Improve Your Practice Health With PCC’s Dashboard

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Q&A and Networking

While you’re watching, please join us in the channel called “Live Session” in UC Chat.

You must register for UC Chat if you have not done so already.
Agenda

- Intro to PCC Dashboard
- PCC Dashboard features
- Live demo
  - New COVID-19 Dashboard
  - Review of various Dashboard measures
Session Goals

1. Recognize how the PCC Dashboard has helped many practices measure and improve their practice performance
2. Identification of opportunities for improvement for your practice
3. 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.”
Measure, Take Action, Measure Again!

20 PCC practices with most usage (# logins in past year):

- Tiger Pediatrics (468)
- Cary Pediatrics (419)
- Farmington Pediatrics and Adolescent Medicine (400)
- Laramie Pediatrics (375)
- Bay Street Pediatrics (366)
- Village Pediatrics (304)
- Pediatrics in Brevard (303)
- BCD Health Partners (263)
- East Portland Pediatric Clinic (254)
- Pediatric Associates (South Sound) (250)
- All Starr Pediatrics (249)
- Lamorinda Pediatrics (243)
- Sandhills Pediatrics (NC) (237)
- Eden Park Pediatrics (231)
- North Seattle Pediatrics (229)
- El Paso Pediatrics (228)
- Middletown Pediatrics (226)
- Lighthouse Pediatrics of Naples (217)
- Westside Pediatrics (210)
- Frank J. Bush, MD (203)

AVG Pulse Scores for these practices:

**Financial Pulse:** 77 (77th percentile)
**Clinical Pulse:** 74 (76th percentile)
Dashboard Logins and Data

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

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

How You Compare

<table>
<thead>
<tr>
<th></th>
<th>Your Practice</th>
<th>PCC Client Average</th>
<th>Top Performers</th>
<th>HEDIS® Commercial HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients up-to-date</td>
<td>17%</td>
<td>31%</td>
<td>55%</td>
<td>24%</td>
</tr>
</tbody>
</table>

(% of active patients 13 years old up-to-date)
Dashboard Scoring

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

### My Dashboard Priorities

<table>
<thead>
<tr>
<th>Score</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Top Priorities</strong></td>
</tr>
<tr>
<td>22</td>
<td>Stick-to-Well Visit Ratio</td>
</tr>
<tr>
<td>36</td>
<td>Immunization Rates - HPV</td>
</tr>
<tr>
<td>37</td>
<td>A/R Days</td>
</tr>
<tr>
<td></td>
<td><strong>Next Priorities</strong></td>
</tr>
<tr>
<td>37</td>
<td>Missed Appointment Rate</td>
</tr>
<tr>
<td>45</td>
<td>Immunization Rates - Influenza</td>
</tr>
<tr>
<td>58</td>
<td>Pricing</td>
</tr>
<tr>
<td>61</td>
<td>Immunization Rates - Influenza (Asthma)</td>
</tr>
<tr>
<td>62</td>
<td>Well Visit Rates - Patients 12-21 Years</td>
</tr>
<tr>
<td>73</td>
<td>Well Visit Rates - Patients 2-5 Years</td>
</tr>
<tr>
<td>75</td>
<td>A/R Over 60 Days Old</td>
</tr>
<tr>
<td>78</td>
<td>ADD/ADHD Patient Followup</td>
</tr>
<tr>
<td>82</td>
<td>Well Visit Rates - Patients 10-36 Months</td>
</tr>
<tr>
<td>82</td>
<td>Well Visit Rates - Patients 7-11 Years</td>
</tr>
<tr>
<td>95</td>
<td>E&amp;M Coding Distribution</td>
</tr>
<tr>
<td>97</td>
<td>A/R 60-90 Days Old</td>
</tr>
<tr>
<td>98</td>
<td>Well Visit Rates - Patients Under 15 Months</td>
</tr>
<tr>
<td>99</td>
<td>Diagnoses per-Visit</td>
</tr>
<tr>
<td>100</td>
<td>Coding Expertise</td>
</tr>
<tr>
<td>100</td>
<td>Revenue-per-Visit</td>
</tr>
<tr>
<td>100</td>
<td>Revenue-per-Visit (Without Imms)</td>
</tr>
<tr>
<td>100</td>
<td>RVUs-per-Visit</td>
</tr>
</tbody>
</table>
Dashboard Scoring

