



ECDE Subgroup Meeting

June 15, 2023



- **Meeting Objectives:** To understand the current process and constraints for receiving and validating data in the QRS. Identify ways to improve processes and data quality for reporting in the QRS going forward. Address areas for standardization to address known systemic issues and/or brainstorm how to overcome barriers to achieving our desired end goal.
- DAV Certification 2023
- PSV Overview
- IMAT Data Element Request List
- CCD Review
- IMAT Flat File
- Enhanced Data Validation Report

DAV Certification

DAV Certification 2023

- **Timeline**

- Kick off meeting with QMetrics (auditor) – 7/17/2023
- PSV – 9/2023
- Program Completion/ Approval – 12/1/2023 – 12/7/2023



DAV – Primary Source Verification





Primary Source Verification

IMAT sends requests to providers and health centers to perform PSV on a **year-round basis** to lessen the burden of quick turn around times during DAV. Many provider offices are non-responsive to the PSV requests.

What barriers prevent provider offices/health centers in responding? How can IMAT assist in alleviating those barriers?

- Arrange 15 minute calls to capture the necessary information while on a call?
- Arrange access to the EMR system so IMAT can gather documentation individually?
- Provide a schedule so the provider's office can plan accordingly?
- Other suggestions from the team.





PSV Documentation Requirements (Provider)

The Golden Rule

The Golden Rule: All documentation submitted must meet the “Golden Rule.” The “Golden Rule” requires that each case document submitted contains the Patient Name and DOB, Provider Name, Ingestion Site Name/Facility Name and Target DOS including Time of Service (TOS) if applicable. Any documentation missing this information is considered incomplete and will not be reviewed.



PSV O/P Documentation Requirements (Aggregator)

| Case Information | | | | | | | |
|------------------|-------------------|---|-------------------|---------------|------------|------------|----------|
| Case Name | | | | | | | |
| IGS Name | | | | | | | |
| | Data Element | Element Status | DOS Status | TOS Status | EHR page # | XML Line # | Comments |
| Demographics | Patient Name | ALWAYS REQUIRED | Not Required | Not Required | | | |
| | Patient DOB | ALWAYS REQUIRED | Not Required | Not Required | | | |
| | Race/Ethnicity | WHEN APPLICABLE | Not Required | Not Required | | | |
| | IGS/Facility Name | ALWAYS REQUIRED | TDOS Required | TMOS Optional | | | |
| Dates | Admission Date | WHEN APPLICABLE (outpatient only) | TDOS/TPS Required | TMOS Required | | | |
| | Discharge Date | WHEN APPLICABLE (outpatient only) | TDOS/TPS Required | TMOS Required | | | |
| Vitals | Blood Pressure | MUST CONTAIN AT LEAST 1 ELEMENT output in CCD | TDOS Required | TMOS Required | | | |
| | Height | | TDOS Required | TMOS Required | | | |
| | Weight | | TDOS Required | TMOS Required | | | |
| | BMI | | TDOS Required | TMOS Required | | | |

| | | TDOS Required | TMOS Required | | | | |
|---------------------|---------------------------------------|--------------------------------|---------------|---|---------------|--|--|
| Visit Events | Pain Assessment | | | | | | |
| | Problems List | All DOS applicable | Not Required | | | | |
| | Encounter Dx Code & Description | TDOS/TPS Required | TMOS Required | | | | |
| | Procedure Px code(s) &/or description | TDOS/TPS Required | TMOS Required | | | | |
| Test Results | Procedure Interpretation | TDOS/TPS Required | TMOS Optional | MUST CONTAIN AT LEAST 3 ELEMENTS across Visit Events & Test Results output in CCD | | | |
| | Lab Test & Results | TDOS Required | TMOS Required | | | | |
| | Imaging Test & Results | TDOS Required | TMOS Required | | | | |
| | Eye Care Test & Results | WHEN APPLICABLE (Primary only) | TDOS Required | | TMOS Optional | | |
| Other Critical Data | Allergies & Intolerances | TDOS/TPS Required | TMOS Optional | WHEN APPLICABLE | | | |
| | Social History | TDOS/TPS Required | TMOS Optional | | | | |
| | Immunization Code & Description | TDOS/TPS Required | TMOS Optional | | | | |
| | Functional Status | TDOS Required | TMOS Optional | | | | |



