSTERECTOMY WITH UNILATERAL REMOVAL OF TUBE AND OV...	12	8	7/5/2017 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_35183	MEDCIN #35183: POST-HYSTERECTOMY VAGINAL VAULT PROLAPSE	12	7	2/15/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_42925	MEDCIN #42925: CESAREAN HYSTERECTOMY	12	1	5/3/2017 12:00...	Procedures / Referrals: Hysterectomy
MEDCIN_42911	MEDCIN #42911: TOTAL ABD HYSTERECTOMY FOR INTERSTITIAL UTERINE PREGNANCY	9	1	5/12/2017 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_281470	MEDCIN #281470: VISIT FOR: MALIG NEOPLASM VAGINA POST-HYSTERECTOMY PAP SME...	7	6	11/3/2014 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_79424	MEDCIN #79424: TOTAL ABDOMINAL HYSTERECTOMY ABDOMINAL APPROACH	1	1	4/24/2013 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_79425	MEDCIN #79425: TOTAL ABDOMINAL HYSTERECTOMY WITH REMOVAL OF TUBE(S)	1	1	4/24/2013 12:0...	Procedures / Referrals: Hysterectomy
MEDCIN_79426	MEDCIN #79426: TOTAL ABDOMINAL HYSTERECTOMY WITH REMOVAL OF OVARY(S)	1	1	4/24/2013 12:0...	Procedures / Referrals: Hysterectomy
		Total Occurre...			

Analytics Validation Report

Date Range: 1/1/2017 - 6/30/2017

Validation - Cervical CA Screening

Item	Value	%
1. Pap Statistics Comparison		
A. Basic Stats		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab in Prior 3 Years	1992	11.75%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN)	3593	21.19%
c. Women with Documented Hysterectomy EVER	3668	21.63%
1. Pap Test Lab AFTER Hysterectomy	149	4.06%
2. Pap Procedure AFTER Hysterectomy	211	5.75%
B. Comparison		
1. Women 21-64 w/Medical Visit in Report Period	16958	100%
a. Pap Test Lab no Procedure	530	3.13%
b. Pap Procedure in Prior 3 Years (Billed or MEDCIN) no Lab	2131	12.57%
c. Pap Procedure AND Lab in Prior 3 Year	1462	8.62%

Add pap validation slides

History | Labs | Recalls | Follow | Notes:

MEDCIN #13051: CERVICAL PAP SMEAR - RESULT: Y, ACTIVITY DATE: ENCOUNTER DATE

Procedures

Name

- Depression Screening (i2i)
- Drug Screen
- Gonorrhea Screening/Order
- Hep B Screening/Order
- Hep C Screening/Order
- HPV Test (EMR Orders)
- Hysterectomy
- Initial Alcohol Screening Question
- Initial Drug Screening Question
- Medical Visit
- Pap (i2i)
- Pap/Cervical Cancer Screening**
- Substance Abuse Screening (i2i)

History

Notes:

MEDCIN #222633: CYTOPATH CERV/VAG AUTOMAT SCREEN MANUAL RESCREEN MD SUPERVIS - RESULT: Y, ACTIVITY DATE: ORDER PERFORMED DATE

History for "Pap/Cervical C

Visit Date	Value
10/20/2016	Received
1/26/2015	Received
1/22/2015	Received
10/1/2013	Received

Creating Dialog CMS124 Cervical Cancer Screen

Lists

Data Validation Process

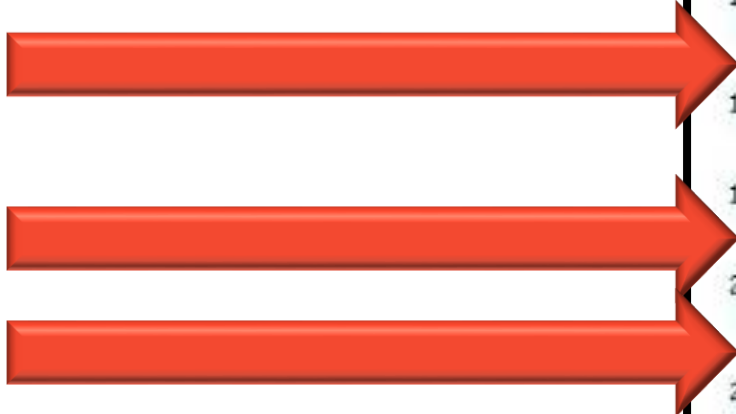
Point of Care Data Use

- Alerts
- Huddles
- Patient Visit Summaries

Protocols Huddles

i2iTracks Morning Huddle (Action Items)