- For each measure, PCC defines the values that correspond to a score of 0 and 100

- For each measure, your score is based on:
  - How far your measure value is from the “zero-score” measure value
  - The variance between “zero-score” and “100-score” measure values
Location Adjustments

- Apply to Revenue-per-Visit, RVU-per-Visit, and Pricing measures
- Allows for comparison to benchmark regardless of practice geographic location
- Uses current RVU geographic practice cost index (GPCI) values for your location
- Relatively high cost-of-living and malpractice expense = negative adjustment
- Relatively low cost-of-living and malpractice expense = positive adjustment
For some measures, there are additional breakdowns by provider (typically PCP).

Review ADD/ADHD Overdue patient listing for your practice.
Patients with certain flags are excluded from Dashboard clinical measures and overdue lists.

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.
Be sure to routinely flag patients who shouldn’t be included on your reports (Hospital Only, Transferred, etc)

Monitor using Dashboard overdue lists
Monitor Measure Trends

- Review monthly trends for each Dashboard measure
- Download as .csv

Trend: History of Your Values

Trend information can be helpful in uncovering the reason for your performance. For this measure, an upward trend indicates that you are improving and a downward trend indicates your performance with this measure is getting worse. For new practices, it is perfectly normal to see volatile results for some measures for the first 6-8 months after go-live.
Review Recommendations

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.
Identify Recall Opportunities

You have 1,472 active patients between the ages of 12 years and 21 years.

411 of these patients are overdue for their well visit.

You have 839 active patients between 13 years and 17 years of age.

275 of these patients are overdue for at least one HPV vaccine.

- Use PCC’s notify, recall, and EHR reporting tools to identify patients in need of:
  - Well visits
  - Screenings
  - Vaccinations
  - Chronic Disease Management
Related Tools

- Related Tools section in bottom right of each measure detail page
- Additional benchmarks, provider breakdowns, and other related analyses

Related Tools

- Annual State, Regional, and National benchmarks
- Quarterly View
- Compare Payor Visit and Revenue Trends
- View Payor Mix for one or all providers
- Daysheet Summary
Use for PCMH Recognition

QI 01 (Core) – Clinical Quality Measurement

To understand current performance and to identify opportunities for improvement, the practice monitors clinical quality measurement. When it selects measures of performance, the practice indicates the following for each measure: period of measurement, number of patients represented by the data, and rates (percent) based on a numerator and denominator.

Choose at least five clinical quality measures across the four categories (A-D) listed below. You must monitor at least one measure of each category, and you cannot use the same measure for different categories.

Reporting period includes active patients as of 6/30/2020

A. Immunization Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Qualifying Patients</th>
<th>Up-to-Date Patients</th>
<th>% Up-to-Date</th>
<th>% Change (1 mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Rates - Adolescents</td>
<td>254</td>
<td>51</td>
<td>20%</td>
<td>Insufficient Data</td>
</tr>
<tr>
<td>Immunization Rates - HPV (Patients 12-17 Years)</td>
<td>1,119</td>
<td>651</td>
<td>58%</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Immunization Rates - HPV (Patients 13 Years)</td>
<td>254</td>
<td>92</td>
<td>36%</td>
<td>-5.0%</td>
</tr>
<tr>
<td>Immunization Rates - Influenza*</td>
<td>4,361</td>
<td>2,990</td>
<td>89%</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Immunization Rates - Influenza (Adults)*</td>
<td>453</td>
<td>301</td>
<td>66%</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Immunization Rates - Meningococal</td>
<td>1,119</td>
<td>1,088</td>
<td>97%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Immunization Rates - Patients 2 Years Old</td>
<td>317</td>
<td>241</td>
<td>76%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Immunization Rates - Tdap</td>
<td>1,119</td>
<td>1,088</td>
<td>97%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

* Influenza rates are seasonal. This measure represents patients vaccinated since July 1. The percent change is compared to the same month last year.

QI 05 (1 Credit) Health Disparities Assessment

The practice assesses health disparities using performance data stratified for vulnerable populations. You must choose one clinical quality and one patient experience measure. The menus below identify one clinical quality measure for a selected vulnerable population.

