From:	Jackie Wilkerson
To:	Duplantier, Daniel (HRSA)
Cc:	Balu Balasubramanyam (balu@mitre.org)
Subject:	UDS 2020 Feedback - NextGen Healthcare
Date:	Monday, August 12, 2019 3:57:06 PM
Attachments:	UDS 2020 Feedback - NextGen Healthcare.pdf

Hi Daniel,

I just wanted to let you know that I just submitted feedback for UDS 2020 measures. NextGen facilitated focus groups with several health centers to consolidate their feedback. Would it be possible for us to discuss this feedback at our meeting on Saturday?

Thank you,
Jackie

-----Original Message-----
From: Health Center Program Support [mailto:healthcentersupport@hrsa.gov]
Sent: Monday, August 12, 2019 2:42 PM
To: Jackie Wilkerson <jxallen@nextgen.com>
Subject: HCPS: Your service request Case # 00901493 (ref:_00Di0bMPM._500t0L6eCj:ref)

[EXTERNAL]

Hello,

Thank you for contacting Health Center Program Support (HCPS). Your service request is important to us. We will address your request as quickly as possible.

Your service request ticket number is 00901493.

Please refer to this number when contacting us about this request.The details of the issue or question you submitted are as follows:

To whom it may concern,

With the many proposed changes to the 2020 UDS requirements, the UDS team at NextGen Healthcare felt that it was important to analyze the impact of the new clinical measures for our client base. The purpose of this letter is to communicate our findings to BPHC. The findings and opinions do not reflect NextGen's beliefs - we are purely facilitating feedback from our clients to the bureau.

Our team conducted a two-part focus group to review each of the new clinical quality measures. The focus group consisted of representatives from 16 different health centers, with a diverse mix of roles, including medical directors, quality improvement staff, EHR analysts, office managers and other resources.

In the focus group, we evaluated each new clinical quality measure in 3 areas:
* Is the measure important to Community Health Center practice?
* Is the measure important to track via UDS?
* Is the measure documentation workflow easily achieved or burdensome?

Below is the analysis of each measure:

Diabetic Eye Exam:
* The group expressed no concerns with adopting this measure in 2020.

* This measure is applicable to CHC practices.
* The measure is important to track via UDS.
* The workflow would be easily adopted for most of our participants.

Diabetic Foot Exam:
* The group expressed no concerns with adopting this measure in 2020.
* This measure is applicable to CHC practices.
* The measure is important to track via UDS.
* The workflow would be easily adopted for most of our participants.

Medical Attention for Nephropathy:
* The group expressed no concerns with adopting this measure in 2020.
* This measure is applicable to CHC practices.
* The measure is important to track via UDS.
* The workflow would be easily adopted for most of our participants.

Breast Cancer Screening:
* The group expressed no concerns with adopting this measure in 2020.
* This measure is applicable to CHC practices.
* The measure is important to track via UDS.
* The workflow would be easily adopted for most of our participants.
o There will need to be some configuration to backfill LOINC codes for past mammograms, but this easily implemented to meet this need.

Depression Remission:
* Most of the participants felt this measure is problematic for CHC practices. Some of the concerns included:
o Patients can achieve remission before the follow-up timeframe, and therefore will not be indicated for an additional screening for another year. For example, if a patient scored negative on a PHQ-9 six months after the index event, the patient would not be due for another depression screening until 18 months after the index event.
o It is difficult to bring patients back in for a rescreening within the short timeframe after the index event. This requires tracking the positive screened patients, which is not easily achievable in NextGen EHR. This requires true population health software, which the majority of our participants do not have.
o The follow-up screening period happens near the annual anniversary of the index event. This can affect the patient's achievement of remission, particularly in the case where the patient previously achieved remission, but then decline due the annual anniversary of the event.
* Most participants feel that measure is problematic and they would not like to track this via UDS
* The workflow for documenting PHQ9 is easily adopted and is already being performed for the depression screening measure

Dental Care by Primary Care Physicians and Dentists:
* Most of the participants felt this measure is important, but difficult to implement in a primary care setting.
o None of the participants currently apply fluoride varnish in their primary care practices.
o Many were worried about the costs associated with implementation in primary care, including training for providers on how to apply the fluoride varnish.
o Implementing this measure would require major changes to primary care workflow.
o A few participants felt that the age group is too wide - one suggested that there is not as strong evidence for fluoride varnish above the age of 6.
* Participants do not feel this measure is important to track via UDS.
* The workflow in the NextGen EHR is cumbersome and not easily documented. The workflow could be easily tracked if CPT/CDT codes were used, but actual documentation in the medical record would be difficult.

HIV Screening
* This measure seemed to be split among the participants. Several participant protocols already include a lifetime HIV screening, while others did not screen unless indicated. While some health centers heavily favored this measure, about half had concerns:
o Confidentiality was a concern with pediatric patients - 2 health centers who routinely screen for HIV did not

perform on patients under the age of 18 for confidentiality reasons.
o Many felt that self-pay patients would be unwilling pay for an HIV screening. Others had concerns with insurance denials, particularly in cases of older patients.
o There were concerns about patient willingness to consent for screening, and felt that many patients would decline the screening. There is no exclusion for patients who decline screening.
o For some participants felt that this measure is important to track via UDS, where others felt that it should not be tracked.
* The workflow would be easily adopted within the NextGen EHR.

We hope that you will consider the feedback NextGen Healthcare has received. For any questions about the focus group or analysis, please contact Jackie Wilkerson at jxallen@nextgen.com.

Thank you,
Jackie Wilkerson
Clinical Systems Consultant, NextGen Healthcare

Thank you,

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