PHMI All RAC Meeting

February 15, 2023

Agenda

01	**Welcome & Introduction**	**5 mins** *Katie*
02	**Baseline Data** - Debrief Results - Next Steps	**15 mins** *Maggie*
03	**Building the Foundation: Data Quality & Reporting** - Goals - Tools - Discussion	**30 mins** *Jodi / Nancy*
05	**Next Steps**	**5 mins** *Katie*

Baseline Data

Updates on data reporting

- **28/32 health centers have submitted their baseline data**
    - RACs had a significant role in ensuring health centers understood expectations and received support through office hours, individual consultations, email inquires
    - The remaining four have NCEs and are in the process of completing the report

- **Completed debrief conversations with each of the RACs about:**
    - Baseline data reporting process
    - TA/support needs to improve data reporting

Questions? Please contact Maggie.e.jones@kp.org

Baseline Data Collection Process Feedback

What worked well:

- RAC involvement in data collection process was beneficial:
  - Gave RACs a better understanding what data is available and where there are gaps
  - Provided insights on differences in capacity across health centers
  - Provided direct access to the data
  - Could leverage existing relationships with the health centers
- Collaboration with/support from KP/CCHE was useful for RACs to have a single point of contact and get questions answered efficiently

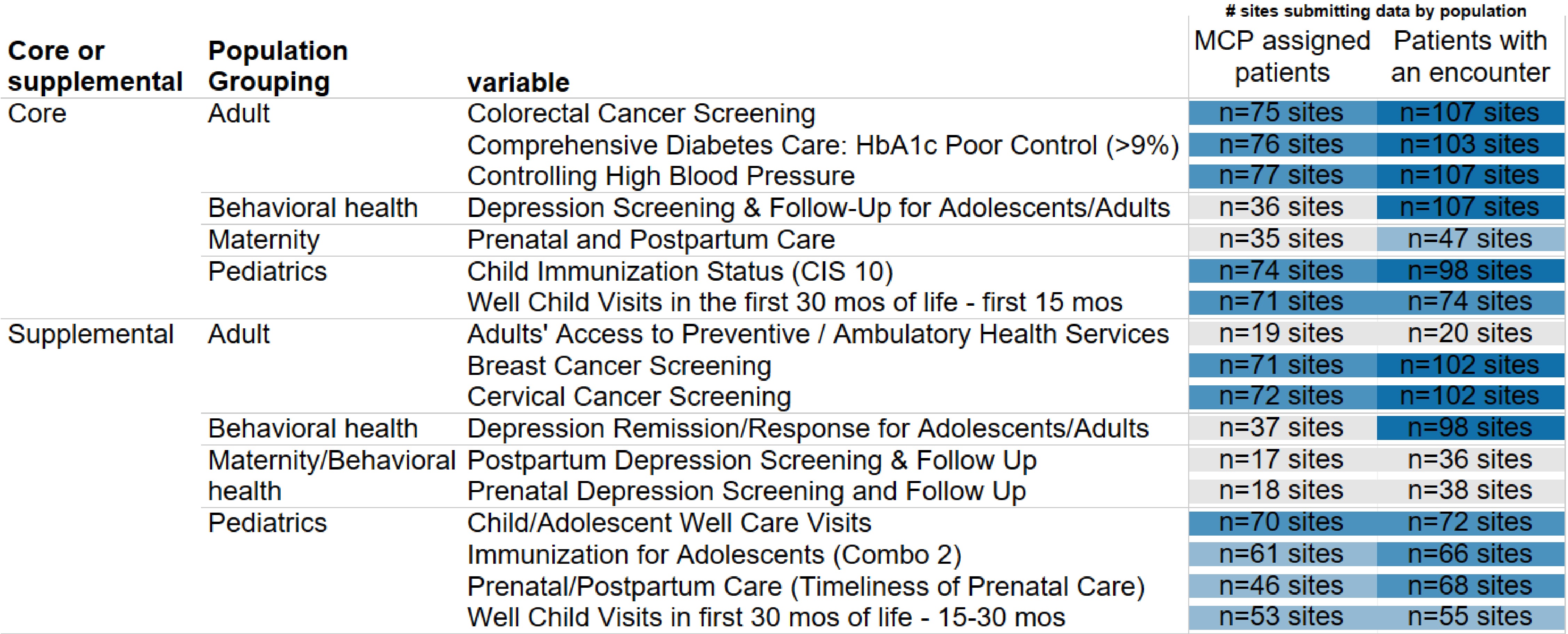
Baseline Data Collection Process Feedback

What was challenging:

- Point of contact for the health centers not always clear (PHMI liaison, RAC, CCHE)
- RACs in the role of requesting the data had some challenges:
  - Competing data requests from the health centers
  - Playing a supporting role while not being decisionmaker around exceptions, NCEs, etc (not holding the contract with the health centers)
- Significant issues with data availability/access
- Timing: not enough time from request to deadline & deadline over the holidays/end of year
- Health center engagement: ensuring the right people were engaged at the health center, identifying the analyst/data point of contact
- Locked spreadsheet led to some frustration

Support for health centers: Baseline data availability for “Measures by Site”

This table shows the number of sites (out of the **115 clinic sites** (28 health centers)) that reported data for each measure and population. Darker shades of blue indicate that a larger number of sites submitted data as compared to lighter blue or gray. More sites submitted data for patients with an encounter compared to MCP assigned patients. The maternity and behavioral health measures had the fewest sites that submitted data.



