

**Knowledge Café: PA PQC Data Collection and Tracking**

*Data Collections Challenges and Countermeasures Reported by the PA PQC Sites*

<b>Data Collection Challenges</b>	<b>Countermeasures</b>
Placed on waiting lists to run EHR data reports	Using existing data reports, and collecting the other data manually in the mean time
Limited resources and IT systems to build data collection fields and to extract the data	Working with IT and business solutions to develop data collection fields  Updating data systems in 2019
It is difficult for the inpatient team to get data from the outpatient providers in cases where: the inpatient providers use a different EHR than the outpatient clinics; the outpatient clinics use paper records; and the outpatient clinics are not owned by the hospital	Working in collaboration with outpatient clinics  Using data analytics to pull data from divergent systems
Variability in documentation among providers (the who, what, when, and where) (e.g., ICD-10 coding, coding blood transfusions, etc.)	Educating providers about coding and the importance of accurate documentation  Creating standardized processes to collect data fields consistently (e.g., consulting with the blood bank to capture data about blood transfusions for the Severe Maternal Morbidity measure)
Lack of structured data fields to collect the data (i.e., difficulty in getting data for PA PQC measures that are not traditionally tracked by EHRs and providers, such as 90-day and 180-day MAT continuation)	Forming an EHR optimization group to ensure correct data is being pulled  Creating a worklist within the EHR to capture the OUD-related data fields  Strengthening connections with community sites  Determining what baseline measures can be reported first and validating accuracy
Some sites need to collect data manually, and this requires time to pull and submit data especially in smaller sites	Creating dashboards to electronically pull data when possible  Using a sampling method if necessary to reduce the manual data collection burden
Consistent understanding of the definitions for the numerators and denominators across the PA PQC sites	Validating data in a standardized way across the sites in the system  Meeting about and communicating the data standards across the sites
Competing measurement priorities (e.g., new Joint Commission standards, NAS monitoring and reporting, claims-based measures tracked by payers, PA PQC measures, etc.)	PA PQC staff are reviewing the Joint Commission Standards and DOH NAS Reporting Forms to determine if data can be extracted by the sites for the PA PQC measures