



## **Sustainable Relationships for Community Health (SRCH) All Grantees Call**

**May 26, 2015**

### **List of Presentation Handouts**

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NQF 0018 Controlling blood pressure (from the OHA quality specifications list)					
Name of data element	Definition	Data source	Field	Calculation (if applicable)	Eligible/Procedural/CPT criteria
<b>Denominator (Study Population)</b>					
<b><i>Medicaid enrollees 18–85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the period and who received a qualifying outpatient service during the measurement period</i></b>					
<b>Inclusions:</b>					
Age	18–85 years of age on date of encounter	Encounter			
Hypertension	Diagnosis of hypertension within the first six months of the measurement period of prior to the period	Encounter			Essential Hypertension Grouping Value set: 2.16.840.1.113883.3.464.1003.104.12.1011
Qualifying outpatient service	As defined by OHA	Encounter			Office visit grouping value set; face-to-face interaction grouping value set; preventive care services – established office visit, 18 and up grouping value set; preventive care services – initial office visit, 18 and up grouping value set; home healthcare services grouping value set; annual wellness visit grouping value set
Medicaid enrolled	Eligible as of the last date of the reporting period	OHA			
Residence/Service area					
Continuous enrollment	Not required				

## Data Collection Table - Hypertension

<b>Exclusions:</b>					
End stage renal disease					End stage renal disease value grouping set; ESRD monthly outpatient services grouping value set
Chronic kidney disease Stage 5					Chronic kidney disease: Stage 5 grouping value set
Dialysis or renal transplant	Before or during the measurement period				Vascular access for dialysis grouping value set; kidney transplant grouping value set; dialysis services grouping value set; other services related to dialysis grouping value set; dialysis education grouping value set
Pregnancy	During measurement period				Pregnancy grouping value set
<b>Numerator (What You Are Measuring)</b>					
<b><i>Enrollees in the denominator whose most recent blood pressure is adequately controlled (systolic blood pressure &lt; 140 mmHg and diastolic blood pressure &lt;90mmHg) during the measurement period</i></b>					
<b>Inclusions:</b>					
Adequate blood pressure	Systolic blood pressure <140 mmHg and diastolic blood pressure < 90 mmHg at the most recent visit				
<b>Exclusions:</b>					
Non-office visit blood pressure reading	Blood pressure readings from patient home or any place outside of the office				
No documented blood pressure	Meet denominator criteria, but no recorded blood pressure during the measurement period				

<b>CDC definition: At least 18 years old AND overweight AND have a blood test in the pre-diabetes range with the past year OR been previously diagnosed with gestational diabetes AND have no previous diagnosis of diabetes</b>					
<b>Name of data element</b>	<b>Definition</b>	<b>Data source</b>	<b>Field</b>	<b>Calculation (if applicable)</b>	<b>Eligible/Procedural/CPT criteria</b>
<b>Inclusions:</b>					
Age	≥18 years of age on selected date	Encounter	DOB	Calculation for age	
Overweight	BMI ≥24; BMI ≥22 if Asian	Encounter	BMI		
Race/Ethnicity		Encounter			“Asian”
Blood test in the pre-diabetes range with the past year	HbA1c 5.7 – 6.4% Fasting plasma glucose 100-125 md/dl 2-hour plasma glucose tolerance test 140-199 mg/dl	Encounter		Calculation for measurement year	
Previous diagnosis of gestational diabetes		Encounter			Relevant codes
<b>Exclusions:</b>					
Previous diagnosis of diabetes		Encounter			Relevant codes

## Measurement Plan for Outcome Measures (Automatic Data)

### Data collection table:

- Have all of the inclusion and exclusion criteria for the numerator and denominator been defined, along with any relevant data source, fields, codes, and calculations?

### For automatic data:

- Process for collecting data: Will data be pulled from central database? If individual agencies collect the data, how will the data be transmitted to and stored at a central location? Will you need to create special reports to filter and sort the data?
- Verification/validation: How will you handle erroneous and missing data? How will you ensure accuracy at all levels? Do you need to conduct chart reviews (see manual data collection section)?
- Frequency: What are the start and stop dates for data collection? How often will data be collected? How often will validation/verification checks be made?
- Which staff members are responsible for data collection, transmission, and validation at all levels?
- What other data or fields on the numerator or denominator do you also want to collect?

