Instructions

The Data Governance and HEDIS Reporting Assessment will help your practice assess your current data governance processes and work towards producing HEDIS-like key performance indicators (KPIs) for your practice's population of focus. The assessment is comprised of two parts:

- Part 1: Data Governance
- Part 2: HEDIS Reporting

Each part is accompanied by a tailored set of instructions that includes a recommendation for what staff member roles should participate in completing the questions. Regardless of the number of staff members involved, your practice will only submit one completed, two-part assessment.

For Part 1, please note there are two versions. Option 1 is for community health centers, health systems, or tribal health centers. Option 2 is for independent practices.

For Part 2, please note that your practice should complete the questions on general HEDIS reporting capabilities and the population of focus HEDIS reporting capabilities questions for your selected population of focus only.

Population Health Learning Center
Data to Enable PHM, Milestone 1
Data Governance and HEDIS Reporting Assessment Deliverable Template

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Part 1: Instructions for Data Governance Questions

These questions are designed to help your practice better understand your existing data capabilities and where there are opportunities to improve data governance.

Please select the option that best describes your practice's current capabilities for each component of data governance. The results of the self-assessment can be used to inform changes to your data governance policy and procedure (a separate deliverable for this milestone) that will help your practice effectively manage data for population health.

These questions should be completed by a group of practice leaders representing key clinical, IT, and administrative staff. For small practices, at least two staff members should participate in completing this assessment. Respondents are encouraged to take notes during their discussion for future reference.

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Option 1: For Community Health Centers, Health Systems, or Tribal Health Centers

Part 1 Completed By	
Name	**Role**

1.   Component: Governance Structure

The first step in good data governance is having a structure in place. This could be a group or committee with representatives from key clinical and administrative roles that meet regularly and oversee how data is managed. The size and scope of this group will vary by practice but should include decision-makers in the areas of operations, such as front desk administration, clinicians, quality, and IT support. Larger practices will require a more nuanced approach to governance than smaller practices due to their size and complexity of services. Organizations may evolve from having no formal governance to working with a committee that includes key representatives from both internal and external collaborative, data-sharing partners.

Question	Options
Which of the options best describes your practice's existing governance structure?	○ No Formal Governance ○ Internal committee established but roles not well-defined ○ Internal committee with representation from all key internal areas and clear accountabilities ○ Committee expanded to include external stakeholders and workgroups

2. Component: Data Stewardship and Change Management

Data Stewardship and Change Management consist of protocols for evaluating internal or external changes, such as system upgrades or changes to HEDIS measure specifications, troubleshooting issues with technology vendors, user acceptance testing, and communicating changes to impacted parties. This also includes developing trainings or tip sheets to help impacted users adjust their processes and provide oversight to ensure that changes are understood and adopted.

Practices will often begin with no formal processes or protocols for managing data and reacting to issues as they arise. Over time, practices can evolve to be more proactive, establishing robust protocols for change management and processes in place to ensure data is accurate both internally and when shared with community partners.

Question	Options
Which of the options best describes your practice's current approach to data stewardship and change management?	○ No formal process to define data, manage changes, or ensure data accuracy ○ Data may not be well-defined; best practices may be known but inconsistently applied; feedback and oversight are inconsistent ○ Data are defined and mapped; best practices are documented for key workflows and there is feedback to address variation ○ Robust change management ensures data quality and reporting accuracy which is used to improve quality scores and efficiency

3. Component: Decision-Making

Good Data Governance ensures that there are appropriate channels for collaborative decision-making so that key people are involved and informed, decisions are properly evaluated, there is a process for prioritization, alternatives are explored when appropriate, and decisions are documented for future reference. This is especially important where multiple parties or data-sharing partners are involved. Practices that are fundamental, independent,

and reactionary in decision-making will find it difficult to improve quality. Practices that evolve to a more collaborative, and proactive decision-making model will save time and be able to quickly make decisions around data to improve quality.

