Improving Patient Outcomes through Data

UDS Webinar

November 2017
Monitoring UDS Throughout the Year

The best way to improve the health and outcome of your patients and improve your chances of getting a HRSA Clinical Quality Award is to stay on top of your UDS results

☑ Review your numbers early and often
  • UDS Scorecards and Dashboards
  • PVP Alerts

☑ Set internal goals and adjust them up as you achieve them

☑ Identify opportunities for improvement
  • Under performing providers and locations
  • Collaborate with your peers – take advantage of your PCA

☑ Promote your successes internally
UDS Reporting and DRVS

Current UDS Reports that exists in DRVS include:

- **Zip Code Data**: Patients by Zip Code
- **Table 3a**: Patients by Age and by Sex Assigned at Birth
- **Table 3b**: Demographic Characteristics
- **Table 4**: Selected Patient Characteristics
- **Table 5**: Staffing and Utilization
- **Table 6a**: Selected Diagnoses & Services Rendered
- **Table 6b**: Quality of Care Measures
- **Table 7**: Health Outcomes and Disparities
Key Changes for 2017
UDS 2017: Key Changes

Cervical Cancer Screening

- The numerator now considering the following as compliant and in the numerator
  - Women ages 30-64 who had a Pap Smear/HPV co-test performed within the last five (5) years
  - Women ages 23-64 who had a Pap Smear within the last three (3) years
- Recall that for the 2016 reporting year HPV co-testing was not considered
- Expected Impact: Rates/results may go up

BMI Screening and Follow-Up 18+ Years

- There is no longer a separate set of parameters for adults ages 18-64 versus ages 65 +
  - Normal parameters are now BMI >= 18.5 and < 25. Follow-up is expected to be documented for all patients whose BMI is outside of these parameters
UDS 2017: Key Changes

IVD: Use of Aspirin or Another Antiplatelet

- In prior years, the measure was titled “IVD: Use of Aspirin or Another Antithrombatic”
  - The wording of the specification was not in alignment with the eCQM value set; the value set only included antiplatelets (a subset of antithrombatics)
  - This caused confusion for patients on warfarin, an antithrombatic

- The numerator wording now matches the value set, specifying the patient must be on aspirin or an antiplatelet

- An exclusion has been added that excludes patients from denominator if they are on a set of anticoagulant such as warfarin
UDS 2017: Revised Guidance

Depression and Follow-Up Plan

- BPHC sent out an email on August 16th with revised guidance
  - During the May 9th webinar BPHC stated that a PHQ-9 would not be an acceptable follow-up plan to meet the measure definition
  - Based on guidance from the measurement steward (CMS), the use of the PHQ-9 as a follow-up to a positive depression screening (PHQ-2) is acceptable
  - In the spirit of being consistent with the measure intent and interpretation by the measure steward, and being in full alignment with the electronic specifications of this measure, BPHC is correcting their guidance on the CQM

- DRV$ was already calculating results on this measure in this manner
Self Service & Answering Your Own Questions
Common Questions

Have you ever asked ...

- Why is “Jane Doe” in the Denominator of a measure? the Numerator?
- Why isn’t “Jim Smith” in the Denominator or Numerator of a measure?

Have you ever put in a ticket asking ...

- Where / when we saw a patient had a particular diagnosis?
In our continued efforts to provide transparency into measure calculations, we released the Measure Analyzer over the summer. The tool is for investigating why a patient is or is not meeting the criteria of the components of a measure.

The tool identifies the specific criteria as to why a patient is in the numerator, denominator, or exclusion.

Over the next few releases, we will continue to expand to allow users to view details of the observations and value sets behind each measure.

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**Diabetes A1c > 9 or Untested (NQF 0059)**

**Diabetes**

Endorser: NQF 0059 / CMS eCQM 122v5

*Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.*

**Numerator:**

Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%.

- No A1c in the last 12 months
  
  OR
  
  - Most recent A1c in the last 12 months is > 9%

**Denominator:**

Patients 18-75 years of age with diabetes with a visit during the measurement period.

