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Electronic Clinical Data Systems and Partnership's PCP and Perinatal QIPs

Robert Moore, MD MPH

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How We Are Organized

PHC is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan
Low administrative Rate (less than 4 percent) allows for PHC to have a higher provider reimbursement rate and support community initiatives

Local Control and Autonomy
A local governance that is sensitive and responsive to the area's healthcare needs

Community Involvement
Advisory boards that participate in collective decision making regarding the direction of the plan

About Us

REGIONAL OFFICES
- Eureka
- Fairfield
- Redding
- Santa Rosa

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

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Agenda

- ECDS Standards and Measures
- Where are the gaps?
- PCP and Perinatal QIP
- Support Materials for generating files

ECDS Standards and Measures

Definition of ECDS Measure

National Committee for Quality Assurance:

"Electronic Clinical Data Systems (ECDS) are a network of data containing a plan member's personal health information and records of their experiences within the health-care system. The HEDIS® ECDS Reporting Standard provides health plans a method to collect and report structured electronic clinical data for HEDIS quality measurement and quality improvement."

Includes data from:

1. Electronic Health Records and Personal Health Records

2. Health Information Exchange/Clinical Registry

3. Case management System

4. Administrative Data (Claims, membership etc.)

Audit Process

- HEDIS auditors review documentation of the process for capturing data from electronic sources, including a review of this data against the primary sources to assure accuracy.

- Audits will be in Q4 2022 and Q1 2023

- This audit is more detailed in the first year of use of a new data source.

Example of failed primary source verification: Date of reporting of a blood test was used instead of the date the sample was drawn.

Current PHC Electronic Data Sources

- Health Information Exchange

- Laboratory Results

- California Immunization Registry

- Administrative Data: Claims and Membership Files

Gaps:

- Structured data in Electronic Health Record Systems used by providers
  - May include case management functions and personal health record functions

- Relevant historical data for current members from before they had PHC coverage.

Specified NCQA ECDS Measures (Medicaid)

2021 and Before:

1. Breast Cancer Screening (BCS-E)

2. Follow up for Children Prescribed ADHD Medication (ADD-E)

3. Unhealthy Alcohol Use Screening and Follow Up (ASF-E)

4. Depression Related Measures (DMS-E, DSF-E, DRR-E, PND-E, PDS-E)

New Measures

1. Colorectal Cancer Screening (COL-E)

2. Adult Immunization Status and Prenatal Immunization Status (AIS-E)

3. Childhood and Adolescent Immunizations (CIS-E, IMA-E)

4. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

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Brief Review of Measures: BCS-E

Description: percentage of women aged 52-74 years who had a mammogram to screen for breast cancer in the 27 months prior to December 31 of the measurement year.

PHC Data sources: claims, HIE data for mammogram

Additional ECDS Data from EHR:

1. Registry or EMR data showing a screening mammogram done that may be missing from claims data

2. History that captures exclusion diagnoses missing from claims data

Brief Review of Measures: ADD-E

Description: percentage of children aged 6-12 newly prescribed a medication for ADHD, who have at least three follow up visits within a 10 month period, one of which is within 30 days of the initial prescription.

PHC Data sources: pharmacy data, claims encounter data

Additional ECDS Data from EHR:

1. Virtual visits/check-ins not submitted as claims data

2. ADHD treatment started prior to getting MediCal coverage

Description: percentage of members aged 18 and older screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

Note: PHC will look for screening done starting at age 11, in accordance with DHCS prioritization of adolescent mental health and SUD.

PHC Data sources: encounter data: procedure codes and diagnostic codes (often not coded)

Additional ECDS Data from EHR:

1. Screening instrument used
2. Screening numerical result and interpretation
3. Follow-up care not recorded as claims data

Brief Review of Measures: Depression Related

1. **Depression Screening and Follow-Up for Adolescents and Adults** (DSF-E): Age 12 and over; follow up for positive screen within 30 days.

2. **Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults** (SMS-E): Age 12 and over with diagnosis of depression or dysthymia; PHQ-9 score recorded close in time to encounters for care.

3. **Depression Remission and Response for Adolescents and Adults** (DRR-E): Age 12 and over with diagnosis of depression or dysthymia with elevated PHQ 9 score with response or remission within 4-8 months of elevated score

4. **Prenatal Depression Screening and Follow-up** (PND-E): Percentage of deliveries in which depression screening done during pregnancy and if screen positive, have follow-up care within 30 days.

