

Improving Your Practice Health with PCC Dashboard

Tim Proctor
Users Conference 2016

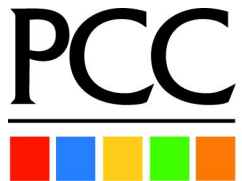
Agenda

- How the PCC Dashboard changed one practice
- Some PCC Dashboard highlights
- Explore your own PCC Dashboard



Goals

- Recognize specific PCC Dashboard reports that are important to the health of my practice
- Realize the attainable value from using the PCC Dashboard to discover opportunity for growth and improvement
- Discover new and upcoming features of PCC Dashboard
- See how you measure up to other PCC practices



PCC Dashboard

“a tool to inform all PCC clients of their financial and clinical health, based on relative performance in a variety of areas.”

My Practice Status

Financial Pulse

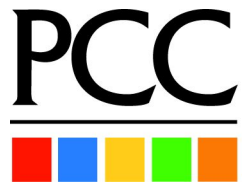


87 

Clinical Pulse



63 



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PCC Dashboard Basics

- One login for each practice
- Data collected on the first Sunday of every month. Loaded into production a few days after that
- Pediatric-specific benchmarks

PCC Dashboard Scoring

- Over 20 measures are calculated and scored based on your relative performance
- Prioritized list of results on home page

My Dashboard Priorities

Top Priorities

Score	Measure
22	Sick-to-Well Visit Ratio
36	Immunization Rates - HPV
37	A/R Days

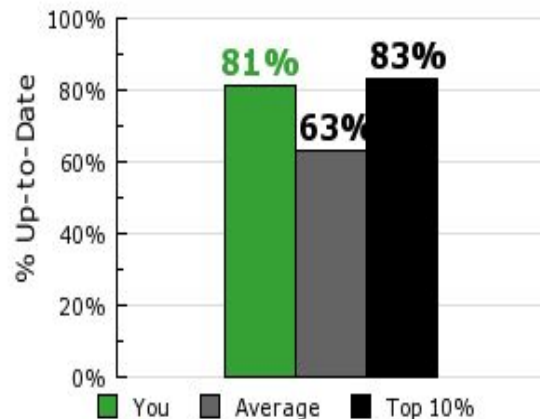
Next Priorities

Score	Measure
37	Missed Appointment Rate
45	Immunization Rates - Influenza
58	Pricing
61	Immunization Rates - Influenza (Asthma)
62	Well Visit Rates - Patients 12-21 Years
73	Well Visit Rates - Patients 3-6 Years
75	A/R Over 60 Days Old
78	ADD/ADHD Patient Followup
82	Well Visit Rates - Patients 15-36 Months
82	Well Visit Rates - Patients 7-11 Years
95	E&M Coding Distribution
97	A/R 60-90 Days Old
98	Well Visit Rates - Patients Under 15 Months
99	Diagnoses-per-Visit
100	Coding Expertise
100	Revenue-per-Visit
100	Revenue-per-Visit (Without Imms)
100	RVUs-per-Visit

Benchmarks

PCC AVG and “Top Performers” (90th percentile)