PSV Lab Documentation Requirements (Aggregator)

| Case Information | | | | | | | |
|------------------|--------------------|-----------------|---------------|---------------|------------|------------|----------|
| Case Name | | | | | | | |
| IGS Name | | | | | | | |
| | Data Element | Element Status | DOS Status | TOS Status | EHR page # | XML Line # | Comments |
| Demographics | Patient Name | ALWAYS REQUIRED | Not Required | Not Required | | | |
| | Patient DOB | ALWAYS REQUIRED | Not Required | Not Required | | | |
| | Race/ Ethnicity | WHEN APPLICABLE | Not Required | Not Required | | | |
| | IGS/Facility Name | ALWAYS REQUIRED | TDOS Required | TMOS Optional | | | |
| Results | Lab Test | ALWAYS REQUIRED | TDOS Required | TMOS Required | | | |
| | Lab Result | ALWAYS REQUIRED | TDOS Required | TMOS Required | | | |

Common Issues with lab PSV/DAV:

- Missing appropriate lab codes
- Missing Race and Ethnicity data on documentation
- CCDs only contain lab panel codes and not the individual lab codes and results

IMAT Data Element Request List

IMAT Data Element Request List Header Fields

| Data element description | Required | IMAT field name | Mapping Questions and Notes | Extract or concept? | Site Specific Comments | CCD tag/example | CCD Comments | HL7 Segm | HL7 Comme | NCQA | HEDIS | MPID matc |
|--|----------|----------------------------|-----------------------------|---------------------|------------------------|-----------------|--------------|---|------------|----------|----------|-----------|
| Admit time/patient registration Date/time of service | Required | admit_time | | Extract | | | | PV1.44 | PV1-44(-1) | | Required | |
| Allergy status code | Optional | allergy_status_code | | Concept | | | | ALL - works a little different than the other | | Required | | |
| Assessment and Plan of Treatment | Optional | | | Document | | | | | | | | |
| Assessment score | Optional | assessment_score | | ? | | | | | | Required | | |
| Attending Doctor Last Name | Required | attending_doctor_last_name | | Extract | | | | PV1-7.2 | PV1-7.2 | | | |
| Author Organization | Required | | | Extract | | | | | | | | |

Elements Targeted for Improvement/Inclusion

- PCP Info
- PCP NPI
- Medication codes
- Proper coding at POS
- Map codes properly in the EHR so they come across in the flat file or CCD appropriately
- Do not use free text fields to send data (not really free)

IMAT Data Element Request List Description

| Column Label | Description |
|-----------------------------|--|
| Data element description | Layman name of the field |
| Required | Data Element is Required or Optional |
| IMAT field name | IMAT technical DB field name |
| Expected Values | Data format (samples of expected values) |
| Definition/Comments | Definition of Data Element or comments to clarify |
| Mapping Questions and Notes | Field used for special mapping or instructions |
| Extract or concept? | Will this data element be extracted for reporting or is it a concept within IMAT |
| Site Specific Comments | Client specific comments/notes during onboarding |
| CCD tag/example | Example provided if necessary for client |
| CCD Comments | Client specific applicable comments |
| HL7 Segment | Refers to the HL7 segment the data is found in |
| HL7 Comments | Any special requirements for the HL7 data |



IMAT Data Element Request List Description

| Column Label | Description |
|---------------|---|
| NCQA | Whether the data element is required for NCQA |
| HEDIS | Whether the data element is required for HEDIS |
| MPID matching | Whether or not the field is required or suggested to support MPI matching |





CCD Sample



```

<title>Medications</title>
<text>
  <table border="1" width="100%">
    <thead>
      <tr>
        <th>Medication</th>
        <th>Instructions</th>
        <th>Dosage</th>
        <th>Effective Dates (start - stop)</th>
        <th>Status</th>
        <th>Comments</th>
      </tr>
    </thead>
    <tbody>
      <tr>
        <td>
          <content ID="MedicationName_0" xmlns="urn:h17-org:v3">Vitamin D3 2,000 unit tablet</content>
        </td>
        <td>
          <content ID="MedicationSig_0" xmlns="urn:h17-org:v3">take 1 tablet by oral route every day</content>
        </td>
        <td>
          <content ID="MedicationDosage_0" xmlns="urn:h17-org:v3">1 tablet</content>
        </td>
        <td>
          <content>2000 -</content>
        </td>
        <td>
          <content>Active</content>
        </td>
        <td>
          <content ID="MedicationComment_0" xmlns="urn:h17-org:v3"></content>
        </td>
      </tr>
      <tr>
        <td>
          <content ID="MedicationName_1" xmlns="urn:h17-org:v3">amlodipine 5 mg tablet</content>
        </td>
        <td>
          <content ID="MedicationSig_1" xmlns="urn:h17-org:v3">TAKE 1 TABLET BY MOUTH EVERY DAY</content>
        </td>
      </tr>
    </tbody>
  </table>