5. **Postpartum Depression Screening and Follow-Up** (PDS-E): Percentage of deliveries in which depression screening done during post-partum period and if screen positive, have follow-up care within 30 days.

Brief Review of Measures: Depression Related

PHC Data sources: encounter data: procedure codes and diagnostic codes

Additional ECDS Data from EHR:

1. Screening/Follow-up instrument used

2. Screening/Follow-up numerical result and interpretation

3. Estimated date of delivery/delivery date for pregnant women

4. Follow-up care not recorded as claims data

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PCP and Perinatal QIP

PCP QIP: ECDS Measure (2022)

- Unit of Service Measure: Submit supplemental data via ECDS specifications by the end of the measurement year.

- *Four* measure groups (noted previously)

- Incentive Payment: $5000 per Parent Organization

- Test file accepted by PHC IT by October 1, 2022

- Final year end file sent and accepted between January 8 and 28, 2023

- Note: will be required for core measures in the future.

Perinatal QIP: ECDS Measure (2022-23)

- Converted from once a year measure to gateway measure for the onset of prenatal care measure.

- *One* measure group (Depression)

- Test file submitted to PHC IT whenever provider is ready.

- Perinatal Providers: Monthly submission will be expected to start no later than January, 2023

Support Materials

Development History

2020: survey of report vendors: the ECDS extraction code was not written for any complex measure.

2020-2021: PHC's EHR Advisory Group piloted specifications for three measures: Depression, ADD, BCS

2021: Perinatal QIP tested Depression ECDS submission: 8 sites successfully met the measure

2021-2022: With help of consultant, a fourth measure was added (ASF) and a single set of supporting documents was developed to help providers submit structured data from their EHR.

2022: Extensive review and validation of SQL code and supporting documents by multiple organizations

Where Materials Are Located

Located through provider online services, on the eReports portal (for PCP QIP). Perinatal providers can obtain materials via an email request.

Caveats:

- Copyrighted to prevent corporate interests from copying it and copying or commercializing it without permission.

- Available to PHC providers and their partners, for their use, for no charge.

- Not open source: we don't have mechanism for broader feedback.

- We welcome feedback and suggestions for future versions from you, our PHC providers

What is Included

1. Measure Requirements (reference document)
2. SQL templates
3. Value Sets
4. Four reporting templates (one for each measure)

Principles Used in Programming

1. Programming is NOT for the entire NCQA measure. It is just to extract some data elements that may be missing in other Health Plan data.

2. In some cases a wider net is case to capture data that can be used in subsequent years by the Health Plan for its HEDIS project.

3. Coding refers to parameters and value sets which may change from year to year. This allows the underlying code to be preserved from year to year.

How to Use These Materials

1. You will need the assistance of someone familiar with the data architecture of your EHR.

2. Have this person:

   a. Set up and test an SFTP site with PHC for securely transferring encrypted reports.

   b. Review the Measure Requirements, Value sets and Reporting Templates

   c. Map the SQL template to the specific data elements in your EMR

   d. Note and document any home-grown codes related to these measures: explanation of how they are used and what they mean (needed for audit, later). Examples: warm handoff to behavioral health; phone calls to patients to evaluate ADHD medication effectiveness

   e. Generate a test report; validate the data output against your EHR. Repeat until issues resolved.

   f. Once you feel the test version is without errors, generate an official set of test reports to send to PHC through SFTP

   g. Confirm that PHC EDI team knows a test report was sent.

   h. Watch for feedback on test report

Helpful Hints from the Developer

Ben Fouts, Consulting Analyst, Redwood Community Health Coalition

Experience of a Pilot Site

Charles Kitzman, Chief Information Officer, Shasta CHC

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EHR specific Notes

- eClinicalWorks: Code written

- NextGen: Code written

- Relevant (reporting tool): Code can be adapted

- Epic: OCHIN Epic aware of specifications

- Others

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Questions?

Setting Up SFTP; Problems with SFTP:

EDITeam@partnershiphp.org

Perinatal QIP questions:
PerinatalQIP@partnershiphp.org

Primary Care QIP questions:

PCPQIP@partnershiphp.org