- Age 18-75
- Active diagnosis of Diabetes
- Qualifying visit (see Technical Specifications) in the last 12 months

**Technical Specifications**
- Value Set Dictionary
- CMS eCQM Library

Internal Name: EP_0059
Measure Investigation Example #1

Diabetes A1c > 9 or Untested (NQF 0059)

MRN: 637808
Center: Access Community Health
Period: TY September 2017
Name: DAMIAN LAVERDURE
Sex at Birth: Female
DOB: 7/8/1980 (37 Years as of 9/30/2017)

Patient In Numerator

Age/Sex at Birth Criteria
Age: 37 Years at the end of the period

Numerator

A1c
A1c: 9/5/2016 - A1c (DRVS Lab Type)
A1c Result: 11.4

Denominator

Diabetes: 7/5/2016 - 250.00 (ICD-9-CM)
NQF Qualifying Encounter: 10/31/2016 - G0438 (HCPCS)

Other

Next Appointment: N/A
Next_Appointment_Provider: N/A
Medical Encounter: 10/31/2016
Most_Recent_Provider: Decelles, Larry

Diabetes A1c > 9 or Untested (NQF 0059)

Endorse: NQF 0059 / CMS eCQM 122x5

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Numerator:
Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%.
- No A1c in the last 12 months
- OR
- Most recent A1c in the last 12 months is > 9%

Denominator:
Patients 18-75 years of age with diabetes with a visit during the measurement period.
- Age 18-75
- Active diagnosis of Diabetes
- Qualifying visit (see Technical Specifications) in the last 12 months

Technical Specifications
Value Set Dictionary
CMS eCQM Library

Internal Name: EP_0059
Measure Investigation Example #2

Use of Appropriate Medications for Asthma (NQF 0036)

Patient In Numerator

Age/Sex at Birth Criteria
Age: 52 Years at the end of the period

Numerator
Preferred Asthma Therapy
Preferred Asthma Therapy: 8/6/2016 - 153892 (RxNorm)

Denominator
NQF Qualifying Encounter Persistent Asthma
NQF Qualifying Encounter: 12/25/2016 - 99201 (CPT)
Persistent Asthma: 1/8/2016 - J45.30 (ICD-10-CM)
Persistent Asthma: N/A

Exclusion
NQF 0036 Exclusion Criteria
NQF 0036 Exclusion Criteria: N/A

Use of Appropriate Medications for Asthma (NQF 0036)
Asthma
Endorser: CMS eCQM 126v5.1

Percentage of patients 5 - 64 years of age who were identified as having Persistent Asthma and were appropriately ordered medication during the measurement period.

Numerator:
Patients who were ordered at least one prescription for a preferred therapy during the measurement period.
- Active Preferred Asthma Therapy medication in the last 12 months

Denominator:
Patients 5-64 years of age with Persistent Asthma and a visit during the measurement period.
- Age 5-64
- Persistent Asthma (identified using the 2011 specification ICD-9 codes and optional "Asthma Severity" data element or current specification ICD-10 and SNOMED-CT codes)
- Qualifying visit (see Technical Specifications) in the last 12 months

Exclusions:
- Emphysema
- Chronic Obstructive Pulmonary Disease
- Obstructive Chronic Bronchitis
- Cystic Fibrosis
- Acute Respiratory Failure

Technical Specifications
Value Set Dictionary
CMS eCQM Library

Internal Name: EP_0036
Did you know that Azara has Service / Support portal?

- The URL is: https://jira.azarahealthcare.com/servicedesk/customer/portal/2

- From the portal you can:
  - View the contents of current (Open) and historical (Closed) tickets
  - Add comments, questions or notes to ticket
  - Add (securely) attachments
  - CC / Add other participants to a ticket
  - Open / Create a new tickets
AHS-8050 Test Ticket

Azara Support <jiraticks@azarahealthcare.com>

Tuesday, October 10, 2017 at 8:56 PM
To: Gregory Augustine

__________

Reply above this line.

Just confirming that we got your request. We're on it.

View request · Turn off this request's notifications

This is shared with Greg Augustine.

Azara Home, powered by JIRA Service Desk, sent you this message.
Mapping Administration

Over the past several releases, we have improved the Mapping Administration functionality by:

- More easily and quickly identifying unmapped values that require action
- Quantifying the number of records where the unmapped values are found / used
- Identifying the time period when records using unmapped values were created or used in the EHR / EPM
- From the portal you can:
  - View the contents of current (Open) and historical (Closed) tickets
  - Add comments, questions or notes to ticket
  - Add (securely) attachments
  - CC / Add other participants to a ticket
  - Open / Create a new tickets
Mapping Administration

**Mapping Administration**

**Data Element**
- Race

**Center**
- Community Health Center

**Time Period**
- Last Year

**Mapping Summary**

Below is a summary of DRVS standard values mapped from your EHR. Click on any value to see the EHR detailed mappings.