```

CCD Sections

- *Patient demographics*
- *Allergies*
- *Vitals*
- *Medications*
- *Labs and Results*
- ****Functional Status**
- ****Encounter**

IMAT Flat File

IMAT Flat File

- The IMAT flat file is a proprietary file format for receiving data from clinical providers and/or health centers.
- The IMAT flat file is based off of the required elements in the IMAT Data Elements request list as well as a CCD.
- The IMAT flat file contains additional rows for data that is not currently available in a CCD.

Examples of data included in the IMAT flat file that are not included in a CCD:

SOGI data
CHT flags



IMAT Enhanced Data Validation Report



Enhanced Data Validation Sign Off Form for QRS Implementation

Site Name: [Redacted]

Site Contact Person: [Redacted]

Site Validation Sign off Assignee (if different from Contact Person):

Date of Overview Meeting: July 28, 2022

Sign Off Date:

We agree that we had the opportunity to meet with IMAT Solutions to review the Enhanced Data Validation Report with our assigned Clinical Data Specialist. We understand that this validation only applies to the data within the file/CCDs sent to IMAT via an EHR vendor and does not apply to specific measure validation.

| Field | Percent Completed | Required/Optional | Target Range | Notes |
|------------------------|-------------------|-------------------|--------------|-------|
| patient_date_of_birth | 100.00% | Required | 100 | |
| ssn | | Not Required | 0 | |
| patient_last_name | 100.00% | Required | 100 | |
| patient_first_name | 100.00% | Required | 100 | |
| patient_middle_name | 80.4% | Optional | 30+ | |
| patient_given_name | | Not Required | 0 | |
| suffix | | Not Required | 0 | |
| patient_sex | 100.00% | Required | 100 | |
| ssn4 | | Not Required | 0 | |
| multiple_birth | | Not Required | 0 | |
| deceased | | Not Required | 0 | |
| marital_status | 0% | Optional | 0 | |
| patient_race | 100% | Required | 100 | |
| patient_ethnic_group | 100% | Required | 100 | |
| patient_language | 0.00% | Required | 100 | |
| patient_religion | | Optional | 0 | |
| mothers_maiden_name | | Not Required | 0 | |
| patient_phone | 0% | Required | 60+ | |
| patient_street_address | 100.00% | Required | 100 | |
| patient_zip | 100.00% | Required | 100 | |
| zip9 | | Optional | 0 | |

| | | | | |
|----------------------|---------|----------|-----|--|
| patient_local_id | 100.00% | Required | 100 | |
| patient_email | 87.10% | Required | | |
| patient_mobile_phone | 0.00% | Required | | |
| record_type | 100.00% | Required | | |

Additionally, we reviewed and validated the concepts listed below during the Enhanced Data Validation overview. We discussed the code types that IMAT is receiving from the EHR vendors within the CCDs or flat files. IMAT will continue to resolve existing data issues but are in agreement to move to Production.

| Concepts | Type, code and description |
|--------------|--|
| Diagnosis | Needs work - IMO_ProblemIT, General SNOMED codes and CPT codes |
| Procedures | Needs work - IMO_ProblemIT and general SNOMED codes |
| Labs | Needs work - IMO |
| Medications | MGPI and MDID codes |
| Allergies | Needs work - incorrect values, codes and descriptions |
| Measurements | Looks good |

What additional elements would be helpful to improve data quality?

Site Signoff Representative: [Redacted] _____ Date

IMAT Client Data Specialist: Aylla Hilton _____ 7/28/2022

IMAT Program Manager: Tricia Stewart _____ 7/28/2022

_____ Date

QRS Representative: _____ Date





Next Steps Questions/ Recommendations?