Question	Options
Which of the options best describes your practice's current approach to decision-making?	o Leadership makes most decisions without a formal process or input o Decision-making processes exist but may be siloed or reactive in response to issues o Clearly defined, effective, internal collaborative decision-making processes o Well-defined decision-making processes engage external partners frequently to align community data strategy

4. Component: Communication and Escalation

Communication is key to ensuring people are using technology in an effective and meaningful way. Escalation happens when there is frustration, or worse, no communication. Practices' communications may initially be independent and reactive, but it often becomes clear that a more comprehensive model is necessary. A clear communication and escalation path clarifies expectations and how issues will be identified and disseminated across stakeholders. It sets standards for turnaround time and resolution via service level agreements (SLAs) and identifies who should be notified next if SLAs are not met. This communication and escalation path also applies to external audiences like patients and community partners, enabling them to appreciate how this collaborative, proactive strategy improves care.

Question	Options
Which of the options best describes your practice's current approach to communication and escalation?	o Basic ad hoc notification (e.g., system outages, upgrades) o Clear process to report data issues, understand status, and communicate back to staff o Service Level Agreements (SLAs) drive issue reporting, resolution, escalation, and communication o SLAs used consistently across internal and external systems

5. Component: Engagement

Engaging clinicians and staff who use the systems daily is key to good data governance. Practices will often make uninformed decisions that do not work for their environment because of a failure to engage the proper end users in discussions with technology vendors. Vendors will often provide ways for practice end users or "Super Users" to be involved in shaping their product roadmap or understanding new functionality. It is important to identify who from the practice will engage with vendors and how that information is communicated back to appropriate staff for feedback or action. Practices that engage with their vendors can take a more proactive and collaborative approach to their work, ultimately saving time and avoiding workarounds.

Question	Options
Which of the options best describes how your practice engages people in data and technology activities and decisions?	o Clinicians and staff are informed once decisions or changes have been made o Lead clinicians and staff Super Users are engaged ad hoc prior to making decisions or changes o Super Users are consistently engaged in decision-making, testing/training, and operationalizing changes o Super Users, managed care plans, and community partners are continuously and proactively engaged in optimization

6. Component: Expertise and Staffing

It is a mistake to leave IT governance to only IT staff! While they are an important part of a governance committee, they are not operational or clinical users of the systems and do not interact with patients. Data governance needs to outline who should be involved to ensure adequate engagement and define the role of vendors and IT support as it relates to ever-evolving technical and operational requirements. Practices can achieve sustained improvements by leveraging the expertise of clinicians, staff, and external data partners to collaborate and proactively define a vision for success.

Question	Options
Which of the options best describes your practice's expertise and staffing as it relates to data and technology?	o Little internal expertise to manage systems/mostly rely on vendors o IT team has general expertise and partners with vendors to manage systems and enhancements o IT team partners with Super Users to manage and enhance system functionality o Governance committee sets vision for systems; IT sets technical standards and manages systems and enhancements

Option 2: For Independent Practices

Part 1 Completed By	
Name	**Role**

1. Component: Governance Structure

The first step in good data governance is having a structure in place. This could be a group or committee with representatives from key clinical and administrative roles that meet regularly and oversee how data is managed. The size and scope of this group will vary by practice but should include decision-makers in the areas of operations, such as front desk administration, clinicians, quality, and IT support. Practices may evolve from having no formal governance to working with a committee that includes key representatives from both internal and external collaborative, data-sharing partners.

Question	Options
Which of the options best describes your practice's existing governance structure?	o No Formal Governance o Internal committee established with defined roles o Committee expanded to include external stakeholders

2. Component: Data Stewardship and Change Management

Data Stewardship and Change Management consists of protocols for evaluating internal or external changes, such as system upgrades or changes to HEDIS measure specifications, troubleshooting issues with technology vendors, user acceptance testing, and communicating changes to impacted parties. This also includes developing trainings or tip sheets to help impacted users adjust their processes and provide oversight to ensure that changes are understood and adopted.

Practices will often begin with no formal processes or protocols for managing data and reacting to issues as they arise. Over time, practices can evolve to be more proactive, establishing robust protocols for change management and putting processes in place to ensure data is accurate both internally and when shared with community partners.

