PHM INITIATIVE

DATA QUALITY AND REPORTING GUIDE

Population Health Management Initiative (PHMI), a California collaboration of the Department of Health Care Services, Kaiser Permanente, and community health centers.

DATA QUALITY AND REPORTING GUIDE EXECUTIVE SUMMARY

Why Data Quality and Reporting Matters

Collecting high-quality data is essential for quality improvement, population health management and value-based care.[1,2,3,4] Performance measurement is the tool for monitoring and identifying opportunities to improve patient care. Consistently tracking and reporting on a standard set of quality measures will allow you to understand the current state of a patient population, identify any care gaps and monitor improvements over time.[5]

Collecting and using racial and ethnic data allows practices to identify and respond to inequities and disparities in care, and is fundamental to population health management and to promoting health equity. High-quality data segmented by race and ethnicity can inform targeted performance improvements in access, continuity, preventive care and care management that ultimately lead to more equitable care and improved health for your patients.

What the Data Quality and Reporting Guide Offers

This guide offers steps and activities to ensure your practice is capable of reporting valid and reliable data for selected population health Measures. The measures covered in this guide consist of seven Healthcare Effectiveness Data and Information Set (HEDIS) measures designated as core measures by PHMI and 10 additional supplemental measures. All measures use standard HEDIS definitions and are aligned with CalAIM and APM 2.0.

For organizations interested in going deeper, additional content is available on using data from health information exchange and community information exchange platforms to create business intelligence tools offering more robust, timely and holistic insights into service utilization and health outcomes. Finally, the guide covers data quality and reporting topics on the horizon, such as using new technologies like remote patient monitoring and artificial intelligence to design, implement and optimize customized interventions to improve health for high-risk segments of the population.

Who Needs to Be Involved in the Work

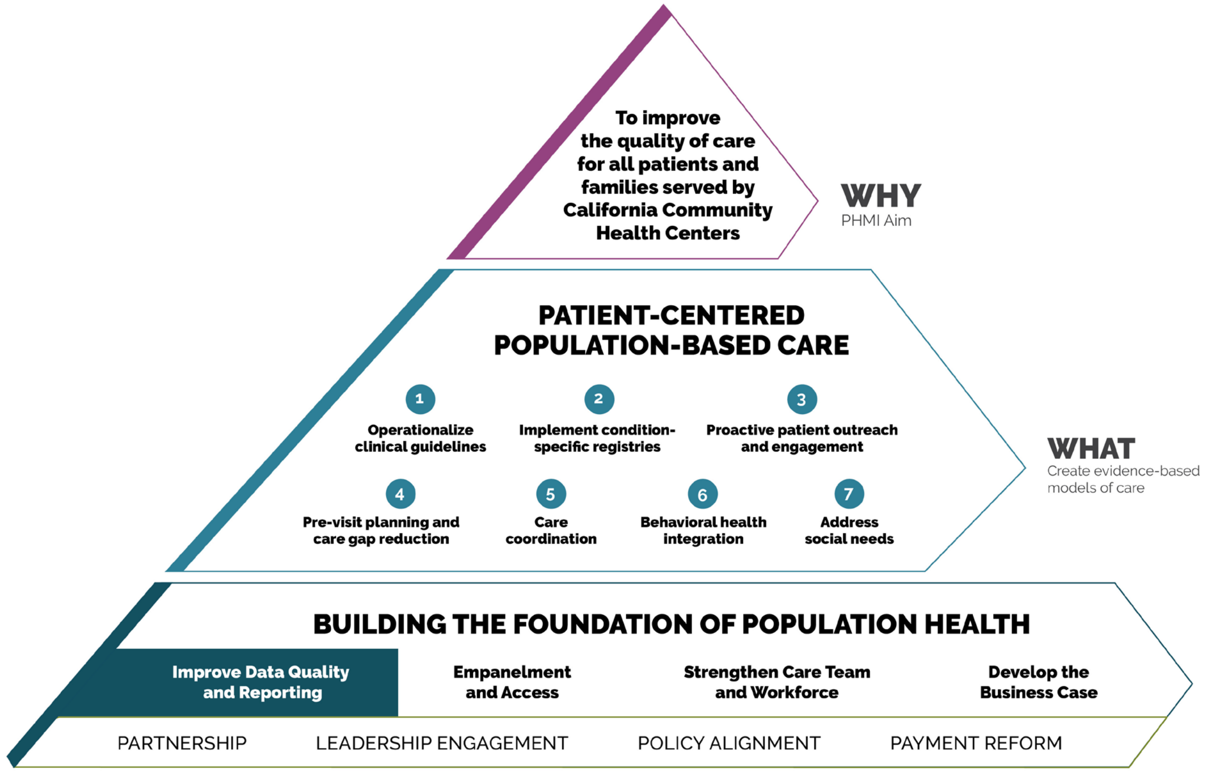
This guide is ideal for staff who will play a role in data governance and reporting within your practice. They might include:

