

## Data Quality Assessment

This interactive document allows the Clinical Health Information Technology Advisors (CHITAs) to work with a SIM practice to institute sustainable quality improvement. The Data Quality Assessment (DQA):

- Allows the practice’s CHITA to understand the current state of data capture and quality measure reporting capabilities
- Focuses on the data elements and clinical quality measure reports that support care for patients in alignment with SIM’s goals of improved health through integrating advanced primary care activities, behavioral health services, and payment reform
- Helps the CHITA to understand the practice dynamics around using data to improve care
- Will enhance practice knowledge, instill autonomy and confidence in data development, data use and data submission

In completing this assessment, both the practice and CHITA should have a clear picture of current data quality, measure validity and reporting procedures, as well as be able to identify practice priorities, barriers and opportunities for improvement.

The practice will be asked to document preliminary HIT goals, and later create opportunities to refine the goals, as well as to cross align targeted boxes for practice transformation and behavioral health improvement goals with the Practice Facilitator.

### Data Elements

These are the data elements necessary to address the conditions addressed in the SIM core measure set. Please indicate the status of each data element in the following table:

**Table 1: Initial Practice Capacity to Support Data Elements**

| SIM Data Elements ( <i>preliminary</i> ) |  |  |  |
|--|--|--|--|
| Patient Linking Number                   |  |  |  |
| Date of Birth                            |  |  |  |
| Gender                                   |  |  |  |
| Ethnicity                                |  |  |  |
| Race                                     |  |  |  |
| Diagnostic codes linked to each visit    |  |  |  |
| CPT codes linked to each visit           |  |  |  |
| Medications                              |  |  |  |
| Problem List                             |  |  |  |
| Height                                   |  |  |  |
| Weight                                   |  |  |  |

|  |  |  |  |
|--|--|--|--|
| BMI  |  |  |  |
| BMI percentiles (for children)   |  |  |  |
| BMI follow up plan (for children) - Exercise counseling                                |  |  |  |
| BMI follow up plan (for children) - Nutrition  |  |  |  |
| Blood pressure - Diastolic   |  |  |  |
| Blood pressure - Systolic  |  |  |  |
| Substance abuse screening  |  |  |  |
| Substance abuse follow up plan   |  |  |  |
| Anxiety Screening  |  |  |  |
| Depression screening for patients 12+ years old  |  |  |  |
| Maternal depression screening  |  |  |  |
| Depression follow up plan  |  |  |  |
| Fall risk assessment   |  |  |  |
| Standardized way to assess risk for child developmental, behavioral, and social delays |  |  |  |
| Immunizations  |  |  |  |
| Colon cancer screening results   |  |  |  |
| Mammogram results  |  |  |  |
| Hemoglobin A1C results   |  |  |  |
| <b>Green</b>   | Data captured in discrete fields accurately and consistently on all patients in practice |  |  |
| <b>Yellow</b>  | Data captured in discrete fields with concern for accuracy and/or consistency            |  |  |
| <b>Red</b>   | Data elements not captured in discrete fields  |  |  |

What are the key barriers to consistently and accurately track data elements?

**SIM Clinical Quality Measures (CQMs)**

SIM focuses attention on 16 CQMs (see Table 2). SIM Cohort 1 practices are asked to submit numerators and denominators quarterly. The CHITA will work with the practice to assess reporting capacity and whether the practice can generate accurate reports.

**Table 2: Practice Cohort 1 Clinical Quality Measures for Year 1**

| Measure Title   | Measure Summary  | NQF   | CMS   |
|---|--|-------|-------|
| Breast Cancer Screening                                     | Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.  | 0031  | 125v3 |
| Colorectal Cancer Screening                                 | Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.   | 0034  | 130v3 |
| Screening for Clinical Depression and Follow-Up Plan        | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. | 0418  | 2v4   |
| Maternal Depression Screening                               | The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.  | 1401  | 82v2  |
| Substance Use Disorder Screening and Intervention Composite | Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results.   | 2597  | N/A   |
| Anxiety   | GAD-7 or equivalent to show change. A) Percentage of patients 18-75 screened annually for general anxiety disorder using the GAD-7 or equivalent. B) AND of those patients with GAD, percentage of patients with an improved GAD-7 score.  | SHAPE | N/A   |
| Controlling High Blood Pressure (Hypertension)              | The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the measurement year.  | 0018  | 22v3  |