Question	Options
Which of the options best describes your practice's current approach to data stewardship and change management?	o No formal process to define data, manage change, or ensure data accuracy o Data may not be well-defined; best practices may be known but inconsistently applied; feedback and oversight are inconsistent o Robust change management ensures data standards are adhered to, and reports are accurate

3. Component: Decision-Making

Good Data Governance ensures that there are appropriate channels for collaborative decision-making so that key staff are involved and informed, decisions are properly evaluated, there is a process for prioritization, alternatives are explored when appropriate, and decisions are documented for future reference. This is especially important where multiple parties or data-sharing partners are involved. Practices that are fundamental, independent, and reactionary in decision-making will find it difficult to improve quality. Practices that evolve to a more collaborative and proactive decision-making model will save time and be able to quickly make decisions around data to improve quality.

Question	Options
Which of the options best describes your practice's current approach to decision-making?	o Leadership makes most decisions without a formal process or input o Clearly defined, effective, internal collaborative decision-making processes o Well-defined decision-making processes engage external partners frequently to align community data strategy

4. Component: Communication and Escalation

Communication is key to ensuring people are using technology in an effective and meaningful way. Escalation happens when there is frustration, or worse, no communication. Practices' communications may initially be independent and reactive, but it often becomes clear that a more comprehensive model is necessary. A clear communication and escalation path clarifies expectations and how issues will be identified and disseminated across stakeholders. It sets standards for turnaround time and resolution via service level agreements (SLAs) and identifies who should be notified next if SLAs

are not met. This communication and escalation path also applies to external audiences like patients and community partners, enabling them to appreciate how this collaborative, proactive strategy improves care.

Question	Options
Which of the options best describes your practice's current approach to communication and escalation?	o Basic ad hoc notification (e.g. system outages, upgrades) o Clear process to report data issues, understand status, and communicate back to staff o Service Level Agreements (SLAs) drive issue reporting, resolution, escalation, and communication (internal and external)

5. **Component: Engagement**

Engaging clinicians and staff who use the systems daily is key to good data governance. Practices will often make decisions that do not work for their environment because the proper end users are not engaged in discussions with technology vendors. Vendors will often provide ways for practice end users or "Super Users" to be involved in shaping their product roadmap or understanding new functionality. It is important to identify who from the practice will engage with vendors and how that information is communicated back to appropriate staff for feedback or action. Practices that engage with their vendors can take a more proactive and collaborative approach to their work, ultimately saving time and avoiding workarounds.

Question	Options
Which of the options best describes how your practice engages people in data and technology activities and decisions?	o Clinicians and staff are informed once decisions or changes have been made o Lead clinicians and staff Super Users are engaged in decision-making, upgrades, and ongoing training o Super Users, Managed Care Plans and community partners are continuously and proactively engaged in optimization

6. Component: Expertise and Staffing

It is a mistake to leave IT governance to only IT staff! While they are an important part of a governance committee, they are not operational or clinical users of the systems and do not interact with patients. Data governance needs to outline who should be involved to ensure adequate engagement and define the role of vendors and IT support as it relates to ever-evolving technical and operational requirements. Practices can achieve sustained improvements by leveraging the expertise of clinicians, staff, and external data partners to collaborate and proactively define a vision for success.

Question	Options
Which of the options best describes your practice's expertise and staffing as it relates to data and technology?	o Little internal expertise to manage systems/mostly rely on vendors o IT team has general expertise and partners with vendors to manage systems o IT team partners with governance committee to manage and enhance system functionality and integration

> **Part 2: Instructions for HEDIS-Like Data Questions**
>
> These questions will help you evaluate how HEDIS data is captured and used within your practice and can help your practice pinpoint data gaps and inefficient processes. Your practice should complete the questions on general HEDIS reporting capabilities and the population of focus HEDIS reporting capabilities questions for your selected population of focus only.
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> For each question, please select the tools or sources of data used and evaluate the efficiency of the process.
>
> - **For the Tools column:** Please select all tools that your practice utilizes. If your practice does not currently do this process, please select, "We do not do this."
>
> - **For the Process Efficiency column:** Please select the efficiency that most closely matches your current process. If your practice does not currently do this process, please select, "We do not do this."
>
> These questions should be completed by a group of care team representatives (i.e., providers, clinical support staff) and representatives from Quality, IT, or Operations departments that play a key role in improving the quality of care. For small practices, at least two staff members should participate in completing this assessment. Any data gaps or opportunities to automate processes should be noted as they may be addressed as part of the data implementation plan (Data to Enable PHM milestone 2).