## Process Measure Data Collection Plan

What type of data do you need to evaluate the effectiveness of your intervention (e.g., encounter data, qualitative data, surveys, chart progress notes, etc.)?

Data source (e.g., interviews, surveys, tracking logs, minutes, EHR):

How will data be collected and stored (e.g., data table, spreadsheet with count of letters/calls, distribute evaluations after training, review clinic encounters)?

How will you determine effectiveness?

How often will data be collected?

Which staff members are responsible for data collection and transmission at consortium and agency levels?

## Measurement Plan (Manual Data)

### For manual data:

- Will you be reviewing all charts or using a sample? If it's not feasible to review all charts, a common rule of thumb is to randomly select 10% of the eligible charts.
- Process for collecting data: Will data be abstracted from health records? From registries? What instrument will be used to collect data? How will data collected at the agency level be transmitted to the consortium? How will data be collected and stored at the consortium level?
- Verification/validation: What is the process for ensuring inter-rater reliability? Is there a manual/guide for users? See data dictionary example and handout on inter rater instructions.
- Frequency: How often will data be collected?
- What is the improvement target/goal? What is the time frame?
- Which staff members are responsible for data collection, transmission, and validation at all levels? Do these staff members have requisite clinical knowledge and skills to collect the data?

Question	Response option	Definitions/Specifications	Possible medical record location
<b>Demographics:</b>			
First name	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>	Name must be spelled exactly as it is in the state data. If the state data includes a middle initial of name then the chart must also include the middle initial on name. For example, if the name is James B. then the name on the demographic must be James B.	Demographic page
Last name	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>	The last name must match what is on the data from the state. If the last name includes a hyphenated name such as Jones-Smith then the demographic page must include both names, Jones-Smith.	Demographic page
Date of birth	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>		Demographic page
Race	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>		Demographic page or facility-specific demographic page
Ethnicity	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>		Demographic page or facility-specific demographic page
Gender	<ul style="list-style-type: none"> <li>- Chart matches electronic data</li> <li>- Data in chart missing from state data</li> <li>- Missing from both chart and state data</li> <li>- Could not locate in chart</li> <li>- Data found in chart does not match state data</li> </ul>		Demographic page

Was there at least one outpatient visit in 2011?	-Yes / No	Outpatient visits must be face to face, no telephonic encounters. This can include any encounter in an ambulatory care center, medical office, or home visit.	Progress note, medication note, vital signs flow sheet, nurse treatment note, care assessment notes, management notes
Did the individual receive nutrition counseling in 2011 calendar year?	-Yes / No	<p>Documentation of counseling for nutrition or referral for nutrition education during 2011.</p> <p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)</li> <li>- Checklist indicating nutrition was addressed</li> <li>- Counseling or referral for nutrition education</li> <li>- Member received educational materials on nutrition during a face-to-face visit</li> <li>- Anticipatory guidance for nutrition.</li> <li>- Weight or obesity counseling</li> </ul>	Treatment record, consultants notes, nurses notes , treatment plan, progress notes
Is there documentation of self-care management in ____ Plan present?	-Yes / No	<p>Evidence of discussion of treatment options or self-management that includes topics such as:</p> <ul style="list-style-type: none"> <li>- Exercise</li> <li>- Medication</li> <li>- Diet</li> <li>- Alternative medicine</li> <li>- Stress management</li> </ul>	Progress notes, nurses notes, nutritionist's notes, ancillary notes, treatment logs

## Inter-rater Process

An inter-rater review is the process by which a single record is entered by two reviewers, and then the reviewers' answers are compared to ensure consistency in scoring. By conducting an inter-rater review regularly, and with a sufficient number of records, the quality improvement or project team will have the opportunity to address any inconsistencies before they become systematic.

### Process:

- Determine the number of records that must be reviewed by all reviewers in the selected measurement period.
- Create an inter-rater database or spreadsheet.
- Determine the acceptable level of agreement.
- One reviewer's reviews will be considered the original and captured like all other records in the database, but all other reviewers must enter the same record in the inter-rater database or spreadsheet.
- The designated staff (e.g., QI manager) will compare reviews and provide feedback to the reviewers.
- If the reviews have inconsistent outcomes, a meeting should be scheduled with the reviewers to discuss and reconcile inconsistencies.