

CHCANYS Data Validation Webinar

What's New in CPCI

September 21, 2015

Azara launched a new User Interface for CPCI back in mid-July. This was a complete overhaul of the underlying technology.

- Our rationale for the change was the constraints we faced in trying to deliver new functionality and capabilities
- Our goals in delivering the new user interface were to:
 - Keep the interface crisp, clean and intuitive
 - Preserve the same functionality as previously existed
 - Give the interface a facelift of sorts with regards to look and feel
 - Deliver a small number of new features and enhancements based on your feedback

For those of you less familiar with new interface, we will be reviewing it at:

- The CPCI User Group Meeting during the CHCANYS Annual Conference
- A Training Webinar tentatively scheduled for November 6th

Functionality now exists within CPCI to allow health center to monitor and manage their Referral Management processes.

- As of mid-August, 22 health centers are in progress or completed the work to map the data points necessary to enable the Referral Management reports available in CPCI
- Through the CDC grant, CHCANYS has secured the necessary funding to complete the mapping for an additional 23 health centers in the next 9 months
- Reach out to CHCANYS to get your center in the queue!

CHCANYS and Azara have partnered with the NY AIDS Institute to enhance CPCI in the area of HIV Reporting and HIV/QUALD.

- There are currently 12 Base Measures included in CPCI subscription. These were funded with support from NYU Lutheran Family Health Centers.
- Funding from the Aids Institute has been secured for:
 - The development of 17 additional measures
 - The development of an extract process that fulfills eHIVQUAL reporting requirements, including health center ability to view data prior to extract submission to AIDS Institute
- Mapping the data required for this Extended functionality costs only \$5,400 per health center
 - This includes access to a set of extended HIV Registries

Do NOT panic! CPCI measures already consider both ICD-9 and ICD-10 diagnosis codes.

- The aggregate measures found in the user interface are already looking for ICD-10 diagnoses – we just have not been finding much to date
- On the connector side, CPCI has the ability to receive both ICD-9 and ICD-10 codes from your EHR/Practice Mgmt system
 - More recently we have seen some of you starting to use ICD-10 codes for Problem Lists and Assessments (as opposed to charges)
- Most, if not all, centers will not be converting all their historical diagnoses to ICD-10
 - The good news is that CPCI will continue to consider both ICD-9 and ICD-10 codes so conversion is not a requirement

An approved PAL from HRSA was published in June 2015 with the following major changes for UDS 2015 reporting:

- Table 4
 - The number of dually eligible Medicare and Medicaid patients is to be reported.
- Table 6b
 - Addition of an oral health measure in Section N, Dental Sealants for Children
- Table 7, Section C
 - Removal of the need to report on diabetics with an A1c between 8 and 9; All that is now required for submission is (a) A1c < 8 and (b) A1c > 9 or untested
- ICD-10 Transition
 - BPHC will make accommodations to receive 2015 UDS data drawn from both ICD-9 and ICD-10 codes

The finalized manual for 2015 came out last week!

Azara is addressing these items as follows:

- Table 4 Changes
 - Modifications to the Table 4 logic in CPCI will seek to implement in our late Fall release
- Table 6b Addition
 - The new Dental Sealant measure was included in our release this past weekend
- Table 7, Section C Changes
 - As was done with the 2014 changes, Azara will leave all the more detailed breakouts in place to allow centers to look at a greater set of detail which can then be easily added together at the time of submission
- ICD-10 Transition
 - HRSA has informed us that they are adding language to the 2015 manual which will allow for the use of standardized code sets
 - Azara is adopting the ICD-10 code sets from the Value Set Authority Center (VSAC) that maintains the codes for the Meaningful Use CQMs

In addition to changes to support UDS 2015, Azara is also:

- Updating diagnosis code sets for Table 6b and 7 clinical measures
 - Continuing to align diagnosis codes with the Meaningful Use value sets
- Updating the Adult Weight Screening and Follow-up measure
 - Allowing for the 'follow-up' to occur at or within the 6 months prior to the recording of an out of range BMI as opposed to at or before the most recent UDS qualifying visit
 - We have found evidence of BMI being recorded at non-qualifying visits
- Modified the CAD Lipid Lowering measure
 - Looking for the LDL exclusion criteria over the last 5 years as opposed to within the last year
- Modified the Depression Screening measure
 - Exclusion criteria checks for the first instance of a depression or bipolar diagnosis as opposed to the most recent diagnosis
- Investigating potential change to Tobacco measure
 - Seeking to align with analogous MU / NQF measure which checks for the most recent tobacco status in the past 2 years as opposed to any positive status in the last 2 years