- An executive sponsor.
- A clinical informatics or analytical staff member.
- A quality improvement coordinator.
- A clinical contact who can provide expertise on the clinical data feeds.

Regardless, all staff within the practice have a role to play in performance measurement. Part of the data governance and reporting team's role will be to ensure that all staff understand the measures and protocols for data reporting, and that they follow through so that you're able to report and use high-quality data.

When to Use the Data Quality and Reporting Guide

Data quality and reporting are a critical foundation for patient-centered population based care. This guide is the first to be used in the "Building the Foundation" series of implementation guides. The guide maps out how to establish a foundational level of data quality and reporting, which can be expanded upon and improved over time. To be successful, this work involves collaboration within your system as well as outside your organization, specifically with health plans, to ensure the needed breadth of data.



Advancing Equity through Data Quality and Reporting

Delivering quality care demands that we address the needs of subpopulations with attentiveness to their specific care needs and structural barriers to health. Even in organizations where performance on HEDIS and other quality measures are high, significant racial and other sociodemographic disparities often persist.

Strengthening population health requires going beyond HEDIS measures and identifying subpopulations that have lower rates of receiving certain types of care, and that may require different forms of support. The process to get robust patient-level data is complicated and doesn't have to be perfect to advance the work. Even imperfect data on race, ethnicity, and language (REAL), sexual orientation and gender identity (SOGI), and social needs can be used to better target improvements in prevention, care coordination and care management. Consider the following:

- The initial step in addressing disparities is to collect high-quality data that fosters a comprehensive understanding of each patient. This entails incorporating REAL data, demographic data (age, gender) and social needs data. By leveraging this information, healthcare practices can gain valuable insights into disparities in access, continuity and health outcomes.

- As your data quality continues to improve, you can further tailor efforts to enhance healthcare specifically for subpopulations experiencing disparities.
- As you engage in that work, you may find it helpful to partner with individuals with lived experience and community organizations outside the healthcare space.

Summary of Key Activities

The key activities covered in this guide include:

1. Establish a data governance and reporting team.
2. Understand the measures and specifications.
3. Program and run measures.
4. Assess internal data integrity.
5. Identify and acquire external data.
6. Conduct data validation and reconciliation.
7. Report and use data to improve care.

After working through the key activities above, you will be able to:

- Form a data governance and reporting team.
- Produce core quality measures using HEDIS specifications that have been adapted for PHMI.
- Develop and implement a data validation process that identifies gaps and solutions for improving data quality, such as reconciliation with managed care plans (MCPs).
- Produce quarterly core quality measures stratified by site and by race and ethnicity to identify and reduce disparities and improve performance.

Additional content is available in the full guide for practices interested in going deeper and exploring what's on the horizon.

Tools and Resources

These tools were developed for PHMI and can also be used by a wide range of primary care practices. They are open-source. We encourage you to take these tools and adapt them to best meet the needs of your organization and the community you serve.

