

Preventive Care Bonus Cervical Cancer Screening

OntarioMD i4C Dashboard Indicator

For more information regarding OntarioMD Indicators or the EMR i4C Dashboard Specification, please refer to:

<https://www.ontariomd.ca/emr-certification/emr-specification/ontariomd-indicator-library>

1. VERSION HISTORY

| INDICATOR VERSION | PUBLICATION DATE | REMARKS |
|-------------------|------------------|--|
| 1.0 | 2019-02-18 | <ul style="list-style-type: none"> Initial release |
| 2.0 | 2019-07-09 | <ul style="list-style-type: none"> Added Indicator ID, Indicator Segment ID and Display Indicator Segment properties Changed format and content of Indicator User Help Changed format of Source property Indicator Segment IDs re-sequenced to provide consistency across indicators Indicator Segment Query Criteria clarifies that query result from a segment should produce a count of patients |

2. INDICATOR DEFINITION

2.1 Indicator Properties

| PROPERTY | VALUE |
|-------------------|---|
| Indicator ID | CARE-BNS-002 |
| Indicator Name | Preventive Care Bonus Cervical Cancer Screening |
| Indicator Version | 2.0 |
| Date Published | 2019-07-09 |
| Description | <p>Purpose:</p> <p>This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus.</p> <p>Base Population:</p> <p>All rostered female patients who are between ages 21 and 69, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening.</p> <p>Indicator Segments:</p> <p>Indicator segments provide counts of patients who are up to date for screening as of March 31 of the relevant fiscal year and patients who are overdue for screening as of March 31.</p> <p>Suggested Indicator Use:</p> <p>Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.</p> |

| PROPERTY | VALUE |
|-------------------------|--|
| | Measurements of Interest: Percentage of patients with screening up to date out of the base population. |
| Source | MOHLTC |
| Source Description | Cumulative Preventive Care Enhancement Codes |
| Status | Active |
| Category | Care Bonus |
| Subcategory | Care Bonus |
| Indicator Order | 2 |
| Indicator Graphic Type | Pie Chart, Bar Chart |
| Indicator Graphic Notes | |
| Indicator User Help | <p>Preventive Care Bonus: Cervical Cancer Screening</p> <p>Purpose: This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus.</p> <p>Base Population: All rostered female patients who are between ages 21 and 69, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening.</p> |

| PROPERTY | VALUE |
|----------|---|
| | <p>Indicator Segments:</p> <p>Indicator segments provide counts of patients who are up to date for screening as of March 31 of the relevant fiscal year and patients who are overdue for screening as of March 31.</p> <p>Suggested Indicator Use:</p> <p>Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.</p> <p>Measurements of Interest:</p> <p>Percentage of patients with screening up to date out of the base population.</p> <p>Excluded Patients:</p> <p>Patients WITH a Q140A service code billed OR WITH any of the following diagnoses documented as text:</p> <ul style="list-style-type: none"> • hysterectomy • hysterosal • Cervical Ca • TVH • TABH • TAH <p>OR WITH any of the following diagnoses coded:</p> <ul style="list-style-type: none"> • V45.77: Acquired absence of organ, genital organs (ICD-9) • 68.3: Subtotal Abdominal Hysterectomy (ICD-9) • 68.4: Total Abdominal Hysterectomy (ICD-9) • 68.5: Vaginal Hysterectomy (ICD-9) • 68.6: Radical Abdominal Hysterectomy (ICD-9) • 68.7: Vaginal Hysterectomy (ICD-9) • 68.8: Pelvic Evisceration (ICD-9) • 68.9: Other and Unspecified Hysterectomy (ICD-9) |

| PROPERTY | VALUE |
|----------|---|
| | <p><u>Screening overdue</u>¹: Patients WITHOUT a pap smear report documented or a Q011A tracking code billed in the past 42 months prior to March 31 of the fiscal year for which the bonus is being collected, who are NOT Excluded.</p> <p><u>Screening up to date</u>²: Patients WITH a pap smear report documented or a Q011A tracking code billed in the past 42 months prior to March 31 of the fiscal year for which the bonus is being collected, who are NOT excluded.</p> |

¹ Optional: Implementer may include EMR-specific information on the workflow for documenting Pap tests.

² Optional: Implementer may include EMR-specific information on the workflow for documenting Pap tests.