How You Compare



Your Practice

81%

PCC Client Average

63%

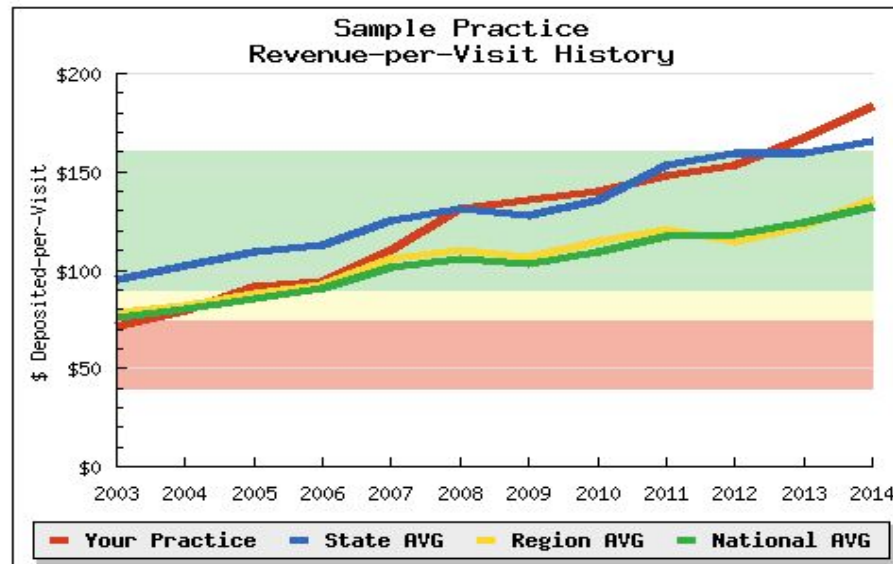
Top Performers

83%

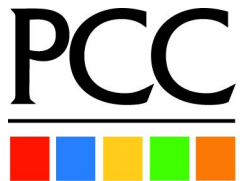
(% of ADD/ADHD patients up-to-date on their followup visit)

Benchmarks

National and regional benchmarks



Year	Practice AVG	State AVG	Regional AVG	National AVG
2003	\$71.47	\$94.80	\$78.15	\$76.01
2004	\$79.32	\$102.01	\$82.24	\$80.39
2005	\$91.69	\$109.34	\$88.06	\$85.23
2006	\$94.55	\$113.15	\$92.67	\$90.66
2007	\$110.39	\$124.74	\$106.00	\$101.59



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Suggestions for Improvements

For each measure, explanations and guidance are provided

Recommendations

[PCC's recaller tool](#) can help identify patients who are due for a flu vaccination. In addition to excluding patients with certain inactive flags, you can exclude by procedure to leave out patients who have already received a flu vaccination this season. You can also exclude by appointment to leave out patients who are scheduled for an upcoming flu vaccination appointment. [PCC's notify tool](#) can automatically call, email, or text patients on this list letting them know about upcoming flu clinics or appointment availability.

Consider setting up a flu clinic to immunize your patient population quickly and efficiently. Refer to PCC's recommendations on [setting up a flu clinic](#) to discover best practices for using PCC software appropriately based on your workflow.

If you are considering achieving PCMH Recognition with NCQA, keep in mind that this measure is a relevant preventive care service and you can use Dashboard screen shots to show you are tracking this data regularly. Refer to PCC's [PCMH WIKI](#) for details on how to use Partner and PCC EHR tools to achieve PCMH Recognition.

Provider Breakdown

For some measures, there is additional breakdown by provider.

Detailed Breakdown: Primary Care Provider

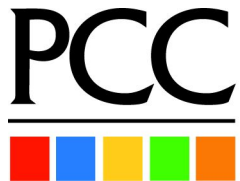
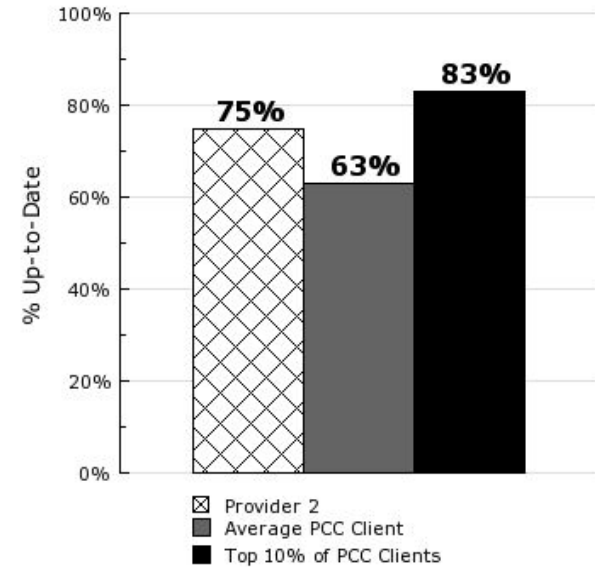
Show Breakdown By:

Primary Care Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	477	99	378	79%
Provider 2	281	70	211	75%
Provider 6	45	9	36	80%
Provider 9	51	4	47	92%
Provider 21	4	1	3	75%
Provider 5	3	1	2	67%
Provider 3	37	8	29	78%
Provider 18	10	1	9	90%
Provider 28	2	0	2	100%
Provider 13	44	5	39	89%

Review ADD/ADHD [Overdue patient listing](#) for your practice.