			# sites submitting data by population	
Core or supplemental	**Population Grouping**	**variable**	MCP assigned patients	Patients with an encounter
Core	Adult	Colorectal Cancer Screening	n=75 sites	n=107 sites
		Comprehensive Diabetes Care: HbA1c Poor Control (>9%)	n=76 sites	n=103 sites
		Controlling High Blood Pressure	n=77 sites	n=107 sites
	Behavioral health	Depression Screening & Follow-Up for Adolescents/Adults	n=36 sites	n=107 sites
	Maternity	Prenatal and Postpartum Care	n=35 sites	n=47 sites
	Pediatrics	Child Immunization Status (CIS 10)	n=74 sites	n=98 sites
		Well Child Visits in the first 30 mos of life - first 15 mos	n=71 sites	n=74 sites
Supplemental	Adult	Adults' Access to Preventive / Ambulatory Health Services	n=19 sites	n=20 sites
		Breast Cancer Screening	n=71 sites	n=102 sites
		Cervical Cancer Screening	n=72 sites	n=102 sites
	Behavioral health	Depression Remission/Response for Adolescents/Adults	n=37 sites	n=98 sites
	Maternity/Behavioral health	Postpartum Depression Screening & Follow Up	n=17 sites	n=36 sites
		Prenatal Depression Screening and Follow Up	n=18 sites	n=38 sites
	Pediatrics	Child/Adolescent Well Care Visits	n=70 sites	n=72 sites
		Immunization for Adolescents (Combo 2)	n=61 sites	n=66 sites
		Prenatal/Postpartum Care (Timeliness of Prenatal Care)	n=46 sites	n=68 sites
		Well Child Visits in first 30 mos of life - 15-30 mos	n=53 sites	n=55 sites

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Support for health centers: Baseline data availability for "Segmented by subgroup"

This table shows the number of health center organizations (out of the **28 health centers** that have thus far submitted data) that reported data segmented by line of business and race / ethnicity. These data were submitted at the organization level, not the site level; hence, the N here is 28. As with the baseline data for "measures by site", more health centers were able to submit data for measures for patients with an encounter than MCP assigned patients. Fewer health centers submitted data segmented by line of business than by race / ethnicity.

	Line of business		Race/Ethnicity	
Measure	**MCP assigned pts**	**Pts w/ encounter**	**MCP assigned pts**	**Pts w/ encounter**
Child Immunization Status (CIS 10)	n = 10 HCs	n = 22 HCs	n = 15 HCs	n = 24 HCs
Colorectal Cancer Screening	n = 10 HCs	n = 22 HCs	n = 15 HCs	n = 24 HCs
Comprehensive Diabetes Care: HbA1c Poor Control (>9%)	n = 10 HCs	n = 21 HCs	n = 15 HCs	n = 27 HCs
Controlling High Blood Pressure	n = 10 HCs	n = 21 HCs	n = 15 HCs	n = 27 HCs
Depression Screening and Follow-Up for Adolescents and Adults	n = 8 HCs	n = 22 HCs	n = 8 HCs	n = 23 HCs
Prenatal and Postpartum Care (Postpartum)	n = 8 HCs	n = 14 HCs	n = 7 HCs	n = 13 HCs
Well Child Visits in the first 30 mos of life - first 15 mos	n = 10 HCs	n = 21 HCs	n = 15 HCs	n = 21 HCs

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Support for Health Centers: reflections from data submission

What we heard from RACs

- Support around accessing/validating MCP data
- Support around site assignment, reporting data on site level
- Support around training/staff capacity for analytics staff (e.g., HEDIS 101, steps to validate, etc)
- [For more advanced sites] approaches to advanced analytics/predictive analytics

Additional questions

- Reporting template was set up to capture data on “engaged” patients (population 1) and “assigned” Medicaid Managed Care members (population 2). Engaged was defined as those who had a visit, using UDS visit rules.
    - Many CHCs reported UDS data for reporting population 1. **Question: Should we simplify to just ask for UDS data?**
    - Some/many? CHCs were only able to report assigned Medicaid Managed Care data for patients that they had seen. Unclear how prevalent that was.

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Next steps for data reporting

Upcoming/notable next steps:

- **Mid-March** – RAC & CHC reports on data submitted in Dec will be shared

- **April** – Implementation guide available & CHC coaching begins around data reporting

- **July 31** – Next data report due for period ending June 30, 2022 (data reports will be one month after the end of the quarter going forward)

Reporting period end date	Submission Date/Time (PT)
~~March 31, 2023~~	~~11:59p.m. on April 30, 2023~~
June 30, 2023	July 31, 2023
September 30, 2023	October 31, 2023
December 31, 2023	January 31, 2024

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Questions?

