

Chapter 3: Detailed Quality Measure Crosswalk

Purpose

To provide detailed comparisons of measure definitions, sampling methodology, and data sources for each measure across the multiple measurement systems.

Overview of Content

- Reporting period
- Measure description, definition, and look back period
- Sampling methodology
- Evidence and data sources
- Related benchmarks

Suggested Uses for This Material

- Use for training new quality improvement staff
- Use to assist in identifying quality improvement targets and priorities
- Inform the development of queries or quality reports
- Reference when answering questions for staff or providers about the differences in quality measure definitions between two measurement sets (e.g. UDS and QIP)

This final section of the toolkit includes in-depth information on each UDS clinical measure, which are contained in a spreadsheet attached as an appendix file to this toolkit. The spreadsheet organizes measures in separate tabs by category as described below.

Primary Prevention

- Cervical Cancer Screening
- Breast Cancer Screening
- Colorectal Cancer Screening
- Prenatal and Postpartum Care
- Birthweight of Infants
- Depression Screening
- Dental Sealants

Immunizations

- Childhood Immunizations
- Immunizations for Adolescents

Tertiary Prevention

- Controlling Diabetes
- Controlling High Blood Pressure
- Tobacco Screening and Cessation
- HIV Linkage to Care
- Adult Weight Assessment and Counseling

Well Child

- Child and Adolescent Weight Assessment and Counseling
- Well Child Visits 0-15 Months
- Well Child Visits Age 3-6
- Adolescent Well Care

Detailed Measure Crosswalk: How to Use the Attached Spreadsheet

A summary crosswalk of measurement sets provides an overview of alignment between measurement systems.

MEASUREMENT SYSTEMS CROSSWALK - 2020 REVISION						
Note: This crosswalk is for informational purposes only, always reference source documents for making final reporting decisions. Links Below						
Themes	Measure Name	Description	Site Review (SR)	HEDIS	PCP QIP (2020)	UDS (2019)
Primary Preventive	Cervical Cancer Screening	HEDIS: 21-64 y/o QIP: 21-64 y/o MU: CMS124v6 QIP: Family & Adult	X	X	X	X
	Breast Cancer Screening (BCS)	HEDIS: 50- 74 y/o QIP: Family & Adult	X	X	X	
	Colorectal Cancer Screening	MU: CMS130v6 QIP: Family & Adult	X	X	X	X
	Prenatal & Postpartum Care - Timeliness of prenatal care		X	X		X
	Birth Weight of Infants					X
	Depression Screening					X
	Dental Sealants					X
Immunizations	Childhood Immunization Combination 10	UDS: DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, Hep A, Rotavirus, Influenza QIP: Pediatrics & Family, DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Flu	X	X	X	X
	Immunizations for Adolescents	10-13 y/o QIP: Pediatrics & Family	X	X	X	

Provides a summary of which measures are included in each measurement system

This figure provides tips on how to use the Detailed Measure Crosswalk appendix file.