**Mapped DRVS Values**
- Unmapped: 601
- Black/African American: 17019
- More than One Race: 1356
- White: 1000
- Unreported/Refused to Report Race: 706
- Asian: 308
- Pacific Islander: 161
- American Indian/Alaska Native: 29
- Native Hawaiian: 23

**EHR Mapping Details**

The table details all unmapped and mapped items from your EHR based on the selected row in the table to the left.

<table>
<thead>
<tr>
<th>Mapped Race Value</th>
<th>Count</th>
<th>Source EHR Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>8859</td>
<td>BLACK</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7</td>
<td>Black /African American</td>
</tr>
<tr>
<td>Black/African American</td>
<td>8153</td>
<td>Black or African American</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0</td>
<td>black</td>
</tr>
</tbody>
</table>

1 of 1 pages (4 items)
Help

Azara’s Help Screen is designed to make it easier for users to navigate available resources.

Information is grouped into the following categories:

- Learn How to use DRVS
- Data Mapping
- Customizing Reports
- Resources
- FAQ
- Release Notes
- Search Measures
**Help: Azara Video Series**

Be sure to check out the ‘How To’ and ‘Learning Series’ videos available under the *Learn How to Use DRVS* category.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Center</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Filters (8.0 Release)</td>
<td>All Centers</td>
<td>Features</td>
</tr>
<tr>
<td>New PVP (8.0 Release)</td>
<td>All Centers</td>
<td>Features</td>
</tr>
<tr>
<td>DRVS Visit Planning Report Video Part 1 - An Overview</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Visit Planning Report Video Part 2 - The Vision</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Visit Planning Report Video Part 3 - Mastering the Report</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Visit Planning Report Video Part 4 - Alert Administration</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Features Video - Grouping and Crosstab</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Learning Series - Measure Targets</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Learning Series: DRVS Overview (Demo)</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Learning Series: Reports and Measures Overview</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Learning Series: Registries Overview</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
<tr>
<td>DRVS Admin Training: The Basics</td>
<td>All Centers</td>
<td>Azara Video Series</td>
</tr>
</tbody>
</table>
Beyond Clinical Quality Measures
UDS Reporting and DRVS

Current UDS Reports that exists in DRVS include:

- **Zip Code Data**: Patients by Zip Code

- **Table 3a**: Patients by Age and by Sex Assigned at Birth

- **Table 3b**: Demographic Characteristics

- **Table 4**: Selected Patient Characteristics

- **Table 5**: Staffing and Utilization

- **Table 6a**: Selected Diagnoses & Services Rendered

- **Table 6b**: Quality of Care Measures

- **Table 7**: Health Outcomes and Disparities
## Zip Code Table

### UDS - Patients by Zip Code

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>None/Uninsured</th>
<th>Medicaid/CHIP/Other/Public</th>
<th>Medicare</th>
<th>Private</th>
<th>Unknown</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>64481</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>70</td>
<td>89</td>
</tr>
<tr>
<td>65285</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>44310</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>62864</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>64779</td>
<td>1</td>
<td>11</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>99999</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>84121</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>62379</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>63357</td>
<td>8</td>
<td>22</td>
<td>2</td>
<td>19</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>36353</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>64630</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>65778</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>52</td>
<td>59</td>
</tr>
<tr>
<td>66770</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>62324</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>
BPHC wants to respect the policies of each health center. If your policy indicates patients of a certain age group should not be queried, you may indicate “Don’t know” or “Other,” rather than “Chose not to disclose,” so that there’s clear differentiation between those who were not asked, and those who refused to identify.
**SOGI Data Mapping Elements**

- **Gender** – sex assigned at birth
  - *DRVS uses this field to determine gender specific inclusion in measures for screenings such as cervical cancer*

- **Gender Identity*** - A person’s innate, deeply-felt psychological identification as a man, woman, or something else, which may or may not correspond to the person’s external body or assigned sex at birth

- **Sexual Orientation*** - A person’s enduring physical, romantic, emotional, and/or spiritual attraction to another person.