NextApptTime	NextApptDate	NextApptResource	NextApptType	Age	Gender
9:15 AM	7/11/2017	AMY DANIEL, MD	ESTABLISHED PATIENT	54 Yrs	F
9:45 AM	7/11/2017	AMY DANIEL, MD	ESTABLISHED PATIENT	39 Yrs	F
10:00 AM	7/11/2017	KATINA BRISCOE, APRN	ESTABLISHED PATIENT	61 Yrs	F
Protocol: Pap Due					
10:15 AM	7/11/2017	AMY DANIEL, MD	ESTABLISHED PATIENT	48 Yrs	F
10:30 AM	7/11/2017	AMY DANIEL, MD	ESTABLISHED PATIENT	55 Yrs	F
Protocol: Pap Due					
2:00 PM	7/11/2017	KATINA BRISCOE, APRN	GICA VISIT	62 Yrs	F
Protocol: Pap Due					
2:15 PM	7/11/2017	KATINA BRISCOE, APRN	ESTABLISHED PATIENT	46 Yrs	F
2:30 PM	7/11/2017	KATINA BRISCOE, APRN	ESTABLISHED PATIENT	55 Yrs	F
Due: Immunization: Flu (i2i)					
Protocol: Pap Due					
2:45 PM	7/11/2017	KATINA BRISCOE, APRN	ESTABLISHED PATIENT	64 Yrs	F
Due: Immunization: Pneumovax (i2i)					
3:45 PM	7/11/2017	AMY DANIEL, MD	MEDICARE ANNUAL WELLNESS	64 Yrs	F



Patient Visit Summaries

Alerts:											
Due: Immunization: Flu (i2i)						Protocol: Pap Due					
Upcoming Items:											
<u>Immunizations</u>			C	Date	N	<u>Procedures / Referrals</u>			C	Date	
Due: Flu (i2i)						Colonoscopy (i2i)			Received	1/21/2014	
<u>Labs</u>			C	Date	N	Colorectal Screening (FOBT/FI					
Pap Test			See Results	6/28/2013		Depression Screening (i2i)			Received	6/9/2017 2:0	
HPV Capture Probe						Pap/Cervical Cancer Screening			Received	6/11/2014	
HbA1c						SBIRT					
LDL			92	9/4/2016		<u>Other Profile Items</u>			C	Date	
Chol			162	9/4/2016		Smoking Status (NQF)			Current	6/9/2017	
Microalb/Creat Ratio						Gender Identity (UDS 2016 lab)			Female	6/12/2017 9:	
HCV Ab						Sexual Orientation (UDS 2016					
HIV 1/2 AB											
<u>Blood Pressure</u>		<u>Weight (lbs)</u>		<u>PHQ</u>		<u>HbA1c</u>		<u>HPV Capture Probe</u>		<u>Pap Test</u>	
Date	Val	Date	Val	Date	Val	Date	Val	Date	Val	Date	Val
6/9/17	125/78	6/9/17	140							6/28/13	See Results
2/28/17	130/77	2/28/17	139								

Objectives

1. Identify a key contact/responsible role and one alternate for each eCQM (or internal quality measure).
 - ✓ Identify two strategies, using i2iTracks, to open dialog for improved data capture.
 - ✓ List at least two key actions to ensure data accuracy and completeness for CQMs.
2. Create a report inventory for all CQMs, including annotations regarding any data mapping variances from the data dictionary.
3. Create a plan to complete the objectives accomplished in this webinar series for all priority CQMs for your organization.

Report Inventory

What is a Report Inventory?

A Report Inventory is a means to make public all available reports, the schedule for publishing and their distribution. It is a point of reference for all potential report requestors who are looking for data on any metric. The Report Inventory may also include reference to EHR alerts mappings and schedules as well as any supporting EHR or Population Health Management tools that are available to support improvement of each metric. Making this tool available on a shared drive or company intranet provides a point of reference for analysts to direct report requestors prior to acting on any new report request. The Report Inventory is organized by metric. Each metric includes denominator and numerator definitions, exclusions and references to the metric steward, both internal to the organization and external (e.g. UDS, NQF, etc.). The Report Inventory is curated by Analysts in collaboration with the responsible metric stewards within an organization.