Cervical Cancer Screening	Site Review (SR)	HEDIS 2020	QIP 2020	UDS 2019
Reporting Period	Time period from previous site review to current.	January - December of the measurement year.	January - December of the measurement year.	January - December
Description	Percentage of women 21-65 years of age who are sexually active and have a cervix, that received one or more Pap tests to screen for cervical cancer. As of July 1, 2020: Women 30-65 with cytology and HPV cotesting every 5 years.	The percentage of Medi-Cal women 21 - 64 years of age who were screened for cervical cancer according to evidence-based guidelines: - Women age 21 - 64 who had cervical cytology performed every three years.	The percentage of Medi-Cal women 21 - 64 years of age who were screened for cervical cancer according to evidence-based guidelines: - Women age 21 - 64 who had cervical cytology performed every three years.	Percentage of women 21*- 64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21*- 64 who had cervical cytology performed every 3 years
Lookback Period	For a regular PAP test, the measurement year or during the 2 prior calendar years.	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (hrHPV).	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (hrHPV).	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (Pap/HPV co-testing).
Sample Size	1-3 Providers will be 10 records Providers will be 20 records Providers will be 30 records	Each measure and reporting region will begin its first year with 411 medical records being sampled. After the first year being measured, there is a table that NCCA has provided to give future required samples, based off of previous performance. Sample requests could vary from 1 to 1,500 total per site.	The entire denominator	70 charts or at least 8 population in EHR
Numerator	Routine screening for cervical cancer with PAP test is done on all women who are sexually active or 21 years old (which ever comes first) and have a cervix. As of July 1, 2020: Routine Cervical cancer screening is done on all women 21-65 years old.	The number of women in the denominator who were appropriately screened for cervical cancer according to evidence based guidelines, as identified below. o Women 24-64 who had Cervical cytology during the measurement year or the two years prior to the measurement year		Number of female patients age with one or more cancer. Appropriate by any one of the following: - Cervical cytology performed during measurement period
Denominator	Number of all female patients age 21-65 years of age assigned to the PCP office and seen within the last 3 years.	The number of continuously enrolled Medi-Cal women 24-64 years of age as of December 31, 2018 (DOB between January 1, 1954 and December 31, 1994).	The number of continuously enrolled Medi-Cal women 24-64 years of age as of December 31, 2018 (DOB between January 1, 1954 and December 31, 1994).	Number of all female years of age during the measurement year who had at least one medical visit during the reporting year.
Evidence	PAP test results in chart Documentation signed by the provider stating when PAP was done and results. • Do not count biopsies as they are considered diagnostic and therapeutic only.	<u>Women under 30 years old:</u> Administrative data or a note in the medical record indicating the date when the cervical cytology was performed and the result or finding. <u>Women 30 years old or older:</u> A note in the medical record indicating the date when the cervical cytology and the hrHPV test co-test were performed	<u>Women under 30 years old:</u> Administrative data or a note indicating the date when the cervical cytology was performed and the result or finding. <u>Women 30 years old or older:</u> A note in the medical record indicating the date when the cervical cytology and the hrHPV test co-test were performed and the results or findings. Or administrative data or a note	A patient is counted as having had a Pap test if a visit contains a related ICD-9, ICD-10, and/or CPT code or if a copy of a lab test performed by another provider is in the chart. Documentation in the medical record of a test performed outside of the health center must include the date the test was performed

Provides details on the sampling methodology for the measure

Offers tips on documentation required to meet the measure

Cervical Cancer Screening	Site Review (SR)	HEDIS 2020	QIP 2020	UDS 2019
Exclusions	Women who have had a hysterectomy and who have no residual cervix. Documentation of "complete", "total, or "radical" abdominal or vaginal hysterectomy any time during the member's history. Documentation of hysterectomy alone does not meet criteria, as it does not indicate the cervix was removed.	Women with evidence of a hysterectomy with no residual cervix , cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. The following also meet criteria: • Documentation of a "vaginal Pap smear" in conjunction with	Women with evidence of a hysterectomy with no residual cervix , cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. The following also meet criteria:	Women who have had a hysterectomy and who have no residual cervix. Look for evidence of a hysterectomy as far back as possible in the patient's history through either administrative data or medical record review. See UDS manual for Surgical Codes. NOTE: because very few health centers perform hysterectomies, the chance of the following ICD-9, ICD-10, and/or CPT codes are evidence of meeting the measurement standard: • CPT: PAP = 88141 - 88153, 88155, 88164 - 88167, 88174, 88175 CPT: HPV = 87620-87622 •ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) ICD-9-CM- 91.46, V72.32, ICD-10-CM-
CPT Codes/Other data sources	N/A	Link to Code List page	Link to Code List page	
Benchmarks	To be determined by clinical evidence at the time of the visit.	HEDIS Benchmarks	<ul style="list-style-type: none"> • Full points: 90th percentile in HEDIS benchmarks • Half points: 75th percentile or, if performance meets 50th percentile and 5% Relative Improvement 	Nat'l UDS 2014: 56.3% Nat'l UDS 2015: 56.0% Nat'l UDS 2016: 54.4% Nat'l UDS 2017: 55.7% Nat'l UDS 2018: 56.0% CA UDS 2014: 58.6% CA UDS 2015: 57.3% CA UDS 2016: 57.7% CA UDS 2017: 59.2%

Describes who should be excluded from measurement and key terms to look for in the record

Identifies specific codes to use in query reports or provides links to code lists