Part 2 Completed By	
Name	**Role**

General HEDIS Reporting Capabilities

Question	Tools (Multi select)	Process Efficiency (single select)
How do you identify gaps in care that need to be addressed at an upcoming visit?	○ EHR/PHM System ○ Internal Spreadsheets ○ MCP Gaps in Care List	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry

Question	Tools (Multi select)	Process Efficiency (single select)
	o Paper Report o Other o We do not do this	o We do not do this
How do you identify and reconcile discrepancies between gaps in care reports from MCPs and care gaps tracked in your systems?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you identify and flag patients that are excluded from a HEDIS measure based on past medical history and/or because they are receiving palliative or hospice care?	o EHR o PHM System o QHIO Portal o Excel File/Spreadsheets o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you stratify HEDIS performance based on race and ethnicity?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you stratify HEDIS performance based on language?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you stratify HEDIS performance based on sexual orientation and gender identity?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you stratify HEDIS performance based on patients participating in Enhanced Care Management (ECM)?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry

Question	Tools (Multi select)	Process Efficiency (single select)
	o Other o We do not do this	o We do not do this
How do you stratify HEDIS performance based on patients who are receiving additional services for behavioral health?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
How do you stratify HEDIS performance based on patients who are receiving additional services for social health?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Population of Focus HEDIS Reporting Capabilities (Complete for Population of Focus Only)

Population of Focus: Pregnant People

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Timeliness of Prenatal Care (PPC)	How are you alerted when a newly assigned patient is pregnant?	o Automated Member Roster System o EHR/PHM System o QHIO Portal o MCP Gaps in Care List o Paper Report o Phone Call/Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Timeliness of Prenatal Care (PPC)	How do you identify a patient who needs or is receiving doula services?	o Automated Member Roster System o EHR/PHM System o QHIO Portal o Excel File/Spreadsheets o Paper Report o Phone Call/Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Care (PPC)	How are you alerted when a patient assigned to you delivers?	o Automated Member Roster System o EHR/PHM System o QHIO Portal o Excel File/Spreadsheets o MCP Gaps in Care List o Paper Report o Phone Call/Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Care (PPC)	How do you track the number of days after delivery to ensure a postpartum	o EHR/PHM System o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
	visit occurs within 7 and 84 days after delivery?		
Postpartum Care (PPC)	How do you track outreach you've done to patients who need prenatal or postpartum care?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Care (PPC)	How do you verify the correct diagnosis and billing codes have been included on a claim for a PPC visit?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Depression Screening (PDS-E)	How do you administer postpartum depression screenings, such as the Edinburgh Postnatal Depression Scale (EPDS)?	o Electronic Screening Embedded in EHR o Electronic Screening External to EHR o Paper Screening o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Depression Screening (PDS-E)	How do you document the results from post-partum depression screenings?	o EHR Drop-Down or Selection o EHR Free Text o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Postpartum Depression Screening (PDS-E)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) associated with the depression screening are sent to the Managed Care Plan (MCP)?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

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Population of Focus: Children and Youth