Management Tools Inventory

This tab displays all of the care management tools, EMR alerts, etc., that are available to positively impact any reporting measure.

The first column has the measure name, followed in subsequent columns by the name of the tool, where to find it, and the criteria that drive the tool. These criteria may differ from the strict definitions for the related eCQMs as they are meant to meet the organization-defined goals and the intent of the related eCQM.

The final columns identify which roles in the organization are responsible for using the tools to impact the measures as well as the name of the report where the impact will be seen.

Alerts and Protocols

This tab includes all of the EMR or Population Health Management alerts and prompts, what drives them and what satisfies them.

The criteria defining the affected population and frequency for the alerts/prompts are included.

What to Include in a Report Inventory

- ❖ Requiring Authority
- ❖ Measure Origin and ID
- ❖ Measure Name (Internal)
- ❖ Denominator Definitions
- ❖ Numerator Definitions
- ❖ Exclusions
- ❖ Name of Report Containing the Measure
- ❖ Target
- ❖ Any Specific Instructions for Running Report
- ❖ Distribution
- ❖ Measure Steward

Report Inventory

Requiring Authority	Measure Origin and ID	Measure Name	Denominator	Numerator	Exclusions	Name of Report	2017 Target	Report Instructions	Distribution	FQHC Measure Steward
MCO	CMS69	Adult BMI Assessment	Members age 18-74	BMI value in the measurement year or the year prior. (BMI percentile for members 18-20 years of age)	Diagnosis of pregnancy during the measurement year or in the year prior.	QUALITY Plan Report UDS	68%	Report Period: Calendar-year-to-date	Performance Improvement Team PI Committee Health Informatics Data Analyst	Clinical Leadership Council
MCO FQHCI Quality Plan 2016-2019	CMS125	Breast Cancer Screening	Women age 52-74	Mammogram (not biopsy, u/s, or MRI) between October 1 two years prior to measurement year and December 31 of measurement year.	Bilateral mastectomy	QUALITY Plan Report Validation Breast CA Screen	60%	Run monthly for trailing year: Aggregate, by location and by PCP	Cancer Screening Team Director of Population Health Performance Improvement Teams PI Committee Health Informatics Data Analyst	Clinical Leadership Council
MCO	CMS124	Cervical Cancer Screening	Women age 24-64 (two-year look-back includes Paps given at age 21)	Women 21-64 with Pap in prior 3 years OR Women 30-64 with Pap and HPV in prior 5 years	Absence of both cervix and uterus	QUALITY Plan Report UDS		Run monthly for trailing year: Aggregate, by location and by PCP		
MCO	CMS117	Childhood Immunizations combo 10	Children who turn two in the measurement period	Combo 10 immunizations received PRIOR to second birthday. These include: 4 DTaP/DT, 3 IPV, 3 Hep B 3 Hib, 4 PCV, 1 MMR, 1 VZV 1 Hep A, 2 or 3 Rota, 2 Influenza	Per UDS criteria	PEDIATRIC Measures UDS		Run monthly for trailing year: Aggregate, by location and by PCP		



Resources

Data Dictionary Template from Health Initiatives Consulting

Report Inventory from Health Initiatives Consulting

Maintaining Data Mapping in i2iTracks from Health Initiatives Consulting

eCQI Website <https://ecqi.healthit.gov>

HITEQ Workflow Tool BMI Percentile v1

HITEQ [Validating Data Report Audit Tool HITEQ 2016](#)

USHIK website <https://ushik.ahrq.gov>



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Upcoming Webinars

- **Thursday, July 27 from 12-1pm: *Design Thinking for Data Visualization***
 - Andrew Frueh, Director of User Experience from [Health Catalyst](#)
 - Why visualization is important, commonly accepted presentation rules, how to identify weaknesses in existing visualizations, and critical steps for effective chart creation
- **Thursday, August 10 from 2-3pm: *Tableau in Action***
 - Dr. Jason Cunningham and Dana Valley from West County Health Centers
 - How WCHC staff has put data visualization into action with Tableau



Program Reminders

- ❑ **August 24 Webinar:** Topic suggestions? Deeper dive into something we've already done or new content like patient segmentation/risk stratification, empanelment data analysis, Excel pivot tables, etc.?
- ❑ **September 18th Session:** Reminder your colleagues to save the date! EventBrite will be sent in August.



Thank You!



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