How You Compare

Compare:



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Provider Breakdown

Provider breakdown available for the following measures:

- Immunization Rates - Influenza (Asthma)
- ADD/ADHD Patient Followup
- Well Visit Rates
- Missed Appointment Rate
- Developmental Screening Rates
- Sick-to-Well Visit Ratio
- E&M Coding Distribution



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Interactive Graphing

Productivity Measure

Total Visits

Provider

All Providers

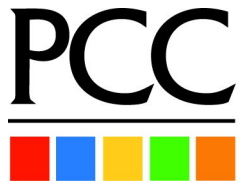
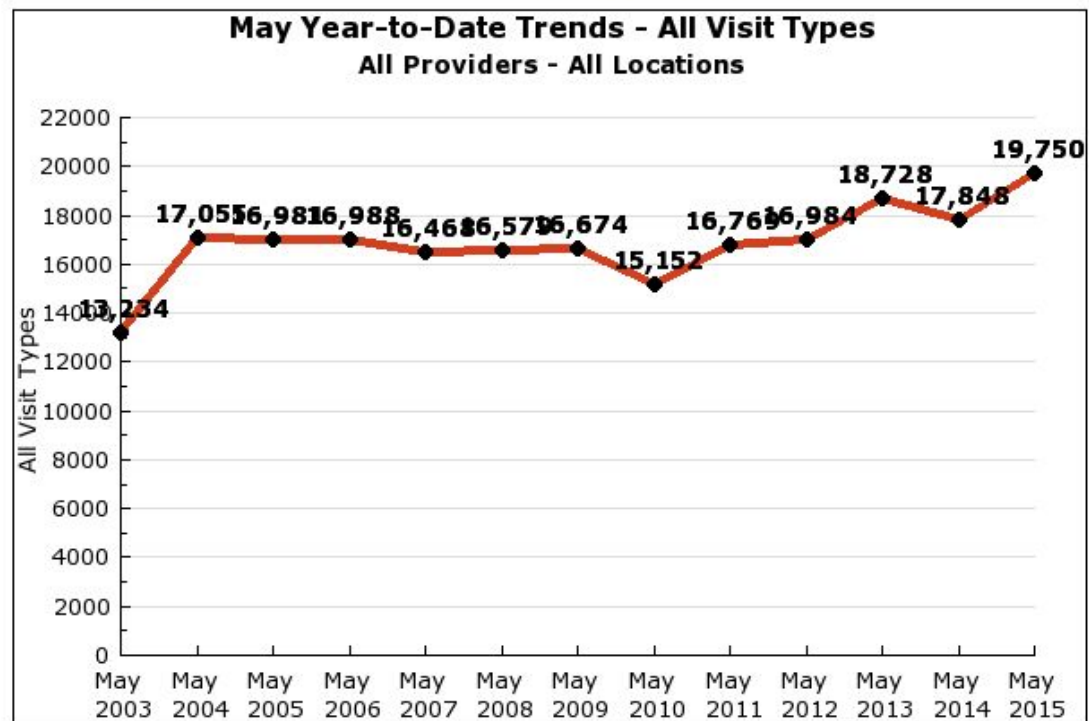
Month

May

Monthly or Year-to-Date?