*Definitions courtesy of The Fenway Institute*
Natal Sex or Sex at Birth

- These new data points do not replace the “sex assigned at birth” documented in the EHR that informs decisions about the need for certain screenings.

  - By default- we map the standard Sex or Gender field in your EHR to “Sex at Birth.”

  - If you have been using this field for other things, and you happen to store sex at birth elsewhere- please let us know.
Table 4: Selected Patient Characteristics

<table>
<thead>
<tr>
<th>Principal Third Party Medical Insurance</th>
<th>0-17 years old</th>
<th>18 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Uninsured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Regular Medicaid</td>
<td>482</td>
<td>1,256</td>
</tr>
<tr>
<td>CHIP Medicaid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>482</td>
<td>1,256</td>
</tr>
<tr>
<td>Dual Eligible (Medicare and Medicaid)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicare</td>
<td>475</td>
<td>1,313</td>
</tr>
<tr>
<td>Other Public Insurance Non-CHIP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Public Chip Insurance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Public Insurance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>1,533</td>
<td>3,657</td>
</tr>
<tr>
<td>Unmapped</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ignore</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Record</td>
<td>93</td>
<td>48</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,583</td>
<td>6,474</td>
</tr>
</tbody>
</table>
UDS Financial Class Expansion & Mapping in DRVS

UDS Financial Classes in DRVS (based on the UDS Table 4 definition):

- Uninsured
- Medicaid
- S-CHIP, CHIP, CHIP-RA
- CHIP-Medicaid
- Other Public Insurance
- Dual Eligible Medicare and Medicaid
- Other Public (CHIP)
- Private Insurance
- No Record
# Mapping Administration for Table 4

## Mapping Administration

**Data Element**
- Financial Class
  - Community Health Center

**Center**
- Community Health Center

**Time Period**
- Last Year

## Mapping Summary

Below is a summary of DRVS standard values mapped from your EHR. Click on any value to see the EHR detailed mappings.

### Mapped DRVS Values

**Mapped Financial Class Value** | Count
--- | ---
Unmapped | 11
Medicaid | 3
Medicare | 3
Ignore | 1
Private Insurance | 1
Uninsured | 1

**EHR Mapping Details**

The table details all unmapped and mapped items from your EHR based on the selected row in the table to the left.

<table>
<thead>
<tr>
<th>Mapped Financial Class Value</th>
<th>Count</th>
<th>Source EHR Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>1</td>
<td>AMIDA CARE</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1</td>
<td>WELLCARE OF NEW YORK INC (WC)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1</td>
<td>zzMedicaid Family Planning</td>
</tr>
</tbody>
</table>

1 of 1 pages (3 items)
# Table 5 Columns (b) and (c)

<table>
<thead>
<tr>
<th>Line</th>
<th>Personnel by Major Service Category</th>
<th>FTEs (a)</th>
<th>Clinic Visits (b)</th>
<th>Patients (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>General Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Internists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Obstetrician/Gynecologists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Pediatricians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other Specialty Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Total Physicians</strong> (Lines 1–7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Nurse Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Physician Assistants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Certified Nurse Midwives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td><strong>Total NPs, PAs, and CNMs</strong> (Lines 9a–10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other Medical Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Laboratory Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>X-ray Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td><strong>Total Medical</strong> (Lines 8 + 10a through 14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Dentists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Dental Hygienists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>Dental Therapists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other Dental Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td><strong>Total Dental Services</strong> (Lines 16–18)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Staffing and Utilization

Table 5 provides a profile of health center staff, the number of visits they render and the number of patients they serve.

<table>
<thead>
<tr>
<th>Personnel by Major Service Category</th>
<th>Clinic Visits</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>47,152</td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td>3,523</td>
<td></td>
</tr>
<tr>
<td>Internists</td>
<td>25,246</td>
<td></td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>18,561</td>
<td></td>
</tr>
<tr>
<td>Pediatricians</td>
<td>18,654</td>
<td></td>
</tr>
<tr>
<td>Other Specialty Physicians</td>
<td>7,166</td>
<td></td>
</tr>
<tr>
<td>Total Physicians</td>
<td>120,302</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>82,373</td>
<td></td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>7,782</td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>1,982</td>
<td></td>
</tr>
<tr>
<td>Total NPs, PAs, and CNMs</td>
<td>92,117</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>4,752</td>
<td></td>
</tr>
<tr>
<td>Other Medical Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Medical</td>
<td>217,171</td>
<td>85,159</td>
</tr>
</tbody>
</table>
Mapping Administration for Table 5

Mapping Administration

Data Element: UDS Service Categories
Center: Swope

Time Period: Last Year

Mapping Summary

Below is a summary of DRV5 standard values mapped from your EHR. Click on any value to see the EHR detailed mappings.