|   |  |      |           |
|---|--|------|-----------|
| Diabetes: Hemoglobin A1c Poor Control   | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.   | 0059 | 122v<br>3 |
| Diabetes: Blood Pressure Management   | The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year.   | 0061 | Pending   |
| Falls: Risk Assessment (Safety)   | Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.   | 0101 | 139v<br>3 |
| Influenza Immunization  | Preventive Care and Screening: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR patient reported previous receipt of an influenza immunization.  | 0041 | 147v<br>4 |
| Use of Appropriate Medications for Asthma   | Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.   | 0036 | 126v<br>3 |
| Body Mass Index (BMI) Screening and Follow-Up   | Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current reporting period documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current reporting period.  | 0421 | 69v3      |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported: A) Percentage of patients with height, weight, and body mass index (BMI) percentile documentation. B) Percentage of patients with counseling for nutrition. C) Percentage of patients with counseling for physical activity. | 0024 | 155v<br>3 |
| Developmental Screening in the First Three Years of Life  | Percent of children screened for risk of developmental, behavioral, social delays by using standardized tool in first 3 years of life. Includes 3 age specific indicators assessing whether children are screened by 12, 24 or 36 months.  | 1448 | Pending   |

**Table 3: SIM CQM Reporting Capabilities**

| Please indicate the status of each Measure:   | NQF  | CMS   |  |  |  |  |  |
|---|--|-------|--|--|--|--|--|
| Breast Cancer Screening   | 0031   | 125v3 |  |  |  |  |  |
| Colorectal Cancer Screening   | 0034   | 130v3 |  |  |  |  |  |
| Screening for Clinical Depression and Follow-Up Plan  | 0418   | 2v4   |  |  |  |  |  |
| Maternal Depression Screening   | 1401   | 82v2  |  |  |  |  |  |
| Substance Use Disorder Screening and Intervention Composite                                   | 2597   | N/A   |  |  |  |  |  |
| Anxiety   | SHAPE  | N/A   |  |  |  |  |  |
| Controlling High Blood Pressure (Hypertension)  | 0018   | 22v3  |  |  |  |  |  |
| Diabetes: Hemoglobin A1c Poor Control   | 0059   | 122v3 |  |  |  |  |  |
| Diabetes: Blood Pressure Management   | 0061   | TBD   |  |  |  |  |  |
| Falls: Risk Assessment (Safety)   | 0101   | 139v3 |  |  |  |  |  |
| Influenza Immunization  | 0041   | 147v4 |  |  |  |  |  |
| Use of Appropriate Medications for Asthma   | 0036   | 126v3 |  |  |  |  |  |
| Body Mass Index (BMI) Screening and Follow-Up   | 0421   | 69v3  |  |  |  |  |  |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | 0024   | 155v3 |  |  |  |  |  |
| Developmental Screening in the First Three Years of Life                                      | 1448   | TBD   |  |  |  |  |  |
| <b>Green</b>  | Already have the report and we trust the data are accurate                 |       |  |  |  |  |  |
| <b>Yellow</b>   | Have the report, but we do not fully trust that the data are accurate      |       |  |  |  |  |  |
| <b>Red</b>  | Do not have the report, but can get it/build it                            |       |  |  |  |  |  |
| <b>Black</b>  | No chance of getting report from system/vendor                             |       |  |  |  |  |  |
| <b>Blue</b>   | We do not see patients of this age at our practice, measure does not apply |       |  |  |  |  |  |

**Reporting Procedures**

Please document who in your practice or organization will be responsible for submitting the quarterly reports to the SIM CQM hub?

**Name:**

**Email:**

**Phone number:**

Are there key barriers to reporting SIM measures that your CHITA should be aware of?

**Preliminary HIT goals**

Take a moment to jot down notes on long term and short term HIT goals that align with SIM. The practice and CHITA can refer back to these notes when filling out the HIT section of the Practice Improvement Plan.

Notes on HIT Goals

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