Building the Foundation: Data Quality & Reporting

Data Quality & Reporting Goals

The Data Quality and Reporting Workgroup will provide an implementation guide and tools to assist health centers in achieving the goals below. Each health center will work with their practice coach and subject matter experts as necessary to achieve these goals and leverage improvements in data quality and reporting to drive ongoing population health improvement work:

1) Each health center will be able to report on the 7 identified core measures on a quarterly basis, due one month following the close of the quarter, including:
   a. By clinic site
   b. By two populations: 1) patients with a medical visit during the 12 months; and 2) MCP assigned patients to the clinic
   c. By race and ethnicity
   d. By line of business
2) Each health center will be able to accurately apply the defined specifications for the measure (i.e., HEDIS specifications with modifications made for providers in the PHMI Measure Specifications Manual) and report all relevant data including:
   a. Compiling and extracting all internal data needed for reporting (i.e., no gaps in data)
   b. Obtaining and using external data when needed for accurate reporting
3) Each health center has a validation process in place to ensure the accuracy of measurement and reporting, which will include:
   a. An initial validation process to compare health center produced core measures with managed care plan P4P reports where core measures are used and develop a process for ongoing reconciliation of health center and managed care plan data
4) Each health center will incorporate the above data reporting capabilities in health center processes to ensure sustainability (i.e., within Policies and Procedures)
5) Each health center will use the proficiencies and processes gained in reporting the 7 core measures to inform and improve their ability to report the supplemental measures.

Data Quality & Reporting Tools: Overview

PHMI has convened a Data Quality & Reporting Workgroup to develop and implementation guide and associated tools to assist CHCs in reporting PHMI performance metrics.

DQ&R Tools

- The tools are a menu of technical assistance that can be tailored to the specific CHC and used by the practice coach/subject matter experts working with the CHC to improve data quality and reporting
- Tools are designed to address 5 key areas related to data quality and reporting

1. **Understanding the Ask:** *resources to support an understanding of what the Data Reporting Tool is asking for and why*
2. **Programming/Running Measures:** *resources to support the calculation of Core measures*
3. **Internal Data Integrity:** *resources to support the availability of clean and complete data*
4. **External Data Acquisition:** *resources to support identifying needed external data sources and connecting with the data*
5. **Data Validation:** *resources to support reviewing initial rates to determine reasonability and accuracy*

Data Quality & Reporting Tools

1) Understanding the Ask	
1a. Data Reporting 101 Training Deck	A PPT deck that delineates the overall purpose and data reporting responsibility for a non-technical audience (provider and office staff); defines purpose and scope, a 101 of HEDIS and measures described in plain language, the basics of measure specifications and reporting.
1b. Technical Specifications Manual	Provides specific guidance related to reporting; how to access the specifications *and* the value sets; general guidelines for reporting and understanding specifications; areas where specifications and PHMI reporting differ differ; external data sources.
2) Programming/Running Measures	
2a. Measure Calculation/ Reporting Processes	Step-by-step processes for how to run and/or calculate core measures. Processes would be based on an understanding of how CHCs are running the measures and the resources available to them (e.g., Relevant, Azara, manual); providing key steps/sequence for current state vs. future state.
3) Internal Data Integrity	
3a. Needed Standard Data Fields List	Defines and describes data fields need for each measure to allow CHCs to see where they need to have clean and complete standardized data to accurately pull core set measures, within fields that can be searched/calculated; including EHR specificity.
3b. Documentation and Coding Playbook	Overall and for each core measure, key points, tips and steps needed to ensure completeness and accuracy of coding and documentation. Care template/for examples provided where relevant.
4) External Data Acquisition	
4a. Resources for Connecting with External Data Sources	For each type of external data source, providing resources to assist with connecting to the data. This could include specific contact information and information to support CHCs in the “ask,” needed processes to follow, and/or best practices in obtaining the data, specific to each source. Resource will include common data formats, common issues, etc. to define what they’re looking for from each source.
5) Data Validation	
5a. Process for Internal Data Validation	A process for data validation, describing key steps CHCs can perform to validate data. This process can include overall steps (e.g. validating eligible population and stratified populations) and steps specific to each core measure, as relevant.
5b. Validation and Reconciliation of MCP data	The process can include an explanation of and steps for reconciliation of MCP reporting v. CHC reporting; using data they already have available.

Building the Foundation: Data Quality & Reporting (DQ&R)

- DQ&R Goals and Tools
- Discussion:
  - *How best could coaches/SMEs collaborate with the RACs?*
  - *What level of support do you see RACs providing to CHCs in ongoing reporting and data quality efforts?*
  - *What supporting materials developed by the RACs could we reference/link to/share will all of the CHCs?*

Next Steps

- Follow up / action items

- Next Meeting:
  - Tuesday, March 28th, 3:00 pm