Mapped DRV5 Values: DRV5 Values With 0 Count (14)

<table>
<thead>
<tr>
<th>Mapped UDS Service Categories Value</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmapped</td>
<td>252</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>73</td>
</tr>
<tr>
<td>Internists</td>
<td>30</td>
</tr>
<tr>
<td><strong>Pediatricians</strong></td>
<td><strong>22</strong></td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>17</td>
</tr>
<tr>
<td>Nurses</td>
<td>16</td>
</tr>
<tr>
<td>Dentists</td>
<td>15</td>
</tr>
<tr>
<td>Other Specialty Physicians</td>
<td>14</td>
</tr>
<tr>
<td>Family Physicians</td>
<td>13</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>13</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>13</td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>7</td>
</tr>
</tbody>
</table>

EHR Mapping Details

The table details all unmapped and mapped items from your EHR based on the selected row in the table to the left.

Mapped UDS Service Categories Value

<table>
<thead>
<tr>
<th>Pediatricians Value</th>
<th>Count</th>
<th>Source EHR Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>3</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
<td>DO</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2</td>
<td>MBBS</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>15</td>
<td>MD</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>1</td>
<td>NP-C</td>
</tr>
</tbody>
</table>

1 of 1 pages (5 items)
Azara DRVS currently limits table 6A for CY 2015 to billing data / ‘dummy’ codes because this is the best way to ensure accuracy rather than duplication.

- Unless a health center is using dummy codes or another method, to document these services they are paying for but not billing for, it’s impossible to reflect it in the center’s data.

- It’s best practice to document referrals/orders that are made outside your organization in certain cases (Pap smears, Mammograms, and Colonoscopies) for structured quality reporting data. Naturally, these should not be reported on 6A because the center neither ordered, nor paid for these services, so the health center’s methodology also needs a way to exclude these from being counted.
Table 6A- Diagnoses

Prevalence vs. Outcomes- The goal of the Diagnoses section of UDS Table 6A is to help HRSA understand the prevalence of certain diseases and conditions in the health center population, rather than outcomes. This means *Table 6A and 6B denominators will not match* since the inclusion and exclusion criteria are different.

Selected Diagnoses- Azara *does not limit the scope to just billing data*, using assessments and diagnoses from the problem list.

- Because ICD-10 and SNOMED codes are used here, they may also impact numbers in the Services section for Mammograms and Pap smears where practices use ICD-10 or SNOMED codes as assessment or problem list entries to document these procedures.
Dashboards
Dashboards can be helpful in your center’s efforts to manage and monitor UDS. These include both standard / stock dashboard

- Cancer Screening Gaps
- UDS 2016 vs Current

And custom created dashboards

- Priority UDS Measures
UDS and Dashboards

Dashboard - Priority UDS Measures

- CAD Lipid Therapy Gaps 2017: 2,572
- IVD Aspirin Use Gaps 2017: 5,813
- Cervical Cancer Screening Gaps 2017: 129,421
- Childhood Immz Gaps 2017: 10,787

- CAD Lipid Therapy 2017
- IVD Aspirin Use 2017
- Cervical Cancer Screening 2017
- Childhood Immz 2017

- Asthma Meds Gaps 2017: 3,359
- HTN BP Control Gaps 2017: 60,835
- Child Weight Gaps 2017: 114,102

- Asthma Meds 2017
- HTN BP Control 2017
- Child Weight 2017

Child Weight Components 2017:
- Children w/ Qual Visit 229,674
- Pts w/ BMI / Nutritional / Physical Activity 115,672 80%
- Pts w/ BMI Screening 197,006 86%
- Pts w/ Nut. Counseling 136,022 89%
- Pts w/ Phys. Counseling 125,382 85%
Questions?
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