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Childhood Immunization Status (CIS)	How do you identify and reconcile duplicate patient charts when using registries such as CAIR2 or RIDE?	o Immunization Registry o EHR/PHM System o Excel File/Spreadsheets o Phone Call/Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Childhood Immunization Status (CIS)	How do you document when a patient/caregiver refuses a vaccine?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Phone Call/Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Childhood Immunization Status (CIS)	How do you track which vaccines a patient is due for?	o Immunization Registry o EHR/PHM System o MCP Gaps in Care List o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Well Child Visits in First 30 Months (W30)	How do you identify if a patient is at risk of not completing 6 well child visits before 15 months or 2 visits between 15 and 30 months?	o EHR/PHM System o MCP Gaps in Care List o Excel File/Spreadsheets o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Well Child Visits in First 30 Months (W30)/ Well-Child Visits (WCV)	How do you track the scheduling of future well-child visit appointments?	o EHR/PHM System o MCP Gaps in Care List o Excel File/Spreadsheets o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Well Child Visits in First 30 Months (W30)/Well-Child Visits (WCV)	How do you identify sick visit appointments that could be turned into well-child visits?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Verbal Communication o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Well Child Visits in First 30 Months (W30)/Well-Child Visits (WCV)	How do you verify the correct diagnosis and billing codes have been included on a claim for a well-child visit?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you administer depression screenings, such as the Patient Health Questionnaire (PHQ-9)?	o Electronic Screening Embedded in EHR o Electronic Screening External to EHR o Paper Screening o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you document the results from depression screenings?	o EHR Drop-Down or Selection o EHR Free Text o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) associated with the depression screening are sent to the Managed Care Plan (MCP)?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Population of Focus: Adult Preventative

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Breast Cancer Screening (BCS)	How do you determine if a patient is due for a breast cancer screening?	o EHR/PHM System o QHIO Portal o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Breast Cancer Screening (BCS)	How do you track/follow-up with patients with outstanding orders for breast screening (i.e., ordered but not completed)?	o EHR/PHM System o QHIO Portal o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Breast Cancer Screening (BCS)	How do you identify/track patients who qualify for the breast screening measure but should be excluded (i.e., history of bilateral mastectomy)?	o EHR/PHM System o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Breast Cancer Screening (BCS)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC), or billing codes associated with the screening are sent to the Managed Care Plan (MCP)?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Cervical Cancer Screening (CCS)	How do you determine if a patient needs a cervical cancer screening?	o EHR/PHM System o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Cervical Cancer Screening (CCS)	How do you track/follow-up with patients with outstanding orders for a cervical cancer screening (i.e., ordered but not completed)?	○ EHR/PHM System ○ QHIO Portal ○ Excel File/Spreadsheets ○ MCP Gaps in Care List ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Cervical Cancer Screening (CCS)	How do you identify/track patients who qualify for the cervical cancer screening measure but should be excluded (i.e., absence of cervix)?	○ EHR/PHM System ○ Excel File/Spreadsheets ○ MCP Gaps in Care List ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Cervical Cancer Screening (CCS)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) or billing codes associated with the screening are sent to the Managed Care Plan (MCP)?	○ EHR/Billing System ○ Excel File/Spreadsheets ○ Paper Superbill ○ MCP Gaps in Care List ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Colorectal Cancer Screening (COL)	How do you determine if a patient is due for a colorectal cancer screening?	○ EHR/PHM System ○ QHIO Portal ○ Excel File/Spreadsheets ○ MCP Gaps in Care List ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Colorectal Cancer Screening (COL)	How do you track/follow-up with patients with outstanding orders for a colorectal cancer screening (i.e., ordered but not completed)?	○ EHR/PHM System ○ QHIO Portal ○ Excel File/Spreadsheets ○ MCP Gaps in Care List ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Colorectal Cancer Screening (COL)	How do you determine if a patient should be offered an at-home Fecal immunochemical test (FIT) in lieu of a colonoscopy?	o EHR/PHM System o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Colorectal Cancer Screening (COL)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) or billing codes associated with the screening are sent to the Managed Care Plan (MCP)?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you administer depression screenings, such as the Patient Health Questionnaire (PHQ-9)?	o Electronic Screening Embedded in EHR o Electronic Screening External to EHR o Paper Screening o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you document the results from depression screenings?	o EHR Drop-Down or Selection o EHR Free Text o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) associated with the depression screening are sent to the MCP?	o EHR/Billing System o Excel File/Spreadsheets o Paper Superbill o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