2.2 Indicator Segment Properties

| PROPERTY | VALUE | VALUE |
|----------------------------------|---|---|
| Indicator Segment ID | 1 | 2 |
| Indicator Segment Label | Screening up to date | Screening Overdue |
| Display Indicator Segment | Yes | Yes |
| Indicator Segment Query Criteria | <p>COUNT OF:</p> <p>Active, rostered patients, female, age 21-69 inclusive as of March 31 of the current fiscal year</p> <p>AND WITHOUT a documented pap exclusion</p> <p>AND WITH a documented pap test in the last 42 months inclusive prior to March 31 of the current fiscal year</p> | <p>COUNT OF:</p> <p>Active, rostered patients, female, age 21-69 inclusive as of March 31 of the current fiscal year</p> <p>AND WITHOUT a documented pap exclusion</p> <p>AND WITHOUT a documented pap test in the last 42 months inclusive prior to March 31 of the current fiscal year</p> |
| Indicator Segment Query Notes | <p>Active Patients are patients identified as 'Active' in the <i>Patient Status data</i> element (DE01.016) within <i>Patient Demographics</i>.</p> <p>Rostered Patients are patients identified as 'Enrolled' in the <i>Enrollment Status data</i> element (DE01.019) within <i>Patient Demographics</i>.</p> <p>Female Patients are patients identified as 'F' or 'Female' in the <i>Gender</i> data element (DE01.006) within <i>Patient Demographics</i>.</p> <p>Patient Age can be calculated based on the difference between March 31 of the <i>current fiscal year</i> and the patient's date of birth captured in the <i>Date of Birth</i> data element (DE01.007) within <i>Patient Demographics</i></p> | |

| PROPERTY | VALUE | VALUE |
|----------|--|-------|
| | <p>Current Fiscal Year:</p> <p>IF current date <= March 31, THEN the fiscal year starts April 1 of the previous calendar year and ends March 31 of the current calendar year</p> <p>ELSE fiscal year starts April 1 of the current calendar year and ends March 31 of the next calendar year</p> <p>Pap Exclusion can be documented as:</p> <p>A Q140A Service Code that has been billed for the patient</p> <p>OR</p> <p>Any of the following coded diagnoses captured in the <i>Diagnosis/Problem</i> data element (DE06.004) within <i>Ongoing Health</i>: V45.77, 68.3, 68.4, 68.5, 68.6, 68.7, 68.8, or 68.9 (ICD-9 Coding System)</p> <p>OR</p> <p>Any of the following text diagnoses or problems captured in the <i>Diagnosis/Problem</i> data element within <i>Ongoing Health</i> (DE06.004) or <i>Past Medical & Surgical</i> (DE07.004): "hysterectomy", "hysterosal", "Cervical Ca", "TVH", "TABH", or "TAH"</p> <p>OR</p> <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR.</p> <p>Pap Test can be documented as:</p> <p>A Q011A Tracking Code that has been billed for the patient</p> <p>OR</p> <p>A report received from a sending facility identifying a Pap test has been completed either by report name, report categorization or report content</p> <p>OR</p> <p>A pap test captured in the <i>Procedure</i> data element (DE07.006) within <i>Past Medical & Surgical</i></p> <p>OR</p> | |

| PROPERTY | VALUE | VALUE |
|-----------------------|--|---|
| | Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR. | |
| Patient List Criteria | <p>Mandatory</p> <p>Patient Name</p> <p>Unique Patient Identifier</p> <p>Optional</p> <p>Patient Date of Birth</p> <p>Patient Age (as of March 31)</p> <p>Patient Phone Number</p> <p>Latest Pap Test</p> | <p>Mandatory</p> <p>Patient Name</p> <p>Unique Patient Identifier</p> <p>Optional</p> <p>Patient Date of Birth</p> <p>Patient Age (as of March 31)</p> <p>Patient Phone Number</p> <p>Latest Pap Test</p> |
| Patient List Notes | <p>Patient Name is a combination of First Name (<i>DE01.003</i>) and Last Name (<i>DE01.002</i>) data items from <i>Patient Demographics</i>. Names may be displayed either as separate columns or concatenated into one column.</p> <p>Unique Patient Identifier is any data item from <i>Patient Demographics</i> that can be used by a physician or clinic to uniquely identify a patient when displayed. Examples include Health Card Number (<i>DE01.008</i>) or Chart Number (<i>DE01.012</i>).</p> <p>Patient Date of Birth is captured into <i>Patient Demographics</i> as <i>Date of Birth</i> (<i>DE01.007</i>).</p> <p>Patient Age as of March 31 is a calculated data item representing the difference between March 31 of the current fiscal year and <i>Date of Birth</i> (<i>DE01.007</i>) from <i>Patient Demographics</i>. Age should be displayed in years.</p> <p>Patient Phone Number is the preferred phone number for contacting a patient and may include Residence Phone (<i>DE02.007</i>), Cell Phone (<i>DE02.008</i>) or Work Phone (<i>DE02.009</i>) from <i>Patient Address</i>.</p> | |

| PROPERTY | VALUE | VALUE |
|----------|--|-------|
| | <p>Latest Pap Test represents the result and/or date from the latest documented pap test.</p> <p>This may also include a column displaying how the test was documented (e.g., tracking code, screening report, past medical history procedure, etc.).</p> | |