

## 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 or QIP 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
- Depression Remission
- Dental Sealants

#### Immunizations

- Childhood Immunizations
- Immunizations for Adolescents

**Tertiary  
Prevention**

- Diabetes Care – Retinal Eye Exam
- Diabetes Care - Controlling Diabetes
- Complete Lipid Panel
- Controlling High Blood Pressure
- Tobacco Screening and Cessation
- HIV Screening
- 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

**Medication  
Management**

- Asthma Medication Ratio
- Statin Therapy
- Ischemic-Vascular Disease

## 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 - 2021						
Note: This crosswalk is for informational purposes only, always reference source documents for making final reporting decisions. Links Below. Reference to HEDIS measures are included in this Summary tab only. More information is available through the HEIDS link below.						
Themes	Measure Name	Description	<a href="#">Site Review (SR)</a>	<a href="#">HEDIS</a>	<a href="#">PCP QIP (2021)</a>	<a href="#">UDS (2020)</a>
Primary Preventive	Cervical Cancer Screening	HEDIS: 21-64 y/o QIP: 21-64 y/o Family & Internal Medicine MU: CMS124v8	X	X	X	X
	Breast Cancer Screening	HEDIS: 50-74 y/o QIP: 50-74 y/o Family & Internal Medicine MU: CMS125v8	X	X	X	X
	Colorectal Cancer Screening	QIP: 50-75 y/o Family & Internal Medicine MU: CMS130v8	X	X	X	X
	Prenatal & Postpartum Care - Timeliness of Prenatal Care		X	X		X
	Birth Weight of Infants					X
	Depression Screening	MU: CMS2v9	X			X
	Depression Remission	MU: CMS159v8				X
Dental Sealants	MU: CMS277v0	X			X	
Immunizations	Childhood Immunization Combination 10	UDS: DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, Hep A, Rotavirus, Influenza QIP: Birth-2 y/o Pediatrics & Family DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Influenza	X	X	X	X
	Immunizations for Adolescents	QIP: 9-13 y/o Pediatrics & Family	X	X	X	
	Diabetes Care - Retinal Eye Exam	QIP: 18-75 y/o Family & Internal Medicine MU: CMS131v6		X	Monitoring Measure*	
	Diabetes Care - HbA1c Control	QIP: 18-75 y/o Family & Internal Medicine MU: CMS122v8		X	X	X
	Complete Lipid panel		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)	QIP 2021	UDS 2020
<b>Reporting Period</b>	Time period from previous site review to current. Duration of time between site reviews	January - December of the measurement year.	January - December
<b>Description</b>	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.  Women who are 21 to 64 years of age received screening for cervical cancer with cytology (PAP smear), in one of the following ways:	The percentage of assigned 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. • Women age 30 - 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five 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 - Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.  *Use age 23 for assessment due to 2-year look-back period.
<b>Lookback Period</b>	For a regular PAP test, the measurement year or during the 2 prior calendar years.  1.) 21-65 years of age, cytology every 3 years 2.) 30-65 years of age, cytology and human papillomavirus (HPV) co-testing every 5 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 (Pap/HPV co-testing).
<b>Sample Size</b>	• 1-3 Providers will be 10 records • 4-6 Providers will be 20 records • 7+ Providers will be 30 records  The sample size is dependant on the number of providers contracted at a site.	The entire denominator	70 charts or at least 80% of denominator population in EHR
<b>Numerator</b>	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 assigned women who were screened for cervical cancer any time during the measurement year.	Number of female patients 23-64 years of age with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:  - Cervical cytology performed during the measurement period or the 2 years prior for women who are at least 21 years old at the time of the test
<b>Denominator</b>	Number of all female patients age 21-65 years of age assigned to the PCP office and seen within the last 3 years.  Number of patients, pulled at random, who meet the parameters for cervical cancer screening	The number of assigned women 21-64 years of age as of December 31 of the measurement year (DOB between January 1, 1957 and December 31, 2000).	Number of all female patients age 23-64 years of age during the measurement year who had at least one medical visit during the reporting year.
<b>Evidence</b>	1.) PAP test results in chart 2.) Documentation signed by the provider stating when PAP was done and results.  • Do not count biopsies as they are considered diagnostic and therapeutic only.		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, who performed it, and the result of the finding. A chart note, which documents the name, date, and results from a test performed by another provider that is based on
<b>Exclusions</b>	1.) Women who have had a hysterectomy and who have no residual cervix. 2.) Documentation of "complete", "total", or "radical" abdominal or vaginal hysterectomy any time during the member's history. 3.) Women 66 of age, and older who had regular previous normal screenings and no longer need to continue with PAP smears.	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.  <u>PHC Important Notes -</u> • Documentation of hysterectomy alone does not meet the criteria because it does not indicate that the cervix was removed.	Women who have had a hysterectomy and who have no residual cervix or a congenital absence of 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 finding these CPT codes is small. The record may, however, contain textual reference to the procedure and

Provides details on the sampling methodology for the measure

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

Offers tips on documentation required to meet the measure