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Population of Focus: Adult Chronic Care

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Controlling High Blood Pressure (CBP)	How do you ensure that a patient with hypertension has a blood pressure captured at every visit?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Controlling High Blood Pressure (CBP)	How do you capture Current Procedural Terminology II (CPT-II) codes associated with the systolic and diastolic blood pressure ranges?	o EHR System o Billing/PHM System o Excel File/Spreadsheets o Paper Superbill o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Controlling High Blood Pressure (CBP)	How do you verify the correct CPT-II codes associated with the blood pressure reading are sent to the Managed Care Plan (MCP)?	o EHR System o Billing/PHM System o Excel File/Spreadsheets o Paper Superbill o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Glycemic Status Assessment for Patients with Diabetes (GSD)	How do you determine if a patient with diabetes needs a new order for a Hemoglobin A1c (HbA1c) test or should report glucose management indicator (GMI)?	o EHR/PHM System o QHIO Portal o MCP Gaps in Care List o Excel File/Spreadsheets o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Glycemic Status Assessment for Patients with Diabetes (GSD)	How do you capture CPT-II codes associated with the HbA1C result ranges?	o EHR System o Billing/PHM System o Excel File/Spreadsheets o Paper Superbill o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Glycemic Status Assessment for Patients with Diabetes (GSD)	How do you verify the correct CPT-II codes associated with the HbA1C result ranges are sent to the MCP?	o EHR System o Billing/PHM System o Excel File/Spreadsheets o Paper Superbill o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you administer depression screenings, such as the Patient Health Questionnaire (PHQ-9)?	o Electronic Screening Embedded in EHR o Electronic Screening External to EHR o Paper Screening o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you document the results from depression screenings?	o EHR Drop Down/Selection o EHR Free Text o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) associated with the depression screening are sent to the MCP?	o EHR/Billing System o Excel File/Spreadsheets o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Population of Focus: Behavioral Health

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Depression Screening (DSF)	How do you administer depression screenings, such as the Patient Health Questionnaire (PHQ-9)?	o Electronic Screening Embedded in EHR o Electronic Screening External to EHR o Paper Screening o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you document the results from depression screenings?	o EHR Drop Down/Selection o EHR Free Text o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Screening (DSF)	How do you verify the correct Logical Observation Identifiers Names and Codes (LOINC) associated with the depression screening are sent to the Managed Care Plan (MCP)?	o EHR/Billing System o Excel File/Spreadsheets o Paper Report o MCP Gaps in Care List o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Remission or Response (DRR)	How do you identify patients that will need to receive a follow-up PHQ-9 screening?	o EHR/PHM System o MCP Gaps in Care List o Excel File/Spreadsheets o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this
Depression Remission or Response (DRR)	How do you monitor the efficacy of depression treatments?	o EHR/PHM System o Excel File/Spreadsheets o Paper Report o Other o We do not do this	o Fully Automated o Part Automated/Part Manual Entry o Manual Entry o We do not do this

Measure	Question	Tools (Multi select)	Process Efficiency (single select)
Pharmacotherapy for Opioid Use Disorder (POD)	How do you identify patients assigned to you with opioid use disorder?	○ EHR/PHM System ○ Excel File/Spreadsheets ○ MCP Gaps in Care List ○ Paper Report ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Pharmacotherapy for Opioid Use Disorder (POD)	How do you reconcile previous medications or medications ordered by another provider for patients assigned to you?	○ EHR/PHM System ○ QHIO Portal ○ MCP Gaps in Care List ○ Email ○ Paper Report ○ Phone Call/Verbal Communication ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this
Pharmacotherapy for Opioid Use Disorder (POD)	How do you monitor medication dispensing events for patients with opioid use disorder?	○ EHR/PHM System ○ QHIO Portal ○ MCP Gaps in Care List ○ Email ○ Paper Report ○ Phone Call/Verbal Communication ○ Other ○ We do not do this	○ Fully Automated ○ Part Automated/Part Manual Entry ○ Manual Entry ○ We do not do this