Resource	Description
Data Quality and Reporting Resource 1: Data Quality and Reporting 101 Training	This PowerPoint deck was developed for use in staff training on data quality and reporting.
Data Quality and Reporting Resource 2: Core Measure Specifications Manual	This manual is targeted toward a technical audience of quality and data analytics staff and provides a complete orientation to the technical aspects of measurement and reporting via the PHMI Data Reporting Tool.
Data Quality and Reporting Resource 3: Measure Calculation and Reporting	This tool supports the development of a process for assessing and improving your practice's capability to calculate and track the core measures. It includes a measure calculation checklist to assist in identifying gaps.
Data Quality and Reporting Resource 4: Standard Data Fields for HEDIS Measures	This tool can assist your practice in examining and improving your utilization of standard data fields.
Data Quality and Reporting Resource 5: Documentation and Coding Playbook	This playbook provides a description of the measure, assessment, documentation and coding standards needed to meet specifications for the measures. It also supports accurate documentation efforts and delineates proper coding.
Data Quality and Reporting Resource 6: External Data Acquisition	This tool identifies potential external clinical data sources needed to report core measures and provides resources to assist in connecting to the data.
Data Quality and Reporting Resource 7: Data Validation Process	This tool delineates an overall process for basic data validation and describes key steps you can perform to validate your performance rates for the core measures.
Data Quality and Reporting Resource 8: Validation and Reconciliation of MCP Data	This tool lays out a process to compare your practice and MCP measurement rates.

Contacts for Support

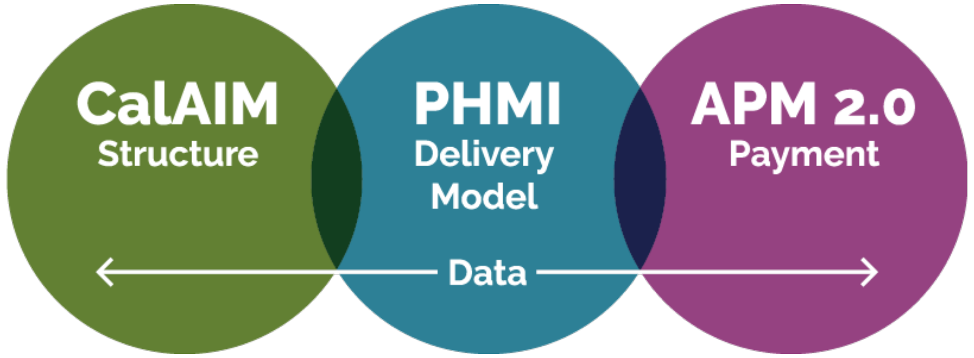
If you are part of PHMI, contact your coach. If you are part of Equity and Practice Transformation (EPT), visit the EPT website or contact your managed care plan. Otherwise, reach out to us at phm_initiative@kp.org

About PHMI

Community health centers, Regional Associations of California (RAC), California Primary Care Association (CPCA), Department of Health Care Services (DHCS), and Kaiser Permanente are partnering to transform care for Medi-Cal beneficiaries. Together, we are working to advance population health management capabilities in order to eliminate health disparities and improve the health of people and communities.

Through co-design with community health centers and the support of Kaiser Permanente, PHMI is aligning with CalAIM and APM 2.0 to:

- Focus on shared priority measures and populations, including children, pregnant people, people with behavioral health conditions, and adults living with chronic conditions and preventive care needs.
- Engage resources and expertise to create population health management solutions that work.
- Invest in technology solutions to improve data capabilities.



ENDNOTES

1 Mitri J, Gabbay R. Understanding Population Health Through Diabetes Population Management. Endocrinol Metab Clin North Am. 2016;45(4):933-42.

2 Powell A, Rushmer R, Davies H. Effective quality improvement: some necessary conditions. British Journal of Healthcare Management. 2009;15(2):62-8.

3 Rodriguez HP, Ivey SL, Raffetto BJ, Vaughn J, Knox M, Hanley HR, et al. As good as it gets? Managing risks of cardiovascular disease in California's top-performing physician organizations. Jt Comm J Qual Patient Saf. 2014;40(4):148-58.

4 Wise CG, Alexander JA, Green LA, Cohen GR, Koster CR. Journey toward a patient-centered medical home: readiness for change in primary care practices. Milbank Q. 2011;89(3):399-424.

5 Geboers H, Grol R, van den Bosch W, van den Hoogen H, Mokkink H, van Montfort P, et al. A model for continuous quality improvement in small scale practices. Qual Health Care. 1999;8(1):43-8.