Year-to-Date

Generate Graph



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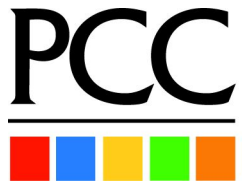
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Useful for PCMH

- Identifying populations of patients (2014 PCMH Element 3D)
- Population Health Management (2014 PCMH Element 6A.1-3)
 - Tracking monthly trends
- Provider-specific reporting (2014 PCMH Element 6F)
- Vulnerable population (race, ethnicity, insurance, language) breakdown for some measures (PCMH element 6A.4)

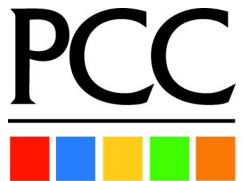
Tiger Pediatrics QI Initiative

- Tiger Pediatrics (TIGER): busy, growing 9.5 FTE provider practice in Columbia, MO
- 1 location
- Started working toward PCMH Recognition in 2015
- Historically mediocre PCC Dashboard performance according to pulse scores



Tiger Pediatrics QI Initiative

- Focus on PCMH recognition kick-started their QI efforts
- Closer Dashboard assessment showed lots of opportunity for improvement on clinical measures
 - Average to below-average well visit rates
 - Very-below-average developmental screening rates
 - Below-average immunization rates



Patient Flagging

- TIGER realized they needed to do a better job flagging patients who were only seen in the hospital or have left the practice
- Review patient and account flags table. If the last question, “Exclude these patients from reports” is set to “Yes”, then patients with these flags are excluded from PCC Dashboard clinical measures

PATIENT FLAG INFORMATION

Flag Name: Hospital Only

Short Name: Hospital Only

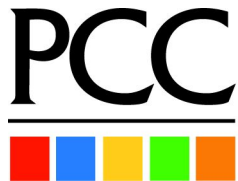
Priority: 10

Display with patient name? Yes

Display on encounter form? Yes

Prevent scheduling with this flag? No

Exclude these patients from reports? Yes



Patient Notification

- TIGER started using PCC's "notify" program for automated recall

Add Notification - Message Details

For Message "Due for a Visit - Location Phone and Recall Reason"

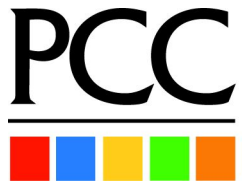
Select a phone number for patients to call to schedule their visit.

Location Phone:

Select the reason the patients are due for a visit.

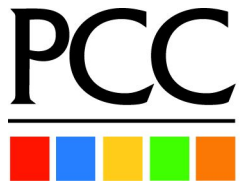
Recall Reason:

The location phone number and recall reason selected above will be included in each patient's message for this notification.



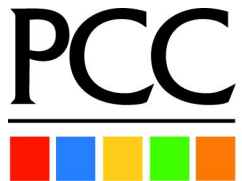
Patient Notification

- TIGER focused on recalling all active patients ages 3 and over using automated phone calls
- Notified active patients who are about to become overdue for a well visit, and do not already have one scheduled
- Notified active patients who are overdue for a well visit within the past 18 months, and without an upcoming well visit already scheduled
 - This notification is configured to happen automatically once a month



Infant Developmental Screening

- PCC Dashboard indicated TIGER was rarely doing a developmental screening at 9mo well visit
- Started using CHADIS to allow patients to complete screening questionnaire online
- Sent letters to patients with scheduled 9mo well visit appointments including instructions for completing screening questionnaire before the visit



HPV Dashboard

- Participated in Merck “Health In Focus” rebate program
- Used HPV Dashboard to easily report required HPV vaccination rate information
- Received significant vaccine rebates
- Expect to receive even greater rebates by using PCC Dashboard to show improvement in HPV vaccination rates



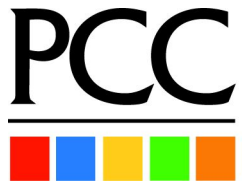
Keep the Payors Honest

- TIGER was told by a major payor that they fell in the 25th percentile for various clinical measures
- PCC Dashboard reported much better results for these measures, so they challenged the integrity of the payor's data
- Payor admitted their data included patients who never visited Tiger Pediatrics
- Payor is now updating their quality reporting system