Reporting period includes active patients as of 6/30/2020

Performance data stratified for vulnerable populations

<table>
<thead>
<tr>
<th>Measure</th>
<th>ADD/ADHD Patient Followup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Qualifying Patients</td>
</tr>
<tr>
<td>None Specified</td>
<td>33</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>23</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>243</td>
</tr>
<tr>
<td>Others not to apply</td>
<td>13</td>
</tr>
</tbody>
</table>

QI 10 (Core) Setting goals and taking action to improve appointment availability

Practices may select no-show rates as an area of focus for improving patient access. You may also want to consider monitoring no-show rates as a health care costs measure (measure stewardship measure) relevant to PCMH element Q10-B.

The reporting period for this measure includes appointments from 6/1/2019 to 5/31/2019

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Appointments</th>
<th>Missed Appointments</th>
<th>% Missed</th>
<th>% Change (3 mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Appointment Rate</td>
<td>5,272</td>
<td>141</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

QI 15 (Core) Reporting Performance within the Practice

The practice provides individual clinician or practice-level reports to clinicians and practice staff. Performance results reflect care provided to all patients in the practice (measured by the measure), not only to patients covered by a specific payer. Select a measure from the menu below to see clinician-level reporting, broken down by primary care provider.

Reporting period includes active patients as of 6/30/2020

Performance data stratified for individual clinicians

<table>
<thead>
<tr>
<th>Measure</th>
<th>ADD/ADHD Patient Followup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider</td>
<td>Qualifying Patients</td>
</tr>
</tbody>
</table>
Generate A/R Summary

- View or print A/R Summary Report updated monthly
- Found in the “Related Tools” section for each A/R measure

Related Tools
  - [Detailed A/R Summary Report](#)
Generate A/R Summary

- Revenue trends
- A/R Days and benchmarks
- A/R Percentage by Aging Category
- Personal vs Insurance A/R
- Recommendations
Patient Population Trends

- View current and past active patient counts for various age ranges
- Monitor intake of newborn patients to the practice
- Filter by primary care provider
Patient Population Trends

Patient Age Distribution Trend

For All Providers
And Active Patients Under 15 Months
Between 8/1/2012 and 7/2/2017

Total Active Patients

0 | 500 | 600 | 700 | 800
1,000 | 1,200

Save trend output as .csv (spreadsheet) file
Keep Payors Honest

- Dashboard vs Payor report cards
  - Compare measure results
  - Compare overdue patient counts
  - Challenge payors by using Dashboard data

- Compare measure results by payor and use as leverage when negotiating
Keep Payors Honest

- PCMH Dashboard - measure results by primary insurance

QI 05 (1 Credit) Health Disparities Assessment

The practice assesses health disparities using performance data stratified for vulnerable populations. You must choose one clinical quality and one patient experience measure. Use the menus below to stratify one clinical quality measure for a selected vulnerable population.

Reporting period includes active patients as of 6/1/2019

Performance data stratified for vulnerable populations

<table>
<thead>
<tr>
<th>Measure</th>
<th>Well Visit Rates - 12-21 Years</th>
<th>Breakdown By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insurance</td>
<td>Qualifying Patients</td>
<td>Up-to-Date Patients</td>
</tr>
<tr>
<td>Other Insurance</td>
<td>38</td>
<td>21</td>
</tr>
<tr>
<td>Medicaid</td>
<td>312</td>
<td>228</td>
</tr>
<tr>
<td>BCBS</td>
<td>635</td>
<td>506</td>
</tr>
<tr>
<td>Cigna</td>
<td>172</td>
<td>130</td>
</tr>
<tr>
<td>MVP</td>
<td>125</td>
<td>90</td>
</tr>
<tr>
<td>First Health</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Tricare</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>CBA BLUE</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>United HC</td>
<td>42</td>
<td>30</td>
</tr>
<tr>
<td>AETNA</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>BCBS OTHER</td>
<td>148</td>
<td>105</td>
</tr>
</tbody>
</table>
Dashboard Demo
Session Takeaways

1. Discovery of new Dashboard features including the new COVID-19 Dashboard

2. Areas of focus and opportunities for improvement.
What Questions Do You Have?

Questions posted in the Live Session channel of UC Chat will be read aloud by moderator for presenter to answer. Please post your questions in Live Session.
Related Courses

UC2020 course recordings will be available for later viewing on PCC’s UC 2020 YouTube Channel

1. Practice Oversight Reporting - Wed 6/3 at 2:00pm