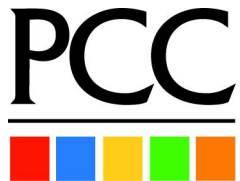
Consistent Care Coordination

- Considering hiring full-time “care coordinators”
- Focus on recall efforts:
 - Well visits
 - Vaccinations
 - Screenings
 - Chronic Disease Management (ADHD, Asthma, Obesity, etc)
- Referral Coordination



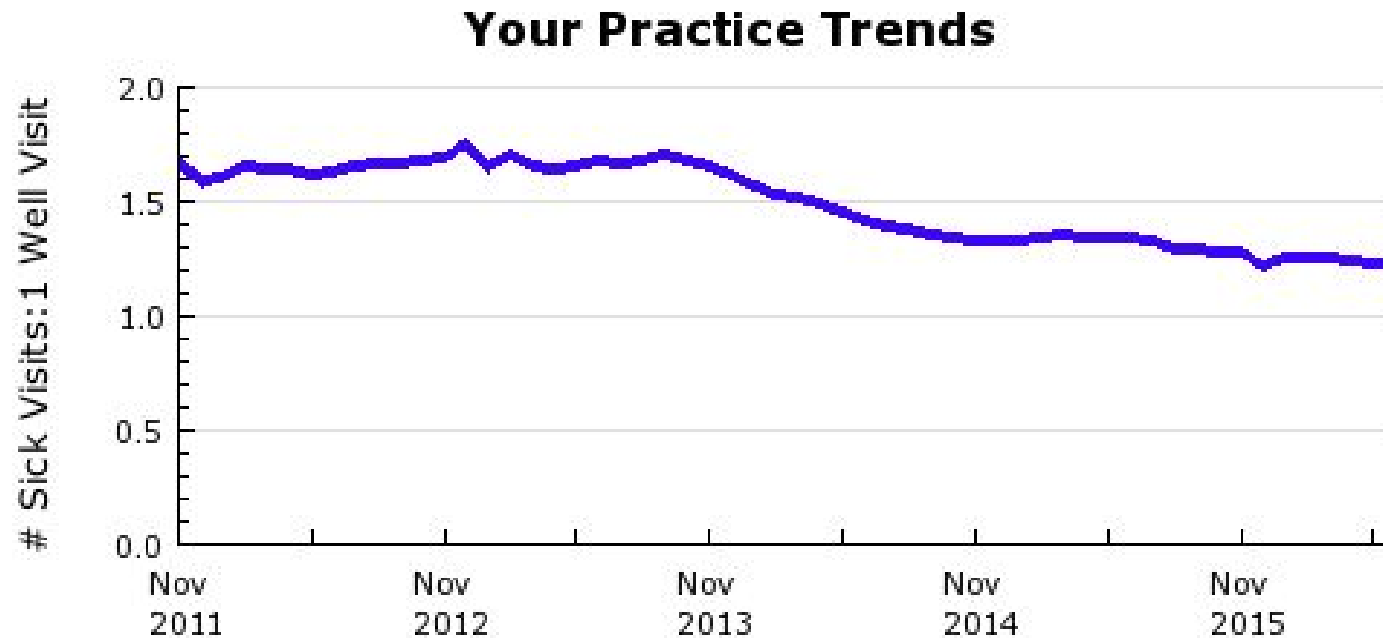
Results

- Improvement in PCC Dashboard well visit rates (June 2015 – June 2016)
 - Under 15 month: 86% - 90%
 - 15-36 mo olds: 60% - 67%
 - 3-6 year olds: 64% - 70%
 - 7-11 year olds: 57% - 61%
 - 12-21 year olds: 49% - 51%
- Additional 900 well visits performed so far this year over last year



Results

- Sick-to-well visit ratio improved from 1.33 to 1.21 sick visits-per-well visit (June 2015 – June 2016)



Results

- Value of increased well visits: **\$198,000** additional revenue year-to-date
- For TIGER, this translates to 4-5 additional well visits per-week per-provider
- Infant developmental screening rates improved from 6% in June 2015 to 39% as of June 2016. Estimated additional revenue from this screening YTD 2016: **\$5,000**
- Expected to achieve level 3 PCMH recognition this Fall



Dashboard Demo



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